

Preparing the Filipino Nurses bound for the U.S. hospitals: A Baseline Information

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Abstract

Preparing for the Filipino Nurses bound for the US hospitals is the most challenging issues for the nursing educators simply because there are not enough materials to be used for teaching the nursing students. Let alone researchers need to be very creative and selective in retrieving the materials from the internet and from the direct sources of the US Department of Education. Even if we have gathered the right materials, a lot of work needs to be done in order to adapt this gathered information and fit into the nursing curriculum which will be taught to all nursing students in colleges and universities in the Philippines. Part of this adaptation are some information related to the current rapidly changing US demographics as the US population quickly moves towards linguistic diversity. This information is vital to the curriculum being designed so that the Filipino Nurses would be properly informed on them. There are important issues which have affected the Filipino nurses who were already employed in the US. Consequently, miscommunication occurred between the American patients and the Filipino nurses as cited in the Background information of this article. The current program would include some of these misconceptions in order to avoid similar problem in the future once these Filipino nurses are fully trained.

The respondents included the 34 nursing fourth year students from St. John College of Nursing in Dumaguete who were selected in a purposive sampling. The instruments used in the preparation of these Filipino nurses are: 1) The communication needs of the students versus the hospital language of the US; 2) the application of the published materials of Bessent (1997) and the 25 Articles for ESL; 3). The classroom review of the Nursing Fundamentals & Commonalities & Practices; 4) Laboratory practices using the ESL approach; 5) English Language of the US hospital immersion; 6) and the NCLEX Examination simulator to assess the validity & reliability of all the instruments.

The findings of the study revealed that the preparation made for Filipino Nurses was adequate for them to be work-ready for US hospitals.

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Introduction

Preparing the Filipino nurses who are bound for work at the U.S. hospitals poses a great challenge to the Philippine Nursing Educators. First, there are not enough materials, books and appropriate curriculum created in order to fully educate the Filipino nurses on the American hospital culture that is currently undergoing changes in their demographic. At present, the demographic changes are not only the major cultural and ethnic changes in the United States, but also linguistic diversity (Shrestha, 2006). The most recent data from the U.S. Census Bureau American Community Survey showed that nearly 20% of the U.S. population speak a language other than English in their homes (U.S. Census Bureau, 2009). These cultural and linguistic diversity have great impact on all social structures, not the least of which are education and healthcare policy that form part of the structure of a strong society.

On the other hand, linguistic diversity has never been given emphasis among Filipino nursing student population in the educational systems in the Philippines, even at any hospital settings. However for the Filipino nurses who are bound to work at the U.S. hospitals they need to be taught of in the rapidly changing U.S. demographics, as well as, in the linguistic landscape of the patients in the healthcare system. There are many ways of viewing the hospital, and the many roles it plays in different countries, culture and communities. For example, as well as a place where disease is cured, and suffering alleviated, it can also be a refuge; a factory; business; a temple; a university; a prison; a city (Culture, Health and Illness, Helman n.d.). At the crux of these two systems lie educators and healthcare providers. As the U.S. population quickly moves toward linguistic diversity, it is essential that healthcare educators are prepared to linguistically teach diverse students so that there should be linguistically diverse and prepared healthcare providers entering the healthcare field to meet the demands in this study. This person may be the patient, nursing student, or healthcare provider who has a language other than the dominant majority language as his or her primary language. The nursing practices and nursing diagnoses taught in the Philippine Nursing Schools are sufficient, except for the linguistic diversity in the U.S. hospitals which includes; the evolving culture of the patients and the nursing staff; the American lingo and the slang embedded in their day to day communications, among other things should be taught to the Filipino nurses by the duly qualified nursing educators who are well versed with the ESL or TESOL method of teaching with hands-on experiences.

Background information

Cultural diversity has great impact on the interaction of healthcare providers and their patients. It can have an even greater impact in that effective communication between patients and healthcare providers on the nurses. For instance, here is an interaction between a new Filipina RN and her American patient who was disoriented and confused on her bed. RN greeted her with warm greeting, "Good morning Mrs. Rose, my name is Gloria, I'm your nurse for today" Mrs. Rose's response, "I'm jonesing something badly" "You are Mrs. Jonesing, not Mrs. Rose, Oh! I'm sorry" "Don't be silly, I said I'm jonesing for a cup of coffee!" "Can you pass the buck to another nurse?" The head nurse who overheard the entire conversation between RN Gloria and her patient, Mrs. Rose called Gloria to the nurse's station and explained to her that the word jonesing means she wants something badly and when she said pass the buck, what she meant was get me another nurse who can understand English.

