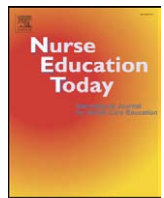




Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Nursing students coping with English as a foreign language medium of instruction

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ARTICLE INFO

Article history:
Accepted 30 July 2010
Available online xxx

Keywords:
Coping
Foreign language
Nursing students

SUMMARY

Aim: To explore the strategies used by nursing students in coping with English as a foreign language medium of instruction.

Method: A descriptive repeated-measure design was used. A convenience sample of 78 students completed the assessment tool at three different times. Coping was measured with Folkman and Lazarus' (1988) Ways of Coping Questionnaire. In addition, a Free Response Questionnaire was designed to elicit possible solutions for the participants' limited competency in the English language. Changes in mean scores from time 1 to time 2 and from time 2 to time 3 were examined using paired *t*-test independent samples.

Results: The study showed that positive reappraisal, planful problem-solving, self-controlling, and seeking social support have decreased significantly ($p < .05$) from time 1 to 2, whereas confrontive coping and distancing have increased significantly from time 2 to 3, ($p < .05$). Further, while analyzing the free responses (Part 2), two themes emerged: language-related solutions; and accountability related solutions.

Conclusions: This study provides evidence that nursing students utilize a variety of strategies, which change over time. The responsibility for coping with English rests with the collective efforts of the student, faculty, and management.

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Background

Using English as a medium of instruction is a common practice in university-based nursing education programs in the Middle East, where Arabic is the mother tongue. However, on joining college, nursing students are expected to switch from using Arabic as a medium of instruction to English as the language of study and workplace, from sitting as passive listeners at school to negotiating and participating in the learning process at college, from being spoonfed to being responsible for their own education, from total reliance on the teacher to reliance on their own judgment, and from being a repository for rote-memorization of facts to being critical thinkers. In other words, the students are expected to move from school where critical thinking is at bay to where they are expected to negotiate, make decisions and justify their choices. Overwhelmed by these expectations, they feel stressed as they continue with their studies at college.

A similar situation has been foregrounded in Dudley–Evans and Swales (1980), who point out that the Middle Eastern Educational system is characterized by rote learning, adding that information

stored by memorization “cannot easily be retrieved in a selective way or used in a manner supportive of a particular line of argument” (p. 94). The issues the students face on joining college are complex since they discover that the English at their disposal and the kind of education they received are out of balance with the communicative demands of the nursing program. Accordingly, they fall back on copying from the texts they read without understanding. Whatever the requirements of the question – be it compare/contrast, evaluate or criticize – the knowledge they have so faithfully memorized is regurgitated indiscriminately without focus or organization. As Adamson (1990) observes, the most common coping strategies for doing assignments are copying and memorization. Similarly, in most developing countries, for example China, teachers tend to emphasize the lower order thinking skills which are characterized by rote learning and memorization (Wang and Farmer, 2008).

Previous studies have explored not only general situations related to stress-coping strategies among nurses (Chan et al., 2009; Hegge and Larson, 2008), but also particular situations related to language barriers due to the increasing proportion of culturally diverse students within the USA (e.g., O'Neill et al., 2005; Sheen, 2008), Australia (e.g., Shakya and Horsfall, 2000), Canada (e.g., Jalili-Grenier and Chase, 1997), UK (e.g., Ross et al., 2006), and within Auckland (New Zealand Nurses' Organization, 2006). Nursing shortage is a global crisis (Oulton, 2006) and skilled foreign nurses, especially those with competent standards in English as a Second Language (ESL), have been recruited from developing to developed countries to supplement the domestic nursing workforce in the aforementioned countries.

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It should be noted that the review below refers to second-language situations, where students are studying in English-speaking countries, and are therefore different than our study situation where students are studying in an English as a foreign language environment. However, the issues raised are applicable to both types of learning.

