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Abstract: *Many English-as-a-Second Language (ESL) nursing students struggle in nursing school for a multitude of reasons. The purpose of this critical review of the literature is to identify barriers and discover bridges to ESL nursing student success. Twenty-five articles were identified for the review. Language barriers were identified as the single most significant obstacle facing the ESL nursing student. Bridges to ESL nursing student success include enhancing language development and acculturation into the American mainstream culture. A broad range of strategies to promote student success are outlined and the role of the nurse educator in ESL nursing student success is also addressed.*

Key Words: *English-as-a-Second Language (ESL), English Language Learner (ELL), Nursing Students, Academic Achievement, Retention*

ENGLISH-AS-A-SECOND LANGUAGE (ESL) NURSING STUDENT SUCCESS: A CRITICAL REVIEW OF THE LITERATURE

According to the Sullivan Commission (2004), minorities represent 25% of the United States population, yet they account for less than 9% of nurses, 6% of physicians, and 5% of dentists. Recommendations by the Sullivan Commission and the Institute of Medicine (2003) to increase the number of minority health professionals and ultimately decrease health disparities include examining the educational environment of healthcare workers, particularly nurses.

English-as-a-Second Language (ESL) nursing students are a subpopulation of minority students who often struggle in nursing school and on licensure examinations. Attrition rates for ESL nursing students have been reported as high as 85% (Gilchrist & Rector, 2007). Difficulty passing the National Council Licensure Examination (NCLEX) is problematic. In an eighteen year study by Sims-Giddens (2002), the pass rate on NCLEX for ESL nursing students was 21% lower than native speakers. Bosher and Bowles (2008) identified a 40% disparity in NCLEX pass rates between ESL and non-ESL students regardless of academic record.

The nursing profession also faces the challenge of increased numbers of linguistically and culturally diverse patients who speak little or no English. Twenty percent of Americans speak a language other than English at home (Sullivan Commission, 2004). With these dramatic changes in patient demographics, nurses must be prepared to provide culturally competent care and understand the importance culture plays in patients' perceptions of their health needs and how they respond to the care they receive. Speaking a second language is of benefit: research has demonstrated better compliance rates and patient outcomes when care is delivered in the patient's own language (Moceri, 2006; Simpson, 2004; Sims-Giddens, 2002). Increasing ESL nursing student success will provide racially and ethnically diverse nurses who can improve patient outcomes by bridging the gap of language barriers and serve as resources for their peers to provide culturally competent nursing care.

THEORETICAL FRAMEWORK

The literature review was organized based on Yoder's (1993) theoretical model. The processes by which nurse educators respond to the needs of ESL

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nursing students form the framework of this theory. There are four need areas for the ESL nursing student: language, culture, academic, and personal. How educators respond to the student needs varies and can include one of five patterns: generic, culturally non-tolerant, mainstreaming, struggling, and bridging.

In the generic pattern, all students are seen as the "same" by the nurse educator. The educator exhibits a low level of cultural awareness and identifies no differences among students. Teaching methods are seen as universal models for all students regardless of ethnic background or ESL status. Consequently, student needs go unrecognized under this pattern of responding. The generic pattern was the predominant style experienced by ethnic nursing students in Yoder's (1993) research.

With a culturally non-tolerant pattern, educators create barriers for ESL students due to their unwillingness to accept cultural differences. This pattern includes destructive attitudes and practices toward ESL students. Student needs under this style are unacknowledged.

With mainstreaming, there is cultural awareness on the part of the educator as well as acknowledgement of special needs of ESL students. Teaching strategies focus on helping students assimilate into the dominant culture. As a result, conformity to the dominant culture is the expectation and the formula for success in the program and career. Yoder (1993) also identifies a struggling pattern of responding. As educators move from a lower to a higher level of cultural awareness, they struggle to adapt their teaching to their students' needs and a level of anxiety is present. Educators understand the need for change, have tried new techniques, and are open to learning more, but experience uncertainty.

The final pattern of responding, as identified by Yoder (1993), is called bridging. Students are encouraged to maintain ethnic identity and function biculturally. Diverse cultural values and the ability to speak a second language are seen as assets to the nursing profession. Educators have adapted their teaching methods to meet the needs of students, and their diversity is valued. Acculturation, as opposed to assimilation, is encouraged.

