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Practice paper

An evaluation of a student-led, multi-language course for Israeli nursing students

Hanna Zafrir PhD RN
Director, Zefat Nursing School, and Lecturer, Nursing Department

Sara Nissim PhD RN
Head of Nursing Department

Zefat Academic College, Zefat, Israel

What is known on this subject

- Language has been recognised as a major component in the delivery of culturally competent care.
- The absence of a shared language can be a barrier to health literacy, effective nurse–client communication and patient satisfaction.

What this paper adds

- It offers a new approach to teaching the meaning of cultural competence to culturally diverse students, by enabling them to engage with their diversity for the benefit of patients.

ABSTRACT

A shared language can provide a key to fostering empathy, understanding and tolerance between different cultures. In Israel, where different cultures coexist, it is of paramount importance to use methods that will help to promote this, especially in healthcare, where poor communication can adversely affect nurse–patient relationships. This paper provides an account of an undergraduate course for nursing students which enabled participants to acquire some basic language skills in four languages spoken locally, namely Arabic, Russian, Amharic and Yiddish. A total of 40 students at Zefat Academic College, all from diverse cultural backgrounds (Jewish, Arab or Druze) participated in a senior-year undergraduate course on 'Languages awareness and skills for nurses'. The main objectives of the course were to generate an awareness of the importance of language barriers as impediments to qualitative healthcare, and to improve professional communication between students and patients who differed in terms of their cultural background and language. After an introductory lecture about language as a barrier to health literacy, the students, who all spoke Hebrew, were given the task of teaching their fellow students basic phrases relevant to nurse–patient interactions in one of the four languages. They chose relevant words and phrases, and then divided themselves into four language teaching groups. All of the groups included native speakers of the language to be taught. Each group taught three lessons using experiential learning methods. By the end of the course, most of the students were able to speak many words in the different languages. The students' written comments on the course were collected and analysed for content, and were categorised. This revealed three main themes, namely language teaching effectiveness, the importance of language for communicating with patients, and language barriers as cultural barriers. In conclusion, strengthening communication skills to include lowering of language barriers was seen as an advantage in caring for culturally diverse patients.

Keywords: communication, cultural competency, cultural diversity, health literacy, multilingualism, nursing education

Introduction

Culturally competent care has been defined as 'a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations' (Cross *et al*, cited by Wells, 2000) and as 'professional attitudes, practice skills, and system savvy for cross cultural situations' (Chrisman, 2007, p. 69). The central message is that individual clinicians should be flexible and capable enough to properly assess and treat all patients. Thus culturally appropriate care is not simply the memorisation of a list of facts about an ethnic group. Rather, it must include the ability to modify care plans to incorporate the perspectives of the patient and their family. Obviously this can be achieved more easily when trust, based on good communication, is established between the caregiver and the person who is receiving care. It is not uncommon for patients to prefer and feel more comfortable with healthcare professionals who share their cultural heritage, because they understand and know the cultural and linguistic keys that may assist and speed the process of recovery (Nugent *et al*, 2002). Thus the essence of cultural competence is 'a respectful knowledge of and attitude towards people from different cultures that enables health professionals who work with people from another culture to develop and use standard policies and practices that will increase the quality and outcome of their health care' (McBride, 2005, p. 181).

Language and communication are important aspects of cultural competence. Lack of a shared language can be a barrier to health literacy and to effective nurse–patient communication (Singleton and Krause, 2010). It can also deter people from accessing culturally appropriate health information and services (Zanchetta and Poureslami, 2006). Culturally competent communication emphasises that individuals' concepts of health may differ, affecting the way in which they receive, process and accept or reject information (Andrulis and Brach, 2007).

