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ENGLISH AS AN ADDITIONAL LANGUAGE LEARNERS' JOURNEY THROUGH

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BY

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Submitted by

Alia Lagace

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The thesis examination committee certifies that the thesis
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Dedication

This thesis is dedicated to my loves. Justin, Ivor, and Adelynn.

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Abstract

Nursing students who speak English as an additional language (EAL) face significant challenges throughout their educational programs. This problem is attributed to numerous causes from admission standards, to cultural biases, and more. There is a dearth of studies exploring the perspective of the graduated EAL nurse. This demographic offers a valuable perspective worthy of exploration. This study asks: what can be learned from the lived experiences of recently graduated EAL nurses, looking back on their Canadian undergraduate nursing education programs? Interpretive description methodology was utilized for this study, as its premise is to explore and interpret a human experience and apply findings to practice. Data collection consisted of five participant interviews and relevant public domain records. Findings centered around the impact of EAL nurses' deep and genuine relationships with peers, patients, and instructors. Implications for practice are how these relationships can inspire and improve pedagogical practices for Canadian nursing education.

Keywords: English as an additional language (EAL), undergraduate nursing students, Canadian nursing education, Interpretive description (ID)

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Chapter 1: Introduction

English as an Additional Language (EAL) nursing students experience higher levels of attrition when compared with their non-EAL counterparts (Mitchell et al., 2017; Moore & Waters, 2020; Petges, 2019). This pattern prevails despite Canada being home to an increasing culturally and linguistically diverse population (Statistics Canada, 2017). The adverse effects of higher failure rates among EAL students are far-reaching, resulting in various negative consequences. Canadian undergraduate nursing educational programs need to strive for adequate linguistic and cultural representation of the population it serves by addressing discrepancies for students who identify as EAL. The aim of this study is to explore the retrospective experiences of the EAL student nurse from their viewpoint as a practicing nurse.

Research Purpose and Problem Statement

EAL nursing students experience an increased number of unique challenges in obtaining their degrees (Mitchell et al., 2017; Moore & Waters, 2020; Petges, 2019). Canada's population continues to diversify both culturally and linguistically and there is a need to explore this phenomenon further. The purpose of this study is to explore and describe the lived experience of EAL nursing students one to two years after graduation and use these insights to inform undergraduate teaching and learning practices. While studies exploring student or instructor perspective of the EAL experience have been undertaken (Abu-Arab & Parry, 2015; Choi, 2018, 2019; Dudas, 2018; Junious et al., 2010; Lin et al., 2021; Olson, 2012; San Miguel & Rogan, 2015; Starr, 2009), there is little known about how currently practicing nurses who identify as EAL and attended Canadian nursing undergraduate programs articulate their experiences retrospectively. Accessing this population's perspective will provide novel insights to the challenges faced and overcome by EAL nursing students and thus contribute to a better

understanding of the topic. This perspective will ultimately inform how programs and

institutions can better support all learners.

Chapter 2: **Literature Review**

There is a growing national and international need to increase the diversity of nursing workforces in ways that proportionately represent the populations they serve (Choi, 2016; Donnelly et al., 2009a; King et al., 2017; Mulready-Shick, 2013). This enhanced representation in the nursing discipline would enable healthcare providers to better respond to the needs of a globalized society and ethnically diverse populations, both in Canada and abroad (Donnelly et al., 2009a; Moore & Waters, 2020; Mulready-Shick et al., 2020; Tamtik & Guenter, 2019). Nurses who speak English as an additional language begin their careers as EAL nursing students, which predisposes them to distinctive challenges and barriers that are not experienced by their peers whose first language is English (Choi, 2018; Junious et al, 2010). There are initiatives for addressing the many challenges faced by EAL nursing students (Choi, 2016, 2018; King et al., 2017). Many studies on this topic focus on the experience of current EAL nursing students or their instructors. While these studies offer logical and valuable perspectives, there is also valid rationale to explore EAL practicing nurses who were recently in the position of undergraduate EAL student nurses.

Defining Terms: The Alphabet Soup of English Language Acronyms

There are many terms and acronyms associated with the topic of EAL individuals and more specifically, nursing students. The literature can be inconsistent in its use and definitions of the terminology. As such, the following section will define the topic-specific terms that will be referenced throughout the literature review and study. These definitions and explanations will provide clarity by establishing a common understanding of their meanings.

ESL, ELL and CALD

The term English as a second language (ESL) suggests that people speak only one other language in addition to English. While this may be the case for some, the label of ESL can be viewed as an oversimplification of one's linguistic assets and capacities. ESL does not account for fluency in multiple languages, as is the case for many people who speak English as an additional language (Starr, 2009). Despite its limitations, this term is still commonly seen in news reports and texts referring to EAL people and learners.

English language learner (ELL) is another term used to identify non-native English speakers. This acronym is commonly seen in government documents and literature, often referring to early year(s) school-aged children (National Education Association, 2020). ELL originated as a term to identify elementary and high school English learners but has since expanded to include people learning to speak English at the post-secondary level (Starr, 2009). Given its rising inclusivity, the ELL acronym is gaining momentum in reference to university students as cohorts of ELLs move into adulthood and higher education (Bosher & Bowles, 2008; Mulready-Shick, 2013).

Another acronym used to classify people for whom English is not their primary language is culturally and linguistically diverse (CALD) (Abu-Arab & Parry, 2015; Dudas, 2018; Harvey et al., 2013; Lewis & Bell, 2020; Lin et al., 2021; Mulready-Shick et al., 2020). CALD is relatively underutilized in the North American literature, appearing most often in publications from Australia and New Zealand (Abu-Arab & Parry, 2015; Harvey et al., 2013; Lin et al., 2021). This term is even more complete in its recognition of the impacts of culture, an essential, and arguably inseparable aspect of an individual's identity. It is worth noting that there is an apparent dearth of literature focused solely on diverse cultural implications and the associated

benefits to nurse, nurse-patient, and nursing student experiences (Abu-Arab & Parry, 2015).

However impactful culture may be, English language limitations have been deemed the most

prominent contributor to challenges for ESL/CALD nursing students (Olson, 2012; Starr, 2009).

EAL

By definition, EAL refers to people who fluently communicate in languages other than

English (Dudas, 2018). For the purposes of this literature review, EAL implies that English is not

the person's primary or only spoken language and indicates that they did not initially learn or use

English as their predominant language growing up (Donnell, 2015). An EAL student may speak

multiple languages, of which English is just one and not the first learned or chiefly used. EAL is

becoming an increasingly common term in nursing literature, policies, government documents,

and media (Mulready-Shick, 2013; Starr, 2009). EAL is seen as a comprehensive representation

compared to the formerly used term of ESL. The term EAL will be used in this literature review

as it remains predominant in the writings on English proficiency in nursing higher education.

EAL best characterizes the varied contexts of ELL and CALD students' presumed level of

English aptitude when they enter university programs. The acronyms (CALD, ESL, ELL) when

referenced in the literature will be replaced with EAL for this literature review.

Country of Origin

The student's country of origin is another consideration, ultimately deemed an

inconsistent defining feature in identifying EAL nursing students (Choi, 2018, p. 642; Moore &

Waters, 2020). Some studies examined comparisons between EAL nursing students born locally

and those born elsewhere, noting that the classification of international student is not descriptive

or specific enough for examining EAL student needs and experiences (Denham et al., 2018;

Mulready-Shick, 2013; Zheng et al., 2014). For example, students may be Canadian-born and

still identify as EAL if their primary language and household dialect are a language other than English. Conversely, students may qualify as international students yet the category of EAL may not be appropriate if their primarily spoken, or language of origin is English. In summary, most studies retained for review focused on the participant's primary language being one other than English, regardless of geographical or cultural background (Bosher & Bowles, 2008; Choi, 2019; Denham et al., 2018; Donnelly et al., 2009a; Dudas, 2018; Moore & Waters, 2020).

EAL Nursing Students

The cohort of focus for this literature review are EAL undergraduate nursing students. There are comprehensive bodies of literature on EAL graduate nursing students, as well as internationally trained nurses (IENs), which share some overlapping themes. However, a specific understanding of the undergraduate nursing student experience was deemed necessary to narrow and refine the search. In most studies, EAL designation was based on self-identification by the student, with English not being the primary language either learned or spoken at home (Choi, 2018; Denham et al., 2018; Donnelly et al., 2009a; Dudas, 2018; Moore & Waters, 2020; Mulready-Shick et al., 2020; Pool et al., 2019). The amount of time spent in the country where a student is studying was not used as an inclusion/exclusion factor as these timelines and experiences varied greatly among individual learners (Choi, 2018; King at al., 2017; Mulready-Shick, 2013).

Faculty, Instructors, and Learning Environment

The terms faculty and instructors refer to the teachers and facilitators of learning within the undergraduate nursing program. These terms (along with clinical facilitator, preceptor, and professor) are used interchangeably throughout the literature. Some publications focussed on the clinical aspect of teaching and learning (Abu-Arab & Parry, 2015; Lin et al., 2021), while others

examined classroom, lecture, testing, or writing-focused exercises (Bosher & Bowles, 2008; Moore & Waters, 2020; Mulready-Shick et al., 2020). Most of the literature considered both learning environments (clinical and classroom) while recognizing the unique, simultaneous challenges encountered in each (Choi, 2011; Denham et al., 2018; Donnelly et al., 2009a; Donnelly et al., 2009b; Dudas, 2018; Junious et al., 2010; King et al., 2017; Lewis & Bell, 2020; Pool et al., 2019; Starr, 2009).

English Language Proficiency Testing

For most post-secondary institutions in North America and Australia, a predetermined minimum score on an approved English language proficiency test is considered sufficient proof of a student's English language ability (Mitchell et al., 2017; San Miguel & Rogan, 2015). There are a variety of globally approved English language proficiency tests to choose from and the list continues to grow. The most widely known and recognized is the Test of English as a Foreign Language (TOEFL) and the International English Language Testing System (IELTS) (Crawford, 2013a.; IELTS Official Test Centre, n.d; Kim, 2017). Despite these tests falling under the category of English language proficiency, the notion that they can accurately assess language proficiency is debated (Mitchell et al., 2017; San Miguel & Rogan, 2015). As the definition of language proficiency is an elusive one to begin with, nursing students who meet the required score on these entry level tests can still face language related barriers throughout their programs of study (Mitchell et al., 2017).

In addition to these well-known English tests, there are more specific tests and programs for English for specific purposes (ESP). ESPs and their associated examinations, such as the Canadian English Language Benchmark Assessment for Nurses (CELBAN) (CELBAN Centre, 2021), are used to evaluate comprehension of nursing or healthcare related English terminology.

However, ESP tests are not used for nursing students within or upon entering a program of study (CELBAN Centre, 2021). Given the vast and complex medical terminology and skilled communication demands on nurses, there is an argument to be made for implementing higher entrance scores for English language proficiency tests, or to start incorporating level-appropriate ESP testing prior to starting and at regular intervals throughout nursing programs (Choi, 2018; Salamonson et al., 2013).

