Enculturation of Foreign Nurse Graduates: An Integrated Model

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ABSTRACT

Graduates of foreign nursing schools are a unique and valuable resource of the U.S. healthcare delivery system. Due to inadequate communication skills and a lack of cultural enculturation of many foreign nurse graduates (FNGs), some may not reach their full potential as a professional nurse. Agencies who employ FNGs can greatly improve their integration by providing continuing education to enhance communication and cultural enculturation. This model of a communication skills course addresses all aspects of communication: therapeutic, verbal and non-verbal, while integrating a cultural component. Thus, the implementation of this model can enhance foreign nurse graduates’ ability to practice in the U.S. healthcare system.

As a result of the severe nursing shortage of the 1980s, health care agencies pursued active recruitment of Foreign Nurse Graduates (FNGs). It is difficult to obtain specific statistics on the exact number of FNGs practicing in the U.S. today; however, from 1978 to 1993, 129,675 applicants took the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination of the Certification Program (CGFNS Cumulative Statistics, 1994). Of course, not all nurses who emigrate obtain a license to practice in the U.S. To gain licensure, FNGs must pass licensing examinations in each state (U.S. Department of Health and Human Services, 1990).


As the U.S. faces the imminent changes of health care reform resulting in hospital restructuring and reorganizing (American Nurses Association, 1994, p. 3), agencies need to assess the continuing education needs of foreign nurse graduates practicing in the U.S. Have the majority of graduates of foreign nursing schools enculturated into the U.S. current health care system? Have they met numerous challenges encountered when living and working in a strange country within different cultures? Have agencies which recruited them to this country assisted them in the acculturation process? Finally, are FNGs prepared to move forward and be part of a reformed health care system where nurses will be called upon to function in an increasingly autonomous manner (American Nurses Association, 1994, p. 3)?

The greatest challenge to FNGs appears to lie in the area of developing effective communication skills.

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This was cited by FNGs who ranked communication with patients, families and nursing personnel as the primary problem in their adjustment (Miraflor, 1976; Spangler, 1992). They suggested that communication problems have led to feelings of inadequacy, isolation and alienation by other staff and peers. Communication concerns are expressed in such issues as verbal telephone orders, staff meetings, patient teaching and communication with staff and families (Arbeiter, 1988). Taped patient reports were also identified as a source of “distress” (Williams, 1992, p. 156). If communication issues are overlooked by employers, the agencies may not be getting the full benefit from the nurses they employ.

FNGs arrive at agencies with a wealth of skills and cultural uniqueness. They have previously worked in an environment with different technological resources, varied treatment methods and, perhaps, unique approaches to patient care. These valuable contributions may not be shared with other staff due to communication difficulties.

Communication problems lead to inefficiency and decreased effectiveness of the nursing unit (Lajkowicz, 1993). An FNG may not question an ambiguous physician’s order as it is not appropriate in some cultures to question an authority figure, especially a male. In addition, many cultures emphasize group harmony. As a result FNGs may find it difficult to be assertive (Arbeiter, 1988).

In an effort to determine if communication was indeed a challenge for employed FNGs, seven directors of nursing of health care agencies in a large suburban setting were surveyed to identify what they perceived to be the greatest continuing education needs of FNGs. The surveyed agencies represented acute, long-term, rehabilitation and mental health care. Agencies included a cross-section of private, state and non-profit facilities employing from 3 to 80 FNGs. Of the seven agencies surveyed, six identified and ranked communication skills as the primary educational need of FNGs.

Based upon these data and a request by a specific agency, the authors and a speech therapist developed a curriculum model to address the communication needs of FNGs. The process used to determine the concepts for the model included a literature review and was based upon previous experience with courses taught by both the nurse educator and the speech pathologist. These concepts were integrated into the model curriculum by the Coordinator of Continuing Education, a specialist in curriculum development.

![Figure 1. Integrated model.](image)

**THE MODEL**

The curriculum model addressed the verbal and therapeutic aspects of communication with patients, staff, families and physicians. In two-hour sessions for 12 weeks the model integrated pronunciation, accent remediation, phonetics, and voice intonation with verbal, non-verbal and therapeutic communication skills. Integration of verbal and therapeutic communication cannot be successful without demonstrating throughout the curriculum its relevance to cultural variances and the cultural uniqueness of foreign nurse graduates. Thus, the strength of this model rested upon the intertwining of cultural, verbal communication and therapeutic communication components (Figure 1). The authors agree with Arbeiter (1988) that therapeutic communication skills and communication style are deeply influenced by one's culture. The model addressed cultural variance related to: verbal style, non-verbal communication characteristics, culturally determined gender roles and assertive behavior. These concepts related to cultural variance provided the matrix for the therapeutic and verbal curriculum model.

Verbal communication included all technical content related to specific speech components and was presented by a certified speech pathologist with a history of success in foreign accent remediation. The therapeutic and verbal communication skills content was presented by an experienced nurse educator with expertise in both therapeutic communication skills and involvement in the development and teaching of
a course entitled, “Therapeutic Communication in the Nursing Context.” In addition, the nurse educator had assisted with the development and teaching of a college-wide required course entitled, “Pluralism and Diversity In America” at a local community college. Specific faculty selection criteria included their ability to be sensitive, nurturing, nonjudgmental and, foremost, influencers of human behavior. These behaviors were validated by previous student evaluations. The college contracted with a local hospital to provide this course for their staff. The college provided and paid the faculty and the hospital provided room resources and audio-visual equipment. The course was coordinated by the Coordinator of Continuing Education for Health Professionals.

Enhancing the success of the course were the participants’ abilities to leave their inhibitions out of the classroom and comfortably express themselves during the sessions. The selection of faculty from outside the employing agency enhanced the participants’ ability to feel more at ease and less threatened. Classroom performance had no impact on the employees’ hospital evaluations.

