

**Communication Barrier during Clinical
Placement: Challenges and Experiences of
International Nursing Students**

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<p>Sammandrag:</p> <p>Effektiv kommunikation i klinisk miljö är vitalt. Språkkunskaper spelar en viktig roll i patientvården och har även noterats vara relaterade till tillfredsställande erfarenheter av lärande. Syftet med denna studie är att förstå de erfarenheter studerande har i fråga om kommunikations hinder under klinisk praxis och att svara på tre huvudsakliga frågeställningar; 1: Har internationella studenter erfarenhet av kommunikationsbarriär vid klinisk placering? 2: Vilken typ av språkbarriärer är det som sjuksköterskeeleverna möter? 3: Vad kan göras för att på bästa sätt hantera kommunikationen barriär vid klinisk placering? Studien var ett beställningsarbete från Högskolan Arcada. Kvalitativ metod används för att bedriva forskning med hjälp av en semistrukturerad frågeformulär för att samla in uppgifterna. Bland de arton deltagare som lämnades i enkäten (77% , n=14). Induktiv innehållsanalys användes för att analysera insamlade data och resulterade i tre huvudteman : "Kommunikation", "känslomässig reaktion" och "vård vägledning". Resultatet visade att internationella sjuksköterskestuderande med begränsade kunskaper i finska/svenska språket upplever vissa svårigheter i kommunikationen med patienter/sjuksköterskor och studieresultat under klinisk praxis. Sammanfattningsvis kommer framgångsrika orientering studenter till den kliniska miljön språket möjliggör sjuksköterskestudenter att utveckla språkkunskaper innan du påbörjar klinisk praxis .</p>	
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<p>Abstract:</p> <p>ABSTRACT</p> <p>Effective communication in a clinical environment is vital. It plays an important role in patient care, just as language proficiency has been noted to be related to satisfactory learning experiences. This study aimed to understand the experiences of the students in respect to communication barriers during clinical practice and to answer three main research questions; 1: Do international student experience communication barrier during clinical placement? 2: What kind of language barrier do student nurses encounter? 3: What can be done to best manage communication barrier during clinical placement? The study was a commissioned work by Arcada University of Applied science which involved second year international nursing students in the English Degree programme in Arcada. Qualitative method was used in conducting the research using open-ended questionnaires to collect the data. Among the eighteen participants that were handed the questionnaire, (77%; $n=14$) questionnaires were returned in total. Inductive content analysis was used in analyzing the data collected which gave three main themes: “<i>Communication</i>”, “<i>Emotional reaction</i>” and “<i>nursing guidance</i>”. The result showed that international nursing students with limited knowledge of Finnish/Swedish language experience some difficulties in communication with patients/nurses and learning outcomes during clinical practices. In conclusion, successful orientation of students to the clinical environment language will enable nursing students develop language competence before beginning clinical practices.</p>	
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FOREWORD

I wish to express sincere appreciation to the Nursing students which participated in my study, thanks for making it a success.

To my mum, your encouragement and support made it possible to complete my thesis. You are the best mum anyone could ever have.

To my supervisor, Pamela Gray, I cannot wish for any other supervisor. Thanks for your guidance and motivation towards my bachelor thesis.

To my very good friend, Adebowale Babatunde, thanks for all your help and always being there for me.

To my daughter (Dolapo) and husband (Abayomi), I love you with my whole heart.

Mostly, all appreciation to God Almighty who saw me through it all

1. INTRODUCTION

Increased globalization has influenced the possibility of students to move to other countries, different from their home country to obtain post-secondary education. Finland is a bilingual country, having Finnish and Swedish as the official languages. The country has experienced an increased enrollment of international students in various degree programmes across the country; this has led to a multi-lingual and multi-cultural student population. Most foreign students study in the English language programmes due to their limited or no language proficiency to study in the Finnish degree programmes.

Nursing education in Finland is a 3.5 year programme, which consists of 210 ECT (European Credit Transfer) offered both in English, Swedish and Finnish languages and it is conducted in degree level programmes at the University of Applied Science in Finland (Ministry Of Education, Finland 2001). Arcada University of Applied Sciences is a Swedish university offering degree programmes both in Swedish and English. About 10% of the students' population is international students comprising of about 40 nationalities (*retrieved 14/04/2014*). The English nursing program in Arcada started in 2011 comprising mainly of foreign students. The course curriculum is in two parts; the theory and the practicum. The practicum which is part of the nursing requirement for graduation has to be accomplished in the clinical setting.

Each clinical practice takes about 5-7 weeks and it is conducted in healthcare centers or public hospitals. Clinical practice hours enable nursing students to put communication skills and theoretical training into practice. It is however important in both the nursing profession and in interpersonal relationship that nurses, nursing-students and patients get the best from effective communication. Supervision of nursing students involves the clinical staff (tutor/mentor) and a teacher from the nursing department of the university. Each of the supervisors have different roles/responsibilities during the practice and no theory courses are scheduled during this period (Mattila et al., 2010).

In the clinical environment in Finland, the mode of communicating with the tutor/patients is Finnish/Swedish which is different from medium of instruction in the classroom (English). This poses a huge challenge to the international nursing students in the English nursing program who have inadequate proficiency in Finnish/Swedish language because most of the foreign students are unable to communicate in the clinical language. This research study was conducted among international nursing in Arcada University of Applied Science and commissioned by the university. The motivation for conducting this study was because I am an international nursing student in Finland with limited proficiency/competence in Finnish language. I have experienced both positive and negative experiences but the major challenge during the clinical placement which made it difficult to get the best from the clinical training was the language barrier. This study aims to understand the experiences of the students in respect to communication barriers.

1.1. Background of Problem

Researchers have previously conducted their studies on the experiences of students during clinical practice (Pitkäljärvi et al., 2012; Saarikoski 2002; Mattila et al., 2010; Andrews et al., 2005). According to the findings, they noted both positive and negative experiences from the students. The core factors for positive experiences as stated by students were; sense of appreciation, acceptance, possibilities to work independently and becoming a member of team (Mattila et al., 2010).