National Council Licensure Exam-Registered Nurse

The National Council Licensure Exam- Registered Nurse (NCLEX- RN) is the standardized test that is taken by recent graduates from nursing degree programs. The NCLEX-RN is the approved test for nurses registering in Australia, Canada, and the United States. A passing mark on the NCLEX-RN permits nursing graduates' eligibility for jurisdictional licensing prior to employment as a registered nurse. Written exams and tests, including multiple-choice style, have been identified by EAL graduates as more challenging than for their non-EAL counterparts (Bosher & Bowles, 2008). Studies done by the National Council of State Boards of Nursing (NCSBN), the author and governing body of the NCLEX-RN, found that first-time pass rates for EAL graduates was 10 to 15% lower than for their non-EAL counterparts in 2005 (as reported in Bosher & Bowles, 2008). Unfortunately, it is challenging to obtain more current data on EAL specific NCLEX-RN pass rates (Dudas, 2018, p. 88). The paucity of these findings indicates a need to better understand if and why EAL graduates, who are successful in an English nursing program, have a harder time passing this internationally recognized standardized test.

<center>**Literature Search Criteria, Methods, and Overview**</center>

A literature search of publications dated from 2005 to present was undertaken to better understand this complex issue. The general search functions of both University of Manitoba and

Athabasca University libraries were used, as well as the specific databases: PubMed, CINHAL, and Scopus. Boolean operators were applied to the primary search terms, which were 'English as an Additional Language (EAL)', 'English as a Second language (ESL)', culturally and linguistically diverse (CALD)', 'English language learner (ELL)', 'nursing (nurs*) student', 'undergraduate', 'education', and 'clinical'. An iterative process of key term citation chaining was also used to broaden the scope of relevant results. Inclusion criteria beyond the topic terms were established based on the following:

- Peer-reviewed artifacts and scholarly sources

- Written works were available in English

- Current studies or publication date (publication years retained ranged from 2008 to 2021)

- Geography of study and publication: Canadian, American, and Australian were retained for further review

The above literature search methods yielded various results that were reviewed for commonalities. The following section will provide a review of the literature in order to gain a broader understanding of the subject matter and identify gaps. Specifically, this discussion will include the Canadian nursing school admission requirements for EAL nursing students, program progression and attrition of EAL nursing students, linguistic modification in nursing education, and the experiences of EAL nursing students/new grads with the NCLEX- RN. Following this sequential exploration of themes, a summary of the primary stakeholders' perspectives will be described. The stakeholders are EAL nursing students as well as nursing instructors and faculty who teach them. Lastly, a review of the different approaches to support programs and initiatives for EAL nursing students will be outlined.

Admission Requirements

A significant gap noted in the literature on the topic of EAL nursing students is whether current nursing program admission requirements are fair in determining appropriate candidates. This query stems from the continually proven instances of struggle and failures among EAL nursing students in English programming – students who presumably met the pre-determined standards and criteria for entry to a nursing program (Mitchell et al., 2017; Moore & Waters, 2020; Petges, 2019). Lewis and Bell (2020) described how EAL students likely experienced academic success prior to nursing but the challenges of medical terminology, clinicals, and NCLEX-style exam questioning, caused unforeseen struggles. Starr (2009) outlined how enhanced orientation to nursing, upon admission, could help mitigate the shock of program expectations for EAL students. Pool et al., 2019 (p.31) articulated a similar idea by way of metaphor of preparing the mountain climber with the appropriate tools to successfully summit. Tempering student expectations, especially those who are accustomed to academic success could help decrease additional stress and feelings of lowered self-esteem (Lewis & Bell, 2020; Pool et al., 2019, p.34).

Improving English Proficiency Assessment

Despite having met the criteria for program entry, including proof of English proficiency, EAL nursing students continue to struggle to meet the academic and clinical performance/competency requirements once in their nursing education programs (Choi, 2016, 2019; Donnelly et al., 2009a; King et al., 2017; Lewis & Bell, 2020; Moore & Waters, 2020; Mulready-Shick, 2013; Mulready-Shick et al., 2020; Petges, 2019). This finding highlights the utility of the standard English language proficiency tests (TOFEL and ISLETs). In a study by Donnelly et al. (2009a, p. 135) an EAL student participant noted that while they passed the

TOEFL with the required mark for program entry, this evaluation did not equate with verifying

academic English ability required for their nursing program. When referring to the

internationally accepted English proficiency tests an Australian study (Mitchell et al., 2017),

suggested that "proficiency in the language of instruction is important as communication is more

than just words" (p.17). This sentiment further indicates that students who meet the required

scores for entry on these assessments can still struggle with English and communication within

the program. In Australia and New Zealand, this recognition has spurred studies that explored the

use and the validity of various language proficiency assessment tools throughout a nursing

degree program. San Miguel and Rogan (2015) devised an adjunct assessment tool that could be

utilized in a clinical setting to articulate and document specific areas of language deficiency so

they could be communicated clearly to the student. Glew et al. (2015) trialed a low-cost writing

assessment tool to identify students who were likely to require additional academic writing

supports and resources. Salamonson et al. (2013) utilized a five-indicator test to assess and

predict end-of-term grade point averages (GPA) of undergraduate nursing students early in their

program. Donnell (2015) ultimately asserted that the elevated attrition rates among EAL nursing

students highlights the need for more accurately predictive measures of success in admission

standards.

Does it Depend on Where You Study?

Admission to a Canadian university relies on some demonstration of English language

proficiency by way of an approved English language proficiency test benchmark score or proof

of attending an English post-secondary institution from a particular list of recognized countries

(Choi, 2019, p. 124; Donnelly, 2009b, p. 202-203; University of Manitoba, 2021). There are

variances in the admission criteria to each Canadian university and its subsequent undergraduate

nursing program. For example, the University of Manitoba has no additional English language requirement benchmark if a student is from one of approximately 70 exempt countries listed on its website. Alternatively, many other Canadian institutions still require proof of specified levels of English education (either secondary or post-secondary formal education), despite being from one of the exempt countries. Some of the instructors surveyed by Donnelly et al. (2009b) suggested an in-person interview component should be added to the admission process, however, others in the same study articulated the fine balance the system of admission relies on to ensure it does not exclude based on culture while effectively admitting a diverse and representative student body.

EAL Student Academic Success and Attrition

Attrition rates are higher for EAL nursing students as compared to their non-EAL counterparts and this is well documented in the literature (Denham et al., 2018; Donnell, 2015; Moore & Waters, 2020; Olson, 2012; Starr, 2009). In addition to EAL undergraduate nursing students failing and exiting programs at higher rates than non-EAL students, the same EAL students also experienced less early-program success, and as a result are unable to proceed through the typical program progression (Mitchell et al., 2017; Moore & Waters, 2020; Petges, 2019). Donnell (2015) explored this distinction and its implications more in-depth, suggesting that these elevated EAL nursing student attrition rates undoubtedly affected the individual student's confidence, mental health, and finances. Donnell (2015) also asserted a wider influence on institutional/government funding and a potential missed opportunity for another nursing student to have been successful in a space-limited program. Several publications noted the importance of nursing students' insight into their own strengths and weaknesses to be proactive

rather than reactive in addressing shortcomings, before finding themselves failing or worse, in crisis (Choi, 2020; Pool et al., 2019).

Linguistic Modification

Linguistic modification (LM) is discussed in several publications on the topic of EAL nursing students (Moore & Waters, 2020; Mulready-Shick et al., 2020). LM refers to the adjustment of test items and questions to effectively eliminate superfluous words, and therefore distracting dominant cultural contexts and colloquialisms. As previously stated, written tests and exams have been identified as a barrier to an EAL nursing student's success (Bosher & Bowles, 2008; Moore & Waters, 2020); thus, making LM a concept worthy of further exploration. The goal of LM is to aid in a decreased reading time and comprehension load for students (Moore & Waters, 2020; Mulready-Shick et al., 2020). It is argued that extraneous details cause unnecessary confusion and distraction, especially for EAL nursing students. Additionally, it adds to the time it takes all students (both EAL and non-EAL) to read and respond to the question (Bosher & Bowles, 2008; Moore & Waters, 2020). The unnecessary confusion for students caused from applying dominant cultural references was well-illustrated by Donnelly et al. (2009a, p.136) when a non-Canadian born EAL student recalled an instructor using the example of a client being struck with a hockey puck. The student explained that this culturally rooted sport reference did not assist them in understanding the question or nursing related content. Without understanding the context, the instructor was not assessing this student's understanding of impact trauma on the human body, but rather their ability to correctly guess the characteristics of an arbitrary foreign object such as a hockey puck.

If LM is not acknowledged and widely practiced, Bosher and Bowles (2008) cautioned that EAL students are at risk of facing construct irrelevant variances with each nursing program

test or exam. They described that without LM, every test taken in nursing school is in fact an English language test rather than a measure of nursing concept understanding. It is clear from the studies focused on LM that it is a beneficial tool for written exams that faculty can utilize to ensure equal opportunity to succeed at demonstrating nursing content comprehension (Moore & Waters, 2020; Mulready-Shick 2013; Mulready-Shick et al., 2020). The evidence in support of LM use in nursing undergraduate exams is convincing, however, its implementation requires buy-in, time, and education of nursing instructors to actively engage in reviewing their tests for superfluous jargon (Donnelly et al, 2009b).

NCLEX Scores and Licensure

Multiple studies have determined the passing rate of EAL students on licencing exams is lower than for their non-EAL peers (Bosher & Bowles, 2008; Choi, 2016; King et al., 2017; Lewis & Bell, 2020; Starr, 2009). Olson (2012) outlined a discrepancy in pass rates of the NCLEX-RN exam between EAL and non-EAL graduate nurses ranging from a 20 to 40% difference. In conjunction with these suboptimal NCLEX-RN results for EAL graduates, some provincial/jurisdictional nursing registration bodies have taken it upon themselves to further investigate the English language proficiency of applicants' post-graduation before they can become a licenced nurse (Glew et al., 2015). The College of Registered Nurses of Manitoba's (CRNM) (2021) English-Language Proficiency Policy Change outlined the following:

> Over the past several years, the College has received data from a variety of sources, which are detailed in the background paper, which forced us to question an assumption that informed our previous policy: successful completion of a Manitoba nursing education program could serve as an effective proxy measure for English-language proficiency. As a result, the College will be implementing the requirement that unless an

applicant has practised as a registered nurse in the past two years and was required to

meet an English language proficiency requirement where they obtained registration, the

applicant will be required to undergo English-language proficiency testing (para. 3).

This significant policy change signals an evolving chasm in the previously held confidence that

following the completion of an undergraduate nursing program, the nurse graduate would be

competent to practice as a safe and effective nurse in the predominate language of the society

they are working in.

Stakeholder Perspectives

Nursing Student Perspectives: More Barriers Than Bridges

A diverse and individual account of experiences, both positive and negative, arose from

phenomenological and ethnographic studies that explored a student's perspective of being an

EAL learner immersed in an English nursing program in an English dominant society (Choi,

2018, 2019; Dudas, 2018; Junious et al., 2010; Olson, 2012; Starr, 2009). The categorization of

"bridges and barriers" in Olson (2012) served as an applicable axiom for other studies and their

findings. Barriers are the challenges and obstacles students experienced or perceived as deterring

factors in their path to academic success. Bridges are avenues or resources that served to assist

students to overcome barriers and achieve success in their respective journeys.

Some overarching examples of the barriers included deficits in written, spoken, and

comprehension of the English language (compounded by the complexities of medical

terminology), cultural differences that impact practice and learning, social isolation and

loneliness, and increased time requirements to learn or master content taught or read in English.