Language development was noted as the most significant problem in the lack of success of immigrant ESL nursing students (Malu and Figlear, 1998). Nurses must not only be proficient in general English, but also must be proficient in the use of medical terminology which is, according to Guhde (2003), is almost a second language by itself. Studies have pointed out the effects that ESL instruction has on students. For example, Sanner and Wilson (2008) indicated that self-concept was negatively impacted. ESL nursing students often chose not to speak out in class because their worries (Evans and Stevenson, 2009) and shame (Colosimo and Xu, 2006) could inhibit them from acquiring help from faculty and peers.

There is an ongoing debate that nursing schools have difficulties in retaining ESL students, and there appears to be a general agreement that recruitment and retention of culturally diverse students can be enhanced only with the improvement and modification in teaching strategies (Davidhizer and Shearer, 2005). For example, ESL students expect to be provided with highly tailored teaching input, interaction and feedback (Evans and Stevenson, 2009), with additional time for testing and opportunities to practice speaking (Caputi et al., 2006).

Peacock (2001) examined strategies adopted by learners in their attempt to cope with English as a medium of instruction. He examined the following strategy types: memory, cognition, compensation, metacognition, affection and socialization. Peacock's strategies are broad in scope in that he is not focused on the aspect of stress, albeit he does mention affective strategies as one of his six categories. He is rather concerned with the relationship between the strategies learners use and their language proficiency, concluding that strategies linked with language proficiency appear to be compensation, metacognition and cognition. A perspective emphasized by Folkman and Lazarus (1988) is coping as a process and the change in coping is a result of continuous appraisal and reappraisal within a context of a single stressful situation. They studied how undergraduate students coped with stress in relation to a midterm examination. Multiple assessments (i.e., at three distinct stages: anticipatory, waiting, and outcome) were carried out. The results showed that a variety of coping strategies were used at every stage, which implied that coping, as a process, is not static (Folkman and Lazarus, 1985).

The present study draws on Folkman and Lazarus (1988) framework as a basis for guidance in method and data analysis. Coping is defined as "The cognitive and behavioral efforts to manage specific external and/or internal demands appraised as taxing or exceeding the resources of the individual" (Folkman and Lazarus 1988, p. 6). It incorporates eight strategies namely: confrontive coping suggests some degree of risk-taking; distancing emphasizes self detachment to minimize the significance of the situation; self-controlling is used to regulate one's feelings and actions; seeking social support encompasses informational and emotional support; accepting responsibility acknowledges one's own role in the problem, with rectification; escape-avoidance suggests wishful thinking to escape the problem; planful problem-solving encompasses deliberate analytic efforts to alter the situation; and positive reappraisal describes efforts to create positive meaning and personal growth (p. 11).

Studies in general contexts have presented similar results to those of Folkman and Lazarus (1985). For example, Hudiburg and Necessary (1996) investigated coping strategies among computer users who experienced varying degrees of computer-stress. The results showed that high-computer-stress users relied on emotion-focused strategies while low-computer-stress users relied on problem-solving coping strategies. King (1991) explored life events, stress and coping strategies of secondary school students. The results showed that

gender was identified as an influencing coping factor: male students tended to employ planful problem-solving and accepting responsibility, whereas female students would seek social support and escape-avoidance. Stober (2004) examined how students cope with anxiety and uncertainty in the run-up to important exams. The results showed that high overall test anxiety associated with an increase in social support seeking strategies in both male and female students.

In Saudi Arabia, the country where the current research is carried out, health care facilities throughout the years have experienced a severe shortage of Saudi nurses with the result that Saudi Arabia has become one of the greatest importers of nurses from various regions of the world, non-Saudi nurses exceeding 80% (Salt3on, 2005). It is thus not surprising to find that nurses are diverse in cultures and languages, and that they provide care for patients of yet another culture. Nearly all the patients are native Arab speaking, whereas the majority of staff nurses know hardly any Arabic. Hospital policy stipulates that all written and verbal communication among staff be in English, while Arabic should be used when communicating with the patient. Nursing managements in Saudi Arabia have managed to locate bilingual staff interpreters to facilitate effective communication between patients and staff nurses.

