Introduction

Globalization is becoming a driving force in various professions across the world. One area in particular that is directly involved with globalization is healthcare. Frenk (n.d.) from Harvard School of Public Health identifies four areas in which healthcare globalize services: “1) service exportation; 2) commercial presence; 3) transnational movement of providers; and 4) transnational movement of consumers” (para 8) [1]. In response to the transnational movement of providers, nursing programs in the United Stated are collaborating with other countries such as China to create international exchange programs. While the international exchange programs are highly
beneficial to the healthcare profession, many educational challenges arise in the student-faculty academic relationship.

Nursing is a profession where one size does not fit all. John Dewy (1902), an educational scholar, stated “Learning is active. It involves reaching out of the mind. It involves organic assimilation starting from within” (p.9) [2]. Since students learn differently, nurse educators are highly encouraged to implement various pedagogical avenues in order to cater to the multiple intelligences seen within their classrooms. The learning difference of Chinese nursing students and how American nurse educators teach, can pose a mixture of challenges for both faculty and student. Therefore the question arises, how do nurse educators prepare and respond to these challenges?

Aim

This review of literature aims to explore cultural differences of Chinese nursing students and how faculty can develop teaching strategies to meet their educational needs. The intent of this literature review is to provide nurse educators and researchers with cultural background information of Chinese students, faculty development strategies, and recommendations of further research.

Methods

The search included articles published from 2007 to 2017 within CINHAL Complete, Ovid, and Google Scholar as the databases. Key terms searched were: international nursing students, Chinese nursing students, nurse educator, American nursing programs, and international students. Using a combination of the terms yielded 12,297. Inclusion criteria consisted of articles written in English only, qualitative or quantitative research, research examining international students studying nursing in either the United States, Australia, or the United Kingdom. Therefore, a total of 27 articles were used for this literature review.

Results and Discussion

Comparing Chinese and American academic perspectives

In recent years, international exchange nursing programs have become predominant in the United States, Australia, and the United Kingdom; much of what Asia refers to as the Western culture. Exchange programs can create a plethora of benefits and advantages for both countries. However as Xu (2012) indicated, the collaboration between the countries must be a two-way street [3]. Wang, Andre, and Greenwood (2015); Fabbro, Mitchell, and Shaw (2015); and Thompson (2012) stated that international students experience multiple academic challenges or stressors upon arrival to the Western educational programs [4,5,6]. The stressors that were identified include communication, culture, academic delivery, comprehension, and vocabulary. More specifically, Thompson (2012) and Crawford and Candlin (2013) emphasized a professor’s dialect, colloquial phases or statements, and speech patterns (rapid or soft-spoken) can potentiate the difficulties for Chinese students when studying abroad [6,7]. All exchange programs require international students to achieve a certain score on an English proficiency exam such as The Test of English as a Foreign Language (TOEFL) or The College English Test (CET). Cummins (as cited in He, Xu & Zhu, 2011) explained students who learn a second language are taught the fundamentals of the language in two different levels, basic interpersonal communication (BIC) and cognitive academic language proficiency (CALP) [8]. Students usually score well on the English proficiency exams; in spite of this, Thompson (2012) and Crawford and Candlin (2013) emphasized it takes several years for international students to become fluent and attain the complex English language skills [6,7].

The Chinese culture has differences related to classroom instruction compared to the Western culture. The values of Confucius are entrenched within the Chinese education. Given these values, students view the professors as “fountains of knowledge” and are expected to obey, listen, absorb, and memorize information [9,10,11]. More specifically, Chinese students learn predominately by surface rote, silent, and passive learning [12]. Surface rote learning is described as students memorizing information, most often in preparation for an exam. In the United States, nursing students are strongly encouraged by their professors to critically think about the content/concept being taught. The majority of the exam questions given in nursing education are asked in the form of application, which requires students to think deeply and apply concepts. Additionally, silent and passive learning is a historical Chinese educational approach that is still practiced today [7,12]. This technique does not allow the students an opportunity to ask questions, clarify concepts, or challenge opinions posed by the professor. In the United States, nursing education supports active and engaging learning styles.