In another situation, the Filipino RN, Renee was passing morning medication to her assigned patients from room one to three. There were two patients in each room; bed A and bed B. As she handed the medicine to her patient, Mr. Anderson in bed A, the medicine was accidentally dropped, and patient said, "I'm sorry, this is my bad." "I know this is your bed, just calm down don't rush it, Sir." All of a sudden the patient lost his temper and screamed, "This is my bad, whose bad is it anyway, yours!" When the patient said, this is my bad it literally means this is my fault. In another situation, RN Amelia brought in the lunch tray for Alfred who said, "you're a wicked nurse." The nurse was shocked and said, Mr. Alfred I'm a nice lady, not wicked." "Oh, yes you are wicked, wicked, wicked!" Alfred is from New England and the expression wicked naturally means, amazing or wonderful.

There is compelling evidence that linguistically diverse patients encounter significant disparities in access to health care, increased probability of receiving unnecessary diagnostic tests, and more serious adverse outcomes from medical errors and drug complications (Institute of Medicine, 2009). In addition, the office of Minority Health's Standards on Culturally and Linguistically Appropriate Services in Health Care mandates that patients with limited English proficiency (LEP) have equal access to healthcare in a language they understand (Office on Minority Health, 2007). Therefore, it is a must that Filipino Nursing Educators must be updated on their knowledge of the American slangs which are used by most American patients and American nurses so that their student nurses can contribute to the increases in numbers of linguistically diverse healthcare providers in America. Because nurses constitute the largest healthcare provider group (Bureau of Labor Statistics 2009), many nurses experts believe that "a diverse nursing population can help overcome language barriers and provide culturally competent nursing care" (Gilchrist & Rector, 2007, p. 278).

Methodology

An exploratory research is used to gather baseline data of the research subject pursued. As it is described by Hall et al (2017) it is a research to explore, a topic about which little has been known. There were 34 student-respondents upon which the learning activities and learning resources were shared, discussed and utilized in training them for USA hospital job as future nurses. The training was done at St. John College of Nursing in Dumaguete City. The learning materials were taken from USA-based nursing educators; hence validation was not done at all because there are standards resource materials for nurses in the USA.

Learning Activities for ESL Nursing Students

Part of the preparation for the Filipino nursing students bound for the US hospitals were for them to read the 25 articles for ESL materials which were reviewed and used for instructions among the 34 fourth year nursing students from St. John College Dumaguete City. The 25 articles constitute the literature that contains specific recommendation for working with the ESL nursing students which are listed in the accompanying chart (Table 1). How they reacted when some of the selected articles out of the 25 were introduced to them. Consequently, they were given supportive activities, language development and teaching strategies relative to the instructional materials.

Table 1 Support Activities for Teaching ESL Nursing Students

Learning Activities	Learning References
Connect on a personal level, get to know students learn to pronounce name correctly	Xu, Davidhizar & Giger (2005); Caputi, Engelman & Stasinopoulos (2006); Choi (2005) Williams & Calvillo (2002); Xu & Davidhizar (2005); Klish (2002); Shearer (1989); Sparks (2010)
Offer self, "open door" policy, be available, invite students to make appointments for questions	Cunningham, Stracciarini, & Towle (2004); Kurz (1993); Davidhizar & Shearer (2005); William & Calvillo (2002)
Engender a caring, accepting, inclusive classroom environment	Gardner (2005b); Williams & Calvillo (2002)
Arrange learning activities for L1 and L2 mixed, facilitate the development of student network and study groups that have L1 and L2 students	Phillips & Harley (1990); Memmer & Worth (1991); Malu & Figlear (2001); Klisch (2000); Kataoka-Yahiro & Abriam-Yago (1997); Flinn (2004); Cunningham, Stacciarini & Towle (2004); Brown (2008); Kurz (1993); Davidhizar & Shearer (2005); Gardner (2005a); Pardue & Hass (2003); Wang, Singh, Bird, & Ives (2008); Yoder (2001); Shearer (1989); Sparks (2010)

Table 1 Support Activities for Teaching ESL Nursing Students

Learning Activities	Learning References
Assist students with solving system problems so they can understand and acquire learning resources	Davidhizar & Shearer (2005); Gardner (2005a); Williams & Calvillo (2002); Yoder (2001)
Special ESL nursing orientation, study skills workshop for ESL nursing student, specific mentor/teacher/advisor for ESL students	Brown (2008); Memmer & Worth (1991); Gardner (2005); Sparks (2010)

On the first day of the orientation, the rapport between the teacher and the students was established starting from knowing the names of the students and even the way their names were pronounced. This set the atmosphere to conducive learning especially when the students became self-confident and relaxed (Xu, Davidhizar & Giger, 2005). The open door policy would encourage the students to interact with their instructors freely on previous topics and lessons they did not understand without feeling intimidated (Kurz, 1993) because of the caring and accepting attitudes of the teachers and the mentor (Gardner, 2005).