The present study has been motivated by the paucity of empirical studies in the area of nursing students coping with English as a foreign language medium of instruction, where Arabic is the mother tongue. The difficulties facing the students in communicating verbally and in writing in the English language, particularly with staff in a multicultural and multinational clinical training environment, are ongoing major concerns for the nursing faculty. Despite the fact that all students are subject to mandatory successful completion of a foundation program in the English language preceding their admission to the nursing curriculum and that the nursing curriculum offers three courses of English language at three subsequent levels, students' success depends on how well they cope with the stress of studying in English as a foreign language medium of instruction. Such stress, if not successfully managed, may contribute to the termination of their studies.

Methods

Design and sample

A descriptive, repeated-measure design with structured and semi-structured questionnaires was used. Repeated measure design is a form of longitudinal/prospective/cohort study, which is considered to be strong in exploring changes in coping as a variable of interest in this study over a time period of one academic semester.

Specifically, the study aimed at answering the following research questions:

1. What are the predominant strategies used by nursing students to cope with English as a foreign language across three times of data collection?
2. Is there a significant difference between the changes in mean scores of coping strategies from time 1 to time 2, and time 2 to time 3?
3. What do participating students think are the most effective solutions for their limited competency in English Language?

A convenience sample was recruited from nursing students who were at different levels of their nursing education at time of data collection. The student was eligible for participation if she was taking nursing courses in addition to at least one course of English language at time of data collection. Of the 270 students who were enrolled in the college only 85 students met the inclusion criteria. However, only 78 consented to participate and completed three assessments during three stages of the second semester of the 2009 (i.e., the 3rd, 9th, and 15th weeks).

Instrument

A two-part questionnaire was used for data collection as follows: Part 1 was the revised version of the Folkman and Lazarus (1988) Ways of Coping Questionnaire (WCQ). The WCQ was developed along the following eight dimensions: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal. It is a 66 item self-reported questionnaire with a 4-point Likert-type scale. The scale identifies the extent to which each of the items is used by the respondents, using the following numerical values: 0 = does not apply or not used, 1 = used somewhat, 2 = used quite a bit, and 3 = used a great deal. The construct validity was supported, and the reliability of the instrument, using Cronbach's alpha, demonstrated an acceptable degree of stability.

In the present study, the eight scales were selected, but while reviewing the 66 items and their allocation among the eight dimensions, it was realized that 16 items were left unscored and not scaled by the developers (Folkman and Lazarus 1988, p. 33). Consequently, those items were eliminated in the current study. The researchers modified the wording of the 50 remaining items to fit the stressful situation which nursing students experience as a result of being instructed in the foreign language of English and also to reflect the cultural differences of the study population. For example, "I tried to get the person responsible to change his or her mind" was modified to read "I try to explain my problem to the course instructor in order for her to understand my situation and be more lenient in grading".

The questionnaire was then translated into Arabic to make it more accessible to the participants, whose native language is Arabic. A bilingual expert translated the questionnaire. This preliminary translation was checked by three categories of representatives: One category comprised two experts in the English language but who were bilingual, the second comprised five faculty members in the nursing field who were bilingual and the third was a faculty member who teaches Arabic language but is not familiar with English. All modifications concerning ambiguous items due to translation errors were carried out if two or more individuals disagreed on the clarity of the translation, until the translation revealed no discrepancy with the English version. The Arabic language teacher checked the acceptability of the wording of the statements. The questionnaire was tested for clarity, and internal consistency on 30 students using test-retest with two-week interval in between; the reliability coefficients for the eight scales were between 0.68 and 0.82. This did not differ much from the reliability coefficients for the eight scales after data collection, which ranged from 0.63–0.82, using alpha coefficient. As regards Part 2 of the questionnaire, it was developed by the researchers, covering questions on socio-demographic data and on fear of communicating in English. It included one semi-structured question to elicit possible solutions to the participants' limited competency in the English.

