A Comparative Study of Factors Contributing to Acculturative Stress in Chinese and Nepalese Nursing Students in Australia

He, Flora Xuhua

A Thesis Submitted for the degree of Doctor of Philosophy of The Australian National University

September 2013
DECLARATION

I hereby declare that this thesis has been composed by me and that the research on which it reports is my own work.

Prepared by: HE, Flora Xuhua

Student ID: U4820332

Signature: [Signature]

Date: 12 May 2014
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<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACU</td>
<td>Australian Catholic University</td>
</tr>
<tr>
<td>AEI</td>
<td>Australian Educational International</td>
</tr>
<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
</tr>
<tr>
<td>ANU</td>
<td>Australian National University</td>
</tr>
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<td>ASSIS</td>
<td>Acculturative Stress Scale for International Students</td>
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<tr>
<td>ATM</td>
<td>Automated Teller Machine</td>
</tr>
<tr>
<td>BDI-II</td>
<td>Beck Depression Inventory II</td>
</tr>
<tr>
<td>BN</td>
<td>Bachelor of Nursing</td>
</tr>
<tr>
<td>CNY</td>
<td>Chinese Yuan Renminbi</td>
</tr>
<tr>
<td>DIAC</td>
<td>Department of Immigration and Citizenship</td>
</tr>
<tr>
<td>ESL</td>
<td>English as a Second Language</td>
</tr>
<tr>
<td>IELTS</td>
<td>International English Language Test System</td>
</tr>
<tr>
<td>HE</td>
<td>Higher Education</td>
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<td>HRQOL</td>
<td>Health Related Quality of Life</td>
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<td>ICU</td>
<td>Intensive Care Unit</td>
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<tr>
<td>MM</td>
<td>Mixed Methods</td>
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<tr>
<td>NMBA</td>
<td>Nursing and Midwifery Board of Australia</td>
</tr>
<tr>
<td>NPR</td>
<td>Nepalese Rupee</td>
</tr>
<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PCN</td>
<td>Proficiency Certificate in Nursing</td>
</tr>
<tr>
<td>PRC</td>
<td>People's Republic of China</td>
</tr>
<tr>
<td>SD</td>
<td>Standard Division</td>
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<td>SOC</td>
<td>Sense of Coherence</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
</tr>
<tr>
<td>SSN</td>
<td>perceived numbers of social support</td>
</tr>
<tr>
<td>SSS</td>
<td>perceived satisfaction with social support</td>
</tr>
<tr>
<td>TALES</td>
<td>Teaching and Learning Enhancement Scheme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific &amp; Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children's Fund</td>
</tr>
<tr>
<td>WOC</td>
<td>Ways of Coping</td>
</tr>
<tr>
<td>U.S.</td>
<td>United States</td>
</tr>
<tr>
<td>VET</td>
<td>Vocational Education and Training</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
</tbody>
</table>
ABSTRACT

Background. Worldwide, a large body of literature is devoted to studying the experiences of international students and the challenges they face. Major issues reported are language, cultural, academic and financial difficulties, as well as discrimination and social isolation. Asian students, for example, experience more psychological difficulties than other groups of international students. There are only a small number of studies of international nursing students’ experiences in Australia, with none focusing on factors contributing to acculturative stress among Chinese or Nepalese nursing students. Given the increasing enrolments from these countries and given their dominance at the Australian Catholic University (the study site), this thesis is an attempt to address the gap in the literature.

Aim. The aim was to explore Chinese and Nepalese international nursing students’ experiences while living and studying in Australia. The specific objectives were to compare the two groups’ levels of acculturative stress, sense of coherence (SOC), social support, ways of coping and depression; to examine the correlations between these measures; and to understand the predictors of acculturative stress.

Method. This study comprised three phases. Phase A was a Master of Philosophy project that focused on Chinese international nursing students’ (n = 119) experiences using a quantitative research design. Upgrading to a PhD project, Phase B and Phase C were added and focused on a comparison between Chinese and Nepalese international nursing students’ experiences through a mixed methods design. Phase B used five questionnaires to measure the levels and inter-correlations of acculturative stress, depression, sense of coherence, ways of coping and social support of the participants (n = 187). Phase C, a qualitative design, used one-to-one interviews (n = 52) to supplement the quantitative findings.
Results. Both student groups showed high levels of acculturative stress, with the Nepalese students rating higher than that of the Chinese. The Chinese students had a moderately low SOC, but the Nepalese students’ scores were even lower. No participants displayed significant depression. There were no significant statistical differences between the two groups in terms of social support or ways of coping. The Chinese students adopted problem-focused coping strategies more often, while the Nepalese students used emotion-focused coping strategies. A significant positive correlation was found between acculturative stress and depression, and between SOC and social support. There was also a significant negative correlation between acculturative stress and sense of coherence, between acculturative stress and social support, and between depression and sense of coherence. The predictors of acculturative stress were identified as religion, sense of coherence, depression and perceived satisfaction with social support. Qualitative findings supplemented these results. The dominant problem among both groups was acculturative stress, which was associated with academic, financial and culture-related difficulties.

Conclusion. The current study provides a more in-depth understanding of the factors contributing to acculturative stress among Chinese and Nepalese international nursing students. Insights produced should assist universities to offer more effective support for international students, including academic literacy skills. Findings should also assist international students to better prepare for the Australian study experience.
LIST OF PUBLICATION AND CONFERENCE PRESENTATIONS

Refereed Journal Articles


Refereed abstract


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CHAPTER ONE
INTRODUCTION

This study examines the experiences of Chinese and Nepalese international nursing students while living and studying in Australia. For the purpose of this study, *international students* are defined as those who have left their country of origin and moved to another country for the purpose of study and are not permanent residents of the country in which studies are undertaken.

**International Students Worldwide**

The number of international students worldwide had increased by four and a half times over 34 years, from 0.8 million in 1975 to 3.7 million in 2009 (OECD, 2011). In 2010 the United States (US) received 18% of all international students, followed by the United Kingdom (9.9%), Australia (7%), Germany (7%) and France (6.8%) (OECD, 2011). International students enrich universities both culturally and financially (Bevis, 2002; Harrison, 2002).

**International Students in Australia**

Australian Educational International’s (AEI, 2009) data for 2008 identified 543,898 overall enrolments by full-fee paying international students in Australia. China accounted for almost a quarter (23.4%) of all the international student enrolments, followed by India (17.8%), the Republic of Korea (6.5%), Thailand (4.1%) and Malaysia (3.9%). The sixth position was occupied by Nepal with 18,063 (3.3%) (AEI, 2009a) (Table 1.1).
Table 1.1 International Student Enrolments by Nationality in 2008

<table>
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<tr>
<th>Nationality</th>
<th>Enrolments</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. China</td>
<td>127,276</td>
<td>23.4%</td>
</tr>
<tr>
<td>2. India</td>
<td>90,357</td>
<td>17.8%</td>
</tr>
<tr>
<td>3. Republic of Korea</td>
<td>35,376</td>
<td>6.5%</td>
</tr>
<tr>
<td>4. Thailand</td>
<td>22,278</td>
<td>4.1%</td>
</tr>
<tr>
<td>5. Malaysia</td>
<td>21,134</td>
<td>3.9%</td>
</tr>
<tr>
<td>6. Nepal</td>
<td>18,063</td>
<td>3.3%</td>
</tr>
<tr>
<td>7. Hong Kong</td>
<td>18,102</td>
<td>3.3%</td>
</tr>
<tr>
<td>8. Indonesia</td>
<td>16,063</td>
<td>3.0%</td>
</tr>
<tr>
<td>9. Brazil</td>
<td>16,028</td>
<td>2.9%</td>
</tr>
<tr>
<td>10. Vietnam</td>
<td>15,931</td>
<td>2.9%</td>
</tr>
<tr>
<td>11. Other nationalities</td>
<td>156,702</td>
<td>28.8%</td>
</tr>
<tr>
<td>All Nationalities</td>
<td>543,898</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Australian Educational International (2009)

Table 1.2 International Student Commencements by Nationality in 2008

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Commencements</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. China</td>
<td>73,485</td>
<td>22.7%</td>
</tr>
<tr>
<td>2. India</td>
<td>60,240</td>
<td>18.6%</td>
</tr>
<tr>
<td>3. Republic of Korea</td>
<td>20,931</td>
<td>6.5%</td>
</tr>
<tr>
<td>4. Thailand</td>
<td>13,931</td>
<td>4.2%</td>
</tr>
<tr>
<td>5. Nepal</td>
<td>11,985</td>
<td>3.7%</td>
</tr>
<tr>
<td>6. Brazil</td>
<td>11,949</td>
<td>3.7%</td>
</tr>
<tr>
<td>7. Vietnam</td>
<td>10,569</td>
<td>3.3%</td>
</tr>
<tr>
<td>8. Malaysia</td>
<td>9,621</td>
<td>3.0%</td>
</tr>
<tr>
<td>9. USA</td>
<td>9,559</td>
<td>2.9%</td>
</tr>
<tr>
<td>10. Indonesia</td>
<td>8,397</td>
<td>2.6%</td>
</tr>
<tr>
<td>11. Other nationalities</td>
<td>93,842</td>
<td>28.9%</td>
</tr>
<tr>
<td>All Nationalities</td>
<td>324,215</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Australian Educational International (2009)
Similarly, China accounted for 22.7% of total commencements (AEI, 2009), followed by India (18.6%), the Republic of Korea (6.5%) and Thailand (4.2%), with Nepal ranking fifth (Table 1.2).

However, between 2008 and 2012 there were notable changes in trends in international student visa applications. The total number of international student enrolments decreased from 543,898 in 2008 to 515,853 in 2012 and the number of commencements dropped from 324,215 in 2008 to 279,335 in 2012 (AEI, 2013). Although China was still the largest market for international students by volume of enrolments and commencements in 2012, Nepal had slipped from sixth position to ninth in enrolment numbers and dropped from fifth place to outside the top ten in number of commencements (Tables 1.1, 1.2, 1.3, and 1.4).

Table 1.3 International Student Enrolments by Nationality, December 2012

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Enrolments</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. China</td>
<td>149,758</td>
<td>29.0%</td>
</tr>
<tr>
<td>2. India</td>
<td>54,369</td>
<td>10.5%</td>
</tr>
<tr>
<td>3. Republic of Korea</td>
<td>27,719</td>
<td>6.5%</td>
</tr>
<tr>
<td>4. Vietnam</td>
<td>22,551</td>
<td>5.4%</td>
</tr>
<tr>
<td>5. Malaysia</td>
<td>21,587</td>
<td>4.2%</td>
</tr>
<tr>
<td>6. Thailand</td>
<td>20,240</td>
<td>4.2%</td>
</tr>
<tr>
<td>7. Indonesia</td>
<td>17,514</td>
<td>3.4%</td>
</tr>
<tr>
<td>8. Brazil</td>
<td>15,092</td>
<td>2.9%</td>
</tr>
<tr>
<td>9. Nepal</td>
<td>14,074</td>
<td>2.2%</td>
</tr>
<tr>
<td>10. Pakistan</td>
<td>11,298</td>
<td>2.2%</td>
</tr>
<tr>
<td>11. Other nationalities</td>
<td>161,624</td>
<td>31.2%</td>
</tr>
<tr>
<td>All Nationalities</td>
<td>515,853</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: AEI International Student Enrolment Data 2012 (AEI, 2013)
### Table 1.4 International Student Commencements by Nationality, December 2012

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Commencements</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. China</td>
<td>74,050</td>
<td>26.5%</td>
</tr>
<tr>
<td>2. India</td>
<td>26,685</td>
<td>9.5%</td>
</tr>
<tr>
<td>3. Republic of Korea</td>
<td>16,342</td>
<td>6.5%</td>
</tr>
<tr>
<td>4. Thailand</td>
<td>12,537</td>
<td>4.1%</td>
</tr>
<tr>
<td>5. Vietnam</td>
<td>11,790</td>
<td>3.9%</td>
</tr>
<tr>
<td>6. Brazil</td>
<td>11,207</td>
<td>3.3%</td>
</tr>
<tr>
<td>7. Malaysia</td>
<td>8,938</td>
<td>3.3%</td>
</tr>
<tr>
<td>8. Indonesia</td>
<td>8,741</td>
<td>3.0%</td>
</tr>
<tr>
<td>9. USA</td>
<td>7,526</td>
<td>2.9%</td>
</tr>
<tr>
<td>10. Colombia</td>
<td>7,477</td>
<td>2.9%</td>
</tr>
<tr>
<td>11. Other nationalities</td>
<td>94,042</td>
<td>33.6%</td>
</tr>
<tr>
<td>All Nationalities</td>
<td>279,335</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: AEI International Student Enrolment Data 2012 (AEI, 2013)

### International Students of the Australian Catholic University

The Australian Catholic University (ACU), the current study site, is one of the educational providers which has been sought after by international students. Figure 1.1 illustrates the number of international fee paying students enrolled in all Bachelor Degree programs at ACU between 2002 and 2012. The number of international students rose from 274 in 2002 to 1072 in 2012, an almost fourfold increase. The peak increase occurred in 2010 when 1416 enrolled (ACU, 2013a) (Figure 1.1).
Consistent with the trends observed for the globalisation of nursing education, the number of international fee paying students enrolled in the Bachelor of Nursing (BN) programme has increased significantly since 2002. The shortage of nurses in developed countries, such as the USA, UK, Canada and Australia (Kingma, 2007), has attracted many international students to seek admission into nursing courses in Australian universities (Sacre, Nash, & Lock, 2010). Figure 1.4 indicates the number of international fee paying students enrolled in the BN programme at one ACU campus in Sydney, where the current study was undertaken. There was a nine-fold increase in enrolments from 2002, with 71 international students, to 2012, with 643 (ACU, 2013a) (Figure 1.2).
In line with the Australia-wide trends in HE enrolments, China was ranked first and Nepal fourth in the number of enrolments in the BN program in 2008 (ACU, 2013a) (Figure 1.3).
Chapter 1: Introduction

The ACU data for 2010 show a sharp drop in BN enrolments from China, resulting in a change in the relative positions of Nepal and China (Figure 1.4). Up to 2013, Nepal remained in the first position in the number of enrolments in the BN programme (ACU, 2013a).

Figure 1.4 Top Five Countries of International Students Enrolled in the BN Program at ACU in 2010

Due to the tremendous increase in enrolments of the international nursing students in the BN programme at ACU (see Figure 1.2), the university needed to be better prepared to accommodate the large number of international students. A small survey on international students’ issues was funded by the ACU and conducted by Wright and Gollan in 2008 on 48 international students, who were from 17 countries and enrolled in nursing, business, and environmental science, and 23 other key stakeholders, including academics, senior general staff and several key representatives of students. The study found that international students suffered loneliness and isolation while enduring language problems and financial hardship. These issues as a whole heightened the chances of students developing psychological problems. The study, however, noted a positive trait among the students surveyed in that they exhibited a
strong resilience to the issues they were confronted with (Wright & Gollan, 2008). It was clear that there was a need for a more vigorous and broader study to be undertaken in order to gain deeper insights into these issues.

**Statement of the Problem**

A large body of reports has examined the experiences of international and English as a Second-Language (ESL) students studying in English-speaking countries, such as the United States, Canada and the UK, but no similar literature exists for the Australian context. A number of Australian studies, however, were identified as having relevance to this project and will be analysed in Chapter Two.

The literature search suggests that the main issues encountered by international students are language and cultural barriers, academic and financial pressure, discrimination and social isolation, and homesickness (Hughes, 2005; Lin & Yi, 1997; McCoy, 1996; Nicholson, 2001; Park, 1998; Ramsay, Barker & Jones, 1999; Robertson, Line, Jones & Thomas, 2000; Turner, 2006; Yeh & Inose, 2003). English proficiency is important for academic success and for the smooth social adjustment of international students (Andrade, 2006). Language issues are evidenced by difficulties in speaking English and in understanding spoken English (Xu, 2002), especially in the use of slang, jokes, idioms, common vocabulary and everyday topics of conversation (Sheh, 1994). This is also described as a lack of confidence in using English in daily life (Swagler & Ellis, 2003). Other problems include lower than expected academic achievement and learning difficulties, compared to native English-speaking counterparts (Guhde, 2003). Psychosociocultural problems experienced by international students were identified as including limited social contact, difficulties in making friends, homesickness and loneliness, discrimination, cultural differences, financial pressure and political concerns (Wan, 2001; Sun & Chen, 1999). In particular, international students often feel lonely
because they have left home, come to a new environment, and lost the familiar social networks from home (Ip, Chu, & Johnson, 2009; Sawir, Simon, Deumert, Nyland & Ramia, 2008). Poyrazli, Arbona, Bullingtgon and Pisecco (2001) reported that Asian students experienced more acculturative stress than other groups of international students. Acculturative stress refers to the distinctive type of stress associated with the individual’s cross-cultural encounters that can manifest in physical, social and psychological problems (Yeh & Inose, 2003).

In summary, there have been limited published studies that have focused on international nursing student experiences in Australia (e.g., Kilstoff & Baker, 2006; Salamonson, Everett, Koch, Andrew & Davidson, 2008; Salamonson et al., 2012). Most importantly, no study has been found that focused on either Chinese or Nepalese international nursing students in Australia. Relevant studies have mainly used surveys or a small sample of participants for interviews. A few studies have compared the experiences of international students and local students but no study has been found that compares the experiences of students from different countries, like China and Nepal, studying in Australia. Most importantly, given the increased enrolments of international students at ACU, there was a need for conducting a larger scope of study to gain a deeper and broader insight on these students, which was supported by the evidence of the previous survey conducted by Wright and Gollan (2008) at this institute. The current study was planned to fulfill this need and address the knowledge gaps.

**Research Aims, Objectives and Research Questions**

This study comprises three phases. Phase A was originally a Master of Philosophy project that focused on Chinese international nursing students, using a quantitative research design. To upgrade this to a PhD project Phase B and Phase C were added as
two integral parts of a mixed methods research design, focusing on a comparison between Chinese and Nepalese international nursing students. Table 1.5 outlines the components of the study, the rationale for the selection of participants and the evolution of the three phases.

Table 1.5 Outline of the Progress of the Candidature

<table>
<thead>
<tr>
<th>Stage of Study</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase A</td>
<td>Why used two variables - ASSIS and SOC?</td>
</tr>
<tr>
<td></td>
<td>• The evidence of the literature - international students problems related to acculturative stress</td>
</tr>
<tr>
<td></td>
<td>• SOC is suggestive of a person’s ability to manage and cope with life events. Literature suggested the SOC is negatively correlated with the perceived stress.</td>
</tr>
<tr>
<td></td>
<td>Why only Chinese students?</td>
</tr>
<tr>
<td></td>
<td>• They were the largest group of international students at ACU at the time.</td>
</tr>
<tr>
<td></td>
<td>• The literature suggested that Asian students experienced more psychological problems, compared with the European students.</td>
</tr>
<tr>
<td></td>
<td>• ACU counsellors Wright and Gollan (2008) reported that there were psychological problems encountered by the international students at ACU.</td>
</tr>
<tr>
<td>Phase B</td>
<td>Why added three more variables?</td>
</tr>
<tr>
<td></td>
<td>Three more questionnaires were added to the study in order to explore a broader range of factors, such as social support, coping and depression, influencing acculturative stress, as suggested by the literature.</td>
</tr>
<tr>
<td></td>
<td>Why added Nepalese students?</td>
</tr>
<tr>
<td></td>
<td>• By 2012, Nepalese students constituted the largest group of international nursing students at ACU.</td>
</tr>
<tr>
<td></td>
<td>• Comparing two culturally, linguistically, economically and educationally diverse groups of students enrolled in nursing will add scope and depth to the study.</td>
</tr>
<tr>
<td></td>
<td>• The Nepalese students were included in this study to fill the gaps in the literature.</td>
</tr>
<tr>
<td>Phase C</td>
<td>The qualitative design is intended to seek a deeper and fuller understanding of, and complement the findings of the quantitative component, i.e. Phase B.</td>
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</tbody>
</table>

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</tr>
</tbody>
</table>

10
The next section will describe the aim, objectives, and research questions for each of the three phases.

**Phase A**

The aim of Phase A was to explore the level of acculturative stress and sense of coherence of Chinese international nursing students in Australia. The concept of sense of coherence (SOC) is to describe one’s ability to respond to environmental demands or a particular stressor (Antonovsky, 1993a). SOC is often used to explain why one person becomes ill when faced with stress while another stays healthy. Studies have supported a strong association between SOC and perceived stress. Antonovsky and Sournai (1988) suggested that individuals with a stronger SOC are more likely to positively cope with stressful events. Jorgensen, Frankowski and Carey (1999) indicated that sense of coherence (SOC) can act as a moderator to buffer the effect of stress on health among the college students. Further, Townsend et al. (2013) reported that college students who had stronger SOC had greater overall general health and a lower level of perceived stress. SOC was thus thought to be relevant to the current study to measure the Chinese students’ general ability to respond to the stressors in a tertiary educational setting while they are studying and living in a new country.

The specific objectives were to obtain the characteristics of these students, identify their levels of acculturative stress and sense of coherence, and examine the correlations between their acculturative stress and sense of coherence. The research questions were:

1. What is the level of acculturative stress among Chinese international nursing students in Australia?

2. Are there any differences in the level of acculturative stress among the three academic groups (Year 1, Year 2, and Year 3) of these students?
3. What is the level of sense of coherence among these students?

4. Are there any differences in the level of sense of coherence among the three academic groups (Year 1, Year 2, and Year 3) of these students?

5. Is there a relationship between acculturative stress and sense of coherence among these students?

Phase B

The aim of Phase B was to compare the Chinese and Nepalese international nursing students' levels of acculturative stress, sense of coherence, social support, ways of coping and depression and to identify the inter-relationships of the variables within the two groups of participants. Additionally, the specific objectives were to examine the correlations among these five variables and to explore the predictors of acculturative stress. As for the scale of Ways of Coping (WOC), it was used to understand how the students appraise stressful situations and how they used different coping strategies. The Social Support Questionnaire (SSQ) was used to investigate the social support available to the students and their satisfaction in the support received by the students. Social support has buffering effect on stress, and the literature shows that patients benefit from the social support. Finally, as the literature indicates that international students are prone to be depressed, the Beck Depression Inventory - II (BDI-II) was employed to assess the presence and severity of depression, which are negative consequences of the acculturative stress.

The research questions were:

1. What are the levels of acculturative stress, sense of coherence, social support, ways of coping and depression (the five outcome measures) among Chinese and Nepalese international nursing students?
Chapter 1: Introduction

2. Are there significant differences in the five outcome measures between Chinese and Nepalese international nursing students?

3. Are there significant differences in the five outcome measures among the three academic groups (Year 1, Year 2, and Year 3) of Chinese and Nepalese international nursing students?

4. Are there significant correlations between the five outcome measures among Chinese and Nepalese international nursing students?

5. What are the predictors of acculturative stress among Chinese and Nepalese international nursing students?

Phase C

The aim of Phase C was to explore the factors contributing to acculturative stress in Chinese and Nepalese nursing students while studying and living in Australia and the coping strategies they used to deal with the stresses they experience. The specific objectives were to:

1. explain the reasons for the significant differences in acculturative stress and sense of coherence between Chinese and Nepalese international nursing students;

2. examine the differences in coping strategies used by these students;

3. explore the types of social support they used and how effective these supports are perceived to be; and

4. assess the students’ suggestions for the issues they have identified.

Research Questions

1. What are the factors that contribute to acculturative stress among Chinese and Nepalese international nursing students?
2. What sources of social support, what kinds of social support, and what degree of social support do these students seek and how satisfied are they with the social support they receive?

3. What coping strategies are used by these students and how effective are they?

4. What strategies can be recommended to universities and Schools of Nursing to support international nursing students?

Significance of the Research

Many international nursing students travel to Australia every year to further their education and enhance their career opportunities, because Australian universities provide high quality nursing education. Given that acculturative stress is the most common problem encountered by international students (see Chapter 2), if universities better understand this problem, relevant support is more likely to be provided, making the students more contented, and their progress more successful and less stressful.

As the statistics in the earlier sections (pp. 2-4) show, China has been the largest market for international students in Australia for a number of years. Nepal is coming from behind and has also made a noticeable contribution to the Australian international student market. In any case, these two groups of students have dominated the enrolments of the BN programme at ACU. The Chinese and Nepalese students chosen as the participants in this study represent not only the majority of international students at ACU, but also may have relevance to the international student population at large in Australia.

The findings of this study can make international students in the future more aware of common problems and concerns so that they can understand what they might experience, allowing them to seek help more promptly and so reduce their stress. This
issue is significant because Australia will increasingly rely on overseas nursing students to train in Australia and subsequently contribute to its workforce. This study will inform the development of more appropriate services for them.

Structure of the Thesis

Chapter One provides information about the numbers of international students who were studying in Australia and their countries of origin, focusing on the increasing number of Bachelor of Nursing students from China and Nepal. This chapter also identifies the aim and objectives of the study, the gaps in the literature, and the study’s justification.

Chapter Two describes the search strategies used for the literature review covering the years 1998-2012. The cultural backgrounds of Australia, China and Nepal are discussed, together with the issues raised by the international students. It also includes an in-depth literature review focusing on Australian studies which have relevance to the current research topic.

Chapter Three describes the three theoretical frameworks used to guide the current study, namely Acculturative Theory, Salutogenic Theory, and Ways of Coping Theory, giving a description of the principles and concepts of each theory and a discussion of the application of each theory to the study.

Chapter Four describes the methodologies used for the three phases, including the study design and the rationale for using both quantitative and qualitative research methods. The aims and objectives of the study, the research questions, the sample and setting, the outcome measures, the data collection procedures, and the data analysis are specified for each of the studies.
Chapter 1: Introduction

Chapters Five, Six and Seven present the results of Phases A, B and C respectively, explaining how the respective research questions were addressed. Chapter Five also discusses the findings of Phase A.

Chapter Eight discusses the findings of the three phases in light of the literature reviewed, and explains the limitations of the study, the implications for nursing education, and recommendations for future research. The chapter concludes by highlighting how the current study has added new knowledge to an understanding of the experiences of international students in general and those undertaking the undergraduate nursing degree in particular.

Conclusion

This chapter has introduced the study and specified its aim, objectives and significance. The next chapter reviews the literature and explains the search strategies used.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter has three purposes. Firstly, it provides a description of the search strategies used to review the literature related to the topic of interest. Secondly, it examines relevant historical and cultural backgrounds of China and Nepal, the two countries of interest, and relates this information to the current study, to examine the experiences of international students in a host country like Australia. A brief section on Australia, which has its own history and cultural characteristics, is also included. Thirdly, the chapter analyses the findings in the literature for the years 1998-2012 which focused on acculturation and acculturative stress, sense of coherence, depression, ways of coping and social support in relation to international students, especially in relation to the experiences of students from Asian countries, and in particular Chinese and Nepalese students. This review highlights several Australian studies of international students' (including nursing students') studying and living experiences and identifies gaps in this literature.

Search Strategy

The search strategy targeted both published and unpublished papers in English for the period 1998-2012. This process was essential to identify and define key terminologies pertinent to the research questions. The terms acculturation, acculturative stress,
Chapter 2: Literature review

depression, sense of coherence, coping, social support, nursing students, international or overseas students, and Chinese and Nepalese students were searched using the following databases: EBSCOhost (sub-categories including Academic Search Premier, Australia/New Zealand Reference Centre, CINAHL Plus with Full Text, eBook Collection, Education Research Complete, E-journals, ERIC, Health Sources: Nursing/Academic Edition, Medline, PsycARTICLES, PsycCRITIQUES, PsycEXTRA, Psychology and Behavioral Sciences Collection, PsycINFO and SocINDEX with Full Text), ScienceDirect, SCOPUS, Summon and Informit (Aus./NZ content). Internet searches using Google and Google Scholar also assisted the researcher to refine and identify significant terms to enter into the databases. Relevant worldwide websites such as Australian Education International (AEI), Australian Bureau of Statistics (ABS) and the Department of Immigration and Citizenship (DIAC) were also searched.

The review of the literature included identification of articles, abstracts and full texts relating to acculturative stress, depression, sense of coherence, coping and social support of international students, international nursing students, and Chinese or Nepalese students in particular, studying in foreign countries. Secondary references were also searched and relevant articles were retrieved and reviewed. Two hundred and five papers (205) were considered to be relevant to the research topic. Among this literature, the vast majority (about 90%) was related to international students’ (as a general group but not specific to nursing students) psychological problems related to their studying and living experiences in a foreign country. To gain a better understanding of Chinese and Nepalese students’ living and studying experiences in Australia, the historical and cultural background of three countries: Australia, China and Nepal will be briefly discussed in the next section.
Historical and Cultural Background of Australia, China and Nepal

It is trite to say that culture influences the perception of stress and coping. The students from China and Nepal come to Australia to study, and their cultural background is different from the host country. Understandably, their interaction with people from the host country and their exposure to an unfamiliar culture could result in acculturative stress which refers to the distinctive type of stress associated with the individual's cross-cultural encounters and can manifest in physical, social and psychological problems (Yeh & Inose, 2003), hence the background sketch of the cultures of the three countries involved in this study.

Australia

Australia is a large island continent located in the Southern Hemisphere, lying between Antarctica and Asia. It is the world’s sixth largest country by total area. The population of Australia was 23,051,378 on 11 June 2013 (ABS, 2013). Australia has developed a complex national culture which includes immigrants from many parts of the world as well as an Indigenous Aboriginal and Torres Strait Islander population. According to the 2011 Australian Census, the population was 21,507,719. Over a quarter (26%) of the population was born overseas and a further one fifth (20%) had at least one overseas-born parent. In addition, there were 548,370 (2.5%) people identified as being Aboriginal and/or Torres Strait Islander (ABS, 2011).

English is the dominant language used by 80% of Australians. However, both Aboriginal groups and many immigrants continue to use languages other than English,
Chapter 2: Literature review

such as Italian, Greek, Chinese, Arabic, German, Vietnamese, Spanish, Polish, Filipino, India, and Maltese (Baldassar & Trigger, 2001). The British established the first European settlement in 1788 in Australia as a penal colony. In the mid-19th century, increasing numbers of free settlers started to arrive, particularly after the discovery of gold (CountryWatch, 2013a). Australia originally consisted of six separate English colonies and became a federated nation in 1901, and an independent dominion within the British Commonwealth of Nations. The monarch of the United Kingdom remains its Head of State, being represented in Australia by the Governor-General. As a parliamentary democracy with a bicameral system, its head of government is the Prime Minister. Over some two hundred years, Australia has transformed itself into an internationally competitive, advanced market economy (CountryWatch, 2013a).

Intensive immigration policies have made Australia one of the most religiously diverse nations in the world. The constitution guarantees freedom of religion. Although there is no official national religion, Australia is generally regarded as a Christian country (Baldassar & Trigger, 2001). Religious affiliations identified are: 25.3% Catholic; 17.1% Anglican; 16.9% other Christian denominations, and 18.2% non-Christian religions (Buddhism 2.5%, Islam 2.2%, 1.3% Hinduism, 0.5% Judaism, others 11%). Just over 22% reported no religious affiliation (ABS, 2007).

In Australia, most heterosexual couples marry for love and make commitments to their emotional and sexual bonding and financial responsibilities. Arranged marriage may occur among some ethnic groups, but it is not considered a desirable choice by most immigrant groups. The law guarantees the legal rights of not only married couples but also members of de facto relationships (Baldassar & Trigger, 2001). Many Australians are easy-going; first names are often used as a form of address; and there is
a strong tendency towards egalitarianism. In public places, personal privacy is respected and staring is discouraged, although eye contact is not avoided (Baldassar & Trigger, 2001).

School education in Australia is compulsory for all children aged between five or six and 15 or 16 years; these ages vary slightly in some states. Most schools are fully supported by government funding. The rest are nongovernment schools that obtain nearly half their funding from fees and private sources (DIAC, 2013). English is the official language of instruction (Baldassar & Trigger, 2001). Some schools offer bilingual programmes or programmes in foreign languages, including Arabic, Bahasa Indonesia, French, German, Italian, Japanese, Mandarin, Modern Greek and Spanish. Indigenous languages may also be used in some schools (Baldassar & Trigger, 2001).

Tertiary education commences after successful completion of secondary education and comprises higher education and vocational education and training (VET). There are 37 government-funded universities and two private universities, as well as a number of other specialist institutions that provide approved courses at the higher education level. Australian universities offer quality education and training and thus attract substantial numbers of international students. Australia has the highest ratio of international to local students in tertiary education among the Organisation for Economic Co-operation and Development (OECD) countries (OECD, 2011).

**China**

China is one of the oldest civilizations in the world. It is the world's third largest country by total area. China borders thirteen countries including Russia, Mongolia, North Korea, Pakistan, India, Myanmar, Laos, Vietnam, Afghanistan and Nepal. China is also the
world’s most populous nation with over 1.3 billion people (CountryWatch, 2013b). Of the population, 92% are Han Chinese; the remaining 8% are people from over 50 government-designated minorities (LaFleur, 2010). There are many dialects spoken in China, and some minority groups use their own languages; however, Mandarin is the official language of China (Stanford, 2001).

Prior to the early 20th century, China was ruled by dozens of successive dynasties. A military revolt in October 1911 overthrew the Qing Dynasty which led to the proclamation of the Republic of China under Sun Yat-sen, who founded democracy. In the 1949 civil war, the People's Republic of China (PRC) was promulgated after the Communist Party defeated the nationalist Kuomintang (BBC NEWS, 2013; Stanford, 2001). In the late 1980s, China adopted market-oriented economic reforms that brought significant changes to the country. Since joining the World Trade Organisation in 2001 China’s economy has grown significantly, and in 2012 it became the world’s second largest economy (CountryWatch, 2013b).

As a communist nation, China is officially atheist (Stanford, 2001). Of the population, 59% have no religious affiliation, 29% practise Taoism and Confucianism, 12% consider themselves atheists, and 6% are Buddhists, 2% are Muslim, and 1% are Christian (Stanford, 2001). However, LaFleur (2010) used the word “syncretism” to describe Chinese people’s common religious practice, which is the blending of the three traditions of Confucianism, Taoism (or Daoism), and Buddhism into one active whole, with portions of each major doctrine influencing the way that people relate to their families, execute their various roles in life, and manage the complexities of living (LaFleur, 2010).
Chapter 2: Literature review

Taoism was founded by Laozi. *Tao* (also known as *Dao*) is translated as “the Way” and it emphasises the principles of balance and order, and often uses nature as a metaphor (Stanford, 2001). *Tao* literally means “road” or “path”, and the concept of “the Way” can be extended to human actions within and beyond the government (LaFleur, 2010). The concept of Taoism is still *wuwei* (無為), or non-action, which means that a good ruler does nothing. According to this philosophy, Taoism rejects rank and class and avoids aggression, competition, and ambition. By not making rules or ordering the people, order will be achieved eventually (LaFleur, 2010; Stanford, 2001).

Confucius’ philosophy, on the other hand, focuses on the cultivation of virtue and the maintenance of ethics such as *ren* (仁), *yi* (義), and *li* (禮). *Ren* refers to an obligation of selflessness and humaneness towards other individuals within a community, *yi* refers to the upholding of righteousness and the moral stand to do good, and *li* refers to a system of ritual and propriety that governs how a person should properly act within a community (LaFleur, 2010; Stanford, 2001).

Buddhism is one of three commonly practised traditions, and has a strong influence on Chinese people’s ways of living. Historically, entrenchment of Buddhism was seen as an intellectual and political force from the upper classes down to the common people during China’s Period of Division (from the third to the sixth centuries C.E.) (LaFleur, 2010). The essence of Buddhism is the Four Noble Truths, which explain that life is suffering and that the ways of the world do not bring happiness. The means of ending suffering is the Eightfold Path, namely right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration to be cultivated by a practitioner. The Buddhists’ final goal is Nirvana, the state of being free from suffering (LaFleur, 2010).
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According to traditional Chinese customs, marriages are often arranged by the couple's parents. This system has become more flexible, but it is still common for young people to use matchmakers. Confucian values made women strictly subordinate to men, and this was the norm in traditional Chinese society, with women treated as possessions, first by their father and later their husband (Stanford, 2001). Throughout Chinese history, raising daughters was perceived as labour for uncertain gain. Some have compared it to watering another family’s plants (LaFleur, 2010). The male to female birth ratio in China was 1.11/1.00 in 2007, and boys are still preferred by prospective parents (LaFleur, 2010).

Respect and obedience to elders is considered exceptionally important in Chinese culture, which positions older people above the young and men above women. This is evident in social interaction: being non-confrontational is a typical characteristic, saving face is an important element in social conduct, and declining a request is considered rude even if one is not able to fulfil it. Failure to perform a duty brings shame not just on the person, but also on the family and community. Physical contact between men and women in public is limited. Smiling is not necessarily a sign of happiness because it could be an indication of worry or embarrassment (Stanford, 2001).

Nine years of education are mandatory, followed by competitive placement in senior secondary and tertiary educations in China (LaFleur, 2010). Admission to the university system has become a nationwide and intense competition. Many students experience difficulties in passing exams to enter a university, and thus higher education in China is still not easily accessed by many (LaFleur, 2010; Stanford, 2001). In 2012, the total number of higher education institutions in China was 2,358, of which 676 were non-state or private institutions (Ministry of Education of the People’s Republic of
China, 2012). It is reported that the Chinese educational system emphasises obedience and rote learning over creativity (Stanford, 2001).

Nepal

In contrast to Australia, Nepal is one of the world’s poorest countries (BBC NEWS, 2012), with a population of 29.1 million (CountryWatch, 2013c). The UN estimates that about 40% of the Nepalese live in poverty (BBC NEWS, 2012), resulting from Nepal having scarce natural resources and a difficult landlocked geography, a weak infrastructure, archaic land tenure systems, and government corruption (Norman, 2001). Nepal is located in the Himalayan Mountains of South Asia, bordered by two much larger neighbours – China and India. Geographically, there are three horizontal zones in Nepal: the high mountains, the lush central hills, and the flat, arid Terai region in the south. The distinctive geography has created diversity in language and living. As a result, the country has over thirty-six ethnic groups and over fifty languages. Nepali is the national language, but for many people Nepali is secondary to the language of their ethnic group. This situation disadvantages certain groups in terms of education and civil service positions (Norman, 2001).

Since the 1700s, Nepal had been ruled by monarchs or a ruling family monarchy, Elections in April 2008 led to the abolition of the monarchy, and a Maoist-dominated government took power in August (BBC NEWS, 2012; CountryWatch, 2013c). Political instability and the decade-long Maoist insurgency have affected the economic development of the country.

Nepali culture embodies a combination of Indo-Aryan and Tibeto-Mongolian influences, the consequence of a long history of migration, conquest, and trade
Historically, the Shah (king) perpetuated the culture and language of high-caste Hindus and introduced a social hierarchy based on castes (Norman, 2001). Members of the highest castes have often owned the majority of land and enjoyed the greatest political and economic privileges while the members of lower castes have been excluded from political representation and economic opportunities. The untouchable castes were not allowed to own land, and their individual freedom was restricted by law. Caste relations have shaped the present-day social stratification: untouchables continue to be the poorest sector of society, while the upper castes tend to be wealthy and politically dominant (Norman, 2001).

Nepal is a male dominated society (Norman, 2001), where women as the lower caste occupy a subordinate social position. Arranged marriages are still in fashion in the mainstream culture and regarded as the establishment of important social bonds between families. When a child is at a marriageable age, the older family members carefully select a mate from a suitable caste, education level, and social status. In the mainstream culture, physical contact between a man and a woman is not appropriate in public even for married couples. Hospitality is important in Nepalese culture as guests are always treated with food and are not allowed to help with food preparation (Norman, 2001).

School education in Nepal consists of the primary (grades one to five) level, followed by three years of lower secondary, two years of secondary, and two years of higher secondary education (Lohani, Singh, & Lohani, 2010). There are two main types of schools in Nepal: community schools (government supported) and institutional schools (privately managed institutions receiving no government support). Over 86% of primary education students are enrolled in community schools. In addition, there are a
number of religious schools run by Muslim, Buddhist, and Hindu groups respectively (Lohani, Singh, & Lohani, 2010). Universities in Nepal are underfunded, faculties are poorly equipped and library resources are inadequate (Norman, 2001). Access to tertiary education in Nepal is limited, with a gross enrolment ratio of 7.3, compared to 26.8 for China, and 79.9 for Australia (The World Bank, 2013). There are 567 colleges, six universities, and two institutions of higher studies. Overseas qualifications are much more valued than the local ones, which is the reason why many Nepalese students go abroad to study (Norman, 2001).