Supportive activities are those activities that nursing programs and nurse educators can implement that alter the general learning environment for the ESL nursing students and center on relationships and resources. ESL nursing students reported that faculty support was important to them. Learning how to pronounce the student's name correctly demonstrates a caring attitude and interest in knowing the student and being supportive. Other ways for nurse educators to get to know the ESL nursing students and connect on a personal level is to adopt an "open door" policy and invite students to make an appointment to talk about what they are learning. Being available to the ESL nursing students can be accomplished by making arrangements to be available before and after class.

In addition, building a supportive relationship with ESL nursing students, the nurse educators can also facilitate and promote relationship between native English-speaking nursing students and ESL nursing students using the actual video of an actual footage in an American hospital setting. Where there are interactions between a native English-speaking nursing student and her patient/s as well as a scene showing interactions between a native English-speaking nurse and some Filipina nurses at their break room having lunch. For instance, a Filipina nurse offered home-cooked food to her American colleague, "Dorothy, I brought some viands, have some and try it?" The American nurse responded, "Excuse me? What did you just say?" "I have some viand I brought from home, you wanna try it?" "What is viand, is that the name of the dish?" "No, I brought pancit noodles and adobo." "Oh! You meant you brought some dish cooked from home?"

Table 2 Language Development of ESL Nursing Students

Learning Materials	Learning References
Tutoring in nursing language – advance students mentor novice student, special ESL nursing course for language development, medical terminology course	Phillips & Hartley (1990); Klisch (2000); Guhde (2003); Cuningham, Stacciarini, & Towle (2000); Brown (2008); Malu & Figlear (1998); Gay, Edgil & Stullenbarger (1993); Julian & Keane (1999); Caputi, Engelmann & Stusinopoulus (2006); Rogan, San Miguel, Brown & Kilstoff (2006); Wang, Singh, Bird & Ives (2008); Davidhizar & Shearer (2005); Laun (2002); San Miguel, Rogan, Kilstoff & Brown (2006)
Discussion circles, small group work, safe environment to practice oral communication	Abriam-Yago, Yoder & Kataoka-Yahiro (1999); Malu & Figlear (2001); Caputi, Engelmann & Stasinopoulo (2006); Flinn (2004); Kurz (1993); Hussin (2009); San Miguel, Rogan, Kilstoff & Brown (2006).
Practice writing without grade, writing lab specific to ESL nursing students	Guhde (2003); Flinn (2004); Memmer & Worth (1991); Boshier (2010); Douglas (2010); Sparks (2010)
Develop vocabulary, acronym, and phrase list	Phillips & Hartley (1990); Guhde (2003); Caputi, Engelmann & Stasinopoulus (2006); Pardue & Hass (2003); Malu & Figlear (1998); Lujan (2008); Hussin (2009); San Miguel, Rogan, Kilstoff, & Brown (2006); Sparks (2010).
Bilingual dictionary	Cunningham, Stacciarini, & Towle (2004); Kurz (1993); Malu & Figlear (1998); Gay, Edgil, & Stullenbarger (1993); Shearer (1989).

Phillips & Hartley (1990), postulate that tutoring students who are deficient of the nursing language including the ESL nursing course for language development is significant motivator for any students learning another language. The discussion circle and the small group work can reinforce the students' language learning as they feel safe with lesser intimidation especially on the practice of their oral communication (Caputi, Engelmann & Stasinopoulo, 2006). The video showed some relevant communications between the native English-speaking nurse and her patients, including a few interactions between a native English-speaking nurse and some Filipina nurses working in the same hospital.

The idea is to introduce the 34 respondents to an actual English language immersion as part of their early preparatory education on the American hospital culture. Nursing students who are comfortable with one another will choose to go for group work and study sessions. This typical pattern may be easy and comfortable, but it does not allow the ESL nursing students to have the opportunity to interact with native English-speaking students so they can learn the nuances of the nursing language from a native English speaker. When nurse educators assign and promote mixed learning groups, both the ESL and native English-speaking nursing students benefit. The ESL and native English-speaking nursing students share their various perspectives, and the ESL nursing students have the opportunity to learn more about English in American context.