Data collection and ethical consideration

The investigators coordinated with the faculty members of English language the days, dates, time and the place for data collection. Data collection took place at the end of the English Language classes. This was an advantage that increased efficiency in collecting data (i.e., it reduced time by facilitating for a group of 15–20 students to fill the questionnaire all at once) while maintaining a relaxing atmosphere due to the presence of the faculty member.

Permission was obtained from the Research Committee, which reviewed the proposal, and the "Institutional Review Board", which ensured adherence to the principle of beneficence. A detailed letter to encourage the students to participate in this study was displayed on the bulletin board at the College of Nursing. A consent form was signed by the students who were willing to participate. Participants

were advised that they could withdraw from the study with no repercussions, and that all data will be treated as confidential and only the researchers will have access to the data collected. In other words, participation in the study was voluntary and anonymity was assured.

Data analysis

The statistical package for social sciences (SPSS, version 17) was utilized for statistical analysis. Descriptive and inferential statistics were used. The changes in the mean score of participants in each coping strategy from time 1 to time 2 and from time 2 to time 3 were examined using paired *t*-test independent samples. A cut off point on the mean score at $m = 1.5$, and significance level at $p = .05$ were preset.

The semi-structured question was analyzed according to the method of Colaizzi (1978) as follows: the responses of each participant were read and analyzed on their own merit by both researchers to acquire understanding of the best solution(s) for participants' limited competency in English. Significant statements and the meaning behind them were identified, and then the relationships were explored to facilitate the formulation of themes. The major themes that recurred with some frequency were drawn up and debated by both researchers before a commonly agreed list was finalized.

Results

Demographics

The subjects were all female. As shown in Table 1, most were aged less than 24 years (83.4%), single (84.6%), and first year level (61.6%) in the accelerated educational program (80.8%). The majority (43.4%) did not report their GPA; however, 30.8% had a GPA with a range of 3–4 out of 5. Most (67.6%) had a fear of communicating in the English language. Pronunciation (43.6%) and lack of fluency (76.9%) were the reasons for fear of communicating by speaking, while spelling (55.1%) was the main reason for fear of communicating in writing.

Predominant coping strategies

To address research question 1, the mean scores across the three time periods of data collection were obtained. As indicated in Table 2,

Table 1
Demographic characteristics of participants (N = 78).

Variable	%
Age	
<20	44.9
20–24	38.5
>24	16.7
Social status	
Single	84.6
Married	14.1
Educational program	
Traditional	19.2
Accelerated	80.8
Level of education	
First year	61.6
Second year	38.4
GPA	
>4	11.5
3–4	30.8
2–3	11.5
<2	3.8
Missing	42.3
Fear communicating in English	
Yes	67.7
No	32.3

Table 2
Paired *t*-test independent sample of changes in the sum of scores of coping strategies from time 1 to time 2 and from time 2 to time 3 (*N* = 78).

Variable	Time	Sum of scores	SD	mean score	<i>t</i> -value	df	<i>P</i>
Confrontive coping	1	8.88	2.75	1.53		77	
	2	8.85	2.90		0.055		.956
	3	9.73	2.89		-2.082		.041*
Distancing	1	9.07	3.57	1.50		77	
	2	8.30	3.33		1.419		1.60
	3	9.55	2.91		-2.485		.015*
Self-controlling	1	14.41	3.25	1.97		77	
	2	13.14	3.55		2.193		.031*
	3	13.87	2.92		-1.545		.126
Seeking social support	1	12.10	4.07	1.88		77	
	2	10.25	4.02		2.931		.004*
	3	11.42	3.75		-1.917		.059
Accepting responsibility	1	7.60	2.03	1.85		77	
	2	7.28	2.45		0.889		.377
	3	7.28	1.96		.000		1.00
Escape avoidance	1	12.41	3.82	1.56		77	
	2	12.65	4.04		-0.350		.728
	3	12.46	3.84		0.28		.780
Planful problem solving	1	12.80	3.31	2.04		77	
	2	11.56	3.55		2.084		.040*
	3	12.32	2.94		-1.547		.126
Positive reappraisal	1	15.75	3.74	2.13		77	
	2	14.03	4.21		2.561		.012*
	3	15.00	3.33		-1.589		.116