We can predict, on the basis of the different cultural backgrounds, that Chinese and Nepalese students can encounter difficulties while living and studying in Australia, and that this can result in acculturative stress, which is the central focus of the current study. As the literature on Chinese and Nepalese students’ experiences is limited, the search terms were extended to include “Asian students and international students”, and further potential difficulties relating to acculturative stress including depression resulted from prolonged unresolved stress, lack of social support because of living far away from family and friends, ineffective coping due to unfamiliar environment and poor accessibility to resources, and sense of coherence as known as one’s ability to response to a particular stressor.

**Acculturation and Acculturative stress**

Acculturative stress has been identified as a major problem which can be encountered in a new and different cultural context (Sandhu & Asrabadi, 1994). Acculturation is the process of adaptation to the mainstream culture while maintaining the inherited ethnic
identity (Ryder, Alden, & Paulhus, 2000). Similarly, Brilliant (2000) defines acculturation as the process of becoming accustomed to a new culture. This process can have four results: (1) integration—acculturated, yet with preserved ethnic identity; (2) assimilated—acculturated into the mainstream culture at the expense of ethnic identity; (3) separated—not acculturated and with preserved ethnic identity; or (4) marginalised—with no strong acculturative pattern or ethnic identity (Berry, 2005; Berry, Kim, Power, Young, & Bujaki, 1989). Integration and assimilation generate lower levels of stress, whereas separation and marginalisation generate higher levels of stress. Integration, in particular, has been claimed to generate the least amount of stress (Williams & Berry, 1991). This acculturation process with the four directions developed by Berry and colleagues is a comprehensive model and has been widely used as a framework in contemporary research (Berry, 2005; Berry, Kim, Minde, & Mok, 1987).

As mentioned earlier, acculturative stress occurs when individuals experience problems arising from the acculturation process (Chapter 1, p. 9). Sandhu and Asrabadi (1994) used the Acculturative Stress Scale for International Students (ASSIS) to examine the psychological needs of international college and university students (n = 128). The results indicated that they were psychologically at-risk on several dimensions, including perceived deprivation/alienation, loneliness/homesickness, hate, fear, stress due to change, and guilt.

Some other early research investigations which focused on international students have reported a variety of personal concerns and mental health problems, including language barriers, academic difficulties, financial difficulties, and interpersonal problems with host countries’ local students as well as with their co-national students,
racial/ethnic discrimination, loss of social support, alienation, and homesickness (Leong & Chou, 1996; Mori, 2000; Pedersen, 1991).

In a study of Nepalese students (n = 130), including undergraduates, postgraduates and graduates in South Korea, Bhandari (2012) investigated health-related quality of life (HRQOL) and the relationship between HRQOL and acculturative stress. The findings indicated that Nepalese students experienced a considerable amount of perceived and acculturative stress, which was negatively related to their HRQOL. The other contributing factors to HRQOL were relationships with advisors and marital status.

Chau (2006) examined the relationship between acculturative stress and spirituality among Chinese immigrant college students in the United States. The 63 first-generation Chinese immigrant students each received a self-administered questionnaire which was developed to measure their acculturative stress and spiritual well-being levels. The results indicated that there was a significant negative correlation between acculturative stress level and spiritual well-being: the respondents who had higher levels of spiritual well-being reported lower levels of acculturative stress. Those who attended church on a regular basis, at least once a week, also reported higher level of spiritual well-being. The study suggested that spirituality and church involvement was used as a coping strategy in the face of acculturative stress among Chinese immigrant college students.

Pan, Wong, Joubert and Chan (2007) conducted a study of Chinese international students’ (n = 627) experiences, 400 from six universities in Hong Kong and 227 from the University of Melbourne, Australia. They used a questionnaire that included measures of acculturative stressors (i.e., language deficiency, cultural difference,
academic work, and social interaction), meaning of life (i.e., self-development, acceptance and contentment, relationships, being close to nature and leading an authentic life, fair treatment and intimate relationships), negative affect (i.e., sadness, depression and helpless) and demographic information. The results showed that the Australian sample had higher levels of acculturative stress and negative affect than the Hong Kong sample. Acculturative stress had a positive impact on negative affect in both samples, but the impact of different domains of acculturative stress on negative affect varied between the two groups. They also found that meaning of life partially mediated the relationship between acculturative stress and negative affect in the Hong Kong sample, but no such affect was found in the Australian sample. This study concluded that acculturative stress is a critical risk factor for negative affect in acculturation for Chinese international students in Australia and Hong Kong. Meaning of life acted as a protective factor that mitigated negative affect for mainland Chinese students in Hong Kong, but not for the Chinese international students in Australia.

However, the comparability of the results was limited because the participants from Hong Kong were postgraduate students from mainland China, while the participants from Australia were recruited from only one university and from different Asian countries, such as mainland China, Hong Kong, Macau, Malaysia and Singapore. The level of the courses in which the participants were enrolled in Australia was not identified in the report (e.g., undergraduate or postgraduate), and it is important to be aware that there will be differences in culture, lifestyle, economic status and English proficiency between students from mainland China and those from some other Asian countries (Pan et al., 2007).
Other studies of acculturative stress have focused either on possible environmental and individual variables affecting change over time or on the outcomes of the acculturation process on individual psychological well-being (Kim & Abreu, 2001; Ward, 1996). For instance, a study of Asian international students found that social support and language ability were both significantly negatively correlated with acculturative stress, whereas age, gender, and marital status were not (Poyrazli, Kavanaugh, Baker, & Al-Timimi, 2004).

Language Issues

Many studies showed that the most significant difficulty faced by international students from Asian countries was with the use of English (Lin & Yi, 1997; McCoy, 1996; Nicholson, 2001; Yeh & Yang, 2003), and that their level of oral proficiency limited their ability to communicate (Pennycook, 2001; Phillipson, 1988).

Language problems impact on international students in several ways. Robertson et al. (2000) reported that students with language difficulties appeared to have more anxiety and lack of confidence, which prevented them from participating in class activities. Ramsay et al. (1999) found that first-year international students at an Australian university experienced difficulties with the lecturer’s vocabulary and speed, resulting in them being passive and reluctant to ask questions in class. Park (1998) investigated factors contributing to Korean learners’ unwillingness to speak English in and outside of class with both native speakers and non-native speakers. The participants were 14 Korean students enrolled in an intensive English programme. Park identified four factors that affected their willingness to interact in English: (1) sociocultural factors, (2) psychological factors, (3) institutional factors and (4) linguistic factors.
Similarly, Lee and Wesche (2000) investigated English language development and adaptation to Canadian life in a study of 33 Korean students enrolled in an intensive ESL or degree programme in Canada. The authors found that 70% of the participants used English as their first choice, while the rest used either Korean or English. Only the ESL student group reported the language barrier as an important adjustment difficulty, and cultural issues were not reported as important in interactions with Canadians.

The ability to communicate effectively is important in any academic endeavour, but especially in nursing, which is grounded in one-on-one patient encounters. Choi (2005) reviewed the literature examining the challenges faced by ESL nursing students and reported that they experienced greater anxiety and higher attrition compared to English speaking students. Choi (2005) suggested that the needs of ESL nursing students could be met through modification of the nursing programmes. For example, an effective nursing curriculum should aim at transforming ESL nursing students into professional nurses who have academic English language fluency together with the specific communication skills expected of a healthcare professional. The author also suggested further research into factors affecting the quality of nursing education for ESL students and identified that a quantitative study is required to explore the correlation between English language acquisition and academic success by ESL nursing students.

Femea, Gaines, Brathwaite and Abdur-Raham (1995) compared the characteristics of two groups of nursing students, one locally born, and the other ESL nursing students, and found that there were no significant differences between the two groups on the basis of student, work, or parental status. However, the ESL students had significantly lower scores in reading, maths, and test-taking skills but higher scores in
family, social, and writing-dependent measures than the English-speaking students. Strategies to assist ESL students to become academically successful were recommended.

Study Issues

Non-attendance at classes has been identified as a serious study problem among nursing students. Hughes (2005) conducted a study of 75 second year nursing students in the UK and found that illness, family commitments, dental and medical appointments, and impending assignment submissions were some of the reasons behind non-attendance at classes. Other factors that could affect college attendance included a dislike of certain subjects such as ethics, law and social studies. The students also admitted to increased absence around the time when assignments were due for submission and occasionally pretended to be ill to meet the deadlines. In order to increase class attendance, Hughes (2005) suggested that there should be an increase in self-directed learning, a reduction in the number of theory hours, assistance with the demands of studying, and time for private study before the submission of theoretical assignments. Although this study was not about international students’ problems, it had a specific focus on undergraduate nursing students’ study issues. The problems reported by Hughes (2005) were thought to be relevant to Chinese or Nepalese nursing students, especially in view of the current researcher’s experience as a tutor to undergraduate nursing students. Like Hughes (2005) she observed that many nursing students (including local and international students) often avoided certain lectures (e.g., sociology and Indigenous culture studies) and tended not to attend lectures or tutorials in weeks when assignments were due.
Understanding ‘study habits’ is an important factor when assessing international nursing students’ study problems. Chinese students seem to display an inclination towards conformity, passivity, and dependence on experts or teachers (Turner, 2006), which may contribute to Chinese students’ difficulties in adapting to a Western learning environment in which a capacity for independent learning and critical thinking is encouraged (Ballantyne, Bain, & Packer, 1999; Ramsden, 2003).

Chen, Bennett and Maton (2008) conducted two case studies which explored the adaptation processes of Chinese international students (majoring in education) to online learning at an Australian university. The results indicated that online learning was less satisfactory for the participants than face-to-face learning. Students did not benefit from the flexibility of online learning in terms of time and space but responded better to teacher control and interpersonal contact.

Other Issues Associated with Living and Studying in another Culture

Some of the problems for international students in Australia relate to finding suitable accommodation, issues with transport, sharing facilities with others, personality clashes with flatmates, not having many friends to share their problems with, and loneliness. Rosenthal, Russell and Thomson (2008) conducted a study in 2006 of a sample of 979 international students in Melbourne, Australia. The participants were from all faculties, but almost half from the two faculties with the most international students (Economics/Commerce 26% and Engineering 16%). Among a wide range of countries of origin, China and Malaysia had the highest numbers of students (23% each). The researchers reported that most students obtained financial support from more than one source, but especially from their families. Family financial support, however, increased
students’ feelings of stress, because they had to perform well at university in order to meet family expectations. In terms of balance between study and other activities, half of the students felt that they had balanced out these competing factors, but 17% of students did not feel that they had got the balance right. Continuing issues related to physical abuse (reported by 2.9% of participants), sexual harassment (8.4%), verbal abuse (28.8%) and being excluded by others (47.7%). Some students also reported poor health-related risk practices, such as unprotected sexual activity, drug use, smoking and gambling (Rosenthal et al., 2008).

**Other Stress Related Issues**

Other issues identified in the literature include limited social contact, difficulties in making friends, homesickness and loneliness, discrimination, cultural difference, lack of independence, financial pressure, and political concerns (Sun & Chen, 1999; Wan, 2001). Discrimination seems to be a serious concern. Sandhu (1995) reported that perceived discrimination and alienation caused international students most stress even though overt discrimination is rarely seen on university campuses.

Safety has also been an important issue to international students. Australia is generally regarded as a best practice country in its migration policies, absorption of people from a diversity of backgrounds and its international student experiences (Graycar, 2010). Unfortunately one Indian student was murdered in early 2010, which instigated major anguish in the Indian media and negotiations at the highest inter-governmental and diplomatic levels between the two countries (Graycar, 2010). In addition to assault and murder, there are examples of exploitation of international students (Graycar, 2010). Graycar (2010) summarised some of the factors that put
international students at risk of victimisation. For example, language proficiency is a risk factor in that even if individuals may not look different, they may become a visible target if they speak differently. Socio-economic status is another risk factor. Poorer international students tend to live in neighbourhoods that have a higher crime rate. In addition, many poorer students have to work casually, especially doing night duties such as in fast food outlets and taxi driving, which are often high risk jobs. At the same time, it is not always safe for wealthy international students because they could also be targeted as they are seen as vulnerable and likely to be carrying or to have possessions of value (Graycar, 2010).

**Sense of Coherence**

A second focus of this study was to investigate international students’ sense of coherence. Antonovsky (1987) identified sense of coherence (SOC) as the central concept of Salutogenesis, which focuses on health rather than illness. The concept of SOC is associated with one’s ability to respond to their environmental demands or a particular stressor. SOC encompasses three components: (1) comprehensibility, referring to the ability to view the stimuli in one’s environment as being structured, predictable, and explicable; (2) manageability, referring to the availability of resources to meet the demands posed by the stimuli in one’s environment; and (3) meaningfulness, referring to the ability to view demands as challenges worthy of investment and engagement (Antonovsky, 1987). The SOC strength of an individual can be viewed as a critical element in the structure of an individual’s personality that promotes the coping and adaption process (Antonovsky, 1979, 1987). SOC has been the
topic of approximately 460 studies, most of which had an emphasis on health (Eriksson & Lindström, 2005). A substantial literature reported that SOC was negatively correlated with mental health problems, including depression, in a wide range of populations (Anotonovsky, 1993b; Blom, Serlachius, Larsson, Theorell, & Ingvar, 2010; Browman, 1997; Carstens & Spangenberg, 1997; Pallant & Lae, 2002). Some previous studies focused on the experiences of university students (e.g., Grayson, 2008; Ying, Lee, Tsai, Lee, & Tsang, 2001a) and nurses (Leino-Loison et al., 2004). The next section describes and discusses several studies which have a focus on university or college students or nurses’ sense of coherence.

In a sample of 353 Chinese college students at a US university, Ying, Lee and Tsai (2007) found that parent and peer attachment (which refers to trust, communication, and alienation in the relationships) enhanced SOC, which in turn mediated the effect of attachment from parents and peers, and of college challenges (academic, social, racial and living challenges) on depressive symptoms. In 2001, Ying and her colleagues reported on the same sample of Chinese US college students but with a different focus of network composition, social integration, and sense of coherence. The authors reported that a diverse social network enhanced SOC among Asian US college students, and in particular Chinese US college students (Ying et al., 2001b).

Grayson (2008) conducted a study to examine SOC as one of the possible contributors to first year academic achievement among domestic (n = 916) and international students (n = 509) at four Canadian universities. The results showed that SOC affected the academic achievement (i.e., GPA) of commuter students (who lived off campus), as opposed to resident students (who lived on campus). On the other hand,
professor performances (i.e., aspects of classroom performance including teaching expertise, and knowledge of subject matter; interaction, caring, and a sense of humour; and organisation) and students' class involvement were found to be more important in the prediction of GPA for resident students. The researcher explained that further research is needed into whether or not university policies and practices could contribute to the development of SOC needs (Grayson, 2008).

Leino-Loison et al. (2004) reported on SOC among unemployed nurses (n = 183) in Finland. The data were collected in 1998, during the period when Finland was suffering from an economic downturn, and nursing experienced a high level of unemployment (Leino-Loison et al., 2004). The researchers examined not only SOC but also the unemployed nurses' general health, mental health, and socio-demographics. The findings showed that income levels and state of mental health were positively correlated with nurses' SOC: the better the family income and state of mental health, the stronger was their SOC. The researcher acknowledged that a low response (less than 50%) may have caused a skewed result because those with a higher SOC may have been more motivated to complete the questionnaires (Leino-Loison et al., 2004).

**Depression**

Depression is defined as a common mental disorder that presents with a subdued mood, a loss of interest or inability to feel pleasure, feelings of guilt or low self-worth, disturbed sleep patterns or a lack of appetite, low energy, and loss of concentration (WHO, 2012). University students are considered at high risk of depression (Ibrahim, Kelly, Adams, & Glazebrook, 2012) because they are at a life stage in which they are
exploring their independent identities, are self-focused, and are seeking a balance between meeting their own expectations and meeting the expectations of others such as family members and friends (Ceyhan, Ceyhan, & Kurty, 2009). International students, in particular, may face more challenges than domestic students because they experience culture shock, homesickness, and lack of support, and therefore they may become more easily stressed and experience negative psychological outcomes such as depressive symptoms, that hamper their academic experience (Jung, Hecht, & Wadsworth, 2007).

Ibrahim et al. (2012) conducted a literature review of the prevalence of university students’ depression and reported that the average rate of depression was 30.6%, which was at the time much higher than the rate of 9.7% in the general Australian population (ABS, 2010). In an extensive, multinational (23 countries) study, Steptoe, Tsuda, Tanaka, and Wardle (2007) identified that students from less individualistic national cultures and countries (e.g., the Asian-Pacific region) reported significantly higher levels of depression compared with students from more individualistic cultures (e.g., Western, Southern European, and South and North American regions).

Han, Han, Luo, Jacobs and Jean-Baptiste (2013) conducted an online survey with Chinese students (n = 130) at Yale University. The results showed that 45% reported symptoms of depression, and 29% reported symptoms of anxiety. Poor current health, a poor relationship with their advisor, and a low exercise regimen correlated with a higher rate of depression and anxiety symptoms. Surprisingly, 27% of students were not aware of the availability of mental health and counselling services on campus.

Wei et al. (2007) conducted an online survey of a sample of 189 Chinese international students from China and Taiwan attending a mid-western university in the US. The results showed that there were significant main effects of acculturative stress
and maladaptive perfectionism (i.e., a discrepancy between expectations and performance) on depression. Acculturative stress, maladaptive perfectionism, and length of time in the US interacted to predict depression. Studies by Constantine, Okazaki and Utsey (2004), with Asian international students, and Ying and Han (2006), with Taiwanese students, showed that acculturative stress was positively associated with depression.

Ways of Coping

Coping can help alleviate the effects of stressors on the individual (Lazarus and Folkman, 1984) and is defined as "the person's cognitive and behavioural efforts to manage (reduce, minimize, master, or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person's resources" (Folkman, Lazarus, Gruen, & DeLongis, 1986b, p. 572). A chosen coping strategy is viewed as reflecting both the person's resources and situational demands (Brown, 1994). Coping strategies can be either emotion-focused, which aim to manage the negative effects on the individual, or problem-focused, which aim to reduce the causes of stress. In any situation, a combination of both strategies may be employed (Folkman et al., 1986b).

Generally, Chinese people are observed to adopt emotion-focused coping strategies which are based on their cultural norms of behaviour, rather than those of Westerners (Molassiotis, Callaghan, Twinn, & Lam, 2001; Siu, Spector, & Cooper, 2006; Spector, Sanchez, Siu, Salgado, & Ma, 2004). Siu et al. (2006) developed and validated a Chinese Coping Strategies Scale which has a four-factor structure:
hobbies/relaxation, active action, seeking social support, and passive adaptation. In this study, the researchers found that Chinese people adopted emotion-focused coping strategies such as seeking help from social networks, hobbies or recreation, or doing nothing and accepting reality. The findings were consistent with the Chinese collectivist belief in maintaining group harmony, and reflected, to some extent, the traditional Chinese philosophy of Tao, which has its basic tenets of *dao* (way) and *wuwei* (non-intervention). This assumes that the way of nature works better than being more ambitious (Siu et al., 2006).

There is limited literature about how Nepalese people cope with stress in their culture. But it is generally accepted that religion plays an important role in Nepalese people’s lives. It is not only a system of social coherence based on certain rituals and beliefs but also the binding force to tie the nation together (AARC Tourism Nepal, 2009). Most people in Nepal are Hindus (86.51%), with a minority of people said to be Buddhists (7.78%), Muslim (3.53%) and others (2.17%) (AARC Tourism Nepal, 2009).

It thus could be useful to have an overview of the Hindu religion to understand how its belief and practice influence their psychological well-being. A central doctrine of the religion is the concept of karma which suggests that the individual’s present condition is the result of the accumulation of his or her own actions in the past, and that his or her future can be shaped by virtuous deeds in the present life (Tarakeshwar, 2003). Using disabled or ill people as an example, the karmic doctrine could offer the patients a sense of control, i.e., attributing their injury to events in their past could lessen their sense of immediate personal burden while providing them with the motivation to gain control of their current lives by seeking interventions (Tarakeshwar, 2003). However, the karmic doctrine has also been linked with a feeling of helplessness.
or fatalism, since the Hindus reportedly view karma as rigidly unalterable (Tarakeshwar, 2003). These two interpretations of karma could influence the attitudes towards the use of coping strategies, a positive approach (e.g., problem solving and seeking social support) or a negative approach (e.g., denial or avoidance). Given that religion plays such an important role in the life of a Nepalese, the current study seeks to find out whether it does play a role in Nepalese students’ stress level as well as their ways of coping with such stress. A comparison can also be drawn against the Chinese students’ level of stress and coping strategies because China is known as an officially atheist country (Standford, 2001).

A study that reported on Nepalese medical students’ (n = 407) psychological morbidity, sources of stress and coping strategies could provide some insight into Nepalese students’ university life and coping. The students generally adopted active coping strategies such as reframing, planning, acceptance, active coping, self-distraction and emotional support. Alcohol and drug was a least used coping strategy (Sreeramareddy, Shankar, Binu, Mukhopadhyay, Ray, & Menezes, 2007).

Some studies reported that coping strategies are influenced by culture in the student population. For example, students from an Asian culture may be less motivated to seek professional help and be more likely to use maladaptive coping strategies such as repression, avoidance, withdrawal, resignation, and acceptance of fate (Bjork, Cutherfordson, Thurman, & Lee, 2001). In one Australian study, Khawaja and Dempsey (2008) reported that international students, compared to domestic students, had significantly lower social support and used more dysfunctional coping strategies,
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including denial, substance use, self-blame, venting, and behavioural disengagement.

One of the common coping strategies used by international students is social support.

Social Support

Social support is defined as the existence or availability of people on whom a person can rely, people who care, value, and love (Sarason et al., 1983, p. 127). Church (1982, cited in Ying, 2003) also singled out social relationship as perhaps the most crucial contributor to adjustment to an unfamiliar environment. Similarly, Clark (1991) showed that social support contributes to adjustment and development and provides a buffer against stress.

Research has shown that a loss of social support has a significant influence on the psychological well-being of international students (Sandhu, 1995). Upon coming to a foreign country, international students tend to feel a deep sense of loss when they leave their families and friends behind (Sandhu, 1995). International students become deprived of social support systems which typically validate their sense of self-concept and self-esteem and provide emotional and social support (Sandhu, 1995; Yeh & Inose, 2003), and this can result in anxiety, alienation or even disorientation in the unfamiliar environment (Pedersen, 1991).

Yeh and Inose (2003) investigated age, gender, English fluency, social support satisfaction and social connectedness as predictors of acculturative stress among a sample of 359 international students. The results indicated that international students from Europe experienced less acculturative stress than their counterparts from Asia,
Central/Latin America, and Africa. Moreover, English fluency, social support satisfaction, and social connectedness were all predictors of acculturative stress.

Social support networks have been found to moderate the effect of stress in predicting depression, feelings of hopelessness, and even suicidal ideation among international students (Flannery & Wieman, 1989; Yang & Clum, 1994). International students were reported to experience less social support than domestic students, most likely because their family and friends were too far away (Hechanova-Alampay, Beehr, Christiansen, & Van Born, 2002). The more interactions international students had with domestic students, the greater their degree of adjustment. Only a small percentage of international students reported having close friendships with domestic students; however, this was mostly due to lack of opportunity and/or preference for friendships with co-nationals (Hechanova-Alampay et al., 2002).

Sherry, Thomas and Chui (2010) conducted an online survey (n = 121) of the experiences of international students at a US university. The students came from 30 different countries, with the largest numbers from Saudi Arabia (35 students), India (20) and China (10). Researchers used both open-ended and closed questions to gain a better appreciation of the experiences of the international students. The findings covered language issues, understanding new cultural norms, financial problems, friendships and social support, and the receptiveness of the University community. In regard to friends and social support, approximately 50% of the students reported that their friends were mainly other international students; 35% indicated they made friends with Americans; 15% said they made friends with people who were from their home country; and 8% declared they had no friends in the university or local community. The absence of friendships with domestic students was a major theme (Sherry et al., 2010). In regard to
social support, 38.2% indicated “none”, 23.6% said they received family support, 13.6% reported they were involved in a social organisation, 11.8% relied on friends, 7.3% obtained support from religious organisations, and 3.6% relied on a host family. Lack of social support was evident for this group of international students.

Rajapaksa and Dundes (2002) identified that international students felt more lonely and homesick than domestic students. Their adjustment, measured by feelings of loneliness and homesickness was affected by their satisfaction with social networks as opposed to the number of close friends. The above two studies suggested that social support is important to international student adjustment and that while friendships with domestic students are helpful, they may be uncommon.

Social support can also come from the university where the students study. Tseng and Newton (2002) reported that one of the strategies used by international students was to build relationships with advisors and instructors. The relationship between students and faculty (especially academic advisors) has a significant affect on the international students’ learning. Furthermore, according to Andrade (2006), institutions cannot simply admit foreign students and expect them to adjust to life in a new country and educational system without appropriate support and programming. Appropriate information and support programmes provided by the university are critical to helping international students have positive experiences, fulfil their educational goals and return home as satisfied customers (Carr, McKay, & Rugimbana, 1999; Lee & Wesche, 2000).

Furthermore, forming multicultural peer relationships in college or university, and caring for culturally diverse clients, are highly valued by ESL nursing students as a means of becoming sensitized to multicultural perspectives (Smith, Colling, Elander, & Latham, 1993). Consequently, many ESL nursing students place high value on their
non-academic interactions with English-speaking students from their host country. They feel that these interactions provide them with continued personal growth and opportunity to master the English language. However, no studies examined the impact of increased non-academic interactions with English-proficient students on students’ success in nursing programmes or licensure examinations (Choi, 2005).

**Australian Studies Associated with International Students’ Studying and Living Experiences**

A large body of literature has examined the experiences of international students who are studying in English-speaking countries, such as the United States, Canada and the UK, however, no similar amount of studies was found for Australia. There is no research paper focused on Nepalese or Chinese (one group or both) international nursing students studying in Australia. However, several Australian studies about international nursing students’ experiences have general relevance to the current study.

Salamonson et al., (2012) conducted a survey of 540 first year nursing students in a large Sydney university according to their enrolment classification and country of birth (whether international, local but overseas-born, or local and Australian-born). The study was to examine the demographic differences in academic performance of the three groups of students. The results showed that 56% of the 540 participants were born overseas, of whom 38% were local and 18% international students. International students were younger, spent less time in paid work and were more likely to have a close friend in the same course. The participants’ age correlated positively with academic performance but their enrolment classifications and hours in paid work
Chapter 2: Literature review

correlated negatively with academic performance (Salamonson et al., 2012). One of the strengths of this study was the finding that all overseas-born students from a non-English background should not be regarded as one homogenous group, because these two groups (the international students and the local but overseas-born students) were shown to have different needs, challenges and motivations in tertiary study. Secondly, the researchers used GPA at the 12-months follow-up as the outcome measure of academic performance (Salamonson, et al., 2012). While this study examined the demographic heterogeneity of Australian nursing students, it is important to expand the study to examine stress, coping and social support among international nursing students (and not just first year students), and these are the experiences that the current study targets.

Salamonson and her colleagues (2008) surveyed another 273 first year ESL nursing students at the same university in Sydney, using an English Language Acculturation Scale (ELAS), a measure of the linguistic aspect of acculturation. They reported that the relationship between language acculturation and students' grades was statistically significant for all four nursing subjects: behavioural science in nursing, theoretical frameworks in nursing, nursing practice, and bioscience. Students with the lowest ELAS scores also had the lowest mean subject grades. There was also a positive correlation between language acculturation scores and length of residence in Australia, which indicated that newcomers were more likely to have low ELAS scores and so would under-achieve academically. The sample was recruited from first year students only, and that 77% of the students were female. The researchers identified the need for a study of other student cohorts across a range of disciplines to ensure the generalisability
of the ELAS to other student populations. The strength of the study was its very high participation rate of 97%.

Kilstoff and Baker (2006) used an open-ended descriptive survey (n = 8, including 5 from Europe and 3 from the Middle East) to explore the expectations and experiences of international students enrolled in an Australian postgraduate nursing programme. The results showed that the participants struggled not only with their English language skills, both academically and clinically, but also with their nursing practice skills. Strategies to overcome these difficulties were provided, including: (1) assistance with the academic programmes and assessment tasks; (2) orientation to the clinical settings; (3) preparation of culturally competent clinical facilitators, able to support the students’ English language skills development. The study suggested that both academic and clinical staff needed to develop structured support programmes in order to smooth the progress of their learning and reduce cultural shock (Kilstoff & Baker, 2006). The focus of this study was international postgraduate students, and the sample size was small (n = 8).

Seibold, Rolls and Campbell (2007) evaluated a Teaching and Learning Enhancement Scheme (TALES) programme which was specially designed to meet the needs of international students undertaking a one-year accelerated programme at a university in Victoria, Australia. Data were collected through three surveys: (1) an entry level questionnaire (n = 20), (2) a course completion survey questionnaire (n = 9), and (3) a post-course employment questionnaire (n = 7), and through a focus group interview (n = 9), in order to identify positive and negative experiences over a year (Seibold et al, 2007). The participants were from Japan, Korea, Thailand, India, Hong Kong and Singapore; none was from China or Nepal. Participants had from six months
to 18 years’ nursing experience in their home country. All students indicated that they needed additional assistance with English, including medical terminology and the technical terms in use in clinical practice in Australia. The positive experiences identified included making friends with other students from different countries and with local students, learning about one another’s culture and the Australian way of life, and being given timely and appropriate feedback from the lecturers. The negative experiences identified included homesickness, and difficulties in communication with local students and lecturers (Seibold et al., 2007). The main limitation of the study was that it was a small sample from a single university. Follow-ups and interviews could have been conducted with the students who failed in first semester, in order to identify strategies for future improvement.

Khawaja and Dempsy (2008) investigated 86 international students enrolled at a large university in Brisbane. Among the participants, 31.4% were enrolled in Health (it is unknown if this included nursing students), 29% in the Business faculty, and the remaining students in other faculties of the university. The majority (83.5%) of the participants were from Asian countries; the remainder were from Europe, Africa and America. Students completed nine self-report questionnaires, and the results showed that there were significant differences between international and domestic students on the type of accommodation students resided in and the sources of financial support received by them. Most international students resided in rental accommodation, while the majority of domestic students lived with parents or relatives, and international students had a lower level of social support than domestic students. In regard to coping, the international students’ approach to dealing with issues and difficulties of concern was maladaptive, compared to domestic students. The researchers admitted that it was
not clear to what extent a language barrier affected the international students; therefore, they suggested future studies should employ qualitative methods, e.g., interviews and/or focus groups using English as well as the international students’ native languages, to examine the differences in responses on the basis of the language used. By using a convenient sample, the study identified significant differences between the international and domestic students on marital status, faculty of enrolment, type of accommodation and source of finance. Potentially, these may compound the limitations of this study, and further studies should attempt to match the two groups more closely. Findings from this study may be limited by its sample’s size, and the recruitment of a larger sample may allow a more sophisticated analysis to be performed, to gain a better understanding of the relationships among the variables (Khawaja & Dempsy, 2008).

Tsukada and McKenna (2005) examined factors influencing the lived experiences of overseas-qualified nurses studying at the undergraduate level in universities in Victoria, Australia. Six themes were identified: (1) motivation and aim; (2) struggles and challenges with language; (3) standing within cultural boundaries; (4) feelings of isolation and loneliness; (5) studying in different educational environments; and (6) desired academic support. These themes were basic problems confronting all international students and also needed to be investigated in the current study. The last three themes had the potential to impact adversely on students’ academic performance (Tsukada & McKenna, 2005).

Cotton (2000) conducted a hermeneutic phenomenological study of overseas nursing students (n = 10) and their educators (n = 10) in one Australian university. Qualitative analysis showed that the main themes from the students’ data included not being at home, being an outsider, striving to understand and be understood, seeking and
finding help and support, expending current efforts and costs for future gains, and experiencing personal growth and achievement. On the other hand, the educators were more concerned about maintaining adequate standards, making appropriate allowance and providing opportunities, giving help and support, needing help and support, educating, and developing educative relationships. The caring student-educator relationship was identified as important to the educative experience of both students and educators (Cotton, 2000).

Shakya and Horsfall (2000) conducted a phenomenological study of nine international nursing students from six different countries (i.e., three from Vietnam, two from Ethiopia and one each from Iran, Nepal, the Philippines and South Africa). Two main themes were identified: Challenge and Support. The authors found that most of the participants experienced difficulties in several aspects of using English, especially in relation to nursing theoretical studies and clinical practice, such as difficulty in understanding medical terminology, misunderstanding assigned tasks and exam questions, and lack of confidence in speaking in classroom and clinical situations. Most of the participants received support from lecturers from the Student Service Division, nursing academic staff, classmates and family members. This study indicated that support systems needed to be improved to enhance student classroom and clinical learning effectiveness. It is important for universities to consider suggestions made by the ESL students themselves. The study’s limitation is that little information was provided about the semi-structured interviews, explaining, for example, the main focus areas and the participants’ responses to the questions.

Cecchin (1998) examined the roles of 12 registered nurses providing education programmes for nurses from Southeast Asia. The study found that the preparation for
the education programmes had been haphazard and inadequate, while the respondents felt that they had not been fully prepared to provide education for this group of students.

Gaps in the Literature

The findings from the literature suggested that the main recurring problems encountered by international students were language, academic and psychosociocultural issues, and acculturative stress. Language issues included difficulties in speaking and understanding spoken English (Xu, 2002), especially slang, jokes, idioms, common vocabulary and topics of everyday conversation (Sheh, 1994). Lack of confidence in using English in daily life was another form of language difficulty (Swalger & Ellis, 2003). Academic issues encountered by international students included having lower academic achievement and more learning difficulties, compared to their native English-speaking counterparts (Guhde, 2003). Psychosociocultural problems included limited social contact with others, difficulties in making friends, homesickness and loneliness, discrimination, cultural difference, lack of independence, financial pressure and political concerns (Wan, 2001; Sun & Chen, 1997). Finally, it appears that Asian students experienced more acculturative stress than other groups of international students (Poyrazli et al., 2001).

Despite a large number of studies about international students' experiences worldwide, there were limited published studies that have focused on international nursing students' experiences in Australia (e.g., Khawaja & Dempsey, 2008; Kilstoff & Baker, 2006; Pan et al., 2007; Salamonson et al., 2008; 2012; Seibold et al., 2007; Rosenthal et al., 2008; etc.). Most importantly, no study focused on Chinese
international nursing students (e.g., students who were from mainland China, one of the largest groups of international students), who were enrolled in Bachelor of Nursing programmes. Similarly, there were no published papers addressing Nepalese international nursing students’ experiences in Australia. The reported studies mainly used surveys or small sample numbers for interviews. The research focused on limited areas, such language acculturation, academic performance, issues related to clinical practice, and the experiences of first year or postgraduate or one year-accelerated programme students. There was insufficient evidence to show that acculturative stress, depression, sense of coherence, social support, and coping of international nursing students in Australia have been explored. A few studies compared the experiences of international students and local students, but no studies examined the experiences of Chinese and Nepalese nursing students in Australia. The current study aims to address this knowledge gap.

Conclusion

This chapter identified and critically analysed the available literature which focused on the experiences of international Chinese, Nepalese or Asian students who study in a foreign country. Special attention was given to any Australian studies which focused on the topic of interest. The knowledge gap regarding the problems and challenges of Chinese and Nepalese nursing students studying and living in Australia was identified as significant.
CHAPTER THREE

THEORETICAL FRAMEWORKS

Introduction
This chapter describes the principles of the theoretical frameworks applied in this study, Acculturation Theory, Salutogenesis Theory and Coping Theory, together with an explanation of how these three theories are integrated to guide the study.

Acculturation Theory

Principles and Concepts
The comprehensive model of acculturation theory developed by Berry and his colleagues (Berry et al., 1987; Berry, 2005) has been widely used in contemporary research. In order to have a better understanding of the Berry model, it is necessary to review the original proposal of acculturation and the acculturation process, including acculturative strategies, acculturative stress, adaptation and modifying factors.

Acculturation
The term acculturation, originally proposed by anthropologists (Redfield, Linton, & Herskovits, 1936) and was defined as "those phenomena that result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, et al., 1936, p. 149). Ward (1996) further describes acculturation as a state or amount of culture-related values, beliefs, affects, customs, and behaviours, adapted or endorsed by a minority/immigrant individual, which are held by or are norms of the majority/host.
culture. Acculturation is often conceptualised in psychological research as an individual-level variable (Graves, 1976). Further, it implies a mutual influence in which elements of two cultures mingle and merge. The kinds of changes that may occur as a result of acculturation were elucidated by Berry et al. (1987) to include five categories. Firstly, physical changes could include a new place to live, a new type of accommodation, greater population density and worse pollution. Secondly, biological changes may happen due to a new nutritional status, new illnesses and interbreeding yielding mixed populations. Thirdly, cultural changes may be experienced as a result of alterations in original politics, economics, technology, languages, religions and social institutions, or the substitution of new ones. Fourthly, new sets of social relationships, including in-group or out-group, and dominance patterns become established. Lastly, psychological, behavioural and mental health status changes of the individual may occur.

Berry (2005) presented a framework which describes and links cultural and psychological acculturation, and identifies two or more groups in contact (Figure 3.1). This framework conceptualises acculturation at two levels: the group and the individual. To understand acculturation at the cultural/group level (see the left of the figure), it is important to examine key features of the ‘heritage’ culture (culture A) and the ‘host’ culture (culture B) and the nature of their contact relationships, as well as the dynamic cultural changes in both groups and in the emergent ethno-cultural groups during the process of acculturation. Berry (2005) also explained that these changes can be insignificant or significant, and vary from being easily carried through to being a source of a major cultural clash. The dynamic changes within these components will subsequently impact on acculturation at the psychological/individual level (see the right of the figure). Early acculturation outcomes in individuals are regarded as ‘behavioural shifts’ and ‘acculturative stress’. According to Berry (2005), the term ‘behavioural
shifts’ refers to the behavioural adjustments individuals make in order to cope with the new environment, which are usually achieved without too much difficulty (e.g., in ways of speaking, dressing, and eating). Acculturative stress, on the other hand, refers to a situation where an individual becomes uncertain, anxious and depressed because of the psychological conflicts between the needs to maintain one’s original culture and to interact with the host culture (Berry, 2005). Eventually individuals aim to achieve two longer-term acculturation outcomes, psychological and socio-cultural adaptations, which will be discussed further in the later sections.

Figure 3.1 A general Framework for Understanding Acculturation (Berry, 2005, p. 703).

Acculturation strategies

All groups and individuals do not necessarily experience acculturation in the same way; there are differences in how people pursue the process. These differences have been termed acculturation strategies (Berry, 1980), and they comprise two elements: attitudes and behaviours. Attitudes refer to an individual’s preference about how to acculturate,
Chapter 3: Theoretical frameworks

while behaviours refer to a person’s actual activities that are displayed in day-to-day intercultural encounters (Berry, 2005).

Berry challenged a uni-dimensional perspective, which views assimilation as being the ultimate outcome of acculturation. His framework is composed of four acculturation strategies based on two central issues facing acculturating groups and individuals: (1) cultural maintenance (to what extent an individual wishes to maintain his or her cultural identity and behaviours), and (2) inter-group contact (to what extent an individual wishes to be involved in the larger society). The orientations towards these two issues will govern a person’s subsequent acculturation attitudes and strategies (see Figure 3.2). Berry (2005) explained that these strategies can be named differently, depending on which group (non-dominant or dominant) is being considered. From the non-dominant group’s point of view (the left of Figure 3.2), assimilation occurs when an individual does not wish to maintain her or his culture and identity and moves towards adapting to the host culture. Separation, on the other hand, occurs when there is a strong value on retaining one’s original culture and keeping away from interacting with others. Integration takes place when there is an interest both in maintaining one’s original culture and in learning and interacting with the host culture. In contrast, marginalisation occurs when the individual shows little interest in cultural maintenance and pays little attention to developing relations with others in the new culture. Secondly, when the dominant group (or the larger society) has power to influence the way in which acculturation takes place, the strategies are named differently. For example, assimilation, when sought by the dominant acculturating group, is termed the “melting pot”. When separation is required by the dominant group, it is called “segregation”. Marginalization, when imposed by the dominant group, is known as “exclusion”. Finally, integration, when a feature of a diverse society including all ethno-cultural groups is accepted by the dominant group, is called “multiculturalism” (Berry, 2005).
Although these strategies are referred to as acculturation strategies of the larger, host society in Berry’s framework (see the right of Figure 3.2), the focus of the current study is individual acculturation. It is necessary to point out that Berry (2005) asserted that these strategies represent a space or position along the continua of the two axes, rather than four distinct types or categories of strategy. Berry (2005) highlighted the fact that inconsistencies and conflicts between the differences in acculturation strategies create difficulties for acculturating individuals. When acculturation experiences cause problems for acculturating individuals, the phenomenon of acculturative stress is observed.

