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Nursing Faculties' Perceptions of Teaching Students Who Speak English as Second Language

Natalia S. Ruiz Muniz
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Natalia S. Ruiz Muñiz

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Walden University
2020

Abstract

Nursing Faculties' Perceptions of Teaching Students
Who Speak English as Second Language

by

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MA, University of Phoenix, 2004

BS, Universidad Interamericana de Puerto Rico, 2001

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

Walden University

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Abstract

Nursing students who speak English as a second language (ESL) often struggle due to language barriers, the complexity of the medical vocabulary, and the knowledge base that they must develop in a short time. These struggles may be due in part to the preparation of nursing educators to meet the specific needs of the ESL student population. The purpose of this qualitative research study was to develop a greater understanding of nurse educators' perceptions when teaching ESL nursing students. The conceptual framework used was Cummins' framework for the development of language proficiency. Four research questions guided this basic qualitative research allowing the understanding of nursing faculties' perceptions about teaching ESL students. The research questions also focused on their practices and challenges of their teaching experience and the immediate need for training and development. An online survey and standardized interview protocol were used to collect data. Eight nursing faculty members participated in one-on-one phone interviews. Thematic data analysis identified four themes: interpretations on how to support ESL nursing students, the academic gap due to the lack of academic language, suggestions of teaching environments that harm or help ESL students, and faculties' skill development needs. This study may contribute to a researched-based foundation that supported a positive change in faculty feelings of success. It might also bring a positive social change at state and local levels by advocating for a standardized nursing curriculum that meets the academic needs of minority nursing students improving their graduation rates.

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Dedication

I dedicate the fruits of this work to God. I am grateful for all the talents, people, and opportunities that He gave me to learn and complete this dream. Also, I dedicate this work to my angels on Earth that supported me during this six-year journey. My husband, my daughters, and my parents. Without your help and support, this achievement was only a dream. Lastly, I share this dedication to all ESL learners in the world. I hope this study supports nursing faculties in understanding our unique learning needs and contributions to our community.

Acknowledgments

I would like to give thanks to all the nursing faculties that participated in this study. Thank you for your time and trust in making possible this ultimate goal. Also, I would like to thank my chair, Dr. Ramirez, because she pushed me very hard to go beyond. Thanks to Dr. Vlachopoulos because his patience with me during this past six years was inspiring. Lastly, to Dr. Nistor because his extreme detail-oriented skills pushed me out of my comfort zone and made me a better scholar.

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Chapter 1: Introduction to the Study

In the 1990s, the need for educational transformation became an essential topic of discussion in higher education forums, due to the high number of linguistically diverse students (Abriam-Yago, Yoder, & Kataoka-Yahiro, 1999; Crookes, Davis, & Clair, 1995; Jalili-Grenier, & Chase, 1997). Brisk, Barnhardt, Herrera, and Rochon (2002), of the American Association of Colleges for Teacher Education, made a call for educational transformation due to the increasing number of English as a second language (ESL) students. The authors stressed the importance of developing educators who know how to use academic tools to teach ESL students (Brisk et al., 2002). Since then, numerous studies have suggested that, particularly in the area of nursing, ESL students are often disadvantaged when developing knowledge and skills that require higher-level academic language (Cowan, Weeks, & Wicks, 2015; Jalili-Grenier & Chase, 1997; Lucas, Villegas, & Freedson-Gonzalez, 2008; Mikkonen, Kyngäs, & Kääriäinen, 2014; Shakya & Horsfall, 2000). San Miguel, Townsend, and Waters (2013) explained that most nursing programs had experienced an increase in ESL learners while at the same time, a high attrition number among the same population.

The current health care provider population in the United States has grown expediently for the past decades. Current demographic information has shown a rapid increase of highly culturally and linguistically diverse populations (Agency for Healthcare Research and Quality, 2019). Therefore, most nursing schools in the United States have accepted the mission of enrolling and supporting future nurses who can bring that diversity into the healthcare industry. Yet, most ESL students experience significant

challenges in their nursing programs because of the lack of academic language proficiency needed to tackle the highly complex language of nursing, and a large amount of content that they need to learn in a short period (Donnelly, McKiel, & Hwang, 2009; Hyland, 2012; Olson, 2012). The results of this research may promote a better understanding of the knowledge and needs of the faculty community to teach nursing to ESL students more effectively.

The next sections provide a background to the language development process, the importance of Cummins's cognitive academic language proficiency (CALP) in developing academic language and critical thinking skills in nursing, ESL nursing student needs, and ESL strategies for the nursing classroom and clinical setting. They also present the problem statement, the purpose of the study, the research questions, the theoretical framework, the nature of the study, and a review of the key terms. The last sections cover the assumptions, scope and delimitations, limitations, significance, and summary.

Background

The development of language is a crucial competency, as it allows nurses to communicate effectively with patients and medical staff, and to practice safely (Ali & Watson, 2018). However, studies have suggested that students who speak English as a second language tend to struggle more in nursing education than first-language learners (Cowan et al., 2015; Lucas et al., 2008; Mikkonen et al., 2014; Zheng, Everett, Glew, & Salamonson, 2014). Examples of the struggles include poor academic outcomes, high attrition, lower grades, and failure to pass the National Council Licensure Examination or

NCLEX (Choi, 2005; Phillips & Hartley, 1990; Salamonson, Andrew, Clauson, Cleary, Jackson, & Jacobs, 2011). Two possible reasons for these struggles are the lack of cognitive academic language proficiency needed to tackle the highly complex language of nursing and a large amount of content to be learned in a short period (King, Porr, & Gaudine, 2017).

Advocating for diversity in nursing is critical because diversity promotes sensitive care, compassion, equality, cultural knowledge, and respect, all of which are paramount of nursing (Greenberg, 2013; Hansen & Beaver, 2012; Papadopoulos et al., 2016; Seright, 2012). Diversity can lead to competent care and quality of care for the growing diverse patient population (Abriam-Yago et al., 1999; Lester, 1998). However, the current nursing workforce in the United States is still lacking in the diversity of nurse graduates (Glazer, Clark, Bankston, Danek, Fair, & Michaels, 2016; Marrast, Zallman, Woolhandler, Bor, & McCormick, 2014). Paradoxically, the enrollment of diverse students in nursing programs is higher than ever. However, due to the challenges that ESL nursing students appear to experience in their programs, the attrition rate still high (Bosher & Bowles, 2008; Hansen & Beaver, 2012).

The first steps toward developing a more linguistically skilled nursing faculties may include the following: assessing faculty perceptions, knowledge of language development and the learning needs of ESL nursing students, and developing ESL-specific strategies. This research discusses the information needed to support nursing faculties when teaching ESL nursing students. It also discusses innovative ESL teaching

strategies that they can use in their classrooms and clinical rotations to increase the academic success of linguistically diverse nursing students.

Problem Statement

According to studies in higher education, there is a need for faculties be skillful in teaching students from linguistically diverse backgrounds (Choi, 2018; Gonzalez, Pagan, Wendell, & Love, 2011; Lucas et al., 2008; Lum, Dowedoff, Bradley, Kerekes, & Valeo, 2014). This need is even more important in nursing education due to the complex nursing vocabulary and knowledge base that students must develop (Meuter, Gallois, Segalowitz, Ryder, & Hocking, 2015). However, if students lack ways to communicate verbally and nonverbally it may affect one of the essential elements of a positive nursing educational experience (Granter, 2016; White, 2016). Still, the reality is that nursing faculties are not currently required to have any training in teaching ESL students.

San Miguel and Rogan (2015) explained that nursing faculties may lack confidence in assessing academic language because of the complex process involved. Most nursing clinical faculty feel that they do not have the necessary tools to assess language in the nursing program. While others find it complex because of the difficulty to understand the ESL student (San Miguel & Rogan, 2015). In addition, when experiencing language barriers in the clinical environment, it can conflict directly with the cultural norms and the needed clinical skills. Consequently, most of the faculties do not understand what is entailed in learning a second language, what strategies to use to help students, and what special needs ESL students in nursing may have. Therefore, this study

addressed the nursing faculty's lack of knowledge about teaching ESL nursing students and their perceptions about teaching second language learners.

Contemporary studies agreed that one of the most significant challenges to overcome in nursing is related to language barriers (Meuter et al., 2015; Newton, Pront, & Giles, 2018; Squires, Miner, Liang, Lor, Ma, & Stimpfel, 2019). For example, clinical rotations are more challenging for ESL students due to the constant communication with patients, relatives, nurses, and clinical faculty (Boughton, Halliday, & Brown, 2010). Wagner, Brush, Castle, Eaton, & Capezuti (2015) found that language use or accent were two of the most critical barriers among ESL nurses. Likewise, the critical thinking that is key to making clinical decisions is dependent on higher-level cognitive language development (CALP). In nursing education, critical thinking is better known as "critical reasoning" or "clinical judgment" (Edwards, 2007; Turner, 2005). There is also a general recognition that critical thinking is a vital skill needed to provide the appropriate interventions that can lead to positive patient outcomes (Lunney, 2008). Developing a high level of cognition in nursing education is valuable because it will provide for a safe, efficient, and skillful nursing practice in the future (Papathanasiou, Kleisiaris, Fradelos, Kakou, & Kourkouta, 2014). It also can improve patient care and reduce medical errors in the nursing environment (Barbe, Kimble, & Rubenstein, 2018).

The struggles that ESL nursing students experience in the classroom or clinical setting may be due in part to the lack of preparation of nursing educators to meet students' specific needs (Abriam-Yago et al., 1999; Lester, 1998; Olson, 2012). Struggles may be aggravated because faculties are not required to have prior training in ESL

teaching and learning strategies (National Council of State Boards of Nursing, 2008). It can be worse if the student is an international student. Vardaman and Mastel-Smith (2016) explained that international students' challenges go beyond language barriers: Some may not look or have the accent to be labeled “international” or “ESL.” However, members of this population likewise suffer in their adjustment to a new language and culture. Therefore, faculty may well be unprepared to meet the unique needs of second language nursing students. Nursing faculties may be highly qualified to teach nursing content but lack training in how to help ESL students. Despite the numerous investigations into the impact of ESL students in the classroom since the 1990s, this problem persists in today's nursing programs, (Abriam-Yago et al., 1999; Crookes, Davis, & Clair, 1995; Jalili-Grenier & Chase, 1997; Rubinstein-Avila & Lee, 2014; Tran, 2015), and little research has addressed the issue from a faculties' point of view (Klisch, 2000; Malu & Figlear, 1998; Tucker-Allen, 1989; Zheng et al., 2014).

Purpose of the Study

The purpose of this research study was to develop a greater understanding of nurse faculties' perceptions when teaching nursing students who speak English as a second language (ESL students). Through this basic qualitative research, I tried to develop a greater understanding of nurse educators' knowledge and experiences related to the development of academic language in clinicals and classroom. I also tried to identify whether the participants comprehended the learning needs of ESL nursing students. Lastly, I sought to learn what they believe their needs are for professional development when teaching members of this population.

Research Questions

The following research questions guided this basic qualitative research:

Research Question 1: What are nursing faculties' perceptions about teaching ESL students?

Research Question 2: How do nursing educators describe the learning needs of ESL nursing students?

Research Question 3: How do nurse educators describe their knowledge and experience in language development and the use of ESL strategies in the nursing classroom or clinical setting?

Research Question 4: How do nursing educators describe their needs for training or support for teaching ESL nursing students?

Conceptual Framework

Studies have investigated the impact of academic language skills competency in nursing programs and the gap in the academic achievement of ESL students with respect to language barriers is acknowledged (Crawford & Candlin, 2013; Meuter et al., 2015; Newton et al., 2018; Olson, 2012; Squires et al., 2019; Starkey, 2015). The conceptual framework used in this study was Cummins' (1979) framework for the development of language proficiency. Cummins introduced this model for faculties to point out the distinction between conversational fluency and academic proficiency. The acronym BICS (basic interpersonal communicative skills) refers to the conversational fluency that learners develop in about 2–5 years of exposure to, in this case, English (Cummins, 1979). CALP (cognitive academic language proficiency) is the grade-appropriate and

high cognitive part of the particular language, which, in this case, is also English (Cummins, 2000). The estimated timeframe to obtain mastery is 5-7 years, or even longer in some cases, because of the cognitive demands (Cummins, 2000).

This language acquisition framework originated in the K-12 learning environment and has been promoted in higher education as well. Cummins, a researcher at the Ontario Institute for Studies in Education, developed a study in the late 1970s that helped to create the current language theory (Cummins, 1979). He tried to understand why over 400 teachers referred ESL students (mostly migrants) to psychological assessments due to their academic failings (Cummins, 2000). Students were removed from the language support program because they were fluent in the language. However, after students started in the mainstream program, they started failing and fell behind their native peers. This premature failing provoked referrals from teachers to counselors and psychologists because it was assumed that children who had attained fluency in spoken written English had overcome all difficulties with English (Cummins, 1979). Later in the investigation, it was realized that a period of 5-7 years was the average period need to approach academic language proficiency (Cummins, 2000).

The distinction between BICS and CALP has helped most educational institutions that provide language support programs to ESL students (Cummins, 2015). Educators who are conscientious about language development can differentiate between more conversational fluency skills, BICS, and a more academic and cognitive skill, CALP. Cummins (2015) demonstrated that by activating prior knowledge, accessing content, and extensive language support, ESL students could develop scientific or logical knowledge

through language. Therefore, a critical purpose of using this language theory is to help identify the nurse educators' understanding of the process of academic language development and how this, in turn, affects learning in nursing. During data collection, the instruments accounted for the differences between the two types of language development: BICS and CALP. This helped to determine what the educators knew about language development in their ESL nursing students, especially the length of time it takes to develop CALP, a critical ingredient in success in nursing education (Cook, Boals, & Lundberg, 2011).

The instrument for this study contained semi structured questions, which helped to explain faculties' perceptions about teaching nursing students, specific ESL teaching strategies, and what additional support they believed they needed to help their ESL nursing students be successful. By sharing teaching experiences, the protocol helped to capture how much nursing faculties knew about ESL learning strategies that promote academic-cognitive language. Using Cummins' "lens," the data collection and analysis of the data captured Cummins's integral elements of instruction that focus on meaning, language, and how to use knowledge (Cummins, 2014). Early et al. (2006) made a call to "connect" cultural and linguistic diversity from early education. They recognized that when faculty connect and recognize the importance of language and cultural diversity it can promote knowledge for future students.

Nature of the Study

This basic qualitative research sought to provide a more in-depth understanding of nurse educators' perceptions and knowledge about teaching ESL nursing students. Thus,

the results might provide institutions with the information needed to provide professional development training and support to their faculty communities, who are facing the challenge of providing an effective nursing education for ESL nursing students.

While the problem experienced by Second-language learners is widespread, this research focused on nursing faculties who teach ESL nursing students, because these students tend to struggle the most in nursing education, possibly due to a lack of CALP (Cowan et al., 2015). Participants completed an 18-question demographic survey via Google Forms and then answered 10 semi structured interview questions via phone, using Google Voice. The participants selected for this study were nursing faculties approved to teach in ADN or BSN programs in the United States. The plan was to identify the patterns and themes from the interviews to provide a broader outcome of the research problem.

Definitions

AACN: American Association of Colleges of Nursing is the agency that establishes quality standards for nursing education and assists schools in the implementation (American Association of Colleges of Nursing, 2015).

ACEN: the Accreditation Commission for Education in Nursing organization. They support nursing education, practice, and public initiative. They also are the group that regulates the accreditation of all levels of nursing education, and the transition-to-practice programs in the United States, its territories, and internationally. They are part of the U.S. Department of Education and the Council for Higher Education Accreditation accrediting body (Accreditation Commission for Education in Nursing, 2019).

BICS: Basic Interpersonal Communication Skills (BICS) is the linguistic skill that every person needs to interact socially (Cummins, 2000).

CALP: Cognitive academic language proficiency is the formal language used in academic settings (Cummins, 2000).

CCNE: Commission on Collegiate Nursing Education is the national accreditation agency that ensures the quality and integrity of all approved baccalaureate, graduate, and residency programs in nursing (Commission on Collegiate Nursing Education, 2019).

Critical thinking: is how humans process information and apply to reason as a guide to belief or act. In the nursing industry, critical Thinking is a combination of activities such as collecting data, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and beliefs based (Joint Commission, 2015).

Language anxiety: The phenomenon of experiencing language anxiety is one of the factors of the struggle for ESL students. It mainly occurs because social and emotional systems can interfere with the cognitive processes (MacIntyre & Legatto, 2010).

NCLEX: National Council Licensure Examination- NCLEX exam is a standardized exam that each state board of nursing uses to determine if a candidate is ready for entry-level nursing practice. However, candidates are qualified when they complete an accredited nursing degree (National Council of State Boards of Nursing, 2019).

R.N.: This abbreviation means “registered nurse” and refers to nurses who passed the NCLEX examination (National Council of State Boards of Nursing, 2019).

Assumptions

The initial assumption that I have was that ESL nursing students take a minimum of 5-7 years to develop cognitive academic language proficiency (Cummins, 1979). Cummins (1979) explained that CALP requires high levels of cognitive skills; therefore, learners may take longer to develop academic competence. I assumed as well that critical thinking is an essential skill in the nursing industry. There has been an assumption that to foster safe and competent practices in a high-acuity nursing field, nurses must have well-developed critical thinking skills. Therefore, I assumed that these critical thinking skills require high levels of CALP. My last assumption was that the research took into consideration that the participants were honest and unbiased when answering the one-on-one interview questions.

Scope and Delimitations

In nursing, the problem of learning for the ESL student is aggravated by the sophisticated nursing vocabulary that students need to comprehend and the critical thinking skills that they need to develop in a short period (Meuter et al., 2015). In this research I focused on the faculties’ perceptions when teaching ESL nursing students and their needs to teach to this population. This study did not explore any cultural issues in language learning, except those that may naturally arise during interviews. The study concentrated only on perceptions and the self-reported knowledge of nursing educators about their linguistically diverse student population.

Limitations

Related to the Design

Qualitative research is prevalent in social sciences and health disciplines, such as nursing (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998). The methodology, however, offered some challenges and limitations. According to Anderson (2010), rigor in qualitative research is one of the most difficult to maintain, assess, and demonstrate because of the large amount of data handled by the researcher. Moreover, this type of research has the reputation of being biased, small-scale, and lacking in rigor (Anderson, 2010; Barbour, 2001; Squires & Dorsen, 2018).

As the researcher of this qualitative study, I carried out eight interviews with nursing faculties to capture their perceptions about meeting the needs of ESL nursing students. Therefore, the consistency of processes and data collection and analysis was closely monitored, since the interpretation of data was time-consuming. To guarantee that consistency, I made sure to use the same processes and communication templates. For example, I designed a flow chart to visually see the different steps to recruit, contact, interview, and post-interview. I also, created in advanced all the communication templates to use to communicate with participants. Also, to monitored the consistency of the interviews closely, I created and used a script to conducted all interviews equally. As for the interpretation of data, I spent the time to read the transcripts and hear the recordings multiple times.

As a second language learner myself, it would be easy to have preferences or be biased if I did not take precautions during the data collection and analysis. I adopted an

active listener role during the data collection to reduce any possible bias. I used member checking to revise the verbatim transcript and thus ensured that what was recorded was the participants' intended and not my interpretation.

How the Limitations Were Addressed

I addressed the limitations by doing the following:

- Each participant had the opportunity to review and approve a verbatim transcript of the interview.
- Participants completed a questionnaire with structured questions in Google Forms. This instrument was primarily demographic and provided a pool of potential participants for one-on-one interviews via phone call using Google Voice.
- A semi structured, standardized protocol allowed consistency across interviews.
- For the data analysis process, the study reported data by geographic area, years of teaching experience, and type of participants' experiences.

Significance

A study of the nursing faculties' perceptions about teaching students who speak English as a second language may help address the problem in several ways. This study sought to raise awareness of the unique learning needs of ESL nursing students and the impact on these needs on nursing faculties.

Significance to Nursing Education

Nursing faculties need to be skillful in teaching students from linguistically diverse backgrounds because, according to most contemporary studies, the most significant challenges they face are related to language barriers (Meuter et al., 2015; Newton et al., 2018; Squires et al., 2019). Nursing education is a rigorous curriculum due to complex concepts and medical terms that students need to learn (Cunningham, Stacciarini, & Towle, 2004; Hyland, 2012). Gamble (2018) determined that nursing programs are rigorous due to the standards that they need to follow to assure competent nurses. But the curriculum can be more difficult for ESL students because of the advanced critical thinking skills that they need to develop to ensure safe practice and quality care (Choi, 2018, Crawford & Candlin, 2013; Denham, Tietze, Allam, Talleff, Schrum, & Wang, 2018; Dressel, 1954; Starr, 2009).

The results of this study presented new understandings about the preparation of nurse educators in providing cognitive, academic language-based, constructive, positive, and supportive learning environments for ESL nursing students. In a 2009 UNESCO conference, it was elucidated the importance of learning environments that promote the inclusion of diverse student populations by having skilled faculties who can reinforce intercultural education. Abu-Arab and Parry (2015) showed the need for nursing faculties to develop pedagogically appropriate approaches to interact with linguistically diverse students. Their research went recommended continuing education programs for clinicians to increase their cultural competence.

The results of this study presented also the necessary background to recommend professional development training that can be used in nursing programs to prepare and support their nursing educators who are working with ESL nursing students. The findings also provided nursing leadership with ideas for a curriculum that incorporates ESL scaffolding strategies based on CALP that supports the development of critical thinking and CALP, along with nursing knowledge. Gunawardena, Sooriyampola, and Walisundara (2017) demonstrated that thinking and communication could be impacted when students have inadequate language competencies and limited general knowledge. Therefore, scaffolding can help with cognitively challenging subjects, such as nursing, to improve language, confidence, and learning. Scaffolding has been a solution for ESL students with language barriers. It has been a solution because it helps to explain complex and abstract ideas that require higher cognitive demands, which is the foundation of nursing education (Ranney, 2012).