When Chinese students integrate into the Western learning system, they often find themselves lost in relation to the content because of the difference in classroom and clinical instruction as identified by Jin and Cortazzi (2006) and Barmeyer (2004) [13,14]. In Western nursing education, critical thinking is cultivated in the classroom, as well as, the clinical setting. Whereas in China, students are provided with little to no clinical experience [10]. If Chinese students are provided the opportunity to enter the clinical setting in their country, activities are only limited to noninvasive procedures such as bed baths and vital signs. The foundation of a student’s learning cannot be easily undone. Thus, Barmeyer (2004) and Joyce-McCoach and Parrish (2014) indicate that it is imperative for nurse educators to extend beyond their normal expectations and begin to understand the cultural academic perceptions and challenges the students encounter [14,15]. By understanding the academic culture in China, educators can develop and implement teaching strategies that can foster a positive learning environment. Xu (2012) expressed that
exchange programs that are culturally sensitive to the cultural background of the students are more likely to be successfully [3].

Becoming Culturally Sensitive

In order to sustain a successful international program, it is essential that nursing faculty recognize and embrace cultural variances. Cultural sensitivity and competence are practices that are embedded heavily in Western nursing education programs. The National League for Nursing Accrediting Commission expects nurse educators to infuse cultural competence throughout nursing curricula. This is to ensure that future nurses can serve clients of diversity within the healthcare setting. Although nurse educators teach cultural competence, Miller (2013) stated that educators tussle with cultural competence when faced with teaching students of different backgrounds [16]. For some nurse educators, teaching practices often fit into the world of the “normal” student (Caucasian, female, youthful, born in the United States). Therefore, when nursing students do not fit into that “normal” characteristic, their educational progress can become impaired or lost in translation due to the marginalization of teaching techniques or practices [4,13-17]. Wang et al. (2015) indicate that many Chinese students have obtained higher education prior to enrolling in exchange programs; however, their education is not often valued in the Western culture [4].

Increasing cultural awareness creates a culturally sensitive academic atmosphere, which can assist international students to propel through their educational studies successfully [6]. Miller (2013) illustrated a cultural challenge from an interview excerpt from a student of diversity enrolled in an associate degree-nursing program: Originally, from East Europe, a nursing student expressed the need for educators to be patient by saying, “Sometimes things we say might seem rude, but it’s not meant that way. It’s just that what is normal here is very different from the way I learned in my old country” (p.93) [16]. Recognizing the various cultural characteristics helps to foster a healthy, positive, and understanding relationship among student and faculty. One strategy that can assist nurse educators with cultural sensitivity is to find out where the students are from. This can be accomplished by completing an anonymous survey [18]. Most often, international students choose to further their education in America in order to implement practice changes in their native countries. Broadly speaking, instead of viewing international students as a group of students with academic challenges, Xu (2012) highlighted that international students are a brilliant group of students who bring diverse knowledge, skill, experience, and culture [3]. Together, a reciprocal adaption of learning can occur between Asia and America.

While nursing theories, ideas, and models may be consistently similar in both the Chinese and Western culture, the nursing implementation and interventions vary. Xu (2012) expressed that in the Chinese culture, clients should not be reliant on nurses during illness or their healing process [3]. Whilst in the Western culture, nurses are present during those specific times to support clients, which are thought to aid in their recovery progression. Given the varying interpretations of nursing care, a high degree of cultural understanding and sensitivity is needed when educating international students. Being culturally competent can foster the ability to identify, respect, and understand the beliefs and values of the other individual. Xu (2012) outlines three preparation suggestions when educating international students [3]. First, background knowledge of the country: It is critical for educators to have an understanding of the student’s history, culture, society, healthcare philosophy, and possibly politics. Gaining insight of the student’s native country can assist educators in framing activities that are common to the student. Second, explore the nursing profession as it relates to the student’s country: All nursing programs are structured differently; therefore, it is imperative to assess what fundamental concepts have been taught and the depth of which this content has presented. Assessing a student’s knowledge can assist educators in properly identifying resources if needed. Lastly, prepare logistically: It is strongly encouraged for educators to be involved in the planning process of students. Preparation can cultivate student success.