Further to these barriers, EAL nursing students experienced additional anxieties, ranging from

concerns about poor academic performance or failure, discrimination from instructors, personal

finances, strain to personal relationships, and not feeling supported in the nursing program (Crawford & Candlin, 2013a; Choi, 2018; Donnelly et al., 2009a; Dudas, 2018; Junious, 2010; Moore & Waters, 2020; Zheng et al., 2014).

Within the bridge category, there were encouraging accounts of how some EAL students resourcefully connected to practices that supported their growth and success. For example, recording of lectures or watching English television programs proved to be helpful (Donnelly et al., 2009a). This growth or transitional change was aptly symbolized by Pool et al. (2019) using the metaphor of summiting a mountain. There are also several examples of formalized, semi-structured approaches from undergraduate nursing programs as well as individual instructors who made a difference. These examples will be explored further in the section on supports for EAL nursing students. Unfortunately, there are still far more barriers than bridges for EAL nursing students.

Faculty Perspectives

Dudas (2018) asserted that nursing faculty and instructors tend to be Euro-centric and non-diverse in ethnic makeup. One can remain hopeful that this pattern will dissipate with shifting research and evolving institutional priorities that focus on equity, diversity, and inclusion among faculty (Tamtik & Guenter, 2019). Despite this apparent lack in diversity in nursing instructors, several publications concluded that instructors expressed encouraging insights into their own lack of comfort and competence in assessing and mentoring EAL nursing students in academic and clinical settings. These instructors shared a common desire to be trained and educated further in this area of instruction and evaluation (Abu-Arab & Parry, 2015; Lin et al., 2021; San Miguel & Rogan, 2015). This is both an enlightening and frustrating revelation, as it indicates some of the challenges faced by EAL nursing students are not perpetuated by

instructors' ignorance, but rather an institutional failing to recognize needs and commitment to adequately support instructors mentoring EAL nursing students. Clinical facilitators play a significant role in assessment and mentorship of undergraduate nursing students through their clinical practice rotations (Donnelly, 2009b). Lin et al. (2021) emphasized the need for clinical faculty/instructors to have access to more resources and education on how to best support CALD students in the clinical setting to provide safe patient care. Lin et al. 2021 stated, "intercultural learning takes time and commitment…" (p.7), thus instructor's insights into their own cultural competency deficits is both a good start and a positive sign.

Patient Safety

Concerns about patient safety are well documented from clinical instructors with respect to EAL nursing students (Donnelly et al., 2009b; Lu & Maithus, 2012; Moore & Waters, 2020). It is also well-established that robust communication skills underpin a crucial aspect of healthcare disciplines, such as nursing (Choi, 2018; Moore & Waters, 2020; Salamonson et al., 2013). A healthcare provider's grasp of the dominant language is essential for comprehensive assessments, daily interactions with clients, reading, interpreting, and contributing to patients' chart data, as well as the nurse's role in advocating and communicating within the larger interprofessional healthcare team. Thus, a lack of proficient English ability is seen as an inherent risk to patient safety (Donnelly et al., 2009b; San Miguel & Rogan, 2015).

Donnelly (2009a, p.136) highlighted an instance where a nursing student participant recounted a clinical scenario where, due to a decreased English proficiency, the student could not determine the difference between logical or illogical speech in a patient. This example raised concerns about an EAL student's ability to accurately assess symptoms related to level of consciousness; a critically important piece of data that could impact timely patient care. This

perceived risk is also increased when a student demonstrates reluctance to seek clarification from instructors or healthcare staff, when they do not understand something, for fear of judgement or misinterpretation of Canadian cultural norms (Donnely et al., 2009a, p. 137; Donnelly et al., 2009b, p. 204; Dudas, 2018, p. 90).

Supports for EAL Nursing Students

As Starr (2009), aptly stated, "although these differences do create a challenge in the classroom, the richness that they can bring to nursing care is invaluable" (p. 479). This sentence captures recognition of the struggles but also the need to support EAL nursing students to successfully enter the workforce. My literature review revealed several initiatives and approaches to support EAL nursing students during their programs of study. Crawford and Candlin (2013a) explored available EAL support programs for bio-medical and nursing university students. They uncovered mixed results, where some reported successes while concluding that more work and research on the topic was needed. Since then, a Canadian leader in this field has emerged, Liza Lai Shan Choi (2016, 2018, 2019, 2020). Choi's prolific works (2016, 2018, 2019, 2020) outlined a multi-faceted and successful program of EAL nursing student supports that incorporates encouragement and growth from a cognitive and skills-based approach while also prioritizing psychological safety and community through peer support. Similar, multi-pronged support programs for EAL students in nursing have been noted elsewhere in the literature and in the world (Harvey et al., 2013).

Another innovative program of support for EAL students was through the use of standardized patients (SP) in simulated nursing experiences (King et al., 2017). This study was valuable as it simultaneously addressed three domains of learning: affective, cognitive, and psychomotor. Nguyen Le and Miller (2020) attempted to narrow the focus of English for medical

purposes (EMP) lexical lists and definitions for students to help emphasize the most important and common terms, while decreasing the overwhelming impact of a broad dialect of medical terms. Crawford and Candlin (2013b) contributed similar data through EAL student interviews, where they determined that deliberate practice, specifically with medical terminology, proved to be beneficial for students. Recently, Lewis and Bell (2020) appraised current literature and effectiveness of the multitude of nursing-specific support programs in the United States and other western, English-speaking countries. Ultimately, their findings indicated a need for more work to be done in this area of nursing education. A culturally diverse nursing workforce is a priority that will require commitment, funding, resources, and sheer will of government and educational programs to accomplish and maintain inclusive systems and solutions (Mitchell et al., 2017).

Significance of the Study

The significance of this study is the exploration of a relatively unassessed demographic; all but one of the articles in this review of the literature focused on the experience of current EAL nursing students. The exception was Dudas (2018) who studied the perspective of graduated EAL nurses with a focus on evaluating the EAL experience during an accelerated nursing program. Because Dudas (2018) examined professional bedside nurses as opposed to current students, they found that participants were able to provide examples where their linguistic prowess enhanced patient care.

Additional rationale for exploring the perspective of former EAL nursing students or graduated practicing registered nurses is suggested by an expert in the field. Choi (2019) suggested future research direction for this topic as career trajectory and long-term success of former EAL student nurses who took part in EAL nursing student support programs. Choi (2016,

p.84) specifically stated that "…the impact of the nursing support program for EALs who become professional nurses will be a fruitful area of future inquiry…".

Summary

From admission to licensure, EAL nursing students are faced with exceptional challenges on the route to completing their degrees and entering the workforce. The existing literature focuses on current EAL nursing students and instructors. While this is a crucial perspective, it is also worthwhile to examine the experiences of former students who are now practicing nurses. As former students, now current nurses, should be able to offer new insights.

Research Question

What can be learned from the lived experience of practicing EAL nurses looking back on their Canadian undergraduate nursing education program?

Chapter 3: **Methodology Interpretive Description**

Interpretive description (ID) is a qualitative methodology, developed by Thorne, Reimer Kirkham, and MacDonald-Emes in 1997 as a nursing and social sciences alternative to the common qualitative inquiry styles of the time (Thompson Burdine et al., 2020). ID is referred to as a non-categorical approach to qualitative inquiry rather than a rule-bound methodology (Ryan & McAllister, 2019). ID was designed to address practice-based questions in nursing and other applied practice disciplines (Hunt, 2009; Thompson Burdine et al., 2020; Thorne, 2016). At its core, ID aligns with constructivist and naturalistic paradigms (Hunt, 2009). ID borrows from the premise of phenomenology in that it seeks to ultimately describe a phenomenon (Ryan & McAllister, 2019), yet differs from it and other contemporary methodologies in its interpretation of the experiences and ultimately how the findings can be applied in a practice setting.

As previously stated, ID works well for research studies in nursing and medical education as it is rooted in application to practice (Thompson Burdine et al., 2020; Thorne, 2016). ID is also an ideal approach to medical educational quandaries as it serves to inform pedagogical practices (Thompson Burdine et al., 2020). ID considers the disciplinary orientation of the researcher. At every stage in the study, from topic selection to the discussion of findings, the ID researcher applies their disciplinary lens (Hunt, 2009; Thorne, 2016). The research question for this study is well suited to ID design as it stems from my own disciplinary awareness and experience; a drive to determine what can be learned from the lived experience of practicing EAL nurses looking back on their Canadian undergraduate nursing education programs. Once this research question is addressed, how those insights might inform future practice in nursing education will be explored. Thorne (2016) described the balance of the researcher being embedded in the discipline, while also maintaining adequate distance from the topic so to avoid a

personal or therapeutic journey. I am well-positioned with sufficient disciplinary context and experience working with EAL nursing students while still being an outsider as non-EAL. In addition to identifying how ID aligns with the topic, research question, and researcher, careful consideration was given to the philosophical foundations and how they serve to support the principles of ID in this study.

Philosophical Assumptions: Naturalistic Paradigm

The naturalistic paradigm is well-suited to the topic as it facilitates exploration of a phenomenon in its natural state. This paradigm is also suitable for an ID inquiry as it accounts for individual realities and meanings through experience (Hunt, 2009). The naturalistic paradigm was applied to this study in terms of its ontological, epistemological, and axiological suitability.

Ontological

The ontological positioning of the naturalistic paradigm is that realities are individualistic and constructed by the person experiencing them. Every experience is assigned meaning that can transform over time through new perspectives (Heppner & Heppner, 2004). This translates to each participant conveying their unique reality of what nursing school as an EAL student was like for them, through their current perspective as a practicing nurse.

Epistemological

Epistemological alignment within the naturalistic paradigm is the process of researcher and participant interacting to generate what is known (Heppner & Heppner, 2004). This interaction of generating what is known, occurred in the data collection and analysis phases. For example, real-time clarification during interview discourse helped to articulate experiences and ensure I correctly interpreted what was being said by participants.

Axiological

The axiological stance of the naturalistic perspective is when one's subjectivity and values are considered unavoidable and desirable (Heppner & Heppner, 2004). This recognition applies to the researcher as well as participants. For example, study participants inevitably apply their values to their experiences as a student nurse. I also approached interviews with predetermined values, conscious and unconscious.

Chapter 4: **Methods**

The following section is a summary of the study's design including: recruitment, sampling, data collection, and analysis as guided by ID. Ethical considerations and credibility are also outlined in this section.

Recruitment

Recruitment posters for this study (Appendix A) included an overview of the research project, participant inclusion criteria, participant expectations, researcher responsibilities, and contact information for the research team. The recruitment posters and information were subject to Athabasca University Research Ethics Board approval. Recruitment memos were posted on the Association of Registered Nurses of Manitoba (ARNM) website and social media accounts, as well as to select College of Registered Nurses of Manitoba (CRNM) emails within their database(s). The ARNM and CRNM were chosen based on access to nurses across the province of Manitoba who practice in a wide variety of areas. Interested candidates were directed to contact me using information provided on the recruitment poster. When interested participants contacted me via email, I screened them using the participant suitability questionnaire (Appendix B). Eligible participants were sent the letter of consent (Appendix C) containing additional information regarding the study for review and return. Potential participants were then asked to arrange a meeting date and time based on their availability. All but one participant was recruited using the CRNM email and ARNM social media database.