Significance to Practice

A publication from the U.S. Department of Health and Human Services, in collaboration with the Professions National Center for Health Workforce Analysis in 2014, predicted a significant shortage of registered nurses by this year, 2020. According to an updated nursing shortage report, the states located in the West, such as California and Nevada, and the states in the South, such as Florida and Georgia, are some of the ones that may suffer a significant nursing scarcity (Zhang, Tai, Pforsich, & Lin, 2017). Added to this need for more registered nurses is the recognition of the increasingly high acuity of patients that require highly qualified nurses. Therefore, the call for more

healthcare professionals is not only to increase the numbers of future nurses, but to produce and maintain high standards of quality nurses. Caring for high-acuity patients requires a high level of cognition, which in turn requires a higher-level of CALP.

However, since many ESL nursing students fail to graduate or pass NCLEX, it is crucial to understand how to help this population academically by investing in the population of nursing faculties. In the end, nursing graduates are the future nurses that take care of the increasing number of diverse patients in the United States.

Significance to Positive Social Change

This study is expected to contribute to a researched-based foundation of positive social change by transforming the interactions of nurse educators with linguistically diverse nursing students. Nurse educators could establish more caring and supportive behavior within the curriculum, and thus improve the academic success and retention of ESL nursing students. Welch, Wilson, and Needham (2015) concluded that caring and bonding could increase appreciation for diversity. Barbé, Kimble, Bellury, and Rubenstein (2018) defended academics, writing that they are an integral part of student attrition. However, they clarified that social determinants might also significantly influence ESL nursing students' attrition. While it is not the intention of this study to delve into other issues that Second-language learners may encounter in nursing education, such as racial biases and cultural differences, it becomes clear that by finding ways to enhance the development of cognitive skills in second-language nursing students, the study might increase the social growth of a diverse student population. It also supported positive social change in faculties' feelings of success by implementing

teaching tools that contribute to a diverse nursing staff that is more highly qualified. Lastly, this study was expected to introduce positive social change at state and local levels by advocating for a standardized nursing curriculum that meets the academic needs of minority nursing students improving their graduation rates.

Summary

Boughton et al. (2010) explained that clinical rotations in nursing programs are a higher challenge for ESL nursing students due to the communication demands of patients, nurses, faculties, and relatives. Since nursing faculties are not required to have prior training in ESL teaching, the needs of ESL nursing students, or ESL strategies, they may be unprepared to meet the unique needs of second language nursing students. Despite the numerous investigations into the impact of ESL students on the classroom (Abriam-Yago et al., 1999; Crookes, Davis, and Clair, 1995; Jalili-Grenier, & Chase, 1997), little research has addressed the issue from a faculty's point of view (Klisch, 2000; Malu & Figlear, 1998; Tucker-Allen, 1989; Zheng et al., 2014).

The purpose of this study was to develop a greater understanding of nurse educators' perceptions about teaching nursing students who speak English as a second language. Through this basic qualitative research, I sought to develop a greater understanding of nurse educators' knowledge and experiences in the development of academic language in clinicals and the classroom. I also tried to identify whether the participants understood the learning needs of ESL nursing students. Lastly, I sought to understand what they believe their professional development needs are for teaching this population.

The ongoing increase in ESL nursing students have continue growing in the United States. Therefore, it is crucial to study how to support this population by exploring the perceptions and needs of nursing faculties. The research questions sought (a) greater understanding of their perceptions about teaching ESL students, (b) to learn more about their current teaching experiences, and (c) to learn about their needs to be equipped to support ESL learners.

The conceptual framework used Cummins' ideas to better understand why students may perform better in conversational discussions compared to written tasks. This study was based on the idea that CALP requires high levels of cognitive skills. Therefore, learners may take longer to develop academic competence. This assumption may help explain the challenges experienced by ESL learners and find ways to tackle the highly complex language of nursing.

Lastly chapter 2 provides a review of the research literature that provides a foundation of the research problem, along with the conceptual framework that relates to the proposed study. While chapter 3 will provide in detailed the research method. Chapters 4 and 5 will present the results of the study and recommendations according to the findings.

Chapter 2: Literature Review

The purpose of this study was to develop a greater understanding of nurse educators' perceptions when teaching nursing students who speak English as a second language. I sought (a) to develop a greater understanding of nurse educators' knowledge and experiences in the development of academic language in clinicals and the classroom; (b) to identify whether the participants understood the learning needs of ESL nursing students, and (c) to learn what they believe their needs are for professional development when teaching members of this population.

The following section is a concise exposition of the available literature that establishes the need for nursing faculties' to be linguistically competent. Nursing education has a sophisticated medical vocabulary and knowledge base that students must learn. When nursing educators do not have the preparation or experience to support ESL students academically, it can aggravate the students' learning experience. There is little research on the perceptions of nursing instructors teaching ESL students, or on which ESL teaching strategies are adequate for the classroom or the clinical setting.

Chapter 2 covers the following six topics. It (a) explains in detail the rationale for the selected conceptual framework, Cummins' development of language proficiency; (b) provides a more in-depth analysis of the literature on language development, including BICS and CALP, and the importance of developing CALP in nursing programs; (c) details the fundamental factors that affect nursing education, such as the need for diversity, retention issues of ESL learners, and their barriers and challenges; (d) explains the role of critical thinking in language and content in nursing; (e) features important

aspects of a positive learning environment, such as culture, learning models, and recommended ESL strategies.

Literature Search Strategy

To identify prospective, peer-reviewed articles (as well as dissertations, books, news articles, and grey literature), the following keywords were used: *academic language, active learning, achievement gap, attrition, barriers, biases, BICS, CALP, challenges, classroom, critical thinking nursing, cognition, complex topics, Cummins, demographics in U.S., diversity, education, ESL, ESL learning, ESL nursing students, faculty perceptions, higher education, language, language framework, nursing faculty, language diversity, language development, linguistically diverse, metacognition, NCLEX success, second language, nursing competence, nursing education, nursing process, student perceptions, retention, teaching, training, values.*

The following databases were used: Nursing & Health Alliance, ERIC, ProQuest, Google Scholar, Ovid Nursing Journals, Science Direct for nursing, and Taylor and Francis Online.

Most of the data on nursing faculties and ESL students are from the 1990s, when the subject under intense review. However, I found little research on how to help nursing faculty understand the role of language development when teaching ESL nursing students, or how to use any ESL strategies in clinical experience. However, recently published studies on the impact of faculty perceptions teaching to nursing ESL students, barriers encounter in nursing programs with ESL students, and nursing faculty developmental needs are available in the 5-year time frame.

Conceptual Framework

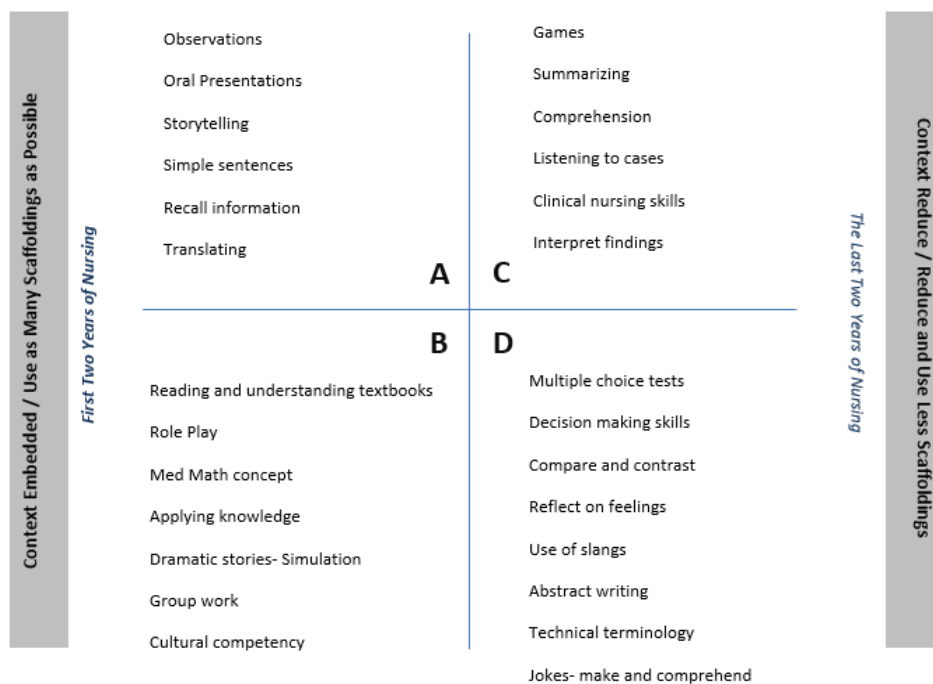
Studies have acknowledged that there is a gap in the academic achievement of ESL students related to language barriers (Choi, 2005; Phillips & Hartley, 1990; Salamonson et al., 2011). This problem is particularly profound in nursing education, which is a discipline with advanced vocabulary and high levels of cognition (Crawford & Candlin, 2013). The conceptual framework used for this study is Cummins' Framework for the development of language proficiency. Figure 1 explains how BICS and CALP are distinct from each other, highlighting language proficiency at each level.

BICS, which is the first threshold, shows that the first elements of language learners experience are primary interpersonal communication or casual conversation. During the second threshold, students engage in more highly demanding tasks such as reading and writing, along with oral language using a higher-level language. This model was a tool intended for faculties and administrators to use before removing ESL students from an ESL classroom to a mainstream classroom (Cummins, 2015). “*Figure 1*” makes a distinction between a range of cognitive demand tasks from low to high in nursing education. Therefore, it is a helpful visual to explain better the phenomenon that is happening in most nursing education programs that have an enrollment of ESL students.

UNDERSTANDING BICS AND CALP IN NURSING EDUCATION

BICS

Cognitive Undemanding Tasks



CALP

Cognitive Demanding Tasks

Figure 1. Understanding BICS and CALP in Nursing Education.

The right part of the graphic, which is the cognitive demanding (aligned with CALP) is the area primarily focused on in this study. The left side shows the elements of cognitive undemanding tasks better known as BICS. Instrument 2 of this survey, the individual interviews by phone, used this figure as a foundational tool for the follow-up questions. The goal was to investigate if nursing faculties understand language development and the differences between BICS and CALP.

The following theorists discussed related language acquisition topics that influenced Cummins' framework. Bruner sees language as a metalinguistic, and it can be used for thought and problem-solving (Cummins, 2000). Bruner believed that social factors are essential for cognitive and language growth (Bruner, 1985; Cummins, 2015). Different from Cummins, Bruner thought that any person is capable of understanding complex information, as long as the educators use scaffolding mechanisms (Bruner, 1985). Vygotsky was another influential theorist that viewed language and literacy as part of social interaction (Cummins, 2006). Vygotsky believed that language is part of the cognitive development that can be developed by social interactions (Vasileva & Balyasnikova, 2019). Canale was another significant influence on Cummins's work because of the differences proposed between basic language proficiency, which is similar to BICS, communicative language proficiency, and identical to CALP and autonomous language proficiency that focuses on the degree of socialization (Cummins, 2000). Canale's work, similar to Vygotsky, proposed that by socializing, people can develop language (Canale, 1980).

Another major-related theoretical construct was Olson's utterance and text theory. Olson emphasized the importance of socialization and made the distinction between conversational and academic language (Cummins, 2000). Olson (1977) explained that oral communication, similar to BICS, helps to communicate and explore knowledge while written language (similar to CALP) is a more specialized tool gained from the academic experience.

Other studies in the area of nursing education have used an academic language framework. Havery, Townsend, Johnson, and Doab (2019) discussed a pilot project in a nursing program in which faculties adopted a model that promoted academic language proficiency. This model was an opportunity for transformed faculties' as "linguistically responsive teachers," experts on how to support ESL students academically. The findings of this study proved that by having linguistically competent nursing faculty members, it is possible to respond to the academic needs of the linguistically diverse student population. Greenberg (2013) studied the effectiveness of a faculty development program that increased cultural knowledge and competence in a nursing program. The program discussed different barriers that ESL students experienced, making the language barrier the more significant barrier (Greenberg, 2013). The results also showed a significant increase in cultural competence and knowledge of how to support ESL nursing students (Greenberg, 2013).

Abriam-Yago et al. (1999) designed a home care practicum based on Cummins' cognitive academic language proficiency strategies. The study concluded that ESL nursing students learning needs can be satisfied by having culturally and linguistically competent faculty members and that it is possible to use the Cummins model in nursing programs (Abriam-Yago et al., 1999). Donnelly et al., (2009), studied faculties' perspectives when teaching ESL students, finding that there is a need for development in how to better support nursing ESL students. Olson (2012) presented 25 articles that showed a pattern of low levels of cultural awareness, struggles to adapt teaching strategies for ESL students, and standard language barriers that students experience. In a

study that explored nursing faculties' attitudes and perceptions of teaching ESL, the researcher found that there is a correlation between having a culturally competent faculties and graduation rates of minority students (Starkey, 2015). The study also recommended the development of language support centers that can help ESL students to develop academic language (Starkey, 2015).

Other relevant studies, such as Crawford and Candlin (2013), recognized the learning needs of ESL nursing students. In the study, the researchers specified that the lack of CALP could make the learning process challenging, especially during the first year of the nursing program, decreasing the chances of successful outcomes (Crawford & Candlin, 2013). Alharbi Manal and Yakout Sahar (2018) showed a correlation between reading and writing skills and the students' grades. This correlation confirmed the importance of academic language in the nursing program. Hansen and Beaver (2012) offered an action plan for academic success in nursing that involves a series of learning strategies. The study presented several academic areas of concern that faculties should take into consideration during the learning process, such as test-taking strategies, language difficulties, and the use of learning models (Hansen & Beaver, 2012). All presented strategies were part of a “ request” to support further the rapid growth of ESL students in the nursing program.

This study benefited from Cummins' language framework by helping nursing faculty members to understand the significant difference between BICS and CALP, and the importance of promoting CALP in the nursing program. It also benefited from data collection and analysis. This part was crucial because it helped to find patterns without

ignoring the facts of the perceptions and knowledge of faculties' when teaching to ESL students. Also, using Cummins' language framework helped to develop the proposed research questions, and to identify any potential validity threats of the conclusion (Maxwell, 2012).

Literature Review Related to Key Concepts and Variable

Language Development

Gestures and body movements are considered part of language (Pierce & Eplin, 1999). Therefore, when defining "language," it is crucial to take into consideration other behaviors outside oral, written, and reading skills. Collins Dictionary (2019) defined language as "a system of communication which consists of a set of sounds and written symbols which are used by the people of a particular country or region for talking or writing" ("Definition of language," n.d.). Language development has been a debated topic since Plato. Most of the debates are related to the development process and what other skills are involved. For example, some theorists argue that language originates from emotions, others by social interactions, and the latest and more acceptable in education is that it is part of the cognitive process. Vygotsky (1962) emphasized more on social factors for the development of language. He argued that speech is a product of an individual's social environment (Vygotsky, 1980). Bruner, like Vygotsky, believed in the role of social interactions in the development of language. However, Bruner, influenced by Vygotsky's theory, highlighted the need for scaffoldings to help in that development (Bruner, 1960). Other theorists like Bruner, believe that the development of language is part of linguistic competence and analytic competence.

According to several studies, the stigmatization of ESL students has created an environment of anxiety and unwelcome feelings affecting the learning process (Gillen-O'Neel, Ruble, & Fuligni, 2011; Olsen, 1997; Valdes, 2001; Zhu & Bresnahan, 2018). For example, Stevenson (2014) presented how standardized assessments in education force a paradoxical attitude among teachers resulting in an institutional bias against the use of the Spanish language in the classroom. De Jong (2019) warned the importance of developing a multilingual preservice for teachers to avoid the current monolingual biases in learning environments. The stigmatization was emphasized in racial experiences shared by a group of students Asian American. The study addressed the biases, prejudices, microaggressions, and xenophobia because they were perceived as Asian international students (Yeo, Mendenhall, Harwood, & Hunt, 2019).

In nursing education, the development of language is an essential competency because it gives the ability to communicate efficiently with patients, and to practice safely (Ali & Watson, 2018). It also helps to produce a more linguistically diverse workforce needed for the current multicultural and multilingual community (Oikarainen et al., 2018). In nursing education, developing communication skills and content knowledge helps graduates to provide a high quality of care and patient safety (Kourkouta & Papathanasiou, 2014). Donnell (2015) concluded that reading comprehension is one of the most challenging skills that ESL nursing students experience. With the high number of ESL learners in the classroom, some colleges offer some types of accommodations to help students to obtain academic language proficiency, but often not enough (Wiley, 2014).

BICS

Basic Interpersonal Communication Skills is considered the conversational fluency that people need in social situations. At the same time, CALP is the "technical" language that can be learned only in the classroom because it requires a high level of cognitive skills (Bylund, 2015). BICS concentrates on a phonological skill that usually takes around two to 5 years to develop in the native language (Cummins, 2000).

Cummins stated that BICS is a linguistic skill that every person needs to interact socially with their surroundings (Cummins, 2000). Therefore, students first master "verbal intelligence" that allows them to analyze and process information orally. Cognitive and social traits are the foundation in the forming of this skill (Cummins, 2014). Most students have better oral communication skills in the first years of language learning, rather than writing or reading. The mastery of the "English language" in this phase tends to create confusion for educators that do not understand the language development process because they hear their students speaking the language so well (Hoover, Baca, & Klingner, 2016). Examples of the mastery of BICS in the classroom are group discussions, informal interviews, or chatting (Guduru, 2011; Mercuri, 2013).

CALP

Cognitive academic language proficiency is the ability to understand academic content that leads to academic success (Haynes, 2007). CALP is a higher level of thinking and is focused on academic content (Cummins, 2008). To develop CALP, students first need to develop proficiency in BICS (Cummins, 1979). There are three components of the construct that can help nursing educators to teach content while

developing CALP: (a) cognitively challenging, (b) making students use higher-order thinking abilities, academic content in this case nursing, and (c) language awareness (Cummins, 2014).

There are a variety of factors to determine the time it takes an ESL student to become CALP proficiency. For example, Cummins believed that it might take 5-7 years to develop CALP (Cummins, 2000). While a study by Collier and Thomas showed that it could take 7-10 years or more to reach their native English-speaking peers (Collier & Thomas, 1989). That is the reason why Cummins suggests that CALP is an ongoing skill that students develop during their schooling years (Cummins, 2006).

It is worthy of contrasting Oller's argument, which contradicts Cummins's work. Oller (1981) believed that verbal intelligence is the enable to do well in language proficiency and tests. Different from Thirakunkovit (2018) that concluded that teachers should use test items that involve varying degrees of language skills like Cummins's framework. This premise was heavily arbitrated by most language theorists including Cummins. Cummins and Swain (2014) clarified that when testing for knowledge, it is critical to the academic language proficiency of the students because it can underrate their understanding of content. That is the reason why different from Cummins's BICS and CALP, Oller (1983) believed in a global language proficiency in which the learner of a second language should be measured equally in all communication skills. However, Cummins found that those skills should be divided between BICS that represents the verbal communication from CALP that is the writing and reading of the academic language (Cummins, Bismilla, Chow, Cohen, Giampapa, Sandhu, & Sastri, 2005).

Cummins recommended the implementation of three instructional principles in any curriculum (Cummins, 2009). The first one is activated prior knowledge, or to build background knowledge. This first strategy is essential for all students, particularly ESL learners because it permits students to process complex topics and new vocabulary, helping students to make inferences (Chou, 2011). The second is to access the content. This learning strategy requires faculties to think in different and creative ways to scaffold the information, especially the complex topics (Cummins, 2014). The third one is extending the language to explore and develop knowledge of the specific vocabulary and may include the use of the first language (Cummins, 2014). This acquisition of specific vocabulary is critical for the learner to transmit and receive thoughts (Brown, 1994).

Vygotsky (1962), an essential contributor to language and cognitive development, explained that when children speak their thoughts in different languages, they have a more analytical orientation and more awareness of linguistic operations. Shakya and Horsfall (2000) concluded that first-year ESL nursing students struggle the most with the academic language proficiency because of the complex medical terms (Shakya & Horsfall, 2000). Onovo (2019) presented the negative impact of ESL students enrolled in the first year of nursing school that led to high attrition rates among this population. The study highlighted how language barriers were the primary reason why these students find challenging reading, comprehension, communication, and the application of concepts in clinical practice. Also, Boughton et al. (2010) explained that clinical rotations in the nursing program had a higher challenge for ESL nursing students due to the communication needed by patients, clinicians, nurses, and relatives. Other researchers

interested in academic language proficiency have investigated the use of CALP in the nursing program. Crawford and Candlin (2013) argued that most ESL nursing students fail, especially during the first year, due to the lack of CALP and the advanced vocabulary and terms of nursing education. Salamonson et al. (2011) presented a study of nursing students during the first year of the program, and most of the ESL students showed poor academic performance because the level of CALP was inadequate. Crawford and Candlin (2013) concluded that the development of CALP in nursing programs is possible, and the outcomes for the students are favorable not only for academic success but to communicate effectively in the clinical setting.

The Need for Workforce Diversity

Researchers have addressed the importance of having linguistically competent nurses due to the growing diverse student population in the United States (Agency for Healthcare Research and Quality, 2019; United States Department of Education, 2017). However, faculties are often unprepared to meet the needs of ESL nursing students (Gilchrist & Rector, 2007). There is also a call to have a more global nursing education that embraces the new realities of the profession (Dohrn et al., 2018). Therefore, producing a more linguistically diverse nursing workforce should be an essential goal of nursing education institutions (Oikarainen et al., 2018). The Office of Minority Health of the U.S. Department of Health and Human Services published a set of national standards for health professionals to eliminate any health inequities. This publication supported to have more respect for a culturally and linguistically diverse population (U.S. Department of Health & Human Services, 2008). In a recent statistic from the 2017 U.S. Census, in

the five largest cities in the United States, almost 50 percent of the population speaks a language other than English at home (Zeigler & Camarota, 2018).

There are an estimated 67 million people in the United States that speak a language other than English. According to most studies and Census data, the United States continues to be a linguistically and culturally diverse nation in the coming decades. Lufkin (2018) stated that having the ability to speak another language can help to grow empathy. Therefore, Frey (2018) reported that we are experiencing a "diversity explosion" that can bring significant changes in the country.