This literature review is organized based on the four student need areas identified by Yoder (1993). As each article was reviewed, study results were categorized according to the four need areas of ESL nursing students: language, culture, academic, and personal. Nurse educator patterns of responding were noted, when applicable.

PURPOSE

This review articulates the bridges and barriers to success for the ESL nursing student. The ESL student is a bilingual, international, and/or immigrant learner who is a non-native speaker of English. In fact, English may be a student's third, fourth, or fifth language. Success is defined as completion of a nursing program and passing NCLEX on the first attempt. The purpose of this critical review of the literature is twofold: (a) identify the barriers to ESL nursing student success, and (b) discover the current bridges to success of ESL nursing students.

METHODS

The following databases were searched: Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Dissertation Abstracts International (DAI), and Education Resources Information Center (ERIC). Search terms included: English-as-a-Second Language (ESL), English Language Learners (ELL), nursing students, academic achievement, and retention. The snowballing technique described by Garrard (2007) was utilized: The reference lists from the first database run were reviewed for additional studies and were assessed for repetition of authors in an effort to achieve a methodical and comprehensive literature review.

Criteria for selecting research studies were based on the statement of purpose: ESL nursing student success. Studies, projects, and literature reviews have: (a) publish dates from 2002 to 2009, (b) been published in English, (c) focused on ESL nursing education, and (d) emphasized barriers and bridges to ESL nursing student success. Project and literature reviews were only included if the focus was directly pointed toward ESL nursing student success.

Exclusion criteria were applied after the preliminary search and retrieval of articles meeting baseline parameters. Articles were excluded if the focus was: (a) graduate level nursing education or accelerated nursing programs, and/or (b) minority students who are native speakers of English.

A total of 87 articles were initially retrieved for review. After inclusion and exclusion criteria were applied, 25 articles were included in the final synthesis. This included 18 research studies, 1 descriptive article, 2 literature reviews, and 4 project descriptions. Of the 18 research studies, design types included 13 qualitative studies, 1 quantitative study, and 4 mixed method qualitative/quantitative studies. The number of participants for the research studies ranged from 1 to 895. While the majority of the research was conducted at United States nursing schools, two articles focused on research or projects completed in Australia with nursing students of Non-English Speaking Backgrounds (NESB). Another two studies were completed at the University of Calgary, Canada with English as an Additional Language (EAL) nursing students.

Participant characteristics were noted from each article and included gender, age, length of time in the new country, and ethnic background. Seventeen studies recorded gender with a total of 95 males and 308 females documented. Participant ages ranged from 22 to 58 years old. Length of time in the country varied from birth to 20 years. Participants' ethnicity represented a heterogeneous group.

Nursing program type was tracked as the articles were reviewed. Bachelor's of Science in Nursing (BSN) programs/Bachelor's of Nursing (BNUR) were represented in 17 articles; while 4 articles explored Associate Degree in Nursing (ADN) programs; 2 articles had a combination of recently graduated BSN/ADN nurses. The literature reviews by Choi (2005) and Starr (2009) did not specify program type beyond Registered Nurse (RN) level education. None of the studies addressed Licensed Practical Nurse (LPN) programs.

The qualitative research studies were critiqued using Lincoln and Guba's (1985) trustworthiness criteria.

Credibility, transferability, dependability, and confirmability are the four evaluative criteria used in this model. Credibility assures the integrity of the data by representing participants' stories accurately. Techniques include prolonged engagement, persistent observation, peer debriefing, negative case analysis, and member checking. Transferability is demonstrated when study findings provide meaning to others in similar situations by using thick description. Next, dependability studies the research process itself, how conclusions were reached and if results could be duplicated under similar conditions. Finally, confirmability indicates a clear connection between data and interpretation. It assures the study results could be duplicated by another researcher. Techniques include maintaining thorough records, bracketing, coding, theme analysis, memoing, field notes, and reflective journaling.

The quantitative studies were critiqued for evidence of statistical significance, validity, and reliability. This included assessing p values, Pearson correlation, and Cronbach alpha scores, when specific tools were used for measuring (i.e., questionnaires).

LITERATURE REVIEW
Language Barriers to Success

English language deficiency was identified in all 25 articles as a significant barrier to success of ESL nursing students. ESL nursing students reported that they struggled with both reading speed and comprehension (Sanner, Wilson, & Samson, 2002). Reading was further complicated by the time it took students to translate between English and the student's native language (Sanner, 2004; Sims-Giddens, 2002). Research studies also indicated ESL student writing was problematic. Students struggled with technical vocabulary, grammar, syntax, and nursing documents, especially nursing care plans (Donnelly, McKiel, & Hwang, 2009a; Leki, 2003).