Sampling

Purposeful sampling was used in this study. Purposeful sampling helped to facilitate diverse participants (Creswell & Poth, 2018). Snowball sampling was also used. Each participant was asked to refer or recommend other potential participants. Snowball sampling, in this study

was approached with caution as it had potential to produce a homogenous sample (Thorne, 2016).

Sample Size

The sample size for this study was five participants. Creswell and Poth (2018) explained the importance of not just numerical considerations, but the level of detail and specifics collected from each participant. The goal was to explore the particulars of individual experiences. A smaller sample size allowed for deeper and more genuine involvement with data collection and analysis. As a novice researcher, I completed the transcription to thoroughly sift through the words and their meanings. This would not have been feasible with a larger sample size.

Inclusion Criteria

The inclusion criteria were:

- practicing registered nurse with Bachelor of Nursing (BN) degree from a Canadian post-secondary institution;

- identify as EAL;

- graduation from BN program between 2020 and 2022.

Ensuring all participants obtained a nursing degree from a Canadian post-secondary institution ruled out diploma registered nurses (RNs). Identifying as EAL was essential as this is the population and phenomenon under study. The time frame for post-graduation criteria was chosen to acknowledge factors contributing to undergraduate nursing education in Canada, such as curriculum revisions, conversion to the NCLEX-RN for licensure in Canada and enhanced institutional commitments to equity, diversity, and inclusion over the past two years, thus supporting the application of findings to current practices.

Sample Characteristics

All participants completed their nursing undergraduate degrees in the same Western Canadian province, from the same nursing institution. Following a participant's initiating contact with me via email, further information regarding the study was shared along with the study consent form. Once participants reviewed and signed the consent, a date was coordinated for a one-hour virtual interview session. Relevant demographics, such as participant's primary language spoken, age of introduction to English, time in Canada (as applicable), and year of graduation from a Canadian nursing undergraduate program is indicated in Table 1.

Table 1

Relevant Participant Demographics

Primary Language Spoken	Age of Introduction to English	Time in Canada (to date)	Year of Graduation from Bachelor of Nursing in Canada
Vietnamese	6 years old	8 years	2020
Mandarin	19 years old	11 years	2020
Spanish	4 years old	11 years	2021
Punjabi	4 years old	8 years	2020
Tagalog	7 years old	6 years	2021

Retrospective Nature of Participant Experiences

Phenomenology and narrative inquiry guided data collection and analysis in that a phenomenon was explored through the lens of the participants who experienced it (Creswell & Poth, 2018). Creswell and Poth (2018) emphasized that the nature of human memory and articulations of human experience(s) are recalled from the perspective and individual context of

the participant. Human memory is aligned well with the ontological perspective of the naturalistic paradigm whereby participant accounts are constructed by them based on many unique and contextual factors (Heppner & Heppner, 2004). Narrative inquiry is told from the participant or narrator's perspective. Therefore, it is subject to their interpretation, memory, biases, and social context (Creswell & Poth, 2018). This does not make narrative inquiry a less reliable method even if this personalized account is not objectively precise, rather it is deemed truthful and valuable because that is indisputably the narrator's truth and fact (Laliberte Rudman, 2018). In this study, I have explored the participants' experiences of the past based on their retelling and personalised re-constructions of it. Since these participants are no longer students, their experiences will be "edited" with their current outlook as a practicing nurse (McAlpine, 2016, p. 40).

Data Collection

Interview Data

Data was collected through semi-structured interviews with a script used as an outline (Appendix D). Interviews are a common and reliable form of data collection for ID studies (Thorne, 2016). Interviews were flexible enough to allow exploration of tangents, yet structured enough to generate standardized explainable or contextualized data (O'Leary, 2017). The interview questions began with standardized inquiries and based on the responses, were modified as they followed the lead of participants. One-on-one interviews allowed for rich, in-depth qualitative data collection and rapport development (O'Leary, 2017). One-on-one interviews were relatively easy to coordinate and economical (Thorne, 2016). However, interviews have been criticized by some in the qualitative field as overused and as yielding data that lacks objectivity (Thorne, 2016). Another downside to the interview is the language, analytical skills,

and articulation that each interviewee has access to (Thorne, 2016). While this is may present a central concern for a study examining the experiences of EAL individuals, awareness of these perspectives mitigated the impact. I monitored myself throughout each interview for signs of misinterpretation of each question based on verbal and non-verbal cues.

Data was collected through semi-structured interviews, held virtually over Microsoft Teams. Interviews took place between May 10th to July 11th, 2022. Interviews ranged in length from 47 minutes to 65 minutes. All participants were comfortable having video cameras on during the interview and recording process. Interviews were digitally recorded, and then transcribed verbatim. Digital recording of interviews is suggested by Creswell and Poth (2018) for transcription and analysis. Further rationale for recording of interviews was to aid in reflexivity, consistent data collection, and adequate analysis. Being able to review recordings of the interviews allowed me to appraise, critique, correct, and comment on any potentially concerning techniques such as leading questions, responses, or body-language inadvertently engaged in during the interview process.

Public Domain Data

Data was also collected through the public domain via blogs, video blogs, and a podcast. Applicable search terms were entered into Google search engine, Twitter, Reddit, Instagram, AllNurses blog site, and YouTube. The terms used for this public domain (PD) search were *nursing students, English additional language (EAL),* and *English second language.* The same inclusion criteria were adhered to as closely as possible for the PD data collection. Applicable online sourced data that was retained for analysis came primarily from Liza Choi's EAL mentorship support program website through Mount Royal University (MRU) in the form of

blog posts (n=5) and YouTube videos (n=2). A nursing student support podcast transcript was

also used (n=1). PD records are hereby referenced numerically in the order they were obtained.

Table 2

Data From the Public Domain

Identifier	Data Source	Title	Description
PD 1	Blog Post 1	*The EAL Mentoring Program: A Rewarding Experience*	A third year EAL nursing student at MRU describes their experience(s) being mentored and now mentoring other EAL students. Dalgarno, L. (2014, March 10). The EAL Mentoring program: A rewarding experience. *English as an Additional Language; Nursing Student Support.* https://blogs.mtroyal.ca/eal/2014/03/10/the-eal-mentoring-program-a-rewarding-experience/
PD 2	Blog Post 2	*How the EAL Mentoring Program has Helped Me*	A third year EAL nursing student at MRU outlines their experiences/musings on the EAL support group at MRU from the mentee perspective. Ma, M., L. (2014, March 9). How the EAL mentoring program has helped me. *English as an Additional Language; Nursing Student Support.* *https://blogs.mtroyal.ca/eal/2014/03/09/how-the-eal-mentoring-program-has-helped-me-by-meng-lin-ma/*
PD 3	Blog Post 3	*Benefits of the Peer Mentor Program*	An EAL nursing student at MRU outlines current literature on EAL nursing students' struggles and relates to their own challenges as an EAL nursing student; specifics of experiences as an EAL support group mentor and mentee also discussed. Song, M. (2014, March 8). Benefits of the peer mentor program. *English as an Additional Language; Nursing Student Support.* https://blogs.mtroyal.ca/eal/2014/03/08/benefits-of-the-peer-mentor-program-by-mengyu-song/
PD 4	Blog Post 4	*Returning the Favor*	A fourth year EAL nursing student at MRU discusses how they discovered the EAL support group and their initial hesitation to join as well as the realization that the resources offered in the support group were invaluable.

			Serediak, S. (2013, April 30). Returning the favor. *English as an Additional Language; Nursing Student Support.* https://blogs.mtroyal.ca/eal/2013/04/30/returning-the-favor-by-sayuri-serediak-mru-4th-year-nursing-student/
PD 5	Blog Post 5	*Benefits of the Peer Mentor Program*	A first year EAL nursing student at MRU summarizes the EAL support group mission and describes how it helped and supported them. Megyu (2013, April 24). Benefits of the peer mentor program. *English as an Additional Language; Nursing Student Support.* https://blogs.mtroyal.ca/eal/2013/04/24/benefits-of-the-peer-mentor-program-by-megyu-mru-nursing-student/
PD 6	YouTube Video 1	*MRU Nursing Mentorship (EAL)*	• Introduces several EAL nursing students from MRU who utilized the EAL support program. • Highlights some of their experiences with the EAL support program (e.g., why they sought it out and how it helped them). • Concludes with former students stating where they work now as RNs. Mount Royal University; School of Nursing and Midwifery. (2019, September 19). *MRU nursing mentorship (EAL)* [Video]. YouTube. https://www.youtube.com/watch?v=22doIOBgR7c
PD 7	YouTube Video 2	*I'm Not the Only One: Stories of Struggle, Resilience & Success in EAL Nursing*	• Features several EAL nursing students from MRU who utilized the EAL nursing support group. • Begins with students describing how they came to learn about the group, what they struggled with prior to joining the group, and how it helped them succeed in nursing school. • Concludes with former students stating where they work now as RNs. Mount Royal University; School of Nursing and Midwifery. (2020, October 16). *EALN: I'm not the only one – Stories of struggles, resilience & success in EAL nursing* [Video]. YouTube. https://www.youtube.com/watch?v=6fKQ0dvRjDU
PD 8	Podcast 1	*Nursing School as an ESL (English Second Language) Student*	• The podcast host is a former non-EAL nursing student. • The episode summarizes advice sent in from listeners on achieving success in nursing school for EAL students. Haws, J. (Executive Producer). (2020-present). *Nursing school as an ESL (English as a second language) student.* [Audio podcast]. Nursing.com. https://blog.nursing.com/nursing-school-as-an-esl-english-as-a-second-language-student

Data Analysis

A form of constant comparative analysis (CCA) was utilized for data analysis in this study. CCA is an endorsed method of analysis for ID (Thompson Burdine et al., 2020). CCA is also desirable for a novice researcher as there is a somewhat stepwise procedural approach to it (Thompson Burdine et al., 2020). Data immersion was the primary phase engaged in for CCA. In this phase, I took time to transcribe and review video recordings. While methodically editing the transcriptions, I added notes to those initially taken during the interviews. Transcripts and PD files were revisited often for insights. These reviews helped to inform not only data analysis, but upcoming interviews as well (Thompson Burdine et al., 2020). For example, early themes began to inform some probing questions for subsequent interviews. Next a thematic template was created, and data roughly organized into categories, left intentionally broad (Thorne, 2016). The purpose of leaving these initial themes broad is for the researcher to maintain an open mind and allow the data to drive the analysis, not the themes. This step required rigorous note taking to track when and why certain groupings were made or adjusted for documentation of thought processes or "audit trail" (Thompson Burdine et al., 2020, p. 341). I achieved this through many iterations of concept mapping large themes derived from raw data sources.

Use of traditional coding is debated in the context of ID. Thorne (2016) underscored the potential value in it, especially for organization of large data sets, as it can help solidify wider connections and conceptual frameworks. However, Thorne (2016) also articulated its potential to hinder inductive engagement and interpretation of the data and its meanings. For this study, data was carefully reviewed, flagged, highlighted, organized, and re-organized into broad categories until more firm categorizations could be made (Thompson Burdine et al., 2020; Thorne, 2016). Thompson Burdine et al. (2020) outlined a similar process whereby coding is used to categorize

data early on and as the interpretive process continues, connections and frameworks within the data begin to emerge. The final phases of CCA are condensing, reflecting, and comparing data sets and themes (Thompson Burdine et al., 2020). These final steps were upheld through an exhaustive and iterative process where data and themes were re-worked until the research question was adequately addressed.