The Office of English Language Acquisition (2015) highlighted that in the year 2012, that 57 percent of ESL adolescents were the U.S. born. Of that population, 37 percent are part of the second generation (born in the United States one parent is an immigrant). Lastly, 32 percent are from the third generation that was born in the U.S., including both parents. The economic and educational system of the United States has experienced challenges due to this fast growth. Therefore, the topic of ESL learners, and their impact on post-secondary education, should not be ignored just because of the absence of regulations or the challenges encountered. Toney-Butler and Thayer (2019) identified nursing as an essential part of the healthcare industry and projected that by 2022, it will be a profession with high demand not only due to the increased patient population but due to a significant shortage of nurses.

The American Nurses Association (ANA) described nursing as an art, a science, a heart, and a mind. ANA (2019) made clear that "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of

suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations"(p. 3). The nursing industry foundation is based on other disciplines, such as behavioral and social sciences, anatomy, physiology, pathophysiology, and pharmacology (Roy, 2018). As a result, nurses must communicate effectively with other professionals in the industry to care for their patients. Communication is an indispensable part of the nursing profession, and the reason for significant sentinel events in healthcare (Joint Commission, 2015). New hospitals are even taking into consideration new physical layouts to allow nurses to allow for better communication with patients (Pati, Harvey, Redden, Summers, & Pati, 2015). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which is a nonprofit organization that accredits healthcare organizations, established the need for documentation when a patient needs language accommodation and preferences (Joint Commission, 2006). Therefore, it is expected to see more rigorous nursing programs, and demanding admission practices, to admit highly qualified students (Donnell, 2015).

In 2002, the Bureau of Health Professions National Center for Health Workforce Analysis predicted a significant shortage of registered nurses by this year, 2020. Most of the shortage, according to a 2017 study, are in states with a higher degree of diversity, such as California and Arizona (Zhang et al., 2017). Added to this need for more RNs is the recognition of the increasingly high acuity of patients that require highly qualified nurses. Caring for high-acuity patients requires more nurses and higher levels of critical thinking skills. Advocating for diversity in nursing is crucial because it promotes sensitive care, compassion, equality, cultural knowledge, and respect—all of which are

paramount in nursing (Greenberg, 2013; Hansen & Beaver, 2012; Papadopoulos et al., 2016).

Retention Issues for Second-Language Learners in Nursing Programs

Despite the high enrollment of nursing ESL students, they are failing at a faster pace than non-ESL students (San Miguel et al. 2013; Starkey, 2015). According to studies, this pace has created a significant academic achievement gap and high attrition among ESL students (Choi, 2005; Phillips & Hartley, 1990; Salamonson et al., 2011). Ezeonwu (2019) emphasized the importance of recruiting and retraining more minority faculties' and students as a strategy to increase the number of racial and ethnic minorities in nursing. However, little research has addressed the issue (Klisch, 2000; Malu & Figlear, 1998; Tucker-Allen, 1989; Zheng et al., 2014). Other studies have stressed the importance of providing supportive learning environments to reduce the dropout rates (Carter & Henrichsen, 2015). Positive learning environment can help reduced the embarrassment and humiliation that ESL students experience in the classroom due to language barriers (Lindemann, Litzenberg, & Subtirelu, 2014).

The ESL Nursing Student

Students' perspectives. ESL learners worried about the perception that other peers and faculties' may have relating to class participation, especially when they have a thick accent (McCrocklin & Link, 2016). In a study by Sanner and Wilson (2008), the surveyed ESL students enrolled in a nursing program reported that their course failure was attributed to the discrimination and stereotyping experienced by the faculty members rather than the language barriers. Torregosa, Ynalvez, Schiffman, and Morin (2015)

suggested that the interaction between a student and a faculty may prove to have a connection with promoting student success, especially with those classified as at-risk. In their study of a group of Mexican-American nursing students, they noticed that the student's perceptions about their relationship with faculty could improve their academic performance. Another option proved to bring positive academic results for these students is interactions with mentors. Choi (2020) suggested that having a faculty mentor that can be passionate, empathetic, culturally competent, appreciative of diversity, and competent in the areas of communication and teaching can increase their probability of academic success.

Challenges and Barriers

Some of the challenges that these students experienced in their programs correlate to the lack of cognitive academic language proficiency needed to tackle the highly complex language of nursing and a large amount of content to be learned in a short period (Hyland, 2012). Almon (2015) concluded that some of the common barriers that ESL students experience in post-secondary education are related to linguistic barriers and cultural awareness. For example, Wolf and Phung (2019) clarified that writing, reading, and understanding the lecture are some of the significant barriers that ESL students still experience in today's nursing programs. While Sailsman, Rutherford, Tovin, and Cianelli (2018) presented that ESL learners tend to experience significant anxiety in their nursing programs due to the writing demands. They explained that ESL learners' struggles might lie in a considerable amount of time to the formulation of thoughts, translating the material, and when learning online the creation of postings and paper submissions

(Sailsman et al., 2018). Garrido, Simon, Purnell, Scisney-Matlock, and Pontious (2016) showed as well on a program dedicated to support ESL nursing students who writing still a significant barrier for this population.

Second-language learners that seek to complete a nursing program must develop the knowledge and skill needed to not only pass the certification exam, which is a high-stakes exam built on a critical thinking foundation, but to practice nursing safely (National Council of State Boards of Nursing, 2016). Crawford and Candlin (2013) explained that some of the barriers that these students encountered were difficulty in reading, taking notes, and communication, which is one of the differences between BICS and CALP. However, it is essential to emphasize that this support is not exclusive to correcting thick accents or the lack of colloquialism (Henderson, Barker, & Mak, 2016; Mulready-Shick, 2013). In 1996 a group of scholars concluded that the lack of communication skills, like the use of jargon and heavy accents, was some of the most significant reasons why ESL nursing students struggle the most in clinical rotations compared with non-ESL students (Jalili-Grenier, & Chase, 1997; Shakya, & Horsfall, 2000). A study by Dominguez (2017) found that nursing ESL students identified language barriers, self-perception, finances, and time management as barriers to academic success.

Dominguez (2017) showed that students with higher levels of CALP are more successful when allowed to use both languages. However, other studies identified cultural differences as the reason for the significant barriers. For example, Brown (2017) explained that Chinese nursing students could pose significant challenges to American

nurse educators. These challenges are because of different teaching approaches and learning strategies used in the classroom. For example, Asian countries like China and Japan have a more traditional approach to nursing due to practices adopted from War World II (Primomo, 2000). Therefore, differences, like using critical thinking or having a more active role in clinical practices, are notable examples that can create conflicts between faculties' and students (Condon & Sharts-Hopko (2010).

Another barrier encountered in the learning process is the faculties' perception that ESL students have lower abilities compared with non-ESL students, and the incivility from faculties' and nurses at the clinical rotation (Aul, 2017; Koch, Everett, Phillips, & Davidson, 2014; Moss & Puma, 1995). Today, it is common to hear the same connotations, creating more anxiety for students (Andrade, 2006; Konno, 2006; Ramburuth, & McCormick, 2001). Prominent educators like Krashen and Pappamihel emphasized that these social and emotional feelings can produce significant distractions in the communication process, even withdraw from social interactions (Krashen, 2003; Pappamihel, 2002). That is the reason why the faculty-student relationship is essential in any academic program. Also, to keep a learning environment free of any intimidation or unexpected questions (Alghazo & Al-Wadi, 2019).

The phenomenon of experiencing language anxiety is one of the factors that ESL students struggle the most in academia. The problem aggravates because these social and emotional systems can interfere with the cognitive processes (MacIntyre & Legatto, 2010). Therefore, the recommendation was for nursing faculties to understand the importance of sensibility to avoid unnecessary tension among this population. The

pressure is noticeably more in the areas of speaking, listening, and learning when having a second language (MacIntyre & Gardner, 1994). The popular term "strangers in academia" was originated by a faculty in 1977 to describe ESL students (Zamel, & Spack, 2004).

A recent study that focused on the learning experience of one ESL nursing student stated that most of the challenges due to language barriers are conducive to insensitive behavior and discrimination toward the students (James, 2018). Some researchers have shown that there is a lack of faculties' preparation to support the learning styles of this population, especially during the first year (Jalili-Grenier & Chase, 1997; Phillips & Hartley, 1990). Some new studies recommended that nursing faculties should have access to necessary tools, be more culture inclusive, and have continued development to address the learning needs of all students, especially when having linguistically diverse students (Brown, 2017; Woodley & Lewallen, 2018).

The Role of Culture

Positive and supportive learning environments are crucial for the self-esteem and sense of belonging of the ESL students (Cunningham et al., 2004). If the faculty single out or label, the ESL learner, they may inadvertently undermine the confidence level of the student (Cunningham et al., 2004). It is possible to use teaching and scaffolding strategies designed to support ESL learning needs and to develop academic language while teaching nursing, but many nursing faculties do not see it as possible (Pichora-Fuller & Levitt, 2012; Zamel & Spack, 2004). Many believe that helping students to gain more academic language is the task of ESL or English faculty (Pichora-Fuller & Levitt,

2012; Zamel & Spack, 2004). Cultural differences can lead to assumptions and misunderstanding experienced by the whole teaching community, including prejudice, lack of cultural awareness, stereotypes, and English language barriers (Henderson et al., 2016).

Today's classes are full of the linguistically and culturally diverse student population, including faculties. This diversity brings opportunities in the teaching and learning experience because all parties (faculty, students, and the institution) are exposed to rich experiences and best practices (Johnson & Owen, 2013). However, the fact is that universities are struggling on how to improve academic support for students with ESL (Crawford & Candlin, 2013; Guttman, 2004; Mulready-Shick, 2013; Sanner & Wilson, 2008; Starr, 2009). James (2018) offered some examples of how most faculties prefer to "patronize" ESL nursing students because of some language mistakes, while others discriminate because of previous biases (James, 2018; Keane, 1993; Starr, 2009). In the end, the familiar feeling that these students perceive during their learning journey is insecurity and unintelligence (Mulready-Shick, 2013). Paradoxically, most students experience positive academic outcomes when educators shelter a positive, supportive, and understanding learning environment (Denham et al., 2018).

Metzger, Dowling, Guinn, and Wilson, (2019) presented a scoping study of thirty studies concluding that minority nursing students are underrepresented, making them experience a constant discriminatory learning environment. This adverse attitude from faculties toward nursing students with learning limitations may lie in several internal or external factors. Walker (2017) concluded that most nursing educators are aware of the

learning needs of their students, but it is challenging to provide support when the institution does not offer any assistance to the faculty or the student. Levey (2014), on the contrary, believed that the reason is due to the lack of teaching experience from the faculty member. However, Jalili-Grenier and Chase (1997) found that the problem generates from the lack of faculty development programs. Neal-Boylan and Miller (2017) went further by demonstrating that some students who recognized the need for academic help, do not use it because of the perceived stigma of being label as different.

The impact of the faculty in the learning process highly determines the academic success of ESL students because they influence their self-confidence (Denham et al., 2018). When faculties set aside assumptions and consider different learning approaches, they are helping to build positive learning environments that are conducive to academic success (Denham et al., 2018). Starr (2009) explained that nursing faculties should have a comprehensive development plan that helps not only in language but in cultural tolerance as well. The support of the faculty, especially at the beginning of the program, may be critical for the development of language (Mikkonen et al., 2014). Lastly, Greenberg (2013) highlighted that when nursing faculties received the appropriate training on how to teach ESL students, they become culturally aware, and more comfortable to help students to overcome the challenges of language barriers.

Developing CALP for Critical Thinking

Bandman and Bandman (1988) highlighted that the use of language is necessary to not only to communicate with patients and relatives, but to ask questions, assess, formulate evidence, and evaluate conclusions of the culturally diverse patients (high

levels of thinking). Excellent communication is vital for nursing students because they need to know how to read, write, listen, and speak critically to be a skillful practitioner (Heaslip, 2008; Papathanasiou et al., 2014; Zuriguel Pérez et al., 2014). It also allowed nursing students to be prepared for the profession by managing complex environments related to social, economic, and cultural conflicts (Carvalho et al., 2017).

The National League for Nursing Accreditation Commission (2002) defined critical thinking as the following: "the deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief based" (p. 8). In nursing education, students demonstrated critical thinking skills by having clinical judgment, including ethical skills (National League for Nursing Accreditation Commission, 2002). The recommended way to stimulate this cognitive skill in nursing education is by following the model of the Deliberate Nursing Process (Chabeli, 2007; Zuriguel et al., 2014). In nursing education, it is common to use the Deliberate Nursing Process to promote critical thinking. This process started in the 1950s by Ida Jean Orlando (1961) as a mechanism to develop critical thinking and foster evidence-based practices. The model selected follows five steps: assessment, clinical judgment, planning, implementation, and evaluation (Toney-Butler & Thayer (2019). Von Collin-Applying and Giuliano (2017) explained that nurses must use critical thinking skills every day in their jobs. The ANA (2019) demonstrated that the core of the nursing profession is to use the nursing processes that can allow delivery of holistic and patient-focused care. This critical thinking framework that ANA refers to is related to skills such as assessment, diagnosis, planning, implementation, and

evaluation (ANA, 2019), and none of which can correctly be executed if there are linguistics barriers.

NCLEX: The Ultimate Critical Thinking Assessment Tool in Nursing

Pre-licensure nursing programs use NCLEX pass rates as an assessment tool to measure competency (National Council of State Boards of Nursing, 2016). This exam is essential because when graduates pass it, they receive a license that permits them to practice nursing. NCLEX is a standardized exam that each state board of nursing uses to determine whether a candidate is qualified for entry-level nursing practice (National Council of State Boards of Nursing, 2017). Also, the Board of Registered Nurses monitors nursing colleges, emphasizing first-time NCLEX testers pass attempts to determine the quality of a pre-licensure program (Serembus, 2016). Other accreditation organizations like the American Association of Colleges of Nursing (AACN), and the Commission on Collegiate Nursing Education (CCNE) use this exam as a measurement of academic quality (American Association of Colleges of Nursing, 2015). Therefore, nursing schools rely on graduates' passing scores because it measures the quality of their academic programs. The Commission of Collegiate Nursing Education (2018) set the standard of 80% passing rate for first-time testers. If nursing schools do not reach the required level, they are required to justify variance or possibly lose their accreditation.

Any pre-licensure nursing program is considered highly competitive and challenging because of the content, medical terms, and the high level of critical thinking needed. Also, as a condition to practice nursing, graduates need to pass the NCLEX, which is a high-stakes exam, built on a critical thinking foundation (National Council of

State Boards of Nursing, 2016). Therefore, nursing colleges are improving their programs to ensure the mastering of nursing content knowledge and critical thinking skills so that graduates may be competent nursing professionals that provide safe and quality care to patients (Kaddoura, 2011). Studies have shown that there is a correlation between language proficiency and passing NCLEX (Johnston, 1989; Starr, 2009). This relationship is the reason why many nursing colleges are looking to transform their curriculums based on more critical learning. For example, most of them are moving to active learning strategies such as flipping the classroom, Socratic Method, and pre and post-tests to improve critical thinking (Garwood, Ahmed, & McComb, 2018; Moattari, Soleimani, Moghaddam, & Mehbodi, 2014).

ESL Strategies in Nursing Education

When the nursing faculty is prepared to meet the learning needs of ESL students, the retention rate of these students increases. For example, Vignato and Guinon (2019) demonstrated that when nursing colleges provide accommodations in areas like language comprehension, grammar, and critical thinking skills, students tend to do better in the program. They even discovered that the retention rate could increase significantly.

Oxford (1990) focused on the classification of learning strategies in the following approaches: memory strategies, compensation strategies, cognitive strategies, metacognitive strategies, social strategies, and practical strategies. Hansen and Beaver (2012) emphasized more on test-taking skills, cultural differences, active learning education, and faculty support. However, most research highlighted the use of culture as the best strategy to prepare ESL nursing students (Jeong et al., 2011; Kourkouta &

Papathanasiou, 2014). Another ESL teaching strategy can be used across the curriculum and cover all areas: thinking, listening, writing, speaking, and reading (Fang-Chiao & Ming-Chen, 2003). Lastly, one more approach was presented by Ho and Coady (2018). They recommended incorporating training in English for Nursing Purposes (ENP) as a scaffolding system to assist better the gap in cultural differences and enhance communication skills between patients and ESL nurses.

Scaffolding Strategies

Cummins (2014) clarified that scaffolding strategies are tools that can help to activate background knowledge and improve academic language. Burns and De Silva Joyce (2005) compared scaffoldings with the construction field, referring to the temporary structure that helps in the process of construction. Scaffolding in education is temporary but essential for the development of learning. Gibbons (2015) highlighted that it is possible to challenge ESL students by using scaffolding strategies. The more scaffolding the faculty uses to promote higher intellectual challenges, especially at the beginning of the program, the better the outcomes are for the student (Mariani, 1997; Walqui, 2006). Mariani (1997) presented a model of four zones of teaching and learning showing the levels of frustrations and anxiety, or comfort and learning engagement, faculties can experience when using or not using the scaffolding support to teach ESL students.

Another scaffolding strategy, well known in education, is the sheltered instruction observation protocol (SIOP), a framework that helps students to increase language proficiency. This model, which is similar to Vygotsky's (1980) zone of proximal

development, has proved that it can help ESL learners while learning content because of the temporary support or scaffolding. It can provide practical strategies that faculties can use to shelter the material, especially those more complex topics (Newman & Nyikos, 1999). The model consists of eight components: lesson preparation, building background, comprehensive input, strategies, interaction, practice/application, lesson delivery, and review and assessment (Echevarria, Vogt, & Short, 2008). Gibbons (2015) explained that this academic language strategy could help students to develop new knowledge to "move toward new skills" (p. 10).

The use of scaffolding in the classroom, or clinical primarily written tasks, can help ESL learners to organize their thoughts and focus on the learning of new content, reducing speaking anxiety (LaScotte, 2017). It can also help in the process of developing academic language (Pacheco, Daniel, & Pray, 2017; Snow, 2010). Palmer and Martinez (2016) highlighted that it is possible to foster creativity, construct knowledge, and develop skills when faculties do not separate language from teaching content. They explained that by embracing a "dynamic bilingualism" culture, educators could feel more comfortable in using teaching strategies that can benefit all students (Palmer & Martinez, 2016).

Language Support

It is essential to develop faculty to ensure that the learning experience includes language development. Greenberg (2013) stressed that meeting individually with ESL nursing students can increase the opportunity to reach their academic needs, and improve the retention and graduation rates (Greenberg, 2013). (Havery et al., 2019) presented in a

study the strategies that can help faculty to respond to language challenges in the classroom. Some of the recommendations involved the use of scaffoldings, building vocabulary, reducing the number of readings, developing specific weekly reading guides, speaking more slowly. Also, another recommendation was to avoid the use of slang and to become more culturally aware (Havery et al., 2019). Another study presented the strategy of an intensive face-to-face, 4-day program that covered academic writing related to specific subjects and general academic writing skills (Salamonson, Koch, Weaver, Everett, & Jackson, 2010). Crawford and Candlin (2013) discussed essential strategies to improve writing and reading, such as increased exposure to accents, learning how to skim and scan throughout the texts, and embedding academic writing and reading in the nursing context. While, other studies suggested the importance of using tutors, social interactions, mentors, and peers (Havery et al., 2019; Lave & Wenger, 1991; San Miguel et al., 2013; Starkey, 2015).

Tests. ESL nursing students struggled in the classroom because the ways of some tests are written (McGroarty, August, & Hakuta, 1998). Test-taking is a significant area of concern for ESL nursing students because their careers depend on passing the NCLEX exam (Hansen & Beaver, 2012). The use of multiple-choice questions is difficult for these students due to various reasons, including the medical and cultural terms used in the exam questions (Bosher & Bowles, 2008; Olson, 2012). Another issue with the test building process was the possibility that the nursing faculty was not culturally aware. This lack of awareness may be the reason for biases in the constructions of their questions. Another issue was educators that use linguistically complex questions in the

exams that create more confusion for ESL students. Mulready-Shick, Edward, and Sitthisongkram (2019) concluded that when faculties use linguistic modifications to accommodate their ESL students, the results were decisive, proving high levels of readability and comprehension.

Several studies concluded that when faculties make use of more straightforward sentences, reducing the linguistic complexity of test questions, and faculty-student conferences after the exam showed to be helpful tools (Bosher & Bowles, 2008; Hansen & Beaver, 2012; Lujan, 2008). Bosher and Bowles (2008) found that when nursing faculty members modified their test to accommodate ESL learners, the scores and comprehension improved. Other recommendations are the use of additional time to take the test, practicing test-taking skills, and the use of a dictionary to complete the test (Lujan, 2008; Malu & Figlear, 1998; Whitehead, 2006).

The constructivist theory, by Bruner, better known as the creator of the "cognitive revolution" (Gardner, 2001), introduced what we know today as the concept of active learning strategies. ALS fosters critical thinking and helps students retain knowledge (Shatto et al., 2019; Strouse, Elrod, Butler, & Odhu, 2018). ALS allows students to construct new knowledge, and to use prior skills, which are similar to the metacognition process in learning (National Academies of Sciences, Engineering, and Medicine, 2018).

Bruner (1996) addressed four significant aspects of learning: the predisposition to learn, a body of knowledge that can help the learner to learn, the way to present the learning material, and what types of rewards or punishments are available.

Constructivism provides the foundation for all ALS, by helping the learner via a guided

inquiry process to discover new knowledge that is meaningful, and that helps to solve problems (Bruner, 1996). ALS is highly recommended in nursing education to promote critical thinking among students (Huda, Saeed Ali, Nanji, & Cassum, 2016). Some of the traditional assessments that are part of ALS are oral discussions, KWLH Chart, mind mapping, any pre- and post-testing, the use of social media, and other games including mobile games (Gallegos, Gehrke, & Nakashima, 2019; Morales, 2017; Rosciano, 2015). Other recommendations include the use of Socratic questions, the promotion of pre- and post-conference during the clinical setting to reinforce the content of the theory, and the use of concept maps is the best visual tool to stimulate a high level of cognition (Malu & Figlear, 2001).