Many international nursing students experience difficulties in communicating with their mentors and also the patients that are placed in their care. Studies noted language proficiency of the country in which they study is one of the major problems that students face during their clinical practices (Amaro (2006); Koskinen & Tossavinen 2003). Finding from researches conducted in the US, UK and Australia also recorded similar result (Bolderston et al. (2006), Green (2008), Rogan et al. (2006) noted that non-native speakers' clinical experiences involve several challenges such as having to find a coping method with language and feeling excluded from the clinical environment.

In Finland, Mattila et al., (2010), stated in their findings that most nursing students did not experience meaningful learning outcome because they were prevented from participating in the daily routine. It was associated to their poor Finnish language skills which was not accepted nor were they encouraged to use the limited language they knew. In comparison to the native speakers, Pitkälampi et al., (2012) noted that international nursing students recorded some negative experiences because they could not speak fluent Finnish or Swedish which affected the communication process between their mentors and patients.

Compared to available literatures on international students' experiences during clinical practices and university studies, few studies have been conducted in Finland about the challenges and experiences of international nursing students during clinical placements. This research focused on investigating and understanding the challenges faced by international nursing students' language proficiency and their experiences during their clinical practices.

1.2. Aims and Research questions

This research study aims to explore the experiences of international nursing students in the clinical environment, identify potential obstacles affecting clinical learning and possible ways to develop long term plan to support international students during clinical practice. In conducting this study, the author intends to understand and answer the following research questions, to ensure that an overview of the students' perspective is obtained and ensures that it could be carried out within the period allocated to the thesis. The research questions are:

1: Do international student experience communication barrier during clinical placement?

2: What kind of language barrier do student nurses encounter?

3: What can be done to best manage communication barrier during clinical placement?

1.3. Relevance of the study

The outcome of the study will provide measures for managing challenges encountered by international nursing students during clinical practices. It could provide the nursing faculty and clinical administrators with measures to assist and tackle the challenges that students encounter.

The students themselves, nurses and patients will hopefully benefit from the results of the research. The author expresses her hope to be able to give relevant information to teachers, tutors, head-nurses and policy makers in general; who can then address the needs of the participants.

2 THEORETICAL REVIEW

The Finnish students' population has experienced increased diversity in culture and language since the inception of the international nursing program and other international programs at the University of Applied Sciences. A review of previous studies will enable the researcher have a better insight on previously conducted researches on international student especially those whose first language is not the official language of the country they study, their experiences and challenges. A literature search was conducted using Arcada library's Nelli Portal to access most of the journals used for the literature review.

The search was limited to a period from 2000- 2013. The first search was conducted between the years 2008-2013 which gave few results on studies conducted in Finland. In order to generate more background information, the researcher widened the year of research period which gave information on articles conducted in Finland. Electronic search was done from science direct using the phrase "*international students*" "*international nursing student*", "*communication barrier*" and "*language proficiency*". The result of the search showed 1159 articles, 25 important were selected but only 10 articles were chosen for literature review.

Table 1: Inclusion and exclusion criteria used in this study

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> • Studies that addressed communication barrier, international student experiences, language • Studies conducted between 2000-2013 • Studies conducted in Finland • Relevant article related to the study • Empirical research studies. • Published articles that were electronically available 	<ul style="list-style-type: none"> • Studies not conducted in English • Studies conducted before year 2000 • Studies that did not meet scientific writings criteria's • Studies with no references

2.1. The concept of communication

The importance and role of communication in everyday life cannot be overemphasized. The flow of communication is needed in every given situation that involves the exchange of ideas, knowledge and performing daily businesses in every organization or institution. Language which is a means of communication is very important for people to understand each other. According to the oxford dictionary, communication can be defined “*as the process of exchanging information by speaking, writing, or using some other different medium. It is a successful conveying or sharing of ideas and feelings*” (retrieved 22/ 12/ 2013). Therefore, there are two major forms of communications between humans; verbal and non-verbal means of sending information from the sender to the receiver. Communication usually involves two or more persons. It can be done through speech, symbols, text, graphics, sounds, body language, eye contact, pictures, postures and gestures.

2.2. Experiences of clinical training

Most research conducted to address the issues that international students face have generalized their findings into several categories such as language, social adjustment, academics success (Kim 2000), social and cultural interaction (Koskinen & Tossavainen 2003, Saarikoski, 2002).

Mattila et al (2010) conducted a semi-structured interview qualitative study in Finland involving fourteen (14) international student nurses from African and Asian origin. The result from their study identified Finnish language as a major barrier. The participants reported either “giving up” or “using the opportunity to determine to succeed during clinical practice”. The students noted that they observed the staff more because they were ignored and not allowed to participate in meaningful clinical learning. It was noted that some of the students stayed only to earn the credit required to complete their studies. Also, patients did not encourage provision of care from international students. They also had to cope with unsupportive mentors and staff who hardly communicated with

them at the clinical learning environment (Pitkäljärvi et al 2012) due to their language skill. A situation where students feel unwelcome can pose a stress factor affecting overall clinical learning and performance.

Bolderston et al. (2007) conducted a qualitative study on ESL international radiation therapy students in an undergraduate clinical program. The participants in the study comprises of the ESL students and staff who were interviewed to understand the experiences faced during clinical as well as the experiences of the staff. Three themes were identified in the study; “*communication*”, “*differences*” and “*dealing with it*”. Language proficiency was the major obstacle identified by the international students during their clinical program. The researchers noted students’ inability to express themselves in the appropriate English vocabularies; translating from and into their own language made it difficult to concentrate and slow down the conversation. They also noted that their accent and pronunciation of words made it difficult for staff and patients to understand them which contributed to a barrier in communication, asking questions and participating in conversation during clinical rotation. These sometimes make it difficult for concrete clinical learning to be achieved. (Bolderston et al. (2007)

Communication barrier could make it difficult to interact with people who are not from the same culture and do not speak the same language. It has been noted to interfere with interpersonal relation and teamwork (Bolderston et.al 2007). Findings in the study conducted by Sanner et al (2002) on the experiences of international nursing students showed that most of the participants identified isolation and discomfort. The students identified feeling socially isolated among their peers as a result of limited language proficiency. The students used verbal retreat as a defense mechanism for non-acceptance, therefore isolating themselves from others due to their accents (Sanner et al (2002).