Figure 3.2. Acculturation Strategies in Ethno-cultural Groups and the Larger Society (Berry, 2005, p. 705)
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Acculturative stress

Acculturative stress is "a stress reaction in response to life events that are rooted in the experience of acculturation" (Berry, 2005, p. 708). There is often a particular set of stress behaviours which displays during acculturation, such as lowered mental health status (e.g., confusion, anxiety, depression), feelings of inferiority and separation, increased psychosomatic symptom level, and identity confusion (Berry et al., 1987). In other words, acculturative stress is a reduction in the health status of individuals and may include physical, psychological and social aspects (Berry et al., 1987). Relating behavioural shifts to the framework of acculturation strategies, it is easy to understand that an individual has fewest behaviour changes if he or she adopts the separation strategy. On the other hand, an individual has most changes if he or she uses the assimilation strategy. A person adopting the integration strategy will be least stressed because the individual not only embraces the new culture and learns new behaviours from the larger society but also preserves the value of the original culture. Marginalization is often associated with a major loss of the heritage culture and rejection of the host culture, displaying dysfunctional and deviant behaviours such as delinquency and substance and familial abuse, so that an individual who adopts a marginalization approach will be most stressed (Berry, 2005).

Adaptation

As mentioned, some long-term adaptations may be achieved as a result of attempts to cope with the acculturation changes. Adaptation refers to the relatively stable changes that occur in an individual or group in response to external demands (Berry, 2005). Adaptation may or may not improve the "fit" between individuals and their environment. This implies that individuals or groups could change to become more like their environments (i.e., assimilation) or may adopt resistance and attempts to change
environments or to move away from them altogether (i.e., separation). Ward (1996) proposed two types of adaptation: psychological and sociocultural adaptation. Psychological adaptation refers to 'feelings of well-being or satisfaction during cross-cultural transitions,' whereas socio-cultural adaptation refers to 'the ability to “fit in” or “execute effective interactions in a new cultural milieu” (Ward, 2001, p. 414). Good psychological adaptation is influenced by personality characteristics, life change events, and social support, whereas good sociocultural adaptation is predicted by cultural knowledge, degree of contact and positive intergroup attitudes (Berry, 2005).

Moderating factors of the acculturation process

It is useful to summarise the factors which moderate the acculturation process and outcomes in order to understand Chinese and Nepalese students' living and studying experiences in Australia. According to Berry et al. (1987), the first moderating factor is the nature of the host or larger society. It refers to the attitudes of people in the dominant culture of the host society (e.g., Australia for this study) and can differ from high tolerance for cultural diversity to high pressure for a single cultural standard. The second moderating factor concerns the nature of the acculturating group, including immigrants, refugees, native peoples, ethnic groups and sojourners (Berry et al., 1987). International students, for example, are mostly described as sojourners (Wang & Mallinckrodt, 2006). The third moderating factor refers to the strategies used by an individual in the process of acculturation, for example, attitudes toward the host culture including how an individual values, desires, and seeks contact or interaction with the host culture, and attitudes toward the home culture including how an individual maintains and adheres to that indigenous culture. The fourth moderating factor refers to the demographic and social characteristics of the individuals, such as age, gender, financial strength, educational level, and previous intercultural experiences. The fifth
moderating factor is the psychological characteristics that may influence the individual’s adaption to a new culture. Wang and Mallinckrodt (2006) reported that the attachment style of the individual is an important predictor of successful adaptation to overcome acculturative stress.

Application of the Theory to the Study

Previous studies have reported that international students experience acculturative stress (Constantine et al., 2004; Sandhu & Asrabadi, 1994; Yeh & Inose, 2003), and especially Asian students, who have been reported to experience more acculturative stress than other groups of international students (Poyrazli et al., 2001). The target group of this study are Asian Chinese and Nepalese nursing students. In this study, the researcher investigated what happens (contact) when students from the Chinese or Nepalese educational culture (culture A) study nursing in an Australian context (culture B). Specifically, the challenges in studying and living which the students face are the elements of “contact” in Berry’s acculturation framework. The learning attitudes and behaviours displayed by the students are seen as “behavioural shifts” and “acculturative stress”. According to Berry’s acculturation framework, the attitudes and behaviours individuals display are associated with the acculturation strategies (i.e., assimilation, separation, integration and marginalisation). As mentioned, different acculturation strategies impact differently on acculturation outcomes, which could be acculturative stress or psychological and socio-cultural adaptation to the new culture. Specifically, individuals with a marginalization or separation orientation tend to experience more stress and adjustment difficulties, whereas integrated individuals tend to report lower levels of distress and better adjustment (Berry et al., 1987), and hence this study’s investigation of the different acculturation strategies adopted by the students together with the factors for moderating acculturation, by examining the demographic data, and
the social support network and coping strategies used by these students. Lastly, acculturation outcomes (e.g., stress or adaptation) are measured according to the level of stress or depression using questionnaires (i.e., ASSIS and BDI-II) together with interview data.

**Salutogenesis Theory (Sense of Coherence)**

**Principles and Concepts**

Aaron Antonovsky (1923-1994), considered the father of the salutogenesis (Lindström & Eriksson, 2005a), developed the idea while conducting an epidemiological study in Israel on problems in women with menopause, in different ethnic groups. One of these groups shared the common experience of surviving the concentration camps during the Second World War, and he found that these women could manage good health and lead a good life despite all their hardships. The question that came to his mind was how people can survive despite all these tough experiences in life. Antonovsky proposed the salutogenic model as an attempt to explain the cause of health and its maintenance and promotion, as opposed to the traditional "pathogenic model" which focuses on the causes of disease and its treatment and prevention. Antonovsky argued that there were no such states as “health” or “illness” in a strict sense, but rather an “ease-disease” continuum. Good health can be sustained by positive factors, which are regarded as generalised resistance resources (GRRs) and sense of coherence (SOC) (Antonovsky, 1979, 1987).

GRR’s are resources to help a person cope effectively such as materials (i.e., money), knowledge, ego, identity, coping strategy, social support ties, commitment, cultural stability, religion, and a preventive health orientation (Antonovsky, 1987). The
adequacy of available GRRs is an important factor in determining whether a stressful situation will result in changes in the individual’s SOC which is defined as,

a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.

Antonovsky (1987, p. 19)

Sense of coherence can be used to examine people’s lives and their place in them and how they develop a general orientation that ensures that internal and external environments are known and predictable. A person with a strong SOC, although conscious of difficulties or frustrations, does not ignore them and is more confident that basic difficulties can be resolved. In addition, such a person has confidence that she or he will be able to cope with the pressures inherent in daily life.

**Strength of sense of coherence**

Post-White et al. (1996) reported that SOC is an effective cognitive process of finding meaning in the event, making sense of it, and perceiving resources available to confront the situation, a process conducive to health. Within the salutogenic orientation, there is a direct relationship between the strength of SOC and the person’s ability to employ cognitive, affective (emotional) and instrumental strategies likely to improve coping and thereby well-being. Antonovsky (1987) identified three inherent prerequisites that
determine a person’s ability to cope (Smith, 2002; McCubbin, Thompson, Thompson, & Fromer, 2000) as follows.

- Meaningfulness: a person with a strong sense of meaningfulness will see demands as challenges, finding meaning in the event, which facilitates the personal ability to deal effectively with it.
- Manageability: a person with a strong sense of manageability will not feel victimized by life but will have confidence that resources are available to meet the demands.
- Comprehensibility: a person with a strong sense of comprehensibility believes that events experienced are structured, ordered, and explicable, rather than chaotic, random and unpredictable.

While all three components of SOC are necessary, Antonovsky (1987) does not see these elements as being equally central. Meaningfulness is seen as the crucial element: “without it, being high on comprehensibility or manageability is likely to be temporary” (p. 22). Comprehensibility is considered the second important element in SOC because high manageability is dependent on understanding. Antonovsky further states that this does not mean that manageability is not important. If a person does not believe that resources are at hand, meaningfulness will be reduced and coping efforts weakened, that “Thinking solutogenically not only opens the way for, but compels us to devote our energies to the formulation and advance of a theory of coping” (Antonovsky, 1987, p. 13).

**Application of the Theory to the Study**

Sense of Coherence (SOC) is a universally meaningful construct, “one which cuts across lines of gender, social class, region and culture and is the basis for successful
coping with stressors” (Antonovsky, 1993b, p. 726). Antonovsky insisted that the hallmark of a person with a strong SOC is the ability to choose the most appropriate strategy to cope with any stressors in life (Gallagher, Morton, Baro, & Haepers, 1994).

The core of the salutogenic model is the focus on successful coping through the selection of realistic coping strategies (Antonovsky, 1984). People with a strong SOC are less likely to perceive events as stressful, less likely to appraise stressors as threatening to their well-being, and more likely to manage problems successfully. It was also purported that social support is the major resource used to buffer the impact of stress on health or well-being. The possible relationship between SOC and social support was based on the recognition that SOC and social support constructs overlap as a “stress-resistance resource” associated with positive mental and physical health (Hart, Hittner, & Paras, 1991). For example, the level of SOC among patients in intensive care units was explored by Fok, Chair and Lopez (2005) and it was found that these patients had a low level of SOC, which impacted on their ability to cope and their quality of life when they were discharged home. The life experiences of these patients when they were critically ill will be different from those of nursing students, but exploring their level of SOC was helpful in predicting their level of acculturative stress. In the current study, the Chinese and Nepalese nursing students’ level of SOC was investigated and correlated with acculturative stress and social support, to examine whether these variables could be effective coping strategies.

Figure 3.3 is a diagrammatic representation of the salutogenic theoretical framework as applied in this study. Resources (GRRs) shape SOC, which, in turn, influences the mobilisation of the resources available to confront the stressor. A strong SOC helps a person manage the stressful event successfully, leading to a positive outcome of acculturation – adaptation. Successful management, in turn, reinforces SOC. A weak SOC, on the other hand places the person in a vulnerable position where he or
she may not able to manage the stress effectively, leading to a risk of depression. In this model, a reasonable amount of stress could be a moderator of acculturative adaptation. Literature indicates that stress can be positive. It could enhance a person’s behavioural and cognitive performances (e.g., become more alert and focused, to avoid danger) and facilitate coping and adaptation. However, a prolonged stress could cause damage to a person’s health, leaving the person more vulnerable to anxiety and depression (WebMD, 2012).

Figure 3.3 Salutogenic (Sense of Coherence) Theoretical Framework

Coping Theory

Principles and Concepts

Anthropologists generally agree that culture usually operates as an adaptive mechanism for collective problem-solving behaviour. A given culture may provide several socially acceptable means for its members to cope with their environmental demands (Goldschmidt, 1974). Individuals may require some institutionalised patterns of coping strategies in their interactions with the socio-cultural environment (Hwang, 1977). Thus,
it becomes theoretically possible to investigate the patterns of coping strategies prevailing in a particular culture. Some researchers view coping as an ego state (Vaillant, 1977), others as stable personality traits (Costa & McCrae, 1980), yet others as a transactional process (Folkman & Lazarus, 1980; Lazarus, 1993).

In the current study, the theoretical framework used was the Ways of Coping (WOC) developed by Richard Lazarus at the beginning of the 1970s (Folkman & Lazarus, 1980). Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p.141). There are three types of stress: challenge, threat, and harm-loss (Folkman & Lazarus, 1980). Challenge involves potentially gaining something by overcoming obstacles through mastery, whereas threat occurs when someone anticipates potential harm-loss (actual loss of something). During a stressful encounter, an individual appraises the particular situation (Folkman & Lazarus, 1980) by first conducting a primary appraisal to evaluate what is at stake in the situation and then engages in a secondary appraisal to assess his or her coping resources and alternatives to manage the situation. Once coping efforts affect or do not affect the stressful encounter, new appraisals are made and new coping efforts ensue. When stress occurs, individuals cope by using cognitive or behavioural strategies to deal with internal and external demands as well as conflicts between these two things (Folkman & Lazarus, 1980).

**Categories of coping**

According to Lazarus and Folkman (1984), coping is conceptualised as consisting of two categories: problem-focused coping, and emotion-focused coping. Problem-focused coping is an activity aimed at modifying, avoiding, or minimising the impact of the problem encountered or an attempt to control the situation. Problem-focused coping
uses strategies similar to those used for problem solving, and they include “defining the problem, generating alternative solutions, weighing the alternatives in terms of their benefits, choosing among them, and acting” (Lazarus & Folkman, 1984, p. 152). Problem-solving involves an objective, analytic process that is focused primarily on the environment; for example, the strategies are used for changing external constraints, environmental pressures, obstacles, resources and protocols (Lazarus & Folkman, 1984). Problem-focused coping also includes strategies that are internal, for example, the strategies proposed by Kahn et al. (as cited in Lazarus & Folkman, 1984, p. 151), which aim at motivational or cognitive changes such as shifting the level of aspiration, reducing ego involvement, finding alternative channels of gratification, developing new standards of behaviour, or learning new skills and procedures.

Emotion-focused coping is based on the elimination of undesirable emotions that result from the stress experience. In general, emotion-focused coping is more likely to occur when there has been an appraisal that nothing can be done to modify harmful, threatening, or challenging environmental conditions. For example, a person may choose an action of engaging in physical exercise to “get one’s mind off a problem” (Lazarus & Folkman, 1984, p. 151); the action leads to reappraisals but is not itself reappraised. The meaning of an encounter still remains the same. Although an emotion-focused process may change the meaning of a stressful transaction without distorting reality, there is still a need to consider the issue of self-deception, which is always a potential feature of this type of coping process. Emotion-focused coping is also used to “maintain hope and optimism, to deny both fact and implication, to refuse to acknowledge the worst, to act as if what happened did not matter; and so on” (Lazarus & Folkman, 1984, p. 151).

Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986a) further categorised problem-focused and emotion-focused coping into eight coping strategies.
Problem-focused coping includes seeking social support, planful problem solving, and confronting. Emotion-focused coping includes positive reappraisal, self-control, escape-avoidance, accepting responsibility, and distancing. Research indicates that people use both types of coping strategies to combat stressful events (Lazarus & Folkman, 1984).

**Relationship between problem-focused and emotion-focused coping**

According to Lazarus and Folkman (1984), the relationship between problem-focused and emotion-focused coping can be facilitative or impeditive. As facilitative coping, a person who experienced anxiety while giving a lecture could do some deep breathing exercises, refer to the lecture notes, or research before the lecture to regulate the anxiety. As impeditive coping, a person grieving over the death of a loved one may find it difficult to make a decision about organ donation, and finding the emotional distress unbearable, may make an unwise decision. This person becomes trapped in a cycle of problem-focused coping (information-gathering and evaluating), which exacerbates his or her emotional distress and interferes with mechanisms that might otherwise be used to reduce distress.

**Application of the Theory to the Study**

Coping theory was used in the current study to understand the thoughts and actions that the Chinese and the Nepalese nursing students used to cope with the stressful encounters of everyday living and studying in Australia. Coping theory has been used in previous studies; for example, a study conducted by Scherer, Hwang, Wu, and Li (2000) among 396 Chinese healthcare workers in four Chinese hospitals in Beijing, China showed that these workers mainly used problem-focused and objective coping strategies more than they used emotion-focused and subjective coping strategies, such as avoidance and denial (Scherer et al., 2000). Furthermore, this group of Chinese
participants used passive “wait-and-see” approaches to a certain extent, rather than direct confrontational approaches. It was believed that this was due to the cultural influences of traditional Chinese philosophies such as Confucianism, Buddhism, and Taoism, which view life stresses as determined by fate (Phillips & Pearson, 1996, as cited in Scherer et al., 2000). The coping of Nepalese students, on the other hand, has been minimally reported. One study identified in Chapter 2 suggested that the Nepalese medical students \( n = 407 \) tended to adopt active coping strategies such as reframing, planning, acceptance, active coping, self-distraction and emotional support (Screeramareddy et al., 2007). It is interesting to find out if there are different coping strategies used by the Nepalese nursing students in Australia, compared to those used in Screeramareddy et al.’s study. More importantly, the current study will attempt to address the literature gap on Nepalese students’ coping.

The Chinese participants in the current study had a similar cultural background to the Chinese healthcare workers mentioned above. The predominance of one type of coping strategy over another could be determined, in part, by personal style (e.g., some people cope more actively than others) and also by the type of stressful event; for example, people typically employ problem-focused coping to deal with potential controllable problems such as work-related problems and family-related problems, whereas stressors perceived as less controllable, such as certain kinds of physical health problems, could prompt the use of more emotion-focused coping (MacArthur & MacArthur, 1998). Therefore, in the current study it was important to examine the dimensions of coping strategies used by the Chinese and the Nepalese nursing students and compare the results with the literature findings to identify any differences in the ways of coping used by different populations.

The current study also explored the SOC of nursing students, and Antonovsky found that SOC could affect coping, which is consistent with the literature that focused
Chapter 3: Theoretical frameworks on stress and coping studies (Pearlin & Schooler, 1978). Folkman and Lazarus (1985) also found that the appraisal of a situation is a challenge rather than a threat, and a person can have the control to mitigate distress. If a person senses that the stressor is manageable and understood, the person will experience a feeling of control that marks a high sense of coherence (Cohen & Dekel, 2000). Thus, coping theory was also used to examine the correlations between SOC and the coping strategies used by the Chinese and the Nepalese nursing students. Figure 3.4 presents a diagram of the coping theoretical framework applied in this study.

Figure 3.4 Coping Theoretical Model

Integration of the Theoretical Frameworks within the Study

Acculturative stress is defined as “a stress reaction in response to life events that are rooted in the experience of acculturation” (Berry, 2005, p. 708). Some of the acculturative stress among international students was found to be related to language barriers (Yeh & Yang, 2003), study stress (Hughes, 2005), accommodation issues
(Rosenthal et al., 2008), identity conflict (Leong & Ward, 2000), and feelings of homesickness, racial/ethnic discrimination, and alienation (Mori, 2000; Pederson, 1991). When acculturative stress accumulates, it may adversely affect a person’s psychological well-being (Lin & Yi, 1997). Depression is often reported as one of the psychological problems that international students may encounter when they have a high level of acculturative stress (Yi, Lin, & Yuko, 2003).

Berry’s Acculturation Theory (2005) explains the process of acculturation, the means to determine the level of acculturative stress among this study’s participants, and the causes of that stress. Exploring causes is important in identifying appropriate coping strategies to overcome the problems related to acculturative stress. The student’s goal is to fit into a new cultural milieu (Ward, 2001) or to adapt psychologically and socially to the new cultural environment (Berry, 2005).

Antonovsky’s (1979) sense of coherence (SOC) theory was also used to guide the current study to examine the international nursing students’ general orientation to their internal and external environments. It is interesting to find out to what extent the students are likely perceive the stressors as explicable and predictable, to what extent they could judge it worthwhile to take on the challenge, and to what extend they could be confident in their capacity to overcome the stressor. A strong SOC was suggested to mirror success in coping, and thus, increased resilience (Blom et al. 2010). It was hypothesized that students with a strong SOC, although conscious of difficulties or frustrations, will not ignore them and will be more confident that basic difficulties can be resolved and thus will stay positive. In addition, the students would have the confidence to cope with the pressure inherent in daily life and study while in Australia. Meaningfulness, manageability and comprehensibility associated with sense of coherence could then lessen the psychological and acculturative stress among the students in this study.
Chapter 3: Theoretical frameworks

Using the coping theory of Lazarus and Folkman (1984), the current study examined how the students appraised stressful situations and made a decision to use problem-focused coping and/or emotion-focused coping strategies to modify, avoid, or minimize the impact of their acculturative and psychological stress, or to change the situation. The integration of the three theoretical frameworks used in this study is presented in Figure 3.5.

Figure 3.5 Integration of the Three Theoretical Frameworks
(Acculturation, Sense of Coherence and Coping Theories)

Conclusion

This chapter has explained the three theoretical frameworks that guided the current study. Given the multiple factors that affect Chinese and Nepalese international nursing students' acculturation in Australia, it is important to examine their level of acculturative stress and its relationship to their sense of coherence and ways of coping.
CHAPTER FOUR
METHODOLOGY

Introduction
This chapter describes the research design of Phases A, B and C. It begins with definitions of the three common terms used in social research contexts, namely ‘paradigm’, ‘methodology’ and ‘method’, followed by a description of a mixed methods design together with its philosophical orientation, values in research, and rationale. The aims and objectives and rationales for adopting quantitative or qualitative, and mixed methods approaches are elaborated. The research processes used for each phase of the study are described in detail, including the sample and setting, the materials used, data collection and data analyses procedures; and the chapter concludes with a summary of the main points.

Definitions of Paradigm, Methodology and Method
Before defining mixed methods (MM) research, it is useful to differentiate three important commonly used terms in research: paradigm, methodology and method. A paradigm (e.g., positivism, constructivism, pragmatism) is ‘a worldview, complete with the assumptions that are associated with that view’ (Mertens, 2003, as cited in Teddlie & Tashkkori, 2009, p. 4), whereas a research methodology is a general approach to scientific inquiry specifying how research questions should be asked and answered. Research methods are specific strategies for conducting research, including sampling, data collection, data analysis and interpretation of the findings (Teddlie & Tashakkori, 2009).
In general, there are three groups of researchers in the social and behavioural sciences: (1) quantitative-oriented social and behavioural scientists (QUANs) primarily working within the post-positivist/positivist paradigm and principally interested in numerical data and analysis; (2) qualitative-oriented social and behavioural scientists (QUALs) primarily working within the constructivist paradigm and principally interested in narrative data and analysis; (3) mixed methodologists working primarily within the pragmatist paradigm and interested in both narrative and numerical data and their analysis (Teddlie & Tashakkori, 2009, p. 5).

Paradigms are important because all research needs a foundation for its inquirers, and researchers need to be aware of the implicit worldviews they bring to their studies (Creswell & Plano Clark, 2007). It is necessary to discuss further the four worldviews articulated by Creswell and Plano Clark (2007). The first worldview is post-positivism, which is often related to quantitative approaches. Researchers make claims for their knowledge based on determinism or cause-and-effect thinking, on reductionism by narrowing and focusing on select variables to interrelate detailed observations and measures of variables, and on the testing of theories that are continually refined. Constructivism, which is typically associated with qualitative approaches, entails the understanding of phenomena formed from participants and their subjective views. The third is advocacy and participatory worldviews which are influenced by political concerns and associated more with qualitative than with quantitative approaches. Advocacy and participatory researchers are focused on empowerment and social issues. They aim at social change, so that individuals will feel less marginalised. The fourth worldview is pragmatism, which is usually associated with a mixed methods design, and focuses on the consequences of research, on the primary importance of the question asked rather than the methods, and on multiple methods of data collection in order to
Chapter 4: Methodology

inform the problems under study. Thus, it is pluralistic and oriented towards “what works” (Creswell & Plano Clark, 2007, p. 23).

Mixed Methods Design, its Philosophical Position and Value

MM research has been called “the third research community” (Teddlie & Tashakkori, 2009, p. 4), because mixed methodologists provide an alternative to the QUAN and QUAL traditions by advocating the use of whatever methodological tools are required to answer the research questions under study (Teddlie & Tashakkori, 2009). MM research is described by Creswell and Plano Clark (2007) as “a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many places in the research process”. Furthermore, they stated “As a method, it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone” (Creswell & Plano Clark, 2007, p. 5).

In MM research, the investigator collects and analyses data, integrates the findings, and draws inferences using both quantitative and qualitative methods in a single study (Tashakkori & Creswell, 2007). The philosophical orientation associated with MM is pragmatism (Creswell & Plano Clark, 2007; Teddlie & Tashakkori, 2009), and pragmatists use a pluralistic approach, believing that either method is useful, choosing to use “the full array of both QUAN and QUAL methods” (Tashakkori & Teddlie, 2003, p. 87). The current study follows such a pragmatist approach.

Creswell and Plano Clark (2007, pp. 9-10) claimed that using the MM research design has several advantages such as providing strengths that offset the weakness of
both quantitative and qualitative research: by offering more comprehensive evidence for studying a research problem than either quantitative or qualitative research alone, by helping to answer questions that cannot be answered by qualitative or quantitative approaches alone, by encouraging researchers to collaborate across the sometimes adversarial relationship between quantitative and qualitative researchers, by promoting the use of multiple worldviews or paradigms rather than the typical association of particular paradigms, and by being "practical" in the sense that the researcher is free to use all methods possible to address the research problem.

Type and Rationale of the Mixed Methods Design Used for This Study

An Explanatory Mixed Methods Design was used for the current study. According to Creswell and Plano Clark (2007), the Explanatory Mixed Methods Design (also known as the Explanatory Sequential Design) involves two phases on the basis that qualitative data help explain or build upon quantitative results (see Figure 4.1a). As explained in Chapter One (pp. 9-11), the current study consisted of three phases. Phase A was considered a preliminary quantitative study because it was small and focused on one group of participants (the Chinese students). Phase B and Phase C were two integral parts of the Explanatory Mixed Methods design, with participation of both Chinese and Nepalese international nursing students. Also, Phase B used a quantitative approach (questionnaires) to compare the Chinese and the Nepalese students’ acculturation experiences and to gain a broad understanding of these international students. In contrast, Phase C employed a qualitative approach (face-to-face interviews) to build on the initial quantitative results and seek deeper and fuller explanations for the findings of the quantitative data. The methodology and methods of each phase of the current study are illustrated in Table 4.1.
In summary, the mixed methods design began with the collection and analysis of quantitative data, followed by the collection and analysis of qualitative data, and completed by the interpretation and integration of both the quantitative and the qualitative data (see Figure 4.1b). The in-depth qualitative data were used to explain why the QUAN results occurred (e.g., the differences in findings between the Chinese and the Nepalese students). The final inferences are drawn from the results of both the quantitative and the qualitative strands of the study.

Figure 4.1 The structure of the Explanatory Mixed Methods Design

a. Visual diagram of the Explanatory Mixed Methods Design

```
QUAN  qual
      Integration
      based on
QUAN→qual
results
```

b. Visual diagram of the procedures using qualitative data to explain Quantitative results.

```
QUAN data collection  QUAN data analysis  QUAN results  Identify results for follow-up
```

```
qual data collection  qual data analysis  qual results  Interpret QUAN→ qual
```

Note: Uppercase letters denote emphasis or priority of weight (QUAL, QUAN) while lower case letters indicate less emphasis or priority (quan, qual). This visual diagram is adapted from Creswell and Plano Clark (2007, p. 73).
<table>
<thead>
<tr>
<th><strong>PHASE A</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research design:</strong></td>
<td>a cross-sectional and descriptive quantitative design using a self-administered questionnaire survey</td>
</tr>
<tr>
<td><strong>Participants:</strong></td>
<td>Chinese international nursing students ($n=119$).</td>
</tr>
<tr>
<td><strong>Instruments:</strong></td>
<td>ASSIS &amp; SOC</td>
</tr>
<tr>
<td><strong>Data analysis:</strong></td>
<td>Descriptive statistics, linear regression and ANOVA</td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td>week 4 - week 12, semester 2, 2008.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th><strong>PHASE B</strong> (QUAN component of the MM design)</th>
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</thead>
<tbody>
<tr>
<td><strong>Research design:</strong></td>
<td>a cross-sectional and comparative quantitative design using a self-administered questionnaire survey</td>
</tr>
<tr>
<td><strong>Participants:</strong></td>
<td>Chinese ($n=82$) and Nepalese ($n=105$) international nursing students ($n=187$ total).</td>
</tr>
<tr>
<td><strong>Instruments:</strong></td>
<td>ASSIS, SOC, WOC, SSQ &amp; BDI-II</td>
</tr>
<tr>
<td><strong>Data analysis:</strong></td>
<td>Descriptive statistics, $t$-tests, Pearson’s correlation, ANOVA, and multiple regression analysis</td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td>week 4 - week 12, semester 2, 2010.</td>
</tr>
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<tr>
<th><strong>PHASE C</strong> (qual component of the MM design)</th>
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</thead>
<tbody>
<tr>
<td><strong>Research design:</strong></td>
<td>A descriptive qualitative research design using semi-structured face-to-face individual interviews</td>
</tr>
<tr>
<td><strong>Participants:</strong></td>
<td>Chinese ($n=33$) and Nepalese ($n=20$) international nursing students ($n=53$ total)</td>
</tr>
<tr>
<td><strong>Data collection:</strong></td>
<td>Individual face-to-face interviews</td>
</tr>
<tr>
<td><strong>Data analysis:</strong></td>
<td>Deductive thematic analysis</td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td>from March to November 2011</td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSQ = Social Support Questionnaire; BDI-II = Beck Depression Inventory II; ANOVA = Analysis of variance; MM = Mixed Methods
Phase A – A Quantitative Approach

It needs be mentioned that Phase A was planned as a Master of Philosophy project and conducted in 2008. The scope of study was small and focused on exploring Chinese international students’ acculturative stress and sense of coherence. Chinese students were chosen because they formed the majority of international BN enrolments at the study site (ACU, 2009), and because China was the largest market for international student enrolments in Australia in 2008 (AEI, 2009). In addition, the literature suggested that a sample of Chinese international students at a university in Australia had higher levels of acculturative stress than a sample of students in Hong Kong (Pan et al., 2007). Similarly, other studies reported that Asian international students (including Chinese students) experience more acculturative stress than other groups of international students (Poyrazli et al., 2001; Yeh & Inose, 2003).

The researcher’s candidature was rolled over to a PhD study and a larger study was therefore required to fulfil the requirements of the degree. Hence, Phase B and Phase C followed in 2010 and 2011 to compare the findings of Phase A with those of another group of students, namely, the Nepalese students. The rationales for Phases B and C will be explained in detail in later sections.

Aim and Objectives

The aim of Phase A was to explore the acculturative stress and sense of coherence of a group of Chinese international nursing students living and studying in Australia. The specific objectives were to obtain the characteristics of these students, identify their levels of acculturative stress and sense of coherence, and examine the correlations between their acculturative stress and sense of coherence.
Chapter 4: Methodology

Research Questions

The research questions of this study were:

1. What is the level of acculturative stress among Chinese international nursing students in Australia (henceforth ‘the Chinese students’)?
2. Are there any differences in the level of acculturative stress among the three academic groups (Year 1, Year 2, and Year 3) of the Chinese students?
3. What is the level of sense of coherence among the Chinese students?
4. Are there any differences in the level of sense of coherence among the three academic groups (Year 1, Year 2, and Year 3) of the Chinese students?
5. Is there a relationship between acculturative stress and sense of coherence among the Chinese students?

Research Design

A cross-sectional and descriptive quantitative design using self-report questionnaires was employed for Phase A. A quantitative approach is one in which the researcher using a positivist/post-positivist approach, employs strategies of inquiry such as surveys, and collects data on predetermined instruments that yield statistical data (Creswell, 2009). Quantitative (statistical) data analysis uses techniques that include (1) simply describing the phenomenon of interest or (2) looking for significant differences between groups or among variables (TTeddlie & Tashakkori, 2009, p. 5). A survey design using self-report questionnaires aims to generalise from a sample to a population so that inferences can be made about some characteristics, attitude, or behaviour of the population (Babbie, 1990). The survey design used for this study was cross-sectional and was preferred because it was economical and rapid (Babbie, 1990). This research design was
appropriate because the aims were to describe and examine the relationships, differences, and causality among the variables (Jirojwong, Johnson, & Welch, 2011).

Sample and Setting

At the time of the study, 724 international nursing students enrolled in the BN course at the study site, a public university in Sydney, Australia (ACU, 2009). For this study, a convenience sampling method was used to facilitate the recruitment of a sufficient number of readily accessible and willing participants and to ensure maximum heterogeneity in terms of age, gender and other demographic variables (LoBiondo-Wood & Haber, 2002; Polit & Hungler, 2004). Recruitment strategies included various announcements delivered via student programme (information session) times, selected nursing lectures, tutorials and laboratory sessions with permission from the lecturers-in-charge. The questionnaire was also distributed at the Talk Club, an initiative of the School of Nursing to help students who wanted to improve their English conversation skills and held twice weekly during the School year.

First-, second-, and third-year Chinese nursing students were invited to participate in this study, and the total sample was 119. The following inclusion criteria were applied:

1. international fee paying Chinese students;
2. enrolled in a three-year Bachelor of Nursing programme;
3. enrolled at a public university in Sydney, Australia; and
Outcome Measures

Three self-report questionnaires were used, including a demographic questionnaire, the Acculturative Stress Scale for International Students (ASSIS), and the Sense of Coherence Short Form (SOC-13).

Demographic questionnaire

The short 15-item demographic questionnaire (Appendix 1) included gender, age, country of birth, year of arrival in Australia, whom subjects live with, part-time work, year in the Bachelor of Nursing (BN) programme, and International English Language Test System (IELTS) score, together with indicators of acculturation: the country of birth, language spoken at home, and years of residence in the adopted country (Gordon-Larson, Harris, Ward, & Popkin, 2003).

Acculturative Stress Scale for International Students (ASSIS)

The 36-item ASSIS (Appendix 2) was developed by Sandu and Asrabadi (1994) to measure the intrapersonal acculturative stress of international students. The ASSIS consists of seven subscales and covers issues including homesickness, personal feelings, cultural values, language problems, safety issues, biases, unequal treatment, discrimination, hatred, opportunity denied, low status, discomfort in adjustment, and future worry. The respondents were asked to rate each item on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). The ASSIS has good internal consistency ranging from Cronbach’s alpha 0.87 to 0.95 (Darcy & Durante, 2000; Sandu & Asrabadi, 1994; Sandhu & Asrabadi, 1998; Yeh & Inose, 2003). In Study A, Cronbach’s alpha for the ASSIS total score was 0.95.
Sense of Coherence or Orientation (SOC Short Form - 13 items)
The SOC Short Form – 13 items (Appendix 3) of the 29 items SOC questionnaire developed by Antonovsky (1987) has been used to measure sense of coherence in adults. Eriksson and Lindström (2005) conducted a review of 458 scientific publications to analyse the validity and reliability of Antonovsky’s SOC questionnaires, which have been widely used and translated into 33 languages in 32 countries with at least 15 different versions. The short version of the SOC questionnaire has demonstrated good internal consistency ranging from Cronbach’s alpha 0.70 to 0.92 and was also found to be a valid and cross culturally applicable instrument to measure how people manage stressful situations and stay well (Eriksson & Lindström, 2005). In this study, the internal consistency reliability was good, with a SOC-13 Cronbach’s alpha of 0.75.

Data Collection Procedures
After obtaining approval from the University Human Research Ethics Committee (Appendix 4), the researcher explained the purpose and nature of the study to the Chinese students during nursing lectures, tutorials, nursing laboratory sessions and student programme times, after seeking permission from the lecturers-in-charge. This was normally done 5-10 minutes pre- or post- the class-time by negotiating with the lecturer who ran the session. If a student was interested in participating in the study, she or he was given an Information Letter to Participants (Appendix 5) and a self-report questionnaire kit (Appendices 1, 2, & 3). The student was also provided with a self-addressed envelope to return the completed questionnaires in a sealed box located either at the School of Nursing reception or at the student cafeteria. The researcher emptied these boxes weekly during the nine week study period from the 4th to the 12th week in
semester 2, 2008. Completion and return of the anonymous questionnaires were regarded to mean that the participants had consented to participate in the study.

Data Analyses

Responses to the questionnaires were entered into a Statistical Package for the Social Sciences (SPSS) version 17.0 database. Descriptive statistics such as frequencies, means and standard deviations were used to analyse the demographic data and the scores for the ASSIS and SOC. A visual inspection of the stem-and-leaf plot and the Shapiro-Wilk test were performed to assure that the normality assumption was not violated. According to Tabachnick and Fidell (2007), the Shapiro-Wilk test is generally considered more appropriate for smaller samples (e.g., n < 2000). Relationships between the ASSIS and SOC were analysed by linear regression. The total score for the ASSIS or SOC was used to examine the relationship. Analysis of variance (ANOVA) was used to examine the differences between the mean scores of the ASSIS and SOC among the three academic groups of students (first-, second-, and third-year). The alpha level for significance testing was set at 0.05.

Phase B - a Quantitative Approach

Rationale for Phase B

After analysing the data generated from the questionnaires of Phase A, the results showed that there was a significant difference in the level of acculturative stress among the three groups of Chinese students (years 1, 2, & 3). Initial results showed that the Chinese students had a moderately high level of acculturative stress, and a moderately low level of sense of coherence, and that sense of coherence was negatively correlated with the level of acculturative stress.
These results provided the impetus to extend the study to compare these findings with another group of international students. Some new elements relating to acculturative stress, including social support, ways of coping, and depression, were added to Phase B to extend its scope in order to gain a broader understanding of international students’ acculturation experiences in Australia. Nepalese students were added to the investigation as part of its expansion both for comparative purposes and because Nepalese students had, by 2010, become the largest group of international nursing students at ACU (ACU, 2013a).

**Aim and Objectives**

The aim of this study was to compare the Chinese and Nepalese international nursing students’ level of acculturative stress, sense of coherence, social support, ways of coping and depression (the five outcome measures). The specific objectives were to examine the correlations between the five outcome measures and explore the predictors of acculturative stress.

**Research Questions**

The research questions used in Study B were:

1. What are the levels of the five outcome measures among the Chinese and Nepalese international nursing students (henceforth ‘the Chinese and Nepalese students’)?
2. Are there significant differences in the five outcome measures between the Chinese and Nepalese students?
3. Are there significant differences in the five outcome measures among the three groups (Year 1, Year 2, and Year 3) of the Chinese and Nepalese students?
4. Are there significant correlations between the five outcome measures among the Chinese and Nepalese students?
5. What are the predictors of acculturative stress among the Chinese and Nepalese students?

Research Design

A cross-sectional, comparative design using self-report questionnaires was adopted for this study. Comparative research involves the statistical comparison of data between two (or more) groups (Johnson & Harris, 2002). There is a dependent variable (or variables) and an independent variable (or variables). The independent variable refers to the different groups (categories, e.g., male or female; Chinese or Nepalese students) to be compared; the dependent variable is what is measured (e.g., the level of acculturative stress or depression). Differences in the dependent variable are taken to be a result of hypothesized differences between the groups specified in the independent variable (Johnson & Harris, 2002).

Sample and Setting

The setting and recruitment strategies for Phase B were the same as for Phase A. Convenience sampling technique was employed to recruit first-, second-, and third-year nursing students who were willing to participate in the study, and a poster (Appendix 6) was developed to assist with recruitment. It is worthwhile mentioning that some Chinese students who participated in Phase A in 2008 were recruited again in Phase B in 2010. However, they were simply treated the same as new participants, and indeed what they reported as first-year students in Phase A may have been quite different from what they reported as third-year students in Phase B. In any case, since no statistical comparison was made between students in Phases A and B, the fact that the two samples were not completely independent is of little consequence. The full sample was 82 Chinese and 105 Nepalese students, and the following were the inclusion criteria:
1. international fee paying Chinese or Nepalese students;
2. enrolled in a three-year Bachelor of Nursing programme;
3. enrolled at a public university in Sydney, Australia; and
4. enrolled in the programme in 2010.

Outcome Measures

In addition to the demographic data and two self-report questionnaires (ASSIS and SOC) used in Phase A, three other questionnaires were used, the Beck Depression Inventory – II (BDI-II), Ways of Coping (WOC), and Social Support Questionnaire – Short Form (SSQ).

Demographic questionnaire

The same 15-item demographic questionnaire (Appendix 1) used for Phase A was applied to Phase B. The differences in demographic variables between the two groups were compared. Furthermore, the demographic characteristics were tested for the predictors of Acculturative stress.

Acculturative Stress Scale for International Students (ASSIS)

The description of the ASSIS was presented on page 79. In the current study, the internal consistency reliability of the ASSIS was Cronbach’s alpha 0.95 for the Chinese sample and 0.94 for the Nepalese sample.

Sense of Coherence or Orientation to Life (SOC Short Form -13 items)

The description of the SOC was discussed on page 79. In the current study, the internal consistency reliability was Cronbach’s alpha 0.76 for both the Chinese and the Nepalese group.
Beck Depression Inventory II

The BDI-II (Appendix 7) assesses the existence and severity of symptoms of depression in adults and adolescents aged 13 years and older (Beck, Steer, & Brown, 1996). There is a four-point Likert scale for each group ranging from 0 (not depressed) to 3 (severely depressed). A total score, which ranged from 0-63, was obtained by summation of the ratings for the individual items. A total score of 0-13 is considered a minimal range of depression, 14-19 is mild, 20-28 is moderate, and 29-63 is severe (Beck, et al., 1996). Cronbach’s alpha of the BDI-II ranged from 0.92 for outpatients to 0.93 for the college students in Beck et al.’s study (1996). Cronbach’s alpha for this study was 0.89 for both the Chinese and the Nepalese group.