In addition, to support English language development is crucial to the ESL nursing students. Several activities identified in the nursing literature were aimed at assisting the ESL nursing students in language development. The most common recommendation was the provision of a tutor who could not only assist in working with the students in English language development, but also in nursing language. Ideally, this tutor is effective to have undergone advanced training and experiences than the neophyte nursing students. Further, oral language development could be accomplished through mixed ESL nursing students and English speakers in discussion circle, paired dialogue learning activities, or even a separate nursing language course for ESL nursing students.

Vocabulary development was noted as being crucial to ESL nursing students' language development. A medical terminology course is suggested in many nursing programs. In like manner, this medical terminology course is a required course for ESL nursing students. Another avenue to promote language development is the use of a bilingual dictionary. It may seem evident that the use of bilingual dictionaries or translators would be beneficial. However, many ESL students may not use this resource because they do not think they need it or feel that it may set them apart. Additionally, most nursing programs do not allow the use of any resource during examinations, including translators and bilingual dictionaries. Although translators and bilingual dictionaries cannot be used in the national licensure examinations, it was suggested that they be promoted during the beginning nursing courses, so ESL nursing students can build up their vocabulary and English language understanding.

More importantly, some approaches on how to better teach the ESL nursing students starting with engendering a caring, accepting, and inclusive classroom environment were introduced. Other teaching practices were more tailored to the unique learning needs of the ESL nursing student.

To assist in both language development and content understanding, nurse educators should provide or facilitate the development of a vocabulary, acronym, and phrase list that is unique to the content being taught. Moreover, the complexity of the language on both handouts and exams should be reduced to the ESL nursing students so they can spend less time trying to understand the English language rather than focusing on understanding the content being taught or evaluated. Encouraging ESL nursing students to learn about the subject matter being taught in the English language first to build a firm understanding of the content was also recommended.

Table 3 Teaching Strategies for ESL Nursing Students

Learning Activities	Learning References
Provide specific, clear direction	Kataoka-Yahira & Abriam-Yago (1997); Caputi, Engelmann & Stasinopoulos (2006); Davidhizar & Shearer (2005); Boshier & Bowles (2008); Shearer (1989); Hussin (2009); Boshier (2010).
Follow a consistent teaching format	Flinn (2004); Caputi, Engelmann & Stasinopoulos (2006).
Speak slowly, avoid street lingo, metaphors, Colloquialism	Xu, Davidhizar & Giger (2005); Caputi, Engelmann & Stasinopoulos (2006); Xu, Davidhizar (2005); Weitzel & Davidson, Shiver (2004); Hussin (2009); Sparks (2010).
Provide handouts before class	Abriam-Yago, Hoder & Kataoka-Yahiro (1999); Xu, Davidhizar & Giger (2005); Kataoka-Yahiro & Abriam-Yago (1997); Kurz (1993); Malu & Figlear (1998).
Recommend and allow students to record lectures	Phillips & Hartley (1990); Gudhe (2003); Brown(2006); Kurz (1993).
Use visual aids when teaching – concept maps, graphic organizers	Phillips & Hartley (1990); Malu & Figlear (2001); Flinn (2004); Yoder (2001); Sparks (2010).
Provide context to teaching through stories and student experiences	Gardner (2005); Williams & Calvillo (2002); Singh, Bird & Ives (2008); Yoder (2001); Choi (2005); Sparks (2010).

Table 3 Teaching Strategies for ESL Nursing Students

Learning Activities	Learning References
Reduce complexity of language on handouts, in exam	Klisch (2000); Flinn (2004); Cunningham, Stacciarini, & Towle (2004); Pardue & Hass (2003); Boshner & Bowles (2008); Shearer (1989).
Arrange for review sessions to identify key elements, explanations, practice taking tests	Guhde (2003); Flinn (2004); Cuningham, Stacciarini, & Towle (2004); Caputi, Engelmann & Stasinopoulos (2006); Pardue & Hass (2003); Lujan (2008).
Provide guidance to understand important versus unimportant information	Abriam-Yago, Yoder & Kataoka-Yahiro (1999); Kataoka-Yahiro & Abriam-Yago (1997); Gudhe (2003)
Recommend supplemental instruction (CAI, videos)	Phillips & Hartley (1990); Malu & Figlear (2001) Davidhizar & Shearer (2005); Shearer (1989)
Provide frequent feedback	Brown (2008); Williams & Calvillo (2002); Boshner (2010).
Allow adequate processing and response time during discussion and provide extra time for tests	Xu, Davidhizar & Giger (2005); Caputi, Engelmann & Stasinopoulos (2006); Klisch (2000); Caputi, Engelmann & Stasinopoulos (2006); Hussin (2009).
Encourage students to explore and learn about Subject matter in L1	Kurz (1993); Wang, Singh, Bird, & Ives (2008); Choi (2005); Sparks (2010).
Validate student understanding of subject matter	Xu, Davidhizar & Giger (2005); Xu, Davidhizar (2005); Hussin (2009).