Lack of confidence was another finding experienced by international students as discussed in previous research (Mattila et al., 2010). ESL students attributed their lack of confidence during clinical rotation to limited language skill which was also identified as

the same by nursing staff. The staff explained that ESL students experienced less confidence than their non-ESL counterparts (Bolderston et.al 2007).

Green et al (2008) conducted a multiple case study on international nursing students' experiences abroad. The study involved Swedish and UK students. The result showed that international nursing students who undergone their placement abroad described an increase in confidence (Pross 2003), awareness and self-reliance (Green et al 2008). Development of technical, cognitive and interpersonal skills during their placement was identified by the students. Conversely, a UK student identified not being able get the best from the international placement and socially due to not having proper communication skill. However, the international experience raised an awareness of the importance of communication and the limitations of not being able to speak in their host country's language. It was easier for both the Swedish students (who were proficient in English) and UK students to go to English speaking countries to undertake their training.

Goodman et al (2007) conducted an exploratory survey on Spanish and English nursing students view on studying or working abroad. The aim of the study was to investigate the willingness and preparedness to study abroad and also to get an understanding of their perspectives. The study involved third year students and findings from the research identified language, accommodation and funding as the major barrier. The finding noted that both groups showed willingness to study abroad but their limited language skills posed a barrier. The Spanish students found language as a greater problem compared to the UK students (42% vs. 29%).

In summary, after reviewing the previous literature, it is was observed that international students have difficulties in adjusting with the language of the host countries where they study or conduct any clinical placement; which as a result may lead to academic and social isolation. As stated by (Koskinen & Tossavainen 2003.), inadequate communication could lead to social barrier and isolation. Proficiency in the language of the host

country enables students who study abroad to demonstrate their competence and facilitates their learning (Scholes & Moore, 2000) and enhances their academic performance. These challenges are stressors that could trigger depression and anxiety; leading to poor learning outcome.

2.3 Communication Competence Framework

Chun (1988) explains that effective communication relies on more than grammatical knowledge; it also involves the way the speakers relate and interact with each other leading to the choices they make within such interaction. Communication competence as defined by Savignon (1976) is the knowledge a native speaker has that allow him/her to interact with other speakers successfully. In this thesis, communication competence model is adapted as a framework to understand language competence during clinical placements. A variety of communication competence models has been proposed by researchers but in this study sociolinguist model that emphasizes the importance of social and contextual factors is used. These communication competence models will provide a framework to understand factors that involves communicating effectively within the context of a clinical practice environment.

Canale & Swain (1980) developed one of the first communication competence frameworks in explaining language competence. The model focused on sociolinguist and its interaction with other components in defining communication competence using four essential components which was different from previous model. The first three components include:

- i) *Grammatical competence*
- ii) *Strategic competence*
- iii) *Sociolinguistic competence: it involve verbal and non-verbal communication strategies*

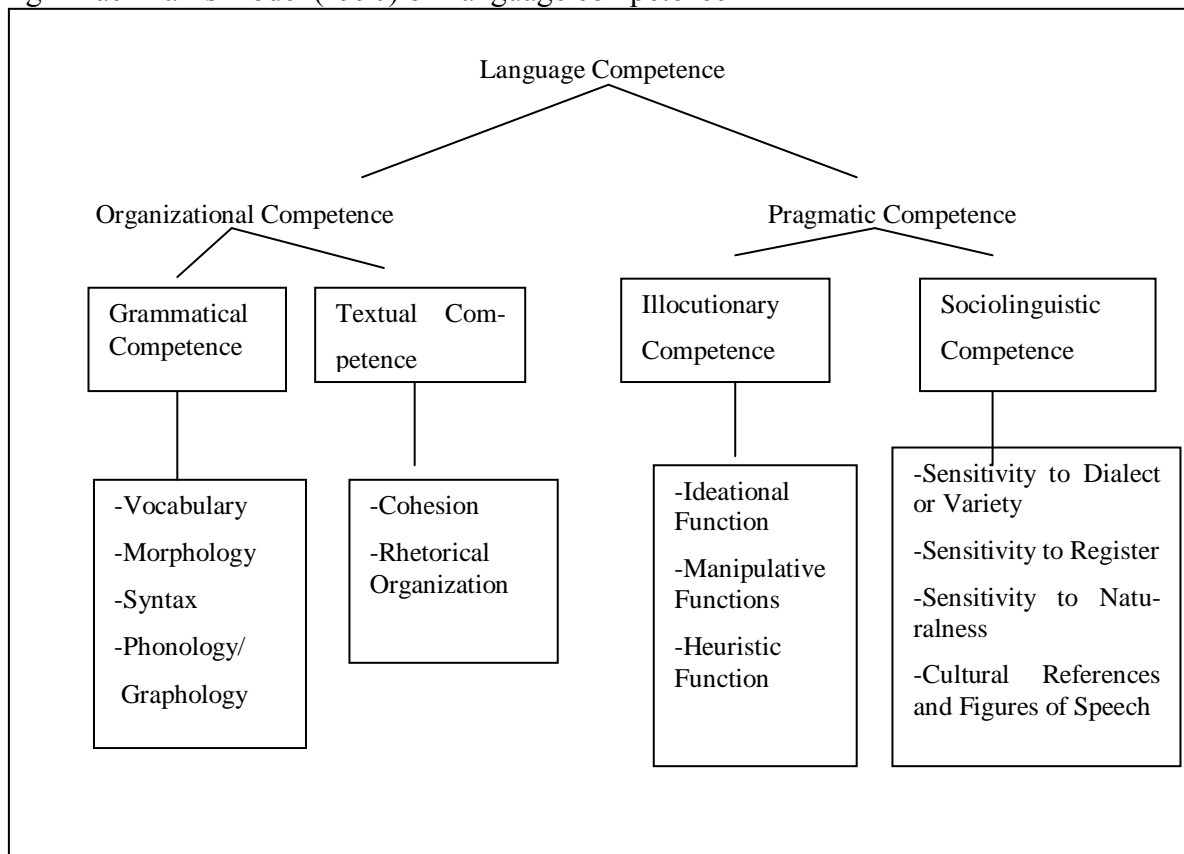
Canales (1983) later revised the framework by modifying one more component having the *discourse competence*. Sociolinguistic and strategic competence may be considered

to cover the use of language in an appropriate context to convey the meaning in a particular situation. Discourse and grammatical competence cover the rule and forms of grammar use. This framework has inspired other communication competence framework.