Ways of Coping

The Ways of Coping Questionnaire (WOC) (Appendix 8) developed by Folkman and Lazarus (1988) was used in this study to measure the thoughts and actions nursing students use to cope with stressful encounters. It consists of 66 items with eight subscales, including Escape-avoidance, Distancing, Self-controlling, Confrontive coping, Seeking social support, Accepting responsibility, Planful problem solving, and Positive reappraisal. Responses ranged from 0 (does not apply and/or is not used) to 3 (used a great deal). In the current study, raw scores were used for analysis, which is the method used in the majority of research studies to provide a summary of the extent to which each type of coping was used in a particular encounter (Folkman & Lazarus, 1988). High raw scores indicate that the person often used the behaviour described by that scale in coping with the stressful event. The reported internal consistency reliability for the total WOC in two recent studies was 0.88 (Hamdan-Mansour, Constantino, Shishani, Safadi, & Banimustafa, 2009). In this study, the internal consistency
reliability ranged from Cronbach alpha 0.95 for the Chinese group to 0.91 for the Nepalese.

Social Support Questionnaire (Short Form – 6 items)

The Social Support Questionnaire (SSQ) (Appendix 9) was developed by Sarason et al. (1983; Sarason, Sarason, Shearin, & Pierce, 1987) as a reliable, valid and convenient index of social support. Both the 27-item version and an abbreviated six-item version have demonstrated good internal consistency, test-retest reliability, factor validity and predictive validity (Sarason et al., 1987). In the present study, the six-item SSQ was used to avoid a lengthy questionnaire being given to participants. Two dimensions were assessed per item to determine the nursing students’ perceived social support in relation to Network and Satisfaction. The Network subscale (SSN) measured the number of people an individual can rely on when he or she needs support. The Satisfaction subscale (SSS) measured an individual’s satisfaction with his or her perceived social support using a 6-point Likert scale ranging from 1 (very dissatisfied) to 6 (very satisfied). Higher scores of the SSN highlighted a larger network of social support. The higher the SSS scores, the higher the level of satisfaction with the social support. In Sarason et al.’s study (1987), the internal consistency reliability for the Network (SSN) and Satisfaction (SSS) subscales were Cronbach alpha 0.90 and 0.93 respectively. In this study, the Cronbach alpha was 0.90 for the SSN and 0.92 for the SSS in the Chinese group and 0.96 for the SSN and 0.93 for the SSS in the Nepalese group.

The researcher was also interested in knowing the differences in social support from different sources, and so the SSQ was scored for the number of supports from family members (SSN-fm) versus non-family members (SSN-o). This was determined by examining the relationships identified by the individuals listed in each item. As with the SSN, the final score was the sum of the respective variables across all items. The
reason for using the SSN-fm and the SSN-o rather than SSN alone was based on the report of a study conducted by Tong et al. (2004), which examined the relationship between perceived social support and personality among police officers from Singapore’s three main ethnic groups: Chinese, Indian and Malay. The Chinese participants indicated a higher number of social supports from non-family than family members, whereas the opposite results were found for the Indians and the Malays. The Cronbach alpha values for the SSN-fm and the SSN-o were 0.85 and 0.89 respectively (Tong et al., 2004). In this study, the internal consistency reliabilities for the Chinese group were 0.89 for the SSN-fm and 0.85 for the SSN-o, while they were 0.92 for the the SSN-fm and 0.87 for the SSN-o for the Nepalese group.

Data Collection Procedures

After obtaining approvals from the study site and the University Human Research Ethics Committees (Appendix 10), the Chinese and Nepalese participants were briefed about the study as explained earlier, and given an Information Letter (Appendix 11) and a self-report questionnaires kit (Appendices 1, 2, 3, 7, 8 & 9). They were provided with a self-addressed envelope for return of the completed questionnaires in a sealed box located either at the School of Nursing reception or at the student cafeteria, with the boxes being emptied weekly during the nine weeks study period, from the 4th to the 12th week in semester 2, 2010. Completion and return of the anonymous questionnaires were regarded to mean that the participants had consented to participate in the study.

Data Analysis

The strategies for data analysis were as follows:

1. Descriptive statistics (means and standard deviations) were used to analyse the ASSIS, SOC, WOC, SSQ, and BDI-II scores. A visual inspection of histograms and
Normal Q-Q plots and the Shapiro-Wilk tests were performed to assure that the normality assumption was not violated.

2. *t*-tests were performed to compare means of all scales between the Chinese and the Nepalese students, and Chi-Squared tests were used to analyse the differences in demographics between these two groups.

3. Pearson’s correlation coefficients were used to examine relationships between all the scales for both the Chinese and the Nepalese group, and the total score for each scale was used to examine the relationship.

4. Analysis of variance (ANOVA) was used to analyse the differences among ASSIS, SOC, WOC, SSQ, and BDI-II per academic year (Years 1, 2, & 3) for both groups.

5. A multiple regression analysis was performed using some demographic characteristics (i.e., gender, marriage status, country of origin, and levels of IELTS), the scales of BDI-II, SOC, SSS, SSN and the eight subscales of WOC (i.e., confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving and positive reappraisal) to predict the acculturative stress. An inspection of the normal probability plot of standardized residuals and the scatterplot of standardized residuals against predicted values was performed to assess the assumption of normality, linearity and homoscedasticity of residuals. The alpha level for significance testing was set at 0.05.

**Phase C – A Qualitative Approach**

**Rationale for a Qualitative Approach**

Phase A and Phase B generated some significant findings. For example, the Nepalese students showed a higher level of acculturative stress and a lower level of sense of
coherence than the Chinese students. There was a negative correlation between ASSIS and SOC, between ASSIS and SSQ, and between BDI-II and SOC. There was a positive correlation between ASSIS and BDI-II, and between SOC and SSQ. Therefore, in Phase C, qualitative interviews were used to probe significant differences and explore aspects of the acculturative stress and coping strategies from both the Chinese (n = 33) and the Nepalese (n = 20) students in order to understand the quantitative results better. The qualitative approach as a supplementary component could overcome the drawbacks of a survey using closed questions, in order to have a better understanding of the findings and provide the best insights into the quantitative results (Johnson & Harris, 2002).

Aim and Objectives

The aim of Phase C was to examine further, using in-depth interviews, the types of stress experienced by the two groups of students and the coping strategies they used to deal with that stress. The specific objectives were to follow up on the quantitative results, in particular:

1. to explore the reasons for the significant differences in ASSIS and SOC between the Chinese and Nepalese students;
2. to examine the differences in coping strategies used by the Chinese and Nepalese students;
3. to explore the type of social support they used and how effective these supports were perceived to be; and
4. to assess the students' suggestions about the issues they identified.

Research Questions

1. What are the factors that contribute to acculturative stress among the Chinese and Nepalese students?
2. What sources of social support, what kinds of social support, and what degree of social support do the Chinese and Nepalese students seek and how satisfied are they with the social support they receive?

3. What coping strategies are used by the Chinese and Nepalese students and how effective are these?

4. What strategies can be recommended to universities and Schools of Nursing to support international nursing students?

Research Design

The qualitative descriptive method used in this phase serves to provide descriptions of facts about a phenomenon, when a concept is loose ranging, or when a problem has been identified but little or no literature exists on the topic (Brink & Wood, 1998). Sandelowski (2000) pointed out that that knowing ‘facts’ about a phenomenon requires descriptions of the context which gives those facts meaning, as ‘facts’ do not exist outside a particular context, and showed that the qualitative descriptive research method lends itself to staying close to the data to produce comprehensively and accurately detailed summaries of different participants’ versions of the same event. Such summaries of data are valuable end-products of the analysed categories and subcategories, which in turn may yield working concepts as entry points for further studies (Sandelowski, 2000).

Sample and Setting

The number of participants in qualitative studies tends to be smaller and they tend to be recruited by convenience or purposively rather than randomly (Polit & Hungler, 2004). Unlike in a quantitative approach, which aims to establish statistical significance by sampling a predetermined number of units of interest, qualitative researchers do not
usually begin a project with a predetermined sample size because the richness of the
data collected is far more important than the number of participants (Schneider, Elliott,

The participants for Phase C were recruited from the nursing students who had
participated in the questionnaire survey, and a purposeful sampling strategy was utilised
to recruit them. According to Morse (1994), purposeful sampling requires selecting
participants who are knowledgeable about the topic because of their involvement and
experience in the situation, and who are willing to reflect on and share this knowledge.
Students who had completed the questionnaires in Phase A and Phase B were
considered the best source for obtaining valuable and substantial information, and 33
Chinese and 20 Nepalese students from the first-, second-, and third-years of the BN
programme at the study site consented to participate in the face-to-face interviews. The
sample size was justified by interviewing participants until data saturation was reached.

Recruitment strategies included various announcements delivered via selected
nursing lectures, tutorials and laboratory sessions with permission from the lecturers-in-
charge. A poster (Appendix 6) to recruit participants was placed on the notice board at
several public areas in the university such as the cafeteria, library, nursing laboratories
and the main entrance. The interested students, who had completed the questionnaires in
Phase B, contacted the researcher via emails or phone calls to schedule an interview.
Most interviews were conducted during the break between lectures or tutorials or in the
late afternoon after learning sessions were completed. A small incentive gift at a cost of
$2-3 (e.g., a three-colour ball pen or a note pad) was given to the participant after the
interview was completed for appreciation of their participation.
Outcome Measures

According to the findings of Phase B and the underpinning theories of the study, an interview guideline focusing on acculturative stress, coping, and social support was developed to assist the researcher in managing the discussion to focus on the topic of the study were as follows.

1. Could you describe to me any stress that you may have experienced or are currently experiencing while living and studying in Australia?
2. Could you please describe to me how this stress is affecting your living and studying in Australia?
3. Could you please describe the strategies you use when you are stressed while living and studying in Australia?
4. Could you please tell me who and where you get support to assist you and how you felt about the support provided to you?
5. Could you please suggest how the University or the School can assist or support you?

Data Collection Procedures

In-depth face-to-face interviews using an interview guideline were conducted to explore the students' experiences in the current study. All one-to-one, face-to-face tape-recorded interviews were conducted in the researcher's office, and a sign "Interview in process" was placed on the door during the interview to avoid any unexpected disturbances. The Chinese participants were given a choice of using Mandarin or English for the interview, in order to facilitate free expression of their opinions and feelings, and of the 33 Chinese participants, 30 chose Mandarin (the researcher’s native language is Mandarin). The Nepalese participants agreed to be interviewed in English. The interviews were recorded with the permission of the participants, and ranged from 45 to 96 minutes in duration.
60 minutes. All interviews were conducted by the researcher. An Information Letter to Participants (Appendix 12) and an Informed Consent Form (Appendix 13) were provided to the student to read prior to the interview. The researcher explained the interview procedure to the participant and asked about any concerns in relation to the study. The researcher and the participant signed the consent form together.

To facilitate the interview process, an interview recording sheet (Appendix 14) was prepared by the researcher for collecting demographic data, prompting questions, and taking notes during the interview. This record is also important to retain the information in the event that the audio-recording equipment fails. In fact, there was one wasted interview because the memory card of the recorder was full. The researcher also wrote reflective notes about each interview. The recording sheet includes the following components:

1. Settings: date, time, place, durations, recording methods (e.g., using an audio recorder or an iPhone or a computer)

2. Demographic data: name, age, gender, marital status, nationality, religion, year of BN, part-time job status, contact details (e.g., email or mobile) for follow-up purposes.

3. Semi-structured interview questions (4-5)

4. A list of probes for the questions was prepared to seek more details, for example, to clarify what the participant said, the researcher asked the participant to “explain what you mean by...”

5. Space between the questions to record responses

6. A space was left after the questions for the researcher to record any extra information offered by the participant, or to write a reflective note of speculations, feelings, ideas, impressions, and prejudices.
Data Analysis

Thematic analysis, which is the most common form of analysis in qualitative research (Guest, 2012), was used to analyse the qualitative data, a method for identifying, analysing, and reporting themes with data (Braun & Clarke, 2006). A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning with the data set (Braun & Clarke, 2006). Several researchers have suggested that themes with data can be identified in two primary ways in thematic analysis: in an inductive or 'bottom up' way, or in a theoretical deductive or 'top down' way (e.g., Boyatzis, 1998; Frith & Gleeson, 2004; Patton, 2002). Braun and Clarke (2006) explained that an inductive approach means that the themes identified are strongly linked to the data themselves, but may have little relationship to the specific questions that the researcher asked the participants. Inductive analysis is, therefore, a process of coding the data without trying to fit it into a pre-existing coding frame. In this sense, this type of thematic analysis is data driven. Conversely, a deductive analysis would tend to be driven by the researcher’s theoretical interest in the area and is more explicitly analyst-driven. This form of thematic analysis tends to provide a more detailed analysis of some aspect of the data, and a less rich description of the data overall (Braun & Clarke, 2006).

The current study adopted the theoretical or deductive thematic analysis because the qualitative component was driven by the quantitative findings, in other words, the theoretical aspects including acculturative stress, depression, coping and social support, which shaped the quantitative study, also influenced the qualitative research questions (see the questions listed on pages 93-94).

Thematic analysis involves semantic and latent analyses to extract significant themes from the data (Boyatzis, 1998). With a semantic approach, the explicit meanings
of the themes were identified from what the participants said during the interviews. The semantic approach involves a progression from description (the data were organised and summarised to show patterns) to interpretation (the data theorised the significance of the patterns and their broader meanings and implications) (Patton, 2002). In contrast, latent analysis begins by examining the underlying ideas, assumptions, conceptualisations, and ideologies that are theorised to shape the semantic content of the data (Braun & Clarke, 2006). This study adopted both approaches to analyse the data, in six phases.

Phase 1: Familiarising with the data

All tape-recorded interviews were transcribed verbatim and read line-by-line. For the interviews conducted in Mandarin, the recorded interviews were transcribed into Chinese, and then translated into English for analysis. Although the researcher is competent in both English and Mandarin, the transcribed data were validated by the interviewees for accuracy. Verbatim transcription enabled the researcher to be immersed in the data and familiar with the depth and breadth of the content of the interviews. According to Braun and Clarke (2006), immersion usually involves “repeated reading” of the data, and reading the data in an active way – searching for meanings and patterns. Examples of transcribed interviews from the Chinese participants (Appendix 15) and Nepalese participants (Appendix 16) are appended.

Phase 2: Generating initial codes

The researcher generated an initial list of ideas about what was in the data and what was interesting about them, enabling the generation of the initial codes. According to Boyatzis (1998, p. 63) “codes identify a feature of the data (semantic or latent) that appears interesting to the analyst, and refer to the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the
phenomenon”. The researcher developed the codes from the content of the entire data set by working through it systematically, giving full and equal attention to each item, and identifying interesting aspects in the data items that formed the basis of repeated patterns (themes) across the data set. NVivo (version 10) software for analysing qualitative data was used for this study as NVivo helps to analyse, manage, and shape qualitative data (Creswell, 2007). It provided security by storing the database and files together in a single file. It also provided a graphical display of the codes and categories and enabled the researcher to conduct searches of meaningful quotes from the participants easily (Creswell, 2007). Although the researcher needed to go through each line of the transcriptions and assign codes, coding by computer was found to be faster and more efficient than hand coding (Creswell, 2007), and in the bulky database (e.g., 53 interviews in this study), the researcher was able to locate quickly all passages with the same code and determine whether participants were responding to a particular code in similar or different ways (Creswell, 2007).

**Phase 3: Searching for themes**

Phase 3 began when all data had been initially coded and organised within and across the data set. The focus of the analysis was at a broader level of themes rather than codes. The different codes were collated into potential themes. According to Braun and Clarke (2006), “a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning with the data set” (p. 82). The researcher conducted this phase by analysing the codes and considering how different codes could be combined to form an overarching theme(s). A pen and paper mind-map was used to manipulate the codes into theme-piles, and the resulting thematic map was used to assess the relationship between codes, between themes, and between different levels of themes.
Phase 4: Reviewing themes

At the beginning of Phase 4, the researcher was uncertain whether the themes held as they were, or whether some needed to be combined, refined and separated, or discarded, resulting in the refinement of the themes by critically analysing whether they were really themes supported by enough data or whether they could be further collapsed into one meaningful theme. During this phase, two approaches were used. Level one involved reviewing the level of the coded data extracts by re-reading all the collated extracts for each theme and considering whether they appeared to form a coherent pattern. Level two involved considering the validity of individual themes in relation to the data set, by deciding whether the thematic map accurately reflected the meaning evident in the data set as a whole.

Phase 5: Defining and naming themes

After arriving at a satisfactory thematic map of the data, the themes were defined and further refined to describe the essence of what each theme meant and to determine what aspect of the data each theme captured. As part of the refinement, the researcher also identified any sub-themes that were useful for giving structure to a particular large and complex theme.

Phase 6: Producing the report

This last phase involved presenting the results of the analysis in a concise, coherent, logical, non-repetitive, and interesting account of the participants’ experiences within and across themes. The results of Phase C are presented in Chapter 7.
Trustworthiness of Qualitative Data

According to Lincoln and Guba (1985), the trustworthiness of a qualitative study is imperative in order to evaluate its worth. Trustworthiness includes several dimensions: credibility, transferability, dependability and conformability (Lincoln & Guba, 1985).

Credibility

Credibility refers to the truth of findings as judged by participants and others within the discipline (Lincoln & Guba, 1985). According to Merriam (1998), credibility deals with the question, “How congruent with reality are the findings?” Credibility was enhanced by the length of time the researcher engaged with the research topic and the study participants. The researcher conducted 53 individual interviews, which provided sufficient contact with the participants, so that mutual trust was established.

Member checks were recommended by Lincoln and Guba (1985) to reinforce a study’s credibility. The researcher asked six participants (because their transcripts were either long, complicated or translated into English) and eight others randomly selected, to read the transcripts and identify whether the words matched what they had actually intended.

Triangulation (Lincoln & Guba, 1985) was another strategy employed to enhance credibility of a study by using multiple data sources to understand the results better. The mixed methods approach used in this study provided significant understanding of the participants’ experiences while in Australia because data from both the quantitative and the qualitative approaches complemented each other.

Negative cases have been used to enhance credibility and demonstrate that the researcher is willing to consider alternatives and has actually investigated other potential explanations (Miles & Huberman, 1994). Selecting one example from the current study, many participants explained that one particular subject they studied
lacked relevance to their future jobs, but one student expressed a different view of it. He believed that this subject would be very useful to his future career regardless of where he works. This brought additional insights and alternative explanations to bear on the discussion of the findings.

Ensuring honesty in participants can help achieve credibility (Shenton, 2004). In the current study, the researcher made sure that all participation was voluntary and provided a detailed explanation of the study objectives and procedures. More importantly, all the participants were given opportunities to withdraw from the study in order to ensure that they were willing to talk to the researcher and express their feelings and concerns freely. The voluntary basis of participation and the procedural activities increased the likelihood of accurate data.

Frequent debriefing sessions between the researcher and the supervisors to discuss and check the analysis also enhanced the credibility of the study. This practice helped the researcher to think broadly and consider the data from different viewpoints.

**Transferability**
Transferability refers to the findings that have applicability in other contexts by providing a thorough description of the research processes used (Lincoln & Guba, 1985; Denzin, 1989). The researcher provided sufficient detail in the study so that the conclusions drawn are transferable to other times, settings, situations, and participants. The researcher also placed a strong emphasis on gathering detailed personal narratives, comments and opinions directly from the students to ensure that explicit cultural patterns and social relationships among the students were contextually captured.
Dependability

Dependability is similar to the concept of reliability in quantitative research. It refers to the findings being consistent and the analysis being repeatable (Lincoln & Guba, 1985). In the current study, dependability was enhanced by maintaining rich documentation for audit trails. The “audit trail” included the raw data examples of transcripts (Appendices 15 and 16): one record for a Chinese and one for a Nepalese student; the data reduction and analysis products (Appendix 17 – examples of NVivo node structure charts), including field notes taken during the interview, brief reflections after the interview concluded, memos (Appendix 18) taken during the qualitative data analysis, quantitative summaries, and theoretical notes; and data reconstruction and synthesis products (Appendix 19 – the thematic map), including the structure of themes. The audit trail was maintained to facilitate replication of the current study.

One strategy recommended by Lincoln and Guba (1985) to ensure dependability was to involve an external person to audit the process and product of the research study, to evaluate whether or not the findings, interpretations and conclusions are supported by the data. The researcher of the current study asked a senior academic who is an expert in mixed methods research and who is not involved in any phase of the study to audit the research design, data collection and analysis, and periodic report of results as a means to ensure dependability.

Confirmability

Confirmability means that the findings reflect the implementation of credibility, auditability and fittingness standards (Lincoln & Guba, 1985). In addition to the audit trail used to ensure dependability, the researcher employed reflexivity, a heightened awareness of the various factors that may have influenced the research process (Cohen & Crabtree, 2006). In this study, the researcher used a reflective journal where regular
entries were kept during the research process. In these entries, the researcher recorded methodological decisions and the reasons for them, the logistics of the study, and reflections upon what was happening in terms of personal values and interests.

**Ethical Considerations**

Maintaining ethical standards is important in conducting research involving human participants, including basic ethical principles of protection of human dignity, beneficence, and justice, as stipulated in the Declaration of Helsinki (Fromer, 1981; The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; World Medical Association, 2002). Participation in the study was voluntary, and participants’ rights to give informed consent were assured by providing adequate information regarding the purpose of the study, participants’ involvement in the research, the expected risks, discomfort and benefits, as well as the ways in which participants’ particulars and data were handled. Written consent was obtained prior to the data collection, with participants being assured of their rights of withdrawal from the study, their right to refuse to answer any question(s), and their freedom to terminate the session at any time, for whatever reason, without prejudice and recrimination.

In order to maintain privacy, the participants were guaranteed anonymity during tape-recording; participants’ names and particulars were not disclosed or made directly identifiable in any published report; and each participant was assigned a code. All data sheets, audiotapes, transcripts, field notes and questionnaires were kept confidential and secured in locked files. Only the researcher had access to the raw data or study record during and after the study, and the researcher was responsible for its safekeeping. The
data were kept in a locked cabinet according to ethics guidelines and will be shredded and the discs erased after ten years.

Conclusion

This chapter has described the research methodology used for each phase of the study conducted by the researcher, and has explained the trustworthiness of the qualitative data and related ethical considerations.
CHAPTER FIVE

RESULTS AND DISCUSSION OF PHASE A

Introduction

This chapter reports the results and discussion of Phase A, a cross-sectional descriptive quantitative research design using two validated self-report questionnaires. This chapter will report the findings from the responses to the five research questions: (1) What is the level of acculturative stress among the Chinese international nursing students in Australia? (2) Are there any differences in the level of acculturative stress among the three academic groups of students? (3) What is the level of sense of coherence among the students? (4) Are there any differences in the level of sense of coherence among the three academic groups of students? (5) Is there a relationship between acculturative stress and sense of coherence among the students?

Demographic Characteristics

The total number of BN enrolments of Chinese international students was 537 at the study site in 2008 (ACU, 2013a). Of the 315 students (58.8%) who received the questionnaires, 119 completed and returned the surveys, representing a response rate of 37.8%. As Table 5.1 shows, the final sample was 90.8% female, with over half (55.4%) less than 25 years old, the remainder almost evenly divided between 25-30 years old (22.7%) and above 30 (21.9%); the mean age was 25.3 years. There were more subjects in the third year of study (42.9%) than in the second (25.2%) or first year (31.8%), and a majority (78.2%) had part time jobs. Only 10% of the participants were known to have IELTS scores of 7.0 or more;
Chapter 5: Phase A

41.2% had scores between 6.0 and 6.5 and about a fifth (20.2%) just 5.5, while 27.7% did not state their IELTS score results.

Table 5.1  Demographic Data of Chinese International Nursing Students (n = 119)

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>9.2</td>
</tr>
<tr>
<td>Female</td>
<td>108</td>
<td>90.8</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25 years</td>
<td>66</td>
<td>55.4</td>
</tr>
<tr>
<td>25-30 years</td>
<td>27</td>
<td>22.7</td>
</tr>
<tr>
<td>&gt;30 years</td>
<td>26</td>
<td>21.9</td>
</tr>
<tr>
<td>Part-time job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93</td>
<td>78.2</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>21.8</td>
</tr>
<tr>
<td>IELTS scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>24</td>
<td>20.2</td>
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<tr>
<td>6.0-6.5</td>
<td>49</td>
<td>41.2</td>
</tr>
<tr>
<td>7.0-8.0</td>
<td>13</td>
<td>10.0</td>
</tr>
<tr>
<td>Not recorded</td>
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<td>27.7</td>
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<tr>
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<tr>
<td>First-year</td>
<td>38</td>
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</tr>
<tr>
<td>Second-year</td>
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<td>25.2</td>
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<tr>
<td>Third-year</td>
<td>51</td>
<td>42.9</td>
</tr>
</tbody>
</table>

IELTS = International English Language Testing System

Level of Acculturative Stress

The results for the first research question (What is the level of acculturative stress among Chinese international nursing students living and studying in Australia?) showed that the mean ASSIS of these students was moderately high, with a total mean of 98.32±21.86 (range = 36 - 252).

In addressing the second research question (Are there any differences in the level of acculturative stress among the three academic groups of Chinese international nursing...
students?), the results showed that third-year nursing students had the highest ASSIS mean score of 105.16±22.40, followed by the first year students’ mean score of 95±18.23, and the lowest mean score of 90.7±22.31 for the second-year students (Table 5.2). The Shapiro-Wilk tests indicated that the normality assumption was not violated: $W(36) = .977, p = .647$ for the first year’s ASSIS scores; $W(30) = .977, p = .741$ for the second year’s; $W(51) = .977, p = .428$ for the third year’s. A visual inspection of the stem-and-leaf plot also confirmed that ASSIS scores of the three academic years were normally distributed. The results of the analysis of variance (ANOVA) indicated that there were significant differences in ASSIS between the three academic groups ($p = .008$) (Table 5.3). A further Post Hoc test using Tukey’s HSD revealed a significant difference in ASSIS scores between second-year and third-year nursing students ($p = .010$). However, there was no significant difference between first-year and second-year nursing students ($p = .689$) or between first-year and third-year nursing students ($p = .074$). (Table 5.4)

Table 5.2 Descriptive Statistics for ASSIS

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>95% CI For Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LCI UCI</td>
</tr>
<tr>
<td>Year 1</td>
<td>36</td>
<td>95.00</td>
<td>18.23</td>
<td>3.004</td>
<td>88.90 101.10</td>
</tr>
<tr>
<td>Year 2</td>
<td>30</td>
<td>90.70</td>
<td>22.31</td>
<td>4.074</td>
<td>82.37 99.03</td>
</tr>
<tr>
<td>Year 3</td>
<td>51</td>
<td>105.16</td>
<td>22.40</td>
<td>3.137</td>
<td>98.86 111.46</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>98.32</td>
<td>21.86</td>
<td>2.021</td>
<td>94.32 102.33</td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students
Table 5.3 ANOVA for ASSIS

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>2</td>
<td>2261.307</td>
<td>5.064</td>
<td>.008</td>
</tr>
<tr>
<td>Within groups</td>
<td>114</td>
<td>446.518</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students

Table 5.4 Post Hoc analysis of variance by Tukey’s HSD test

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Mean</th>
<th>SE</th>
<th>p-value</th>
<th>95% CI</th>
<th>for Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Difference</td>
<td></td>
<td></td>
<td>LCI</td>
<td>UCI</td>
</tr>
<tr>
<td>Year 1 vs. Year 2</td>
<td>4.300</td>
<td>5.224</td>
<td>.689</td>
<td>-8.10</td>
<td>16.70</td>
</tr>
<tr>
<td>Year 1 vs. Year 3</td>
<td>-10.157</td>
<td>4.600</td>
<td>.074</td>
<td>-21.08</td>
<td>.77</td>
</tr>
<tr>
<td>Year 2 vs. Year 3</td>
<td>-14.457</td>
<td>4.862</td>
<td>.010</td>
<td>-26.00</td>
<td>-2.91</td>
</tr>
</tbody>
</table>

Level of Sense of Coherence

The results for the third research question (*What is the level of sense of coherence among Chinese international nursing students?*) showed that the mean SOC was 56.61 ± SD 9.74 (range = 13-91) (Table 5.5) indicating a moderate level of SOC.

The results of the fourth research question (*Are there any differences in the level of sense of coherence among the three academic groups of Chinese international nursing students?*) showed that there were no significant differences between the SOC scores among the three groups of nursing students (*F [2,112] = 0.21, p = .811*) (Table 5.6). Similarly, Shapiro-Wilk statistics were not significant, indicating that the assumption of normality was supported for each of the three conditions of SOC. A visual inspection of the stem-and-leaf plot also confirmed that SOC scores of three academic years were normally distributed.

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Table 5.5 Descriptive Statistics for SOC

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>95% CI for Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LCI</td>
</tr>
<tr>
<td>Year 1</td>
<td>36</td>
<td>56.42</td>
<td>9.89</td>
<td>1.60</td>
<td>53.18</td>
</tr>
<tr>
<td>Year 2</td>
<td>30</td>
<td>55.74</td>
<td>10.90</td>
<td>4.07</td>
<td>51.43</td>
</tr>
<tr>
<td>Year 3</td>
<td>51</td>
<td>57.22</td>
<td>9.12</td>
<td>3.13</td>
<td>54.63</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>56.61</td>
<td>9.74</td>
<td>.90</td>
<td>54.81</td>
</tr>
</tbody>
</table>

SOC = Sense of Coherence scale

Table 5.6 ANOVA for SOC

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>2</td>
<td>20.181</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>112</td>
<td>96.098</td>
<td>.210</td>
<td>.811</td>
</tr>
<tr>
<td>Total</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOC = Sense of Coherence scale

Relationship between Acculturative Stress and Sense of Coherence

To address the fifth question (Is there a relationship between acculturative stress and sense of coherence among Chinese international nursing students?), a linear regression was conducted using ASSIS as the response variable and SOC as the independent variable. The result showed that there was a significant negative relationship between ASSIS and SOC. A person with a high level of acculturative stress had a low level of Sense of Coherence and vice versa (Table 5.7 and Table 5.8). Inspection of the normal probability plot of standardized residuals as well as the scatterplot of standardized residuals against predicted values revealed that the assumptions of normality, linearity and homoscedasticity of residuals were met (Figures 5.1 and 5.2).
Table 5.7 Linear Regression

<table>
<thead>
<tr>
<th>Model</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>1</td>
<td>9109.341</td>
<td>22.171</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Residual</td>
<td>111</td>
<td>410.870</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Terms</th>
<th>Estimate</th>
<th>Std Error</th>
<th>t-stat</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>151.318</td>
<td>11.366</td>
<td>13.313</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SOC</td>
<td>-.929</td>
<td>.197</td>
<td>-4.709</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Response variable: ASSIS
Independent variable: SOC
ASSIS = Acculturative Stress Scale for International Students
SOC = Sense of Coherence scale

Table 5.8 Correlation between ASSIS and SOC

<table>
<thead>
<tr>
<th></th>
<th>ASSIS</th>
<th>SOC</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Pearson Correlation</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSIS</td>
<td>1.000</td>
<td>-.408</td>
</tr>
<tr>
<td>SOC</td>
<td>-.408</td>
<td>1.000</td>
</tr>
<tr>
<td><em>Sig (one-tailed)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSIS</td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SOC</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td><em>N</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSIS</td>
<td>113</td>
<td>113</td>
</tr>
<tr>
<td>SOC</td>
<td>113</td>
<td>113</td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students
SOC = Sense of Coherence scale
Figure 5.1 Normal P-P Plot of Regression Standardised Residuals (n = 113)

Figure 5.2 Scatterplot (n = 113)
Discussion

The main purpose of Phase A was to examine the level of acculturative stress and SOC of the Chinese international nursing students and examine the relationship between acculturative stress and sense of coherence. Firstly, the level of acculturative stress was found to be moderately high compared with the study conducted by Constantine et al. (2004) who reported on the acculturative stress mean of 81.39±24.66 in a sample of 320 international college students from 33 countries in the United States. The reason for this moderately high mean of acculturative stress among the Chinese nursing students could be related to some of the barriers previously discussed in the literature for Chinese students when coping with acculturative stress. For example, Heppner, Witty, and Dixon (2004) found that Chinese students experienced acculturative stress because the possibility of losing face in embarrassment may have implied personal failures. The moderate overall score for the ASSIS may have resulted from the tendency of the students to answer the ASSIS questionnaire with the middle point of the scales or a neutral point which was neither strong nor weak.

Although there were no significant differences in the level of acculturative stress among the three academic groups of students, their overall acculturative stress level was moderately high. In the case of first-year students, this could be due to language difficulties, the adaptation to a new educational system, finding suitable accommodation, and supporting themselves financially. The third-year nursing students, on the other hand, could have stress related to their graduation, registration with the Nursing and Midwives Board of New South Wales, competition for a place in a new graduate programme, and decisions about migration. An important fact that should be taken into consideration when interpreting this result is that all third-year international nursing students in this university

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Chapter 5: Phase A

were facing professional registration problems at the time of the survey. The Nurses and Midwives Board of New South Wales had implemented new policies in regard to the English requirement for nursing registration for all international nursing students, with a revised IELTS overall score of 7.0 as a requirement for registration. A number of the Chinese students reported stress about this requirement because they felt that it was difficult for them to achieve. The third-year students’ ASSIS scores were the highest among the three groups, followed by the first years’ score, with the lowest score for the second year students, who were in a more settled situation after completing their first-year.

Another finding of this study was that the overall level of SOC was moderate. The systematic review conducted by Eriksson and Lindström (2005) pointed out that Antonovsky did not suggest the level of a normal SOC, but recommended that the SOC concept be examined without dividing the sum of the item values into low or high SOC. Some studies have, however, reported divisions into a low, moderate, or high SOC. For example, Fok et al. (2005) reported a mean of SOC of 51.8±4.1, but it is important to note that the participants in Fok et al.’s study were 88 patients admitted to the ICU for longer than 24 hours and were later discharged home. The life experiences of ICU patients and university students will be different, and so a SOC level of 51.8 for these patients should be considered low; to consider other studies, Pallant and Lae (2002) reported a mean of 60.8±11.7 for an Australian community-based sample (n = 439). Sollerhed, Ejlertsson and Apitzsch (2005) reported a mean SOC of 62.5±10.5 for a Swedish adolescent sample (n = 285), and Grayson (2008) reported a mean of 56.70±11.7 in a sample of 1,425 first year students at four Canadian universities. The results of these studies were close to that of the current study.
Among reasons to explain the findings of the current study, the first could be the age of the students, which ranged from 19 to 50 years old, with a mean of 25.3 years. Antonovsky (1979) suggested that individuals develop a generalised way of looking at the world which is more or less coherent by around age 30. The more a person’s life experiences are characterised by consistency, participation in shaping outcomes, and the ability to balance every day stimuli, the more a person is likely to see the world as coherent and predictable, so that the relative maturity of some of the participants may have contributed to the overall moderate level of SOC.

The level of SOC among the three academic groups was not significantly different, and a possible explanation could be that the students were from a small homogeneous group (all Chinese, 90.8% female, nursing students at one university). They could have been influenced by the Chinese culture, one feature of which is a collectivist orientation (Triandis, McCusker, & Hui, 1990). Working as a group and showing mutual support are traits of collectivism, so that under stress, Chinese people are likely to share their feelings and seek family or peers’ support, thereby rendering the stressful event more manageable. Lastly, as mentioned earlier, there was a tendency for the students to choose the middle range scores in completing the SOC questionnaire.

The results showed that sense of coherence was negatively correlated with level of acculturative stress. This finding is consistent with the study of Eriksson and Lindström (2005), who reported that SOC was negatively correlated with anxiety and depression, which in turn are positively correlated with acculturative stress. The finding of the current study is also similar to the results of a recent study conducted by Mariño, Morgan, Evans and Anderson (2013) on a cross-sectional sample of 2049 dental students from Australian, Chilean and New Zealand universities. Mariño et al. (2013) found that SOC and social
support were negatively associated with stress. Other studies have shown that acculturative stress has a strong relationship with psychological distress (Flannery & Flannery, 1990). If SOC is conceptualised as a coping mechanism characterised by the tendency to see life as predictable and manageable, a person with a strong SOC is less likely to perceive many stressful situations as threatening and anxiety-provoking than a person with a weak SOC. Overall, the results of the current study indicated that Chinese international nursing students with a higher level of acculturative stress had a lower sense of coherence and vice versa.

Limitations

The data were gathered from one cohort of Chinese international nursing students in one campus of a university, which contributed to greater homogeneity among the students, but which may have affected the external validity of the results. There could also be other factors (i.e., confounding variables), such as attitudes, personality traits, religion, marriage status, and social network availability, that may influence the correlation between SOC and ASSIS. Similarly, the difference in the levels of acculturative stress or sense of coherence among the three academic years could also be influenced by other variables, such as advanced standing received, a mid-year enrollment or students repeating classes. Thus, the findings of Phase A should be interpreted with consideration of these other possible factors.

Directions for Further Research

This study can be extended to overcome the above limitations by means of a more intensive comparative quantitative study (Phase B) with the addition of another sample group and
other measures. Firstly, a comparable group of Nepalese international nursing students would be recruited for comparison with the Chinese group. Secondly, as previous studies have reported that SOC has a relatively high negative correlation with anxiety and depression (Eriksson & Lindsdröm, 2005), an additional questionnaire (i.e., the Beck Depression Inventory – II [BDI-II]) would be used to examine the level of depression among the two groups. Additional research would examine the coping strategies and social support networks of the two groups and take demographic variables into account in order to extend the range of factors which could affect their level of acculturative stress.

Conclusion

In summary, Phase A has provided an understanding of the level of, and the relationships between, acculturative stress and sense of coherence, thus expanding our knowledge of the experiences of Chinese international nursing students in Australia, with the finding that students with a high level of acculturative stress had a low level of sense of coherence.
CHAPTER SIX
RESULTS OF PHASE B

Introduction

This chapter reports the results of Phase B, a cross-sectional comparative, descriptive, quantitative research design using five validated self-report questionnaires. The results of the demographic data are accompanied by reporting the findings of the five research questions: (1) What are the levels of acculturative stress, sense of coherence, social support, ways of coping and depression (the five outcome measures) among the Chinese and the Nepalese international nursing students? (2) Are there significant differences in the five outcome measures between the Chinese and the Nepalese students? (3) Are there significant differences in the five outcome measures among the three academic groups (Year 1, Year 2, and Year 3) of the Chinese and the Nepalese students? (4) Are there significant correlations between the five outcome measures among the Chinese and the Nepalese students? (5) What are the predictors of acculturative stress among the Chinese and the Nepalese students?

Demographic Characteristics

The total number of BN enrolments of Chinese (n = 387) and Nepalese (n = 472) international nursing students at the study site was 859 in 2010 (ACU, 2013a). Of the 715 students (83.2%) who received questionnaires, 187 completed and returned them, representing a response rate of 26.1%, which was lower than that of Phase A (37.8%). This could be due to the length of the questionnaire, which had a total of 163 questions, comprising 13 for the SOC, 36 for the ASSIS, 12 for the SSQ, 21 for the BDI-II, 66 for the WOC, and 15 for the demographics. In addition, the survey was conducted from the 3rd to the 8th week of semester 2, when most of the students were preparing for their first
or second assessment. Slightly more than half (56.1%) of the students were from Nepal and less than half (43.9%) from China.

Table 6.1 shows that the sample was 84.5% female. As in Phase A, just over half (52.4%) were less than 25 years old, with 31.0% between 25 and 30 and 16.6% over 30. About two-thirds (64.7%) were single. In religion most of the Nepalese students (90.5%) were Hindu, while three quarters (74.4%) of the Chinese students had no religion. A majority of students lived with their friends (41%) or family (39%), while the percentage living alone was somewhat higher for the Chinese students (25.6%) than for the Nepalese (13.4%). Nearly three quarters of the participants (74.9%) travelled to the university by train, the others coming by bus (7.5%), a combination of bus and train (8.6%), by car (6.4%) or by foot (2.7%). The majority of the participants (88%) worked part-time, including nearly all (96.0%) of the Nepalese students and about three quarters (76.0%) of the Chinese students.