Upon completion of the course, participants were expected to be able to demonstrate effective and coherent communication. This was evaluated utilizing a videotaped role-play format with peer observer evaluation.

The design of this communication skills curriculum included an introductory session taught by both faculty to introduce the components and requirements of the course. This initial session established a rapport for subsequent sessions. An exercise was used at the initial session which videotaped each participant introducing a fellow participant to the group. The exercise had a dual purpose:

A) It provided the instructors with baseline data relative to the communication clarity and style of each participant, and

B) It provided an opportunity for participants to observe their personal communication styles and hear themselves speaking to a group.

Curriculum content during the introductory session focused on the impact of cultural influences upon communication. The participants were encouraged to share challenges they had encountered communicating in a culture other than their own. The discussion included the effect of cultural stereotypes upon communication in the health care setting. One of the challenges to the faculty was to foster a non-threatening atmosphere that was warm, nurturing and accepting. One of the ways this was accomplished was by videotaping the faculty as well as the participants. This effectively “broke the ice.”

The participants were assured that it was not their intention of the course to alter one’s cultural belief. Cultural diversity is part of the uniqueness of each individual. Stressing one’s uniqueness may enhance self esteem leading to enhanced professional performance. Respect for the dignity of every person involved in multicultural situations promotes the development of therapeutic relationships (Cravener, 1992).

Some sessions alternated the speech/accent remediation with therapeutic communication content. Verbal skills sessions involved a focus on speech behaviors that included projection and pitch. Weekly assessments of speech mechanics were achieved by audiotaping. This enabled both the instructor and participants to monitor improvement and receive feedback. Weekly home assignments included activities that increased the participants’ awareness of their speech clarity and coherence and audibility in a communication context. Participants’ became more aware of signals that indicated a lack of comprehension in the receivers’ communication.

Teaching methods and techniques were carefully selected to enhance learning by using minimal lecture format. Emphasis was placed on discussion and class participation. Videotapes were utilized illustrating and demonstrating the components of therapeutic communication. Role playing achieved increased student participation and provided an opportunity for students to integrate the accent remediation with the therapeutic communication aspects of the course. Reflection was emphasized as a simple yet effective therapeutic communication technique.

As the course progressed, more complex communication situation techniques were addressed. The participants shared issues and communication challenges that arose in their clinical areas. This dove-tailed with the model’s content related to successful conflict resolution and assertiveness.

Content and practice dealing with appropriate confrontation and saying “no” effectively was utilized. Included in this content was the identification of cultural variances, norms, values and gender roles. This was relevant as some of the participants were educated in cultures in which gender roles excluded assertive behavior. Additionally, cultures differed in their approaches to nurse/physician relationships (Burner, 1990). Therefore, to better meet the needs of the FNGs, course content integrated mainstream norms by confronting gender and professional roles.

As with all learning, the key to success of this model was repetition, review, and re-evaluation. Therefore, a
two- to three-hour reinforcement session scheduled every six months could possibly assure that participants have not reverted to previous pronunciation patterns.

**FEEDBACK**

Participant feedback from the first course was positive. Of the 30 FNGs who participated, increased job satisfaction was verbally reported by those interviewed. One RN described increased self-satisfaction in being able to communicate therapeutically with a crying patient. The FNG related that prior to the communication workshop she would have left the crying patient’s room feeling helpless to intervene therapeutically. However, as a result of this learning experience, she remained with the patient and through the use of reflection was able to assist the patient in verbalization of feelings.

During follow-up evaluation interviews, nursing administrators identified fewer communication-related complaints from physicians and staff. Further reported were accounts of improved collegiality among staff and a decrease in the number of overall incident reports. Although this feedback was of an anecdotal nature and may not be related directly to the course, no other influencing factors were identified.

**RECOMMENDATIONS TO EMPLOYERS FOR CONTINUING EDUCATION OF FNGS**

It has been established that culturally displaced persons must deal with multiple stressors; further, they can be expected to require support in adjusting to the dominant culture as well as the subculture of the health care system (Cravener, 1992). Therefore, the following are offered as suggestions for employers to assist the FNGs in this transition:

- Orient new FNGs to the U.S. health care system with a formalized program.
- Offer a communications skills course that integrates therapeutic communication skills and verbal mechanical skills, with ongoing reinforcement of these learnings in a two- to three-hour reinforcement session once every 6 months.
- Provide frequent rotation of FNGs to day shift where opportunities for communication with staff and patients are increased and varied.
- Encourage cultural sharing among all staff through formal staff meetings and/or informal social gatherings.
- Utilize the FNGs as valuable resources through the sharing of nursing techniques they have found successful while engaged in nursing in their countries of origin.
- Link each newly hired FNG with a U.S. colleague for the purpose of facilitating enculturation (could include both the professional and personal spheres like sharing holiday celebrations centering on typical American holidays).

Require continuing education for all hospital staff that focuses on issues of pluralism and cultural diversity, designed to foster cohesiveness and collegiality within a multicultural health care environment.

In summary, foreign nurse graduates can contribute greatly to the enhancement of quality health care. To support the development of FNGs, employers should provide adequate resources to enable these valuable nurses to continue to flourish professionally. Effective communication skills, both therapeutic and verbal, have been identified as the area of greatest need for continuing education of FNGs. Development of model approaches to enhance these skills can only be successful within a context of cultural appreciation:

All in all, people are more alike than they are dissimilar. Therapeutic rapport in the helping relationship is predicated upon the underlying humanity of the nurse and client, with mutual respect and acceptance of ethnocultural variance (Cravener, 1992).

**REFERENCES**