Bachman (1990), then Bachman & Palmer (1996) developed a theoretical framework called “*communication language ability*”. The model included three main components having several sub-components. Bachman’s 1990 model of language competence can be seen as a modified version of Canales and Swain model, divided into two main categories with sub-categories.

- i) *Organizational competence: concerned with grammatical and textual competence*
 - ii) *Pragmatic Competence: concerned with how language is used to achieve a goal in a particular social context. Illocutionary competence involves using language and speech for intended purposes or function. Sociolinguistic competence concerns the ability to select an appropriate form of language to achieve a purpose with a person in a social context, therefore being sensitive to dialect, sensitive to naturalness, cultural references or figure of speech.*
- 2) *Strategic Component: assessment planning and execution*
- 3) *Psycho-physiological mechanisms: neurological and psychological process of language (Bachman, 1990 pp. 87-109)*

Fig 1 Bachman's model (1990) of Language competence



Holmes, (2005) explained that sociolinguistic competence underlines the ability of an individual to use language, speech to relate successfully and it is acquired gradually over years of experience and exposure to a language in a different context. Those who move to a country where the language used at work or in learning is different have not been exposed or experience this ability to use such language. Bachman and Palmer's (1996) model of language competence can be used in a multidisciplinary context. The choice of using Bachman's model is that international nursing student should not only have the proficiency in Finnish but should develop a pragmatic understanding to use language form appropriate to a particular social context, especially during clinical placement to acquire language competence and positive learning outcome.

2.4. Importance of effective communication in clinical settings

Ryan et al (1998) emphasized the importance of communication in the practice of professional nursing for students; as it is crucial to ensure quality care. Effective communication is fundamental to the nursing profession, between nurses-patient, nurses-nursing staff and importantly nurses-nursing students. In the healthcare sector, effective communication promotes patients support, recognition and understanding (Bensing, 1991). The ability for students to communicate and relate with nursing staffs and patients is crucial to ensure safe nursing care is provided. Koff & McGowan (1999) have stated that, the impacts of language barrier not only affect health care quality but also increase the cost of health care provided.

Language non-proficiency has been one of the limitations for nursing students during clinical practices. Limited language proficiency can be defined as the inability or limited ability to comprehend, speak, write and relate a particular language to an effective capability which will establish an effective interaction between the healthcare providers or social services and the patients involved (Cohen et al 2005). In health care setting, the quality of care and the safety of the patients are most important. To achieve the goals of providing a safe environment and good health care, there needs to be effective communication between the caregivers and the patients. A barrier in language can cause a limitation in patient- provider care (Cohen et al 2005) and pose a challenge to the health care professional.

Bernard et al (2006) conducted a survey to investigate the effects of language barriers on acute care health professionals. The study included sixty-one (61) nurses and thirty-six (36) physicians who responded to the survey tool designed by the researcher to evaluate language barrier in a surgical environment. In general, 95% of nurses reported that the language barrier was an impediment to quality care, whereas 88% of physicians responded similarly. In comparison, more nurses reported experiencing stress than physicians (97% vs. 78%). According to the researchers, they noted that these barriers create a void in health care quality and safety which likely would have effects on health care professionals

3. METHODOLOGICAL APPROACH

Research method is characterized by the techniques employed in collecting and analyzing data. Choosing a good research method is important, which should be in the limit of the researcher and what he or she can do. Parahoo (2006 pp 126) explained that “*to meet the aims and objectives of the study it is important that the researcher selects the most appropriate design for achieving the aims of the study*”. Issues that may constraint the choosing of a method for research are time, money, feasibility, ethics and availability to measure the phenomenon. It is hoped that the chosen methodology will generate useful information through the collection and analysis of data.

3.1. Research Design

The research design of the study which the researcher chooses needs to be able to answer the research questions and enable the aims of the study to be achieved. Qualitative research method was used for conducting this research. It is used for data collection and analysis that are non experimental and generated by statistical method. It involves “*the systematic collection and analysis of more subjective narrative materials, using procedures in which there tends to be maximum of researcher-imposed control*” (Polit & Hungler, 1995 p15).

Qualitative method is used to assess in-depth knowledge, attitudes, behaviours, and opinions of people. It investigates the how, why, where and when of decision making and smaller samples are often used. The researcher used this method to collect information based on the participants’ perspectives.

3.2. Questionnaire

A questionnaire “is a written list of questions, the answers to which are recorded by the respondents” (Ranjit 1999 p110). A questionnaire with open-ended structures question should provide the respondents the opportunity to freely express themselves; resulting

in variety of information for the researchers to select, provide wealth of information, the respondents are comfortable in their opinion and choice of language (Ranjit 1999 p118). It gives the participants the freedom to express themselves when writing their thoughts and ensure anonymity and availability of time. The questionnaire needs to be clear and explanatory as possible to ensure the respondents' understanding of the questions.

The decision to use a questionnaire was considered as the best method to collect information from many people. It will be easier and less expensive to send a mailed questionnaire than conducting a one-to-one interview. The questionnaire was constructed based on reviewed literature on international students' experiences. The questions were based on following themes to answer the research questions:

- Communication between students and mentor/nursing staff
- Communication between students and patients
- Attitude in the clinical environment towards foreign students
- Nurses' guidance
- Activities in the clinical environment

3.3. Ethical Approval

It was necessary to address ethical concerns and as Creswell (2005) states that permission ensures that the participants cooperate in your study and provide data. Official permission was attained from the authorities involved so that the research would be conducted in the school (Appendix I). Ethical approval was obtained from the school's decision board; the purpose and voluntary nature of the research was communicated to the participants, and data will be collected anonymously, protecting the identity of the participants.

Confidentiality

Confidentiality is important when undergoing research involving human participants. For accurate confidentiality to be maintained the questionnaires will not be numbered and names of the participant will not be written on the response.