Boughton et al. (2010) developed a custom course that supported culturally and linguistically diverse nursing students by using ALS such as videos, group work, and other interactive activities. The results of the study demonstrated that by adopting cultural awareness in the active learning activities, it is possible to enhance the learning and language experience (Boughton et al., 2010). Malu and Figlear (2001) concluded that ALS might be a solution to help ESL nursing students because of the cognitive skills that they can develop. Kennedy (2019) examined the benefits of using ALS in a pharmacology class, demonstrating that by using these strategies, students can improve knowledge and performance. Studies have concluded that it is possible to have positive learning outcomes when faculties limit the traditional lecture for a more active learning interaction with students (Kennedy, 2019; McAuliffe, 2011; Morales, 2017).

Summary and Conclusions

The major themes highlighted in the literature review provide a foundation for the grounds for this study. The first part covered in detail the language learning process, the differences between BICS and CALP, and the impact in the nursing field. There is also an emphasis on Cummins's model, even though there is no one formula to help ESL nursing students, this model has proven to be useful in K-12 and higher education. The literature also expanded on topics related to factors that affect faculty and ESL students directly. These topics are barriers, faculties' attitudes, and their knowledge of ESL learning skills. After the whole amplification of these topics, it is noticeable, the narrower concentration of issues and strategies related to the support of the promotion of academic language and critical thinking in the nursing program.

Cummins's language theory emphasizes the development of language to become critical thinkers, which is one of the foundations of nursing education. Bandman and Bandman (1988) highlighted that the use of language is necessary to not only to communicate with patients and relatives, but to ask questions, assess, formulate evidence, and evaluate conclusions of the culturally diverse patients. Hyland (2012) highlighted that nursing education is a rigorous curriculum due to the multitude of complex and challenging concepts. Therefore, the risk of failing is always higher than other disciplines, especially for diverse students, and particularly for those in which English is their second language (Olson, 2012). Nurses with high levels of critical thinking skills have a meaningful impact on the diverse healthcare community, including the care of acuity patients (Papathanasiou et al., 2014). There is a need for competent and skilled

healthcare professionals with critical thinking skills in practice to serve and represent diverse patients safely and effectively. Knowing what to expect today, and in the following decades, it might help to predict, comprehend, and function to support the future needs in the healthcare industry, and subsequently in nursing education. Frey (2018) stated that we are experiencing a "diversity explosion" that brings significant changes in the country.

Previous studies have investigated the importance of language skills proficiency in nursing programs because of the gap in the academic achievement of ESL students (Crawford & Candlin, 2013; Olson, 2012; Starkey, 2015). There is a need to learn more about faculties' perceptions toward teaching ESL students in the nursing program and what they know of ESL learning needs. Current studies offer essential information on the student side, but only a few explore the faculties' side. The call for more research was fundamental because of the high number of culturally and linguistically diverse patient populations (AACN, 2015; U.S. Department of Health and Human Services, 2006). Having the opportunity to explore and describe educators' perceptions and knowledge on how to work with linguistically diverse nursing students bring significant benefits to the industry, due to the current highly diverse patient population (Zhang et al., 2017). The last part of the literature review covers studies and peer-reviewed articles based on nursing education and how to support ESL learners through strategies like scaffolding, test-taking, and ALS.

Chapter 3 is the research methods. It defines in detail the plan for the research methodology. It describes more about the setting, research design selection, and rationale

and role of the researcher in the study. It also covers, in detail, the methodology strategy, including participants, instrumentation, and procedure for recruitment, participation, data collection, and data analysis plan. It ends with essential topics such as threats to the trustworthiness and ethical methods.

Chapter 3: Research Method

The purpose of this research study was to develop a greater understanding of nurse educators' perceptions about teaching nursing students who speak English as a second language. Through this qualitative research, I tried to develop a greater understanding of nurse educators' knowledge and experiences in the development of academic language in clinicals and the classroom. I also tried to identify whether the participants understand the learning needs of ESL nursing students. Lastly, I sought to learn what they believe their needs are for professional development in teaching this population.

Chapter 3 describes the research strategies and the participants. It also explains the role of the researcher and the plan to recruit participants. Then, it clarifies the data collection and analysis process. Lastly, it describes potential threats to the validity and the means to overcome them with ethical considerations.

Research Design and Rationale

The following research questions guided this basic qualitative research:

Research Question 1: What are nursing faculties' perceptions about teaching ESL students?

Research Question 2: How do nursing educators describe the learning needs of ESL nursing students?

Research Question 3: How do nurse educators describe their knowledge and experience in language development and the use of ESL strategies in the nursing classroom or clinical setting?

Research Question 4: How do nursing educators describe their needs for training or support for teaching ESL nursing students?

The central phenomenon of this study was to explore and describe how, and in what ways, nurse educators perceive themselves as paying attention toward the ESL learners' academic needs. This study sought to understand how to help nursing faculties become skilled in ESL teaching strategies, including academic cognitive language. Mihas (2019) explained that the primary purpose in using a basic qualitative study, is to solve a problem or identify themes that are relevant to a problem. Thus, I selected this approach to understand the views and perceptions of nursing faculties who teach ESL students. Also, this approach helped to reveal common trends in faculty opinions and needs. According to Junious, Malecha, Tart, and Young (2010), most qualitative designs capture perceptions better—in this case, those of a nursing faculty—than quantitative designs.

Role of the Researcher

My role as the researcher was active. I was the instrument of the data collection process (Lincoln & Denzin, 2003). I conducted the research process, developed the instruments, used social media, and contacted professional associations to reach participants. I analyzed the data and presented the findings. Regarding professional or personal relationships with participants, I was an associate dean of a nursing school in California, which is one of the states where participants were recruited. As the associate dean of a nursing school, I was part of all nursing faculty recruitment process, supervision, and training efforts. Therefore, I may know some of the participants who may take part in the research. However, I am no longer part of the institution. Also, I

moved recently to the east coast, cutting any physical and formal contact with potential participants. The current contact with some potential participants is via social media. Therefore, there is no power over the participants.

Even though I did my best to avoid biases or preferences, it was possible to perceive some. Also, though I, myself, am an ESL learner, this did not create any "knowledge bias" during the research process since I was an active listener. To avoid entering in this likely behavior, I standardized all communication templates to invite faculty. I also used standardized questions and limited myself from any response or comments that gave any incorrect impression to the interviewer. It was the goal to keep all answers confidential. Participants had the option to select a screen name to avoid using their names, and for reporting purposes, I randomly assigned them a number.

Before starting the survey, I clarified the reason for this rigorous criterion. The use of semi structured questions and participants' review of the transcripts helped to avoid any interviewer bias during the interview process. Lastly, to preserve the quality and fairness of the process, I was in constant communication with my Chair in case of any concern or doubt.

Methodology

Participant Selection

The population to investigate was nursing faculties. The criteria to participate were the following: first, they had to have experience teaching ESL students in the classroom or clinical setting. The second criterion was to be part of an ADN or BSN program. All participants had to be approved to teach nursing in a nursing school located

in the United States. Lastly, participants had to be active or inactive, full-time, part-time, or adjunct from any private or public approved institutions.

The rationale for choosing these two academic programs was because the majority of enrollment of nursing students in the United States was between the associates and bachelor's level. According to the statistics presented by AACN, the Bachelor of Science in Nursing (BSN) has approximately 212,727 students for a total of 345,000, making it the most extensive nursing program. On a recent faculty census by the National League for Nursing in 2017, there were approximately 13,461 full-time nurse educators, and around 15,541 adjunct nurse educators for a total of 29,002 in the United States. However, the collection of the data was not mandatory. Consequently, there are no accurate records of how many nurse educators are approved to teach in nursing programs.

The sampling strategy proposed was purposeful sampling because all members of the desired population; in this case, nursing faculties need to have teaching experience in ADN or BSN programs in the United States. Also, they have to have teaching experience class or clinical with ESL students. As Creswell and Poth (2018) explained, I would try to go beyond the expected to gain access to people that can provide useful data. The use of social media was one of the primary recruitment tools used in this study. To identify the desired population, I also used social media to approach professional nursing groups and associations. The plan was to create a posting announcing the study and ask for referrals. I used LinkedIn, Twitter, and Facebook, including Walden's, a closed Facebook group. For the nursing associations, I sent an email with an invitation to participate. I

contacted the following professional associations: American Association of Colleges of Nursing, National League for Nursing, Board of Registered Nurses, Association of Black Nursing Faculty, American Nurse Association, and American Academic of Nursing. However, none of them helped in the recruitment process.

Instrumentation

As the researcher, I was the person that conducted all interviews. Therefore, I tried my best to develop a good rapport with the participants. I tried to encourage the participants to tell a story (Green & Thorogood, 2018). The first collection instrument (see Appendix B for more detailed information on the instrument) was an 18-question survey, and the source of the application used was Google Forms. The online survey captured demographic information that helped to establish criteria to participate (see Appendix C for more detail of the phone interview questions). It also included one generic question regarding their teaching experience. The first part of the survey detailed the population to recruit, the purpose of the study, and the consent to participate. Instead of using the virtual interview time to capture all demographic information, I tried to save time by administering a short survey. The second part of the research process was a standardized interview protocol. I scheduled the interviews using the data from the initial survey. Salmons (2015) discussed how researchers today are more online-based, and the new digital approaches accepted in qualitative studies.

The research questions during the virtual meeting allowed the exploration of participants' views, perceptions, and experiences as nurse educators of ESL nursing students. The application, Google Voice, recorded the phone call. Then the website Tami

transcribed the conversation with Microsoft Word. Also, I took handwritten notes during each interview. The in-depth interview questions captured the experiences and perceptions of every nursing faculty (see Appendix C for the questions used in the research). Contemporary studies on the topic influenced the development of both instruments. The idea was to develop questions related to the proposed research questions (a) perceptions incorporating academic language in the nursing program; (b) learning needs of ESL students; (c) a description of their knowledge and experience teaching and developing academic language; (d) opinions of faculty development needs.

The qualitative instruments used in this study were semi-structured, but open-ended questions because the goal was to capture nursing faculty perceptions, thoughts, and experiences when teaching students who English is their second language. It is impossible to have an instrument that offers 100% validity because it looks to understand their experiences. However, the goal was to have a high degree of validation of the instruments. The plan to accomplish this goal was by having the instruments validated by my assigned Chair since she is an expert in nursing education and teaching to ESL students. Her unique expertise helped to assure that there were no biases, ambiguous, or unnecessary questions.

Saturation is a debated topic among researchers because some stated that it is significant, while others believed that it provided little practical guidance for estimating sample sizes, before data collection (Galvin, 2015; Guest, Bunce, & Johnson, 2006). It is challenging to know exactly "how many" participants are needed to have saturation for the qualitative portion of the study. The focus was on recruiting a sample of at least 6-8

participants in the phone interview. However, acknowledging that it is challenging to predict saturation, I continued the research until it was reached. The instruments, survey, and interview questions were to be submitted to the Chair for approval before sending it to the IRB for final approval.

Procedures for Recruitment, Participation, and Data Collection

The recruitment efforts started with the use of social media, Facebook, Twitter, and LinkedIn to attract nursing educators from approved ADN and BSN programs in the United States. Simultaneously, I contacted all nursing professional associations to purchase any contact list, or to ask the favor of forwarding the invitation to the study. The plan was to contact the American Association of Colleges of Nursing, National League for Nursing, Board of Registered Nursing, Association of Black Nursing Faculty, ANA, and the American Academy of Nursing. However, none of them agreed to provide information about their members or help with mass emails.

I created a template with the generic communication to invite nursing faculty and use it in all social media sources. Survey data collected only involved aggregated reporting. The approval guaranteed the confidentiality of the process. This research did not harm the participants in any way, or punished anyone for their opinions, beliefs, and attitudes practiced in the classroom. There was an appealing message to all participants to answer the survey.

The Google Forms survey contained a statement disclosing what the study is about, the requirements to participate, privacy options, and informed consent. The survey was the first data collection instrument that determined the qualification of the

participants. For the faculty interviews, the plan was to use the strategy from Morse, Lowery, and Steury (2014) by choosing the sample size for practical reasons. Using in-depth interviews is a strategy that can offer numerous benefits, including high validity since the participants can talk about their experiences teaching to ESL students, the teaching strategies, and other topics related to more detail and depth (Creswell, 2015). The interview process allowed the interviewee to reflect on past and present attitudes, experiences, and behaviors with more detailed explanations.

The data collection process was entirely electronic. A computer with an updated antivirus was dedicated to the research. Also, for the protection of the equipment, it was connected to a power surge protector. The deployment of the survey was immediately upon the approval of the IRB. I dedicated full-time to this part of the study. Therefore, I was online every day for at least 10 hours a day. The expected duration of the data collection was from 3–4 weeks. However, it took longer. One of the questions from the survey was to determine the best time and date to set up the phone call for the in-depth interview (the second instrument). Therefore, while collecting data from the survey, I was contacting and scheduling meetings at the same time for those that qualified for the next step of the study.

After 4 weeks of data collection, the plan was to start organizing the data by first having the verbatim transcript of all interviews. The plan was to send all participants a copy of the formal transcript for final approval of the collected data. They had 5 days to reply. For those that did not send back the approved transcripts, I assumed that all was correct.

Data Analysis Plan

Coding in qualitative research is the process of analyzing a large amount of text data by breaking down into pieces and then putting it back in a meaningful way until it makes sense (Creswell, 2015). The plan was to use NVivo to store, organize, categorize, analyze, and visualize the data. It is possible to have a large number of codes; however, following Creswell's (2015) recommendation, these were further analyzed and reduced to no more than 30-50 codes. However, due to financial constraints, I decided to code the data manually. Even though it was expected to manage a large scale of data, to keep organization, I followed the recommendation of Gale, Heath, Cameron, Rashid, and Redwood (2013). They recommended using the framework method from Ritchie and Spencer (1994) because it proved to provide clear steps to follow. This number can be achieved by reviewing and eliminating any overlapping or redundant codes. The codes are themes and patterns that emerged from the data.

Data analysis is an opportunity to arrange the text collected data to produce findings (Bogdan & Biklen, 2007). Also, it was expected to have a clear and better understanding of the data collected after the analysis since this is part of the nature of the qualitative research process (Houser, 2015). The research has two points of data collection and analysis. The first part was the survey located in Google Forms. The plan was to analyze and filter the results by identifying who has the criteria to participate. The results of the survey helped to start building a foundation for the profile of each participant. The second part of the data analysis was from all the individual interviews. Once all meetings ended, the plan was to transcribe each interview verbatim. The

software used to analyze and organize the data from the interviews was NVivo. However, due to financial constraints, I decided to do manual coding. Once the themes and categories were identified, I read again the full collected data, including any notes to examine the results of the themes and identified any possible subheadings.

It is possible to receive unexpected findings in the data collection process. The goal is to have all data classified and categorized before the analysis process (Roller & Lavrakas, 2015). Discrepancies in ideas, perceptions, and experiences are possible in this type of research. However, I recognized that by using critical thinking skills during this process, I was able to reflect on vital ideas and sort multiple types of information to have validity as recommended by Suter (2012).

Trustworthiness

Using McCracken's (1988) five-step process to maintain the validity of the instruments, I read each transcribed interview at least four times to confirm the identified patterns. Also, I reviewed and compared all patterns and themes from the transcripts with the current research literature and the theoretical foundation. Generally, transferability is not considered in qualitative research of this nature, since there are a relatively small number of participants. The opportunity to have transferability depends on the way the findings are written (Ponterotto, 2006). Also, it depended on the detailed description of the inquiry and how the participants were selected purposively (Anney, 2015). The strategy to establish transferability was using a thick description of the study. Miles, Huberman, and Saldana (2014) explained that the features of qualitative research are that rich data can provide thick descriptions with a strong impact on the reader. Devers (1999)

recommended that by having a detailed description of the study context, it is possible to have the ability to answer the research question and to make the pattern explicit or put cultural or social relationships in context (Holloway, 1997). In this case, the study results were written by using a narrative tone that allows specific details of the research situation and methods that others with a similar condition can easily connect.

The dependability of the research was to ensure that by having a detailed and consistent report of every process, anyone can repeat the study. Lastly, having the results of a study to be confirmed and corroborated by others is a unique task of the researcher, even though some time is questioned due to the way that qualitative methods are conducted (Shento, 2004). explained that conformability is the ability to be objective during the study. Therefore, conformability ensured the monitoring of any possible bias and addressing it through a variety of approaches, including peer review (Shento, 2004).

Ethical Procedures

As Merriam (2009) explained, qualitative research studies must be rigorously conducted to make sure that others have confidence in the conduct of the investigation. Therefore, I made an extensive approach to adhere to ethical principles that fundamentally protect the dignity and rights of all participants. The first step to be in compliance and act ethically was to start the research after receiving approval from the Institutional Review Board (IRB) of Walden University. No data was collected until the approval of this body. This research is structured so that it did not do any harm to participants. All data was aggregated and anonymous. Also, all participants' data was protected and confidential. The study included in the survey the informed consent forms

and the right to withdraw anytime. The survey contained the contact information of the researcher in case participants want to discuss more details regarding the research. Also, it protected the anonymity and confidentiality of all participants; therefore, the findings did not include any names of the participants. The use of screen names selected by each participant served as pseudonyms during the interviews and the use of random numbers to present the findings. Participants had a clear idea of the purpose of the research and the process of obtaining data. Lastly, the study avoided any deceptive practice that may alter the findings.

Summary

Chapter 3 covered all aspects of the research methodology. This basic qualitative research study developed a greater understanding of the nursing faculty knowledge and experiences related to the development of academic language. Also, assessed their understanding of the learning needs of ESL nursing students and the teaching strategies for this population. Lastly, it identified what faculty believed were their needs for professional development concerning teaching ESL nursing students. Therefore, the study concentrated on describing the specific behaviors and attributes of nursing faculties. My role was active since I was the Instrument for collecting the primary data. This section discusses in detail the population to recruit and select. The goal was to reach ADN and BSN faculty from approved nursing programs in the United States. The goal was to interview at least 6-8 participants. Also, the proposed instrumentations to use were designed using the research questions and the conceptual framework of Jim Cummins. A survey hosted by Google Forms had questions that set the profile of each participant,

saving time for the phone call interviews. The second Instrument was one-on-one virtual interviews via Google Voice. During this phase, it was expected to record all conversations, take notes, and then transcript verbatim each one by using the Tami website. The last part of this proposal discussed the use of technology in the data analysis process and ethical considerations during the process. It has clearly explained the trustworthiness and ethical procedures to consider for this research.

The population to investigate was nursing faculties. The criteria to participate were the following: first, they need to have experience teaching ESL students in the classroom or clinical setting. The second criterion was to be part of an ADN or BSN program. All participants should be approved nursing faculty located in the United States. Lastly, participants were active or inactive, full-time, part-time, or adjunct from any private or public approved institutions.

The rationale for choosing these two academic programs was because the majority of enrollment of nursing students in the United States is between the associates and bachelor's level. According to the statistics presented by AACN, the (BSN) has approximately 212,727 students for a total of 345,000, making it the most extensive nursing program. On a recent faculty census in 2017 by the National League for Nursing, there are approximately 13,461 full-time nurse educators, and around 15,541 adjunct nurse educators for a total of 29,002 in the United States. However, the collection of the data was not mandatory. Consequently, there was not an accurate record of how many nurse educators are approved to teach in nursing programs.

The sampling strategy proposed was purposeful sampling because all members of the desired population, in this case, nursing faculty members that teach in ADN or BSN programs in the United States, and have taught a class with ESL students, had the same opportunity to be selected to participate in this research. To identify the desired population, I used social media and approach nursing associations. The plan was to create a posting announcing the study and ask for referrals. I used LinkedIn, Twitter, and Facebook, including Walden's, a closed Facebook group. For the nursing associations, the plan was to send an email with an invitation to participate. The expectation was that they were able to share the communication with all their members.

Chapter 4 showcase the process used for the data collection and analysis. It also present the results of the study and how I maintained evidence of trustworthiness during the research process.

Chapter 4: Reflections and Conclusions

The purpose of this research study was to develop a greater understanding of nurse educators' perceptions about teaching nursing students who speak English as a second language. Through this qualitative research, I tried to develop a greater understanding of nurse educators' knowledge and experiences in the development of academic language in clinicals and the classroom. I also tried to identify whether the participants understand the learning needs of ESL nursing students. Lastly, I sought to learn what they believe their needs are for professional development in teaching this population.

Based on the problem and purpose stated, the following research questions guided the study:

RQ1: What are nursing faculties' perceptions about teaching ESL students?

RQ2: How do nursing educators describe the learning needs of ESL nursing students?

RQ3: How do nurse educators describe their knowledge and experience in language development and the use of ESL strategies in the nursing classroom or clinical setting?

RQ4: How do nursing educators describe their needs for training or support for teaching ESL nursing students?

This chapter includes the setting and demographics of all participants who were used to address the research questions. Detailed descriptions of the collection methods and analysis of the data gathered from the participants are reported. The chapter

continues with the results from the participants, the evidence of trustworthiness, and a summary.

Setting

Once the IRB approved this basic qualitative research on December 13, 2019 (IRB Approval No. 12-13-19-0503513), I began collecting electronic data and conducted phone interviews via my password-protected Google Suite account. A total of 17 nurse educators completed the online survey, hosted on password-protected Google Forms, and eight completed the phone interviews via password-protected Google Voice. However, participants did not have to use any log-in credentials to participate. Participants did not express personal or organizational conditions or concerns that might have influenced their perceptions before, during, or after the interviews. I also maintained an Excel spreadsheet as a log to keep track of the status of each participant. The Excel log included dates and times of each phone interview and the screen names that interviewees selected in the survey.

Demographics

I purposefully selected nursing faculty who taught ESL nursing students. The following inclusion criteria were used:

- Active, inactive, or retired nursing faculty
- Full-time or adjunct status
- Approved to teach in ADN or BSN program in the United States.
- Experience in teaching ESL students in a classroom or clinical either now or in the past.

Survey Demographics Summary

Using the answers from the electronic survey, I created a profile summary of each participant during the data collection period. The profiles acted as a guide for the review of results. For example, 65% of the participants were in the 40-50 age range, 29% were 60 or older, and 6% were 50-60 years old. Participants' education levels included 53% with a Master's degree and 47% with a doctoral degree. Regarding the level of education, the academic highest levels of the 17 participants in the electronic survey (Figure 2). The results showed that almost half of the online participants, 47%, have a doctorate while the rest, 53%, completed a master's program. The American Association of Colleges of Nursing (2020) explained that graduate-level nursing education could expand the knowledge base, develop new skills, and offer direct patient care at an advanced level (AACN, 2019).