One way of addressing language barriers is to capitalise on the skills of a diverse nursing workforce (Gilchrist and Rector, 2007; Joint Commission on the Accreditation of Healthcare Organizations, 2007). In 2004 the National Healthcare Disparities Report by the Agency for Healthcare Research and Quality (as quoted by Gilchrist and Rector, 2007) stated that health disparities remained constant for all ethnic minority groups, and the need for interpreters in all areas of healthcare continues. Thus it is imperative to have nurses who speak more than one language (Gilchrist and Rector, 2007). Consequently, the challenge and goal of nursing today is to prepare nurses who are able to provide sensitive, safe, beneficial and meaningful care for people from different cultures (Leininger, 2002), and to communicate with them effectively.

Background

Languages in Israel

Cultural diversity in Israeli society stems from a mixture of multi-national immigration and native populations. At the start of the twentieth century, the population of the area consisted mainly of Arabs (Moslem and Christian), Druze, Bedouin, Circassians and Jews. By the time that the new State was declared, many European and Eastern European Jews had arrived in the aftermath of the Holocaust. During the 1950s and 1960s, Sephardic Jews emigrated from North Africa and Middle-Eastern Arabic-speaking countries. The 1970s and 1990s brought waves of '*Aliyah*' (immigration) to Israel, from the then USSR and Ethiopia. Each decade and each '*Aliyah*' contributed to the amalgam of cultures and 34 different languages spoken in the country. Hebrew and Arabic are the formal languages (Lewis, 2009), but with so much diversity in ethnicity, language, religion and belief sets, it is of paramount importance to overcome communication barriers in order to foster empathy, understanding and tolerance between the different cultures.

Hebrew is the mother tongue of nearly all Jews in Israel. It is also spoken as a second language with varying levels of competence by most minority populations. It is learned as a second language in the Arab educational system, mostly from middle school (Amara *et al*, 2002). As it is the formal language and is used in higher education, government and commercial settings, it is also used by the Arab population in different contexts and with varying levels of competence, mainly among men, because women are more likely to stay within their own environment.

Arabic is spoken by approximately 1.4 million people in Israel. It is the mother tongue of Moslem and Christian Arabs, and Druze, and it is the everyday language of Circassians. It is the primary language within the Arab population's educational system. Although it is learned as a foreign language in Israeli Jewish high schools, this is not mandatory. Furthermore, Arabic is not used generally within Jewish society, with the exception of Sephardic Jews originating from Arab-speaking countries (Spolsky and Shohamy, 1999).

Russian was widely introduced into Israeli society in the early 1990s when, within a few years, over a million Jews made '*Aliyah*' from the then USSR. Russian is so widespread that, within formal and government institutions, it is common practice to translate formal notices and information into Russian alongside Hebrew, Arabic and English. Second-gener-

ation Russians have integrated fully into Israeli society and speak fluent Hebrew. However, the older generation does not, mainly due to the fact that many Russian-speaking communities choose to live in certain urban areas so that it is possible, in some neighbourhoods, to lead an everyday existence in Russian.

Amharic is spoken by around 110 000 Israeli Jews who emigrated from Ethiopia over the last three decades, but mainly during the 1990s. As with other communities of immigrants, the youngest have become integrated into Israeli society and speak Hebrew fluently, whereas the older generation has retained the native language.

Yiddish, an old European dialect which is a mixture of German, Hebrew, English and varying eastern European languages, is spoken primarily by the Hassidic ultra-orthodox Jews who live mainly in Zefat, but also in other urban areas in Galilee. Yiddish is also used by some of the older Eastern European secular Jews, but not generally as an everyday language. There are around 200 000 Yiddish speakers in Israel (Lewis, 2009).

Teaching cultural competence

For more than a decade, several attempts have been made to agree upon a general teaching programme on cultural competence in nursing. For example, in 2006 the American Association of Colleges of Nursing (AACN) established the initiative 'Preparing a Culturally Competent Nursing Workforce', supported by a grant from the California Endowment. The aim was to create cultural competencies for baccalaureate nursing education (Calvillo *et al*, 2009). In October 2010, the *Journal of Transcultural Nursing*, which is the official publication of the Transcultural Nursing Society (TCNS), and Sage Publications collaborated to publish a 'Core Curriculum for Transcultural Nursing and Health Care' (Douglas and Pacquiao, 2011).