Respect and Dignity

An individual autonomy to choose in participating in any event will be highly maintained. The author ensured that she respects the participants' choice of participating or not. As explain by Fry & Johnstone (2008 pp 24), *“to respect persons as autonomous individual is to acknowledge their choices which stem from personal values or beliefs”*. It is considered unethical to gather information unwilling and without the fully approved consent and knowledge of the participant (Ranjit 1999 p192). The consent of the students was obtained and there was a consent form (Appendix II) filled by the participant to use the information solely for the research thesis and confidentiality will be highly maintained.

4. DATA COLLECTION AND ANALYSIS

4.1. Population/Sample Selection

The target samples used for the study were international nursing students from Arcada University of Applied Science. The sampling size were second year international nursing students enrolled in the English Bachelor degree program to participate in the research study in order to avoid sampling bias which can be consciously or unconsciously influenced by human choices or if the sampling population refuses to participate (Ranjit 1999) and to ensure the reliability of the study.

Purposive sampling was used in this study because “it involves the selection of people who the researcher think they will be able to provide relevant information and willing to share; when little knowledge is known about the phenomenon” (Ranjit 1999 p162). The rationale behind choosing the sample size was because they would have undergone some clinical placements and constraining factors such as time, availability of the participants and resources can be resolved (Polit & Hungler 1995). Also, the researcher thinks the first year students have just made the transition into university life with no clinical practice.

4.2. Pilot Study

Pilot testing is a key step in the development of a questionnaire as it helps to evaluate the instrument to be used in the actual study (Parahoo 2006). A pilot test was conducted to ensure reliability of the instrument and to ensure that it meets the aim of the study. It also checks if the length of the instrument has a problem (Parahoo 2006).

The pilot group for the study was two international nursing students, in an English Nursing program who are also in their second year in another University of Applied Science similar to the sample as the main study sample. The questionnaires were sent to the pilot participants via email and the response of the pilot test was also collected via email. At the pilot study stage the questionnaire was checked for potentially damaging questions. Since the themes appeared important to the research questions and aims of

the study, few changes and question reconstruction were made to the question that were not answered in the pilot test.

4.3. Process of Data Collection

The primary method for collecting data from international nursing students in Arcada was using a questionnaire with open-ended questions. Questionnaires tend to have a low return rate (Parahoo 2006). In an attempt to overcome this problem, the following steps were taken into consideration:

- (i) A time was booked with the participants before handing the questionnaire to explain what the study was about and when it will be done.
- (ii) A cover letter (see Appendix II) was handed with the questionnaire explaining the aim of the research study and ensuring confidentiality of the responses. This was done after one of the general class under the supervision of the lecturer in charge.

The questionnaire had two parts (see Appendix III). Part I was intended to gather background information on the nurses. Parts II of the study involve gathering data on the experiences of international nursing students during their clinical practices. The questionnaire was taken home by the participants to answer without putting pressure on them filling it after class. This will ensure that the researcher is able to gather sufficient result from the participant.

The respondents were asked to return the questionnaire after two days will be collected from them after one of their classes. A reminder mail was sent via email to the respondents two day after the initial contact to ensure that they remembered to bring the questionnaire along to school. Those participants who were not able to bring the filled questionnaire along were asked to drop it at the INFO-DESK of Arcada in a sealed envelope which was picked up by the researcher. Among the eighteen participants that were handed the questionnaire, (77%; $n=14$) questionnaires were returned in total.

4.4. Data Analysis

Part 1 of the questionnaire was analyzed using quantitative descriptive statistics. This method is used to describe and synthesize data such as averages and percentages (Polit & Hungler 1995). Data collected from part 2 was analyzed using qualitative content analysis.

Content Analysis has been widely used in many studies in nursing for analyzing qualitative data. It can be used for both qualitative and quantitative research, which can be inductive or deductive. Content analysis involves analyzing written, verbal or non-verbal data. It is a challenging method to use because it is flexible and there is no simple right way of analyzing when used by a researcher. Inductive content analysis was used for coding the data collected. Inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when it is fragmented (Elo, S. & Kyngäs, H., 2008).

The answers to the open ended questionnaire were read thoroughly several times by the researcher to gain a substantial and comprehension understanding of the subject matter written down by the participants. The method of analyzing was identifying a unit of words or phrases that occurred frequently in each written response by the participants. The words/ phrases were grouped together to make sub-categories, from the sub-categories three theme were identified “*Communication*”, “*Emotional reaction*” and “*Nursing guidance*” .

Table 1: Example of how the themes were constructed using *theme communication*

Statements/ Phrases	Sub-theme	Main theme
<p>Lack of words and misunderstanding information</p> <p>Avoidance of patients because of lack of basic language skills</p> <p>Level of pronunciation/accent</p> <p>Not able to ask question and getting the words out</p> <p>Misinterpreting instruction giving by the nurses/patients</p> <p>Challenges during report given</p>	<p>Communication with nurses versus patients</p> <p>Getting the right vocabulary</p> <p>Learning outcome</p> <p>Loss of information</p>	<p>Communication</p>

5. RESULT

The age ranges of the participants were from 21-35 years with 2 males and 12 females responding and they have been studying in Arcada since 2012. The participants have undergone one (1) clinical practice period except one respondent who has not been to any clinical practice.

Although the participants have different mother tongues coming from different countries of origin (as shown in fig 1), majority of the participants in the study speak fluent English with only 2 out of the respondents stating to have an average level of English language skills (as shown in fig 2). Some of the participants also noted having satisfactory levels of Swedish and Finnish language skills. The results of the study noted both positive and negative experiences as described by the participants.