Moreover, the ESL nursing students will have a different educational background and be used to a different teaching style from what is practiced in the Philippine classroom. Trying to follow classroom activities provides challenges that add to the burden of trying to listen and understand the nursing terminology as used in the English language in the classroom. Allowing ESL nursing students sufficient processing and response time is essential not only to their comfort in the learning environment, but it is also necessary so they can adequately demonstrate their understanding of the content and subject matter. Additionally, the use of visual aids, such as graphic organizers, concept maps, and pictures, are valuable strategies that enhance student understanding. Other recommendations that may facilitate content understanding were to provide detailed handouts before class so the ESL nursing students could do pre-reading and preparation for class, provide context for the content through stories and student experiences, and encouraging students to record the class so they could listen repeatedly to the presentation.

Other teaching strategies that facilitate learning centered on instructional follow-up. The nursing educator can review and recommend appropriate supplemental instruction in the form of texts, videos, or computer-aided instruction (CAI). Planning and facilitating review sessions that contain activities to help the ESL nursing students identify the important versus supplemental information; provide deeper explanations of the material; identify key elements; and validate understanding of the subject matter which are useful activities that can be implemented by nurse educators, graduate assistants, or nursing student tutors.

Plan of Intervention Mechanism

Table 4 Language Development for ESL Nursing Students

Learning Content/Activities	Learning References
Develop literary in home/native language	Cartiera (2006); Coleman & Goldenberg (2010b)
Opportunities to practice language	Coleman & Goldenberg (2009); Curtain (2005) Smith (2008)
Read out loud	Solomon, Lala & Franklin (2006); Zwiers (2008)
Conversation circles	
Vocabulary building with focus on key terms Involved in content learning	Cartiera (2006); Coleman & Goldenerg (2010a); Coleman & Goldenberg (2010b) De Jong & Harer (2005); Smith (2008) Solomon, Lalas & Franklin (2006); Zwiers (2008)

The intervention mechanism not only aimed at the ESL nursing students but also for other educators whose teaching methods are enhanced unique to the education discipline; the educational models based on the principles of specially designed academic instruction in English (SDAIE) and content-based instruction (CBI) that have incorporated many of these recommendations. These models promote teaching strategies that facilitate ESL students learning content, while also developing their English language ability. Both SDAIE and CBI are methods of teaching ESL students in English in such a manner that they gain skills in both the subject material and in using English through carefully designed lessons and use of supportive materials in English language (Kaufman & Crandall, 2005; Hansen-Thomas, 2008). Within this framework, content teachers can address the language issues that accompany the ESL student so effective teaching can occur.

Table 5 Teaching Strategies for ESL Nursing Students

Learning Content/Activities	Learning References
Draw on student's background knowledge Prior experiences to build supportive structure	Cartiera (2006); Coleman & Goldenberg (2010a); Coleman & Goldenberg (200b) Corson (2001); de Jong & Harper (2005); Durgunoglu (1997); Freeman & Freeman (2002); Garcia (1991); Gibbons (2003); Hammond (2008); Smith (2008); Tellez & Waxman (2005); Zwiers (2008)
Talk slowly Communicate clearly Avoid colloquial language and slang	Coleman & Goldenberg (2010a); Corson (2001); Corson (2001); Curtain (2005); de Jong & Harper (2005); Garcia (1991); Smith (2008) Solomon, Lalas & Franklin (2006); Wong Fillmore & Snow (2000)
Explicit instruction Clear objectives, instructions; Modeling; and time for practice	Coleman & Goldenberg (2009); Coleman & Goldenberg (2010b); de Jong & Harper (2005); Smith (2008); Solomon Lalas & Franklin (2006)
Use of L1 for clarification, support of Learning L2	Coleman & Goldenberg (200b); Commins & Miramontes (2005); Garcia (1991) Smith (2008); Solomon, Lalas & Franklin (2006)
Time for processing	De Jong & Harper (2005); Smith (2008); Zwiers (2008)
Technology and supplementary materials for support	Cartiera (2006); Curtain (2005); Smith (2008) Solomon, Lalas & Franklin (2006); Tellez & Waxman (2005)
Monitor progress through frequent appropriate evaluation/assessment	Coleman & Goldenberg (2009); Commins & Miramontes (2005); de Jong & Harper (2005); Hammond (2008); Garcia (1991); Gibbons (2003); Smith (2008); Solomon, Lalas & Franklin (2006); Wong Fillmore & Snow (2000)

Teachers have significant impact on the Filipino nursing students' learning and, indeed, their lives. It is important that teachers "as themselves whether culturally different nursing students are receiving unintended messages of domination, exclusion or hostility from the way they interact with their students themselves" (Corson, 2001, p. 64).