Nearly half of participants (48%) were third year students, with the rest almost evenly divided between first year (25%) and second year (27%). Nearly three-quarters of the Nepalese students (73.0%) had obtained nursing qualifications prior to enrolling in the BN programme in Australia, while this was true of less than half (46.0%) of the Chinese students. Of the students who reported their IELTS scores, the Nepalese students had somewhat better results, with 20.8% (20/96) between 7.0 and 8.5, 71.9% (69/96) between 6.0 and 6.5, and only 7.3% (7/96) at 5.5, as compared with the Chinese percentages of 16.1% (10/62) between 7.0 and 8.5, 59.7% (37/62) between 6.0 and 6.5, and nearly a quarter (24.2%, or 15/62) at 5.5. However, nearly a quarter of the Chinese students (24.4%) did not report their IELTS score, while all but 8.6% of the Nepalese students did.
<table>
<thead>
<tr>
<th>Variables</th>
<th>Total (n=187)</th>
<th>Chinese (n=82)</th>
<th>Nepalese (n=105)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>29 (15.5%)</td>
<td>13 (15.9%)</td>
<td>16 (15.2%)</td>
</tr>
<tr>
<td>Female</td>
<td>158 (84.5%)</td>
<td>69 (84.1%)</td>
<td>89 (84.8%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25 years</td>
<td>98 (52.4%)</td>
<td>43 (52.4%)</td>
<td>55 (52.4%)</td>
</tr>
<tr>
<td>25-30 Years</td>
<td>58 (31.0%)</td>
<td>20 (24.4%)</td>
<td>38 (36.2%)</td>
</tr>
<tr>
<td>&gt;30 years</td>
<td>31 (16.6%)</td>
<td>19 (23.2%)</td>
<td>12 (11.4%)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>121 (64.7%)</td>
<td>54 (65.9%)</td>
<td>67 (63.0%)</td>
</tr>
<tr>
<td>Married</td>
<td>64 (34.3%)</td>
<td>26 (31.7%)</td>
<td>38 (37.0%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>2 (1.0%)</td>
<td>2 (2.4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>4 (2.1%)</td>
<td>4 (4.9%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Other Christians</td>
<td>9 (4.8%)</td>
<td>7 (8.5%)</td>
<td>2 (1.9%)</td>
</tr>
<tr>
<td>Buddhism</td>
<td>16 (8.6%)</td>
<td>9 (11.0%)</td>
<td>7 (6.7%)</td>
</tr>
<tr>
<td>Hindu</td>
<td>96 (51.3%)</td>
<td>1 (1.2%)</td>
<td>95 (90.5%)</td>
</tr>
<tr>
<td>No religion</td>
<td>62 (33.2%)</td>
<td>61 (74.4%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Whom living with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>35 (18.0%)</td>
<td>21 (25.6%)</td>
<td>14 (13.4%)</td>
</tr>
<tr>
<td>With friends</td>
<td>76 (41.0%)</td>
<td>27 (33.0%)</td>
<td>49 (46.6%)</td>
</tr>
<tr>
<td>With family</td>
<td>73 (39.0%)</td>
<td>31 (37.8%)</td>
<td>42 (40.0%)</td>
</tr>
<tr>
<td>Home-stay</td>
<td>3 (2.0%)</td>
<td>3 (3.6%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Part-time job</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>165 (88.0%)</td>
<td>62 (76.0%)</td>
<td>101 (96.0%)</td>
</tr>
<tr>
<td>No</td>
<td>22 (12.0%)</td>
<td>20 (24.0%)</td>
<td>4 (4.0%)</td>
</tr>
<tr>
<td>Travel to university</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By train</td>
<td>140 (74.9%)</td>
<td>54 (65.9%)</td>
<td>86 (81.9%)</td>
</tr>
<tr>
<td>By bus</td>
<td>14 (7.5%)</td>
<td>8 (9.8%)</td>
<td>6 (5.7%)</td>
</tr>
<tr>
<td>By bus and train</td>
<td>16 (8.6%)</td>
<td>8 (9.8%)</td>
<td>8 (7.6%)</td>
</tr>
<tr>
<td>By car</td>
<td>12 (6.4%)</td>
<td>8 (9.8%)</td>
<td>4 (3.8%)</td>
</tr>
<tr>
<td>Walking</td>
<td>5 (2.7%)</td>
<td>4 (4.9%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Prior qualifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>115 (61.8%)</td>
<td>38 (46.0%)</td>
<td>77 (73.0%)</td>
</tr>
<tr>
<td>No</td>
<td>72 (38.2%)</td>
<td>43 (54.0%)</td>
<td>28 (27.0%)</td>
</tr>
<tr>
<td>IELTS scores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>22 (12.0%)</td>
<td>15 (18.4%)</td>
<td>7 (6.6%)</td>
</tr>
<tr>
<td>6-6.5</td>
<td>106 (57.0%)</td>
<td>37 (45.1%)</td>
<td>69 (65.7%)</td>
</tr>
<tr>
<td>7-8.5</td>
<td>30 (16.0%)</td>
<td>10 (12.1%)</td>
<td>20 (19.1%)</td>
</tr>
<tr>
<td>Not reported</td>
<td>29 (15.0%)</td>
<td>20 (24.4%)</td>
<td>9 (8.6%)</td>
</tr>
<tr>
<td>Academic year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-year</td>
<td>46 (25.0%)</td>
<td>23 (28.0%)</td>
<td>23 (22.0%)</td>
</tr>
<tr>
<td>Second-year</td>
<td>51 (27.0%)</td>
<td>24 (29.0%)</td>
<td>27 (26.0%)</td>
</tr>
<tr>
<td>Third-year</td>
<td>90 (48.0%)</td>
<td>35 (43.0%)</td>
<td>55 (52.0%)</td>
</tr>
</tbody>
</table>

IELTS = International English Language Test System
Chi-squared tests showed differences between the Chinese and the Nepalese groups in terms of Religion ($\chi^2 = 156.67$, $df = 4$, $p < .0001$), Whom living with ($\chi^2 = 9.75$, $df = 3$, $p < .05$), Prior qualifications ($\chi^2 = 5.59$, $df = 1$, $p < .05$), and IELTS scores ($\chi^2 = 17.5$, $df = 3$, $p < .001$).

Levels of Acculturative Stress, Sense of Coherence, Social Support, Ways of Coping and Depression between the Two Groups

The results for the first research question (What is the level of acculturative stress, sense of coherence, social support, ways of coping and depression between the Chinese and the Nepalese international nursing students?) showed that the Nepalese group had a higher level of ASSIS, BDI-II and WOC and a lower level of SOC and SSN, compared to the Chinese group. The level of SSS for both groups was similar (Table 6.2).

Table 6.2 Comparing the Means (SD) between the Chinese and Nepalese groups by $t$-test ($n = 187$)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Chinese (n=82)</th>
<th>Nepalese (n=105)</th>
<th>$t$</th>
<th>$df$</th>
<th>$p$-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIS</td>
<td>94.17±21.9</td>
<td>106.23±22.4</td>
<td>-3.684</td>
<td>185</td>
<td>.000</td>
</tr>
<tr>
<td>BDI-II</td>
<td>9.44±8.2</td>
<td>11.67±8.4</td>
<td>-1.813</td>
<td>185</td>
<td>.071</td>
</tr>
<tr>
<td>SOC</td>
<td>58.38±9.7</td>
<td>54.01±10.7</td>
<td>2.880</td>
<td>185</td>
<td>.004</td>
</tr>
<tr>
<td>WOC</td>
<td>105.96±29.4</td>
<td>111.09±24.3</td>
<td>-1.296</td>
<td>185</td>
<td>.197</td>
</tr>
<tr>
<td>SSS</td>
<td>28.72±7.3</td>
<td>28.17±8.6</td>
<td>.463</td>
<td>185</td>
<td>.644</td>
</tr>
<tr>
<td>SSN</td>
<td>12.33±8.2</td>
<td>10.36±7.7</td>
<td>1.693</td>
<td>185</td>
<td>.092</td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support.
Comparing the Means of All Scales between the Chinese and the Nepalese Students

To address the second research question (Are there significant differences in the acculturative stress, sense of coherence, social support, ways of coping and depression between the Chinese and the Nepalese international nursing students?), t-tests were performed to compare the means of all scales between the Chinese and Nepalese students. Prior to the t-tests, a visual inspection of histograms and Normal Q-Q plots of all variables and the Shapiro-Wilk tests were performed. No violation of the assumption of normality was found. There were significant differences in the ASSIS ($p = .001$) and SOC ($p = .004$) scores, but no significant differences in the BDI-II scores ($p = .071$), and both groups’ SSS scores were similar. The Chinese students had a higher number of SSN than the Nepalese students; however, no significant differences were found in the SSS ($p = .644$) and SSN ($p = .092$) scores (Table 6.2). Although the Nepalese students had a higher WOC score than the Chinese students, the difference was not statistically significant ($p = .197$).

In order to compare the differences between the coping strategies used more often by the Chinese and the Nepalese students, the relative scores of eight subscales of WOC were calculated and presented in descending order (Table 6.3 and Table 6.4). The relative scores describe the proportion of effort represented for each type of coping and are expressed as a percentage ranging from 0 to 100. A high relative score on a subscale means that the person used those coping behaviours more often than they used other behaviours (Folkman & Lazarus, 1988). Similarly, inspection of the stem-and-leaf plot and Shapiro-Wilk statistics indicated that the assumption of normality was supported for each subscale of WOC. t-tests showed no significant differences in the results of the eight subscales. The top three coping strategies used by the Chinese
students were planful problem solving, accepting responsibility, and seeking social support, while the Nepalese students ranked their three most popular coping strategies as positive reappraisal, planful problem solving, and accepting responsibility. Both the Chinese and the Nepalese students ranked Confrontive and Escape/avoidance as the least used strategies.

Table 6.3 The Chinese students’ Subscales, Means, SDs, and Ranges of Ways of Coping (n = 82)

<table>
<thead>
<tr>
<th>Coping strategies</th>
<th>Mean ± SD</th>
<th>Minimum to Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planful problem solving</td>
<td>1.82±0.51</td>
<td>0.25 to 3.00</td>
</tr>
<tr>
<td>Accepting responsibility</td>
<td>1.81±0.54</td>
<td>0.17 to 3.00</td>
</tr>
<tr>
<td>Seeking social support</td>
<td>1.80±0.61</td>
<td>0.00 to 3.00</td>
</tr>
<tr>
<td>Positive reappraisal</td>
<td>1.67±0.56</td>
<td>0.14 to 3.00</td>
</tr>
<tr>
<td>Self-controlling</td>
<td>1.64±0.50</td>
<td>0.00 to 3.00</td>
</tr>
<tr>
<td>Distancing</td>
<td>1.57±0.59</td>
<td>0.17 to 3.00</td>
</tr>
<tr>
<td>Confrontive</td>
<td>1.48±0.53</td>
<td>0.00 to 3.00</td>
</tr>
<tr>
<td>Escape-Avoidance</td>
<td>1.28±0.64</td>
<td>0.67 to 3.00</td>
</tr>
</tbody>
</table>

Table 6.4 The Nepalese students’ Subscales, Means, SDs, and Ranges of Ways of Coping (n = 105)

<table>
<thead>
<tr>
<th>Coping strategies</th>
<th>Mean ± SD</th>
<th>Minimum to Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive reappraisal</td>
<td>1.87±0.54</td>
<td>0.43 to 3.00</td>
</tr>
<tr>
<td>Planful problem solving</td>
<td>1.86±0.56</td>
<td>0.33 to 3.00</td>
</tr>
<tr>
<td>Accepting responsibility</td>
<td>1.77±0.49</td>
<td>0.50 to 3.00</td>
</tr>
<tr>
<td>Distancing</td>
<td>1.70±0.56</td>
<td>0.50 to 3.00</td>
</tr>
<tr>
<td>Seeking social support</td>
<td>1.67±0.57</td>
<td>0.00 to 3.00</td>
</tr>
<tr>
<td>Self-controlling</td>
<td>1.65±0.47</td>
<td>0.57 to 3.00</td>
</tr>
<tr>
<td>Confrontive</td>
<td>1.48±0.53</td>
<td>0.00 to 3.00</td>
</tr>
<tr>
<td>Escape-Avoidance</td>
<td>1.45±0.55</td>
<td>0.38 to 3.00</td>
</tr>
</tbody>
</table>
Comparing the Means of All Scales per Academic Year among the Chinese and the Nepalese Students

To analyse the responses to the third research question (*Are there significant differences in acculturative stress, sense of coherence, social support, ways of coping and depression between the three groups [Year 1, Year 2, and Year 3] of the Chinese and the Nepalese international nursing students?*), an analysis of variance (ANOVA) was applied. Prior to conducting ANOVA, the researcher performed a visual inspection of the stem-and-leaf plot and Shapiro-Wilk tests, which revealed that the scores of the variables were normally distributed. The results of ANOVA showed that there were no significant differences in all scales among the Nepalese students per academic year (Tables 6.5 and 6.6); but there was a significant difference in BDI-II (*p* = .003) for the Chinese students per academic year (Tables 6.7 and 6.8). In addition, Post Hoc tests of variance by Tukey’s HSD showed that there was a significant difference in BDI-II mean scores between the first year (13.52± 8.72) and the third year (6.31±7.21) groups. The difference in SSS mean scores, however, was very close to a significant level (*p* = .055); and Post Hoc tests showed that the highest SSN mean score of 15.17±9.34 was for second year Chinese students and the lowest SSN mean score of 9.43±5.22 was for the first years Chinese students (Tables 6.7 & 6.8).
Table 6.5 Means and SD of ASSIS, BDI-II, SOC, WOC, SSS and SSN per Academic Year in the *Nepalese group* \((n = 105)\)

<table>
<thead>
<tr>
<th>Variables</th>
<th>BN Year</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>95% CI for Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LCI</td>
</tr>
<tr>
<td><strong>ASSIS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yr1</td>
<td>23</td>
<td>108.87</td>
<td>18.21</td>
<td>3.796</td>
<td>101.00</td>
<td>116.74</td>
</tr>
<tr>
<td>yr2</td>
<td>27</td>
<td>100.41</td>
<td>22.27</td>
<td>4.287</td>
<td>91.60</td>
<td>109.22</td>
</tr>
<tr>
<td>yr3</td>
<td>55</td>
<td>107.98</td>
<td>23.94</td>
<td>3.228</td>
<td>101.51</td>
<td>114.45</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>106.23</td>
<td>22.44</td>
<td>2.190</td>
<td>101.89</td>
<td>110.57</td>
</tr>
<tr>
<td><strong>BDI-II</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yr1</td>
<td>23</td>
<td>12.04</td>
<td>7.44</td>
<td>1.552</td>
<td>8.82</td>
<td>15.26</td>
</tr>
<tr>
<td>yr2</td>
<td>27</td>
<td>11.67</td>
<td>9.17</td>
<td>1.765</td>
<td>8.04</td>
<td>15.30</td>
</tr>
<tr>
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<td>55</td>
<td>11.51</td>
<td>8.59</td>
<td>1.158</td>
<td>9.19</td>
<td>13.83</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>11.67</td>
<td>8.43</td>
<td>.823</td>
<td>10.03</td>
<td>13.30</td>
</tr>
<tr>
<td><strong>SOC</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yr1</td>
<td>23</td>
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<td>8.92</td>
<td>1.859</td>
<td>50.80</td>
<td>58.51</td>
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<tr>
<td>yr2</td>
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<td>53.44</td>
<td>10.44</td>
<td>2.009</td>
<td>49.32</td>
<td>57.57</td>
</tr>
<tr>
<td>yr3</td>
<td>55</td>
<td>54.02</td>
<td>11.67</td>
<td>1.573</td>
<td>50.86</td>
<td>57.17</td>
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<tr>
<td>Total</td>
<td>105</td>
<td>54.01</td>
<td>10.72</td>
<td>1.046</td>
<td>51.93</td>
<td>56.08</td>
</tr>
<tr>
<td><strong>WOC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yr1</td>
<td>23</td>
<td>83.04</td>
<td>24.24</td>
<td>5.056</td>
<td>72.56</td>
<td>93.53</td>
</tr>
<tr>
<td>yr2</td>
<td>27</td>
<td>86.52</td>
<td>16.01</td>
<td>3.082</td>
<td>80.18</td>
<td>92.85</td>
</tr>
<tr>
<td>yr3</td>
<td>55</td>
<td>82.40</td>
<td>18.62</td>
<td>2.511</td>
<td>77.37</td>
<td>87.43</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>83.60</td>
<td>19.27</td>
<td>1.881</td>
<td>79.87</td>
<td>87.33</td>
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<tr>
<td><strong>SSS</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yr1</td>
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<td>28.65</td>
<td>8.49</td>
<td>1.770</td>
<td>24.98</td>
<td>32.32</td>
</tr>
<tr>
<td>yr2</td>
<td>27</td>
<td>30.67</td>
<td>7.57</td>
<td>1.456</td>
<td>27.67</td>
<td>33.66</td>
</tr>
<tr>
<td>yr3</td>
<td>55</td>
<td>26.75</td>
<td>8.93</td>
<td>1.204</td>
<td>24.33</td>
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</tr>
<tr>
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<td>28.17</td>
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<td>.838</td>
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<td>29.83</td>
</tr>
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<td></td>
</tr>
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<td>10.04</td>
<td>6.32</td>
<td>1.318</td>
<td>7.31</td>
<td>12.78</td>
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<td>8.01</td>
<td>13.77</td>
</tr>
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<td>8.37</td>
<td>1.129</td>
<td>7.97</td>
<td>12.50</td>
</tr>
<tr>
<td>Total</td>
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<td>10.36</td>
<td>7.63</td>
<td>.744</td>
<td>8.89</td>
<td>11.84</td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support; yr1 = year 1; yr2 = year 2; yr3 = year 3.
Table 6.6 ANOVA for ASSIS, BDI-II, SOC, WOC, SSS, and SSN
(Nepalese Group, n = 105, not significant)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Mean square</th>
<th>df</th>
<th>F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
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<td>ASSIS</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>622.203</td>
<td>2</td>
<td>.293</td>
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</tr>
<tr>
<td>Within groups</td>
<td>501.432</td>
<td>102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BDI-II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>2.316</td>
<td>2</td>
<td>.969</td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>72.456</td>
<td>102</td>
<td>.032</td>
<td></td>
</tr>
<tr>
<td>SOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>9.062</td>
<td>2</td>
<td>.926</td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>117.008</td>
<td>102</td>
<td>.077</td>
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<tr>
<td>WOC</td>
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<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>158.151</td>
<td>2</td>
<td>.658</td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>375.695</td>
<td>102</td>
<td>.421</td>
<td></td>
</tr>
<tr>
<td>SSS</td>
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<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>142.630</td>
<td>2</td>
<td>.145</td>
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</tr>
<tr>
<td>Within groups</td>
<td>72.350</td>
<td>102</td>
<td>1.971</td>
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</tr>
<tr>
<td>SSN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>5.349</td>
<td>2</td>
<td>.914</td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>59.231</td>
<td>102</td>
<td>.090</td>
<td></td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support; yr1 = year 1; yr2 = year 2; yr3 = year 3.
Table 6.7 Means and SD of ASSIS, BDI-II, SOC, WOC, SSS and SSN per Academic Year (*Chinese Group*, n = 82)

<table>
<thead>
<tr>
<th>Variables</th>
<th>BN year</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>LCI</th>
<th>UCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIS</td>
<td>yrl</td>
<td>23</td>
<td>97.26</td>
<td>18.28</td>
<td>3.811</td>
<td>89.36</td>
<td>105.17</td>
</tr>
<tr>
<td></td>
<td>yr2</td>
<td>24</td>
<td>91.33</td>
<td>25.22</td>
<td>5.148</td>
<td>80.68</td>
<td>101.98</td>
</tr>
<tr>
<td></td>
<td>yr3</td>
<td>35</td>
<td>94.09</td>
<td>22.01</td>
<td>3.721</td>
<td>86.52</td>
<td>101.65</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>82</td>
<td>94.17</td>
<td>21.91</td>
<td>2.419</td>
<td>89.36</td>
<td>98.98</td>
</tr>
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<td>BDI-II</td>
<td>yrl</td>
<td>23</td>
<td>13.52</td>
<td>8.72</td>
<td>1.819</td>
<td>9.75</td>
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</tr>
<tr>
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<td>yr2</td>
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<td>7.47</td>
<td>1.525</td>
<td>6.93</td>
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</tr>
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<td></td>
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<td>6.31</td>
<td>7.21</td>
<td>1.218</td>
<td>3.84</td>
<td>8.79</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>82</td>
<td>9.44</td>
<td>8.21</td>
<td>.907</td>
<td>7.64</td>
<td>11.24</td>
</tr>
<tr>
<td>SOC</td>
<td>yrl</td>
<td>23</td>
<td>54.87</td>
<td>8.66</td>
<td>1.805</td>
<td>51.13</td>
<td>58.61</td>
</tr>
<tr>
<td></td>
<td>yr2</td>
<td>24</td>
<td>58.38</td>
<td>9.21</td>
<td>1.879</td>
<td>54.49</td>
<td>62.26</td>
</tr>
<tr>
<td></td>
<td>yr3</td>
<td>35</td>
<td>60.69</td>
<td>10.26</td>
<td>1.734</td>
<td>57.16</td>
<td>64.21</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>82</td>
<td>58.38</td>
<td>9.72</td>
<td>1.073</td>
<td>56.24</td>
<td>60.51</td>
</tr>
<tr>
<td>WOC</td>
<td>yrl</td>
<td>23</td>
<td>98.04</td>
<td>23.23</td>
<td>4.843</td>
<td>88.00</td>
<td>108.09</td>
</tr>
<tr>
<td></td>
<td>yr2</td>
<td>24</td>
<td>102.33</td>
<td>25.50</td>
<td>5.205</td>
<td>91.57</td>
<td>113.10</td>
</tr>
<tr>
<td></td>
<td>yr3</td>
<td>35</td>
<td>113.66</td>
<td>34.05</td>
<td>5.755</td>
<td>101.96</td>
<td>125.35</td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>105.96</td>
<td>29.41</td>
<td>3.248</td>
<td>99.50</td>
<td>112.43</td>
</tr>
<tr>
<td>SSS</td>
<td>yrl</td>
<td>23</td>
<td>26.70</td>
<td>6.91</td>
<td>1.441</td>
<td>23.71</td>
<td>29.68</td>
</tr>
<tr>
<td></td>
<td>yr2</td>
<td>24</td>
<td>29.00</td>
<td>7.01</td>
<td>1.431</td>
<td>26.04</td>
<td>31.96</td>
</tr>
<tr>
<td></td>
<td>yr3</td>
<td>35</td>
<td>29.86</td>
<td>7.59</td>
<td>1.283</td>
<td>27.25</td>
<td>32.46</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>82</td>
<td>28.72</td>
<td>7.27</td>
<td>.803</td>
<td>27.12</td>
<td>30.32</td>
</tr>
<tr>
<td>SSN</td>
<td>yrl</td>
<td>23</td>
<td>9.43</td>
<td>5.22</td>
<td>1.089</td>
<td>7.18</td>
<td>11.69</td>
</tr>
<tr>
<td></td>
<td>yr2</td>
<td>24</td>
<td>15.17</td>
<td>9.34</td>
<td>1.907</td>
<td>11.22</td>
<td>19.11</td>
</tr>
<tr>
<td></td>
<td>yr3</td>
<td>35</td>
<td>12.29</td>
<td>8.49</td>
<td>1.436</td>
<td>9.37</td>
<td>15.20</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>82</td>
<td>12.33</td>
<td>8.20</td>
<td>.906</td>
<td>10.53</td>
<td>14.13</td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support; yrl = year 1; yr2 = year 2; yr3 = year 3.
Table 6.8 ANOVA for ASSIS, BDI-II, SOC, WOC, SSS, and SSN per Academic Year

(Chinese Group, n = 82, significant)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Mean square</th>
<th>df</th>
<th>F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>206.549</td>
<td>2</td>
<td>.424</td>
<td>.656</td>
</tr>
<tr>
<td>Within groups</td>
<td>485.741</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BDI-II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>367.540</td>
<td>2</td>
<td>6.148</td>
<td>.003</td>
</tr>
<tr>
<td>Within groups</td>
<td>59.786</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>234.752</td>
<td>2</td>
<td>2.584</td>
<td>.082</td>
</tr>
<tr>
<td>Within groups</td>
<td>90.833</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>1335.877</td>
<td>2</td>
<td>2.729</td>
<td>.071</td>
</tr>
<tr>
<td>Within groups</td>
<td>489.445</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>192.991</td>
<td>2</td>
<td>3.013</td>
<td>.055</td>
</tr>
<tr>
<td>Within groups</td>
<td>64.052</td>
<td>79</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support.

Correlations between All the Scales for the Chinese and the Nepalese Students

On the fourth research question (Are there significant correlations between acculturative stress, sense of coherence, social support, and ways of coping and depression between the Chinese and the Nepalese international nursing students?), Pearson’s correlation coefficients (Pearson’s r) were performed to investigate if there were correlations between all the Scales for the Chinese and the Nepalese Students. The Shapiro-Wilk tests confirmed that the assumption of normality of all scales was not
violated, Pearson’s $r$ showed that there were significant correlations among the scales.

The similar findings from the two groups were as follows.

(1) There was a significant positive correlation between ASSIS and BDI-II, and between SOC and SSS or SSN, and between SSS and SSN (Tables 6.9 and 6.10).

(2) There was a significant negative correlation between ASSIS and SOC, and between ASSIS and SSS or SSN, and between BDI-II and SOC (Tables 6.9 and 6.10).

Secondly, the different findings from the two groups were:

There was a significant negative correlation between BDI-II and SSS or SSN in the Chinese students (Table 6.10) but no significant correlation for the Nepalese students (Table 6.9).

Table 6.9 Correlations between ASSIS, BDI-II, SOC, WOC, SSS, and SSN for the Nepalese students ($n = 105$)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ASSIS</td>
<td>1</td>
<td>.530**</td>
<td>-.552**</td>
<td>.176</td>
<td>-.353**</td>
<td>-.250*</td>
</tr>
<tr>
<td>2. BDI-II</td>
<td>1</td>
<td>-.484**</td>
<td>.168</td>
<td>-.030</td>
<td>-.113</td>
<td></td>
</tr>
<tr>
<td>3. SOC</td>
<td>1</td>
<td>-.069</td>
<td>.225*</td>
<td>.268**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. WOC</td>
<td>1</td>
<td>-.169</td>
<td>-.149</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. SSS</td>
<td>1</td>
<td>.272**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. SSN</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**$p = .01$, *$p = .05$.**

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support.
Table 6.10 Correlations between ASSIS, BDI-II, SOC, WOC, SSS, and SSN for the Chinese students (n = 82)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ASSIS</td>
<td></td>
<td>.475**</td>
<td>-.577**</td>
<td>.111</td>
<td>-.284**</td>
<td>-.231*</td>
</tr>
<tr>
<td>2. BDI-II</td>
<td>1</td>
<td></td>
<td>-.546**</td>
<td>-.004</td>
<td>-.436**</td>
<td>-.257*</td>
</tr>
<tr>
<td>3. SOC</td>
<td></td>
<td></td>
<td>1</td>
<td>-.068</td>
<td>.299**</td>
<td>.221*</td>
</tr>
<tr>
<td>4. WOC</td>
<td>1</td>
<td>.102</td>
<td></td>
<td></td>
<td>-.134</td>
<td></td>
</tr>
<tr>
<td>5. SSS</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>.280*</td>
<td></td>
</tr>
<tr>
<td>6. SSN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**p = .01, *p = .05.

ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; WOC = Ways of Coping; SSS = perceived satisfaction with social support; SSN = perceived numbers of social support.

Predictors of Acculturative Stress Using Multiple Regression Analysis for All Participants

For the fifth research question (What are the predictors of acculturative stress among the Chinese and the Nepalese international nursing students?), a stepwise multiple regression was conducted to evaluate how sense of coherence, social support, ways of coping and depression (i.e., continuous variables) predicted acculturative stress (ASSIS). The stepwise multiple regression was also conducted to estimate the proportion of variance in ASSIS that can be accounted for by some characteristics of the participants (i.e., categorical variables) including gender, marriage status, country of origin, and levels of IELTS. Those demographic variables were chosen because they are some common indicators of cultural exposure in related to the root of a culture, the level of English language and the state of relationships.
Several assumptions were evaluated prior to interpreting the results of the multiple regression analysis. Inspection of stem-and-leaf plots and Normal Q-Q plots was performed to rule out univariate outliers. Secondly, inspection of the normal probability plot of standardized residuals as well as the scatterplot of standardized residuals against predicted values (Figures 6.1 and 6.2) revealed that the assumptions of normality, linearity and homoscedasticity of residuals were met.

The linear combination of SOC, BDI-II and SSS (the continuous variables) accounted for a significant 43.2% of the variability in acculturative stress: $R^2 = .432$, adjusted $R^2 = .422$, $F (3, 183) = 46.353, p = <.001$. The categorical variable of religion was significantly related to acculturative stress: $R^2 = .071$, adjusted $R^2 = .066$, $F (1, 185) = 14.110, p = <.001$. This indicated that approximately 7.1% of the variance of the ASSIS could be accounted for by religion.

Table 6.11

Unstandardised (B) and Standardised ($\beta$) Regression Coefficients, and Squared Semi-Partial Correlations ($sr^2$) For Each Predictor in a Regression Model Predicting ASSIS ($n = 187$)

<table>
<thead>
<tr>
<th>Variables</th>
<th>B [95% CI]</th>
<th>$\beta$</th>
<th>$sr^2$</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC</td>
<td>-.865 [-1.152, -.578]</td>
<td>-.395</td>
<td>.162</td>
<td>3</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>DBI-II</td>
<td>.769 [.416, 1.122]</td>
<td>.281</td>
<td>.091</td>
<td>3</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>SSS</td>
<td>-.483 [-.809, -.157]</td>
<td>-.169</td>
<td>.044</td>
<td>3</td>
<td>.004</td>
</tr>
<tr>
<td>Religion</td>
<td>12.942 [6.145, 19.739]</td>
<td>.266</td>
<td>.071</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Dependent variable: ASSIS
CI = confidence interval; ASSIS = Acculturative Stress Scale for International Students; BDI-II = Beck Depression Inventory II; SOC = Sense of Coherence scale; SSS = perceived satisfaction with social support.
Figure 6.1 Normal P-P Plot of Regression Standardized Residuals (n = 187)

Figure 6.2 Scatterplot (n = 187)
Conclusion

In summary, the Nepalese group showed a higher level of ASSIS, BDI-II and WOC and a lower level of SOC and SSN, compared to the Chinese group. The level of SSS for both groups was similar. \( t \)-tests showed that there were significant differences in the ASSIS \( (p = .001) \) and SOC \( (p = .004) \) scores, but not in BDI-II \( (p = .071) \), WOC including eight sub-scales, SSN, and SSS. As coping strategies, the Chinese students focused more on problem-solving to change the situation. The Nepalese students, on the other hand, made more effort to create positive meaning by focusing on personal growth and religious belief. Both the Chinese and the Nepalese groups seldom used confrontive and escape-avoidance coping strategies.

There were no significant differences in all scales for the Nepalese and the Chinese students per academic year, except for a significant difference in the BDI-II \( (p = .003) \) for the Chinese students. Post Hoc tests of variance by Tukey’s HSD showed that there was a significant difference in the mean scores of BDI-II between the first year \( (13.52 \pm 8.72) \) and the third year \( (6.31 \pm 7.21) \) groups.

Correlations between all the scales for the Chinese and the Nepalese students were examined, and it is important to know that the majority of findings were similar between these two groups. There were significant positive correlations between ASSIS and BDI-II, between SOC and SSS or SSN, and between SSS and SSN. There were also significant negative correlations between ASSIS and SOC, between ASSIS and SSS or SSN, and between BDI-II and SOC. There was a significant negative correlation between BDI-II and SSS or SSN for the Chinese students only. Lastly, the predictors of ASSIS were identified as religion, SOC, BDI-II, and SSS for all participants. Further discussion of the Phase B findings will be presented in Chapter 8, where both the quantitative and the qualitative data will be analysed and compared.
CHAPTER SEVEN

RESULTS OF PHASE C

Introduction

This chapter reports the findings of Phase C, the individual face-to-face interviews of the Chinese and the Nepalese nursing students beginning with an explanation of how the qualitative data were analysed, with a table illustrating the four themes and the categories and subcategories which emerged from the qualitative data. A description of the demographic characteristics of the participants is followed by an explanation of the reasons why these Chinese and Nepalese students came to Australia to study nursing. An analysis of each theme - the main focus of the chapter - is presented, with a summary of the main findings.

Results of the Qualitative Study

The researcher adopted a deductive or 'top down' approach to analysis, driven by the theoretical frameworks of Acculturation Theory (Berry et al., 1987; Berry, 2005), Salutogenesis Theory (Antonovsky, 1979, 1987), and Coping Theory (Lazarus & Folkman, 1984) together with focuses on depression and social support. The predictors of acculturative stress that arose from the quantitative findings reported in Chapters 6 were also used to guide the qualitative data analysis. The face-to-face interviews sought to elicit in-depth information in order to explain the quantitative findings. Consequently, the terms acculturative stress, depression, and coping are used as three main themes to analyse the qualitative data. The fourth theme concerned the students' feedback on the services provided to them and their suggestions to the University for improvement of its services for
all international students in the future (see Figure 7.1 and Table 7.1). Pseudonyms were used when presenting the quotes to ensure the confidentiality of the participants.

Figure 7.1 A Theme Chart
Table 7.1 The four themes and their categories and sub-categories

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEME ONE</td>
<td>ACCULTURATIVE STRESS</td>
<td></td>
</tr>
</tbody>
</table>
|                             | Academic difficulties           | • Language difficulties  
|                             |                                 | • Learning difficulties  
|                             |                                 | • Clinical placement difficulties  
|                             |                                 | • Uncertainty about the future  
|                             | Culture-related difficulties    | • Homesickness  
|                             |                                 | • Difficulty making friends  
|                             |                                 | • Problems for male nurses  
|                             |                                 | • Perceived discrimination  
|                             | Financial difficulties          | • High tuition fees  
|                             |                                 | • Higher value of the Australian dollar  
|                             |                                 | • Part-time job issues  
|                             |                                 | • Accommodation issues  
| THEME TWO                   | DEPRESSION                      |                                                                                |
|                             | Depressive signs and symptoms   | • Crying  
|                             |                                 | • Loss of appetite  
|                             |                                 | • Loss of concentration  
|                             |                                 | • Loss of energy  
|                             |                                 | • Fatigue  
|                             |                                 | • Sense of worthlessness  
|                             |                                 | • Hopelessness and suicidal thoughts  
| THEME THREE                 | COPING                          |                                                                                |
|                             | Problem focused coping          | • Confrontive coping  
|                             |                                 | • Planful problem-solving  
|                             |                                 | • Seeking social support  
|                             | Emotion focused coping          | • Distancing  
|                             |                                 | • Escape-Avoidance  
|                             |                                 | • Accepting responsibility  
|                             |                                 | • Self-controlling  
|                             |                                 | • Positive reappraisal  
| THEME FOUR                  | STUDENTS’ SUGGESTIONS TO THE UNIVERSITY |                                                                                |
|                             | Teaching and learning           | • Teaching hours  
|                             |                                 | • Support for 1st year students  
|                             |                                 | • Lecturer delivery  
|                             |                                 | • Clinical placement issues  
|                             |                                 | • Control of enrolment  
|                             | Additional resources and support for students | • Assistance in finding part-time employment  
|                             |                                 | • Library services  
|                             |                                 | • Extra activities  
|                             |                                 | • On-campus facilities  

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Demographic Characteristics of the Participants

A convenient sample of participants (n = 53) who had completed the questionnaires in Studies A and B consented to being interviewed by the researcher. Table 7.2 presents the demographic characteristics of these participants: their nationality, age, year of BN, marital status, residential situation, and religion. These characteristics provided the researcher with some background insights. More Chinese (n = 33) than Nepalese (n = 20) students participated in the interviews, perhaps because the Chinese students had been involved in Study A in 2008 and Study B in 2010, whereas the Nepalese students were involved in Study B in 2010 only. Another interesting finding was that 88% of the Chinese participants (n = 29) were non-religious, while all the Nepalese students identified with Hinduism. More Chinese students lived with their friends (n = 25, 76%), and fewer lived with their family (n = 6, 18%); whereas fewer Nepalese students (n = 5, 25%) lived with friends, and more (n = 12, 60%) with their family. Both groups were comparable in respect of part-time employment.
Table 7.2 Demographic characteristics of participants

<table>
<thead>
<tr>
<th>Items</th>
<th>Chinese (n = 33)</th>
<th>Nepalese (n = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-25</td>
<td>19 (58%)</td>
<td>13 (65%)</td>
</tr>
<tr>
<td>26-30</td>
<td>7 (21%)</td>
<td>7 (35%)</td>
</tr>
<tr>
<td>&gt;30</td>
<td>7 (21%)</td>
<td>0</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>26 (79%)</td>
<td>11 (55%)</td>
</tr>
<tr>
<td>Married</td>
<td>7 (21%)</td>
<td>9 (45%)</td>
</tr>
<tr>
<td>Year of BN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>9 (27%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Year 2</td>
<td>10 (30%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>Year 3</td>
<td>14 (43%)</td>
<td>9 (45%)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No religion</td>
<td>29 (88%)</td>
<td>0</td>
</tr>
<tr>
<td>Buddhism</td>
<td>2 (6%)</td>
<td>0</td>
</tr>
<tr>
<td>Christianity (other)</td>
<td>1 (3%)</td>
<td>0</td>
</tr>
<tr>
<td>Catholicism</td>
<td>1 (3%)</td>
<td>0</td>
</tr>
<tr>
<td>Hinduism</td>
<td>0</td>
<td>20 (100%)</td>
</tr>
<tr>
<td>Residential situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>2 (6%)</td>
<td>3 (15%)</td>
</tr>
<tr>
<td>With friends</td>
<td>25 (76%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>With family</td>
<td>6 (18%)</td>
<td>12 (60%)</td>
</tr>
<tr>
<td>Part-time job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33 (100%)</td>
<td>20 (100%)</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Reasons for Studying Nursing in Australia

The findings showed that both groups had similar reasons for coming to Australia to study nursing, despite differences in their respective personal circumstances; both groups came to Australia to study nursing to further their career development and for possible migration.

Career Development

Some participants said that there were limited opportunities to advance a nursing career in China and Nepal. Clare’s feedback, (a third year student from China who had worked as an RN and a Nursing Manager for nine years) summarised this sentiment best. She revealed that her motivation was to learn new things, to avoid workplace politics and the task-oriented work attitude, and to escape the low social status accorded to nurses in China.

Similarly, the Nepalese nurses lamented the lack of opportunities to expand their career in Nepal, beginning from the difficulty in obtaining enrolment in a BN programme. Several pointed out that the BN enrolment quotas were too small in Nepal. The most common qualification for nursing in Nepal is the Proficiency Certificate in Nursing (PCN), which is equivalent to a Certificate IV in Australia. If nurses with a PCN wish to pursue their Bachelor Degree of Nursing, they have to wait several years because the enrolment queue is long. Some students explained that they came to Australia to study simply because of the easy entry to a nursing degree course at an Australian university. For example, Lyn, a Nepalese student, explained that with quota set so low against the overwhelming number of applicants, it would be years before she could enrol in a similar BN programme in Nepal. The quota mentioned was about 60 places for 5000 applicants, whereas a qualified applicant would currently have automatic entry to a suitable course in Australia.
Immigration Purpose

The majority of participants understood that nursing is a job in high demand and currently on the Skilled Occupation List of the Australian Department of Immigration and Citizenship. Studying in a BN course in Australia is a bridge to migration. Many said that they had consulted a migration agent before coming to Australia or that their friends or relatives had told them that a nursing degree was a means to migration.

Personal Reasons

The personal reasons given were many and included marriage break-ups and the wish to start anew in another country or the desire to have more than one child (given China’s one-child policy) in the case of the Chinese students. Family reunion and friends were also cited as reasons, while one respondent cited Australia’s democratic institutions and personal freedoms as his reason for coming to Australia to study.

Theme One – Acculturative Stress

The findings of Study B showed that the Chinese and the Nepalese students experienced a high level of acculturative stress, with a higher level for the Nepalese students than the Chinese students. From the interview data, three causes of acculturative stress identified were academic difficulties, culture-related difficulties and financial difficulties.

Academic Difficulties

All interviewees identified academic difficulties as their greatest concern, with many reporting that their English was limited, which affected their academic performance
(answering questions in class, writing essays or conducting oral presentations). They felt at risk of failing subjects, and some of them had actually failed one or more units. The most significant difficulties were in the areas of English proficiency, ways of learning, and clinical placement.

**Language difficulties**

Speaking and writing English were identified as specific issues. The former will be considered in this section, and writing issues are discussed under the heading “Learning difficulties” in the following section. Many students (mostly Chinese) felt that communication was the major problem during their first six months of study and for some this problem continued for all three years of their course. Poor spoken competence rendered them shy, lacking in confidence, and unable to ask questions and participate fully in class discussions.