Several studies found a lack of speaking and listening proficiency as detrimental to academic success. Sanner's (2004) research found ESL nursing students were hesitant to speak in class due to self-consciousness about their accents and fear of not being understood. Study participants reported feelings of intimidation and discrimination due to their accents. Subsequently, students retreated verbally because they felt uncomfortable, which led to feelings of isolation. As a result, students were less likely to ask questions in class and converse with their peers (Sanner et al., 2002). Listening was demanding when ESL students were trying to understand verbal directions from faculty, as well as keeping up with the speed of lecture. In addition, listening and writing notes simultaneously was extremely challenging in a second language, particularly when faculty refused to slow down the speed of the lecture (Amaro, Abriam-Yago, & Yoder, 2006; Chamberlain, 2007; Pearson, 2006).

In the clinical setting, ESL nursing students also struggled with language. They reported obstacles with medical and nonmedical terminology and described the burden of learning the additional language of nursing in addition to English. There was also a fear of making an error with a patient due to lack of language skill (Chamberlain, 2007; Donnelly, McKiel, & Hwang, 2009b). The ESL nursing student in Leki's (2003) study found language difficult. Although she had previously worked as a pediatrician in China, the participant reported her inability to communicate was the major problem in her nursing education experience in the United States.

Studies also found that ESL students experienced language difficulties, when they communicated with patients. Students reported difficulty introducing themselves, making small talk and understanding patient requests when interacting with their assigned patient (Rogan, San Miguel, Brown, & Kilstoff (2006). In a study by Bosher and Smalkoski (2002), when students communicated with patients, nursing instructors observed lack of eye contact, low volume speech, and inappropriate voice intonation.

Students found communication with nursing staff to be very challenging, particularly understanding abbreviations, verbal report, and accompanying professional terminology. The nurses spoke quickly and the students were reticent to ask for clarification (San Miguel, Rogan, Kilstoff, & Brown (2006). This finding was confirmed by Bosher and Smalkoski (2002), who reported that ESL students indicated difficulty understanding directions given by nurses and were embarrassed to ask questions and felt they would be thought less of for asking questions.

Language Bridges to Success

Researchers recommended bridges to ESL nursing student success by improvement of language skills. Brown (2008) and Chamberlain (2007) suggested faculty provide students with copies of lecture slides, class notes, and allow audiotaping of lecture. In addition to vocabulary journals, students should use their own words to verbalize their understanding of key concepts in order to advance both language and verbal skills. Choi (2005) found when students explain their school work to family members in their native language, they are better able to articulate the same concepts in English.

Mixed study groups of ESL students and native speakers were consistently found to be helpful in building language skills (Brown, 2008; Chamberlain, 2007). Study groups with only ESL students were less helpful. When language needed clarification, native speakers in the mixed study groups provided explanations to the ESL students. Students can further improve language skills by immersing themselves in English language by watching television, listening to the radio, and speaking English all the time, even with classmates who speak their native language (Gardner, 2005b; Salamonson, Everett, Koch, Andrew, & Davidson, 2008).

Studies found language support programs contributed to successful program completion for the ESL nursing student (Bosher & Smalkoski, 2002; Rogan et al. 2006;). Early identification of students deficient in communication skills were a bridge to early intervention and successful language support programs.

Language support programs emphasized vocabulary building, colloquial language, and shifting from academic language to everyday language when communicating with patients. Use of role-play scenarios to understand verbal and nonverbal communication was emphasized. A language support program described by Guhde (2003) used language tutoring to improve listening and note taking skills. Tutors provided feedback

on pronunciation and grammar by using a template. To increase effectiveness, language support programs should be offered to ESL students concurrently with the nursing program and focus on verbal skills for the professional nurse (Chamberlain, 2007).

To identify ESL students for language support programs, Salamonson et al. (2008) studied language acculturation. The linguistic aspect of acculturation was assessed by a five-item measure called English Language Acculturation Scale (ELAS). This study found a positive relationship between English-language acculturation and student success. These findings suggested a higher ELAS score correlated to higher academic performance. Conversely, a lower ELAS score correlated to lower academic performance.