Faculty Development Strategies

Over the past decade, more international students are enrolling into American colleges and universities. Due to higher education institutions becoming so widely diverse, educators should immerse themselves in professional development activities that can help frame teaching techniques that are effective to all students. Audette and Roush (2013) accentuated that faculty who tie educational theories to their teaching seem to have more structure and meaning in their academic delivery, positively affecting student outcomes, evaluations, and relationships [19]. Conversely, Redden (2017) reported that faculty or professional development workshops were only being offered by a quarter of institutions in American [20]. The Educational Services conducted a survey that included 662 international students attending 23 different colleges. The areas that the international students desired more from their professors included: provide more feedback (35%), understand international student perspectives (33%), make classroom material available after class (32%), provide examples of assignments to be completed (32%), and provide more non-US examples of course content (28%) [20]. Moreover, the most common classroom challenges that were identified among the 662 international students were: writing assignments (65%), amount of reading (63%) and writing in English (56%), class presentation participation (56%), perceived special treatment of the American students (56%), class discussions (56%), and professor lacking understanding of their culture (50%) [20]. Professional development is an excellent avenue for faculty
to embark upon to examine their teaching practices more deeply. Reflecting on previous instructional strategies and engaging in workshops could potentiate the development and enhancement of new teaching practices and perspectives.

Faculty development promotes professional growth in many avenues of academia. Joyce-McCoach and Parrish (2014) designed a professional development workshop, which assists educators in understanding the cultural impacts that international students experience, and develop appropriate teaching strategies [15]. Included in the workshop were four phases: 1) Analysis of practical problems, 2) Development of solutions, 3) Evaluation and testing the solutions, and 4) Reflection and documentation. Joyce-McCoach and Parrish (2014) concluded that 10 of 15 participants found the workshop consolidated their understanding of cultural considerations, as well as, extended their awareness of techniques that are appropriate for engaging international students [15]. When an educator’s awareness of cultural academic differences become heightened, delivery techniques can become more effective. In addition to professional development, Ryan and Dogbey (2012) identified seven strategies that nursing faculty can implement to help international students achieve success: 1) Teach from a global perspective, 2) Articulate of otherness, 3) Become unknowing, 4) Create a caring and cooperative curriculum, 5) Help students develop an internal focus of control, 6) Foster English language acquisition, and 7) Consider clickers [21].

Reflection

Myers, Mixer, Wyatt, Paulus, and Lee (2011) focused upon faculty development and blended learning strategies [22]. An essential component of faculty development is learning communities. Building a learning community takes the efforts of faculty members and students. Myers et al. (2011) and Drummond-Young et al. (2010) explained that learning communities supports rich, valuable, and safe learning and teaching environments for students and faculty [22,23]. A community can ensure delivery of content is consistent for student learning, in addition, creates a space for faculty reflection. For educators to understand the influences that could hinder or enrich a Chinese student’s learning, documented reflective practices is an effective approach. Reflection can take place in the forms of discussion, networking, and exchanging. Fabbro et al. (2015), Rock (2014); Joyce-McCoach and Parrish (2014) designed workshops that involved educators dividing into groups to discuss challenges, reflection upon their experiences and outcomes, and the exchange of techniques and ideas they have employed while working with Chinese students [5,15,24]. Rock (2014) coined this networking experience a “think tank,” while Fabbro et al. (2015) acknowledged the experience as “sharing spaces [5,24].” Engaging in reflective discussion and/or networking are beneficial for all educators, especially novice educators, because it creates opportunities for educators to share opinions, views, perceptions, and strategies amongst one another.

Moreover, student reflection is also a valuable tool that educators can use to assist Chinese students. Reflection promotes critically thinking, which nurtures active learning. Condon and Sharts-Hopko (2010) suggested asking the students questions [10]. The student may or may not know the answer to the question; however, it stimulates thinking on a deeper analytical level. Even if the experience is positive or negative, reflection has proved to be an effective tool that stimulates thinking among students. Fulbright (2014) proposed the use of one-minute papers as a means of reflection [25]. Discussion prompts such as: “The clearest point of class today was…,” The muddiest point of class today was…, How I prepared for class today….. What I liked best that helped me learn…? Having students write out their thoughts can help educators steer the lecture format down a different avenue next time; as well as, assist students in reflecting on what was taught during that particular lecture.

