



Development of a resource to promote resilience in international students undertaking health courses

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The Resilience in International Student Education (RISE) project was funded by the Australian Learning and Teaching Council (ALTC) and aims to develop and build supportive strategies for international students in the nursing, public health, and nutrition and dietetics disciplines. The project is led by the Faculty of Health at the Queensland University of Technology (QUT), working in partnership with the University of South Australia (UniSA), as well as clinical partners, to develop, implement and systematically embed a supportive model for promoting resilience and effective workplace functioning in international students. In addition to providing direct student support, this model will enhance the mechanisms by which international students are mentored and supervised when on practicum placement in clinical settings. The model and accompanying resources developed through the educational partnership will be informed by critical iterative feedback from a network of tertiary health education experts, specialists in the area of language and learning support, and other key stakeholders to ensure that project outcomes have the potential for mainstreaming across both the health education and health service sectors. The RISE project embeds a sustainable model for tertiary institutions and healthcare services to support international students in health courses that will result in more resilient, confident and job-ready international graduates. It will also contribute to safer and more culturally responsive healthcare in Australian hospitals and health services generally. The project has developed a range of innovative online resources to assist international students, and those supporting them, to negotiate common situations more successfully and access appropriate resources and networks.

Keywords: international students; support; online resources; resilience

Background context

Australia has the highest international proportion (19.3%) of tertiary degree enrolments of any OECD country (OECD, 2007). People from a wide range of nationalities are increasingly seeking degree courses that will be internationally recognised and allow uptake of attractive employment opportunities in other countries. As per the rest of the world, Australia is currently in the grip of a skills shortage of healthcare professionals, including nurses, dietitians, and public health practitioners (Productivity Commission, 2005). According to recent reports, there will be a continuing increased demand for

nursing graduates over the coming decade that will far outstrip supply (Australian Health Ministers' Advisory Council, 2005; Preston, 2006). To compensate for this, Australian tertiary institutions are following the trend towards globalised education by accepting greater numbers of international nursing, nutrition and dietetics, and public health students.

Over 73% of international students graduating from Australian degree courses plan to apply for Australian permanent residency status before or after course completion (Graduate Careers Australia, 2007). Depending on the quality of their learning experience, many international students in Australian health courses may apply for permanent residency under the General Skilled Migration program, which helps to meet workforce shortfalls in the healthcare system (Birrell, Hawthorne, & Richardson, 2006). It also adds value to the health labour force by increasing diversity, capacity and cultural competence in the workplace (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Sparacio, 2005). Indeed, a recent study found that in the tertiary sector, international nursing students are viewed as a valuable investment that is likely to return committed service to the Australian healthcare system (Office for Women's Policy & The Department of Education and Training, 2006). With workforce shortages, the Australian healthcare system has become increasingly reliant on overseas trained professionals as well as international graduates who have undergone training in Australia (Konno, 2006; Productivity Commission, 2005).

To complicate matters, worldwide competition for skilled health professionals is intensifying. Similarly, the tertiary sector market for students continues to diversify as competition increases (Coaldrake, 1999). In spite of these factors, Australia continues to attract rising numbers of international students (International Research and Analysis Unit, 2010). Most Australian universities are active in their recruitment and education of international health students at both undergraduate and postgraduate levels.

With international students forming such a large section of the university community, faculties need to ensure that these students are provided with quality learning experiences, while being supported in their personal and educational aspirations. Of course, there is very significant diversity amongst international students, in terms of their educational expectations, academic ability and English language proficiency (Arkoudis, 2008; Biggs, 2003; Ryan, 2005). There are, however, particular common challenges that international students face when embarking on a health degree, and it is these challenges that this project seeks to address. As these students come into university and, as part of their program, are required to practice in healthcare settings including large teaching hospitals, it can be very difficult for them to adjust to studying in new and often complex systems. Recognition of the struggle faced by international students when integrating into Australian culture in general - and health care systems in particular - is increasing. While many higher education and healthcare institutions have processes in place for supporting these individuals, there are still many important needs that must be met in order to ensure high rates of student retention and graduation, graduate retention in the Australian healthcare workforce, and the provision of safe, competent healthcare by graduates. The current project aimed to provide a model for supporting international students in health courses and addressing the very real needs that they have, particularly in relation to working confidently and effectively in healthcare settings.