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Ethical Considerations

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Ethical considerations ensure the safety of participants and maintain study integrity. Ethics were rigorously adhered to at all phases of this study (Greaney et al., 2012). Tri-Council Policy Statement (TCPS) Module Core 2 was completed as it is a requirement for Canadian researchers conducting studies involving human participants; see Appendix E (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research, 2018). Athabasca University Research Ethics Board (REB) approval was obtained prior to beginning recruitment for the study (Appendix F). The University of Manitoba REB office was contacted and determined that their additional approval was not required.

Informed Consent

Informed consent is an essential aspect of research processes involving human participants. Informed consent provides participants with all the necessary information for them to weigh the potential risks and benefits associated with study participation (Greaney et al., 2012; Lee, 2018). The informed consent letter, distributed to interested participants, can be found in Appendix C. This document was written in plain language with attention to the necessary information potential participants might require when deciding whether or not to partake in the study and who to contact with any questions or concerns (Lee, 2018). Prior to interview

commencement, I reviewed the informed consent with each participant, ensuring all their questions were answered and that they fully understood their rights, for example, the right to withdraw without penalty.

Confidentiality and Anonymity

Participants were made aware of the reasons for collecting personal information, as well as the circumstances and means in which this information would be kept and eventually destroyed (Greaney et al., 2012). Participants' data was anonymized; personal identifiers were removed. Reporting of the study results was as an aggregate. Following interview transcription, all personal information was removed from transcripts. The signed consent forms and a master list of participants' pseudonyms are the only means of participant recognition. The consent forms and master list are being stored electronically, in separate folders, on a password-protected computer, only accessible to me for the required five-year period and will then be permanently deleted.

Vulnerable Populations and Avoiding Harm

The study yields low risk to participants, however, Lee (2018) declared that a researcher cannot overstate the potential risks to participants. In this instance, I acknowledge that the demographic being studied, EAL nurses as former students, may be considered vulnerable due to racial or cultural marginalization, and discrimination (Wilson & Neville, 2009). It is essential for the researcher to recognize and mitigate how vulnerable participants may be negatively impacted or misrepresented in a study. I addressed the risks to participant safety, specifically associated with this vulnerability, by ensuring participants felt safe and secure to speak their truth. Self-reflection and bias checking were also used to reconcile my position and background as researcher to ensure participants' experiences remain central to the research (Creswell & Poth,

2019; Thorne, 2016). This was accomplished through rigorous field notes taken during and immediately following each participant interview.

Avoiding harm to participants served and will continue to serve as a guiding principle at every stage in the study from recruitment to the potential publication of results. Potential risks and withdrawal procedures are outlined in the informed consent (Appendix C). Participants were reminded at interview commencement that their involvement in the study was entirely voluntary and there would be no negative consequence(s) for withdrawing or declining to participate.

Credibility

ID utilizes credibility to convey trustworthiness in its research (Thorne, 2016). Thorne (2016) highlighted that qualitative research within the ID methodology should strive to meet four main principles of credibility: epistemological integrity, representative credibility, analytic logic, and interpretive authority. This section outlines how each principle was adhered to during the research process, mainly through rigorous commitment to field notes. Field notes were made during and immediately following each participant interview to capture my observations, insights, concerns, and potential revisions for upcoming interviews. The field notes were then reviewed with the transcripts throughout the data analysis phase.

Epistemological integrity is achieved through consistent rationale that support the research question as being derived from what is known about the topic (Thorne, 2016). This notion extends to the methodological decisions made throughout the research study (Thorne, 2016). To attain epistemological integrity, this study began with a comprehensive literature review which informed the research question. Additionally, field notes were used throughout the study to ensure addressing the research question remained the centre of focus.

Representative credibility ensures the results or claims of the study accurately represent the sample and do not overstate congruence or applicability to a wider population (Thorne, 2016). This principle was front of mind during data collection and analysis so not to presume shared experiences among participants nor a wider population of EAL nursing students.

Analytic logic is the evidence of inductive processes followed through data collection and analysis (Thorne, 2016). In this study, inductive processes were undertaken in the data analysis phase, writing of the findings, and discussion, whereby themes were linked to and grounded in data. Evidence of this was demonstrated through use of verbatim quotes from individual participants, where applicable, or through inclusion of excerpts from my field note taking (Thorne, 2016). I was cautious not to over-rely on verbatim quotes, as Throne (2016) cautions that, "If data spoke for themselves, research would be redundant…" (p.204). I instead sought to illuminate, combine, and elaborate on the overarching themes, commonalities, and variations in the data (Thorne, 2016), thus adhering to Thorne's advice, "…your choice and presentation of examples will clearly position each within a part of the overall argument" (2016, p. 207).

Demonstration of the researcher's commitment to reflexivity throughout the research process is interpretive authority (Thorne, 2016). This allows for separating what is researcher bias versus what is a reliable interpretation of the data. Field notes were recorded and revisited throughout this study to maintain interpretive authority. Field notes were used to regularly reflect on my position within the research and record any biases as they arose (Thorne, 2016).

Chapter 5: Findings

This chapter presents the findings of the study as they relate to the research question. The findings were broken into three main themes including, meaningful connections: "I know what you are going through"; additional mental load: "you will put in more work than your non-EAL peers"; and being an outsider. Within the main theme of meaningful connections there were five subthemes including, peers: feeling understood; peers: suffering in isolation; patients: beyond the translator; instructors: promoting questions; and instructors: cultural and linguistic background. Related to the main theme of additional mental load, there were three subthemes including, miscommunications; deciphering idioms; and struggling with written assignments. There were no subthemes arising from the main theme of being an outsider. See Appendix G for an outline of main themes and subthemes.

Findings

Main Theme 1: Meaningful Connections: "I know what you are going through"

The idea of forming, fostering, and maintaining relationships with others underpinned interview and PD data. These relationships were categorized into three distinct groups: peers, patients, and nursing instructors.

Peers: Feeling Understood

The importance of strong connections with peers, especially those who were also EAL or international students was evident. These collegial bonds seemed to form out of a shared understanding of what it felt like to be an EAL nursing student, or an outsider. P1 noted that "it is just easier to befriend other ESL or international students." She went on to attribute this to a common experience of knowing what it is like to not have grown up in Canada or speak English your whole life. This did not mean that to make fast-friends EAL students had to share a cultural

or linguistic background. This notion of shared understanding of being an outsider transcended language and culture. P1 described their connections to other EAL students as kindred, saying, "they just understand the struggle".

Feeling understood regarding your differences without having to explain their root cause created strong bonds and allyships among the former EAL nursing students in this study. This sense of knowing, without having to explain what you were going through seemed to lift the weight of a heavy burden from their shoulders. Even before specific help was offered, the understanding alone seemed to validate the experiences and challenges. For example, an EAL nursing student blogged, "they understood the circumstances I was going through and the difficulties I was encountering" (PD 5).

While feeling understood stemmed from a shared experience of being an outsider, there were also significant relationships fostered among EAL students and their non-EAL counterparts. There seemed to be a symbiosis to these pairings, as was the case described in the podcast. The host, who is non-EAL, described studying with an EAL peer from India. The EAL peer struggled with English but had an excellent grasp of anatomy and physiology. They found studying together to be mutually beneficial (PD 8).

Peers: Suffering in Isolation

Despite the connections made that fostered feelings of being understood, there were EAL nursing students who struggled and described suffering in isolation. P2 described some of their EAL peers in nursing school who kept to themselves entirely and as a result did not learn nursing terminology or even English as well as those who interacted with others. P4 remembered EAL peers in nursing school who would write down things they did not understand only to look them up later on their own, instead of asking in the moment for clarity. A former EAL nursing student

indicated how their continued struggles and isolation in the nursing program eventually drove them to seek help from peers, "I needed guidance, and I didn't know where to turn to. I had to speak to my fellow nursing students" (PD 6).

Participants and data from the public domain demonstrated the path to a better nursing school experience as an EAL learner. They quickly recognized that peer connections would serve them in a multitude of ways. They comparatively saw how not making these connections added to the struggle and isolation of the experience. P2 repeated this advice for current EAL nursing students, "Speak up and talk to as many people as you can. Don't just stay in the comfort zone... At least try to talk to people".

These relationships provided benefits for the EAL nursing participants. Beyond academic support, there was a sentiment of strength gained in sharing challenges and also solutions with one another. For example, the PD 1 blogger said she and her peers in the EAL support program would share tips on everything from where to get free breakfast on campus to writing supports for academic essays. These important relationships in many cases continued beyond the confines of school. A former student featured in PD 6, described meeting some of her current closest friends in the EAL support group. Another stated, "And the best part of going to the meeting was that I found a lifelong friend" (PD 4).

While peers figured significantly in terms of feeling understood and mitigating the struggle with isolation, patients were also part of the experience of the EAL nursing student. In particular, a sense of understanding, duty, and connectedness to EAL patients.

Patients: Beyond the Translator

An assumption I had going into this research about EAL nurses and nursing students in Canada was their ability to translate from different languages to English being a benefit to

patients and the healthcare system as a whole. For example, if a patient in care spoke their same primary language and did not have access to English, they could directly translate. However, I quickly realized that my idea was far too simplistic and reductionist. The PD 8 podcast host, who identifies as non-EAL, outlined how a genuine connection can be rapidly established when EAL nurses and patients speak the same language or share cultural backgrounds. "Imagine the connection you're going to have with patients from Cuba or from Germany or from wherever you're from". Evidently, the simplistic view I held going into this research study is also perpetuated by some media sources on the topic. While participants described opportunities to use their linguistic skill to translate for patients or family, it was not how profound connections with patients or families were made. The overarching notion was that regardless of linguistic congruence, there was a sense of duty to go above and beyond for all EAL patients. P1 referenced an instance where her patient spoke and understood sufficient English to communicate fully in it, but she chose Vietnamese for their comfort and rapport building, stating, "But if they are Vietnamese, I try to talk to them in Vietnamese, just like for the connection, you know".

P3 articulated ensuring that patients felt understood and at ease with the care provided as being the goal. "It's more with the patients that are EAL, I find myself - I don't want to say going the extra mile, but, yeah, going the extra mile … just to make them feel understood and cared for in the system".

P3 and P4 described that observing interactions between their EAL parents in an English-speaking society was the impetus for their added sense of responsibility to make their EAL patients feel comfortable and understood in an English healthcare system. It was as if they recognized their EAL patients as outsiders and wanted help them feel connected and comfortable

in the Canadian healthcare system through their nursing care. P4 elaborated on this phenomenon further by comparing to her non-EAL peers. Through no fault of their own, just by virtue of their upbringing, being on the inside, would they even consider an EAL patient's discomfort with the Canadian-English speaking healthcare system? P4 stated of non-EAL nurses:

> Sometimes it doesn't register right? Because they don't even consider it as a factor, because that's not something that they think would be a problem, but this is something that you think about more when you have parents that move to a new country later on in their life, so they don't speak English as fluently.

The therapeutic relationships between EAL students and their patients demonstrated a deep and genuine connection that arguably cannot be taught in theory courses alone. Nursing instructors in both practical and theory courses play a significant role in the overall learning experience of EAL nursing students.