Cultural Barriers to Success

Conflicts between a student's culture, the traditions of nursing school and the health care environment can create barriers to ESL nursing student success (Donnelly, McKiel, & Hwang, 2009a). As ESL students enter the educational environment, they bring with them their own cultural norms, values, and beliefs. Traditional nursing pedagogy is focused on the predominantly White, Anglo-Saxon culture where Western medicine is the norm. Teaching methods tend to be inflexible and leave little room for multicultural dialogue (Yoder, 2001).

Cultural conflict areas include student/teacher interactions and teaching/learning approaches (Bosher & Smalkoski, 2002; Donnelly et al. 2009b; Pearson, 2006). In a study by Chamberlain (2007), ESL students reported American majority students were disrespectful and verbally challenged faculty during lectures. American majority students also challenged faculty on test questions. ESL students found this behavior offensive and outside their cultural norms of teacher/student relationships. Students in Chamberlain's (2007) research identified with their own cultural attitudes toward faculty: respect and not questioning authority. This can create barriers for students as they may not ask for help from their instructors (Bosher & Smalkoski, 2002).

According to Sanner et al. (2002), the early educational learning experiences of ESL students in their native country were very structured, which led to concrete learning styles. In a study by Sanner (2004), students reported in their native country of Liberia teachers used punishment as a way to encourage learning. These early educational encounters with teaching/learning lead students to follow rules, not engage in dialogue with the teacher and learn by rote memorization.

Therapeutic communication taught in American nursing schools was an area of cultural conflict and created barriers to success for ESL nursing students. In a study by Bosher and Smalkoski (2002), students reported it is unethical to tell a client if he/she has a terminal illness. Instead, false reassurance would be a culturally acceptable practice. This practice differs sharply with the American majority value of a client's right to know and not to give false hope. Assertive communication was another area of conflict. While being assertive is advocated in the American health care setting and reinforced in nursing curricula, in some Asian and African cultures it is considered extremely rude and selfish to display this quality. Amaro et al. (2006) confirmed

this finding and found this lack of assertiveness caused barriers for students. Students in this study were afraid to ask the instructor about concepts that they did not understand.

Lack of ethnic role models created barriers for student success. Students reported there were no ethnically diverse faculty members to role model or obtain as mentors in their institutions (Amaro et al., 2006). Choi (2005) also discussed the lack of ethnic mentors for ESL nursing students as an institutional barrier to student success. Gardner (2005a) found ESL students felt unacknowledged by their teachers.

Specific faculty characteristics can be barriers to success. In a study by Gardner (2005a), ESL students identified the following nurse educator characteristics as barriers to student success: unapproachable, ignored student as a person, intimidating, derogatory, cold, and inflexible. This finding is consistent with Yoder's (1993) model of nurse educator response to the ethnically diverse nursing student. The generic and nontolerant patterns of responding to the ESL student are characterized by treating all students the same and unwillingness to accept cultural differences of ESL students.

Racism was a persistent barrier to ESL nursing student success (Donnelly et al. 2009a; Moceri, 2006; Sanner et al., 2008). For example, in Moceri's study (2006), Hispanic students reported experiencing the stereotype from faculty that they were uneducated, lazy and low achievers due to their ethnic background. In the same study, Hispanic students reported they felt singled out by nursing faculty based on their ethnicity. Students gave examples of instructors who did not think they would complete the program because of their ethnicity.

Cultural Bridges to Success

Bridges to decrease racism in nursing education begin with increased cultural competence of nurse educators (Guhde, 2003; Starr, 2009). Eleven of the studies addressed increasing cultural awareness, sensitivity, and competence of the nurse educator as a bridge to success for the ESL nursing student. Brown (2008) found cultural awareness workshops and ESL student-led panel discussions increased faculty cultural understanding and support for ESL students. In the panel discussion, ESL students presented information on their native country's views about health, the health care system, education, and family. The same study also identified workshops focused on how to engage students in lecture and/or discussion as bridges to success. Gardner's (2005b) and Pearson's (2006) research found workshops, seminars, and classes on cultural diversity increased educators' knowledge and sensitivity to minority students. Increased faculty cultural competence resulted in increased student success because students felt more connected (Gardner, 2005b).