A third approach can be seen in the 'Model of Cultural Competence Development' (Papadopoulos *et al*, 2004), which has been used at Zefat Academic College. The first year is dedicated to promoting awareness, the second to building a knowledge base, and the third year to acquiring skills. It is in this context that a unique undergraduate 'Language awareness and skills for nurses' course was introduced for nursing students. This provided students with an opportunity to acquire language skills in four local languages. The main objectives of the course were to generate an awareness of the importance of language barriers as impediments to qualitative healthcare, and to improve professional communication between students and patients who differed with regard to their cultural background and languages spoken.

Zefat Academic College is located in a regional centre that serves the multicultural population of the Galilee area, where Jews, Moslem and Christian Arabs, Druze and Circassians coexist in an area that is only 1500 square kilometres in size. Members of all these groups use the local health services. These diverse groups are also represented among the student population of the College, especially in the Nursing Department, which was established four years ago, and they also comprise the clientele of the varying health systems in the area. The department's Mission Statement advocates culturally competent care through the preparation of professional nurses who are able to function within a diverse society. In accordance with this, the curriculum emphasises the development of caring and reflective communication, attitudes and skills.

The course on 'Language awareness and skills for nurses' was introduced for nursing students in order to generate an awareness of the importance of language barriers as impediments to good-quality healthcare, and to improve professional communication between students and patients who differed with regard to their cultural background and languages spoken. The course consisted of two modules. The first included subjects such as health literacy in Israel, local languages and dialects and their origin, and the importance of language and communication in the delivery of culturally competent care. During the second module, the students, who all spoke Hebrew, were presented with the task of teaching their fellow students basic words and phrases relevant to nurse–patient interactions in one of the four languages (Arabic, Russian, Amharic and Yiddish). The idea behind this was that the students would all participate both as teachers and as students of language, as a way of creating empathy resulting from first-hand knowledge of what teaching and learning a foreign language entails.

Using a snowball technique, the students chose which words were to be taught. Around 100 to 150 words were selected, including body parts, personal items, food and drinks, and healthcare providers. The students also chose everyday phrases relevant to the clinical setting, such as 'How are you feeling?', 'Where do you feel pain?' and 'I am a nursing student'. The students were then directed to divide themselves into four groups, each of which was tasked with teaching a different language. Each group included native speakers of the language to be taught. This was not a problem for Arabic and Russian speakers, who represented the majority of the class, but there was only one student of Ethiopian origin who spoke Amharic. Yiddish was also problematic because only a small number of students were able to speak the language, and even they had only a rudimentary grasp of it.

After receiving pointers on language teaching methods that emphasised the use of creative and experiential learning techniques, each group was allotted three lessons in which to teach their language.

The groups prepared for their lessons outside the class and then taught using PowerPoint presentations in combination with fun-filled ideas to enhance language learning. These included games (e.g. *Who Wants to be a Millionaire?*, *Bingo* and *Memory*), puzzles (e.g. word anagrams), drama and simulations.

By the end of the course, most of the students were able to speak many words in the different languages. As the course was mainly experiential, word retention was not tested, but the groups were encouraged to end their lessons with an informal test. This was done using mainly gaming techniques.

Evaluation

At the end of the course, written comments were collected from 32 students and were subsequently analysed. This revealed three main themes, namely language teaching effectiveness, the importance of language when communicating with patients, and language barriers as cultural barriers. Each of these themes is discussed below.

Language teaching effectiveness

Most of the students agreed that teaching languages using multiple styles generated both interest and enjoyment, thereby enhancing learning effectiveness. Some stated that they were surprised at the number of words they had learned in such a small number of lessons:

> S1: 'I never thought of myself as a quick language learner, but I enjoyed myself so much that before I knew it, I was speaking so many new words! I wish I had learnt English like that [during high school].'

> S4: 'Who would have thought that I would know even 20 words in Amharic!'

> S21: 'When I learned English in high school, my English teacher said that I didn't have an ear for languages – so much for her!'