Fig 1: Country of origin of respondents

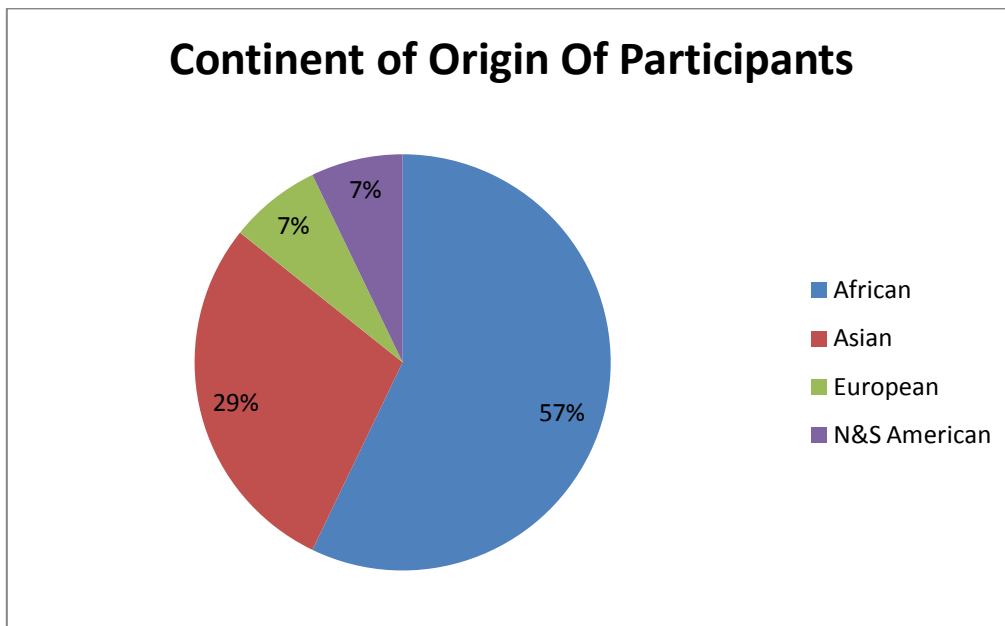
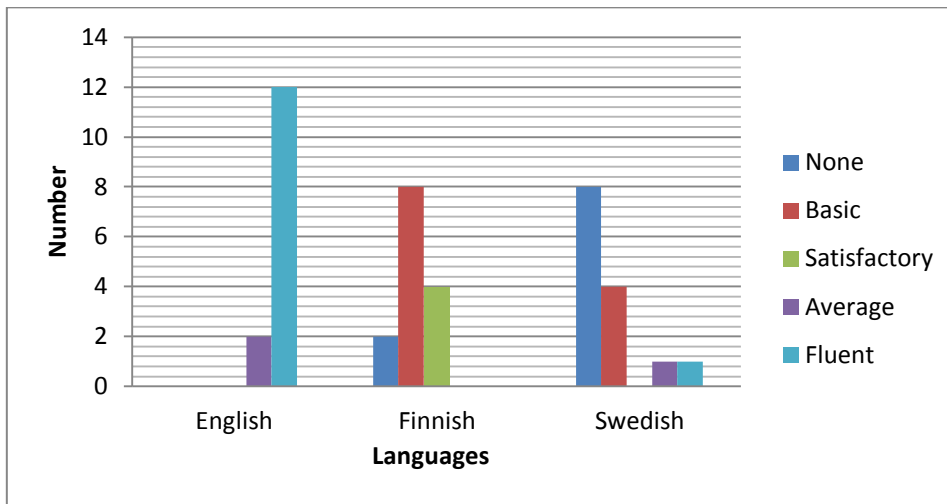
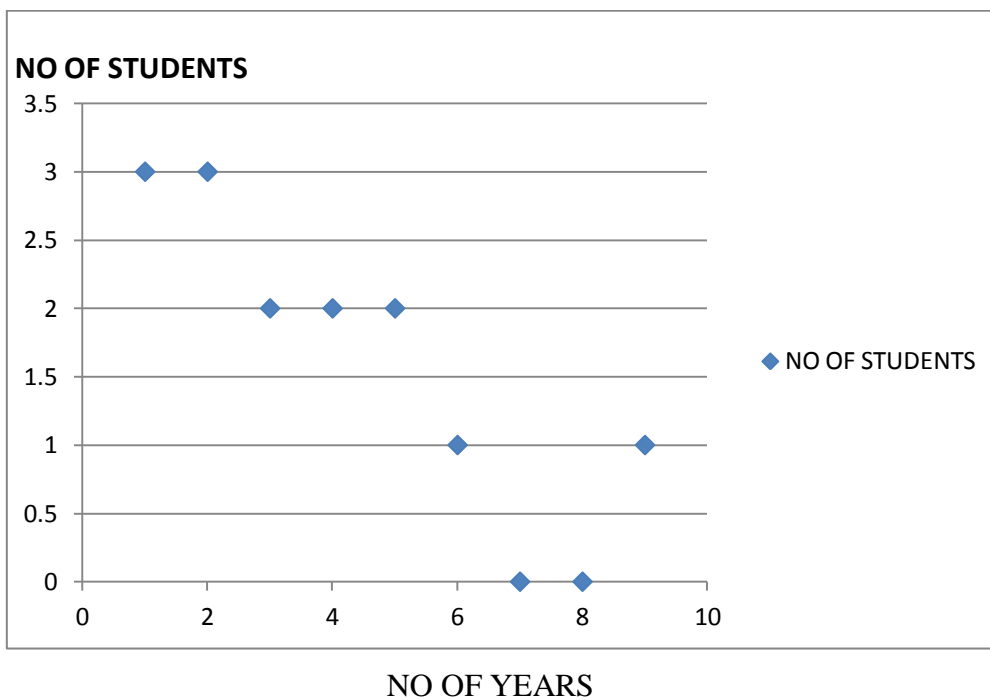


Fig 2: Language Skills of the respondents



Most of the international nursing have been living abroad before moving to Finland with the mean length of residency in Finland of the participants (as shown in fig.3) to be 5years. Majority of the participants have been living in Finland for less than four years.

Fig. 3: Number of years of residence in Finland



The data from the questionnaire was analyzed inductively and was classified into three themes: “Communication”, “Emotional reaction” and “nursing guidance” with sub-categories. Communication barrier due to limited language skill of the host country was experienced by the international nursing students who do not speak sufficient language level of the required Finnish or Swedish language skills. The participants noted having difficulties in various aspect such as communicating with patients who have speech problem, asking questions, misinterpreting words, giving reports about patients medical condition as explained in the themes below.

Communication

(i) Communication with nurses versus patients

Communication barrier was experience by majority of the students because of their level of Finnish/Swedish language. Discussing with staff members was noted to be more stressful. Some students noted asking questions from their mentors and other nurses was quite challenging when not satisfied with the little information gotten. It was also difficult for other nurses to express ideas that will achieve more learning experiences. The participants identified talking with patients proved easier than with nurses because most of the patients were older and they spoke slowly or showed them exactly what they needed. A student stated that *“I had always very good communication with my patients. It was easier to talk to them. They were not judgmental about my grammar. They were appreciative and comfortable to talk with”*

Although, some students identified communicating with some patients could be challenging especially patients who have health problems such as Alzheimer, speech and hearing difficulty but they still felt comfortable talking to the patients irrespective of the language barrier.