Gardner's study (2005a) found ESL students desire a teacher who offers emotional support to students. Emotional support included personal interest in a student's life and treatment of each student as unique with individual wants, needs, and desires. ESL students described supportive acts from faculty that motivated them and promoted their success, including encouragement, patience, caring, and compassion (Gardner, 2005a). This finding was replicated by Donnelly et al.

(2009a) and is consistent with Yoder's (1993) model. The bridging pattern involved valuing of students as individuals, encouragement of acculturation, and high levels of nurse educator cultural competence.

Academic Barriers to Success

Several studies have identified multiple-choice test questions as extremely problematic for the ESL nursing student (Bosher and Bowles, 2008; Brown, 2008; Cunningham, Stacciarini, & Towle, 2004; Gardner, 2005a; Lujan, 2008; Starr, 2009). In nursing education, multiple-choice test questions are designed to assess critical thinking and decision making. However, it is also a test of translation and reading ability for the ESL student. In addition to content, students struggle with verb tenses, syntax, and nonmedical vocabulary. Many students translate test questions into their native language, formulate an answer, and then translate back to English. Words used as qualifiers, such as *least, most,* and *best* are often incorrectly translated as antonyms. Multiple-choice test questions assess a student's ability to use therapeutic communication appropriately. Therapeutic communication is culture-bound and requires the student to firmly understand American mainstream culture and terminology. In a study by Lujan (2008), students were unaware of the need to set aside their own cultural norms to answer correctly. Gender role questions are based on culture and create barriers when students answer from their cultural perspective.

Academic Bridges to Success

Strategies to assist ESL students with multiple-choice test questions were recommended (Bosher & Bowles, 2008; Caputi, Engelmann, & Stasinopoulos 2006; Cunningham et al., 2004; Lujan, 2008). Test taking skills should be implemented as a strategy for success. Educating students about the components of multiple-choice questions, common qualifiers, and application level critical thinking in testing is essential for success. To improve test scores, small group sessions with a focus on improving accuracy and translation speed are helpful. Faculty guided intensive practice sessions answering NCLEX sample questions will decrease student stress and improve test taking time.

Improving cultural adaptation to test items should be included in test-taking strategies coursework. Several strategies were found by Lujan (2008) to improve cultural adaptation in testing. First, measuring students' cultural awareness identifies social expectations, gender roles, and time orientation. This gives students an understanding of how nonminority test writers write their questions and the differences between their own culture and the culture they will be practicing in. Second, students choose NCLEX review questions that focus on gender roles and authority. Then, students explain how responses may differ based on cultural norms. Third, video clips, role playing, and interactive computer programs expose ESL students to verbal interactions and appropriate responses of American majority culture (Lujan, 2008).

Bosher and Bowles (2008) offer an alternate view on how to help the ESL student with multiple-choice testing. Linguistic modification of multiple choice test questions was found to be helpful for ESL nursing students without giving them unfair advantage. Reducing linguistic complexity involves writing test items which: (a) use short, simple sentences, (b) state information directly, (c) use question format instead of completion, (d) highlights key words, such as first, most, and best, and (e) use common words rather than less frequently used words.

Personal Barriers to Success

ESL students' feelings of loneliness and alienation were persistent themes found in the literature as impediments to success (Cunningham, et al. 2004; Gardner, 2005b; Moceri, 2006). Factors that contribute to this phenomenon include a lack of peers or faculty of the same cultural or ethnic background, differences in social and cultural activities, and differences in language. Immigrant students may have family still living in their native country and thus are separated from family, friends and community support (Pearson, 2006). Loneliness can also occur when the dominant, majority group shuns or rejects ESL students by excluding them from study groups.

Financial concerns were cited in nine of the articles as another barrier for student success. Working full-time, in addition to nursing school, made it difficult to keep up with coursework and negatively impacted academic performance (Newman & Williams, 2003; Sanner et al. 2002; Sims-Giddens, 2002; Starr, 2009). Many immigrant students provide financial support to family and community in their native country (Pearson, 2006). Consistent with Yoder's (1993) findings, Amaro et al., (2006) found few students receive full financial aid packages. Sims-Giddens (2002) reported that participants did receive financial aid in general education courses, but they had no financial aid left when their nursing program started.