**Lack of confidence to speak**

Both the Chinese and the Nepalese students explained that their poor English skills made them scared of speaking to others, and they tried to avoid talking with people unless it was absolutely necessary. It seems that the Chinese students had greater difficulty with speaking English than the Nepalese students. Hua, a first year Chinese student, was afraid to speak English to people, especially after she had just arrived in Australia: “I found my English was limited. I couldn’t understand what people said to me but tried to guess the meaning by looking at their body language and relating it to the context of the conversation.” Feng, another Chinese student, explained, “When I lost my way, I would rather try to find my own way than seek direction from a passer-by which required me to speak in English.”
In contrast, most of the Nepalese students stated that they were comfortable with their spoken English. Barry (Nepalese) explained, "I studied in boarding schools from my kindergarten to my high school in Nepal. I spoke and wrote in English. My English is pretty good." However, there were a few Nepalese students who were concerned about their English proficiency. Sharon (Nepalese) disclosed that although they had studied English in Nepal, they did not use the language to communicate with their patients, who spoke their own language, resulting in relatively poor English communication skills. Kada (Nepalese) said, "I have encountered a few bad experiences because some patients [in Australia] could not understand my accent. I was a bit embarrassed."

**Level of English competence**

Many Chinese participants reported that they had problems with pronunciation and grammar in spoken English, resulting in them keeping quiet in class and not asking questions. Rather than embarrass themselves, they relied on the University Study Guide to assist them in writing assignments. The inability to express themselves fluently and articulate their thoughts clearly made them feel less confident and vulnerable, especially when they faced an argument; they experienced a sense of low self-esteem and frustration. Lily (Chinese) said, "I often found that I didn't have enough vocabulary to use when I was involved in an argument. I felt so stupid that I was not able to demonstrate my point of view effectively." No Nepalese students, however, reported similar concerns.

**Difficulty understanding Australian accents, slang and jokes**

Some students, both Chinese and Nepalese, had difficulty understanding different accents, leading to moments of confusion and embarrassment. Several felt excluded and
embarrassed when they were unable to understand jokes or nuances in a conversation. A
number of Chinese students realised that accents spoken by both parties in a conversation
were crucial to the outcome of communication. For example, Ying (Chinese) pointed out
that the English she learned in China was different from “the English spoken by many
Australians” and that she had not expected to meet different accents. This was seen as a
barrier to communication with local people. Hua (Chinese) said that it had taken time for
her to become familiar with Australian slang and jokes. She said, “One lecturer talks very
fast in class. He is a typical Aussie. It seems he is a humorous person, but most Chinese
students in his class don’t understand his humour. I remember one day, I figured out one of
his jokes suddenly when I was cooking dinner at home, which I could not understand at the
time.”

Similarly, Nepalese students also indicated they were confused by the different
accents they encountered. Anne (Nepalese) sometimes did not understand fully what
people were saying to her because “they didn’t sound like they were speaking English.”
Rita (Nepalese) pointed out that she felt embarrassed and excluded when she was not able
to understand the jokes her colleagues cracked at work. On occasion, she was mortified that
“everyone in the room was laughing except me.”

Mother tongue interference

While several Chinese students said that they made mistakes in spoken English because of
the influence of their mother tongue, the Nepalese students did not experience this problem.
Lu Lu (Chinese) thought that the grammatical rules of Mandarin could be the cause of the
problem because she often mixed up the English pronouns “he” and “she”, which are not
distinguished in her native language, and this caused her embarrassment. She also got confused with verb agreement and tenses because these are not part of Chinese grammar.

For some, there was an ongoing translation process occurring in their heads as they spoke in English, with first having the thought in Chinese and then translating it into English, and this could delay their response to a question. This slow response was often not understood by lecturers, who could interpret it as the sign of a slow learner. **Ding Ling** (Chinese) said, "The lecturer sometimes was not patient enough to wait for me to give her the full answer and just moved to the next question or asked other students to answer the question. That was embarrassing."

Students' cultural norms also influenced their English expression. An interesting example was given by a student and it illustrates both the linguistic and the cultural differences between the Chinese and Australians. She said that it is common for a Chinese when greeting a fellow Chinese to enquire whether they have had their meal, the rough equivalent of the Western, "Hello, how are you?" In Australia the Chinese greeting would be considered extremely odd, and conversely, a Chinese would generally not ask another, "How are you?", because it would seem to be too personal.

**Classroom behaviour**

Both the Chinese and the Nepalese students thought that their level of English proficiency affected their classroom behaviours. The Chinese students had much more difficulty speaking up in class or answering questions and remained silent most of the time compared with the Nepalese students. They felt this behaviour could be caused by their poor English skills. The specific problems were with the pronunciation of medical terms, with grammar, and with sentence construction.
Some students were reluctant to ask or answer questions because of previous negative experiences with lecturers. For example, Ding Ling’s (Chinese) previous experience with a teacher had affected her attitude towards answering questions in class. She explained that it usually took her a while to form a question and once she had asked the lecturer a question in class, but the lecturer had responded that the content of her question had been covered earlier, and so the lecturer would not answer her question but continued lecturing. She commented, “I was embarrassed for being too slow. I decided not to ask any questions in class in the future.”

A few students mentioned that their limited knowledge of the topic had affected their confidence in class. For example, MM (Chinese) was not keen to answer questions on biology. She explained, “I could not understand the concepts. There were too many new medical terms. I even didn’t know how to ask the lecturer a question in the classroom.” Chun Tao, another Chinese student, was afraid of not being able to speak correctly in class. If she wanted to answer a question, she had to make sure that her answer would be 100% correct. This limited her participation in class because she often did not have this level of confidence.

Some students were also not keen to ask or answer questions because it was not the usual practice in their own country. For example, SM (Chinese) did not actively participate in class discussions because “in China, students have a tendency not to interrupt the teacher during lecturing. It is regarded as impolite or rude to the teacher if students ask questions.”

Some Nepalese students had similar attitudes; for example, Diana (Nepalese) said, “I don’t talk much and hesitate to answer questions in the classroom. I think this has something to do with my culture. Our students normally don’t interrupt our teachers...”
during class. If we did, it would be seen as being rude to our teacher." However, most Nepalese students were confident to speak in class. Adam (Nepalese) said, "I am actively involved in class discussions" and Kim (Nepalese) would only ask questions when there was a need to, because she could "pick up a lot of information from other students' questions."

Learning difficulties

Many participants experienced difficulty writing assignments and some were overwhelmed by the first assignment because they were asked to perform a literature search of the topic and use references to support their arguments in writing. Referencing and plagiarism were new concepts to both the Chinese and the Nepalese students, and they identified major differences between their previous studies in China and Nepal and their course in Australia.

Differences in teaching and learning

Ding Ling (Chinese) thought that she had not learned much from the course because she did not understand the Australian education system, which was different from the Chinese system. She said, "In Australia, students are seen as self-directed learners but I am not. I was used to a type of learning in which we obtained knowledge mainly from teachers' lectures and text books." She had difficulty in searching for information and needed time to adapt to the self-directed learning approach.

Similarly, Dina (Nepalese) recognised that learning methods in an Australian university were different from those she used in Nepal. She was surprised that only a few text books were needed for the BN course in Australia, and she did not expect that she needed to expand her reading to professional journals and online sources when she prepared her assignments. It seemed that Dina still believed that the prescribed text books
had the greatest importance for her. She said, "The text books are a sort of evidence of my study because I can say to people that I have studied books A, B and C, etc."

Wan Yan (Chinese) emphasised the different approaches used in acknowledging sources in writing between universities in China and Australia. When she studied in China, she could use any information available in her writing without referencing, but in Australia, she stated, "I needed to provide evidence from the literature to support my argument." Wan Yan understood the consequences of plagiarism and pointed out, "The web-check for plagiarism is very scary. I have to be very careful." Wei Wei (Chinese) was positive about her assignments, "I have learned much from reading various learning materials and from writing assignments." After comparing what she had studied in China to what she did in Australia, she said that the main strategy she used to pass her assessments (e.g., exams) in China was to memorize the content of text books. Although she had passed many exams, she thought she could not retain much of the knowledge that she had learned.

Although the Nepalese students had a better grounding in English because their educational curricula, especially in the private sector, emphasised English throughout, many Nepalese students still experienced difficulty writing essays. For example, Lyn, a first year Nepalese student, was overwhelmed by referencing when she started her BN course at the University. She had never used any references in her writing before. Her difficulties in essay writing included understanding the topic, searching for relevant information and paraphrasing, and writing grammatically. However, a few Nepalese students, like Sean, liked essay writing, "You can use your critical thinking and research skills much more effectively than answering questions in exams."
Specific differences in the nursing curriculum

Many participants from both groups had undertaken some form of nursing studies in their respective home country before coming to Australia. For example, some Nepalese students had obtained a Proficiency Certificate in Nursing (3 years) in Nepal and some Chinese students had completed their Diploma (3 years) or Bachelor's Degree in Nursing (4 years) in China, and they realised that the Australian nursing curriculum had more subjects, including psychosocial nursing, geriatric nursing, Indigenous cultural studies, nursing research and health law, which were not studied in China or Nepal. Students had different views about this.

Jin (Chinese) thought Indigenous culture was an unnecessary subject for international students because “Aboriginal culture is a unique area by itself and has no relevance to a Chinese or Korean context.” MM (Chinese) agreed, “I don’t think Indigenous studies are useful to us if we go back to China eventually.”

Sean (Nepalese) considered the research component in the BN curriculum important to him, “I think the University’s BN curriculum is good. It has enabled me to do a lot of research. I believe research skills will be useful for my future study and work.” Some Nepalese students found that the University offered more bioscience subjects than were available in Nepal. Sharon (Nepalese) said, “We also do quite a lot of bioscience units here. I think a good bioscience foundation will enable us to understand better how drugs work and diseases progress.”

Clinical placement difficulties

Clinical learning is a significant part of nursing studies. A small number of students stated that they had positive clinical experiences and described them as fun; they also appreciated
that nursing is a rewarding job. They had established therapeutic relationships with patients and learned many skills. On the other hand, other students stated that they had experienced serious difficulties in their clinical practice, and especially with the allocation of placements.

**Issues related to clinical allocation**

Both the Chinese and the Nepalese participants mentioned that they had to allocate themselves a placement by making a selection online over a short period of time by means of a system which was posted and controlled by the clinical team at the School of Nursing. This was frequently described as a “battle”, which was difficult for the students to manage. For example, Lin Lin (Chinese) said, “The University announced available clinical placements online so that students could make their choices (or try their luck at getting one). Several times I made a hurried decision, which turned out to be not what I wanted in the first place.” Ding Ling (Chinese) also made unwise decisions on placement selection because she was not familiar with the locations of the hospitals; she had selected a placement location which meant she had to travel 4-5 hours each day by public transport.

The Nepalese students had the same concerns about clinical placements. They emphasised the shortage of placements, which increased their stress level and which also put them at risk of running out of visa time.

**Issues related to clinical practice**

_Fear of being there_

The Chinese students described their anxiety about undertaking clinical practice. Some of them felt that they had not prepared themselves adequately in terms of clinical knowledge and skills, and in communication skills. Others were afraid of the facilitators because they
could be tough on them. For example, **Meng Huan** (Chinese) explained that she was afraid that the patients could not understand her English and that she was not competent in her clinical skills. **Lin Lin** (Chinese) recalled her first clinical experience, "I can still remember how I felt on the first day of my clinical placement. It was nerve-racking. I went to a ward and got lost immediately because no one paid any attention to me. I could not find the facilitator. The nurses on the ward looked very busy. Patients looked ill. I looked stupid because I didn't know what I was supposed to do." **Qi Qi** (Chinese) explained that her fear was related to the facilitator’s attitude towards her. She mentioned one particular facilitator who was very fussy. On the first day of her clinical placement, this facilitator did not talk to her much and simply warned, "Be careful! I will fail you if your English is not good." The Nepalese students, however, did not report any similar experiences.

**Difficulties with communication**

Many Chinese students said that they had difficulty understanding medical terms, fast speech, and the accents of patients and healthcare staff. Understanding medical terms was a significant concern of the Chinese students. **Lily** (Chinese) described how she did not initially understand other nurses’ conversations. She said, "I had to ask my classmates, who had better English, to explain to me the meanings of words. Sometimes, I also tried to guess what a conversation was about by observing their body language. It was a terrible feeling." **Wei Wei** (Chinese) observed that students who failed the clinical placement were more likely to be Chinese and often had communication problems. She believed that the students from other countries such as Philippines, India, and Nepal could speak better English than the Chinese students, and consequently their failure rates were lower. In
contrast, the Nepalese students did not report similar problems in communication in clinical settings.

**Feedback about facilitators/preceptors**

The students from both groups thought that the majority of facilitators were supportive. Lin (Chinese) said that one of her facilitators was very supportive and understood international students’ needs. She received very good comments from this facilitator. According to her, “The positive experience with this facilitator has boosted my confidence to do better in the next clinical placement.” Similarly, Pam (Nepalese) said that her facilitator was very good, patient and helpful. Rita (Nepalese) agreed, “My first facilitator was respectful and supportive.” Some students, however, provided negative feedback about their facilitators as follows.

**Stereotyping**

Stereotype behaviour refers to “a tendency to think or act in rigid, repetitive, and often meaningless patterns” (Stereotyped behaviour, n.d.), and some students reported that a few facilitators stereotyped the behaviour of international students on clinical placement. For example, Qi Qi (Chinese) described how her first clinical facilitator considered her, along with other international students, to have poor English and to be incompetent to perform clinical skills. She said that the facilitator took notice of her on the first day because of her ethnic background and warned her that she could receive a fail grade if she did not do things correctly. Qi Qi recalled, “My facilitator checked on me several times a day, asked me many questions and assessed my clinical skills constantly. I was tense and became extremely wary of making a mistake, which added to the pressure. Although I passed this placement, I felt that it was a nightmare.” Ding Ling (Chinese) said that she was regarded
by her facilitator as a bad student because of her “laziness and lack of enthusiasm in learning.” She did not agree with this assessment and explained, “My approach was to observe her demonstration first, and then I would do things on my own, rather than asking questions all the time. I was cautious and didn’t talk much. My cautiousness and quietness could have given the facilitator a bad impression of me.”

The Nepalese students had a similar view about the facilitator’s stereotyping behaviour. Sandra (Nepalese) said, “Many international students don’t like asking or answering questions in class. If a student does not answer questions, this gives the facilitator the impression (not true most of the time!) that this student doesn’t try her best or lacks enthusiasm. It could just be a language problem or a cultural concern; for example, this person may be shy to speak in public. Unfortunately, some facilitators are not aware of these things.”

Inadequate supervision

Students from both groups reported a lack of professional support from facilitators or preceptors. Jing (Chinese) thought that the preceptors should have provided closer supervision to a student who was performing a procedure for the first time, in terms of being with the student, explaining the procedure in enough detail to them, and allowing them adequate time to complete the procedure, if that is possible. Her experience was, however, that some nurses were impatient with students. “On my first clinical placement, I took a patient for a shower for the first time in my life. I spent almost half an hour to complete the job. My preceptor was not happy about my slowness and said to me that I could have done it much quicker.” Chia (Nepalese) found that some facilitators or preceptors didn’t show much interest in teaching students. They could not allocate enough time for explaining or demonstrating things to students. The thing that concerned her most
was that, "if students didn’t know something or did something wrong, they spoke about their mistakes in front of the patients or visitors. It was scary."

**Uncertainty about future professional registration**

Most students stated that they feared two major challenges which lay ahead, namely the IELTS 7.0 score requirement for each band of competency, and a place in a graduate programme. If they could not succeed in these two things, they feared that their future career development would be in jeopardy.

*Zhen* (Chinese) said, "IELTS 7.0 is a big hurdle for me. I am in the first year right now, but I have felt the pressure already." *Lin Lin* (Chinese) predicted her difficulty in gaining a place in a graduate nursing programme, "A big hospital could have 20-30 new graduate positions, but there are 300-400 applications. The local students are given priority for these positions. If I can’t find a job, my visa will expire and may not be extended. My future could be in doubt!"

In contrast, some Nepalese students were more confident about passing their IELTS tests and securing a 7.0 score. For example, *Rita* (Nepalese) believed that she would be able to obtain 7.0 in each band of the IELTS test after completing the BN course in Australia, because her previous English foundation, developed in Nepal, would help.

**Culture-related Difficulties**

While acknowledging that the language barrier and academic difficulties were the two major challenges facing both the Chinese and the Nepalese students, they also faced cultural challenges, including homesickness, lack of social support and discrimination.
Some male students added that they were confronted by another issue, namely, being a male nursing student.

**Homesickness**

Homesickness is the feeling of longing for one's home during a period of absence from it, and many students, both Chinese and Nepalese, reported that they felt lonely, missed their family, friends, familiar environment, and things they no longer had (like homemade food). Homesickness appeared to be a significant issue for students for the first six months after they arrived in Australia. For example, **Wan Yan** (Chinese) described her first six months of life in Australia as “horrible”, because she felt “lonely” and missed her family a lot. **Xiao Jia** (Chinese) said she was basically on her own. “*I didn’t have anyone to share my feelings with. I was very lonely.*”

**Rita**, a mature-age Nepalese student, indicated that she came to Australia to study with her husband but left her 5-year daughter behind with her parents in Nepal. She said, “*I could not help thinking of my child all the time,*” and this made life difficult for her. **Camilla** (Nepalese) explained her craving for home-made food, “*I cried a lot because I missed my mother’s home-made food. I don’t like eating cold bread [sandwiches].*”

**Difficulty making friends**

*Not wanting to move beyond own cultural circle*

Both the Chinese and the Nepalese students preferred to make friends with their own people (i.e., of the same nationality) or other Asian international students rather than with other groups (like local students or Westerners). The Nepalese students seem to have had more difficulty moving beyond their own cultural circle. The typical reason was given by
Kada (Nepalese), that making friends with those who spoke the same language and shared the same or similar culture, age-group and educational background, was easier and more comfortable.

This contrasts with some Chinese students, like Li Mei, who seemed more at ease making friends from other cultural backgrounds. Another student reckoned that she chose friends and acquaintances on the basis of instinctive feeling rather than on the basis of race or culture, but Li Mei, tellingly, did not have any “local Aussie” friends.

Finding difficulty moving beyond their own circle

Many students, both Chinese and Nepalese, frequently mentioned that it was difficult to make friends with local students because of the differences in language, culture, ways of life, and the absence of common interests to bring them together. The cultural divide seemed wide, for example, the Chinese students enjoy karaoke sessions, the Nepalese students enjoy watching Indian movies at home and hardly drink, whereas Australians prefer pub crawls and binge-drink. Among the Nepalese students’ experiences, Pam (Nepalese) said, “I don’t normally talk with local students because they don’t show any interest in knowing us.” It also seems that the social caste system still has a strong influence on Nepalese people’s lives. Many Nepalese students did not feel free to choose their friends because they had to take their parents’ opinion into consideration. Barry (Nepalese) said, “My parents will be upset if I have found a girlfriend from a lower caste family.”

Problems for male nurses

The small group of male participants, Chinese (n = 2) and Nepalese (n = 3), found that being a male nurse was daunting. They reported that they felt uncomfortable being in a
female dominated environment like the School of Nursing, where the great majority of staff and students are female, or being asked to explain their reasons for choosing nursing to study. **SM**, a Chinese male nursing student, described his discomfort on outings with female students, where the conversation tended to follow female topics, so that he felt excluded. **Ron**, a Nepalese male nursing student, described his discomfort at being asked if he was gay. He was particularly irritated by the suggestion that only females become nurses and those males who did so must be gay.

**Perceived discrimination**

International students are vulnerable to discrimination, and interestingly, most respondents in this study used their friends’ experiences in reply to the questions relating to discrimination. For example, they described how their friends or a group of people in general were treated unfairly by their lecturers in the University. A case in point was described by a Chinese student, who talked about how lecturers treated local students better and spent more time with them as well as treating them more congenially. The word used was “smiling” while talking to local students, whereas the countenance was unsmiling, impatient and aloof with international students. The situation was the same with clinical facilitators. Another student recalled how, to her embarrassment and dismay, she was cut off mid-sentence when she tried to ask a question in a tutorial class, with the lecturer telling her curtly that he had no time to answer her question but that they could talk about it later, and this was demoralising for the student. Since then, she had refrained from asking questions.

Both groups of students expressed concern about oral presentations, where the international students are clearly at a disadvantage. One student went so far as to suggest
that, given their poor pronunciation and diction, they were likely to fail in any event. For example, Kim (Nepalese) said, "The lecturer allocated one mark for English pronunciation in the marking criteria. I think that most international students will lose this mark automatically because we have accents anyway."

Another comment showed how a poor grasp of English made a student describe a patient incorrectly as a "mental patient" rather than as "one with a mental illness", as his lecturer preferred. When his teacher highlighted this mistake, his classmates burst out with derisive laughter. He wished that his teacher had rather pointed out his mistake privately to save him from humiliation. On the other hand, some other students claimed that they had experienced no discrimination. One suggested that working hard and being respectful of patients and others alike would gain respect in return and avoid discrimination. She said that despite making mistakes as a ward clerk, she was not unfairly treated. These comments point to the conclusion that discrimination exists but is not systemic.

Financial Difficulties

The issue which caused both groups the most concern was access to adequate finance. High tuition fees coupled with the strong Australian dollar added to the pressures. Most students had to find part-time work in order to make ends meet, and this may have adversely impacted on their studies.

High tuition fees

Tuition fees for international students are significantly higher than for domestic students. For example, to study the Bachelor of Nursing Degree at ACU, international undergraduate students pay $20,600 p.a. while domestic undergraduates pay $17,200 (Fee-Paying
Domestic) or $6,491 (Commonwealth Supported) per year (ACU 2013). The Australian Government contributes to the higher education of domestic students by funding Commonwealth-supported places, which are available at all public universities and some private approved providers. Students pay a student contribution for each unit of study they undertake as a Commonwealth-supported student (Department of Education, Employment and Workplace Relations, 2012). Adding to the financial stress for the two groups was the fact that some students’ families had taken loans to send them to study in Australia and that these loans had to be repaid. As a result, students had to watch their expenditure very carefully and sought to augment their finances by taking part time jobs. The situation was aggravated by foreign exchange restrictions in Nepal, which prohibited large remittances to foreign countries, so tuition fees had to be remitted in small batches of AUD 2,000.

**High value of the Australian dollar**

Both the Chinese and the Nepalese students drew attention to the relatively high value of the Australian currency and its effect on their families. Many students indicated that they did not want to spend their home country’s currency in Australia because of the unfavourable exchange rate. They rather sought part-time jobs as soon as possible after arrival in Australia, in order to earn enough to cover their fees and living expenses. For example, Mia, Nepalese, said, “Most Nepalese students are from an average income earning family. The exchange rate was 1:70 between an Australian dollar and a Rupee in 2009. If our parents send Rupees to pay our fees here, there will be a crisis in the family back home. We have to work to earn Australian dollars to pay our own bills.”
Part-time employment issues

The requirements of the part-time employment, which most students needed for financial support, reduced the time needed for their studies, and some students had failed for this reason. Some were also preyed upon by unscrupulous employers, who took advantage of their predicament to pay them below-award wages. One student said that she had to endure long hours and a low wage of S$8 per hour. Another even failed to find a job despite seeking one door-to-door. Still another had to endure shift work at odd hours, as she feared her refusal to do so would see her without a job. Among the Chinese student respondents from Study B, a few lucky ones were well supported by their families and did not have to work at all, but no Nepalese fell into this category.

Accommodation difficulties

Financial pressure added an extra dimension to the students’ daily lives, forcing them to seek less than ideal or shared accommodation, both of which presented their own problems. Even living with relatives caused its share of difficulties. A Chinese student who lived with her brother and his family was subtly coerced into watching over her brother’s child at night or doing domestic chores, after a long day of study and part-time work. Those sharing accommodation with strangers faced still other problems, like a lack of privacy and conflicts with co-occupants over space and shared utilities.

Theme Two - Depressive Signs and Symptoms

Both the Chinese and the Nepalese students displayed only a mild degree of depression, according the quantitative results (see Chapter 6), but several students reported having
some signs and symptoms associated with depression. Examples included feeling sad or low or hopeless, being sleepless, lacking concentration or energy or motivation, suffering fatigue or loss of appetite or feelings of worthlessness or excessive guilt, crying, and even having suicidal thoughts. The causes of these symptoms varied but mainly related to financial pressure or failure to obtain an appropriate IELTS score or personal relationship problems. Su (Chinese), for example, was almost driven to self-harm when her computer broke down during her examination period and she had to have it repaired at a cost of $400. Even after it was repaired, the laptop broke down again, which compounded her problems. She said, "I could not find any money to fix the laptop again. The rental was due and other bills arrived. I was mad, sad and depressed. I asked myself why my life was full of hardship. I wanted to jump from Sydney Harbour Bridge." Ultimately what stopped her from suicide was her overpowering desire to live and have children.

Another issue which contributed to students' depression was the policy change in nursing registration. The raising of the standard for the IELTS tests (to a score of 7.0) as a pre-requisite to nursing registration heightened the prospect of failure significantly for some students, and they reported loss of sleep and appetite, anxiety, and a sense of hopelessness, with a few resorting to drinking. Several students like Qi Qi (Chinese) tried the IELTS test a couple of times but failed to achieve the required score for each band. She said, "After failing the IELTS test twice, I became very nervous. I felt hopeless and went drinking with friends who had the same concerns and problems as me. I got drunk several times."

A few students reported having depressive symptoms because of a broken relationship. For example, Cici (Nepalese) was not able to normalise her life six months after ending the relationship with her boyfriend. She said, "I am still sad about this. I
cannot concentrate on my study. I have not slept well for many months. I don't have any trust in men. I am staying alone now."

Theme Three - Coping Strategies

In order to substantiate the findings of the quantitative data, the researcher wished to understand which strategies the Chinese and the Nepalese students adopted in accordance with the following eight subscales of WOC, as a means to identify themes from the interview data in relation to coping strategies.

Problem-focused Coping

Confrontive coping

This refers to aggressive attempts to change the situation, possibly characterised by some hostility and risk-taking, but this approach was not exhibited by either group of participants. For example, Kim (Nepalese) expressed the view that she preferred to choose to accept a situation as her “fate” or “bad luck” (distancing) rather than to challenge or question (confrontive coping) her boss when there was a conflict between her and the shop manager.

Planful (or planned) problem-solving

This refers to the deliberate use of problem-focused means to change the situation, based on analysis. This approach was commonly adopted by both the Chinese and the Nepalese students when dealing with stress caused by academic difficulties. For example, when Qi (Chinese) experienced problems in her academic work, she found her own solutions by
spending time practising the pronunciation of medical terms because this was one of her weak areas, and she sought help from her academic skills’ advisors about her assignments. **Hua** (Chinese) found it difficult to balance her part-time work and study, and she became stressed after receiving poor scores. She decided that she had to stop working part-time and allocate more time for study, and as a result she was able to obtain better results.

Some of the Nepalese group also actively adopted planful problem solving coping when facing academic difficulties. **Sharon**, a 3rd year Nepalese student sought help from academic skills’ advisors regularly, for grammar, vocabulary, essay structures and referencing, and as a result, her writing improved.

**Seeking social support**

Seeking help from their friends and family when they were stressed was the most commonly used coping strategy by both the Chinese and the Nepalese students. Some students preferred to talk with their friends rather than their parents, for fear of worrying them. If they did talk with their parents about their problems later, they would tell them only the positive side of the story. According to **Feng** (Chinese), “*Telling my problems to my parents back in China will increase their stress level because they don’t fully understand my situation here and cannot help me much. I only report good news to them, like, I passed my subjects.*” Many Chinese students like **Zhen** believed that “*friends’ support is more important for coping.*” However, if the student lived with their spouse in Australia, they would choose their partner to talk with first. **Lily** (Chinese) explained, “*Talking daily to my husband is my main coping strategy. He is my sole support.*”

Since there were more married couples in the Nepalese group than the Chinese group, the Nepalese students shared their concerns with their respective spouses first, while
otherwise adopting the same coping strategies as the majority. A few Nepalese students (no Chinese participants) also mentioned that they sought financial help from their relatives in Australia when tuition fees were due, and that this was regarded as important for them to continue their studies. They would pay back the borrowed money gradually from their part-time work salaries. One student, Kristy (Nepalese), explained, “My cousin paid my tuition fees first using his credit card and he got repaid over six months.”

Emotion-focused Coping

Distancing

Some Nepalese students used strategies to detach themselves from a stressful situation or minimize the importance of the situation. For example, in referring to the break-up with her boyfriend, Cici said, “I tried to forget what happened to me or tried to think this is a common thing for many people.” Mia, another Nepalese student, had difficulty finding a job and felt desperate: “I don’t do anything about it if the situation is beyond my control. I bet that my luck will return to me soon.” The Chinese students, however, did not report any similar experiences.

Escape - Avoidance

Several students, both Chinese and Nepalese, adopted various strategies in order to overcome their problems, such as listening to music, indulging in food or alcohol, sleeping more than usual, isolating themselves, crying, and practising yoga or meditation. Lily, a 38 year-old Chinese student working part-time as an Assistant in Nursing (AIN) in a hospital, experienced most stress at her work, because of the high level of responsibility and her workload. She de-stressed by listening to music or reading Chinese novels in her leisure
time. Chun Tao (Chinese), who had difficulty with academic writing, her clinical placement and her part-time work, logged on nightly to QQ (a popular website for chatting among the Chinese) and watched TV programmes and movies to de-stress. A few students like Qi Qi (Chinese) used alcohol to soothe her mood, and Kim (Nepalese) increased her smoking because of her stress from study.

Accepting responsibility

Several students, both Chinese and Nepalese, acknowledged their own responsibilities in coming to study in Australia and therefore were expecting to face problems or be affected by stress. Those students not unexpectedly solved their own problems by focusing on achieving their goals. Qing (Chinese) said, “I made the choice to come to study here. I have to learn new things and try to catch up on my English quickly.” John (Nepalese) explained, “I have not only to work hard to pay the fees by myself but also to study hard to pass all the subjects without failing.” Kristy (Nepalese) commented, “I have chosen this path. I don’t have regrets and will do my best to achieve my goals.”

Self-controlling

A few students felt that they could manage independently if they were in a stressful situation. Mei (Chinese) said, “I don’t talk to anybody about my problems. I will solve the problems by myself.” Xiao Jia (Chinese) emphasised that self-reliance was her solution to stress related to her study, “I will try to focus on my study and get more sleep. I normally keep things within myself and seldom seek help from others. I believe that I have to help myself. No one else can help me except myself.”
Sean (Nepalese) said: "I do 15 to 20 minutes meditation on a daily basis and I will forget all the negative things that happened to me during the day."

Positive reappraisal (including religion)

It seemed that more Nepalese students used this coping strategy than Chinese students. Some of the Nepalese students tried to create positive feelings by concentrating on religious practice when they became stressed. Sharon (Nepalese) said, "Yes, we believe in God. It is important to worship our God. People will show their respect for us. Going to a temple is to show our identity to others, e.g., we don’t eat beef. If people know we are Nepalese, they will show respect for our choices." A majority of Chinese students (88% in the interview group), on the other hand, did not have any religion. One Chinese student, Hua, expressed her disbelief at the idea of religious help: "I think going to church to me is too artificial and cannot solve my problem." But Bei Xin (a Chinese and Catholic) went to a church every Sunday to seek spiritual support, which she said was important to her.

Theme Four - Students’ Feedback and Suggestions to the University

In the last section of the interview, after approximately 45 minutes of conversation, most participants were observed to be sufficiently relaxed and engaged with the researcher to provide candid comments and constructive suggestions about their course and experiences at the University, in the hope of improving conditions for future international students.
Teaching and Learning

Teaching hours

Many students felt that the curriculum should allocate more time for lectures and tutorials. Diana (Nepalese) said, "I wish the lecture time is longer than one hour. It should be extended to 2 or 3 hours. We are new here. There is so much to learn. I hope the lecturer could spend a longer time with us and explain the content in more detail. I also wish the tutorial could be longer to cover more topics."

Additional support for first year students

Students wanted more support for first year students, including local students, especially in academic writing and computing skills. Li Mei (Chinese) said, "If there are more academic writing workshops provided, we will benefit from them." She also suggested that the workshop time could be accessible to the majority of students, e.g., at lunch time, and that more nursing-related topics should be used in the workshops. Bella (Nepalese) agreed that first year students need extra help: "I wish there would be free sessions during the first year for instructors to teach us computer skills such as word processing, insertion of tables or pictures in the text, and making a PPT."

Lecturer delivery

Some students said that some lecturers' accents limited their comprehension. Li Mei (Chinese) commented, "I have found that our lecturers at ACU have different accents in speaking English. Some students complained about a few lecturers who speak with an Indian accent. It is hard to understand them." Students wanted lecturers to spend more
time explaining assignments in the classroom and provide more appointments to students who need help in writing assignments. Li Mei explained that the reason for this was because “many international students are too shy to ask questions. There is a risk of misunderstanding the topic.”

Lecturers are expected to assert their authority more often in the classroom to make sure students complete the tasks assigned. Feng (Chinese) said, “Our lecturers are too flexible or easy-going with students. Some students take advantage of this. They just want to get a pass and don’t study hard. If the lecturers could push students a bit harder, I think they could do much better.” Similarly, Wan Yan (Chinese) hoped that lecturers could be more diligent: “Students could easily get through the lab session without participating in anything. The lecturers do not check the students’ performances but only collect the attendance sheets.”

Lecturers should be aware of international students’ characteristics and needs, and use appropriate approaches when communicating with those students. Qi Qi (Chinese) said, “The teachers should be more patient with international students and provide more encouragement to us. Many of us are shy to talk in the class. Sometimes if the teacher speaks too fast and the student could not respond to the question quickly enough, the teacher has already left the classroom.”

The University should review the quality of teaching of lecturers as some lecturers were reported to be not doing a good job by the students. According to Lyn (Nepalese), “Some lecturers just read through the slides without elaboration and we didn’t understand the content of the lecture at all.” Sean (Nepalese) suggested, “The University needs to ask students to give feedback on every teacher’s performance,” so that the quality of teaching will be monitored and maintained.
Clinical placement issues

Lily (Chinese) pointed out that the University should protect students’ interests, “In one particular hospital, our students were treated as labourers. We did most things like answering the buzzer, cleaning patients, taking obs (observations) on clinical and didn’t have opportunities to learn what we were supposed to learn, like dressings and injections. I hope our university would protect students’ rights and interests and conduct regular conversations with the hospital to make sure that we achieve our learning objectives.”

Sandra (Nepalese) suggested that international students should be given priority in clinical placement allocations because of “the time limit imposed by their visas.” Bei Xin (Chinese) wanted the University to consider international students’ language needs and provide more opportunities for them to succeed, rather than failing them too quickly, “Many international students have failed clinical placements. I wish the University could provide us with more chances (e.g., not failing too many students) and allowing us to improve our English by looking at our performance over a period of time. After all, English is our second language, it is impossible to speak it as fluently as the native speakers. We need time to improve.” SaSa (Chinese) felt that the University should not make students responsible for finding a placement, and especially international students, “We are not familiar with places in Sydney. Sometimes, we just don’t know where to go to find a clinical place. This has become a big stress for us.” Lin Lin (Chinese) expressed her frustration, “I was very disappointed by the clinical allocations. If I have friends who want to study nursing in Australia, I will not recommend this university to them.”
Chapter 7: Phase - C

Control of enrolments

Some students expressed concern about the number of enrolments in the University, after experiencing difficulty in obtaining a clinical placement. According to Wei Wei (Chinese), "The University should control the number of enrolments each year according to its capacity. If the University is not able to cater to so many students, please don't offer so many enrolments; otherwise, the quality of teaching and services will be compromised." Yi (Chinese) after observing her friends fail some subjects, was concerned about maintaining academic standards, "It could be that the University may have taken too many international students whose English standard is not very good. The university should stick to the requirement of IELTS 6.5 for nursing enrolments. If there is an increase in the English standard (e.g., IELTS 7.0) for enrolment, the students' study results will be different."

Additional Resources and Support for Students

Many participants felt that there was a need for additional resources for students, such as help in finding a part-time job, more reference books to be available in the library, more social gatherings for international students, and on-campus facilities such as Automated Teller Machines (ATMs) and sports equipment.

Assistance in finding part-time employment

Yu Xiao (Chinese) thought that the University should assist students to find part-time employment because "the tuition fees are very high." She wanted to make some money to support herself and to reduce the financial burden on her family.
Library services

Some students felt that more resources were needed in the library. Hua (Chinese) said, “The library is small. The books are not enough. A two-hour loan for the reserved books is not enough. More copies of text-books are needed.” Kristy (Nepalese) supported Hua’s idea using this experience: “I remember, for one assignment, the lecturer asked us to use one reference book from the library. Unfortunately there was only one copy on the shelf. There were more than 200 students who were preparing for the assignment. We had to fight for the reference book.” Kim (Nepalese) added, “I would like more computers in the library for students.”

Extra activities

Students, both Chinese and Nepalese, hoped that the University could organise more social gatherings for international students, like a Cultural Day, which would provide opportunities for them to get to know other students. They would like to have some activities which involved local students so that international students would have opportunities to work with them and make friends.

On-campus facilities

Students pointed out that there needed to be more facilities on campus. For example, there was only one canteen; the variety of food was limited; it was expensive; and students did not have an alternative. The small size of the campus meant that there were no sports facilities except a table tennis table (which doubled as a billiard table). Students hoped that the University could organise some off-campus sports events for them, such as soccer or
cricket. Some students suggested that there should be at least one ATM available for students on campus.

**Conclusion**

This chapter has reported the findings of the qualitative study conducted in Phase C. Four major themes were identified with guidance from the theoretical frameworks, namely acculturative stress, depression, coping and students' suggestions to the University. The categories and subcategories of each theme were also analysed to show that both the Chinese and the Nepalese students had similar stressors and that these included academic difficulties, financial pressure and cultural issues. The Chinese students experienced more stress in relation to their English proficiency; the Nepalese students, on the other hand, had more stress from their financial burdens. Both groups encountered difficulty making friends with local people, but the Nepalese encountered more difficulties in this regard, possibly due to cultural influences. A small group of participants, both Chinese and Nepalese, reported that they were treated unfairly by the lecturers and by the employers at their part-time work. Some students, both Chinese and Nepalese, also reported depressive symptoms, such as feeling hopeless or lonely, suffering loss of appetite, lacking energy, and having difficulty sleeping. A few participants had suicidal thoughts because of financial pressures, failing to achieve an appropriate IELTS score, or a broken relationship.

The Chinese and the Nepalese students not only adopted similar coping strategies in general, such as seeking social support, planful problem-solving, and self-controlling (or management), but more revealingly, they had not adopted the confrontive type of coping. The most popular coping strategy adopted by both groups was seeking social support, with
the Chinese students relying more on their friends’ support, while the Nepalese students valued their family members’ support more. The Nepalese students used religious practice often to ease their worries; however, this coping strategy was rarely practised by the Chinese group. “Distancing” was another common coping strategy adopted by the Nepalese group, according to the interview data. Finally, all the participants willingly provided their comments on their study experiences at the University. They also gave useful suggestions to the University for future improvements, such as longer teaching hours, more support for first year students, and a request for an improved clinical placement system.
CHAPTER EIGHT

DISCUSSION

Introduction

The current study investigated the factors contributing to acculturative stress in a sample of Chinese and Nepalese students. As explained in Chapter 4, there were three phases in the study, Phase A used a quantitative approach to investigate the Chinese international nursing students’ acculturative stress and sense of coherence. A mixed methods design incorporated questionnaires (Phase B) and face-to-face individual interviews (Phase C) to compare the Chinese and the Nepalese international nursing students’ acculturative stress, depression, sense of coherence, social support and ways of coping (the five outcome measures). Phase A was a preliminary study, its findings being reported in Chapter 5. The current chapter will focus on the findings of Phases B and C, presenting the results of both the quantitative and the qualitative studies in the context of the existing literature and the underlying theories.