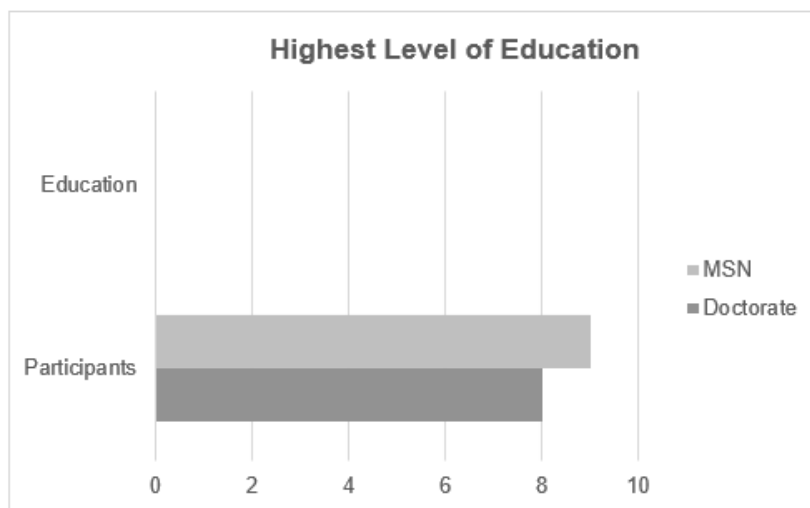


Figure 2. Highest Level of Education. Showing the highest level of education of the participants from the survey.

The years of teaching experience, which was a relevant category for this study because demonstrate effectiveness in developing a supportive educational environment, showed that 47% of the participants have 10 or more years of experience and the remaining 53% 5-10 years of teaching experience. One of the goals for this study was to have participants from different parts of the United States (Figure 3). This included the states of Arkansas, California, Florida, Georgia, Iowa, Maryland, New Jersey, Tennessee, Texas, and additionally, one faculty from the country of Qatar. The person from Qatar used to teach in a BSN program in Southern California for over ten years. However, the current residence is in Qatar. This information was important because it captured nursing faculties' perceptions from states with most nursing shortages.

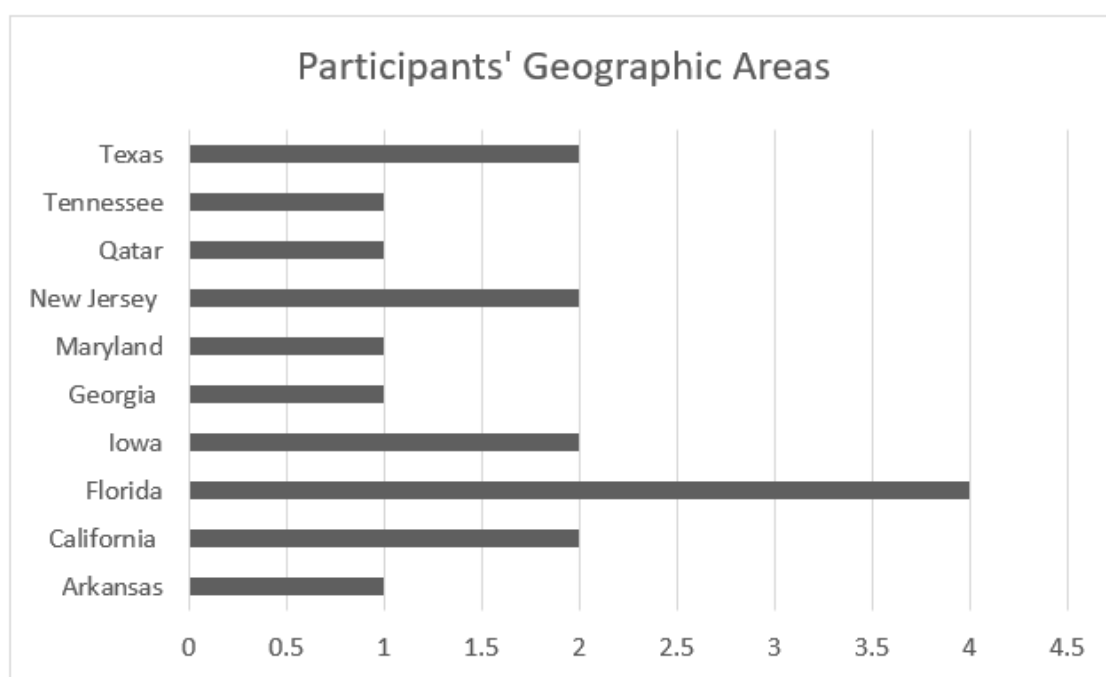


Figure 3. Participants' Geographic Areas. Illustrating the number of participants in the survey and their places of their current residence.

Even though the goal was to capture more participants in the demographic survey, there is a representation of nine different states from the areas in which the nursing demand and shortage are higher. As noted in Figure 3, the participants were from different geographic regions allowing the exploration of practices and opinions from the East, West, and southern states of the United States and the largest states like California and Texas.

One crucial question in the online survey was to learn more about the language skills of the participants. The results showed that 76% speak English only, while 24% spoke languages other than English (Figure 4). This result demonstrated that most nursing faculty do not know the difficulties of learning a second language.

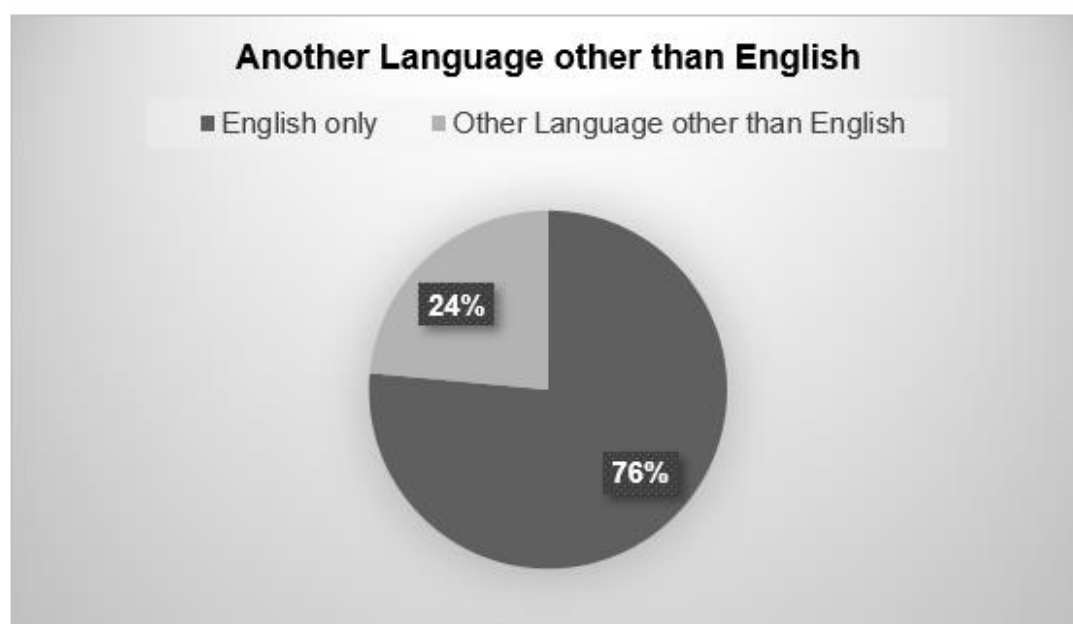


Figure 4. Another language other than English. representing the percentage of participants who speak another language other than English.

A few of the nursing faculty are ESL themselves. This was important data as it helped to compare and contrast their perceptions when teaching ESL students (Figure 5). Only two participants answered that English is their second language.

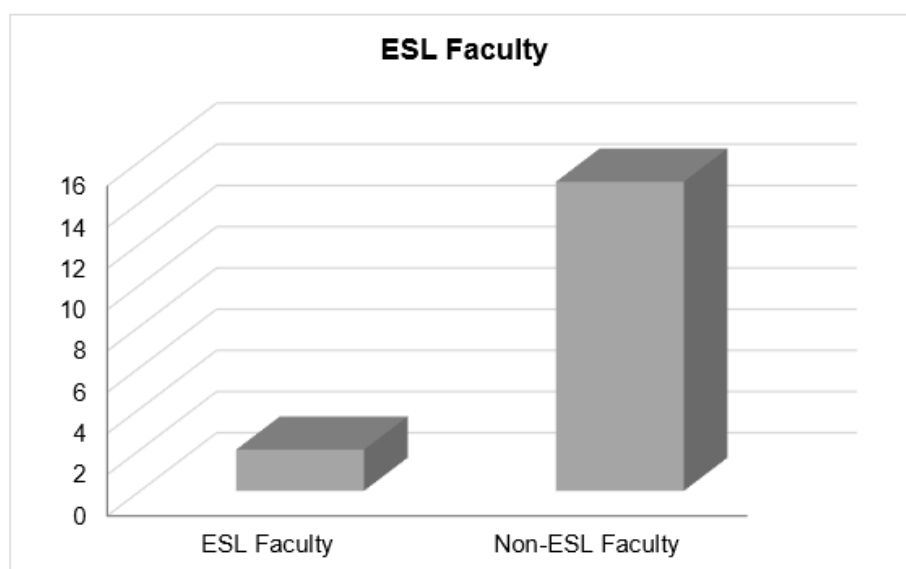


Figure 5. ESL faculty. Comparison of faculty who are ESL and non-ESL faculty.

There is also 71% of the survey responders that reported that they teach full-time, while 12% work as adjuncts. The remaining 18% are not currently employed as faculty, but used to teach in an undergraduate nursing program. Five of the participants have experience in teaching in ADN programs, while nine have experience in the BSN program. The rest, three participants, answered that they teach at the Master's level.

Another critical question in the survey was to reveal if participants have participated in any continuing education program related to ESL learners. The majority of participants, 71%, have not been involved in any continuing education program that helps them to work with ESL learners in the classroom (Figure 6). This result is significant

because most studies have demonstrated the impact of understanding how ESL students learn language and learn content in nursing programs.

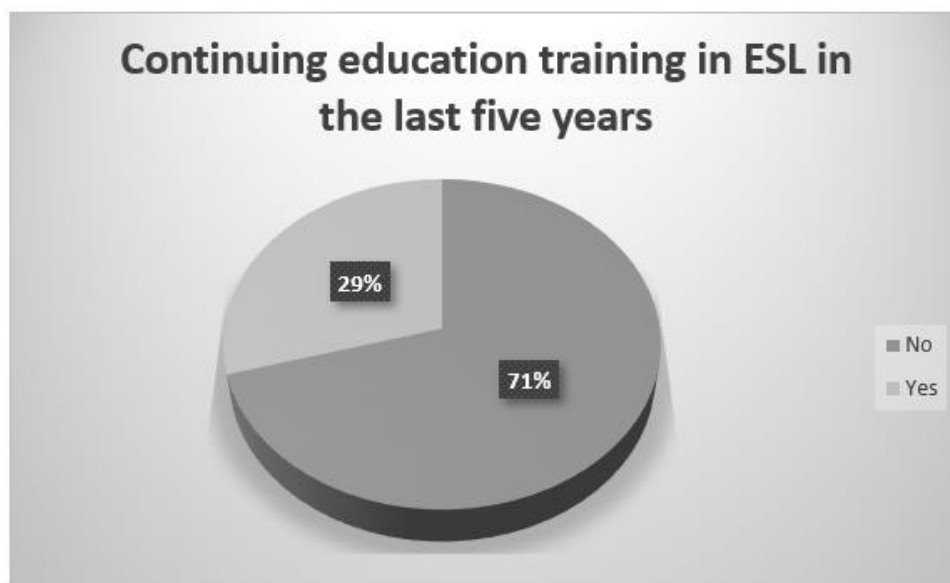


Figure 6. Continuing education training in ESL in the last five years. showing the number of participants who participated in ESL training or continuing education programs in the previous 5 years.

There was also a question regarding ESL services and support offered by the institutions. Only 19% of participants responded that their institutions do not provide any support to ESL students. While 81% of the participants answered that their institutions provide learning support to ESL students. Years of teaching experience was equally important. 47% have over 10 years of teaching experience and 53% between 5 to 10 years. Two of the participants answered that they do not have experience teaching ESL students while the rest 88% responded that they have experience teaching nursing to ESL students. I used the years of teaching experience results and compared them with their teaching experience (Figure 7). Knowing that all participants have over 5 years of

teaching experience, the results gave an idea of how divided are their teaching experiences. 59% of the participants rated their experiences as inspiring. In contrast, 12% rated their experiences as frustrating, while 6% did not answer the question, and 23% rated a satisfactory.

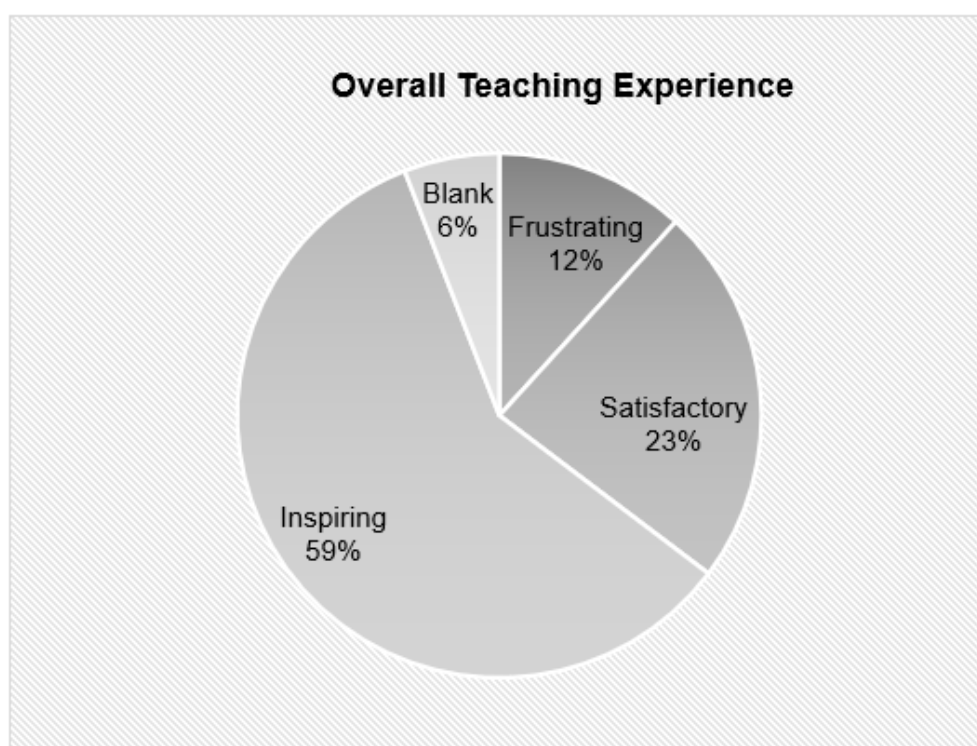


Figure 7. Overall teaching experience. The overall perception of nursing faculty's teaching experience in teaching ESL nursing students.

Interviewees Demographics Summary

Every time a participant answered the survey, I reviewed if they met the qualifications for the phone interview. For those that qualified, I sent invitations immediately with their preferred time and date. I invited 10 participants, and only eight

participated. The returned rate of invitees was 80%. The rest of the participants who completed the survey did not receive an invite for the phone call because two did not qualify for the phone interview, and the rest did not leave an email address or used a fake one.

First, I reviewed the academic preparation of the participants. I noticed that majority of them have a master's level. While only three educators have completed a doctoral program. Then, I verified the region of the participants to see if I captured a diversity of states. The participants represented the following states: California, New Jersey, Tennessee, Iowa, Texas, and Florida (Figure 8). This information was necessary because the bulk of the participants interviewed were from states that are suffering a significant shortage of nurses.

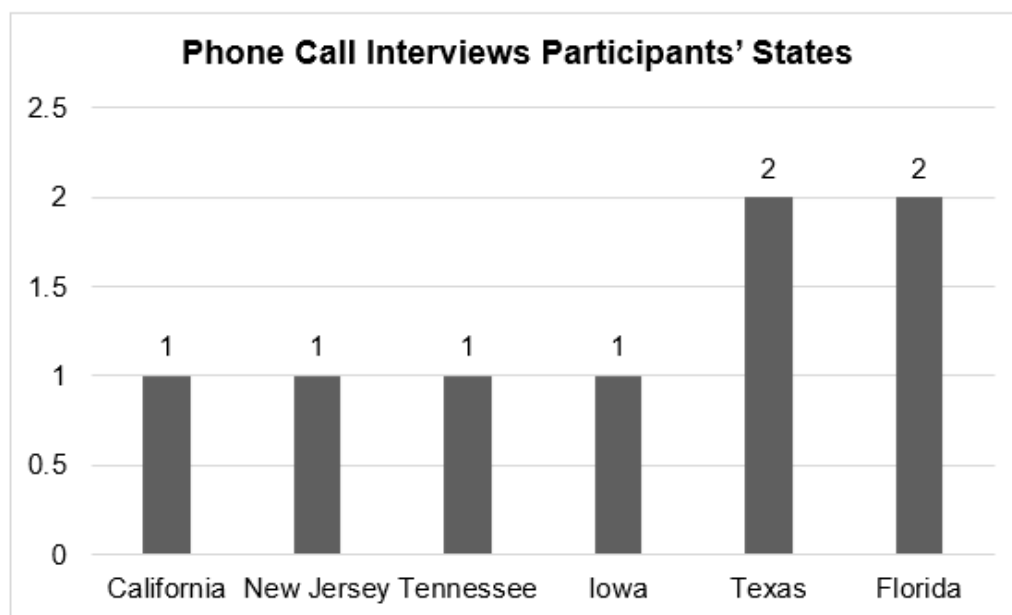


Figure 8. Phone Call Interviews Participants' States. Illustrating the current residence state of the eight-nursing faculty that participated in the phone interviews.

The majority of the participants who agreed to do a phone interview were in the age range of 40-50. Only two of them were in the age range of 60 or more. Of the eight participants in the phone interview, only one speaks a language other than English. However, 100% of them do not speak English as their second language. Only one of the eight participants are not currently employed as nursing faculty, but has extensive teaching experience. Only two of the participants have experience in teaching in ADN programs while the rest teach in a BSN program. A 63% percent of the participants responded that they do not have any continuing education training in ESL teaching strategies. Only one participant responded that they do not provide any support to ESL students. More than half of the participants have 5-10 years of teaching experience, while the rest have 10 plus years of teaching experience. After confirming one of the participants teaching experience with ESL students, 100% of them have experience teaching this population. Half of the participants answered that their institution provided training to faculty on how to support ESL students. However, during the phone interview, most of the participants were referring to general services that most colleges offer to their students like library, tutoring, and others. Again, I compared the years of teaching experience with the overall teaching experience. I found out that there were not frustrating perceptions. When asked about their overall experience, most of the participants, 87%, answered inspiring, while only one person rated as satisfactory (Figure 9). The result of this question was crucial during phone interviews. It was appealing to compare this result of "inspiring" with the perception captured during the phone interviews.



Figure 9. Overall Teaching Experience. Indicating how participants from the phone interviews felt teaching nursing to ESL students.

Data Collection

Sixteen participants volunteered to answer the electronic survey located in Google Forms, and eight participated in the one-on-one interviews via Google Voice. The recorded data from both applications (Google Forms and Google Voice) are password protected. I used purposive sampling to recruit participants from the following social media platforms: LinkedIn, Facebook, and Twitter. The only variation in data collection was that none of the professional nursing associations agreed to help in the recruitment of participants nor allowed me to purchase a database of members.

Every day for 74 days, I posted the approved communication from the IRB to recruit participants from the social media platforms. I noticed that every time that I posted a communication, members from both social media platforms (LinkedIn and Facebook) re-shared my posting. Since all data collection was done electronically and by

phone, all interviews with the nurse educators were conducted between January 15 and January 24, 2020, from my home located in Buford, Georgia. I started receiving survey results from December 13 to February 25, 2020. Each interview lasted around 30 to 45 minutes in duration.

Another discrepancy was the use of Google Voice instead of Zoom. The cost to use Zoom was high compared with Google Voice, which was a free service. Therefore, all eight phone interviews were recorded in Google Voice. Following Creswell and Poth (2018) recommendation for data storage principles, I used Google Voice, which is a digital high-quality audio recording system for the interviews. I also protected the anonymity of the participants by using the screen names that they selected during the interview. I followed one of the essential principles of storing data, which is making a backup (Creswell, 2015). I made a backup of each call in my password-protected hard drive.

After each participant completed the phone interview, I paid to use the Temi website to transcribe each interview word by word. I reviewed and corrected each transcript for accuracy by listening to the phone conversation a second time. After developing an accurate transcription of each call, I sent it to each participant for review and approval. Six of the participants approved the transcript, and two participants never replied. I began noticing saturation by the sixth call, as I would hear the same concepts, challenges, experiences, and thoughts repeated in the interviews through constant comparison.

Data Analysis

All research questions and instruments were designed using Cummins's language framework. Therefore, using a deductive approach, I analyzed the data through the lens of Cummins's framework for the development of language proficiency. To validate and analyze the raw data accurately, I used the framework method designed by Ritchie and Spencer (1994) because it provided a systematic and flexible approach to manage the data, especially in health research (Gale et al., 2013).

The first step was to organize all data files, including the recordings, and my notes. Then I authenticated the data by confirming that the collection of data was done as per the approved proposal, met the standards to participate, and that there was not any bias involved in the collection process. I also screened each participant of the survey to make sure that they met the qualifications as per the research criteria. Most participants met the criteria to participate. Only two did not qualify for the phone call, one because of the nursing program, and the other because they did not have experience working with ESL students. In order to be familiarized with the data, I cleaned, edited, and printed all transcripts. I heard each call twice to make sure that I had an accurate transcript. Later, I matched all questions from Instrument 2 with the research questions proposed in this study. This process allowed me to identify which interview questions helped to answer the research questions.