> S31: 'The creative methods we used for teaching and learning were really enhancing ... and were very enjoyable.'

The importance of language when communicating with patients

The students found that understanding their patients took on a new meaning in subsequent clinical placements. Nearly all of the students were enthusiastic about the fact that knowing enough to be able to understand and converse a little with their patients gave their interactions more depth and earned the respect of both their patients and their colleagues:

> S3: 'I think that patients feel that when a nurse from a different cultural background takes the trouble to learn how to speak with them, this implies that the nurse is more caring.'

> S7: 'I have even been called by colleagues on the ward to help translate into Russian for them, and that makes me feel really good.'

> S23: 'If I can understand what the patient is saying, even if it is [only] a few words, I can complete the rest, and I can channel my efforts into what he is really saying ...'

> S31: 'I think that learning local languages should probably be taught on a larger scale as part of our [nursing] studies.'

Being able to understand basic words without a go-between was seen as an advantage, mainly because of confidentiality issues and the limited availability of interpreters. It was also seen as a way to generate trust between the student nurse and the patient:

> S4: 'This is much better for the patient, that she doesn't need to say things that may embarrass her to a male interpreter, and if I can understand [the words] myself, I don't have to wonder whether he [the interpreter] is getting the message across as I intended.'

> S8: 'I think that if I was a patient I would trust my nurse even more if I felt that she understood me better. Language is an important part in this.'

> S30: 'I don't think that nurse–client communication is effective without being able to understand and be understood. Using an interpreter is simply not enough!'

Language barriers as cultural barriers

All of the students commended the course as a unique opportunity to understand and accept patients from different cultures both literally and culturally. The general consensus was that the process of learning words in the different languages helped to overcome cultural barriers because, as they learned these words, the students obviously learned about the culture too. For instance, when learning the words for different foods and beverages in Russian, they also learned about cultural aspects of eating and dining in the Russian culture:

> S2: 'Before [the course] I had no idea how to talk to patients who spoke only Amharic or Russian, and I really preferred to treat patients who speak Arabic or Hebrew. Now, even though I still don't know enough of these languages, at least I have lost my apprehension ...'

> S11: 'I know that I will use what I have learned also to understand body language. For example, now I know that if an Ethiopian puts a hand on his stomach that means he is feeling pain somewhere in his body, but not necessarily in his stomach!'

The students also found words that are very similar in some languages, and had fun trying to imagine where the similarity stemmed from:

> S9: 'I know that Hebrew and Arabic are related because they are both Semitic, but there are also words in Amharic which are very much alike! So maybe they [Ethiopian Jews] really are the lost tribe?!'

One of the unforeseen results of the course was the strengthening of ties between students from different cultures. It was obvious that the language classes gave native speakers of different languages both pleasure and pride in being able to teach their language. Laughing together at the attempts to pronounce and remember words correctly was a unifying experience for all groups:

> S5: 'This was the first time in three years that we actually bonded and had something in common apart from studying to be nurses. I feel that the course made us all a bit closer to each other, and certainly more understanding. Now, when we sit in between classes we jokingly use words in Russian or Arabic with each other ...'

> S14: 'This [course] brought the group together in ways we did not expect!'

Conclusions and recommendations

The themes arising from the course evaluation reveal some very important points related to the cultural aspects of nursing education. Communication is an integral part of patient care, and can enhance sensitivity, tolerance and understanding between the student and patients. Learning local languages can help to improve communication with both patients and fellow students. The fact that language acquisition was based on experiential learning encouraged learning and engagement.

The short duration of the course made it impossible to test word retention in the long term, but since the learning experience proved to be so exhilarating, we hope that this will form a basis for developing cultural competence. It would also be helpful if, in future, the course was taught at an earlier stage in the curriculum.

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CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Dr Hanna Zafrir, Zefat Nursing School, POB 1008, Ziv Medical Centre, Zefat 13100, Israel. Email: hana.z@ziv.health.gov.il