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But I Don't Understand You: One Faculty's Observations of the Challenges Facing International Healthcare Students

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ABSTRACT

International students face many challenges when pursuing a degree in higher education. Communication and cultural differences are typically cited as the most challenging aspects of any study abroad program. Students attempting to complete a healthcare program face sometimes insurmountable issues, as communication, cultural differences, and discrimination play a large role in providing quality patient care. This paper is a commentary on my experiences as a faculty member with various international students enrolled in healthcare programs in the southeastern United States.

Keywords: communication, cultural differences, discrimination, healthcare, international students

When I hear that international students are interested in my program, I experience both excitement and trepidation. From which countries have they traveled? What have they seen? What are their native languages? How well can they communicate in English? How long have they lived in the South? What are their religious backgrounds? Do they plan to remain here in the States, or return to their homeland?

While the answers to these questions do not affect student admittance into the healthcare program, the answers do affect my teaching and the culture in the classroom. Some will argue that it shouldn't, that my teaching should be the same regardless of the origin of the student. My rebuttal to this argument is effect size: my classroom size (population) is small enough that each student affects the dynamic and culture of the learning environment. As an instructor in a relatively homogeneous area in

the rural South, my classrooms typically consist of Caucasian males or females who were born and raised in the Bible-Belt region. Their siblings, parents, grandparents, and great-grandparents live nearby and attend the same Christian-based church every Sunday. This homogeneity makes teaching easy, if somewhat boring.

Now let us introduce an “outsider.” Someone who will challenge the status quo; who will introduce diversity and new ideas. Someone who has traveled a great distance to study abroad and experience new things. Someone with the courage to leave the “known” for the “unknown,” abandoning family and friends in the search for life-changing experiences. Someone who is open to new ideas and perspectives. International students are to be admired for their tenacity and willingness to pursue unique learning experiences. But what if I don’t understand them?

According to the Institute of International Education, there were 974,926 international students studying in the United States in 2014-2015 (Institute, 2016). Of these, 33,399 majored in the health professions. Of the top 10 countries of origin, only one (Canada) could be considered similar in language and culture to the United States. Other countries within the top 10 included: China, India, South Korea, Saudi Arabia, Brazil, Chinese Taipei, Japan, Vietnam, and Mexico. These countries have varying primary languages and extremely diverse cultures. Not only is it challenging for international students to acclimate to coursework here in the United States, but it is a challenge for faculty to meet the individual needs of these students (Mantzourani, Courtier, Davies & Bean, 2015).

COMMUNICATION CHALLENGES

Communication issues are, by far, the biggest hurdle for international students in a healthcare program. Not only is English the primary (and usually only) language spoken in the southeastern United States, but the local accents can make it difficult for any non-locals to understand. A classic example of this can be seen by the use of subtext during an episode of the highly controversial show, *Here Comes Honey Boo-Boo*, a reality television series which follows the life of a family in rural Georgia (Cavalcante, 2014). The use of subtext implies that even the English speaking public cannot understand the rural southeastern dialect. Now, imagine that English is your second language. Comprehension and communication becomes even more difficult as the English taught during their primary education years does not align with the English actually used by their teachers, fellow classmates, and patients.

While English comprehension in the southeast is challenging, the anxiety created by the language barrier drastically increases when students

are asked to participate in formal oral discussions (Bista, 2012). However, research has shown that informal conversations, such as those found with patients and peers in clinical practice, can greatly increase communication skills (Lee, 2016; Mesaroli et al, 2015). A study by Mesaroli et al (2015) found that international students believed their interactions with patients enhanced their overall communication skills and “improved their ability to use short, direct questions” (p.388).

We cannot discuss communication challenges in healthcare programs without discussing medical terminology, an additional language of words and phrases used to describe various human anatomy and physiologic processes (based on the languages of Greek and Latin). International students, as well as domestic students, are tasked with learning another language to correctly interpret physician orders or patient history. Without a comprehensive understanding of medical terminology, quality patient care will suffer. This challenge is easily remedied by requiring all students to use proper medical terminology during classroom discussions and journaling, reinforcing textbook learning of medical terminology and improving overall communication skills in the clinical environment.