Instructors: Promoting Questions

Participants indicated how nursing instructors hold a powerful position that can either make students feel welcome and encouraged in the classroom or inferior and discouraged from seeking guidance. Participants described how feeling welcomed in the classroom or clinical setting had a profound effect on their sense of connectedness to the rest of the class, the instructor, and the content. P3 suggested that instructors can, "be the anchor" for EAL students to feel a part of a whole. The unifying idea of fostering welcoming and connected learning environments stemmed from one primary action that participants felt were both essential and obtainable for nursing instructors to realize. Promoting EAL (and non-EAL) nursing students to ask questions.

P3 asserted that instructors should build in time for questions as much as possible and engage in genuine dialogue with the students in class. He described having the confidence to speak up in class and how that aided his learning especially compared to his EAL peers:

I would like to say that I got my experience in nursing school. Not better, but I just was able to have that confidence and when to ask questions in class and if I didn't understand something, I would ask. To the point where the teachers knew me and then they knew kind of what to expect, like yeah, we're having a conversation in class, which is I think what university is about. But that barrier for language is definitely what hinders that next step of learning for some people.

Participants also discussed how nursing instructors should foster learning environments that do not make students feel unintelligent for not knowing something or asking questions. P2 put it plainly, "do not make them feel stupid", when referring to his advice for nursing instructors working with EAL nursing students. Being made to feel inferior will only serve to reinforce the EAL student as outsider narrative in an exclusionary way.

Beyond the obvious advantage of enhancing learning or obtaining clarification for the student asking a question, when questions are encouraged in the classroom, there is benefit to all the students present. P4 described how certain questions can also aid in enhanced self-awareness on the instructor's part. Helping them realize that their explanation was unclear or even culturally biased; thus, presenting a learning opportunity for both instructor and students.

Instructors: Cultural and Linguistic Background

When asked about the linguistic or cultural background of their nursing instructors, participants indicated the vast majority were Caucasian and non-EAL speakers, with estimates ranging from 80 to 100% of their instructors and nursing faculty. This was not something that

seemed to factor into the consciousness of participants until asked about it in the interview. Interestingly, P2 mentioned that they might be disappointed with more EAL instructors as they aspire to learn nursing in English from primary English language speakers. P1 described not necessarily caring what the linguistic or cultural background of the instructor was, and were instead only concerned with their nursing expertise in teaching. These assertions do not take into account the positive influence and connections that can stem from instructors as role models who understand firsthand the experience of being an EAL learner in nursing school. Participants reflected on seeing ethnic diversity in the hospitals in their roles as nurses and former students. This diversity was not equally represented in their nursing instructors. Yet, this incongruency did not seem to raise concern among participants. It was as if participants could not imagine having EAL nursing instructors because they did not exist in their experience.

Students with instructors who were EAL nurses felt connected, safe, and validated and they thrived as a result. A respondent in PD 7 recollected her strong initial connection to an instructor when she explained a nursing skill using an Asian cultural reference, "I remember you vividly because you taught us how to do dressing changes and you can wrap it like a dumpling". She recalled this story with a huge grin on her face. Another PD 7 video respondent said of her EAL nursing instructor,

> "I have so many things I'm struggling with and you are just telling me that everybody kind of at this stage is kind of going through the same struggle and you had those experiences. So, you shared a lot of experience with me that's really helpful I'm like okay. And you also set up such a … good role model there".

Despite the reported lack of linguistic diversity in nursing instructors, there was a consensus that some instructors better understood and addressed the challenges faced by EAL

learners in nursing school and recognized that student demographics are changing. "There are …

certain instructors that are more attuned to what a university class looks like now versus what it

did back when they were in school" (P3).

Relationships to peers, patients, and instructors were indicated as an important part of the

EAL nursing student experience in Canada. When reflecting on their education, former EAL

nursing students also noted the presence and significance of an added mental load related to

being an EAL nursing student, especially in comparison to their non-EAL peers.

Theme 2: Additional Mental Load: "You will put in more work than your non-EAL peers"

Participants suggested that being an outsider comes with the side-effect of a substantial

mental load during nursing school as compared to their non-EAL peers. EAL nursing students

found themselves processing dialogues, decoding interactions, and needing to spend significantly

more time and effort on written assignments in particular. This added mental effort was required

to keep up with expectations of the program and was described as exhausting. Sometimes the

participants recognized and were intentional about these efforts, for example with written

assignments. There were other scenarios, however, where it seemed automatic, unrecognized,

and even involuntary.

Miscommunications

P3 outlined an example when he observed an EAL nurse ask a non-EAL nursing

colleague a simple question about charting. The non-EAL nurse was put off by the EAL nurse's

style and tone of questioning and responded angrily. As an observer, P3 was not directly

involved in the conversation, but he described feeling like he should speak up to clarify the

misunderstanding. It was like he was watching two people speak two completely different

languages that he could translate. He had understood both sides so clearly. Unfortunately, he was

not part of the conversation so he decided not to interject unless things escalated. While this may seem like an innocuous example of an observed miscommunication between colleagues, what it represented is an inability to turn off this part of the EAL brain. Participants described being so attuned to communication in all its forms, between everyone around them. EAL nursing students constantly paid attention to what was said versus what was meant, how it was said, as well as idioms or cultural references. P3 described this automatic, constant awareness, and attention to every interaction as "tiring." This additional mental load seemed to touch most, if not all, day-to-day interactions, and thoughts of all study participants. There was an overarching theme of being hyperalert of details in their own communications as well as with those around them.

P2 recalled a situation when he was a student and a nurse used the phrase "push off" when referring to advancing the catheter of an intravenous needle. This vernacular expression confused the (then) student and the vein was grossly missed due to the misunderstanding. One may argue that this miscommunication could affect anyone regardless of EAL status. However, the idea of it forming a significant memory and affecting that person's future practice is much less likely. It seems that again, EAL nursing students are sensitized to communication in a way that non-EAL nursing students are simply not. P4 articulated this phenomenon, "When there's different languages that you have experience within different dialects and accents, you can catch things and you can you kind of realize more quickly than others where someone might have misunderstood things".

Deciphering Idioms

Falling into the broad category of misunderstandings, idioms warrant specific mention. The use of colloquial sayings or expressions, such as, "get out of here", were recalled in the interviews as coming up in lectures or clinical and causing confusion or otherization for EAL

nursing students. P4 described these references as going beyond idioms. She described how sarcasm and attempts at humor can be easily misunderstood by EAL students, or those who did not grow up in English-speaking Canadian society, saying,

> It's also about cultural references, right? So, because sometimes when in class the person teaching if they would make cultural references, I just wouldn't get it right? It could be a TV show. It could be a movie star, could be an actor, it could be anything.

This awareness of idioms helped participants be more conscious of their own use of them in their current nursing roles. For example, P2 outlined his commitment to avoiding slang when working as it can lead to serious miscommunications and safety concerns for patients.

Struggling With Written Assignments

Participants referenced written assignments, such as essays, throughout the interviews, despite not being specifically asked about them. This indicated that written assignments, particularly struggling with written assignments, was an impactful aspect of the EAL nursing student experience. The discussions on this aspect of nursing school seemed to focus on the challenges, including the mental burden and emotional toll these written assignments presented.

It was universal that essay writing in nursing school for EAL students was particularly challenging. P2 indicated his shock and dismay when he received his first ever failing letter grade on a paper in nursing school. P3 outlined how papers were dreaded among EAL nursing students saying, "I feel like the big part was those university papers that got most people". P1, explained that given the choice, they would choose multiple-choice exams over paper writing. Noting it would take them so long to compose their thoughts and ideas in a written format. Essay writing for other EAL students even caused an emotional toll. "We had numerous assignments in

every semester and I have cried many times over difficult assignments, especially with writing"
(PD 4).

The notion of writing styles being vastly different in Canada than they were for participants back home in their countries of origin was also raised. Both P4 and P2 indicated that initially, the structure and expectation for written assignments in Canadian nursing school alluded them. These challenges and struggles seemed to culminate into the notion that as an EAL nursing student you had to commit significantly more time and energy into written assignments as compared to non-EAL students. Unfortunately, some students struggled in silence for a long time before reaching out for support, PD 2 explained, "The way I organize words and sentences is very different from English native speakers therefore my sentences always sound strange and are difficult to read. I have been struggling with writing for the past two years".

Main Theme 3: Being an Outsider

The experience of being or feeling like an outsider was prevalent among participants. The term outsider may conjure thoughts of sad, lonely, feeling othered, left out, or misunderstood. However, the impression conveyed by the participants was far more complex. It was neither good nor bad, just omnipresent, exhausting, and sometimes rewarding. P4 put it matter-of-factly, "So you have this almost outsider perspective to things because you have seen things done in a totally different way in a different country". The same notion was described by P3 verbatim as both "a blessing and a curse". Thorough review and analysis of the raw data lead to the inference that, on one hand, being an outsider made EAL student nurses keen and empathetic caregivers, capable of building build strong relationships with peers and patients efficiently. It also made them instinctive witnesses, cultural interpreters of conversations, and frequent observers of misunderstandings among others.

Summary of Findings

This section detailed the results of the analysis of the interviews in combination with the public domain records. This analysis led to three main themes: meaningful connections, additional mental load, and being an outsider. These themes represent what can be learned from the lived experience of practicing EAL nurses looking back on their Canadian undergraduate nursing education programs. The following section is a discussion of the findings. Implications, recommendations for practice, and future research relating to the topic of EAL nurses and nursing students in Canada will be explored. Finally, perceived limitations of the study will also be outlined.

Chapter 6: Discussion

The lived experiences of practicing EAL nurses looking back on their Canadian undergraduate nursing education programs continues to be a vast, unique, and a complex human experience and much can be learned from these perspectives. In this chapter, the findings will be discussed within the larger context of current literature and direction(s) for future exploration of the topic will be suggested. How this study can contribute to current practice and further knowledge in the field will also be discussed. This chapter will conclude with an outline of the limitations of the study.

Participants' self-realization of the EAL nursing student as an 'outsider' was one of the most profound and surprising results of the study. Through my reflexive journaling and field notes, I recognized that I held a preconceived notion of an outsider being a categorically negative term. To my surprise, participants articulated and illuminated that this position was net neutral, neither entirely positive nor negative. Being an outsider sometimes came with advantages, such as excelling in relationship and rapport building with peers and EAL patients. Other times they described being an outsider as burdensome; for example, when they could see conversations between colleagues trending toward misunderstanding and feeling unprepared to intervene. This novel interpretation of the findings is referred to by Thorne (2016, p. 219) as, "find(ing) the unexpected, the interpretively distinct". This insight is complex, and goes beyond what may have felt or seemed self-evident at the beginning of the study.

Applying a Pedagogical Lens

The findings of this study are consistent with the literature describing EAL nursing student experiences through their educational programs. A significant difference, and thus opportunity for advancement of knowledge on the topic is the novel perspective of recent

graduates rather than current nursing students. This demographic was strategically selected based on a gap in the literature as well as Choi (2016, 2019) and Dudas' (2018) suggestions that the perspective of former EAL nursing students would add value to what is already understood on the topic.