Aims

This ALTC-funded project included the development of a comprehensive model and online resource for international students in health courses. This resource is based upon a supportive model which addresses four key areas: adjusting; coping; learning and communicating. The website aims to support international students, as well as clinical staff who work with them when they are on placement. This media rich resource contains practical information, strategies and demonstrations that international students and clinical staff can refer to whilst on (and in preparation for) clinical placement.

Method

An extensive literature review was first undertaken, and from these a comprehensive theoretic model was developed. Focus groups were then carried out with international students and clinical staff to ascertain the most important areas of focus. Extensive video-taped interviews were then conducted and filmed for use on a purpose-built, openly-available website. The prototype website was developed, trialled and evaluated, prior to the development of the finalised resource.

The Resilience in International Student Education (RISE) Model

We considered all of the earlier models discussed above along with our findings from discussions and focus groups with international students and support staff who work directly with them. What became clear is that a comprehensive model which addresses language, learning, coping and adjusting, is needed. Williams and Cavillo's (2002) model describes the inputs and outputs of these concepts yet lacks description of how the concepts can impact upon each other. Alternatively, Ong (2009) and Kinnear et al. (2008) place emphasis on the interaction between the various components of their models, but tend to lack a holistic approach to students. Ong's (2009) model focuses on the experience of learning and developing strategies without considering language or coping. Kinnear et al.'s (2008) model concentrates on support and resilience without considering language or learning. At present, there is no model for effectively supporting international students studying health courses in terms of building resilience and promoting effective functioning in workplace settings (Jeon & Chenoweth, 2007). As the Birrell et al. (2006) report has pointed out, improvements and opportunities are necessary to ensure that international graduates of Australian courses are job ready and have the vocational base needed to take on professional level employment. Retention of graduate international students in the health professions can also contribute significantly to the provision of culturally congruent care to consumers from diverse backgrounds (Campinha-Bacote, 1998, 2002; Shakya & Horsfall, 2000).

Results

The RISE model encompasses many of the issues for international students that have been discussed in this review that enable positive and proactive functioning in a foreign environment. '*Getting settled*' includes adjusting to a foreign country and health system as acculturation, culture shock and professional and living adjustment issues are known to be relevant to international students (Dickson et al., 2007; Hener et al., 1997; Schreier & Abramovitch, 1996). The importance of providing practical information to assist students' orientation, regardless of the method by which this is disseminated (Klisch, 2000; Lin & Yi, 1997; Wang et al., 2008), is also noted under this section. The RISE model relates the success of '*Getting settled*' to the process of '*Learning*'. For international students, ability to orientate to a new culture will also likely influence their ability to adapt to the foreign expectations, ways of thinking and approaches to study they are likely to experience (Wang et al., 2008; Yoder, 2001). The influence of the university is also noted under '*Learning*', which may include curriculum flexibility to international student needs (Yoder, 2001) and the inclusion of transcultural health theory (Klisch, 2000).

'*Communicating*' is the third component of the RISE model, signifying the importance of language difficulties for international students. '*Communicating*' issues include general difficulties improving English, for instance advancing from BICS to CALP (Cummins, 1981), as well as difficulties specific to the safe practice in the clinical setting ("Language skills review," 2006; Wilson et al., 2005). The influence of culture is also present, by recognition of international student issues with assertively addressing others and asking questions (Hussin, 1999; Wang et al., 2008). The impact of the education environment upon language skills, for instance classes with context-rich immersion that encourages language development (Caputi et al., 2006; Guhde, 2003; Klisch, 2000), is displayed by the model's relationship between its '*Learning*' and '*Communicating*' components.

The model's final component, '*Coping*', most closely resembles resilience as it has been discussed in this review. Included is how students cope when things go wrong, which may be displays of adaptive or endurance resilience (Walker et al., 2006), as well as the management of stress, loneliness and pressure, which can all be part of the international student lifestyle (Abramovitch et al., 2000; Deumert et al., 2005). Fitting in and making friends also contributes to '*Coping*' as a reflection of the importance of social supports (Kinnear et al., 2008; Neri & Ville, 2008) and the ill-effects of discrimination (Jung et al., 2007). International students seeking help is also recognised under '*Coping*', signifying opportunities universities have to answer this call for support. Once again, the interconnectedness of the model demonstrates both the importance of '*Coping*' skills for '*Getting settled*', '*Learning*' and '*Communication*', as well as the influence these components have on '*Coping*'. Overall this can enable the development of resilient international students.