Gardner (2005b), Moceri (2006) and Starr (2009) describe how family obligations can be a major barrier for female students because of home responsibilities. In Hispanic culture, students report conflicts between homework, child care, household responsibilities, and burdens placed on them by family. One student described her experience: "Being Latina made it harder because you're the mom, the wife, the cook, and you don't have the guy for help and if you ask them, you're being 'a White girl'" (Moceri, 2006, p. 49). Some cultures (i.e. Hispanic) see women attending school as a threat to males in the household because of the potential for higher earnings after graduation and the dissonance between American majority culture and traditional societies. Consequently, males' unwillingness to help outside their gender roles can be a barrier. An East Indian nursing student was told by her husband: "Women who go to school and then work don't care about their family and children" (Gardner, 2005b, p. 14). This same student was shunned by her in-laws because she enrolled in nursing school.

Personal Bridges to Success

A bridge to decrease loneliness and alienation included peer support (Gardner, 2005b; Moceri, 2006; Pearson, 2006). Students reported comfort, support, and strength in a having a cultural peer. Positive educational outcomes were achieved when students were able to establish relationships with peers who shared their same language, values, and cultural experiences. In a study

by Moceri (2006), a student reported how critical social support was to her success: "...having good friends in the program really helped and studying together and encouraging each other. That was like having a family in itself. Because school is like your home away from home" (p. 60).

Family support can be a bridge to academic success. Students reported family affirmation and praise as critical to their academic accomplishments. Female family members helped with family responsibilities such as child care, cleaning, laundry, and cooking (Chamberlain, 2007; Moceri, 2006). Strengthening family involvement in school can be increased by having family night, campus visits, and brochures explaining the rigors of nursing school along with strategies for student success. Students from male-dominated cultures may benefit from a family information night that explains the rigors of nursing education and the amount of study required per week (Gardner, 2005b).

Personal determination to succeed despite barriers was a common theme for ESL nursing students (Amaro et al., 2006; Gardner, 2005b; Moceri, 2006; Sanner, 2004). Self-motivation, determination, and prayer were found in the studies as positive forces for program completion. The student's personal desire to become a nurse, having goals/dreams, and wanting more for their families and communities were driving forces for ESL nursing students to succeed.

Limitations of the Research Studies

There were various limitations to the studies. Possible researcher bias was noted in two of the studies where the principal investigators were associated with the participants' nursing program (Pearson 2006; Sanner, 2004). In the study by Moceri (2006) results may be limited by a possible lack of trust between the White principal investigator and the Latino participants. With the exception of the study by Moceri (2006), all of the studies were conducted in English and this may be a limiting factor to student understanding of interview questions. Finally, as noted by Sanner (2004), study results may not be based solely on ESL status.

DISCUSSION AND IMPLICATIONS

When improving nursing programs and curriculum, nursing faculty should be cognizant of methods to increase ESL nursing student success. First, students should be identified early for language support programs. Using the ELAS is an important tool for a language acculturation assessment of all incoming ESL nursing students to determine communicative competence and English proficiency. Second, language support programs should be implemented and include the following areas: (a) vocabulary building, (b) grammar, abbreviation, and syntax review, (c) oral presentations, (d) role-playing a nurse-to-nurse verbal report, and (e) test taking skills. Third, a cultural component to language support programming is also important to include. Students can network with students of similar background for support. Identification of cultural values in the American health-care system contrasted with one's own culture is a suggested course activity. Teaching ethnic differences in physical and psychosocial assessments is another.

Increasing faculty cultural sensitivity and competence is recommended throughout the literature. The approach is multidimensional. Faculty can identify personal bias toward ESL nursing students and develop awareness of any negative perceptions of native speakers toward ESL students. Understanding Yoder's (1993) framework and personal response to ethnically diverse nursing students is crucial to cultural sensitivity. Acknowledging the ethnocentric nature of American culture should be understood. Instructors can also increase cultural awareness for themselves and all students by integrating topics on oppression and White privilege within the nursing curriculum. Cultural awareness workshops for faculty partnered with social activities that complement students' cultural customs are methods to increase competence. Finally, very consistently throughout the literature is the call for an increase in the cultural diversity of nursing faculty to more readily reflect the students served.

CONCLUSION

As the numbers of ESL nursing students coming into nursing programs continue to expand, meeting their unique needs and ultimately increasing their rate of success is crucial. English language deficiencies are clearly the most salient need identified in this literature review. Nurse educators play a key role in ESL student success by addressing the language issue effectively, but also by increasing their own cultural awareness, sensitivity and competence.

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