“Many patients would speak unclearly mumbling, so it was hard to get what they were saying, yet Finnish caused double problem”

(ii) Getting the right vocabulary

Most of the participants noted difficulties in finding the right words or medical terms to use in the hospital even though they spoke sufficient level of Swedish or Finnish language. Some of the participants felt they concentrated on translating the words than actual learning of the subject been taught during clinical practice. International nursing students who could speak fluent Finnish or Swedish had few challenges with communicating with the patients, their mentors or other nursing staff due to misunderstanding words.

“I am fluent in Swedish but I was struggling with the Swedish medical terms and name of diseases” Another student stated *“not knowing the right word or ways of describing a situation was very challenging”*

(iii) Learning outcome

Due to limited language skills before starting the programme, it was challenging for majority of the students to communicate with the patients and staff but it was noted by students that it motivated them to continuously learn the language which helped them through their training period. When it comes to assigning tasks, some students noted that they were not given any major tasks to do and they practically were left to do nothing but observed only which affected their confidence. Asking question in Finnish was also a challenge.

(iv) Loss of information

Majority of the nursing students experienced loss of important information during their practice which affected their learning experience. They were missing a lot from their supervisors or nursing staff that assisted in with their learning encounter especially those who spoke only Finnish. They could not take instruction from the patients or sometimes misunderstood what was said; which affected the level of nursing care rendered to the patients. A student stated that *“if they needed*

something, I could not get it for them, if they had pain I could not understand if they told me". Writing and reading the report of a patient and giving report of a situation were also noted to affect their learning process. It was also noted that reading the medical report of patients proved challenging which affected the standard of nursing care rendered.

Emotional Reaction

(i) Coping with it

Personal reaction of the clinical experience was described by the students which involved ways of dealing with situation during their placement.

"Sometimes I felt she sounded annoyed / irritated when she explained something so I always try to avoid her, mainly because I knew what to do and also I do not like the way she explains things esp. with her annoying tone." Another student stated that *"You tend to be silent most of the times due to lack of words or you just answer in the affirmative without getting meaning out of what was said"*

(ii) Alienation

In most cases, the inability to efficiently communicate can lead to series of emotional discomfort. Feeling of rejection, frustration and isolation was experienced by some participants due to their limited language skill which made the student feel they were being avoided.

"During the practice, if I need to be sincere, I saw the need to the Finnish language because of the staff and the patients were not really helpful, Instead of them accepting and acknowledging, they rather isolate me"

Nursing Guidance

Students noted having experienced sufficient level of nursing guidance from their mentor or one of the nursing staff during their clinical practices. It was noted that when mis-

understanding information in Finnish was experienced, some nursing mentor either translated in English or used another method to explain.

“Nursing staff tried as much as possible to break the barrier by speaking in English at times so that I could learn something” Another student stated that support from mentor made communication with patients easy through translation.

Encouragement and opportunity to improve with a feeling of appreciation was noted by some students. A nursing student noted that her supervisor would give words of encouragement and more opportunity to improve on the language skill during the clinical practice.

6. DISCUSSION AND CONCLUSIONS

This chapter of the thesis is used to discuss the result of the data generated based on the theme in section 5.

6.1. Discussion of the result

Communication plays an important role in patient care, just as language proficiency has been noted to be related to satisfactory learning experiences. The inability of an individual to relate satisfactory in a language has shown to result in both positive and negative experiences (Mattila et al., 2010). Most of the international students in the English-Nursing program experienced having communication barrier because of their limited language skills in Finnish/Swedish which is different from their mother tongue. Communication with patients seems easier than with their nursing mentor/nursing staff. Grant & McKenna (2003) explained that even if the language of teaching in the clinical learning environment was to the same as the mother tongue of the students, they experienced feelings of fear and frustration as well as difficulties in interacting with nursing staffs. Thus, the need to improve on the language is seen as vital, it is important that nursing staff should attempt to keep their communication as simple as possible, avoiding the use of idioms, slangs and ambiguous vocabularies.

Similar to previous studies, international nursing did not experience meaningful learning outcome due to communication barrier based on language. Clinical instructors played an important role in improving understanding of the language and facilitating learning experience in the clinical environment (Bolderston, Mattila et al). Vocabulary, accents and getting familiar with idioms, slangs are seen as a barrier for students during their study. There were problem understandings or reading medical terms in Finnish that are used in the clinical environment. Sanner et al (1998) noted that ESL students can comfortably provide direct care but the limited language skill makes medical abbreviations, terms and brand name products unfamiliar.

The data revealed emotionally sensitive experiences as noted by the participants which clinical supervisor might not be aware exist. The students noted a feeling of alienation, not getting sufficient knowledge the training placements and they felt either ignored or

left alone as a result of their language competence (Pitkajärvi 2011, Koskinen & Tossavainen 2003). Attending to patients needs contributed as a challenge to the students when the free flow in communication is not achieved. Positive experience was also noted by the student feeling of support and sufficient guidance from the mentor (Andrew et al, 2005) towards improving their language proficiency.

Language competence is importance for easy understanding of everyday activities between individuals. According to Bachman (1990) explained that an individual has to be sensitivity to dialect or variety or figures of speech in a sociolinguistic context to ensure language competence. In this context, Nursing students do not have the sufficient language that would enable them to achieve their goals in learning in the clinical environment. However, students need to develop essential language competence to ensure interpersonal relationship/learning within the clinical environment through effective communication.

Reliability and Validity

Polit & Beck (2010) define the validity of a questionnaire as *“the degree to which the instrument measures what it is intended to measure. The questionnaire should adequately address all aspects of the issues being studied”*. All questionnaires and questions from the interviews were approved by the supervising teachers. To ensure reliability, pilot-test of the questionnaire was conducted using international nursing students and to ensure that the question item is relevant to the research questions.