As previously stated, ID a is a methodology based in application to practice (Thorne, 2016). A major goal of this study is to merge disciplinary context with the results to inform and advance future practice of undergraduate nursing education in Canada. Thus, the Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework Domains and Guiding Principles (2015) will be utilized, along with pertinent literature, as the lens through which this discussion will take place. The CASN framework serves as a guide for Canadian nursing education programs for curricular maintenance, development, and revision. I have focused on the baccalaureate level, in particular, the domains of "nursing practice" and "communication and collaboration" as they are most applicable to the topic.

Nursing Practice

Each domain in the framework has an overarching guiding principle associated. The nursing practice guiding principle states: "Programs provide practical learning experiences to provide safe, competent, compassionate, ethical, and culturally safe entry-level nurses" (Canadian Association of Schools of Nursing, 2015, p.13). The words culturally safe and compassionate are significant to the topic of EAL nursing student success. Three of the "essential components" relate directly to the topic. The first being 3.10, which outlines providing comprehensive and competent nursing care to a diverse set of patients. Next 3.11 describes the nurses' responsibility to effectively support all patients (and their families) wayfinding through a complex healthcare system. Finally, component 3.12 describes the RN's duty to uphold health

promotion at the individual, community, and population level. The findings of this study relate resolutely to this guiding principle and the indicated essential components. Notably, the results of this study described the uniquely strong bond or connection that EAL nurses have with their patients, in particular, their CALD patients. This finding demonstrated a genuine level of cultural competency well beyond what tends to be taught in a traditional nursing lecture. This study also emphasized the importance of EAL nursing students' relationship with their peers and supportive instructors. This result was congruent within existing literature (Choi, 2020; Dudas, 2018).

Donnelly et al. (2009b) suggested a means to enhance cultural competency in nursing practice is to recruit and retain more EAL and foreign-born nurses. Other studies indicated the importance of enhanced Canadian population representation in the nursing workforce (Choi, 2016; Donnelly et al., 2009a; King et al., 2017; Mulready-Shick, 2013, Petges, 2019). Participants involved in this study indicated that their nursing school instructors were 80 to 100% Caucasian, or English primary language speakers. A similar lack of diversity is outlined in the literature as well (Dudas, 2018). There is an incongruence within the discipline of nursing education, whereby it seems to recognize the need for a diverse workforce, yet does not appear to employ CALD nursing instructors.

Communication and Collaboration

Communication and collaboration are the fourth domain in the CASN framework and are described by the following guiding principle, "Programs prepare students to communicate and collaborate effectively with clients and members of the healthcare team" (Canadian Association of Schools of Nursing, 2015, p. 15). The essential components outlined in this domain are significant to the topic of EAL nursing students in particular. The first applicable component (4.1) outlines effective communication and collaboration with a diverse range of patients and

healthcare team members. Next (4.2), states monitoring one's beliefs, values, and assumptions, realizing their potential impact on nursing care provided. Finally, (4.5) describes the ability to adapt one's nursing and relational approach to best support outcomes for patients and families from diverse backgrounds (Canadian Association of Schools of Nursing, 2015, p. 15). One of this study's findings was based around communication challenges or insights of EAL nursing students: miscommunications and deciphering idioms. Similar findings were reflected in Donnelly et al (2009a) which determined that language and culture were deeply intertwined. This notion was further built upon in this study demonstrating that there is an essential role played by EAL nurses and nursing students in recognizing and mitigating unnecessary misunderstandings, both in education as well as in healthcare settings. Participants described acting as cultural translators for their nursing peers when they witnessed a miscommunication developing.

Cultural competence in nursing education should include limiting use of idioms and cultural references. This is not novel and is outlined in previous publications (Dudas, 2019). However, implementation of this is challenging. Participants in the current study suggested that EAL students should feel empowered to ask questions, including to clarify idioms. Participants added that by simply asking the question, they are assisting the instructor in their own cultural awareness, alerting them to a potentially more widely misunderstood reference.

The idea of communication and collaboration with peers and instructors is also reflected in previous research on the topic (Choi, 2020; Donnelly et al., 2009a). These studies described how instructors and peer collaboration can greatly enhance both academic and psychosocial learning outcomes for EAL nursing students. This study emphasized how these relationships offered a strong bond that made EAL nursing students feel more connected to the community of nursing as opposed to an outsider looking in.

Written assignments in nursing school, such as essays, emerged as an area of significant difficulty for EAL learners. Interestingly, this finding was not congruent with assertions made by Bosher and Bowles (2008) that indicated exams, rather than papers, were a greater source of challenge for the EAL students they surveyed. It is difficult to speculate a cause for the discrepancy. It is possible that there is an increased awareness and prioritization of linguistic modification (LM) in nursing school exams since the scholarship of Bosher and Bowles (2008) (Lewis & Bell, 2020; Moore & Waters, 2020).

The findings of this study suggest a breakthrough in determining what successful strategies EAL nursing students employed during their educational programs. Naming and validating the experience of being an outsider can allow for a harnessing of its assets. These findings therefore can and should be applied to practice with current EAL nursing students to lead to better outcomes.

Implications for Practice

Implications for practice resulting from this study include fostering safe and supportive learning environments in nursing education for all students, especially those who are EAL learners. This can be achieved through protecting time for judgement-free questions during lectures or clinical. Participants recalled positive learning encounters when instructors were open and non-judgemental about questions. Building in protected time for questions at the end of lectures can serve as a catalyst for high-level discussions and meaningful learning for the whole class. Bastable (2019) outlined that nursing instructors should employ strategies to foster an earnest, safe, and receptive learning environment that encourages open discussion. When questions are raised, nursing instructors should adopt a humble and respectful attitude to questions to ensure an open learning environment and encourage dialogue. While teaching facts

and empirical nursing knowledge are part of the role of the nursing instructor, so too is self-awareness and responsibility in recognizing when you do not know something and asking for help. Thorne (2006) stated of the nursing educator's role, "Not only will we have to educate the new generation toward competence and confidence, but we will also have to ensure that it comes well prepared with humility…" (Thorne, 2006, p. 616). Humility in both the nursing student and nursing instructor connects to the notion of receptivity in nursing education.

Instructors should reflect on their teaching approach and use of idioms based on the questions asked by students. Instructors already practice this self-reflection with content-based questions, for example, if students seek clarification on acid-base theory, an instructor might reflect on how the topic was taught and make adjustments to facilitate clearer comprehension in the future. The same principle can apply if an EAL student seeks clarification on a particular cultural reference or phrase used during instruction. This reflexivity is an essential aspect of the nursing educator's role and commitment to excellence in teaching (Pepin & Myrick, 2020).

The findings of this study underpin the impact and value that targeted supports could offer EAL nursing students in Canadian undergrad programs. Nationwide implementation of EAL nursing student support groups, modeled after the one Choi (2020) created would be a strong framework to start with. These support groups could serve as a bridge from the outside-in to any EAL nursing student who found themselves struggling, on the outside, unsure of where to turn for support. As the findings of this study determined, peer and instructor connections can serve a major role in success and enjoyment in nursing school, a support group would serve as a means to initiate and develop these important connections. These support groups or programs should offer a flexible variety of assistance activities, for example, peer and faculty mentoring,

help with essays and written assignments, tutoring, where to find resources on campus, and more.

A final practice implication of this study is employing a more culturally and linguistically diverse nursing faculty, representative of the larger population. A more diverse and representative nursing faculty offers endless benefits at the student, faculty, and institutional level. Bradford et al., articulated that, "An inclusive environment and organizational culture is one in which the perspectives and experiences of all people are invited, welcomed, acknowledged, and respected, and those with diverse characteristics thrive" (2022, p. 239). A focus on recruitment and hiring practices that prioritizes equity, diversity, and inclusion principles in undergraduate nursing faculty would serve to enhance the overall culture of Canadian nursing education.

Implications for Future Research

Exploring EAL nurses' perceptions of their Canadian education programs remains a gap in the literature. This is a relevant population to examine further as they have the duality of experience being recent students, therefore a current sense of the Canadian education system, while also knowing the intricacies of being an active practitioner. In particular, it would be important to conduct research to examine students who graduated from programs that offered EAL specific supports as this was not captured by this study. Additionally, future research could focus on outcomes related to having a more culturally and linguistically diverse nursing faculty, more accurately representative of the Canadian population. An exploration of its effect on EAL and non-EAL student experience and outcomes would be valuable.

Limitations

There were several limitations in this study. The study utilized primarily convenience sampling, which Thorne (2016) warned can result in a homogenous sample that may impair the researcher's perceptions and limit breadth and depth of interpretation. Use of a convenience sample may have also presented a response bias, whereby participants who volunteered did so due to a particularly positive or negative experience. The participants, were from a single-site and therefore limit generalizability of the results. However, use of documents from the public domain served to mitigate the relatively small sample size of the interview participants.

Chapter 7: Conclusion

A nursing workforce that accurately represents the diversity of the Canadian population it serves is a well-established target of the nursing discipline (Choi, 2016; Donnelly et al., 2009a; King et al., 2017; Mulready-Shick, 2013, Petges, 2019). An overlooked demographic in the literature of EAL RNs who recently graduated was the focus population of this study. Recently graduated EAL nurses, looking back on their journey through Canadian nursing education, see themselves as outsiders. This outsider vantage point facilitated their development, fostering, and maintaining of deep and meaningful connections with peers, patients, and instructors. These connections demonstrated what an EAL student inherently understands by virtue of their EAL status. Another theme that emerged from the perspective of participants was that of added mental load. Again, being an outsider resulted in participants doing more work throughout their education program. This added effort was referenced in relation to written assignments that caused particular stress and struggle, as well as in everyday communications. EAL nursing students noted becoming de facto cultural interpreters, recognizing misinterpretations among peers, patients, instructors, and colleagues.

Implications for future practice involve fostering genuinely safe and supportive learning environments for EAL nursing students to succeed and thrive both academically and psychosocially. This can be achieved through recognition of the challenges faced by, and commitment to enhancing the experience of, EAL nursing students. These enhancements could include implementing support programs specific to EAL nursing students. Ensuring nursing faculty more accurately represent the population in terms of linguistic and cultural diversity could also improve EAL nursing student outcomes and experience.

Implications for future research include more in-depth studies examining the EAL nursing student experience through the lens of practicing RNs, as this demographic remains largely unexplored.

This study reinforced the value brought to the healthcare system by EAL nurses. It also reframes the challenges faced by EAL nursing students in Canadian English education programs, namely ones that lack specific supports for EAL nursing students. Gaining the perspective of the EAL nursing student experience, through the lens of current RNs, allowed for a more robust understanding of the challenges and potential solutions for EAL nursing students in Canada today. Thoughtful review of these challenges is an essential aspect to overcoming them and ultimately supporting an appropriately diverse nursing workforce in Canada.

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Appendix A: Invitation to Participate

An Exploration of English as an Additional Language (EAL) Nursing Students in English-Speaking Society

[Date]

Principal Investigator (Researcher): Alia Lagace alagace1@athabasca.edu

Supervisor: Lynn Corcoran RN, PhD lynnc@athabascau.ca

My name is Alia Lagace and I am a Master of Nursing (with a teaching focus) student at Athabasca University in the Faculty of Health Disciplines. I am conducting a research project as a final stage to complete my degree, about the experiences of former nursing students who identify as having English as an additional language (EAL) who attended and graduated from a Canadian Undergraduate program and are now working as nurses in Canadian society. EAL refers to people who fluently communicate in languages other than English. For the purposes of this study, EAL means that English is not the participant's primary or only spoken language and indicates that they did not initially learn or use English as their predominant language growing up. An EAL student may speak multiple languages, of which English is just one and not the first learned or chiefly used.