This literature review has demonstrated that there has been much research and publication in both the educational and nursing fields concerning education of Filipino nursing ESL students. It was most interesting that recommendations found in the educational literature mirrored the recommendations found in the nursing literature --- although neither discipline referenced the other. The literature is best suitable information about what nurse educators believe about teaching ESL nursing students or what instructional strategies they have used when interacting with the ESL nursing student. This literature review has provided sound evidence that there is a need for more research pursuits into what nursing educators understand and believe about ESL nursing students; what background attributes influence those beliefs; and what teaching practices nurse educators use when providing instruction to ESL nursing students. The 34 graduating nursing students as respondents learned the content being taught and at the same time they learned the English language taught in the ESL method.

Chamot and O'Malley (1994) state that the grammatical forms of the passive voice, multiple embeddings, if...then constructions, and expository discourse used in scientific prose may be difficult for ESL students to comprehend (p. 195). A study conducted by Ferguson (2000) focused on if-conditionals in naturally occurring medical discourse. "Conditionals can function as a resource for politeness in face to face interaction. Another common use of conditionals is in the description, or the elicitation, of symptoms" (p. 76). The author notes that there is a difference in the use of conditionals in spoken and written medical discourse. Perhaps this type of research would assist the English language teacher in identifying linguistic forms in order to explain their usage to students.

Idioms and Metaphor

Conversational skills involve varying one's style of speech depending on the situation at hand. In the hospital or other healthcare environments, many different styles of speech can be heard through the course of a day. Two intriguing language forms (which are not unique to English, but occur in other languages as well) are idioms and metaphors. An idiom can be defined as "a sequence of words that is a unit of meaning (e.g. kick the bucket = die)" (Crystal 1987, p. 423), or "an expression in the usage of a language that is peculiar to itself either grammatically or in having a meaning that cannot be derived from the conjoined meaning of its elements" (Mish, 1996, p. 575). Campbell (1995) states

From a linguistic viewpoint, idioms are expressions with meanings that are noncompositional. These often complex expressions can't be understood by adding together the meanings of their constituents. An idiomatic expression may violate grammar, and it often violates logic (p. 125)

Francis (2004) created an idiomatic expressions workbook specifically for ESL students. He describes how frustrated learners often feel outside of the classroom, listening to native speakers chatting, and not being able to understand it all. His exercises embed idiomatic expressions in realistic dialogues that students will encounter, because, “context is the key to making the daunting task or understanding and using idiomatic English not only possible, but enjoyable too” (p. xi).

Several authors discuss metaphor (Lakoff & Turner, 1989; Master, 2000; Mustacchi & Krevans, 2001). Crystal (1987) defines metaphor as, “two unlike notions are implicitly related, to suggest an identity between them” (p. 70). In his review of ESP research, Master (2000) states that “the single microlinguistic concern in English for Occupational/Professional Purposes (EOP/EPP) was the use of occupational/professional metaphors” (p. 105). Lakoff and Turner (1989) claim that we use metaphor as a tool, unconsciously and automatically (p. xi). According to them, “Metaphor plays an enormous role in shaping one’s everyday understanding of everyday events. It is central to our understanding of ourselves, our culture, and the world at large” (p. 214). Mustacchi and Krevans (2001) describe how metaphor has affected the field of medicine in the U.S., since the jargon of the insurance industry and cost accountants was introduced after the Medicare Act of 1965, and the patient became the consumer. Medicine was once seen as a ministry to the sick, but this ethical and religious metaphor is being replaced by a business metaphor (p. 14). “Medicine has borrowed a metaphor from the commercial marketplace that is altering our medical culture. Increasingly, medicine is being perceived as a product rather than as a service” (p. 16). Idioms and metaphors in English are important for teaching conversational skills. They are used frequently in the workplace, as in every conversational setting. Native speakers may not even be aware of their usage, as they are a natural part of discourse, used unconsciously. Interacting with patients and co-workers requires conversational skills. Here are some examples of phrases heard in the hospital that a non-native speaker may not be familiar with: “She’s barely treading water, and I’m afraid she’s going to konk out;” “Let me get my bearings, I need my sea legs;” “OK, let’s give it a whirl;” “The patient is crashing and burning.”