The chapter comprises six sections, the first of which describes the characteristics of the participants. The second and third sections discuss the findings in response to the first two research questions: the level of, and differences between, the first-, second-, and third-year Chinese and Nepalese students in respect of the five outcome measures. The fourth section discusses the correlations between the five outcome measures, and the fifth section discusses the predictors of acculturative stress. The last section discusses the strengths and limitations of the study, its implications for practice, and recommendations for future research.
Chapter 8: Discussion

Links between the Current Study and the Theoretical Frameworks

A statement of how the theoretical frameworks shaped the current study will help to explain the findings. The three theories underpinning the current study were those of Acculturation, Sense of Coherence, and Ways of Coping. Berry et al.’s Acculturation model (1987) provided the foundational theoretical framework for the study in combination with theoretical models of Coping and Sense of Coherence, in order to explain the sample students’ acculturation experiences. The students’ stress reactions to a new cultural environment have been characterized as “acculturative stress”, and include perceived discrimination, homesickness, perceived rejection by members of the host culture, and stress due to change (Sandhu & Asrabadi, 1994). When acculturative stress aggregates, it affects an individual’s psychological well-being negatively, and unresolved or sustained stress can lead to depression (Wasserman, 2011). Sense of coherence, considered an important coping mechanism, refers to a person’s ability to comprehend a stressful situation and the capacity to use available resources to cope (Lingdström & Eriksson, 2005b). Sense of coherence also mediates the affect of depressive symptoms (Ying et al., 2007). Hence, a person with a strong sense of coherence is more resilient in coping with stress (Blom et al., 2010). Coping Theory (Lazarus & Folkman, 1984) guided the investigation of the coping strategies which students adopted when they encountered a stressful event, by adopting either a problem-focused or an emotion-focused strategy, or a mix of both. The findings of the current study will contribute to the body of knowledge on acculturative stress and inform university policies in supporting international students.
Chapter 8: Discussion

Section One - Characteristics of the Participants

Demographic Characteristics of the Surveyed Participants (n = 187)

The sample in Phase B consisted of 187 participants (n = 82 for the Chinese, n = 105 for the Nepalese), of which total 158 (84.5%) were female and 29 (15.5%) were male (nursing being historically a female dominant profession). Chi-squared tests applied to the data revealed significant differences in four variables including religion, accommodation status, previous qualifications, and IELTS scores.

The major religion in Nepal is Hinduism (Norman, 2001); this cultural feature is reflected in the characteristics of the Nepalese participants of the study. 90.5% of the Nepalese participants were followers of Hinduism, while 74.4% of the Chinese participants did not have a religion, and China is officially regarded as an atheist country (Stanford, 2001). Religion was also the only predictor \( (p < .001) \) of acculturative stress among the demographic variables. Religions offer ranges of resources that contribute to psychological well-being (Ellison & Levin, 1998). For example, religious teachings and practices can affect individual behaviours and help to lessen the risk and impact of stressful events. Religion can also enhance feelings of self-worth and self-sufficiency, and positive emotions such as forgiveness, optimism, and gratitude (Ellison, Roalson, Guillory, Flannelly, & Marcum, 2009).

More Nepalese students than Chinese had obtained qualifications before arriving in Australia. While 73% of Nepalese had completed a nursing course (such as the Proficiency Certificate in Nursing) in Nepal, 54% of Chinese students had no prior qualifications.
From the interviews, it was found that many Chinese students came to study in Australia after completing either their high school certificate or one year of a degree-level course in China. Most Chinese students required a short English language course after arriving in Australia.

The IELTS is a standardised test that offers a means of monitoring the progress of ESL students towards attaining the minimum English skills standard for nurse registration and the capacity to meet the language demands of studies in a degree programme (Harper, Prentice, & Wilson, 2011). Most Australian university nursing programmes have typically required international students to have an overall IELTS score of 6.5, with a minimum of 6.0 in any band, for admission into a BN course (Glew, 2013). Some universities have raised this requirement to an overall IELTS score of 7.0, with a minimum of 6.5 in any band (ACU, 2013b; Griffith University, 2013). Alternatively, students could enrol in an English for Academic Purposes (EAP) course at a recognised English college, which is deemed equivalent to an IELTS score of 6.0, and this was the case with some participants in the current study; on this basis, the reported IELTS scores varied from 5.5 to 8.5. In general, more Nepalese students attained higher IELTS scores than the Chinese group, and this could be due to the fact that Nepalese educational curricula have a stronger focus on English. Many Nepalese students reported that they had studied in private schools in Nepal, where English was the medium of instruction. By contrast, the Chinese students had not had the same amount of exposure to English, having studied less English in China (e.g., one English subject per term). Their opportunities for practising spoken English and listening to it were limited, according to the interview data, so that English could be termed a foreign language to the Chinese students, while it was a second language for most of the Nepalese.
Chapter 8: Discussion

Demographic Characteristics of the Participants Interviewed (n = 53)

The interview group consisted of 53 participants (33 Chinese and 20 Nepalese), and this proportion was different from that of the questionnaire survey (105 Nepalese and 82 Chinese). This difference can be explained by the fact that the Chinese students were involved in the current study twice (Phase A in 2008 and Phase B in 2010). As they were aware of the ongoing research, it seems that they were keen to follow up on it, while the Nepalese students were involved only once, in Phase B in 2010.

Reasons for Studying Nursing in Australia

The interviewees were specifically asked this question because research has shown that academic motivation relates positively to course grades (Struthers, Perry, & Menec, 2000). If a student is highly motivated towards study, she or he would be most likely to overcome difficulties with greater ease. The researcher was interested to obtain details of motivations during the interviews because the questionnaires used in the quantitative phase did not have a question with this focus. This information could also be relevant to university policies. The findings of this aspect of the interview data showed that both the Chinese and the Nepalese students had similar reasons for choosing Australia as their study base, although there were a few differences in personal circumstances. The two common reasons were career development and possible migration. Even though the idea of migration was a strong motivation to study well and succeed, it also caused stress, and the students’ migration concerns will be only discussed in a subsequent section (p. 174). The following sections address the study’s research questions.
Section Two - Levels of, and Differences in, the Five Outcome Measures between the Chinese and the Nepalese Students

Acculturative Stress

The mean scores of the ASSIS were 94.17±21.9 for the Chinese students and 106.23±22.4 for the Nepalese students and indicated a high level of acculturative stress, compared to Zhang (2012) who reported a mean ASSIS score of 84.4±23.6 in a sample of 236 Chinese international students in the United States; Constantine et al. (2004) reported a mean ASSIS score of 81.39±24.66 in a sample of 320 international college students from 33 countries (African, Asian, and Latin American) in the United States; and Bhandari (2012) reported a mean score of ASSIS 87.02 ± 18.97 in a sample of 130 Nepalese students in South Korea.

One of the reasons why the students in the current study had a higher ASSIS mean score than these published studies could be because of differences in the students’ characteristics. For example, Bhandari’s (2012) sample consisted of 130 Nepalese undergraduates (5.4%), postgraduates (Master’s students, 24.6%), PhDs (70%), and one student pursuing a language course in South Korea, and they were students who had been residing in Korea for over three months. The majority of the participants were male (79.2%) and married (64.3%); they were majoring in Engineering (21.5%), Natural Sciences (64.6%), Humanities and Social Sciences (10%) and various inter-department programmes (3.8%). Most importantly, they were supported financially with scholarships awarded by the Korean and Nepalese governments, or by university scholarships, with only 4.6% of the participants self-supported. This is in contrast to the current study where most of the Nepalese participants were single, female, undergraduate nursing students, with none supported by a scholarship. Bhandari (2012) noted that cultural factors could have
influenced the findings in that Nepalese men, who are generally the dominant gender in their society, may have been hesitant to report their perceived stress. These factors could have contributed to the higher level of acculturative stress in the Nepalese students in the current study.

Similarly, a comparison with Zhang’s (2012) sample indicates demographic differences. Zhang’s study, which used a sample of 236 Chinese international students at a US college, shows a fairly balanced gender ratio (127 male and 108 female); 50% (n = 118) were Master’s degree students, 22.9% (n = 54) PhD students, and 25.8% (n = 61) undergraduate students, mainly in Engineering and Computer Science. Their English levels were recorded as TOEFL 100-120 (IBT/PBT) for 24.2%, 90-99 for 40.7% and 80-89 for 23.3%, below 79 for 5.1% of the participants (TOEFL = Test of English as a Foreign Language). A TOEFL score range of 79 to 93 corresponds to an IELTS score of 6.5 (ETS, 2013). Of the participants, 69.5% indicated that they felt comfortable using English; 9.7% were very comfortable; and 20.3% felt not comfortable at all. 59.3% were family funded and 30.9% funded by the university. In summary, the Chinese students in Zhang’s (2012) study had a better English foundation (with high TOEFL scores), were at a higher academic level (72.9% post-graduate students), and had better financial support, and this combination of factors might explain their levels of acculturative stress being lower than those of the Chinese students in the current study.

There is a slight difference in the ASSIS mean scores between Phase A (98.32±21.86) in 2008 and Phase B (94.17±21.9) in 2010 of this project, and this could be due to recent changes in nursing registration policy in Australia. As mentioned in Chapter 5, an important factor that impacted on all third year international nursing students was that the Nurses and Midwives Board of New South Wales had raised the IELTS English
language requirement for nursing registration to a score of 7.0 overall, and we note that the mean of the ASSIS (105±22.40) of the third year students in Phase A was the highest among the three academic years.

The qualitative results further explain why the Nepalese students' acculturative stress was higher than that of the Chinese group. According to the interview data, acculturative stress was associated with three major themes, namely academic difficulties, financial pressure and culture-related issues. It seems that the Nepalese students, in general, reported more stress due to financial pressures than the Chinese students. Many Nepalese students remarked specifically on the high level of tuition fees, which added to the heavy financial burden for them and their families. Some students said that their families had taken loans in order to send their children to study in Australia. Furthermore, at the time of the study, the exchange rate between the Australian dollar and the Nepalese rupee was very high, which further aggravated their families' financial pressure. In order to relieve some of this pressure, many students undertook part-time employment. Although the Chinese students also experienced financial pressure, some were amply supported by their families and were not required to work part-time.

According to the United Nations' (2009) report, Nepal is one of the poorest countries in the world, with 55% of its population living below the international poverty line of US$1.25 per day. Bhandari (2012) has pointed out that the majority of Nepalese students are dependent on scholarships provided by the host government or the host universities when they go for overseas studies. However, none of the Nepalese participants in the current study was on a scholarship. During the interview, almost every Nepalese student highlighted their financial concerns.
Culture-specific difficulties may also have caused the Nepalese students to experience a higher level of acculturative stress than the Chinese in that the Nepalese students were found to have more difficulty making friends and moving beyond their own cultural circle than the Chinese group, and this attitude could have been influenced by Nepalese culture. For example, the Nepalese students had a strong religious orientation and for this reason tended to keep within their own group, so that their cultural beliefs could have influenced their choice of friends. Furthermore, as the study site (a campus of ACU) is located in a metropolitan area, not far away from the Sydney Central Business District and the large Chinatown, the Chinese students may have had ready access to potential community support; in contrast, the Nepalese population is small and dispersed.

Another factor which caused high levels of stress to both the Chinese and the Nepalese students was English proficiency. The Chinese students, in particular, had more problems with pronunciation and grammar in spoken English; they often lacked confidence speaking in public; they had difficulty understanding Australian accents; and they tended to remain quiet in class. Although the interview data showed that the Nepalese students had a better English foundation and fewer concerns about language issues, they still had difficulty with academic writing (e.g., referencing).

Both the Chinese and the Nepalese students encountered difficulty with the different teaching and learning styles in Australia, with referencing, and with writing essays. They demonstrated a dependency on their teachers' knowledge, and suffered from absenteeism in class for subjects they disliked. These findings are consistent with the current literature (Lin & Yi, 1997; Hughes, 2005; McCoy, 1996; Nicholson, 2001; Park, 1998; Ramsay et al., 1999; Robertson et al., 2000; Turner, 2006; Yeh & Yang, 2003).
Chapter 8: Discussion

One finding of the current study was that the students were concerned about opportunities for future migration, and registration with the Nursing and Midwifery Board of Australia (NMBA) and an IELTS score of 7.0 are two key requirements for successful migration to Australia. Immigration concerns have been reported from other research (e.g., Sandhu & Asrabadi, 1998), but the more recent IELTS requirement has not generally been reported. The responses of both the Chinese and the Nepalese students indicated that the IELTS 7.0 score requirement was a significant cause of stress.

Edgecombe, Jennings, and Bowden (2013) reported that there was sparse research into international nursing students and their experiences in clinical practice settings because publications focused more on English language proficiency issues. The current study found that the Chinese students feared being assigned to clinical areas because they felt that they were not adequately prepared with the requisite clinical knowledge and skills. They were also concerned about their English communication skills. Some were afraid of the facilitators because they were “tough”. Stereotyping by facilitators was identified as an issue in that international nursing students generally were judged to have poor English, to lack competence in clinical skills, and to lack enthusiasm. For their part, some students complained of insufficient supervision of clinical practice, and some of the Chinese students had failed a clinical component. Stereotyping has been reported previously by other researchers; for example, American clients perceived female Arab-Muslim students as “terrorists”, which stressed the students tremendously (McDermott-Levy, 2011). The stereotyping identified in the current study was mainly concentrated on the students’ ethnicity and English language skills.
Chapter 8: Discussion

A serious clinical problem identified in the current study related to clinical placement allocations. Almost all the participants had stressful experiences in obtaining a suitable clinical placement (e.g., location, date and specialty). This could be a regional problem in that there are too many universities and nursing students in Sydney, so that demand for clinical placements exceeds supply.

Discrimination was also reported by both the Chinese and the Nepalese students in the form of their lecturers' negative attitude towards them; examples included spending more time talking with the local students in class, and being impatient with and stereotyping the international students. It has been reported in some published literature that international students were alienated by domestic minority students (including American-born Asians) (Poyrazli & Lopez, 2007; Ying, Lee, & Tsai, 2007).

Sense of Coherence

The results of Phase B showed that the Nepalese students had a low level of SOC (54.01±10.7) and that the Chinese had a moderately low level of SOC (58.38±9.7). As there were no available published studies of the same groups for a close comparison, the results could only be compared to those of other international students. Grayson (2008) reported a SOC mean of 56.7±11.7 in a sample of 1,425 first year students (both international and domestic) at four Canadian universities. In that sample, 51% of the participants spoke English as a first language. Regardless of the differences in the characteristics of the sample, Grayson’s (2008) sample SOC score fell between the Chinese and the Nepalese students’ scores in the current study. For a closer comparison, it is useful to compare the results with Pallant and Lae's (2002) Australian community sample (n = 258, mean 60.8±11.7) and Mahammadzadeha, Poursharifib, and Alipoura’s (2010) sample
of Iranian undergraduate students (n = 400, mean 58.08±12.63). The two means of SOC reported, and especially the Iranian group’s result, were higher than that of the current Nepalese students but close to that of the Chinese students. Before attempting to explain why the Nepalese students had a lower level of SOC than that of the Chinese, it is useful to review the concept of general resistance resources (GRRs) in SOC Theory.

Sense of coherence is the ability to comprehend the whole situation and the capacity to use the resources available to cope (Lindström & Eriksson, 2005b). As explained in Chapter 3, general resistance resources (GRRs) such as materials (i.e., money), knowledge, ego, identity, coping strategy, social support ties, commitment, cultural stability, religion, and a preventive health orientation, will help a person cope effectively (Antonovsky, 1987).

The qualitative results of the current study showed that the Chinese students were more flexible in selecting friends, compared with the Nepalese, who had a tendency to remain within their own group. In terms of coping, the Chinese group used problem-focused coping strategies more often, while the Nepalese would more likely use emotion-focused coping. The Chinese students also had a much lower level of acculturative stress than the Nepalese group, possibly implying that the Chinese students could comprehend the whole situation better, see the meaningful side of trying to resolve the problem more positively, and make more effort to use available resources (like social support) to cope. This combination would predict a high level of SOC, and in addition, the Chinese students had more opportunities to connect with social networks given the larger concentration of Chinese people in Sydney. This social integration reflects cohesion in a person’s social support network, which in turn has been postulated to enhance a person’s sense of coherence (Antonovsky, 1979, 1987).
Chapter 8: Discussion

Religion is arguably an important GRR which could help the Nepalese students cope with stress. Although the majority of the Chinese students were non-religious (n = 61, 74.4%), some of them identified as Catholic (n = 4) and other Christian (n = 7). From the qualitative data, two participants had converted to Christianity after they had visited churches and made local friends in Australia. It seemed that the Chinese students were more open and flexible towards new things or opportunities in life and more willing to establish their social networks quickly. This is also reflected in the results of social support networks (SSN) (a mean of 12±8.2 for the Chinese and 10.36±7.7 for the Nepalese). The qualitative data showed that many Nepalese students were constrained by their religion and social caste system. They did not feel that they had full freedom to choose their spouses or life partners because they had to take their family’s opinions into consideration when making such decisions.

Depression

The results showed that both the Chinese and the Nepalese students suffered minimal depression. The mean scores of BDI-II were 9.44±8.2 (Chinese) and 11.67±8.4 (Nepalese). According to the cut scores provided in the BDI-II manual (Beck et al., 1996), the range 0-13 of a total score represents minimal depression; the range 14-19 mild depression; the range 20-28 moderate depression; and the range 29-64 severe depression. Chang (2005) reported a mean of BDI-II (Chinese version) of 7.64±6.58 in a sample of 1093 Chinese college students in Taiwan; and Beck et al. (1996) reported a mean of 12.56±9.93 for college students in the BDI-II manual (p. 35). It is worthwhile pointing out that depression could be related to other factors, such as the family history (i.e., genetics), personality traits (e.g., having low self-esteem and being overly dependent), abuse of alcohol or drugs, and...
traumatic life events. However, the questionnaire of BDI-II does not include all these variables.

According to the qualitative data, both the Chinese and the Nepalese reported that they adopted actively seeking social support coping strategies, which was slightly different from the questionnaire results. The social support sources were mainly their friends and family members. Although the Nepalese tended to keep to their own group, this does not mean that they could not have effective social support. With the advancement of modern technology (like internet chats and Wi-Fi free calls), international students are now able to talk freely and frequently with their friends and family members at home. In addition, the Nepalese group has become the largest cohort of BN enrolments at the study site since 2012, followed by the Chinese, so that they could easily find other Nepalese students or friends on campus, and this immediate social network on campus could ease their feeling of “foreign-ness” in their new environment.

The interview data showed that both the Chinese and the Nepalese students had some depressive symptoms such as feelings of worthlessness or excessive guilt, of sadness, and loss of energy, appetite and concentration. The participants who displayed these symptoms were likely to have problems with their study (e.g., language difficulties), and with their clinical placement (e.g., fear of going to work), or difficulties finding part-time employment. A few of them even had some suicidal thoughts (see more in Chapter 7) because of financial pressure, failure to obtain a score of 7.0 in each band of the IELTS test, or personal relationship problems. These were similar to the causes of acculturative stress which have been mentioned already.

It is important to note that in Chinese culture, psychological problems are not usually described metaphysically (e.g., the soul moving downward), but are interpreted
through their physical manifestations (Zhang, 2012, Zhihuan, Wong, Ronzio, & Yu, 2007). When talking about depression in China, people tend to deny it or express it somatically as headaches, indigestion or insomnia (Leung, Cheung, & Tsui, 2012). Thus, in the current study, the Chinese students might not have revealed their real feelings and depressive experiences.

Social Support

The results of Phase B showed that both the Chinese and the Nepalese students recognised similar social support networks and levels of satisfaction with these social networks. The Chinese group had slightly more social networks (SSN Mean 12.33±7.3) than the Nepalese group (10.36±7.7), which was not a significant difference, but both groups reported similar levels of satisfaction with social support (SSS).

The interview data showed that both the Chinese and the Nepalese students turned firstly to their friends or family members for help and support when they were under stress or facing serious problems. They regarded this as the most effective and convenient way to relieve their immediate anxiety and stress. This finding is consistent with the published literature (Misra, Crist, & Burant, 2003), where friends and family in home countries and other international students on campus are major sources of social support for international students in general. The current study also found that the students faced difficulties making friends with local students because of cultural differences, or a lack of desire for either party to get to know each other, or because there were too few local students in the same class. This result supports the finding of a study conducted by Sherry et al. (2010), that “absence of friendships with domestic students” was a major theme.

In terms of family support, both groups did not want to report bad news to their parents at home because they felt that their parents could not help much with their situation.
and would become anxious if they reported bad news to them. This finding is consistent with Heppner et al.'s (2006) report that Taiwanese students may refrain from seeking help from their friends or family at home because they do not want to burden them with their problems or because they feel ashamed.

**Ways of Coping**

The findings of the quantitative data showed no significant differences in the value of the means of WOC between the Chinese and the Nepalese groups, although the Nepalese had a slightly higher mean score of WOC (105±29.4 for the Chinese and 111.09±24.3 for the Nepalese students, \( p = .197 \)). Coping is a multi-dimensional concept, and due to the limited scope of this thesis, it is possible to discuss only a few key issues arising from the quantitative and qualitative findings. Firstly it is important to compare the current study findings with the existing literature. Secondly, the researcher will discuss the most- and the least-used coping strategies identified from both the quantitative and the qualitative data, namely, (1) planful problem solving, the favourite coping strategy reported by the Chinese in the interviews; (2) positive reappraisal, the most common coping strategy used by the Nepalese; (3) seeking social support, the most frequently mentioned coping strategy by both groups in the interviews; and (4) confrontive coping, the least-used coping strategy. The researcher will explain, from a cultural perspective, why the Chinese and the Nepalese students rarely used confrontive coping.

The quantitative results showed that the Chinese students chose planful problem-solving coping strategies most frequently. This was reinforced by the interview data which showed that the Chinese students focused on the cause of a problem (e.g., academic writing
problems), worked on resolving the problem (e.g., by seeking help from academic skills advisors and reading more literature) and, finally resolved it (e.g., by revising their writing and completing the assignment successfully). The Nepalese students, on the other hand, appraised the situation positively and sought religious support (e.g., praying to God for good luck and meditating for peace of mind) when they were coping with stress. The findings of the current study are inconsistent with the literature; for example, Bjork et al. (2001), and Khawaja and Dempsey (2008) reported that students from an Asian culture were more likely to use maladaptive coping strategies, such as repression, avoidance, withdrawal, resignation, and acceptance of fate. A way to understand better the methods of coping chosen by these students is to review the reasons why they came to Australia to study in the first place.

Most students came to Australia for two primary purposes, to advance their future career and to plan for migration. Some parents (especially of the Nepalese students) borrowed money from relatives and friends or used their assets (e.g., property) as security for a loan to support their child’s travel to Australia. In light of this financial burden, a family’s expectation for a student’s success would naturally be high. Many students felt obliged to study hard as failure was not an option. Problem-focused (PF) coping strategies, which focus on the causes of the problem, seem to be effective in this acculturative stress situation. Many participants, especially the Chinese, utilised problem-focused coping actively in order to change a situation, rather than depending on emotion-focused (EF) coping, which regulates the stress feelings but does not correct the root causes of the problems (Lazarus & Folkman, 1984). There were still situations in which both PF and EF strategies were used by the students to manage their general stress.
The results showed that the Nepalese students tended to adopt positive-reappraisal coping more often when they were stressed, which was verified by the qualitative data. Many Nepalese students tried to create positive feelings by concentrating on religious practice, such as by visiting a temple or praying to God to gain power and support. This has been suggested by the Nepalese participants as their way of showing their identity and of gaining respect from others. Some Nepalese students carried articles of worship (e.g., a statue of a god) with them whenever they travelled, to make them feel safe. However, some Chinese students thought that such religious acts as going to church were “artificial” and that the only solution was self-help.

Seeking social support was the most sought-after coping strategy by both the Chinese and the Nepalese students in the interviews, a finding different from those revealed by the questionnaires, where seeking social support was ranked much lower in preference (i.e., third of eight by the Chinese and fifth by the Nepalese students). This could be explained by the fact that social support was a focus of the interviews. The sources of social support reported in the current study were mainly friends and family either in their home country or in Australia, and this finding is consistent with the literature. For example, Sawir et al. (2008) reported on a sample of 200 international students in Australia that 88% of the participants who felt lonely turned to social networks for coping. The sources of social support most frequently reported were friends in Australia (54%) and family members at home (34%). Moore and Constantine (2005) reported that people from collectivist cultures (like many Asian international students) tend to seek help and support more frequently from family members and close friends.

The results of the current study showed that the Nepalese and the Chinese students rarely adopted confrontive coping, which could be explained by cultural influences.
Chapter 8: Discussion

Confrontive coping refers to aggressive attempts to change a situation, possibly characterised by some hostility and risk-taking (Folkman & Lazarus, 1988). The use of confrontive coping has been linked to negative psychological outcomes for the individual engaging in confrontation (Folkman & Lazarus, 1988; Folkman, et al., 1986a). In contrast, Confucianism, which is an important aspect of Chinese culture, encourages people to be persistent and patient (Hodge, 2000). Taoism, another important aspect of Chinese culture, also influences Chinese people’s ways of coping, by seeking to change a chaotic situation to a harmonious one by letting nature take its course. A confrontational or adversarial approach is not normally adopted by Chinese students when dealing with a problem, so that obtaining support from a social network would be a better choice for them. The Taoist philosophy has been adopted by Chinese students elsewhere who find themselves in a crisis (Chen, Siu, Lu, & Phillips, 2009).

Similarly, Nepalese culture could have influenced the Nepalese students’ ways of coping. As noted in Chapter 2, Nepal is a male dominant society where women occupy a subordinate social position (Norman, 2001). Most women have little or no say about whom and when they marry, whether or not to bear children, and/or when and how many children to have, and this subordinate attitude could have been instilled in women since childhood (Puri, Tamang, & Shah, 2011). There were 89 female Nepalese students (84.8%) who participated in the questionnaire survey, and this female dominated sample could represent on aspect of inherited Nepalese culture in relation to coping, whereby female Nepalese students may show reluctance to employ confrontational or aggressive coping strategies. This was evidenced by some interview data when one Nepalese student said that her Nepalese identity was based on the colour of her skin and her different English accent.
Consequently, some Nepalese students preferred *distancing* to *confrontation* when faced with a stressful situation.

**Section Three - Differences in the Five Outcome Measures among the Academic Years**

The results showed that there were no significant differences in all measures among the Nepalese students in each of the academic years, but that there was a significant difference in the BDI-II ($p = .003$) for the Chinese students across the three years. The Post Hoc Tests showed that there was a significant difference in the BDI-II mean scores between the first-year (13.52 ± 8.72) and the third year (6.31 ± 7.21) groups. As mentioned earlier, all the participants in the current study suffered minimal depression. The difference in the measure of social support network (SSN) among the three academic years in the Chinese group was very close to significant ($p = .055$). The Post Hoc Tests' results showed that first-year students had the lowest SSN (Mean 9.43 ± 5.22), and this result could explain why the first-year Chinese students had the highest depression score among the three years, because they may not yet have developed adequate social networks or because there was too much stress to cope with in the first year (the first-years’ ASSIS was the highest and the third-years’ was the lowest, even though the difference between the years was not significant).

The qualitative data could explain this result better. Many students indicated in the interview that they were overwhelmed by language difficulties during their first six months in Australia. Having to cope with a foreign language, new study environments, new classmates, and new places to live were overwhelming conditions. They also had difficulty making friends, especially local friends. According to Helgeson (2003), the more social support an individual has, the better the quality of life and the fewer symptoms of depression an individual may have, regardless of the personal level of stress. Social support
Chapter 8: Discussion

is important to buffer stress and reduce depression. First-year students may not have had time to develop their social support network as their main concern was settling into a new country and into university life.

Section Four - Correlations between the Five Outcome Measures among the Chinese and Nepalese Students

Pearson’s correlation coefficients showed that there were significant correlations between the outcome measures.

Acculturative Stress versus Depression

Both the Chinese and the Nepalese groups showed that acculturative stress correlated positively with depression in that a student with a high level of stress is more likely to develop depression. Depression has been considered a negative indicator of a student’s psychological well-being and a possible outcome of stressful acculturation (Zhang, 2012). The study conducted by Stepore et al. (2007) showed that students from less individualistic cultures and countries (e.g., Taiwan, Korea and Japan) reported significantly higher levels of depression compared to students from more individualistic cultures (e.g., the United States, Belgium and the Netherlands). In addition, Stepore et al. (2007) found that depressive symptoms were more prevalent among students from less wealthy family backgrounds. Sümére, Poyrazli, and Grahame (2008) reported that levels of English proficiency correlated with levels of depression and anxiety among international students (35% of participants in the study were East Asians - Chinese, Taiwanese, Japanese, and Korean). According to Triandis (1995), collectivists are closely linked individuals who view themselves primarily as a part of a whole community, be it a family, a social network,
a group of co-workers, a tribe, or a nation. Such people are strongly influenced by the norms and duties imposed by the collective entity. In contrast, individualists are driven by their own preferences, needs, goals, rights and freedoms rather than the community’s. Both China and Nepal (the two Eastern Asian countries) are considered to be associated with collectivism (Triandis, 1995). Language difficulty was one of the main causes of acculturative stress in the current study, with the Chinese group having more problems with English than the Nepalese group. Overall, students with a higher level of acculturative stress had a higher level of depression. The findings of the current study concurred with previous research results which showed that acculturative stress was positively associated with depression in Taiwanese international students (Ying & Han, 2006) and other Asian international students (Constantine et al., 2004; Lee, Koeske, & Sales, 2004; Sandhu & Asrabadi, 1998; Stepore et al., 2007; Yang & Clum, 1994).

**Sense of Coherence versus Social Support**

There was a positive relationship between SOC and social support. A person with a high SOC will more likely be aware of available social support, make use of it, and perceive more satisfaction. SOC and social support are two important elements in coping. Lindström and Eriksson (2005b) explained that people with a high SOC are able to comprehend the whole situation, in which they see that the problems are manageable and predictable and worth trying to find solutions for, and they have the capacity to use available resources for coping. Social Support is a buffer between life stressors and psychological and physical distress (Clark, 1991), and likewise, SOC moderates the influence of stressors on psychological and physical distress (Antonovsky, 1979). Successful coping with stressful encounters depends on personal resources such as SOC,
social support, and coping strategies (Lazarus & Folkman, 1984; Moos & Schaefer, 1993). Hence, SOC can motivate people to seek social support actively when required.

**Acculturative Stress and Depression versus Sense of Coherence**

There was a negative relationship between acculturative stress and sense of coherence and between depression and sense of coherence in both the Chinese and the Nepalese students, which explains why a person with a higher sense of coherence will more likely have a lower level of acculturative stress and depression, and vice versa. This finding is consistent with the results of Phase A.

Blom et al. (2010) have suggested that a high SOC could mirror successful coping with stressors and thereby increase resilience. A high SOC can buffer the negative impact of emotion-oriented coping (Carstens & Spangenberg, 1997). SOC is characterised by a tendency to see life as predictable and manageable; a person with a strong SOC is less likely to perceive many stressful situations as threatening and anxiety-provoking than a person with a low SOC. The results of the current study showed that the Nepalese students had a low SOC and that the Chinese had a moderately low SOC, so that their acculturative stress levels were high. With an understanding of the coping mechanism of SOC, it is not surprising to find in the current study that depression was also found to be negatively correlated with SOC in the Chinese and the Nepalese students. This finding parallels the published findings; for example, Blom et al., (2010) found that the SOC score showed high inverse correlations with BDI. Ying et al. (2007) reported that SOC mediates the affect of college challenges on depressive symptoms. Konttinen, Haukkala, and Uutela (2008) confirmed that the SOC scale has high inverse correlations with depression.
Acculturative Stress versus Social Support

There was a negative correlation between acculturative stress and social support for both the Chinese and the Nepalese students, which explains why a person with a low level of social support will likely experience more acculturative stress, a finding which is consistent with the literature. For example, Yeh and Inose (2003) reported there was a moderately negative correlation between acculturative stress and the social support of international students in the US. Thomas and Choi (2006) found that immigrants (Korean and Indian) who had a lower level of perceived social support were more likely to experience higher levels of acculturative stress than their counterparts in the US. Stümer et al. (2008) also revealed an inverse relationship between levels of social support and symptoms of depression and anxiety among international students. Lee et al. (2004) surveyed Korean international students in the US and found that students who had a higher level of social support reported fewer psychological distress symptoms than those with lower levels of social support.

Social support is defined as “the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us” (Sarason et al., 1983, p. 127). People’s perception that they can be helped is an important aspect of social support (Sarason & Sarason, 1986), and this perception reflects the function of social support or the quality of such support or a person’s appraisal of whether the support is adequate or not (Turner & Marino, 1994).

International students’ perceived social support reflects their available resources to cope with stress (Zhang, 2012). The Chinese and the Nepalese students in the current study came to study nursing in Australia, which is a long way from their homes, and this could
result in them being disconnected from social support in their home country, leaving them in a strange environment, and with little chance of finding suitable new support networks (Hwang, 1977). In fact, many students in the current study had difficulty making friends because of not wanting or finding it difficult to move beyond their own cultural circle.

Other research has shown that stressful life situations can lead individuals to appraise their social support system more often (Sümer et al., 2008). In these circumstances, individuals with poor support might pay more attention to the weakness of their support, and Rudd (1990) has suggested that this might lead to increased feelings of hopelessness, because individuals with poor support may be more sensitive to stress and, therefore, experience higher levels of distress.

The interview data showed that a significant number of students, both Chinese and Nepalese, reported that they would not tell their parents any bad news (like failing a subject or getting sick or losing their job) because they did not want to stress their parents. This could imply that these students may not have been able to receive adequate support even from their family when needed, and this kind of reaction could be related to cultural influences. As mentioned in Chapter 2, Confucian philosophy has greatly influenced Chinese people's attitudes and behaviour towards others, for example, through the two virtues of Confucian philosophy, *xiao* (孝), filial piety, respect for one's parents and ancestors, and *ren* (仁), an obligation of selflessness and “human-ness” towards others in the family or community. Nepalese culture has similar norms regarding respect for parents and the elderly.

One point worthy of note is that only two interviewees had sought help from the University counselling service, and a few others had obtained help from academic advisors. Overall, the participants from both groups tended not to seek help actively from the
professionals available, and this reluctance could have contributed to their acculturative stress.

**Depression versus Social Support**

There was a negative correlation between depression and social support in the Chinese group only, which explains why a person with adequate social support is unlikely to develop depression, and vice versa. Both the Chinese and the Nepalese students reported minimal depression, with the Chinese group’s level being lower than that of the Nepalese group. Both groups displayed a similar level of perceived satisfaction with social support (SSS), but the Chinese had a higher level of perceived social networks (SSN) than the Nepalese. This could help explain why there was a negative relationship between depression and social support in the Chinese students. This finding is similar to those of other studies. For example, in reporting on Korean international students at a US university who experienced a high level of acculturative stress, Lee et al. (2004) found that those who had a higher level of social support displayed fewer psychological distress symptoms than those who had a lower level of social support. Other research has shown that the more social support individuals receive, the better their quality of life and the fewer their symptoms of depression, regardless of the personal level of stress (Helgeson, 2003). Social support also alleviated stress-related depression in times of high stress among Chinese adolescents (Cheng, 1997), and social support from parents moderated the relations between acculturative stress and depression among Mexican undergraduate students (Crockett et al., 2007).
The multiple regression analyses showed that the predictors for ASSIS were religion, sense of coherence, depression and satisfaction with social support.

**Religion**

Religion was categorised for statistical purposes into two variables ("Yes" or "No"), "yes" for a participant who follows a religion, e.g., Hinduism or Buddhism, and "No" for a non-adherent. On analysis, the adherents showed a higher level of prediction than those who were not. As mentioned, some studies have suggested that religious beliefs and practices can exert positive influences on individuals subject to stress (Ellison & Levin, 1998, Ellison, et al., 2009). The findings of the current study, however, did not support the literature, with a possible reason being that a change of environment (like moving to Australia) could upset the routine of regular religious practice. Although the Nepalese students in this study expressed a stronger religious orientation than the Chinese students, they also displayed higher stress and depression levels. It is necessary to point out that the predictive level of religion on acculturative stress was low. The results of Phase B showed that only approximately 7.1% of the variance of the ASSIS could be accounted for by religion; therefore, the inference should be made cautiously.

**Sense of Coherence**

As discussed earlier, SOC is indicative of a person’s ability to respond to the environmental stressors. A person with a high SOC will be able to understand the stressful situation, make use of the available resources and commit herself or himself to meet the challenges. As a result, that person will have a lower level of stress. The current study has also found that SOC was negatively correlated with acculturative stress on both Chinese and Nepalese.
groups. The finding of SOC as a predictor to stress in the current study is consistent with the literature. A recent study on relationship of sense of coherence to stressful events, coping strategies, health status, and quality of life in women (n = 131) with breast cancer has found that women with a strong SOC reported fewer stressful events and more days without stressful events (Kenne Sarenmalm, Browall, Persson, Fall-Dickson, & Gaston-Johansson, 2013). These women also used more coping strategies and achieved better health status and quality of life. The authors concluded that sense of coherence significantly predicts distress. Although the sample of Kenne Sarenmalm et al.'s study was not of university students, there could be similarities in individuals' experiences when they are coping with a stressful situation (i.e., whether having breast cancer or studying in a foreign country).

Social Support

Social support, whether psychological or material, safeguards a person’s psychological well-being by providing a solution to a stressful situation, either by lessening its perceived importance, or by promoting healthy behavioural responses (Cohen & Wills, 1985). Individuals with a positive expectancy which could be enhanced by a strong social support network will feel less confronted by a stressful event. The finding of the current study is consistent with the literature; for example, Yeh and Inose (2003) reported that social support satisfaction was one of the predictors for acculturative stress. The other predictors were English fluency and social connectedness (Yeh & Inose, 2003). Many international students like the Chinese and Nepalese students travel far away from their home to a foreign country to study and live. They leave their family, friends and the familiar environment behind. As a result, they have lost the social support system that they were
used to. They feel homesick and lonely. The interviews of the current study (Phase C) revealed that the participants experienced a high level of acculturative stress, especially the Nepalese students. It is not surprising that social support has been found to be one of the predictors for acculturative stress in the current study.

**Depression**

Berry’s (2003) bi-dimensional models of acculturation suggest that orientations toward the mainstream and the heritage culture occur on distinct continua. This formulation emphasizes the difference between cultural contact—the relative preference for participating within the mainstream culture (e.g., Anglo orientation)—and cultural continuity—maintenance of one’s cultural heritage (e.g., Chinese or Nepalese orientation)—as the issues underlying these two separate but related dimensions of individual incorporates both cultural dimensions (i.e., integration) is associated with healthier psychological outcomes, whereas situations in which only one culture is emphasised (i.e., separation or assimilation) are related to increased distress. In particular, an individual with a marginalization orientation, when imposed by the dominant group, tends to experience more hardship in adjustment and stress. Sustained or unresolved stress can lead to depression in susceptible people (Wasserman, 2011). The current study also found that there was a positive relationship between depression and acculturative stress. This helps explain that depression predicts acculturative stress: a person with depression will more likely experience acculturative stress.
Section Six - Strengths, Limitations, Implications and Recommendations for Further Research

Strengths

The strengths of the current study lie in the areas of research methodology and the scope of the investigation:

- The mixed methods research design (QUAN+ qual) offers more comprehensive evidence for a research problem than either quantitative or qualitative research alone (Cresswell & Plano Clark, 2007).
- The sample in the current study consisted of two groups of international nursing students, the Chinese and the Nepalese, who have different cultural characteristics and different English language and educational backgrounds. This comparative study could enhance the generalizability of the findings better than by using a single group sample.
- The current study is described as an extensive study in breadth, which focused on international nursing students' acculturative stress, depression, sense of coherence, social support and ways of coping. To the researcher's knowledge, sense of coherence, in particular, has not been researched in a population of Chinese and Nepalese international nursing students, so that the results will make a significant contribution to the body of knowledge about Chinese and Nepalese nursing students in Australia.
**Limitations**

The present findings must be interpreted with caution. First, the cross-sectional nature of the data limits our ability to establish temporality or causality in many of the observed relationships. It is possible that the relationships work in the reverse direction or that the outcomes are caused by unmeasured variables. A longitudinal study would allow the collection of more extensive data about the five outcome measures among Chinese and Nepalese international nursing students.

Second, the study relied on self-report measures and did not include assessments from other sources (such as psychologists' interviews or university counsellors' assessments). The responses were based on their own interpretation of the question - i.e. what is 'good' to someone may be 'poor' to someone else. Misinterpretation could lead to skewed or inappropriate responses. Therefore, a level of subjectivity in interpretation of the question should be acknowledged. To overcome the disadvantages, a qualitative component (Phase C) was used to supplement the quantitative findings.

Third, a further limitation of questionnaires could be related to how much information the respondents can retain or recall. The respondents may be forgetful or not thinking within the full context of the situation when answering a question, and therefore, the information gained would not be adequate.

Fourth, the data were gathered from two diverse ethnic groups of BN international nursing students from one university campus and the sample size was not large. While the participants might be homogeneous, the sampling limitation may have affected the external validity of the results. These findings cannot be generalised to the broader population based
on this study alone. Further studies of other student cohorts across a range of disciplines would be required to enhance the generalizability of the findings.

Fifth, although individual interviews helped the researcher gain insightful information about the participant experiences, there were limitations. The semi-structured interviews could have restricted the opportunities to get richer data. The interviewees recruited by the purposeful sampling method may not necessarily present the entire population, as well. As the sample size was not large; a small variation in the sample could cause deviation in the results, too.