*Significant at *p* < .05.

participants' mean scores on eight coping strategies ranged from 1.5 to 2.13. Two coping strategies that were rated the highest included positive reappraisal (*m* = 2.13) and planful problem-solving (*m* = 2.04). To determine whether the difference between mean scores of coping strategies and the cut off point at *m* = 1.5 were significant, a *t*-test dependent sample was employed. Significant difference existed with six coping strategies, as follows: self-controlling (*t* = 15.86, *p* < .001); seeking social support (*t* = 8.92, *p* < .001), accepting responsibility (*t* = 10.14, *p* < .001), escape-avoidance (*t* = 2.57, *p* < .011), planful problem-solving (*t* = 15.41, *p* < .001), and positive reappraisal (*t* = 18.07, *p* < .001).

Based on a single item analysis (Table 3), three of the top ten items which received the highest mean scores (ranked first, seventh, and eighth) correspond with the strategy of positive reappraisal; for example, "I look to God to help me learn pass this course" (*m* = 2.83); "I rediscover what is important for me" (*m* = 2.38); and "I am inspired to do something creative about studying in English" (*m* = 2.37). Two items, which ranked fifth and tenth, correspond with the strategy of planful problem-solving: "I just concentrate on what I have to do next class" (*m* = 2.39) and "I recall my experience and I double my efforts to make things work" (*m* = 2.30).

Table 3
Top ten items of coping across three times of data collection (*N* = 234).

Item number and statement	Mean	Rank
Item 47 I look to God to help me learn pass this course.	2.83	1
Item 36 I stand my ground and persist to achieve what I want.	2.53	2
Item 5 I try to keep on trying rather than dropping the course at this point.	2.5	3
Item 48 I go over in my mind what I would say or do.	2.43	4
Item 50 I just concentrate on what I have to do next class.	2.39	5
Item 41 I promise myself that things would be different.	2.38	6
Item 28 I rediscover what is important for me.	2.38	7
Item 14 I am inspired to do something creative about studying in English.	2.37	8
Item 40 I refuse to believe that I cannot cope.	2.35	9
Item 39 I recall my experience and I double my efforts to make things work.	2.30	10

Changes in coping strategies from time 1 to time 2, and time 2 to time 3

To address research question #2, the paired *t*-test for independent samples was used. The findings, as indicated in Table 2, showed that self-controlling, seeking social support, planful problem-solving, and positive reappraisal decreased significantly (*p* < .05) from time 1 to time 2, whereas confrontive coping and distancing increased significantly (*p* < .05) from time 2 to time 3. There were no significant changes in accepting responsibility, or escape-avoidance from time 1 to time 2 or time 2 to time 3.

Most effective solutions as suggested by participants

As for the third research question, participants' responses were studied intensively across the three times of data collection. Analysis of the data yielded four categories according to the criterion of accountability. These are:

Learner-based

In this category were placed concepts which indicated that the participants attributed their limited competency to themselves, e.g. "I should read and speak and not translate from Arabic into English".

Institution-based

In this category were placed the concepts related to the curriculum, length of English course, the demand for certain skills lacking, the gap between the admission levels of students and the standard required of them, "Simplifying the curriculum since our knowledge of English is inadequate".

Instructor-based

In this category solutions were identified according to two dimensions: professional aspects of the instructors, i.e. the extent of their knowledge of the language or approaches of teaching as in "Creating classroom interaction on topics about life outside the classroom" and affective factors which involve the presence or absence of a relaxed atmosphere in the classroom—encouragement, embarrassment, and motivation. An example is "Not adopting the strategy of making students dislike English".