Economy and Slang

The hectic pace of the work setting, fatigue from talking and writing, and time constraints demand economizing of the language via abbreviations as much as possible. Written pieces will be abbreviated with a type of medical shorthand. Before, after, with, without, regarding, secondary to and related to are all phrases that can be reduced to one or two letters, Latin and Greek terms can substitute for whole descriptive sentences and are less subject to multiple interpretations, such as the term anuric to be used in place of “not making urine.” In other situations, where time is of the essence, slang terms can be utilized to denote an emergency, such as “crashing” or “coding” to describe a rapid decompensation in a particular patient’s health status.

Some types of acronyms used in the hospital are initialisms and alphabetisms. Initialisms (e.g., MI and CHF) “reflect the separate pronunciation of the initial letters of the constituent words,” whereas alphabetisms (e.g., CABG and OSHA) are pronounced as a single word (Crystal, 2003b, p. 1). Clipped forms or clippings are types of reductions, such as the term echo used in place of the word echocardiogram, and narcs instead of narcotics. A very common word in English is stuff; it can replace a long list of names of items and supplies needed for a particular task or procedure, as in, “Do you have all the stuff?” Busy hospital staff also appreciate quick and concise reference tools, such as tables, charts, and formulas.

Among the differences between American (AmE) and British English (BrE) used in hospital, one is spelling: -or/our, -er/re, e/ae; e/oe, which really doesn’t pose a problem in regard to spoken interactions. Pronunciation differences are noted in stress patterns, as in the word laboratory: lab-o-ra-to-ry (AmE) vs. la-bor-a-tory (BrE) (the American-style pronunciation can be confused with the British lavatory). The vowel sound ‘a’ can be long in BrE and short in AmE, as in the words after or half (Crystal 2003a. p. 306). Crystal (1987) claims that it is quite possible that a nurse who understands and speaks English in his or her home country may have difficulty understanding patients and staff members using colloquial, U.S. English, and vice versa. A colloquialism is “a local or regional dialect expressions, conversational; informal” (Mish, 1996, p. 226). Slang is “informal, non-standard vocabulary” (Crystal, 1987, p. 430).

The Nursing fundamentals and Nursing Commonalities & practices taught both in the US and in the Philippines, are universal and based on these materials which the 34 Filipino respondents have already learned, and were given a 100 multiple choice review questions similar to the NCLEX questionnaires. Twenty seven (27) students scored between 92-98%; 3 students scored 89-91% and 4 students scored 85-88% as shown in Table 7. Moreover, the 34 Filipino nursing students respondents were also given 50 multiple choice questions on Conversational English Language Test; Fifteen (15) students scored 89-94%; Fifteen (15) students scored 80-88%; and four (4) students scored 77-79% as shown in Table 8.

Table 6 Supportive Activities for ESL Nursing Students

Learning Content/Activities	Learning References
Create a positive, welcoming, safe learning climate that fosters a sense of belonging	Cartiera (2006); Commins & Miramontes (2005); Curtain (2005); de Jong & Harper (2005); Garcia (1991); Lou
Offer self and opportunities for personal interactions Develop caring relationship with student through getting to know the student on a personal level	(1994); Smith (2008); Cummins (2001) Zwiars (2008)

Table 6 Supportive Activities for ESL Nursing Students

Learning Content/Activities	Learning References
Purposefully organize students for collaboration with native English speakers Organize cooperative learning activities/ groups Arrange peer-to-peer interaction	Cartiera (2006); Coleman & Goldenberg (2009) Commins & Miramontes (2005) Curtain (2005); Freeman & Freeman (2002) de Jong & Harper (2005)/Garcia (1991) Smith (2008); Solomon, Lalas & Franklin (2006); Tellez & Waxman (2005); Zwiers (2008)

Supportive activities are those activities that nursing programs and nurse educators can implement that alter the general learning environment for the ESL nursing student and center on relationships and resources. ESL nursing students reported that faculty support was important to them. Learning how to pronounce the student's name correctly demonstrates a caring attitude and interest in knowing the student and being supportive. Other ways for nurse educators to get to know the ESL nursing students and connect on a personal level is to adopt an "open door" policy and invite students to make an appointment to talk about what they are learning. Being available to the ESL nursing students can be accomplished by making arrangements to be available before and after class.

Results and Discussion

The two different categories of tests given to the 34 Filipino nursing students were sufficient to assume that they are ready to work at US hospitals. Given their general nursing review training and tests, and the Communicative English Language training and tests which results were within the passing standard of the NCLEX Examination between 70-100%. All 34 respondents passed assuming that the tests given were similar to the NCLEX Examination.