As the next step, I printed out six copies of each phone transcript to start the manual coding process. While hearing the recording of each phone call, I added notes on each transcript. The notes captured were reflections of the participants' answers and

reflective thinking that lead to codes. During this process, I read and heard each transcript 5 times. Once I finished organizing and familiarizing myself with the data, I used each participant's phone interview transcript, while always thinking of Jim Cummins Framework for the Development of Language Proficiency. I took into consideration the distinction between conversational fluency (BICS) and academic proficiency (CALP), the estimated timeframe to obtain the mastery, the origins of the framework and the meaning, challenges experienced by students and faculty, and the strategies recommended to develop CALP.

The manual coding process started with the notes that I took while hearing and reading the transcripts. Then, I created a spider web graphic organizer template to capture the codes per participant (Figure 10). This web helped to visually categorize the data into meaningful concepts (Salmons, 2015). The graphic captured for example; the codes assessed. Once I had a better interpretation of the data, I started creating a logical chain of evidence to develop the categories. Once I had the codes and categories per participant in the graphic organizer, I heard each call again and compared it with the codes selected with Cummins's framework. To filter further, I merged all codes into one master spider web graphic organizer. For this process, I used a large whiteboard and colored markers. By using a color code system, I started identifying the recurring and similar answers aligned with Cummins's framework to assign specific coding themes. The graphic organizer not only helped to visually capture and organize the data, but as well as a master list or codebook.

RQ1: Faculty Perceptions about teaching ESL nursing students

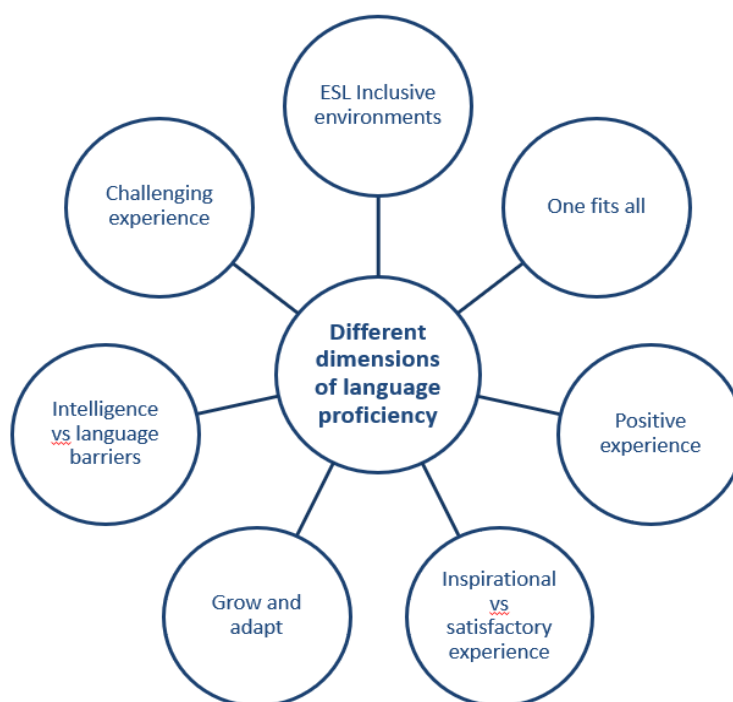


Figure 10. Faculty Perceptions about teaching ESL nursing students. Example of the classification of codes into a theme illustrating some of the basic codes that started emerging at the beginning of the coding process

After I decoded data for each participant and highlighted the recurring phrases into specific coding themes, I identified four theme codes. I made some changes to make sure that I had a strategic order aligned with the conceptual framework and a reasonable number of emergent themes. After a long process of manual coding and analysis, the four themes that emerged were: (a) interpretations of how to support ESL students, (b) CALP versus BICS, (c) teaching environments, (d) faculty development needs. Subsequently, a careful review and evaluation of the collected data, I did not find any discrepant cases in this study. Merriam (2009) stated that any discrepant data should be reported on the findings. Then again, in this case, there was nothing to report.

Results

Four themes emerged from the data collected (a) interpretations of how to support ESL students, (b) CALP versus BICS, (c) teaching environments, (d) faculty development needs. The following sections present each theme; its relation with the research question, the conceptual framework connection, and direct responses from each of the participants.

Theme 1: Interpretations of How to Support ESL Students

The first developed theme was aligned with RQ1: What are nursing faculties' perceptions about teaching ESL students? This topic provided participants' perceptions when teaching ESL students, emphasizing on their views and interpretation about teaching ESL. It also captured their awareness of the inclusion of these populations in the nursing program.

The majority of the participants in this study have the perception that ESL learners have global language proficiency or one dimension of language proficiency. This perception might be the reason why the challenges and barriers that they shared are aligned with the literature and other studies. Global language proficiency is a concept presented by John Oller in the late 1970s that demonstrated that a single factor was sufficient to account for substantially all of the systematic variance of ESL proficiency tests (Oller, 1981). A similar example of Oller's theory was presented by two of the interviewed participants. (Participants are labelled P1, P2, P3, etc.) P1 explained that she does not recognize ESL students because "nursing is its own language." Therefore, she explained that she teaches a foreign language. P8 said that ESL students are like any

other student. She clarified that they just need to have a didactic instructor that communicates with the clinical educator to carry out what they learned in the clinical experience.

Oller (1983) concluded that there is a unitary competence hypothesis in which there is only one dimension of global language proficiency. However, even though numerous research studies supported it, most language experts like Cummins disagreed (Thirakunkovit, 2018). For example, Cummins argued that it is problematic to mix all aspects of language (reading, writing, speaking) in one dimension (Cummins, 2006). That is the reason why Cummins explained the distinction between BICS and CALP. He emphasized the difference between common language versus the academic language required to succeed in school. Yet, according to most participants, in nursing education, there is still a challenge for faculty to support ESL learners.

There is another incorrect perception that has been happening in numerous educational settings and not only in nursing. Cummins explained how, in education, it has been easy to confuse the learning needs of ESL students with low verbal IQ (Cummins, 2006). In a study, he showed how psychologists recommended to faculty to lower their academic expectations because of developmental problems with their students when, they just needed additional time and scaffoldings (Cummins, 2006). Furthermore, many theorists do not accept the premise that there is a relationship between language proficiency, intelligence, and academic achievement (Cummins & Swain, 2014). P2 shared a similar misconception when she assumed had Asperger, a form of autism due to

the introvert personality of the student. In the end, she learned that the issue was that the student spoke four languages.

Participants' perceptions of the inclusion of ESL students in the nursing program helped to comprehend their approaches and thoughts when teaching ESL students (Junious et al. 2010). However, if the faculty do not know how to promote CALP, the students do not receive the necessary support to succeed academically (Cummins, 2006). Only P3 and P6, who are knowledgeable about academic language and the struggles of ESL students, argued that nursing education is doing a poor job creating an inclusive learning environment.

On the contrary, the rest of the participants agreed that in nursing education, there is an inclusion of ESL students. However, the majority agreed as well that institutions and faculty could do more to support these learners. For example, P5 clarified that it is possible to support these learners when the faculty dedicates time to the students. At the same time, the opinion of P8 was related to the connection between didactic and clinical experience. P8 clarified that when didactic and clinical faculty are connected to carry out, then students were successful. However, she shared her perception of current nursing faculty that speak English as a second language "let's face it; you have educators who are like, if they can't speak the language, they shouldn't be here. But we're in a very diverse community, so I don't think that opinion works where we're working." As the only bilingual instructor, P7 explained that it is a nursing principle to be inclusive and to take into consideration the learning needs of all students because it is the nature of nursing itself.

Theme 2: CALP versus BICS

The second developed theme is aligned with RQ2: How do nursing educators describe the learning needs of ESL nursing students? The general overview of this theme was to see how nursing faculty interpret academic language proficiency, understand the value of language diversity, and what challenges they have noticed among ESL nursing students.

Cummins (1979) explained that most faculty and administrators mistake conversational and academic English language proficiency. BICS is the conversational fluency learned in informal environments and CALP is the academic proficiency that takes more time to develop in the schooling environment. P4 shared an experience that made her realize the long and complex thinking process of an ESL student that motivated her to do things differently.

This distinction is contributed directly to the academic failure among bilingual students and the postponement of academic activities until CALP is "achieved" (Cummins, 1979, 2006). An example was shared by P4 when she suggested that dropping from the nursing program to have a "better command of English" is the best option for ESL students:

I have had some students who their English just was not strong enough, and you know, that was, I would see that being very frustrating for them. In conversing with them, I knew that basically, they have the intelligence to be a good nurse. They understood what was going on. It was the language that was kind of holding them back. And maybe that's what they needed to do was to step out and get a

better command of English and then come back. And then they would be successful.

P4 also recognized through experience with another ESL student that it is better to work on something related to nursing to develop more academic language proficiency. In that example, the student dropped from the nursing program after failing the class and worked as a PCT (patient care technician). Like P4, P2 had the same belief that ESL students should drop from the nursing program to work on their CALP to be successful in the future. These two examples showed how students struggled in the class because of the lack of proficiency of more advanced vocabulary and higher levels of cognition, which are the pillars of CALP. Like most faculty, P2 and P4 understood that developing academic language is possible outside the classroom and not as part of their learning environment.

When participants were asked about academic language, only P3 was familiar with the concept. The rest of the participants did not understand what academic language meant. Data from participants showed the instructional activities that they are currently practicing in their nursing clinical or didactic courses that conflicted with the development of CALP. For example, Cummins (2000) explained that students must be encouraged to continue developing their native language. The rest of the participants do not promote the use of the native language.

On the contrary, P3 and P5 directly asked their students not to use their native language. P3, for example, elucidated: "Usually the issue is a level of comprehension because they are not speaking English at home." She also added: "I have asked many of

my linguistically diverse students who 90 days before any NCLEX, no matter what the grandmother speaks, they need to speak English at home." However, only P6 encouraged and gave time to students to translate from English to their native language.

The research suggested that if students have the opportunity to add another language instead of subtracting their native language, they can succeed to a greater extent. However, trying to diminish their first language, and their culture brings the opposite effect (Cummins, 2000). Some of the participants shared that they like to ask their ESL students about their first language and even their culture. However, some do not like P1 that does not recognize their language needs or their culture. She mentioned that because nursing is like a foreign language that nobody understands, "There is not a reason to discuss topics related to language, culture, religion, or anything that's going on." This opinion is an example of how detached some nursing faculty are from the literature, which supported that language and culture go hand in hand in the learning process since it can influence what students learn and perceive (Starr, 2009). P4 explained in more detail a personal view of nursing as a foreign language, and how all students can benefit from this belief:

It's kind of like learning another language again, which I find even for students who, you know, have grown up with English as their primary language, that when they start needing to learn medical terminology, it is, it's like learning a second language to them.

Half of the participants expressed another challenge with ESL students. P1 mentioned that there are barriers due to cultural and religious beliefs. She shared a

conflict presented during the clinical experience: "I've had a couple of students, when they go into clinical, depending on what either culture or religion even though they don't feel comfortable doing a head to toe assessment on a patient, they'll do it."

P2 noticed barriers in language due to culture. P2 explained that the barriers were related to the act of asking the faculty for help and the strong peer pressure. This experience shared by P2 is vital to highlight because, according to Cummins (1979), a way to develop CALP is by social interactions within the school environment. Similar to the experience of P2, P6 explained that she offers office hours for students who do not feel the confidence to ask questions in front of the class. P7 shared a similar concern with ESL students and the cultural impact in the clinical nursing experience:

I see my colleagues who aren't, that don't speak a second language or are not exposed to a lot of ESL or they struggle with helping them. And then also you have your cultural differences too. A lot of that plays in also, but nurses, tent nurses are supposed to be culturally competent.

The process of developing CALP can take 5–8 years (Cummins, 2000).

Therefore, the learning process can be long and exhausting for the faculty and the student. It is expected that faculty can help students to move from high context/low in cognitive demand tasks to a combination of low context and high cognitive demand tasks (Ranney, 2012). This extensive process may be the reason why the majority of the participants expressed their concerns regarding the extra time that it takes ESL students to process information. P4 shared how she realized this long learning process among ESL learners:

I was working with one student, and she said to me, it takes me a lot longer to study because I have to, I have to read it in English, translated in my brain to my native language, understand it, and then be able to translate it back into English. And so, I had never thought of that.

P2 recognized, "It takes some extra time to translate from Spanish in their head to the English written word on the test." She even lamented that the college does not offer a nursing program in Spanish better to support the learning needs of the large Hispanic population. Similarly, P3 recognized that it is not only exhausting for faculty, but for ESL students as well since they translate everything at the moment. P7 explained that he takes more time to work with ESL students in the clinical compared with non-ESL students. Even though Jalili-Grenier and Chase (1997) concluded that ESL students tend to have more difficulties in clinical compared with non-ESL nursing students due to the possible level of communication skills needed, P6 explained the appreciation for students that take the time to translate the material to understand the lecture.

While others avoid the need for supporting ESL students by requiring them to dominate the language, for example, at P2 institution, students need to understand how to write and speak English to be in the nursing program. P8 suggested that "Students need to be motivated because it's harder on the faculty to assist them." However, despite the high motivation that ESL students might have to succeed academically, the fact is that they still have the highest number of attritions compared with non-ESL students (Phillips & Hartley, 1990). P8 also explained that they do not have challenges with ESL students because all students need to come prepared to class by turning in a written prework; if

not, they are not allowed to enter into the classroom. The prework is a combination of written assignments assigned by the faculty.

I asked participants to share other challenges and barriers they have noticed among their ESL students. The eight participants agreed that the most challenging learning experience with ESL students is when they started teaching the advanced and complex medical terms that they need to master. All participants agreed that they could anticipate the learning difficulties for their ESL students. Most of them stated that they noticed the struggle within the first two to three weeks of class or clinical experience. This struggle has been documented in the literature. Ranney (2012) explained that academic language is associated with complex and abstract ideas because of the higher cognitive demands. This justified the response from the participants who ESL students' academic challenges are content-based due to the sophisticated vocabulary and critical thinking needed to comprehend. P3 explained:

The biggest issue for linguistically diverse students is as a transition from concrete knowledge to a high level of critical thinking. And it's not because they don't have the ability to think critically. The language barrier often causes more learning challenges because they use a lot of memory. And that's where clinical comes into play.

P8 shared that by helping students to have a robust medical term foundation, which is the academic language proficiency in nursing education, helps them to progress in their nursing career. P2 explained how she noticed the struggle of ESL students not understanding the nursing concepts. This struggle of ESL students in the nursing program

is expected because they lack the commands of the specialized vocabulary that only the social institution of schooling provides (Cummins, 2006). P5 added have asked ESL students to learn the material in English because, according to P5, it might not translate from the English language to their language appropriately.

Another challenge presented by most participants was the language barriers due to not understanding colloquialism, slang, or the meaning of words. The use of colloquialism most of the time led to misunderstandings and, at times, retraction from interacting in groups or the faculty because of intimidation (Choi, 2005; Jeong et al., 2011; Olson, 2012). P2 commented on the challenges of the use of slang or colloquialism, especially in clinical experience with patients.

For example, I did, I worked with some students, um, in the hospital, and the student was from Spain and I handed her a patient tray and I said, do me a favor and nuke this for the patient. And she looked at me, and she said, what is nuked? So, I try not; I try not to use those words or those phrases that may not appeal to everyone.

P7 explained an example that he experienced during a clinical rotation: "For example, you might say the nurse noted that the patient was having shortness of breath. Well, they might literally translate, not as the nurse writing a statement when, in fact, taking notice that the patient is short of breath." P2 added as well an example that happens most of the time in the clinical rotations between ESL nursing students and patients. She emphasized the language barriers due to the use of colloquialism from patients:

Sometimes people that speak a different language primarily struggle to communicate with someone who may be 80, 90 years old, who uses, you know, phrasing that they don't understand. Um, you know, like sometimes older people from the South say, I'm so swimmy headed. And they mean dizzy and students who don't speak English primarily really struggle to understand what that word means.

P7 also described the extra time that he needs to take during the clinical rotations to help ESL students: "Let us say I have an ESL student and identify that they have a language barrier, then I would go, I know that I am going to take me more time." P3 explained the reason of thoughtfulness when planning the class. P3 explained the importance of taking now into consideration the unique ESL learning process, and some ideas that can help this student population:

Yes, because I don't want it to be so active that the student doesn't have time to translate. Now you don't want them up and down, up and down because they won't have time to translate. So, they won't know what you're talking about if you do too many. But when you do a lecture, you just lecture in short times, and you do allow some active learning because number one, it gets them up and moving, and people tend to think better when blood flows when a brain anyway. And number two, it makes it not so tiring to translate continually. You don't really have to translate a picture, right? You can look at a picture and understand what it is in your home language. So, it makes it a lot easier for the student.

Theme 3: Teaching Environments

The third developed theme is aligned with RQ3: How do nurse educators describe their knowledge and experiences in language development and the use of ESL strategies in the nursing classroom or clinical setting? Within this theme, participants shared the teaching environment that they have promoted by using their experiences when having ESL students. Also, they shared the learning environments that they believed are more attuned with the learning needs of ESL students and the promotion of academic language. Similar to Cummins's inclusion and language learning environment, UNESCO (2009, p. 13) clarified that a "learning environment should be one of inclusion in which institutions respond to the needs of a diverse student population by having skilled faculty that support intercultural and bilingual education.

All participants shared the types of services that their institutions provide to students. All of them except P2, offer the same essential student services such as the library, tutoring, and office hours. The majority of participants recommended to their ESL students the use of tutoring or all resources available at their institutions, even though none of them are designed for ESL students. However, P2's institution offers a service dedicated only to ESL students. She shared that a student nurse association developed a program to help ESL students to succeed academically. The service consists of a short practice in the Simulation Center to improve their nursing skills while strengthening the English language. Regarding special accommodations, none of the participants offer accommodations based on language. The only accommodations that

they offer are the ones to be in compliance with the Americans with Disabilities Act (ADA).

It is not the same to develop informal and nondemanding cognitive tasks like speaking in social context compared with academic language. CALP, or academic language, requires a more cognitively demanding task like listening, reading, and written comprehension skills in the content area. According to the literature on academic language, one common misconception that educators experience is believing that ESL students with oral mastery are academically language proficient. This misconception can aggravate frustrations and academic failures when the faculty knows very little about how to promote academic language like most of the participants of this study (Cummins, 2006). More than 50% of the interviewees perceived their teaching experiences as challenging, especially at the beginning because of the language barriers supporting Cummins's development of CALP and the literature. For example, P3 explained:

I really didn't feel comfortable understanding how to support ESL students. And when I first started it was very difficult. I didn't understand...I didn't know how to help them...11 years later I feel very comfortable and understand better the needs of students who are linguistically diverse.

Like P3, P2 described the experience as "eye opening," and now is more positive, but both recognized that more is needed to support ESL learners. She explained that she realized the needs of ESL students. She also added regarding the type of learning environment that she has fostered:

I've created an environment where the students don't feel stupid for asking questions. They don't feel as though I'm judging them or being condescending. My classroom is not one of "eat their young." It's one of, "let's ask the questions," this is where we learn.

P4 described the teaching experience as challenging "but good now." P4 shared that "I have had to grow and adapt, to me, is to function my ear to listen differently." P1 also described the teaching experience as challenging, but positive. P1 explained that tries not "pinpoint" any students as a result they feel comfortable approaching the faculty for any question. P7 was the only interviewee that speaks a language other than English. P7 shared that the teaching experience has been positive most of the time. P7 attributed the empathy for these students to the fact that is bilingual, and that comes from a very diverse community. P6 was the only faculty that expressed that the teaching experience has been positive. P6 contributed the readiness to a previous job as a translator, and a project during her master's in nursing education program. However, P6 admitted that the current workload is overloaded and overwhelming. P6 explained:

My workload is pretty insane. I'm like, how am I supposed to do their assignments and grading and scheduling and meet this? And not that it's, it's going to be challenging, but you know what, I'm just doing what I can this term and trying to get through and provide my students what they need and, and preparation is what makes those things a little bit easier to manage.

P5 was the only participant that shared experiences in a neutral position without expressing positive or negative feelings. When asked about academic language in the

nursing program, only P3 knew the meaning of the term, according to Jim Cummins's language framework. She clarified the concept this way:

Academic language can take up to 7 years for an ESL person. But you know, in general, conversation language and academic language is very difficult to ascertain. And because we want to advance diversity in nursing, it is of primary importance that we as educators take that responsibility.... We also are responsible for ensuring that they're able to achieve a level of academic language that's appropriate for their degree and with as much support as we can know.

The rest of the participants did not recognize the phrase academic language, and some of them asked the meaning. Therefore, there is a lack of understanding from participants who academic language represents more challenges because of the high cognitive demanding tasks (Cummins, 1979). However, most participants shared experiences that they understood were more suitable to develop academic language while teaching nursing except for P1 and P8. Both participants explained that they do not recognize or classify ESL students because they just considered them as "somebody that needs help." Cummins (2006) claims that academic language is associated with complex cognitive and abstract ideas. Therefore, following P1 and P8 principles may jeopardize the help needed to develop advanced language skills required for school success (Ranney, 2012). However, all participants agreed that their motivation to find any necessary means to help students to succeed is because of a nursing principle that involves compassion, care, and empathy.

Cummins (2006) recommended the following three components to promote CALP in the classroom with ESL students: cognitive, academic, and language. The cognitive part is the instruction of cognitively challenging. Using Cummins's reference, I categorized participants' shared experiences into cognitive academic strategies, academic assessments, and scaffolding strategies. Cummins (2000) explained that educators need to use a combination of cognitively demanding and undemanding tasks to build confidence. That is the reason why Cummins (1979) recommended the use of Bloom's Taxonomy because of the opportunity to produce functions that are based on analysis, synthesis, and evaluation. At the same time, practicing these skills helped ESL students to have more fluency in academic language (Abriam-Yago et al., 1999).

When asked about which teaching and assessment strategies are more attuned to promote language proficiency and cognitive learning, all participants agreed that the best teaching methodology is the use of active learning strategies. Most of them decided that it is essential to have the students and faculty engaged in the learning process. The level of engagement is vital because, in the university setting, the tasks are cognitively demanding and context reduced, making the learning process more complex for ESL students (Abriam-Yago et al., 1999). I identified five collective active learning strategies discussed by all participants: small groups, games, visual aids, background knowledge, and the connection with clinical experience.