National-policy-based

This category includes matters such as the age at which pupils start learning English, "Teaching English since childhood so that the child gets used to it and finds no problem when he grows up".

Percentages of these categories across the three times of data collection are given in Table 4.

It will be observed from the above table that the highest percentages are in the learner-based category. This implies that the students hold themselves responsible for improving their competence—a situation

Table 4
Percentages of categories across the 3 times of data collection (*N* = 78).

Category	Time	Percentage %
Learner-based	1	49
	2	60
	3	48.9
Institution-based	1	47.5
	2	39.6
	3	24.4
Instructor-based	1	13
	2	29.3
	3	28.5
National-policy-based	1	14.7
	2	5
	3	6

which in itself is conducive to stress, “Take private courses in English”. It is interesting to note how the percentages dropped in the institution-based category from 47.5 % (time 1) to 39.6 % (time 2) to 24.4 (time 3). This could imply that on joining college, the students had high hopes that the college would be able to do something to make life easier for them, for example “Employing teachers who are Arabs to be able to explain words in Arabic” or “Changing the curriculum”, but as the semester progressed they faced reality: the responsibility should fall on their shoulders and hence the stress. Dissatisfaction was also obvious in the instructor-based category “Teachers should be more professional to teach English”, “Teacher reads and does not engage students”. A modest suggestion, as evident in the percentages in the National-policy-based category is reflected in “Sending students during summer to live with a family that speaks English.”

Discussion

An examination of coping strategies at three separate time periods of data collection showed that positive reappraisal, self-controlling and planful problem-solving were at their highest at time 1, which may indicate that, in adopting these strategies, participants were serious although frightened about studying in English, as evident in their use of “seeking social support”, which was also at its highest at time 1. This finding is supported by *Stober (2004)* (see literature review).

The mean scores across three time periods of data collection showed that positive reappraisal ($m=2.13$) and planful problem-solving ($m=2.13$) were the predominant coping strategies. The participants appear to be religious; they rated “looking to God for help” as highest ($m=2.83$). They were particularly good at creating positive meaning out of their experience coping with English. This is apparent in their determination to concentrate on what they have to do next class ($m=2.39$) and in recalling their experience in doubling their efforts to make things work ($m=2.30$). In other words, they were able to efficiently solve problems as they occurred.

Undoubtedly, their fair level of self-controlling ($m=1.97$) helped them to withstand and effectively deal with stress without being overwhelmed or losing control. Critical to their coping was their ability to seek social support ($m=1.88$), particularly at the beginning of the semester. However, the significant decrease in the use of positive reappraisal, planful problem-solving, self-controlling and seeking social support from time 1 to time 2 may indicate that these coping strategies had no useful functions by the middle of the semester. The simultaneous increase in the use of escape-avoidance (though not significant) may convey that, by the middle of the semester, the participants' coping strategy relied more on wishful thinking.

At time 3, two scores had significantly increased: confrontive coping and distancing. The increase in confrontive coping suggests that participants experienced uneasiness, frustration and worry by the end of the semester. More likely they were unable to withstand stress and they were probably flooded with anxiety. However, the elevated use of distancing is more likely an indication of a defensive

attempt to avoid thinking about their difficult use of English as a foreign language, especially since the semester was at its end and there was nothing to do.

The participants' use of coping strategies was in line with reported literature. As in *Folkman and Lazarus (1985)*, participants used six different strategies of coping, which incorporated both problem-and emotion-focused forms of coping. *Folkman and Lazarus (1985)* highlighted the change in coping from time 1 to time 2, and time 2 to time 3 and demonstrated that the pattern of coping was not constant; rather it was situational, as in the findings of this study, changing in response to the challenges experienced at the time of each data collection.