To further combat various communication issues, faculty should pay special attention to student participation levels during group discussions or patient interactions. Although international students typically study English for years prior to studying abroad, many are apprehensive and reluctant to participate in discussions due to their perceived (or realistic) shortcomings (Bista, 2012). However, studies show that communication skills greatly increase with extended use, so students should be encouraged to practice these skills (Lee, 2016; Mesaroli et al, 2015). To optimize student learning, a classroom environment safe from derision or condescension should be created.

CULTURAL DIFFERENCES

The second challenge for international students involves the inherent cultural differences that exist between the southeastern U.S. and the student’s native country. A former international healthcare student once stated that:

In Nigeria, looking straight into the eyes of someone above you in age, education, and skills is considered disrespectful and daring. On the contrary, here in the United States, it is expected that you look into someone’s face/eyes whenever you speak to the person.

Trust between the patient and healthcare providers is imperative, and in the U.S., a lack of eye contact may be interpreted by the patient or

public as disrespectful or breeding distrust. This student claims to have a non-assertive nature, which has been misinterpreted as being scared, eroding the patient's or clinical instructor's trust in his abilities to successfully complete his healthcare duties. He found that to be successful as a student in a U.S. healthcare program, he had to be louder, more assertive, and had to "look at people straight in the eyes."

While this information is not necessarily new, it is still relevant in today's educational programs. It may take several years for international students to assimilate to a new culture, affecting their academic and clinical performances. Healthcare programs in these modern times may stress cultural awareness for faculty and students, but what about our clinical settings? Are they adequately prepared for the challenges facing international students? Are clinical preceptors receiving training prior to teaching these students? An affirmation of cultural training for personnel who assist educational programs at the hospital or outpatient clinical setting will reduce misunderstandings and provide a better experience for the clinical site and the student.

The clinical setting can be a stressful environment, and international students may have a difficult time expressing related challenges or issues. Many healthcare programs encourage reflection to help students process their feelings about events occurring during clinical rotations. Some international students claim that using various reflection activities (e.g. journaling or debriefing with instructors or peers) help them develop an insight into their personal strengths and biases, as well as internalize the importance of understanding the local culture and values (Mesaroli et al, 2015). This reflection improves communication with the local population, reduces anxiety associated with unknown cultural challenges, and improves the overall educational experience for the student.

DISCRIMINATION

Finally, experience has shown that human bias and discrimination still exists in society and the classroom. Stories abound of students with perceived or actual slights based on their cultural differences or inferior language skills. While a low score for a poor essay may be justifiable to some professors, it is unacceptable to discriminate on clinical performance based solely on cultural differences. For example, one student narrative described the failure of a practicum exam because an injured hand was angled 41 degrees instead of the traditional 45 degrees for visualization. However, a domestic student examined the wrong body part and still passed the practicum. Perhaps there is a worthy explanation for the apparent grading bias, or perhaps discrimination was on display.

Discrimination is not limited to the classroom, but may also be seen during clinical experiences. Difficulties arising from communication issues and cultural differences lend themselves to decreased quality clinical experiences, as some healthcare employees avoid the student simply because it is more difficult to communicate. While cultural sensitivity and training at the healthcare setting is an ideal solution, international students can overcome many of these issues with patience. One student from Nigeria shared his experience by stating that, “there was one [who was] not friendly at first, but eventually things became better.” This same student also shared with me a triumphant story: the healthcare worker who was originally discriminatory would later present him with a gift following the birth of his son.

Repeated experience has shown that time breeds familiarity, increasing the comfort and acceptance levels for many international students in the healthcare setting. This should be considered when placing international students in clinical assignments. The longer the student is allowed to stay in each rotation, the easier it may be to improve communication skills and reduce discrimination.

CONCLUSION

Despite the challenges faced by international students, the majority with whom I have interacted appear to appreciate their time spent learning in the United States. Of those students entering my healthcare program, all agree that English proficiency is the single most important factor for success. As an instructor, communication is my primary concern when discussing admittance to an international student. Once admitted into the healthcare program, there is little time to spend on significant improvements of oral or written English competency. However, international students have repeatedly demonstrated an improvement in oral communication skills throughout the program. Students should also be prepared for cultural differences and open to learning the best methods to connect with their patients and peers. No matter the chosen profession, healthcare providers interact on a daily basis with their peers and the public. Quality patient care is the global standard, and international students are a contributing factor to our success.

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