One of the most discussed active learning strategies was the creation of small groups in the classroom. P8 explained that small groups are helpful for those students who are embarrassed to ask the faculty questions. P7 noticed that students gravitate to

form small groups with people from the same background. Even though he does not discourage this practice, he recommended mixing with others from different backgrounds. P4 shared that she preferred small groups and face-to-face because it allows the reading of nonverbal communication. Therefore, she can identify when a student may not be understanding the nursing content material. She explained, "Work with them and understand where they are at, maybe what they are missing." P5 told me that she likes to divide into small groups of ESL and non-ESL students because "I believe they benefit and they can understand a little better."

Similarly, P1 likes to divide the class into pairs to foster peer-to-peer instruction.

Using the same teaching technique of small groups, P2 shared:

I tell them to divide up the content and teach it to one another so that that interaction is more frequent where they get the practice of the English language. They get practice explaining it or educating a patient because they're educating your classmates and then their classmates can help kind of, um, run the offense if you will screen if you will, where they may be missing words, and then they can help them as well.

Games was another topic presented by participants. Even though most of them like to incorporate games in their teaching, the purpose was not related to ESL students. However, P5 noticed that the use of games like Jeopardy and Hot Seat has helped to keep all students, including ESL engaged. She explained that she had seen more participation without restrictions from students creating "A truly active learning atmosphere." On the contrary, P2 stated that to reduce the embarrassment of asking in front of the class, and

she asks students to post Post-it Notes on the desk with the questions that they still may have. Anonymously, she presents all questions to the class, and in conjunction with the students, they clarify any missing concept.

Cummins (2009) explained that activating prior knowledge is the foundation of learning because it allows ESL learners to comprehend more sophisticated vocabulary and perform more cognitively demanding activities. P3, P5, and P6 explained that using previous knowledge to connect nursing content is a great teaching strategy for ESL students. They have noticed that ESL students have an opportunity to develop more oral and written skills by using this teaching strategy. P5 explained that she prefers storytelling strategy. She clarified: "Storytelling works wonders, the students will tell me what they are having a problem with, and I will add that into my class time the next week to make sure that they understand it." P6 expanded that ESL students can improve their writing skills by writing about their personal experiences during the clinical rotation. Cummins, Brown, and Sayers (2006) clarified that when ESL students write about issues that matter to them, it can help to express their own identities through language and consequently can help to develop CALP. Like P6, P3 clarified that they are more flexible with grammar mistakes, especially at the beginning, to allow the student to build confidence. P1 explained that she likes to use stories that help to connect with real-life scenarios. She shared: "I like to ask them, connect why they're nurses and different things like that so they understand that they can bring it, I might ask them to tell me something that happened with their family."

Most participants agreed that the relationship between didactic and clinical is crucial for the academic success of the students because of the critical component that clinical experience offers. P3 clarified:

If their clinical instructor is in partnership with their course instructor, the clinical instructor oftentimes can help grow that area and help build their confidence in critical thinking because they're putting them in scenarios and clinical where they have to start to think critically.

P8 shared the same principle of the importance of connecting didactic with clinical experience. She rationalized that ESL students tend to do better with more hands-on skills than didactic courses. However, P6 shared a different approach that involved community work. She explained that students could better process complex nursing concepts by being leaders in their communities. She explained that performing in that capacity would help to connect with the nursing concepts that they are learning instead of just memorizing the textbook.

Participants presented other traditional and nontraditional teaching approaches. For example, P5 clarified that for students enrolled in advanced courses, they bring the faculty from the earliest classes to reiterate the areas in which students have knowledge gaps. She explained that when students have a gap in nursing fundamental topics, they experience more challenges in advanced courses that required more sophisticated vocabulary and critical thinking. P7 and P1 supported the use of multiple teaching strategies to explain complex materials, while P8 supported the practice of breaking complex nursing topics in simpler terms. P8 disclosed that the only teaching strategy that

her institution uses is flipping the classroom. Classes are around 100 students and multiple faculties help in the teaching process. Since the success of flipping the classroom depends on the required pre-work from the students, they incorporated a "" system. This system is like a "ticket" to enter the classroom. If the student does not have the pre-work, they are not allowed into the class. Lastly, P3 explained that having consistency in the teaching strategy is very important. She defended that faculty should follow a consistent teaching methodology without trying "new things" that could be uncomfortable for the students and the faculty. She explained:

Let's say we go to some type of seminar, and they give us some cool strategy where we go back to the classroom and try to do that. Therefore, linguistically diverse students who actually cause a challenge because they're accustomed to yours, the way you do things, and that's how they made themselves able to learn. And then you come there and try to do some flip classroom in the middle of the session or the middle of the semester. Right. And it frustrates them, and they don't know what to do.

P7 was the only participant that teaches only clinical. He explained that for nursing skills evaluations, he allows more time for ESL students to explain the learned skills. P3 shared that simulation is the best way to develop critical thinking skills. Therefore, she explained that she uses simulation experience to start building knowledge of more complex nursing topics and to assess the learning process.

The type of assessments in the nursing program is divided into two areas. The first area is didactic courses, and the second one is clinical experience. This distinction is

important because students receive the traditional types of assessments, such as exams and quizzes, in didactic. However, during the clinical experience, they do not complete any traditional assessment. The way to evaluate students is by showing and telling the learned nursing skills. P3 shared an assessment strategy related to tests and quizzes and the impact when mimicking an NCLEX testing environment in the classroom without affecting the quality of the learning process:

We know that students get a minute and 36 seconds for NCLEX, right? Well, a minute 36 in year one of our program is very difficult for any student to think about taking test questions in. When I give them a quiz in class and preparation for a standardized assessment to help them with the time, but also to help them with their confidence, which usually is the issue, it's not really that they don't know it in the minute, it's the confidence.

Regarding quizzes, P3 shared that she avoids the use of the multiple-choice format. She also explained that she does not reduce points for grammar errors on pop-quizzes because the goal is to measure knowledge. She defended that giving quizzes without eliminating points for grammar and nonmultiplex choice can help ESL students to build confidence in themselves. However, P8 assessment strategy is entirely the opposite of P3 shared experience. They give 50 questions, multiple-choice without taking into consideration any learner needs.

P1 shared that her institution granted access to all nursing faculty to a student profile database in order to be more prepared to support students academically. P1 clarified:

I look at our data that we have on our students before they come in the door to see, uh, we have a psychosocial and an academic, uh, kind of a profile...Um, so I make sure that I look at the group before they come in the door and to assess what the majority of the students are. And then for the individual ones, again, I try to gain their trust so they can come back in and speak with me. And then we work on a plan.

P4, P1, P2 explained that for assessments, it is essential that the faculty need to be careful with the words they use to avoid confusion. P4 developed a self-awareness approach in which she is more cautious with words and their meaning when creating exams and quizzes. P2 was more specific in trying to avoid the use of slang on her tests. These participants shared experiences encountered with ESL students in which they ended up modifying the tests and quizzes due to the of misunderstanding of words. P5 justified that to assess knowledge, she uses Muddiest Point or 3-Minute Paper. P5 elucidated:

What I do during my classes, I do something called muddy points. I'm looking to find out what the students have the most difficulty with. I usually do that in towards the end of the class. I do a three-minute paper then I go, and I reiterate, I repeat, I go over it again because that's the only way that I believe the students are going to learn.

Recommended Scaffolding Strategies

All participants agreed that the incorporation of visuals, such as videos, graphics, and pictures, can help ESL students. The use of visual cues is a strategy recommended by

Cummins to help ESL students to confirm understanding (Cummins, 2000). P1 and P3 explained that they like to incorporate more visual aids such as videos to explain the complex nursing concepts. P7 that teaches only clinical explained that he allowed more time for ESL students to demonstrate nursing skills. He told me that he knows that he takes more time with ESL students compared with non-ESL students.

P1 explained, "We label our lab with words, pictures, different things like that. Kind of like we used to do in kindergarten with A for Apple, we would label a bunch in our labs so they can understand what it is". P2, P6, P3, used different types of visuals to explain complex topics. Similar to P1, P6 uses YouTube in the classroom, but she explained that she uses it with closed captioning to help linguistically diverse students.

Even though only one of the eight participants knew the meaning of academic language developed by Jim Cummins, all of them agreed that it is crucial to take into consideration the learning needs of ESL students. Cummins (1979) explained that if faculty is aware of the difficulties of the tasks they asked of their students, it can avoid their frustrations. Therefore, the use of scaffolding can provide aid to ESL students. When asked how to promote academic language in the nursing program, the participants shared the following scaffolding strategies:

P3, which is the only participant with knowledge about academic language, explained that it is critical to give all necessary time to ESL students at the beginning of the program. Then, start removing gradually "starting in the middle of the program." Recording the Class. P3 and P1 explained that they allow students to record the lecture. P1 explained: "They want to audiotape me because they want to go home and listen to it

again and look at things. I let them audiotape me if they need to". While P3 explained that her students create a notebook with medical terminology during the whole class. She clarified that this tool could help academically and psychologically.

Seven of the eight participants allowed students to use a grammar dictionary or any electronic resources that enabled the translation of nonmedical terms. P1, P3, P4, P6, and P7 allowed the use of nonmedical dictionaries anytime. However, P6 recommended a combination of the dictionary and the use of the available resources for ESL students in ATI. P3 allowed them to use a medical term dictionary as well, but not during the exam. P5 allowed dictionaries, but only during the break time. While P8 does not allow the use of dictionaries, they used to provide nonmedical dictionaries but later eliminated the option. However, they are now considering to adopt it again.

Another scaffolding strategy used by most participants was the submission of early assignments to help the student in grammar and concepts. P3 explained that she does not emphasize too much in the grammar at the beginning to allow students to gain more self-confidence. She also shared that she recommended students use tools like Grammarly to improve their grammar. P4 explained that she offers students the early submission of assignments to give pointers on how to improve content and grammar. If she believes the issue is too critical, she refers them to the writing center.

Lastly, two other scaffolding strategies discussed among participants were the distribution of PowerPoints before the class and slowing down when speaking. P4 posts the class PowerPoints and additional resources days before the class. Half of the participants mentioned that they plan additional time to slow down while lecturing. P1

explained that she likes to slow down lecturing and even assess knowledge before moving to the next topic. P3 affirmed that slowing down is the best thing a faculty can do when teaching ESL learners.

Theme 4: Faculty Development Needs

The last developed theme is aligned with RQ4: How do nursing educators describe their needs for training or support for teaching ESL nursing students? Within this theme, participants shared their developmental needs and recommendations to improve their teaching when having ESL learners in the classroom or clinical. Since the 1990s, there has been a call to address the language development of ESL (Abriam-Yago et al., 1999). However, as noticed from the interviews, participants are still inexperienced in how to support the development of academic language in the nursing program. Nevertheless, most of them shared what the ideal training program for nursing faculty is. P1 offered a very active idea of the type of development needed in nursing education. She explained:

So, let me put you in the student's shoes and if you can develop, uh, areas and understanding the different cultures by giving them, back in the day when we used to show a patient that had Alzheimer's and nursing students, we've put on big, heavy shoes on their things. They put on foggy goggles on their eyes, things where they had neuropathy that they couldn't understand how to touch or do anything like the AI. They couldn't pick up things or tie their own shoes or were causing them not to be able to participate in ADL. If we could do that for the nursing faculty and make them understand, you know, that you've got somebody

up there basically speaking a foreign language to them, um, then that would be an aha moment. You've got to have the turn, the turn, the, you know, tides on the faculty and make them understand and put them in the student's seat.

P8 presented a similar interaction. She explained that it would be a good idea to bring other faculty members to discuss best practices and the journey. She also added the need for teaching methodologies. P5, like P1, recommended training for faculty members about how to keep students engaged, and the role of the faculty in the learning process. She explained that it is essential to know how to teach to save an interactive class. P3 offered a macro view of the faculty development needs:

I want to partner with either the NLN or AACN, um, and create standardized training for the United States to be part of the nursing education curriculum. So, I would actually want to create a training that is within those that become nurse educators that is required training to be a nurse educator. So, either part of CNE or part of a master's education program, like some type of standard training that goes through, um, development of academic language, um, diversity and inclusion in the classroom.

P7 expressed that even though he does not have a training need, he recommended faculty meetings to discuss how to understand the ESL learner. Different from previous, P2 believed that the development needs should concentrate on cultural aspects. She added:

Elsevier was in trouble for their culture textbook. Um, which I understand. I think, you know, we have to make accommodations for different cultures, but I

think to really understand a people and to understand where a student may be coming from...And I would like some information, like cultural information. I would like, any other ways to communicate with students.

Lastly, P6 shared the idea of a yearly workshop that explains how to be culturally sensitive. Cummins (1979) shared that schools should incorporate different cultural backgrounds into their teaching and the curricula. She also added that it would be a good idea to have an immersion program. She explained:

Might be a touch on unorthodox, but, uh, I absolutely believe that every person who's working with ESL students should spend a significant amount of time in an immersion experience. So, it doesn't need to be in another country, but it needs to be in an environment where their language is not the primary language. And once you have that experience, all the many bells and whistles are going off for you on, um, how you feel, um, how, uh, you might be able to connect better with your students and or patients.

Cummins (2000) explained that inclusion of ESL students is possible, but if the faculty does not promote CALP skills, it is unlikely to receive the support that these students need to be successful in the program.

Evidence of Trustworthiness

Credibility

Understanding that credibility is the most crucial criterion to establish in this study, I decided to use two essential techniques. As a general practice during this study, I tried to reduce any threats to the credibility, like any personal biases and misinterpreting

of the data. The first method is by analyzing the participants and the data thoroughly. Then to increase the credibility of the study, I asked each participant to review the call transcript after the phone call interview. Creswell (2015) explained that member checking is a way that helps to obtain an accuracy of the data collected by asking participants to verify and confirm, in this case, the call transcripts. Six of the eight participants agreed on the accuracy of the transcript. Only two did not respond to the email.

I also dedicated a prolonged and engaging time with each participant to understand their perceptions and teaching experiences. I tried to gain their trust during the interview to have a deeper understanding of their challenges, barriers, frustrations, and needs. During the analysis of the data, I constantly reviewed each transcript to identify possible codes and categories to assess the validity of the study, as recommended by (Suter, 2012). The second technique used was via method triangulation. I took enough time to analyze each call transcript, including hearing the call recording, assessing all survey data collected, and the interview notes taken during each call. Using this method helped to reduce possible biases from the participants and helped to strengthen the integrity of the findings (Anney, 2015).

Transferability

The strategy to establish transferability involved using a thick description of the study. By having a detailed description of the study context, it is possible to have the ability to answer the research question and to make the pattern explicit (Devers, 1999; Holloway, 1997). As a first step, I used purposive sampling to make sure that I have access to knowledgeable nursing faculty that are experiencing the problem under this

investigation. Therefore, I invited to the online survey and phone interview candidates that only met the criteria to qualify. Also, the opportunity to have transferability depended as well on the way the findings are written (Ponterotto, 2006). For this study, I used a narrative tone. Using this tone, I added specific details of the research situation and methods, allowing others with similar conditions in higher education to easily relate.

Dependability

This chapter provides a clear and detailed report or audit trail of every process in this study, allowing others in higher education to repeat it. I provided a comprehensive description of the research method used in the study. I also presented a thorough data analysis process that justified the conclusions.

Confirmability

Other researchers may have the opportunity to corroborate this study by revising other peer-reviewed studies, confirming a similar conclusion. Also, as the researcher, I tried to neutralize and control my biases by recognizing them before the study.

Summary

In this qualitative study, 17 nurse faculty from different colleges in the United States shared general information on the academic resources at their institutions, training and development of teaching nursing with ESL students, and overall experience. Of those 16 participants, eight agreed to be interviewed by phone. All of the interviewees shared their perceptions, challenges, and developmental needs to support ESL nursing students. Purposeful sampling was used to determine if the survey participant met the inclusion

criteria for the study. Eight participants from different parts of the United States were recorded during one-on-one phone interviews.

Four themes emerged from the data collected (a) interpretations on how to support ESL students, (b) CALP versus BICS, (c) teaching environments, (d) development needs to promote CALP in the nursing program. During the first theme, participants shared their teaching experiences from novice educators to now seasoned faculty when teaching to ESL nursing students. All of the interviewees agreed that at the beginning of their experiences, it was challenging, but over the years, they feel more comfortable embracing this population. The second theme participants shared their opinions on how effective and inclusive today's nursing programs are at satisfying the learning needs of ESL students. Only two participants agreed that nursing education is not doing a good job taking into consideration the learning needs of ESL students. The rest of the participants agreed that there is the inclusion of this population. The third theme participants shared their experiences in fostering academic language in the nursing program. Recognized teaching strategies like active learning were mentioned by most of the participants. During this theme, all participants shared the challenges and barriers that they have noticed from their ESL students. On the last theme, participants shared their developmental needs and recommendations to improve their teaching when having ESL learners in the classroom or clinical.

Chapter 5 begins with an interpretation of the findings and continue with the limitations of the study. Then it presents the recommendations for further research, the implications for social change, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this research study was to develop a greater understanding of nurse educators' perceptions about teaching nursing students who speak English as a second language. Through this qualitative research, I tried to develop a greater understanding of nurse educators' knowledge and experiences in the development of academic language in clinicals and the classroom. I also tried to identify whether the participants understand the learning needs of ESL nursing students. Lastly, I sought to learn what they believe their needs are for professional development in teaching this population.

While the problem experienced by second-language learners is widespread, this research focused on nursing faculty who teach ESL nursing students. This focus was essential as ESL nursing students tend to struggle the most in nursing education, possibly due to a lack of cognitive academic language proficiency (Cowan et al., 2015). Participants completed an 18-question, demographic survey via Google Forms and then answered 10 semi structured interview questions via phone call using Google Voice. The participants selected for this study were nursing faculty members approved to teach in ADN or BSN programs in the United States.

Cummins's framework for the development of language proficiency guided the research questions, instruments, and the data analysis process. The key findings of the study confirmed several concepts explored in the literature review. Four themes emerged from the data and Cummins's framework: (a) interpretations of how to support ESL students, (b) CALP versus BICS, (c) teaching environments, (d) faculty development

needs. Chapter 5 explores the interpretation of the findings and presents the limitations of the study to maintain trustworthiness. The recommendations presented for further research are grounded in the strengths and limitations of the current study and the review of the literature. Lastly, the implications and conclusions of the study are discussed in detail.

Interpretation of the Findings

Four themes emerged from the literature review and the interviews with participants (a) interpretations of how to support ESL students, (b) CALP versus BICS, (c) teaching environments, (d) faculty development needs. These themes helped to answer the research questions regarding faculties' perceptions about teaching ESL students, knowledge and experience in language development, and their needs for training or support in teaching ESL nursing students. The findings from this qualitative study offer insights into nursing faculty teaching ESL nursing students. The findings confirmed that the nursing faculty interviewed were aware of the professional impact that the lack of language diversity in the nursing workforce might have on the industry. The faculty also confirmed that maintaining an inclusive learning environment for ESL nursing students might help to avoid attrition. Participants also believed that there is a need for more nurses who are linguistically and culturally diverse.

Research Question 1

What are nursing faculties' perceptions about teaching ESL students? Based on the findings, I found that majority of the participants perceived their teaching experiences as challenging but positive. During some of the calls, it was recognizable the tone of

frustration. However, the frustration was because they felt impotent to help ESL students. They all agreed that the lack of knowledge and preparation to support these students was the primary reason for their challenges. As an ESL student myself, I felt for the first time appreciated, even though none of them were my faculty. Nevertheless, they all expressed the desire to help and collaborate. That conscientization effect, having faculty that is sensitive, caring, and acceptance can help students to overcome most language barriers (Starkey, 2015).

Similar to the findings of this study, Gilchrist and Rector (2007) showed that most nursing faculty are often unprepared to meet the needs of ESL nursing students. Most studies in the subject agreed that having faculty unprepared to assist ESL students academically can produce frustration from both sides. Being unprepared to attend the learning needs of this population or having cultural incompetence may result as well in biases or discrimination, as seen in this study. Also, it can lead to assumptions and misunderstanding experienced by the whole teaching community, including prejudice, lack of cultural awareness, stereotypes, and English language barriers (Henderson et al., 2016).

Optimistically, most nursing faculties' perceptions appeared to be positive because most of the participants shared that they have changed their teaching style at some point to accommodate ESL learners. However, there is a critical need to help these faculty in developing cultural competence and how to teach academic language. Some researchers have shown that the lack of faculty preparation to support the learning styles of this population, is higher during the first year (Jalili-Grenier & Chase, 1997; Phillips &

Hartley, 1990). While others explained that neglecting cultural competence can bring adverse effects not only locally, but worldwide (Garrido et al., 2016). Therefore, it is recommended that nursing faculty have access to necessary tools, be more culturally inclusive, and have continued development to address the learning needs of all students, especially when having linguistically diverse students (Brown, 2017; Woodley & Lewallen, 2018). Most participants in this study accepted this recommendation.

Another appealing finding was the nursing faculty's perspectives on the inclusion of ESL learners in nursing programs. The study revealed that nursing programs in the United States could do more to support nursing ESL learners and faculty. This statement is crucial because linguistically competent nurses are vital due to the growing diverse patient population in the United States (Agency for Healthcare Research and Quality, 2019; United States Department of Education, 2017). Therefore, producing a more linguistically diverse nursing workforce should be an essential goal of nursing education institutions (Oikarainen et al., 2018). The inclusion of ESL students, which was the first developed theme, was vital to promote highly competent, diverse nurses. When ESL students do not feel accepted, they often suffer from isolation and discrimination (Junious et al., 2010). Only two faculty, the ones with knowledge and experience with ESL learners, agreed that nursing programs are not inclusive of the ESL learner population. Such findings confirmed the literature that addressed the need for increased linguistically diverse healthcare professionals within the nursing workforce. Also, a positive and supportive learning environment is crucial for the self-esteem and sense of belonging of ESL students (Cunningham et al., 2004).

Research Question 2

How do nursing educators describe the learning needs of ESL nursing students? Just as nurse educators saw ESL students as having specific challenges, so too did the literature. This study confirmed that participants were aware of some of the language challenges that ESL faced during their nursing programs. As the research showed, the main reason that these students experienced difficulties in their programs correlated to the lack of cognitive academic language proficiency needed to tackle the highly complex language of nursing, along with a large amount of content to be learned in a short period (Almon, 2015; Hyland, 2012).