Limitation

The process of writing the thesis was interesting and a bit challenging because this is the first time conducting an empirical study and it was an area of interest for me. The study involved second year nursing students which represent one-third of the entire students in the English Nursing program. The data collected may not represent the general English degree nursing students in Arcada but the data contained information that was relevant

to the research questions. Although, the researcher conducted an open-ended survey questionnaire, the data could have been more substantial if the researcher conducted a one-on-one interview with the participant to generate a wide range of information describing their experiences.

Wished I could have found a better framework to explain the relationship how communication competence in a language, helps to promote successful learning within a social context such as the clinical environment. It would have been smarter to choose something else but unfortunately during the process of this study, I was unable to find a better framework in nursing context.

6.2. Discussion of the methodology and ethics

The background information and the method used in conducting the whole process of the research makes it easy for the reader to follow the context of the study. The credibility of the research method was maintained because the students openly express their views and opinion without pressure. Since the participants are also international nursing students, it could be assumed that the participant answered the questionnaire truthfully. Confidentiality was highly maintained while conducting the study.

Conclusion and Recommendation

Poor command of the clinical environment language can lead to positive or negative experiences and insufficient learning outcome which may cause challenges for the students. It will be suggested has noted by the participants in the result that flexibility should be consider by the staff. The participant noted the importance of clinical supervisors assisting during clinical practice and use of both English and Finnish to facilitate learning will be helpful (Mattila et al., 2010). Irrespective of the limited language skill, student should be given roles in patients' care which could help them learn more vocabulary as they care for patients daily. The nursing staff should take more roles in introducing international students to patient who don't speak the same language as the stu-

dents. The teachers and clinical supervisors should encourage student to focus on their positive experiences which could help contribute to learning the language.

Successful orientation period can contribute to a significant role in facilitating clinical experiences. Intensive language courses in Finnish language before commencing clinical placement can be effective in limiting communication barrier that student might experience during their placements. Although the sample of the study was small, it could be used towards the development of international nursing clinical placement program. The findings can also help prepare nurses to reflect on their experiences and in the future assume roles as supervisors.

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APPENDIX I

Letter to the Ethics Committee
Arcada University of Applied Sciences
Department of Nursing
Helsinki Finland
Date: 6th January, 2014

Dear Sir/ Ma

Ethical approval to conduct a research survey on “Communication barriers during clinical placements: Experiences of International Nursing Students”.

I wish to request permission to invite second year nursing student of Arcada to participate in the research survey. I am currently a nursing student in Arcada University of Applied Science working on my Bachelor thesis “*Communication barriers during clinical placements: Experiences of International Nursing Students*”. The topic chosen is aimed at investigating the experiences of international nursing students in the clinical environment.

This study would be to the benefit of the future development of nurse education and nurse practice in Finland. It will also provide suggestions to the findings that could assist future international students. Every effort has been made in the development of this research study to be sensitive to all ethical issues. Each participant will receive a cover letter (enclosed) and consent will be implied on receipt of completed questionnaires. Confidentiality and anonymity will be assured at all times

I would greatly appreciate your approval to perform this study through your review of the ethical considerations. Enclosed please find a copy of the research proposal for your consideration. Any recommendations or suggestions will be considered and acknowledged. Should you have any questions or concerns, please do not hesitate to contact the researcher on the email provided.

Yours Sincerely,

Awe, Omobolape Omolola
Arcada University of Applied Sciences
ibitoyeo@arcada.fi

APPENDIX II

COVER LETTER TO THE PARTICIPANTS

Dear Students,

I am inviting you to participate in my research survey. I am currently a nursing student in Arcada University of Applied Science working on my Bachelor thesis “*Communication barriers during clinical placements: Experiences of International Nursing Students*”. The topic chosen is aimed at investigating the experiences and challenges encountered by international nursing students during clinical placement. This is a situation that needs to be addressed and the perception of international nursing would be needed to understand their views. It is anticipated that the results of this study will generate information that will be useful in assisting and providing support system for students during their placements. I also believe it might help to improve the International Bachelor Degree Program in Nursing in Finland.

The research is a qualitative study. The study will involve you completing a questionnaire with open-ended question that is enclosed with this letter. It is a two part questionnaire with separate questions on background data and experiences. This questionnaire should take about 30 minutes of your time to complete. I would kindly ask you to answer questions truthfully and independently without discussion with others to allow for more accurate results. Confidentiality and anonymity will be fully assured, as your name is not required on the questionnaire and only the research team will have access to the results. All information will be destroyed on completion of the study. It will not affect you in anyway, should you not take part in this study.

Thank you for taking the time to read this letter. If you have decided to participate in the survey, please complete the enclosed questionnaire and return it in the addressed envelope provided within the next few days. By completing this questionnaire it is understood that you are consenting to participate in this study. If you have any queries or concerns, please do not hesitate to contact me on the above email. Your participation would be greatly appreciated

Yours Sincerely,

Awe, Omobolape Omolola
Arcada University of Applied Science
ibitoyeo@arcada.fi
Tel: 0458964424

APPENDIX III

TOPIC: COMMUNICATION BARRIERS DURING CLINICAL PLACEMENTS: EXPERIENCES OF INTERNATIONAL NURSING STUDENTS

AUTHOR'S NAME: Awe, Omobolape Omolola

PART I: BACKGROUND INFORMATION

Please fill the following background information

Age: 18-20 21-25 25-35 Over 35

Gender: Male Female

Country of Origin:

Mother Tongue:

Length of Residency in Finland:

Academic Year:

Number of Clinical Practice:

English Skill: None Basic Satisfactory Average Fluent

Finish Skill: None Basic Satisfactory Average Fluent

Swedish Skill: None Basic Satisfactory Average Fluent

PART II

The following questions are all about your experiences during the practical trainings you have mentioned above. Please answer, giving an overall perspective of your experiences, on the extra paper provided.

1. Describe your overall language experience during clinical practices?
2. How did your level of language affect learning during clinical rotation?
3. What level of nursing guidance did you receive from your mentor and nursing staff?
4. Describe the overall communication between you and your mentor/nursing staff.
5. Have you experienced any language communication barrier between you and your mentor/nursing staff? If yes, in what ways.
6. Describe the communication between you and patients in the wards.
7. Have you experienced any language communication barrier between you and the patients in the ward? If yes, in what ways.
8. What do you think will be the best support for nursing students before and during clinical practical?