Table 7 Score of ESL Nursing Students in Nursing Fundamentals and Nursing Commonalities

Students	Raw score	Percentage
Student 1	93	93/100
Student 2	96	96/100
Student 3	92	92/100
Student 4	97	97/100
Student 5	94	94/100
Student 6	95	95/100
Student 7	98	98/100
Student 8	92	92/100
Student 9	94	94/100
Student 10	93	93/100
Student 11	95	95/100
Student 12	98	98/100
Student 13	97	97/100
Student 14	93	93/100
Student 15	96	96/100
Student 16	95	95/100
Student 17	93	93/100
Student 18	92	92/100
Student 19	94	94/100
Student 20	96	96/100
Student 21	92	92/100
Student 22	93	93/100
Student 23	95	95/100
Student 24	98	98/100
Student 25	97	97/100
Student 26	98	98/100
Student 27	96	96/100
Student 28	89	89/100
Student 29	91	91/100
Student 30	90	90/100
Student 31	85	85/100
Student 32	87	87/100
Student 33	88	88/100
Student 34	86	86/100

The American Nursing Standard and the NCLEX Examination questionnaires were used for testing the 34 Filipino Nursing Student respondents on the Nursing Fundamentals, Nursing Commonalities, and Practices. The students were given 100 multiple choice questions set for one hour and a half with the passing score range of 70-100%. Four (4) students got 92%; 4 students got 93%; 3 students got 94%; 4 students got 95%; 4 students got 96%; 4 students got 97% and 4 students got 98% resulting to an overall average of 98.5% among the 27 students. There were 7 students who got lower score than the 27 students, yet, have an average of 88% which both totaled and averaged at 93.25% for the overall 34 students participating in the simulated NCLEX Examinations.

30. student X4	81	81% of 50 items
31. student X5	77	77% of 50 items
32. student X6	78	78% of 50 items
33. student X7	77	77% of 50 items
34 student X8	78	78% of 50 items

The American Nursing Standards (ANS) and the English American Standard Test (EAST) were used for testing the 34 Filipino Nursing Student Respondents on the Communicative English Language. The students were given 50 multiple choice questions which they had to answer within one hour and a half (1.5 hrs) after watching a 25-minute short film which featured different hospital settings. This film involved pertinent interactions between the nursing staff and their patients; doctors to nurses; nurses to nurses; nurses to family members of the patients; doctors to patients, and doctors to family members conversation. The score range for the English Communication is 70-100% of the 50 questions. Fifteen (15) students got the highest score between 89-94% of the 50 multiple choice questions with overall average of 91.1%; and the other 15 students got the middle range between 80-88% averaged at 84%; and the remaining 4 students got a low but passing score between 77.7% averaged at 78%.

Table 8 Score of ESL Nursing Students English Conversational Test

Students	Raw score	Percentage
1. Student A	90	90% of 50 items
2. student B	93	93% of 50 items
3. student C	89	89% of 50 items
4. student D	94	94% of 50 items
5. student E	89	89% of 50 items
6. student F	91	91% of 50 items
7. student G	94	94% of 50 items
8. student H	89	89% of 50 items
9. student I	92	92% of 50 items
10. student J	92	92% of 50 items
11. student K	94	94% of 50 items
12. student L	89	89% of 50 items
13. student M	90	90% of 50 items
14. student N	90	90% of 50 items
15. student O	91	91% of 50 items
16. student P	83	83% of 50 items
17. student Q	81	81% of 50 items
18. student R	86	86% of 50 items
19. student S	84	84% of 50 items
20. student T	80	80% of 50 items
21. student U	85	85% of 50 items
22. Student V	82	82% of 50 items
23. student W	87	87% of 50 items
24. student X	87	87% of 50 items
25. student Y	86	86% of 50 items
26. student Z	88	88% of 50 items
27 student X1	86	86% of 50 items
28. student X2	83	83% of 50 items
29. student X3	80%	80% of 50 items

Conclusion

The preparation of the Filipino Nursing Students bound for the US hospitals revealed that the 34 Filipino Nursing Respondents were ready to work at any US hospitals based upon their written test results. In addition, respondents representing the graduating class in nursing in this college passed all the US standard simulated NCLEX Examination as well as the English Communicative Learning examinations.

Recommendation

The teaching of Communicative Language Learning and the conversational English to the nursing students of the Philippine is a felt-need for integration into the nursing curriculum of colleges and universities offering the Bachelor of Science in Nursing Program. The supportive activities, the language development, and the teaching strategies constitute the important teaching material for teaching ESL nursing students. Different activities could be introduced and implemented including the oral English methods used in the process of which the students may learn both the required nursing subjects and the English Language Communication. Hence, it is highly recommended that this program should continue and be shared with other colleges and universities offering nursing program.

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