This model not only supports international students, but also builds capacity in tertiary and clinical systems for sustainable support of diverse students and staff in general, as well as contributing towards the contextualisation of curriculum internationalisation. In addition, it promotes safe healthcare and care practices, by reducing the likelihood of misunderstandings and misinterpretations within a

healthcare context (Wilson et al., 2005). The model will be transferable to other health disciplines and even to other sectors where international students are enrolled. In workplaces, the model will serve as a framework for international student supervision that fosters a positive and constructive approach to mentoring international students as well as other students with diverse needs and backgrounds. This is very important because it will help shape international students' perceptions of what the real world of work holds for them in their chosen profession in Australia.

Discussion

The initiative undertaken, using the RISE model, aims to develop and implement a strategy to provide ongoing support to international nursing students that is targeted to the needs that have been identified in the university and clinical settings. It is suggested that the impact of this will be that: i) Australian universities retain and graduate more international students from health courses; ii) the Australian healthcare system retains more international graduates and thus is able to provide more culturally congruent care; iii) the clinical experiences of these students are enhanced; and iv) a sustainable model of patient care and safety is implemented.

Embedding the RISE model will have a direct and positive impact on the quality of clinical learning experiences and educational and employment outcomes for international students who are training for the health professions. It will achieve this through a comprehensive and coordinated approach to building institutional capacity by developing cultural change, targeted resources, effective information technology utilisation and enhancement of approaches to clinical supervision of international students. In the absence of such a model, there is a risk that the long standing concerns regarding the resilience and work readiness of international students will persist.

It is expected that this online resource will be taken up widely across tertiary education and clinical institutions across Australia. It will provide a sustainable and generalisable model of supporting international students in health courses, particularly in workplace settings.

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References

- Abramovitch, H., Schreier, A., & Koren, N. (2000). American medical students in Israel: Stress and coping - a follow-up study. *Medical Education*, 34, 890-896.
- Aiken, L., Buchan, J., Sochalski, J., Nichols, B., & Powell, M. (2004). Trends in International Nurse Migration. *Health Affairs*, 23 (3), 68-69.
- Arkoudis, S. (2008). Teaching international students: Strategies to enhance learning. *Centre for the Study of Higher Education, University of Melbourne* <http://www.cshe.unimelb.edu.au>
- Australian Health Ministers' Advisory Council. (2005). *Scopes of Practice Commentary Paper*. Melbourne: National Nursing and Nursing Education Taskforce.
- Biggs, J. (2003). *Teaching for Quality Learning at University*. Berkshire: Open University Press.
- Birrell, B., Hawthorne, L., & Richardson, S. (2006). *Evaluation of the General Skilled Migration Categories*. Canberra: Australian Government.
- Campinha-Bacote, J. (1998). Cultural diversity in nursing education: Issues and concerns. *Journal of Nursing Education*, 37(1), 3-4.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181-184.
- Caputi, L., Engelmann, L., & Stasinopoulos, J. (2006). An interdisciplinary approach to the needs of non-native-speaking nursing students: Conversation circles. *Nurse Educator*, 31(3), 107-111.