As regards the responses to the semi-structured question, it is interesting to note that the participants' suggestion that the teaching of English should start at childhood was congruent with *Dewaele et al. (2008)* study findings that foreign language anxiety was less among participants who started learning the second and third languages at a younger age. Besides, the participants' language-related solutions, as well as the identification of several personal strategies, are in line with the results of *Peacock's (2001)* research into learning strategies as shown in *Table 5*.

The compatibility between the examples drawn from our data and *Peacock's* strategies is evident. The majority of the participants stressed the need to improve their spoken English through special or additional conversation classes. They requested more oral interaction, with the correction of their pronunciation by the teacher to eliminate their fear of communicating orally in English. As for the strategies to improve their competency in studying in English, they stressed more exposure to the language: taking private lessons, watching TV and reading newspapers in English. The fact that the participants were living within a context where English was not the first language has caused them more difficulty in practicing English outside the college. Some went so far as to suggest speaking at home in English and traveling abroad to acquire the language.

Conclusions and implications

The major findings of this small-scale study demonstrate similarities with *Folkman and Lazarus (1985)* views on coping. It supports the notion that the pattern of coping is not constant; rather it is changing within a context of a single stressful situation. Positive reappraisal, planful problem-solving, self-controlling, and seeking social support were rated highest at the beginning of the semester. However, they decreased significantly by the middle of the semester. Confrontive coping and distancing increased significantly by the end of the semester.

Positive reappraisal and planful problem-solving deal with inspiration to analyze and solve difficulties; therefore the teacher should boost faith in students to work out a couple of different solutions, such as devising a plan of action and working towards it, doubling efforts and changing ways of studying so things would turn all right. Self-controlling requires avoiding frustrations. To facilitate meaningful learning in English, the teacher must instill confidence in

Table 5
Compatibility between participants' responses and *Peacock's* strategies.

Peacock's strategy type (pp. 268–269)	Examples from <i>Peacock</i> (pp. 276–277)	Examples from our data
Cognitive (using all mental processes)	I watch English-language TV shows spoken in English or go to movies spoken in English.	Watching TV and reading newspapers and learn vocabulary.
Metacognitive (organizing and evaluating learning)	I try to find out how to be a better learner of English.	I should take summer courses.
Social (learning with others)	I ask for help from English speakers.	Best way is to travel abroad since I will find myself in an environment that does not know my language.
Affective (managing emotions)	I encourage myself to speak in English even when I am a afraid of making a mistake	Conducting more oral interaction with the students to eliminate their fears.
Compensation (compensating for missing knowledge)	If I can't think of an English word, I use a word or phrase that means the same thing.	To try to do outside reading and translate.

the student who feels stressed and praise her when appropriate. Seeking social support encompasses talking to others to seek their advice. Therefore, colleagues, relatives and instructors may need to listen to students and advise them on how to overcome worries due to English-language difficulties.

The students' choice of confrontive coping and distancing by the end of the semester may signal stress and imply that instructors may need to provide positive feedback and academic counseling to the students. Instructors could also focus on teaching strategies to students so that they would be better equipped to monitor their own learning and hence mitigate the stress their students experience in learning through the medium of a foreign language. Further research is, however, needed to enhance understanding to effective coping strategies with learning English as a second or foreign language medium of instruction. This study might be replicated, since a large number of students around the world are studying in English-medium universities, for example in Hong Kong and other parts of Asia and in Africa.

Success in coping and in learning English as a second or foreign language medium of instruction will make nurses competitive and more appealing on the international market, and could go a long way in easing the global nurse shortage. Therefore, country, regional, and perhaps international collaboration to support and strengthen actions on effective teaching and coping strategies to ESL nursing students may contribute to better career opportunities, the opportunity to experience life and work with others from different cultures.

Limitations of the study

The ability to generalize those findings is limited by the use of the convenience sample within one college. A further limitation concerns the use of self-reported responses. A future study may use triangulation as a design where data collection would involve the use of interviews and onsite observations together with the questionnaire to add more depth to the research.

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