Immersion

Studying abroad is certainly not an easy transition. In Fabbro et al.’s (2015) participatory action research, one participant expressed the amazement in the capability of international students to study in a higher education institute in a second language [5]. As the world is becoming more diverse, it has become imperative that healthcare leaders including administration, nursing faculty, nurses, and student nurses understand global health topics and issues that consume our country and surrounding countries as well. Montenery et al. (2013) and Xu (2012) described cultural immersion as a unique opportunity in which educators can immerse themselves, thus engaging in cultural sensitivity [3,17]. Not only should faculty experience cultural immersions, American students should have an opportunity to visit countries outside of the United States as well. McKinnon and McNeils (2013) examined the idea of nurse educators taking a group of nursing students to another country as an international service learning project [26]. Although the experiences may be uncomfortable because it is out of a person’s “norm,” immersions can allow the faculty to get a sense of how challenging studying abroad can be. Learning about a different culture can allow nurse educators to gain a broad perspective and respect of cultural differences. Coffman, Burfield, Neese, Ledesma-Delgado, and Campos-Zerreno (2013) suggested the idea of foreign visitors presenting lectures, participating in panel discussions, and visiting clinical agencies as a means of sharing information about a particular culture [27]. Immersions can be rather expensive; for that reason, capitalizing on cultural experiences offered on a local or national level can be more realistic for nurse educators [17]. Additionally, Thompson (2012) expressed that faculty can also learn about their international students by spending time and talking with them. Engaging in conversation can be considered a form of cultural immersion [6].

Active Learning Techniques

In nursing education, it is essential that educators help students to critically think. Using a variety of teaching techniques can allow nursing educators to tap into each student’s mode of understanding, thinking, and analyzing information. Knowing that students from China are educated on the principles of Confucius, educators can assume that memorization is an education action that is embedded into their learning style. So, how can educators foster Chinese students to critically think? Fulbright (2014) offered different strategies that have been found to increase critical thinking skills which consist of case studies/simulation and concepts maps [25]. Fulbright (2014) expressed that case studies allow students to take material or concepts from the textbook and apply to a client scenario or an event that can occur within the clinical setting [25]. Through a reflective lens, students begin to understand the concept and gain a deeper comprehension. This same learning strategy has been in academia for many years. Russell, Comello, and Wright (2007) discussed the same principles around case studies, also known as problem based learning [28]. Further, Russell et al. (2007) indicated that problem based learning fosters clinical reasoning and self-directed study habits. When students understand the full meaning of self-directed learning, they become persistent, responsible, and goal-oriented enabling them to learn a mixture of transferable cognitive and meta-cognitive skills which cultivates a healthy learning environment and critical thinking skills.

Concept maps are much like case studies, except that concepts maps are utilized more frequently for visual learners. Although concepts maps do not consist of pictures or diagrams, the student can see concepts being linked or joined together [25]. The uniqueness of concepts maps is that students can make them as big or small as they desire. Li, Yu, Liu, Sheih, and Yang (2014) suggested nursing programs break information down in small pieces, which gives students time to digest each section [29]. Thereafter, it becomes easier for students to take each small piece and place them together in a bigger picture. Similarly, Moorman (2015) conducted a study that attempted to examine the meaning of visual thinking strategies (VTS) and what it meant to nursing students and the effects of caring for patients [30]. Initially, when people view artwork it can be overwhelming and possibly not make any sense. However, as a participant in Moorman’s (2015) research stated it was way too busy when I first saw it. I didn’t like it and wanted to walk away But, after we started talking about it and everyone was noticing small details, we were able to find a common meaning for the larger work of art and its meaning. We broke it down into little pieces, and it makes the big picture seem not so scary. This is what I ended up doing in the ICU the first day. I was overwhelmed, but then I just went to look at the medicines, then the vent, then the drains...I broke it down into small pieces, and it helped me to get a better understanding of the big picture! (p. 753) [30]

Finding different and unique strategies to understand the concept can assist Chinese students to interpret clinical findings and implement the appropriate clinical intervention(s). Nurse educators must remember, what seems simple to an expert, is not so simple to the students, especially Chinese students, who are novices.

Review of Limitations and Future Research

This literature review was limited to exploring the Chinese culture. However, examining Chinese nursing students in America confirms the mixture of challenges an international student can experience. Although the challenges are quite clear, little research has been conducted outlying the effectiveness of American nursing programs implementing various strategies (teaching, mentorship, etc.) to soften the identified and known challenges. Future research should be conducted upon the perception of the student and which teaching strategies worked and did not work. Education varies from each country, so understanding the positives and negatives from a student’s perspective is critical in identifying the appropriate teaching strategies and/or resources.

Conclusion

With the increasing diversity of healthcare, international nurses are highly beneficial and valuable in providing culturally competent care. Nurse educators are responsible for educating our future nurses. Therefore, it is imperative that nurse faculty is equipped with the necessary tools and knowledge to address the learning needs of all students. Studying aboard is not an easy task; however, with nurse educators engaging in professional development, nursing education among international students can reach maximal potential.

References