- Coaldrake, P. (1999). The changing climate of Australian higher education: An international perspective. *Higher Education Management*, 11(1), 117-134.
- Cummins, J. (1981). The role of primary language development in promoting educational success for language minority students. In California State Department of Education (Ed.), *Schooling and language minority students: A theoretical framework*. Los Angeles: Evaluation, Dissemination and Assessment Center.
- Deumert, A., Marginson, S., Nyland, C., Ramia, G., & Sawir, E. (2005). *The Social and Economic Security of International Students in Australia: Study of 202 Student Cases*: Monash Institute for the Study of Global Movements, Monash University.
- Dickson, C., Lock, L., & Carey, M. (2007). "In my country nurses don't..." *Australian undergraduate nurse education and the international culturally and linguistically different student*. Paper presented at the ISANA International Conference "Student success in international education".
- Graduate Careers Australia. (2007). *University and Beyond 2007 Report: A Survey of Tertiary Student Perceptions and Expectations*. Carlton: Graduate Careers Australia.
- Guhde, J. A. (2003). English-as-a-second language (ESL) nursing students: Strategies for building verbal and written language skills. *Journal of Cultural Diversity*, 10(4), 113-117.
- Hener, T., Weller, A., & Shor, R. (1997). Stages of acculturation as reflected by depression reduction in immigration nursing students. *International Journal of Social Psychiatry*, 43, 247-256.
- Hussin, V. (1999). *From classroom to clinic: Towards a model of learning support for NESB nursing students in their clinical placements*. Paper presented at the Proceedings of HERDSA Conference, Cornerstones: What do we value in High Education?, University of Melbourne, Victoria.
- International Research and Analysis Unit. (2010). *International student numbers 2009*. http://aei.gov.au/AEI/PublicationsAndResearch/Snapshots/2010022610_pdf.pdf.
- Jeon, Y., & Chenoweth, L. (2007). Working with a culturally and linguistically diverse (CALD) group of nurses. *Collegian*, 14(1), 16-22.
- Jung, E., Hecht, M. L., & Wadsworth, B. C. (2007). The role of identity in international students' psychological well-being in the United States: A model of depression level, identity gaps, discrimination, and acculturation. *International Journal of Intercultural Relations*, 31, 605-624.
- Kinnear, A., Boyce, M., Sparrow, H., Middleton, S., & Cullity, M. (2008). *Diversity: A Longitudinal Study of How Student Diversity Related to Resilience and Successful Progression in a New Generation University*. Perth: Australian Learning & Teaching Council.
- Klisch, M. L. (2000). Retention strategies for ESL nursing students: Review of literature 1990-99 and strategies and outcomes in a small private school of nursing with limited funding. *Journal of Multicultural Nursing & Health*, 6(2), 18-25.
- Konno, R. (2006). Support for overseas qualified nurses in adjusting to nursing practice: a systematic review. *International Journal of Evidence Based Healthcare*, 4, 83-100.
- Lin, J.-C. G., & Yi, J. K. (1997). Asian international students' adjustment: Issues and program suggestions. *College Student Journal*, 31(4), 473-439.
- Neri, F., & Ville, S. (2008). Social capital renewal and the academic performance of international students in Australia. *The Journal of Socio-Economics*, 37, 1515-1538.
- Office for Women's Policy and the Department of Education and Training (Overseas Qualifications Unit). (2006). *Good practice in the assessment, skills gap training and employment of overseas trained nurses*. Perth, Western Australia: Authors.
- Ong, D. (2009). *The International Students' Handbook: Living and Studying in Australia*. Sydney: UNSW Press.
- Organisation for Economic Cooperation and Development (OECD). (2007). *Education at a Glance*. Paris: OECD.
- Preston, B. (2006). *Nurse Workforce Futures*. Melbourne: Council of Deans of Nursing and Midwifery (Australia and New Zealand).
- Productivity Commission. (2005). *Australia's Health Workforce: Productivity Commission Research Report*. Canberra: Author.
- Ryan, J. (2005). Improving teaching and learning practices for international students: Implications for curriculum pedagogy and assessment. In J. Carrol & J. Ryan (Eds.), *Teaching International Students: Improving Learning for All* (pp. 92-100). London: Routledge.
- Shakya, A., & Horsfall, J. M. (2000). ESL undergraduate nursing students in Australia: Some experiences. *Nursing & Health Sciences*, 2(3), 163-171.
- Schreier, A. R., & Abramovitch, H. (1996). American medical students in Israel: Stress and coping. *Medical Education*, 30, 445-452.
- Sparacio, D. C. (2005). Winged migration: International nurse recruitment – Friend or foe to the nursing crisis? *Journal of Nursing Law*, 10 (2), 97-115.

- Walker, C., Gleaves, A., & Grey, J. (2006). Can student within higher education learn to be resilient and, educationally speaking, does it matter? *Educational Studies*, 32(3), 251-264.
- Wang, C.-W., Singh, C., Bird, B., & Ives, G. (2008). The learning experiences of Taiwanese nursing students studying in Australia. *Journal of Transcultural Nursing*, 19(2), 140-150.
- Williams, R. P., & Calvillo, E. R. (2002). Maximizing learning among students from culturally diverse backgrounds. *Nurse Educator*, 27(5), 222-226.
- Wilson, E., Chen, A., Grumbach, K., Wang, F., & Fernandez, A. (2005). Effects of limited English proficiency on health care comprehension. *Journal of General Internal Medicine*, 20, 800-806.
- Yoder, M. K. (2001). The bridging approach: Effective strategies for teaching ethnically diverse nursing students. *Journal of Transcultural Nursing*, 12(4), 319-325.

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