I am conducting this project under the supervision of Dr. Lynn Corcoran, Associate Professor at Athabasca University.

I invite you to participate in this project if you are a recent graduate from a Canadian Bachelor of Nursing undergraduate program in the past 1 to 2 years (i.e., graduate(d) in or after

2020 to 2022) who identifies as EAL, and are now currently working in the Canadian nursing workforce.

The purpose of this study is to collect and examine various experiences of former nursing students who identify as EAL and attended and graduated from Canadian Undergraduate programs and are now working as nurses in Canadian society.

Your participation in this project would involve taking part in an audio or video recorded interview (depending on your level of comfort), either in-person or online. The interview will take approximately an hour to complete, and will be arranged at a date and time most convenient for you and your schedule and at the location of your choosing.

All information you provide during the study will be coded and made anonymous by removing any identifiable characteristics you reveal. Recordings and transcripts will be stored in password protected files, in my password-protected home laptop computer, which only I have access to. These will be stored for 5 years following the study and then permanently deleted.

By participating in this study, you have the opportunity to reflect on and evaluate aspects of your nursing education program that you may not have otherwise had the chance to express. The interview will consist of participants relaying these individual experiences to an interested, unbiased, active-listener, with a vested interest in improving access and supports for EAL nursing students. The findings of this study will contribute to the body of knowledge and information used to enhance educational practices in nursing with respect to EAL nursing students in Canada and potentially other English-speaking societies.

You are free to withdraw your participation at any time during data collection. Please note, there is a risk that as a result of participating in this research, you may experience or re-

experience some psychological distress. If that is the case, I will provide you with applicable support resources for follow up as you feel you may require.

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mail at alagace1@athabasca.edu or by phone at 204-997-8508 or my academic supervisor at lynnc@athabascau.ca

Thank you for your time and consideration,

Alia Lagace

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Appendix B: Participant Suitability Questionnaire

1) Do you identify as speaking or learning English as an additional language (EAL)?

Clarifying point: EAL implies that English is not the person's primary or only-spoken language and indicates that they did not initially learn or use English as their predominant language growing up.

2) What languages do you speak?

3) Were you born in Canada?

4) Do you have a bachelor of nursing degree from a Canadian university/program?

5) Which Canadian nursing school/program did you attend?

6) What years did you attend nursing school? (i.e., started and graduated).

7) Do you know the researcher outside of this study?

Appendix C: Participant Consent Form

Principal Investigator (Researcher):   **Supervisor:**

Alia Lagace RN, BN alagace1@athabasca.edu   Lynn Corcoran RN, PhD

lynnc@athabascau.ca

INVITATION

You are invited to participate in a research study about English as an additional language (EAL) nursing student experience in Canadian Undergraduate programs, post-graduation. EAL refers to people who fluently communicate in languages other than English. For the purposes of this study, EAL means that English is not the participant's primary or only spoken language and indicates that they did not initially learn or use English as their predominant language growing up. An EAL person may speak multiple languages, of which English is just one and not the first learned or chiefly used.

I am conducting this study as a requirement to complete my Master of Nursing degree (with a teaching focus) at Athabasca University, under the supervision of Dr. Lynn Corcoran, Associate Professor at Athabasca University.

METHOD

As a participant, you will be asked to take part in an audio or video recorded (depending on your level of comfort) interview conducted by the Primary Investigator (Alia Lagace). This interview will take place either in-person or online and scheduled around your availability. The interview will focus on your experiences as an EAL nursing student in a Canadian nursing undergraduate program. The interview is expected to take approximately an hour of your time.

Audio and video recordings, as well as any other identifying information will be destroyed following the completion of my degree, no identifying information will be included in the recordings.

Benefit: You will have the opportunity to reflect on and informally evaluate aspects of your nursing education program that you may not have otherwise had the chance to. The interview will consist of you relaying these experiences (both positive and negative) to an interested, unbiassed, active-listener, with a vested interest in improving access and supports for EAL nursing students. The findings of this study will contribute to the body of knowledge and information used to enhance educational practices in nursing with respect to EAL nursing students in Canada and potentially other English-speaking societies.

Following the interview, participants will receive a $10 e-gift card to a provided email as a thank you for your time.

Cost: Other than your time, use of your computer or device, and internet connection, there are no direct costs associated with participating in this study.

Risk: Though rare, depending on participants' experiences in their nursing undergraduate program there is potential for interview questions or topics to cause upsetting or unwanted memories or recollections. In this instance, participants will be offered to pause, postpone or stop the interview process. This decision will be respected by the researcher and team. The research team will assist to provide contact information to applicable aid resources at the request of participants.

RIGHT TO REFUSE PARTICIPATION

Your participation in this study is entirely voluntary. Should you choose to withdraw from this study at any point or feel that you would rather leave some question(s) unanswered, you may do so. If you choose to withdraw from the study, you may also choose to have your data destroyed and not used in the data analysis. You must inform the researchers that you wish to have your data destroyed within two weeks of your withdrawal to ensure that your data does not get included in the data analysis.

PRIVACY & CONFIDENTIALITY

Any recordings and interview transcripts will be stored in password-protected folders on my home laptop computer, which only I will have access to. These will be stored until the obligatory 5-year period, and permanently destroyed immediately thereafter. Your name will be protected by assigning a random identification number, which only I will be able to trace back to you. All information you provide during the study will be coded and made anonymous by removing any identifiable characteristics you reveal. Only after your identity has been removed from the data will it be shared with my supervisor and select other collaborators.

Limits to Confidentiality: As stated above, all information will be held confidential, except when legislation or a professional code of conduct requires that it be reported.

I.e., if you disclose information that you are an imminent threat to someone else or to yourself, we are required to break confidentiality to ensure the safety of the person at risk. If you disclose information that a child or other vulnerable person is being abused or neglected, we are required to break confidentiality and report the information to the appropriate authority.

Information gathered in this study may be published or presented in public forums, however, no identifying information will be included. Data will be presented as a whole, rather than showing

each participant's individual responses. The exception to this will be verbatim quotes taken from interviews, which will be used to support the overall main themes identified. No personal identifying information (e.g., name, date of birth, address, specific location or program of study) will be used in the reporting of data. We will share findings through journal articles, conference presentations, and other forums (e.g., research presentations). Despite sincere efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed.

RESULTS

The summary results of this study (not your individual results) should be available by approximately December, 2022. If you would like to receive a summary of the results, please provide your contact information at the end of this consent letter where indicated.

Additionally, the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room; and the final research paper will be publicly available.

If you have any questions about this study or require further information, please contact Alia Lagace or Dr. Lynn Corcoran using the contact information above.

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Thank you for your assistance in this project.

STATEMENT OF CONSENT:

I have read the Letter of Information regarding this research study, and all of my questions have been answered to my satisfaction. I may keep a copy of this letter for my records.

My signature below confirms that:

- I have read and understand the expectations and requirements of my participation in the research study;

- I have read and understand the provisions around confidentiality and anonymity;

- I understand that the data I provide will be anonymized and that data set (or sets) from this project will be kept in the researcher's personal computer, stored in password-protected files, and permanently deleted at the end of the study;

- I freely agree to participate in this research study;

- I understand that my participation is voluntary, and that I am free to withdraw at any time with no negative consequences;

- In giving my consent, I have not waived any of the legal rights that I have as a participant in a research study;

- I am aware that I may contact the researcher, research supervisor, or the Research Ethics Officer if I have any questions, concerns or complaints about the research procedures or ethical approval processes.

Name of participant (Printed): _____

       Date of Consent: _____

Signature of participant: _____

(e-signature acceptable)

By initialing the statement(s) below,

_____I am granting permission for the researcher to use a video and/or audio recorder during the interview phase

_____ I acknowledge that the researcher may use anonymous but specific quotations of mine in the final report without identifying me

_____I would like to receive the $10 e-gift card to the following e-mail address:

_____

Appendix D: Semi-Structured Interview Script/Questions

Read/clarify participant's rights to withdraw, pause or decline to answer any questions prior to starting interview. Review informed consent.

1. Primary language spoken (i.e., first learned). *Is this the primary language spoken at home?*

2. Country of origin:

3. Length of time in Canada:

4. Age you learned English:

5. Other languages spoken:

6. Current age:

7. Research has shown that EAL nursing students face more challenges in their nursing programs than their non-EAL peers. Please describe your experience(s) as an EAL nursing student? Please tell me about experiences you had, as a student nurse, with nursing instructors where language or communication was a factor.

   o Do you have anything else to add?

8. Please tell me about experiences you had, as a student nurse, with nurses on the clinical units where language or communication was a factor.

   o Do you have anything else to add?

9. Please tell me about experiences you had, as a student nurse, with nursing faculty where language or communication may have been a factor.

   o Do you have anything else to add?

10. How did being an EAL nursing student impact your experiences in clinical?

11. How did being an EAL nursing student impact your experiences in the classroom?

12. What were the cultural backgrounds of:

o nursing instructors in your program?

o nurse preceptors on clinical units?

o nursing faculty in your program?

o When you think about the cultural backgrounds of nurse preceptors, instructors, and faculty, what are your thoughts? Is there anything else you would like to add?

13. What were the linguistic backgrounds of:

o nursing instructors in your program?

o nurse preceptors on clinical units?

o nursing faculty in your program?

o When you think about the linguistic backgrounds of nurse preceptors, instructors, and faculty, what are your thoughts? Is there anything else you would like to add?

14. Describe the EAL supports available to you during your nursing education.

15. Please tell me about your experience with these EAL supports.

16. What advice would you provide to an EAL nursing student?

17. What advice would you provide to an EAL student who experiencing challenges meeting the requirements of the program?

18. What advice would you provide to:

o nurse preceptors of EAL students?

o nursing instructors of EAL students?

o nursing faculty working with EAL students?

19. Do you have anything else to add?

20. In what ways, or examples, do you think being an EAL nursing student was an asset

to you?

Appendix E: TCPS 2: CORE Certificate of Completion

PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Alia Lagace

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

3356905

Date of Issue: **11 November, 2018**

Appendix F: Athabasca University Ethics Approval Certificate

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: **24698**

Principal Investigator:
Mrs. Alia Lagace, Graduate Student
Faculty of Health Disciplines\Master of Nursing

Supervisor:
Dr. Lynn Corcoran (Supervisor)

Project Title:
English as an Additional Language Learners' Journey Through Nursing Education in Canada:
An Interpretive Description Study

Effective Date: March 18, 2022   **Expiry Date**: March 17, 2023

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e., all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: March 18, 2022**

Barbara Wilson-Keates, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.213.2033

</div>

Appendix G: Outline of Main Themes and Subthemes

(1) Meaningful Connections: "I know what you are going through"

    a. Peers: Feeling Understood

    b. Peers: Suffering in Isolation

    c. Patients: Beyond the Translator

    d. Instructors: Promoting Questions

    e. Instructors: Cultural and Linguistic Background

(2) Additional Mental Load: "You will put in more work than your non-EAL peers"

    a. Miscommunications

    b. Deciphering Idioms

    c. Struggling with Written Assignments

(3) Being an Outsider