The findings showed that only one participant knew the concept of academic language (CALP). However, all of the nursing faculty interviewed recognized the language struggles that ESL students experienced due to the lack of more advanced vocabulary and higher levels of cognition. Except for one participant, the rest did not understand what CALP is, or how to develop it. Most of the participants were surprised to learn the extended amount of time that it takes an ESL student to process and comprehend academic English. What most of the participants did not understand was the effect they can have on ESL learners by using specific teaching strategies that can help to develop academic language and increase cognitive skills. It is possible to use teaching and scaffolding strategies designed to support ESL learning needs and to develop academic language while teaching nursing, but many nursing faculty members do not see it as possible (Pichora-Fuller & Levitt, 2012; Zamel & Spack, 2004). Many believe that

helping students to gain more academic language is the task of ESL or English faculty (Pichora-Fuller & Levitt, 2012; Zamel & Spack, 2004).

Cummins stated that BICS is a linguistic skill that every person needs to interact socially with their surroundings (Cummins, 2006). However, CALP is a higher level of thinking and is focused on academic content, but it is essential to develop BICS first (Cummins, 2006). Therefore, students first master "verbal intelligence," which allows them to analyze and process information orally. This might be the reason why most participants stressed the lack of advanced skills from the ESL students in regards to reading and writing.

Research Question 3

How do nurse educators describe their knowledge and experience in language development and the use of ESL strategies in the nursing classroom or clinical setting? The conclusions drawn from the research findings revealed that all nursing faculty in this research uses a variety of teaching strategies that involved role play, simulation, case studies, clinical experiences, and preceptor practice. As noticed, these activities are influenced by different applications that required high levels of cognitive skills like active learning (Roberts, 2017; Shatto et al., 2019; Strouse et al., 2018) and experiential learning (McAuliffe, 2011)

Participants described some of the unique language barriers that ESL nursing students face in their nursing programs. These results showed similitude to the existing literature on ESL students in the nursing program. For instance, Crawford and Candlin (2013) explained that some of the barriers that these students encounter is difficulty in

reading, taking notes, and communication, which is one of the differences between BICS and CALP. However, it is essential to emphasize that this support is not exclusive to correcting thick accents or the lack of colloquialism, which was the primary and most crucial challenge mentioned by some participants (Henderson et al., 2016; Mulready-Shick, 2013). This support is significant because it is well known the current gap in the academic achievement of ESL students related to language barriers (Choi, 2005; Phillips & Hartley, 1990; Salamonson et al., 2011). Also, it is considerable to remember that nursing education is a discipline that requires advanced vocabulary and high levels of cognition (Crawford & Candlin, 2013). Therefore, the reduction of most of those barriers is possible when faculty have in-service or training development. The fact in today's nursing programs, as noted in this study, is that more culturally and linguistically diverse students are interested in the nursing profession. This diversity may open more rich experiences in the education process and best practices in the industry (Johnson & Owen, 2013).

Similarly, cultural differences, which was another language barrier encountered by most participants in this research, can lead to assumptions and misunderstanding experienced by the whole teaching community, including prejudice, lack of cultural awareness, stereotypes, and English language barriers (Henderson et al., 2016). Today's classes are full of linguistically and culturally diverse student and faculty populations.

Research Question 4

How do nursing educators describe their needs for training or support for teaching ESL nursing students? The literature supported the idea that it is vital to increase the

learning opportunities of ESL students to reach their academic needs and improve their retention and graduation rates (Greenberg, 2013). Therefore, the role of the nursing faculty is vital. Cummins (2000) explained that the inclusion of ESL students is possible, but if the faculty does not promote CALP skills, it is unlikely to receive the support that these students need to be successful in the program.

The participants of this study conveyed that they have not received any developmental support to help ESL learners. This significant finding means that they recognized the lack of support not only for them but for their students as well. Participants in this study demonstrated they are aware of their own development needs and open to learning how to support this population better. They have reported having the desire to learn more about how to improve their ESL nursing students. Only one participant expressed that she does not need any professional development because "everything is perfect." In her explanation, it sounds like a student "filtering system" in which only the students who dedicate time to study and complete assignments are allowed to participate in class. She explained that students who do not take time to study, read, and complete tasks are not allowed to the class. When asked about language barriers, she clarified that all students are language proficient. However, this participant may not be aware of the barriers that these students may encounter to complete their pre-work. Havery, et al. (2019) noticed on her study that most students have major language barriers to understand and complete pre-class assignments due to unfamiliar sociocultural content.

For the rest of the participants, they all agreed that a range of training programs is highly needed. Most of them agreed on the need for cultural sensitivity training, ESL teaching strategies, and active learning strategies. On the contrary, they accept students from all types of backgrounds and do not have a rigorous class structure that discriminates against nontraditional students. This means that they have tolerance for the current diversity of culture and language and that they recognized the language barriers that their students experience. For this study, nontraditional students are the ones that need to work full-time, have family responsibilities, and require academic support systems to achieve their educational goals. This finding showed the current need to continually recruit nursing students from diverse backgrounds (culturally and linguistically) that can support our nation's diverse patient population. In nursing education, the development of language is an essential competency because it gives the ability to communicate efficiently with patients, and to practice safely (Ali & Watson, 2018). The effect of having faculty prepared to support ESL learners can help to produce a more linguistically diverse workforce needed for the current multicultural and multilingual community (Oikarainen, et al., 2018).

Theoretical Framework

The conceptual framework used in this study was Cummins' framework for the development of language proficiency. In 1979, Cummins introduced this model for faculty to become aware of the distinction between conversational fluency and academic proficiency. The framework suggested that when educators are conscientious of academic language development, it is possible to create scientific or logical knowledge through

language (Cummins, 2006). However, the findings were that the faculty is not aware or conscious of the importance of the development of academic language. Therefore, it is crucial to develop instructional and learning environments that can maximize the language and literacy of ESL learners (Cummins, 2006).

This study supports the framework in that nursing students need to develop CALP to be clinically competent and practice nursing safely. Every participant agreed that language competence is an essential requirement in the nursing profession. Boughton et al. (2010) explained that ESL nursing students have higher challenges during their clinical rotation experiences because of the communication challenges with nurses, patients, and relatives. Crawford and Candlin (2013) showed that the lack of CALP among ESL nursing students is the main reason for failing during the first year of the program. This study identified several faculties' perceptions that the student should drop the nursing program to work on their academic English, supporting the language barriers experienced by students and the lack of knowledge on how to help this type of learner. There are three components of the construct that nursing faculty can take advantage of to develop CALP while teaching nursing to avoid the need for students to drop to develop language. The first construct was to promote cognitively, challenging tasks. The second was making students use higher-order thinking abilities; a good example is using Bloom's Taxonomy. The last one was to have language awareness by being mindful of the linguistically diverse student population (Cummins, 2014).

The findings from the study also revealed that ESL nursing students still experience significant language barriers in their nursing programs. Developing CALP is

crucial in nursing because it is not only the academic language needed to assess but to formulate evidence and conclusions in the clinical environment, which is a high level of thinking (Bandman & Bandman, 1988). Also, because in pre-licensure nursing programs, it is critical to passing NCLEX, an assessment tool to measure competency (National Council of State Boards of Nursing, 2016). This exam is crucial because when graduates pass it, they receive a license that permits them to practice nursing. Therefore, the development of CALP must be a priority because some studies have presented a correlation between language proficiency and passing NCLEX (Johnston, 1989; Starr, 2009).

A recommended way to use teaching strategies that support ESL learners is the use of scaffoldings, as using scaffolding can improve the development of academic language (Cummins, 2014). All participants in this study that shared their multiple types of scaffolding to support ESL learning need to be aligned with Cummins's framework. However, none of them knew that those activities are classified as scaffolding strategies that can help not only ESL students, but all nursing student populations. The literature is clear in terms of the use of scaffoldings. The more scaffolding the faculty uses to promote higher intellectual challenges, especially at the beginning of the program, the better the outcomes are for the student (Mariani, 1997; Walqui, 2006).

Limitations of the Study

Qualitative research is prevalent in social sciences and health disciplines such as nursing (Murphy et al., 1998). Choosing this methodology, however, can offer some challenges and limitations. According to Anderson (2010), rigor in qualitative research is

one of the most difficult to maintain, assess, and demonstrate due to the large amount of data handled by the researcher. To keep the rigor of this qualitative study, I followed the Framework Method designed by Ritchie and Spencer (1994) because it provided a systematic and flexible approach to manage the data, especially in health research (Gale et al., 2013).

Researcher bias can be challenging to determine or detect. Therefore, confirmability, which was the ability to maintain and reduce bias (Houser, 2015) was a limitation of this study. I made every effort to control and sustain objectivity by using semi structured questions and followed the same processes with each participant. Triangulation of data from interviews, the literature, and the use of an audit trail was also used to reduce bias. The limitation to trustworthiness that arose from the study was transferability, which referred to the degree to which the results of qualitative research could be generalized or transferred to other contexts or settings (Miles, Huberman, & Saldana, 2014). Although thick in-depth descriptions were used, the results of the study might not apply to another group of educators.

I employed the semi structured interview process to avoid any intrusion of my personal opinions, beliefs, or feelings on the research findings or interpretations. I also was able to analyze the data into universal themes that emerged into research findings that answered all research questions according to the purpose of the study. The smaller sample allowed for in-depth member checking, ensuring the credibility and trustworthiness of the data. The study remained active until data saturation was met. Therefore, the smaller sample size added strength and rigor to this exploratory study.

Recommendations

The findings and recommendations from this study arose from data gathered from nursing faculty approved to teach in ADN and BSN programs in the United States and the literature. According to studies in higher education, there is a need for faculty to be skillful in teaching students from linguistically diverse backgrounds (Gonzalez et al., 2011; Lucas et al., 2008). Therefore, further qualitative studies should not be discounted because there is still more to measure with any shifts in faculties' perceptions and preparation to teach ESL students.

I recommend that academic institutions evaluate the return of investment in implementing educational supporting programs that can help ESL students to develop academic language while learning nursing. ESL nursing students are nontraditional students who have specific learning needs. All of the participants affirmed the available resources of tutoring, libraries, mentorship, and other traditional systems. Nursing schools should consider the addition of custom training programs that support academic language development like medical terminology for beginners and slangs in nursing. Institutions should consider as well the incorporation of cultures and languages in their curriculum. However, to make these recommendations possible, nursing faculty must have access to training programs based on the language development process, cultural sensitivity, and new teaching approaches that avoid the indirect discrimination of nontraditional students.

It is possible to motivate institutions to follow these recommendations if the agencies that regulate nursing programs in the United States change their requirements to

teach nursing. Currently, a nurse with a BSN and one year of bedside experience can teach clinical in most nursing programs. Also, to renew their nursing license, they are not required and do not take into consideration any teaching continuing education credit. These agencies, like CCNE and the Board of Nursing, need to improve their teaching requirements to allow an educational pathway that can help to close the gap between a clinician and educator.

Implications

Significance to Nursing Education

Nursing education is a rigorous curriculum due to complex concepts and medical terms that students need to learn (Cunningham et al., 2004; Hyland, 2012). Gamble (2018) concluded that nursing programs are rigorous due to the standards that they need to follow to assure competent nurses. The curriculum can be more difficult, however, for students who are second-language learners because of the advanced critical thinking skills that they need to develop to ensure safe practice and quality care (Choi, 2018; Crawford & Candlin, 2013; Denham, et al., 2018; Dressel, 1954; Starr, 2009).

The results of this study presented new understandings about the preparation of nurse educators in providing cognitive academic language-based, constructive, positive, and supportive learning environments for ESL nursing students. Also, they provided the necessary background to recommend professional development training that can be used in nursing programs to prepare and support their nursing educators who are working with ESL nursing students. The findings also provided ideas for a curriculum that incorporates

scaffolding strategies based on cognitive academic language proficiency that supports the development of critical thinking and CALP, along with nursing knowledge.

Significance to Practice

The call for more healthcare professionals is not only in numbers, but in high standards of quality for nurses. Caring for high acuity patients requires a high level of cognition, which in turn requires a higher-level of CALP. However, since many ESL nursing students fail to graduate or pass NCLEX, it is crucial to understand how to help this population academically by investing in the nursing faculty population. In the end, graduates are the future nurses that take care of the increasing number of diverse patients.

Implications for Positive Social Change

This study may contribute to a researched-based foundation of positive social change by transforming the interactions of nurse educators toward linguistically diverse nursing students. Nurse educators could establish a more caring and supportive behavior within the curriculum, improving the academic success and retention of ESL nursing students. It is not the intention of this study to delve into other issues that second-language learners may encounter in nursing education, such as racial biases and cultural differences. It also supported a positive change in faculty feelings of success through the implementation of teaching tools that contribute to providing a more highly qualified diverse nursing staff. Lastly, it might bring positive social change at state and local levels by advocating for a standardized nursing curriculum that meets the needs of minority nursing students.

Conclusion

The conceptual framework of Cummins's (1979) development of language proficiency helped examine the perceptions of nursing faculty about teaching ESL students. It also helped to analyze their knowledge and practices to support ESL students in the classroom and clinical rotations. Through the exposure to ESL students in the nursing program, most participants learned how to persist against the language barriers and challenges that both they and the students faced. All significant shifts and changes in their teaching approaches were possible due to their self-efficacy and not through formal education, training, or support from their institutions. This type of behavior confirmed the universal knowledge that "nurses are the heart of the healthcare industry."

During the interviews, their teaching experiences became increasingly successful by adopting a system of trial and error, but always trying new strategies to help their linguistically diverse students. In this study, I interviewed eight nursing faculty participants, who self-assessed their knowledge and perceptions of ESL teaching strategies as challenging, but positive. The interviews provided data that addressed the training needs of the participants based on their teaching experiences. The study found that most participants appeared confident about ESL inclusion. However, only one confirmed that her institution provides services to support this student population. The rest of the participants acknowledge that they do not receive support for ESL students to help them develop academic language. Although most participants revealed to be comfortable with the idea of participating in a series of training and development to have the necessary skills to teach to their linguistically diverse population.

It is possible to have a positive impact on nursing faculty by transforming their interactions toward linguistically diverse nursing students. The transformation needs to be based on accepting the different learning needs of this population and incorporating a more multicultural nursing curriculum that allows the self-identification from students and ESL faculty. Also, nurse educators could establish a more inclusive and supportive behavior within the curriculum, improving the academic success and retention of ESL nursing students by participating in multiple developmental programs. This study might be a good conversation starter between the institutions' administrators, professional associations, accreditation, and licensing bodies, faculty, and students.

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Appendix A: Instrumentation 1: The Survey

This questionnaire is the first step in the data collection. It is intended to filter the desired population and to know if they meet the criteria to participate. Participants who agree with the study and to participate in the research need to enter their email address before moving forward.

About this study

You are invited to take part in this research study about nursing faculties' perceptions teaching students who have English as their second language (ESL). The researcher is inviting nursing faculties that are active or inactive and that have experience teaching to students who have English as their second language to be in the study. The purpose of this qualitative descriptive research study is to develop a greater understanding of nurse educators' knowledge and experiences related to how language is developed, the learning needs of ESL nursing students, ESL teaching strategies, and what they believe are their needs for professional development concerning teaching ESL nursing students. The first part is to complete this 28-item survey, and it might take 5-10 minutes. The second part is to set up a virtual one-on-one interview via conference call using Google Voice. This part may take from 30-60 minutes to answer 10 questions. I would not use the name of any participant or nursing school in the findings.

Thank you so much for your collaboration!

Natalia S. Ruiz

Walden University Doctorate candidate

natalia.ruizmuniz@waldenu.edu

Email address *

Consent to Participate

Voluntary Nature of the Study: This study is voluntary. You are free to accept or turn down the invitation. No one at your Institution will treat you differently if you decide not to be in the study. If you choose to be in the study now, you can change your mind later. You may stop at any time.

Participants' Criteria: Nursing faculty approved to teach in any ADN or BSN program in the United States -active, inactive, full-time, part-time, adjunct, clinical faculty, or retired - teaching or have taught ESL nursing students.

The Purpose: The purpose of this research study is to develop a greater understanding of nurse educators' knowledge and experiences related to the development of academic language, the learning needs of ESL nursing students, ESL teaching strategies, and what faculty believe their needs are for professional development concerning teaching ESL nursing students.

Data Collection Procedure: The research will consist of an 18-item survey, and it might take 5-10 minutes. If participants in the survey are willing, they will be asked to participate in an online, one on one conference via Zoom. The interview is expected to take from 30-60 minutes to answer 10 open-ended questions. The survey will capture your day/time preferences for the interview. I will use your email to confirm the date/time of the conference and to send the invite to connect via Zoom.

Risks of Being in the Study: There is not expected risk for agreeing to participate in this study. All data collected will not use any names or identifiers.

Benefits: The results of this study may promote a better understanding of the knowledge and needs of nursing educators to teach ESL nursing students effectively. By nurturing and investing in faculty communities, it is expected that support for faculty in theory of second language learning and strategies for teaching ESL can be developed. This in turn may support the transformation of ESL student to a highly qualified and compassionate diverse nursing workforce.

Payment: There is no compensation.

Privacy: Reports from this study will not share the identities of individual participants. Details that might identify participants, such as your email will not be shared but will be kept in a secure place accessible only to the researcher. The researcher will not use your personal information for any purpose outside of this research project. All audio files will be deleted after the research is completed. Passwords will protect all equipment and software. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions: If you have questions you may contact the researcher, Natalia Ruiz via email or by phone (407) 791-4929 or email natalia.ruizmuniz@waldenu.edu If you have any questions about your rights as participants, please contact Walden's Research Participant Advocate (612-312-1210).

Completion of the survey constitutes your consent to use the research data.

Once you complete the survey, you will be asked if you are willing to participate in the one on one interview via Zoom. Insertion of your email address and name will serve as consent for the researcher to participate and to contact you about a time for the one on one interview.

Thank you so much for your collaboration!

Natalia S. Ruiz

Doctorate candidate Walden University

natalia.ruizmuniz@waldenu.edu

IRB approval Number 12-13-19-0503513

IRB Expiration Date 12-12-2020

Email address (do not use work email)

1. Screen Name (do not use real name)
2. What is the highest level of school that you have completed?
 - a. BSN
 - b. MSN
 - c. Doctorate
3. In what state do you reside?
4. What is your age?
 - a. 21-30
 - b. 30-40
 - c. 40-50
 - d. 50-60

- e. 60 or more
5. Do you speak another language other than English? Mark only one oval.
- a. Yes
 - b. No
6. Is English your second language?
- a. Yes
 - b. No
7. Which of the following categories best describes your faculty employment status?
- a. Employed, working full-time as a faculty
 - b. Employed, working as an adjunct faculty
 - c. Not employed as a faculty, but have teaching experience
 - d. Retired faculty
8. Have you completed any continuing education training in ESL learning needs or teaching ESL strategies in the last 5 years? Mark only one oval.
- a. Yes
 - b. No
9. In which program do you teach? Mark only one oval.
- a. Diploma
 - b. ADN
 - c. BSN
 - d. Graduate
10. Does your institution provide any learning support to ESL nursing students?

a. Yes

b. No

11. Years of teaching experience

a. 0-2 years

b. 3-5 years

c. 10+ years

12. Do you have experience in teaching nursing to ESL students?

a. Yes

b. No

13. Does your institution provide any training for nursing faculty in the following?

a. Second language development

b. ESL student needs

c. ESL strategies

14. How would you describe your overall experience teaching nursing to ESL nursing students?

a. Frustrating

b. Inspiring

c. Exhausting

15. The next step is to set up the virtual interview via conference call using Google Voice. Please select the days that are more convenient for you to set up the virtual meeting. Check all that apply.

a. Monday Tuesday Wednesday Thursday Friday Saturday Sunday

16. Please select the best time to schedule the virtual meeting.

- a. Early Morning (6am-10am)
- b. Afternoon (11am-2pm)
- c. Late Afternoon (3pm-6pm)
- d. Evening (7pm-9pm)

17. Select your time zone

- a. ET
- b. Central
- c. Mountain
- d. PT
- e. Alaska
- f. Hawaii

A copy of your responses will be emailed to the address you provided

Appendix B: Instrument 2: Phone Interview Questions

Before Recording

Greetings

Thank you for your support in this doctoral study. This second part of the research are 10 in-depth questions that will help to have a deeper understanding of your teaching experiences and opinions when teaching linguistically diverse students.

Potocol: You have the right to refrain from answering any question and that there is no retaliation against you due to your answers.

Do you have any question?

If you agree, I will now start the recording. You'll hear the message of "starting recording"

Press 4

After Recording:

Good morning. Today is Date I have on the line [Screen Name] a participant for the doctoral study Nursing Faculty's Perceptions of Teaching Students Who Speak English as Second Language.

General Teaching Experience

1. Please describe your teaching experience with ESL students? BSN/ADN?
2. Now, reflecting on your experiences, I'll like to know what do you think about the following statement: "Inclusion of ESL students in the nursing program is good in theory, but does not work in the real world?"

Nursing faculty perceptions about teaching ESL nursing students

1. Using your nursing faculty hat, how do you believe you are required to assist ESL students in developing academic language?
2. How do you feel teaching academic language in your class or clinical?
 - a. Do you feel prepared, ready, etc?

ESL learning Needs

1. Describe at what point during your class or clinical you are likely to know if one or more students have problems with the content?
 - a. Can you anticipate which part of the class will be more challenging?
 - b. What do you do?
2. What barriers or challenges have you noticed that ESL students struggle the most?
 - a. Did you allow students to use dictionaries?
3. Noticing those challenges, what would say how ESL students learn best?
4. How do you adjust your teaching style and assessment strategies to accommodate linguistically diverse students?

Knowledge and experience in developing language in the nursing program

1. From all the teaching and assessment strategies like (ALS, Cooperative learning, inquiry-based, visualization, etc.) what do you believe are more attuned to students' academic language proficiencies and cognitive learning?

Faculty developmental needs

2. What type of faculty development do you believe could help educators improve their teaching of content and academic language in nursing programs?