Implication for Practice

The current study advances the understanding of Chinese and Nepalese international nursing students’ experiences in an Australian university. Within the limitations of the study, the findings may have implications for professionals who teach or assist other international nursing students.

First, the results highlight the fact that English language proficiency is important for acculturation and for the successful completion of a nursing degree, and is a pre-requisite for nursing registration. Schools of Nursing in universities need to ensure that programme content and assessment criteria are aligned with the Nursing and NMBA English skills standard. As an example, academic skills such as reading skills, searching literature, referencing, academic writing skills) should be embedded in the BN curriculum, to support students’ academic literacy development. Another strategy for consideration is to raise the English language proficiency standard for admission to a BN course; an IELTS score of 7.0 overall with a 6.5 minimum in any band is recommended.
Second, the findings highlight the fact that financial pressure aggravates stress. To alleviate such pressures, universities could consider offering scholarships or other financial assistance (e.g., high achiever awards) to international students. Institutions could allow tuition fees to be paid in instalments.

Third, to create a positive multicultural environment, there is a need to promote interaction between international and domestic students, and this could be achieved, for example, through group-projects and extra-curricular activities (e.g., sports and social gatherings).

Fourth, the findings show that the shortage of clinical placements caused most stress to the students, and the University should find ways of increasing the number of available places.

Fifth, the findings will enable student counsellors and other professionals who deal with international students to recognise their vulnerabilities and so provide them with timely advice and support. It is helpful for newly arrived international students in Australia to be briefed during their orientation about potential challenges and available support services.

Recommendations for Future Research

There are several areas where further research is suggested.

1. A strategic plan to enhance international nursing students’ study experiences could be formed basing on the findings of the current study. When a strategic plan as such is implemented, a longitudinal study could be conducted to observe the changes in acculturative stress of the students over a period of time (e.g., three years). The
researcher would recommend a four-stage plan. Stage One – Pre-admission Support. The university could provide students the information about Australian life and culture and expected performances of students in an Australia university before they come to Australia. The information could also include the websites of any local cultural diverse community group according to the student’s ethnic background. Stage Two – First Year Support. This should focus on facilitating students’ academic transition from their home country’s learning style into the Australian academic world. Services such as academic writing workshops, more face-to-face teaching, and consultation for assignment tasks would be helpful. Guidance of finding accommodation and employment assistance is also essential at this stage. Stage Three – On-going Support. This could include keeping regular contact with students to provide assistance and to organize some cultural activities to involve the students. Clinical placement support for nursing and midwifery students is necessary. This could include a tour of local hospitals and a workshop about the local hospital culture and its expectations of nursing students. Stage Four – Pre-graduation support. The supportive services could include inviting employers to come to talk to students about graduate programmes, the officials from the Nurses and Midwives Registration Board to talk about the requirements for the nursing registration, and finally an immigration official to come to brief students on visa related issues. Hopefully the four –stage plan would help international nursing students settle into Australian universities and complete their study smoothly.

2. More research on immigration issues among international students could be useful. According to the qualitative data, one of the purposes for most of the students (both Chinese and Nepalese) coming to Australia to study nursing was for future
immigration. The third year nursing students in Phase A were found to have the highest level of acculturative stress, compared with the first and second year students. As discussed before, the stress could be related to competing for a graduate programme, meeting the English language requirement for nursing registration (i.e., an IELTS score of 7.0 in each band), and preparing for migration (the-change-of-visa status). Hence, it could be useful to study the correlations between the migration pressure and the level of stress among international nursing students. Such a study could help many international students gain a realistic and feasible plan for their student lives in Australia. This would minimize their stress because achievable goals will make them feel more positive. After all, completing the study should be the primary goal. The other goals can be planned in stages and to be achieved in due course. This issue has also attracted other researchers’ attention. For example, Wang (2011) conducted an in-depth review of the literature on common stressors reported by East Asian international students. One area she recommended for further research was “fear of losing legal status or immigration concerns”.

3. International students’ clinical issues could be another area for future research. The interview data of the current study indicated that some international students struggled greatly to get through their clinical placements. A few participants described the clinical placement as a “nerve-racking” experience and they had “a terrible feeling” about it (p. 151, Chapter 7). Furthermore, some students felt frustrated about the placement allocations due to the poor management by the university. Some researchers have also been alerted about this issue. For example, Edecombe et al.’s (2013) literature review identified sparse research into
international nursing students and their experiences in clinical practice settings. The participants in the current study suffered from communication problems, stereotyping by facilitators, a lack of satisfactory supervision, and poor management of the clinical placement allocation process. Further research is needed to explore the international nursing students' clinical experiences focusing on self-evaluation of clinical performance, psychological well-being, and the needs and support sought. It may be beneficial to include nursing educators/facilitators in the study in order to gain a different perspective on the students.

Conclusion

Both the Chinese and the Nepalese students displayed a high level of acculturative stress and a moderately low level of SOC. The Nepalese group, however, suffered more acculturative stress and a lower SOC than the Chinese. While all participants suffered very low levels of depression, first year Chinese students suffered significantly more depression than third years. There were no significant differences in social support and ways of coping among the two groups, though the Chinese students adopted problem-focused coping strategies more often and the Nepalese students utilised emotion-focused coping strategies more frequently.

The current study also found that there was a significant positive correlation between acculturative stress and depression, and between sense of coherence and social support. There was a significant negative correlation between acculturative stress and sense of coherence, and between acculturative stress and social support, and between depression and sense of coherence. There was also a significant negative correlation between depression and social support for the Chinese students only. Finally, the predictors of
acculturative stress were identified as adherence to a religion, sense of coherence, depression and perceived satisfaction with social supports.

The qualitative data supplemented the quantitative data, and afforded a better understanding of the two groups of students. Acculturative stress was the dominant problem among the main issues (i.e., acculturative stress, depression and coping issues). The Chinese students experienced more stress in relation to English proficiency and clinical nursing difficulties, whereas the Nepalese students encountered more difficulties with financial support and making friends outside their own nationality. Both groups adopted the seeking social support strategy of coping most, and none reported ever using the confrontive coping strategy, the results of the qualitative data were similar to the quantitative results.

The participants' suggestions included longer teaching hours, additional counselling support for first year students, improvement of lecturers' delivery, improved clinical allocations, better control of enrolments, and additional on-campus facilities.

The current study explains the contributing factors of acculturative stress in respect of Chinese and Nepalese nursing students in Sydney, Australia, and hopefully the findings will prompt universities to consider more effective support services for international students under stress. At the same time, the study findings will inform international students of common acculturation issues such as homesickness, loneliness, difficulty making friends, language difficulties, cultural barriers and financial difficulties; and possible solutions such as self-awareness of problems, being prepared for the challenges, actively seeking help and making use of available services, thereby helping to alleviate their levels of stress.
Chapter 8: Discussion

Given the nursing shortage in Australia and the profession's priority status for immigration, there will be numbers of international students pursuing a BN course as a means of entry into Australia. In any case, however, many more will play an important role in society more generally by practising as nurses, building upon their tertiary training, and contributing to society through professional practice.
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doi:10.1191/1478088706qp063oa


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References


Appendix 1

Instruction

Dear participant,

Thank you for your interest in participating in this research project. This questionnaire kit comprises one questionnaire for collecting demographic data and five other questionnaires for collecting additional information related to the problems under investigation. This study is anonymous; therefore, you are not required to include your name and student identification on the questionnaires. In addition, please note that you will not be asked to sign a consent form as consent would be implied by your completing the questionnaires.

You could spend about half an hour to complete the questionnaires. Please answer all the questions and return the completed questionnaires within two weeks. Please put the completed questionnaire and seal the envelope. Drop it into either one of two identifiable sealed BOXES - one in Carroll Building Reception and the other at School of Nursing Reception, level 2, 8-10 Berry Street, North Sydney.

Demographic Questionnaire

1. What is your gender? (please tick one)
   - [ ] a. male
   - [ ] b. female

2. What is your age? __________

3. What is your marital status? (please tick one)
   - [ ] a. single
   - [ ] b. married/defacto
   - [ ] c. divorced
   - [ ] e. separated

4. Do you have a religion?
   - [ ] a. yes
   - [ ] b. no
   If yes, what is your religion? __________

5. What is your country of birth? ________________________________

6. What is your current residential status? (please tick one)
   - [ ] a. permanent resident
   - [ ] b. student visa
   - [ ] c. Australian citizen

7. Which year did you first arrive in Australia? ________________

8. Which suburb do you live in? ________________________________(Post code ______)

9. Do you live (please tick one) -
   - [ ] a. by yourself
   - [ ] c. with your family
   - [ ] b. with friend/s
   - [ ] d. with an Australian family

10. How do you travel from home to North Sydney campus? (please tick one)
☐ a. by bus  ☐ b. by car
☐ c. by train  ☐ e. by walking
☐ f. combination of bus and train  ☐ g. other (specify) 

11. Do you have to work part-time to support yourself? (please tick one)

☐ a. yes  ☐ b. no

If yes, how many hours do you work per week? ____________ hours

12. Which year of the Bachelor of Nursing (BN) course are you currently enrolled in? (please tick one)

☐ a. year 1  ☐ b. year 2  ☐ c. year 3

13. Did you enroll in an ACU nursing preparation program? (please tick one)

☐ a. yes  ☐ b. no

If yes, which course did you enroll in? (please tick one)

☐ a. Diploma in Nursing  ☐ b. Advanced Diploma

and when did you complete the course? (please tick one)

☐ a. 2004  ☐ b. 2005  ☐ c. 2006  ☐ d. 2007

14. Do you have any overseas or Australian academic qualifications before you commenced your BN at ACU? (please tick one)

☐ a. yes  ☐ b. no

If yes, please specify the course which you have completed.

Course (e.g. Diploma in Business, Bachelor of Arts): __________________________

Inclusive Dates (e.g. from July to June 2007): __________________________

15. What was your English test score?

IELTS ___________  Date ___________

TOEFL ___________  Date ___________

Others ___________  Date ___________

Please answer the rest of the questionnaires in the following pages.

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Appendix 2

Acculturative Stress Scale for International Students
(Sandhu & Asrabadi, 1994)

As foreign students have to make a number of personal, social, and environmental changes upon arrival in a strange land, this cultural-shock experience might cause them acculturative stress. This scale is designed to assess such acculturative stress you personally might have experienced. There are no right or wrong answers. However, for the data to be meaningful, you must answer each statement given below as honestly as possible.

For each of the following statements, please circle the number that BEST describes your response.

1 = Strongly disagree  2 = Disagree  3 = Not sure  4 = Agree  5 = Strongly agree

Because of my different cultural background as a foreign student, I feel that:

1. Homesickness for my country bothers me.  
2. I feel uncomfortable to adjust to new foods and/or to new eating habits.  
3. I am treated differently in social situations.  
4. I feel rejected when people are sarcastic toward my cultural values.  
5. I feel nervous to communicate in English.  
6. I feel sad living in unfamiliar surroundings here.  
7. I fear for my personal safety because of my different cultural background.  
8. I feel intimidated to participate in social activities.  
9. Others are biased toward me.  
10. I feel guilty to leave my family and friends behind.

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11. Many opportunities are denied to me.

12. I feel angry that my people are considered inferior here.

13. I feel overwhelmed that multiple pressures are placed upon me after my migration to this society.


15. People from some ethnic groups show hatred toward me nonverbally.

16. It hurts when people don’t understand my cultural values.

17. I am denied what I deserve.

18. I have to frequently relocate for fear of others.

19. I feel low because of my cultural background.

20. I feel rejected when others don’t appreciate my cultural values.

21. I miss the country and people of my national origin.

22. I feel uncomfortable to adjust to new cultural values.

23. I feel that my people are discriminated against.

24. People from some other ethnic groups show hatred toward me through their actions.

25. I feel that my status in this society is low due to my cultural background.
26. I am treated differently because of my race.

27. I feel insecure here.

28. I don't feel a sense of belonging (community) here.

29. I am treated differently because of my colour.

30. I feel sad to consider my people’s problems.

31. I generally keep a low profile due to fear from other ethnic groups.

32. I feel some people don’t associate with me because of my ethnicity.

33. People from some other ethnic groups show hatred toward me verbally.

34. I feel guilty that I am living a different lifestyle here.

35. I feel sad leaving my relatives behind.

36. I worry about my future for not being able to decide whether to stay here or to go back.

Go on to next page
Appendix 3

Sense of Coherence (SOC) – Orientation to Life Questionnaire
Antonovsky (1987)

For each of the following statements, please circle the number that BEST describes your response.

1. Do you have the feeling that you don’t really care about what goes on around you?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   Very seldom or never

2. Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   Never happened

3. Has it happened that people whom you counted on disappointed you?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   Never happened

4. Until now your life has had:
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   No clear goals or purpose at all

5. Do you have the feeling that you’re being treated unfairly?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   Very often

6. Do you have the feeling that you are in an unfamiliar situation and don’t know what to do?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   Very often

7. Doing the things you do every day is:
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   A source of deep pleasure and satisfaction

8. Do you have very mixed-up feelings and ideas?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
   Very often

9. Does it happen that you have feelings inside you would rather not feel?
   \[1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7\]
10. Many people—even those with a strong character—sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

Never 2 3 4 5 6 7 Very often

11. When something happened, have you generally found that:

You overestimated or underestimated its importance
You saw things in the right proportion

12. How often do you have the feeling that there’s little meaning in the things you do in your daily life?

Very often 2 3 4 5 6 7 Very seldom or never

13. How often do you have feelings that you’re not sure you can keep under control?

Very often 2 3 4 5 6 7 Very seldom or never
Appendix 4

Human Research Ethics Committee

Committee Approval Form

Principal Investigator/Supervisor: Associate Professor Violeta Lopez  Nth Sydney Campus
Co-Investigators: Dr Cindy Leigh  Nth Sydney Campus
Student Researcher: Ms Flora Xuhua He  Nth Sydney Campus

Ethics approval has been granted for the following project:
Perceived Acculturative Stress, Social Support, Sense of Coherence and Coping in Chinese Nursing
Students in Australia

for the period: 4 February 2008 to 31 October 2008
Human Research Ethics Committee (HREC) Register Number: N20070816

The following standard conditions as stipulated in the National Statement on Ethical Conduct in
Research Involving Humans (2007) apply:

(i) that Principal Investigators / Supervisors provide, on the form supplied by the Human
  Research Ethics Committee, annual reports on matters such as:
  - security of records
  - compliance with approved consent procedures and documentation
  - compliance with special conditions, and

(ii) that researchers report to the HREC immediately any matter that might affect the ethical
  acceptability of the protocol, such as:
  - proposed changes to the protocol
  - unforeseen circumstances or events
  - adverse effects on participants

The HREC will conduct an audit each year of all projects deemed to be of more than low risk. There will
also be random audits of a sample of projects considered to be of negligible risk and low risk on all
campuses each year.

Within one month of the conclusion of the project, researchers are required to complete a Final Report
Form and submit it to the local Research Services Officer.

If the project continues for more than one year, researchers are required to complete an Annual Progress
Report Form and submit it to the local Research Services Officer within one month of the anniversary date
of the ethics approval.

K. Paschley
Signed:  
Date: 4 February 2008
(Research Services Officer, McAuley Campus)

(Committee Approval dated 21/11/2007)
Appendix 5

Australian Catholic University

ACU National
Australian Catholic University Limited
ABN 15 050 102 580
North Sydney (Mackillop campus)
40 Edward Street
North Sydney NSW 2060
Telephone 02 97392631
Facsimile 02 97392009

INFORMATION LETTER TO PARTICIPANTS

TITLE OF PROJECT: Perceived Acculturative Stress, Social Support, Sense of Coherence and Coping in Chinese Nursing Students in Australia

PRINCIPAL SUPERVISOR: A/Prof Violeta Lopez
CO-SUPERVISOR: Dr. Cindy Maria Leigh
STUDENT RESEARCHER: Ms Flora Xuhua He

COURSE: Master of Philosophy.

Dear Participant,

You are invited to participate in a research project which investigates the Chinese nursing students' problems and challenges associated with acculturative stress, social support, sense of coherence and coping with living and studying in Australia.

If you are a year 1, year 2, or year 3 Bachelor of Nursing student from mainland China, Hong Kong or Taiwan and are enrolled in the School of Nursing at ACU Campuses, you are invited to participate in this research project. This will involve completing a questionnaire which has been developed by the researcher to collect demographic data. In addition, four validated scales will be used to collect additional information related to the problems under investigation, including the Acculturative Stress Scale for International Students (ASSIS), Social Support Questionnaire (SSQS), Sense of Coherence (SOC), and The Ways of Coping Questionnaire (WOC). Completion of the questionnaires will take around 30 minutes. You are encouraged to complete all the questionnaires and return the completed questionnaires using the enclosed stamp addressed envelope to the student researcher by post.

Participation in this research project is voluntary. Your participation or non-participation in this research project will have no impact on your studies or assessments. You can withdraw from the project at any stage without giving a reason. The data collected is not identifiable or attributable to individuals as the data collected is anonymous. Your name and student identification are not required on the questionnaire and scales. The results of the research will be reported in a School of Nursing research seminar which is anticipated to be held in October 2008, the exact date and venue will be notified on Web CT. You are welcome to attend the seminar. Please look out for information regarding this seminar at the appropriate time. If you intend to attend the seminar it is important that you reserve your place with the student researcher via email (see contact details next page). The results may also be presented in professional conferences or research journals. You will always be welcome to contact the student researcher about the research outcomes even after you have completed the course.

CRICOS registered provider:
00004G, 00112C, 00873F, 00885B

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If you have any questions about the project, before or after participating, please contact the Principal Supervisor, A/Prof Violeta Lopez, on telephone number 02 9739 2012 in the School of Nursing, MacKillop Campus at the Australian Catholic University, North Sydney 2059. Before commencing and during the study you will have the opportunity to ask any questions about the project. You will also be able to discuss your participation and the project in general with any one of the researchers after completing the questionnaire and scales.

This study has been approved by the Human Research Ethics Committee at Australian Catholic University. In the event that you have any complaint or concern about the way you have been treated during the study, or if you have any query that the Student Researcher and Staff Supervisor have not been able to satisfy, you may write to:

Chair, Human Research Ethics Committee  
C/o Research Services  
Australian Catholic University  
Locked Bag 4115  
FITZROY VIC 3065  
Tel: 03 9953 3157  
Fax: 03 9953 3315

Any complaint will be treated in confidence and investigated fully. The participant will be informed of the outcome.

Flora Xuhua He  
Student Researcher  
Email: flora.he@acu.edu.au  
Phone: 02-97392531  
Address:  
School of Nursing,  
Australian Catholic University  
8-10 Berry Street, North Sydney, NSW 2060

A/Prof: Violeta Lopez  
Principal Supervisor
Chinese & Nepalese Nursing Students:
You are invited to participate in a study!

What is the Study?
An Exploration of Contributing Factors to Acculturative Stress among Chinese and Nepalese students in Australia.

Why is it important?
- To provide the University with a greater understanding of problems confronting international nursing students
- To identify ways in which students can be assisted and supported in the future.

What will you do?
- To complete questionnaires
- To participate in a face-to-face interview

For more information contact:
Flora He
0413824808
Flora.He@acu.edu.au

Thank you &
I look forward to your participation soon
Appendix 7

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness
   0 I do not feel sad.
   1 I feel sad much of the time.
   2 I am sad all the time.
   3 I am so sad or unhappy that I can’t stand it.

2. Pessimism
   0 I am not discouraged about my future.
   1 I feel more discouraged about my future than I used to be.
   2 I do not expect things to work out for me.
   3 I feel my future is hopeless and will only get worse.

3. Past Failure
   0 I do not feel like a failure.
   1 I have failed more than I should have.
   2 As I look back, I see a lot of failures.
   3 I feel I am a total failure as a person.

4. Loss of Pleasure
   0 I get as much pleasure as I ever did from the things I enjoy.
   1 I don’t enjoy things as much as I used to.
   2 I get very little pleasure from the things I used to enjoy.
   3 I can’t get any pleasure from the things I used to enjoy.

5. Guilty Feelings
   0 I don’t feel particularly guilty.
   1 I feel guilty over many things I have done or should have done.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.

6. Punishment Feelings
   0 I don’t feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

7. Self-Dislike
   0 I feel the same about myself as ever.
   1 I have lost confidence in myself.
   2 I am disappointed in myself.
   3 I dislike myself.

8. Self-Criticalness
   0 I don’t criticize or blame myself more than usual.
   1 I am more critical of myself than I used to be.
   2 I criticize myself for all of my faults.
   3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes
   0 I don’t have any thoughts of killing myself.
   1 I have thoughts of killing myself, but I would not carry them out.
   2 I would like to kill myself.
   3 I would kill myself if I had the chance.

10. Crying
    0 I don’t cry any more than I used to.
    1 I cry more than I used to.
    2 I cry over every little thing.
    3 I feel like crying, but I can’t.
11. Agitation
0 I am no more restless or wound up than usual.
1 I feel more restless or wound up than usual.
2 I am so restless or agitated that it’s hard to stay still.
3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest
0 I have not lost interest in other people or activities.
1 I am less interested in other people or things than before.
2 I have lost most of my interest in other people or things.
3 It’s hard to get interested in anything.

13. Indecisiveness
0 I make decisions about as well as ever.
1 I find it more difficult to make decisions than usual.
2 I have much greater difficulty in making decisions than I used to.
3 I have trouble making any decisions.

14. Worthlessness
0 I do not feel I am worthless.
1 I don’t consider myself as worthwhile and useful as I used to.
2 I feel more worthless as compared to other people.
3 I feel utterly worthless.

15. Loss of Energy
0 I have as much energy as ever.
1 I have less energy than I used to have.
2 I don’t have enough energy to do very much.
3 I don’t have enough energy to do anything.

16. Changes in Sleeping Pattern
0 I have not experienced any change in my sleeping pattern.
1a I sleep somewhat more than usual.
1b I sleep somewhat less than usual.
2a I sleep a lot more than usual.
2b I sleep a lot less than usual.
3a I sleep most of the day.
3b I wake up 1-2 hours early and can’t get back to sleep.

17. Irritability
0 I am no more irritable than usual.
1 I am more irritable than usual.
2 I am much more irritable than usual.
3 I am irritable all the time.

18. Changes in Appetite
0 I have not experienced any change in my appetite.
1a My appetite is somewhat less than usual.
1b My appetite is somewhat greater than usual.
2a My appetite is much less than before.
2b My appetite is much greater than usual.
3a I have no appetite at all.
3b I crave food all the time.

19. Concentration Difficulty
0 I can concentrate as well as ever.
1 I can’t concentrate as well as usual.
2 It’s hard to keep my mind on anything for very long.
3 I find I can’t concentrate on anything.

20. Tiredness or Fatigue
0 I am no more tired or fatigued than usual.
1 I get more tired or fatigued more easily than usual.
2 I am too tired or fatigued to do a lot of the things I used to do.
3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex
0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

NOTICE: Take each item in order, without skipping any, and check off a level that represents how you feel. The items represent symptoms that may be experienced as part of depression. If you have had any of the symptoms in the past, check the level that best represents your current experience.
Appendix 8

WAYS OF COPING

Instructions

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced in the past week.

By “stressful” we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

As you respond to each of the statements, please keep this stressful situation in mind. **Read each statement carefully and indicate, by circling 0, 1, 2, or 3, to what extent you used it the situation.**

<table>
<thead>
<tr>
<th>Key:</th>
<th>0 = Does not apply or not used</th>
<th>1 = Used somewhat</th>
<th>2 = Used quite a bit</th>
<th>3 = Used a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Just concentrated on what I had to do next – the next step.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I tried to analyse the problem in order to understand it better.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Turned to work or substitute activity to take my mind off things.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I felt that time would make a difference – the only thing to do was to wait.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Bargained or compromised to get something positive from the situation.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I did something which I didn’t think would work, but at least I was doing something.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Tried to get the person responsible to change his or her mind.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Talked to someone to find out more about the situation.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Criticized or lectured myself.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Tried not to burn my bridges, but leave things open somewhat.</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Hoped a miracle would happen.
12. Went along with fate; sometimes I just have bad luck.
13. Went on as if nothing had happened.
14. I tried to keep my feelings to myself.
15. Looked for the silver lining, so to speak; tried to look on the bright side of things.
16. Slept more than usual.
17. I expressed anger to the person(s) who caused the problem.
18. Accepted sympathy and understanding from someone.
19. I told myself things that helped me to feel better.
20. I was inspired to do something creative.
21. Tried to forget the whole thing.
22. I got professional help.
23. Changed or grew as a person in a good way.
24. I waited to see what would happen before doing anything.
25. I apologized or did something to make up.
26. I made a plan of action and followed it.
27. I accepted the next best thing to what I wanted.
28. I let my feelings out somehow.

29. Realized I brought the problem on myself.

30. I came out of the experience better than when I went in.

31. Talked to someone who could do something concrete about the problem.

32. Got away from it for a while; tried to rest or take a vacation.

33. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.

34. Took a big chance or did something very risky.

35. I tried not to act too hastily or follow my first hunch.

36. Found new faith.

37. Maintained my pride and kept a stiff upper lip.

38. Rediscovered what is important in life.

39. Changed something so things would turn out all right.

40. Avoided being with people in general.

41. Didn’t let it get to me; refused to think too much about it.

42. I asked a relative or friend I respected for advice.

43. Kept others from knowing how bad things were.

44. Made light of the situation; refused to get too serious about it.
45. Talked to someone about how I was feeling.

46. Stood my ground and fought for what I wanted.

47. Took it out on other people.

48. Drew on my past experiences; I was in a similar situation before.

49. I knew what had to be done, so I doubled my efforts to make things work.

50. Refused to believe that it had happened.

51. I made a promise to myself that things would be different next time.

52. Came up with a couple of different solutions to the problem.

53. Accepted it, since nothing could be done.

54. I tried to keep my feelings from interfering with other things too much.

55. Wished that I could change what had happened or how I felt.

56. I changed something about myself.

57. I daydreamed or imagined a better time or place than the one I was in.

58. Wished that the situation would go away or somehow be over with.

59. Had fantasies or wishes about how things might turn out.

60. I prayed.

61. I prepared myself for the worst.

62. I went over in my mind what I would say or do.
63. I thought about how a person I admire would handle this situation and used that as a model.

64. I tried to see things from the other person’s point of view.

65. I reminded myself how much worse things could be.

66. I jogged or exercised.
Appendix 9

Social Support Questionnaire (SSQ Short Form)
Sarason et al. (1987)

The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give the persons' initials (not full name e.g. F.H.) and their relationship to you (e.g. mother/father, brother/sister, friends, boyfriend, etc). Please look at the example below. Do not list more than one person next to each of the numbers beneath the question.

For the second part, circle how satisfied you are with the overall support you have.
If you have had no support for a question, check the words "No one", but still state your level of satisfaction. Please answer all the questions as best as you can. All responses will be kept confidential.

Example:
Who do you know whom you can trust with information that could get you in trouble?

No one 1. T..N. (brother) 2. L.M. (friend) 3. R.S. (friend)
7. W. L. (colleague) 8. 9.

How satisfied?
1 - very dissatisfied 2 - fairly dissatisfied 3 - a little dissatisfied 4 - a little satisfied 5 - fairly satisfied 6 - very satisfied

1. Whom can you really count on to be dependable when you need help?
No one. 1. 2. 3.
4. 5. 6.
7. 8. 9.

2. How satisfied?
1 - very dissatisfied 2 - fairly dissatisfied 3 - a little dissatisfied 4 - a little satisfied 5 - fairly satisfied 6 - very satisfied

3. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?
No one. 1. 2. 3.
4. 5. 6.
7. 8. 9.

4. How satisfied?
1 - very dissatisfied 2 - fairly dissatisfied 3 - a little dissatisfied 4 - a little satisfied 5 - fairly satisfied 6 - very satisfied

5. Who accepts you totally, including both your worst and best points?
No one. 1. 2. 3.
4. 5. 6.
7. 8. 9.

6. How satisfied?
1 - very dissatisfied 2 - fairly dissatisfied 3 - a little dissatisfied 4 - a little satisfied 5 - fairly satisfied 6 - very satisfied

7. Whom can you really count on to care about you, regardless of what is happening to you?
No one. 1. 2. 3.
<table>
<thead>
<tr>
<th></th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. How satisfied?</td>
<td>1 - very dissatisfied</td>
<td>2 - fairly dissatisfied</td>
<td>3 - a little dissatisfied</td>
<td>4 - a little satisfied</td>
<td>5 - fairly satisfied</td>
<td>6 - very satisfied</td>
</tr>
<tr>
<td>9. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?</td>
<td>No one</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>6.</td>
</tr>
<tr>
<td>10. How satisfied?</td>
<td>1 - very dissatisfied</td>
<td>2 - fairly dissatisfied</td>
<td>3 - a little dissatisfied</td>
<td>4 - a little satisfied</td>
<td>5 - fairly satisfied</td>
<td>6 - very satisfied</td>
</tr>
<tr>
<td>11. Whom can you count on to console you when you are very upset?</td>
<td>No one</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>6.</td>
</tr>
<tr>
<td>12. How satisfied?</td>
<td>1 - very dissatisfied</td>
<td>2 - fairly dissatisfied</td>
<td>3 - a little dissatisfied</td>
<td>4 - a little satisfied</td>
<td>5 - fairly satisfied</td>
<td>6 - very satisfied</td>
</tr>
</tbody>
</table>
Dear Ms Flora He,

Protocol: 2010/252
A comparative Study of Contributing Factors to Acculturative Stress in Chinese and Nepalese Nursing Students in Australia.

On 05/08/2010 the above-noted human ethics protocol was approved. Under the NHMRC National Statement on Ethical Conduct in Human Research (2007), monitoring of approved research is required. We request a brief summary in ARIES on any ethical issues which may have arisen during your research and whether it proceeded according to the plan outlined in the above protocol.

Please download the ARIES Monitoring Report Quick Guide (see the link below) and follow the instructions.


To begin your monitoring report in ARIES, click on the following link.

https://aries.anu.edu.au/content.asp_ANULogin.asp

If you have any difficulties, please call Kim on x53427. Please ensure your response on the Monitoring Tab of your application in ARIES is submitted within 4 weeks of this notice.

Kind regards,

Kim

Ms Kim Tiffin
Human Ethics Manager
Office of Research Integrity;
Research Services,
Ground Floor, Chancellry 10B
Ellery Road
The Australian National University
ACTON ACT 0200
T: -61 6125 3427
F: -61 2 6125 4807
Kim.Tiffin@anu.edu.au or
human.ethics.office@anu.edu.au

Appendix 11

INFORMATION LETTER TO PARTICIPANTS (Phase B)

TITLE OF PROJECT: A comparative Study of Factors Contributing to Acculturative Stress in Chinese and Nepalese Nursing Students in Australia.

PRINCIPAL SUPERVISOR: Prof. Violeta Lopez
CO-SUPERVISOR: Prof. Don Byrne
ASSOCIATE SUPERVISOR: Dr. Maria Cynthia Leigh
PRIMARY RESEARCHER: Ms Flora Xuhua He
COURSE: Doctor of Philosophy.

Dear Participant,

You are invited to participate in a research project which investigates the Chinese and Nepalese undergraduate nursing students’ problems and challenges associated with acculturative stress, social support, sense of coherence and coping with living and studying in Australia.

This will involve completing a questionnaire which collects demographic data and five validated scales. These scales are: Acculturative Stress Scale for International Students (ASSIS), Social Support Questionnaire (SSQS), Sense of Coherence (SOC), The Ways of Coping Questionnaire (WOC), and Beck Depression Inventory (BDI).

Completion of the questionnaire will take around 35 minutes. You are encouraged to complete all sections of the questionnaire. Kindly return it using the enclosed self addressed envelope to the student researcher in one of two identifiable sealed collection boxes. One will be at Carroll Building Reception and the other at the School of Nursing Reception, level 2, 8-10 Berry Street, North Sydney.

Participation in this research project is voluntary. Your participation or non-participation in this research project will have no impact on your studies or assessments. You can withdraw from the project at any stage without giving a reason.

The data collected is not identifiable or attributable to individuals. Your name and student identification are not required on the questionnaire and scales.

The results of the research will be reported in a seminar at the Australian National University and published in a doctoral thesis. If you intend to attend the seminar it is important that you inform the researcher to reserve your place via email (see contact details next page). The results may also be presented in professional conferences or research journals. You will always be welcome to contact the student researcher about the research outcomes even after you have completed the
If you have any questions about the project, before or after participating, please contact the Principal Supervisor, Prof. Violeta Lopez, on telephone number 02 62442333 at ANU Medical School, School of Health and Psychological Sciences, ANU, Canberra, ACT. Before commencing and during the study, you will have the opportunity to ask any questions about the project. You will also be able to discuss your participation and the project in general with any one of the researchers after completing the questionnaire and scales.

The ethics of this study has been approved by the Human Research Ethics Committee at the Australian National University. In the event that you have any complaint or concern about the way you have been treated during the study, or if you have any query that the Researcher and her Supervisors have not been able to satisfy, you may write to:

Human Research Ethics Committee  
Office of Research Integrity  
The Australian National University  
ACT 0200  
Tel: 02-6125 7945  
Fax: 02-6125 4087  
Email: Human.Ethics.Office@anu.edu.au

Kind regards,

Ms. Flora He  
Primary Researcher  
Email: u4820332@anu.edu.au  
Phone: 02-9739 2531  
Mobile: 0413824808

Prof. Violeta Lopez  
Principal Supervisor  
Email: violeta.lopez@act.gov.au  
Phone: 02-6244 2333

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Appendix 12

INFORMATION LETTER TO PARTICIPANTS (Phase C)

TITLE OF PROJECT: A comparative Study of Factors Contributing to Acculturative Stress in Chinese and Nepalese Nursing Students in Australia.

PRINCIPAL SUPERVISOR: Prof. Violeta Lopez
CO-SUPERVISOR: Prof. Don Byrne
ASSOCIATE SUPERVISOR: Dr. Maria Cynthia Leigh
PRIMARY RESEARCHER: Ms Flora Xuhua He
COURSE: Doctor of Philosophy.

Dear Participant,

You are invited to participate in a research project which investigates the Chinese and Nepalese nursing students’ problems and challenges associated with acculturative stress, social support, sense of coherence and coping with living and studying in Australia.

This project started in 2008 using four validated questionnaires which were the Acculturative Stress Scale for International Students (ASSIS), Social Support Questionnaire (SSQSF), Sense of Coherence (SOC), and The Ways of Coping Questionnaire (WOC). An additional questionnaire called Beck Depression Inventory (BDI) was added to examine presence or severity of depression of students in 2010. If you have completed these questionnaires, you are invited again to participate in the Phase Two of the study - an individual interview. The findings from responses to the five questionnaires (Phase B) showed that the Chinese nursing students had a moderate level of acculturative stress. Therefore, it is important to conduct an individual interview in order to get more in-depth information about the students’ stress and to identify any difference in the stress that is experienced by two groups of nursing students (Chinese and Nepalese). The interview data will supplement the questionnaire findings.

You can choose to be interviewed in Mandarin or English. The interview will be audio-taped with your permission and subsequently transcribed verbatim. The Chinese transcription will be translated into English. The duration of the interview will be about 45-60 minutes. In order to protect your identity and preserve confidentiality throughout the interview, your name will not be required on the transcript. Data collected will be summarised and published in a report where individual details will not be identifiable.

Participation in this study is entirely voluntary. You are not obliged to participate and you are free to ask questions or withdraw from the interview at any time.
If you have any questions about the project, before or after participating, please contact the Principal Supervisor, Prof. Violeta Lopez, on telephone number 02 62442333 at ANU Medical School, School of Health and Psychological Sciences, ANU, Canberra, ACT. Before commencing and during the study you will have the opportunity to ask any questions about the project. You will also be able to discuss your participation and the project in general with any one of the researchers after completing the questionnaire and scales.

The ethics of this study has been approved by the Human Research Ethics Committee at the Australian National University. In the event that you have any complaint or concern about the way you have been treated during the study, or if you have any query that the Researcher and her Supervisors have not been able to satisfy, you may write to:

Human Research Ethics Committee  
Office of Research Integrity  
The Australian National University  
ACT 0200  
Tel: 02-6125 7945  
Fax: 02-6125 4087  
Email: Human.Ethics.Office@anu.edu.au

Kind regards,

Ms. Flora He  
Primary Researcher  
Email: u4820332@anu.edu.au  
Phone: 02-9739 2531  
Mobile: 0413824808

Ms. Flora Xuhua He  
Primary Researcher  
Email: u4820332@anu.edu.au  
Phone: 02-9739 2531  
Mobile: 0413824808

Prof. Violeta Lopez  
Principal Supervisor  
Email: violeta.lopez@act.gov.au  
Phone: 02-6244 2333
Appendix 13

INFORMED CONSENT FORM

TITLE OF PROJECT: A comparative Study of Factors Contributing to Acculturative Stress in Chinese and Nepalese Nursing Students in Australia.

RESEARCHERS: Ms Flora Xuhua He (PhD Student)
               Prof. Violeta Lopez and Prof. Don Byrne (ANU)
               Dr. Maria Cynthia Leigh (ACU)

I .................................... (the participant) have read and understood the information in the letter inviting participation in the research study and all questions I have asked have been answered to my satisfaction. I agree to participate in the study to be interviewed by the researcher. I also agree to the in-depth interview to be audio-tape recorded. I have been advised and do realise that I can withdraw from the study at any time and that this will not have any adverse consequences for me.

I give my consent on the understanding that:

a) the information given by me will only be used for the purpose outlined in the Information Letter to Participants;

b) the information given by me will be kept strictly confidential;

c) report and publications from the study will be based on non-identified information and will not identify any individual taking part; and

d) participation in this study is entirely voluntary.

Name of Participant: __________________________ Signature: _______________ Date: __________
(to be printed)

Researcher to Complete

I .................................................... certify that I have explained the nature and procedures of the research project to .............................................. and consider that she/he understands what is involved.

Name of Researcher: Flora Xuhua He       Signature: ___________________ Date: ________
Appendix 14

Interviewing Recoding Sheet

Date:
Time:
Duration:
Location of interview:
File name and location:
Participant’s file number:
Gender: (male, female)
Age:
Marital status:
Year of BN: (1st year 2nd year 3rd year)
Religion:
Residential situation (alone, with friends, with family, others)
Part-time job:
Email for future contact:

Probes
Explain what you mean by…
Tell me more about that…
Why was that important to you?
How did you feel about that?
What influences your thinking about this?

- Describe to me any stress that you may have experienced or are currently experiencing while living and studying in Australia

- Describe to me how this stress is affecting your living and studying in Australia
• Describe the strategies you use when you are stressed

• Please tell me who and where you get support to assist you and how you felt about the support provided to you.

• Please suggest some strategies on how the university or the school can assist you while living and studying in Australia?

Additional information arisen:

Overall impression of the participant:

Key issues:

Any emotional reactions of the participant to the questions:

Any follow-ups needed:

What I didn’t do well:

How can I do it better in the future?
Appendix 15

Participant: Ding Ling (pseudonym), Chinese, DL will be used in the transcript.

Researcher: F

Date: 23/11/2009

Time: 12pm

Place of interview: the researcher’s office

Recording method: laptop

Age: 34yrs

Sex: female

Marital status: separated

Religion: nil

Year of BN: Year 3

F: Thank you for your time to talk with me today. Could you tell me, when did you come to Sydney? What course did you enrol when you arrived?

DL: I was here in 2006. I did three months English study at ACU because my IELTS was 6.0.

F: did you get 6.5 of IELTS after the three months study?

DL: yes, but I did the test twice. It was not easy.

F: Could you tell me why you wanted to study nursing in Australia?

DL: Ok. Let me think about it. Yes, I guess I can tell you several reasons for this. First, it was something to do with my elder brother and sister-in-law. They were working in Sydney before I came to study. My brother encouraged me to come here for good because he didn't see any opportunities that I would be promoted in the hospital where I worked as a doctor
in China. The hospital was small and the promotion was limited. Second, it was convenient for me to study in Sydney because I didn’t need to pay for accommodation and food which could be provided by my brother. In other words, I had to live with his family. The third reason was that I had problems in my marriage. My brother wanted me to get out of the relationship; otherwise, I would be kicked out by my husband. The last reason was that I would like to have different experiences. I was pretty excited about studying in a foreign country because I was bored with what I was doing in China at that moment. Here I am now.

F: Could you describe your experiences in your first half year in Australia?

DL: Language could be a problem for many people, I had no exception. But I didn’t feel bad about my daily use English in the very beginning. My brother took me everywhere. I didn’t need to talk to people much. I studied pretty well in the language class. I watched DVDs - English language programmes and read books to improve my English. I suddenly realized I had big problems with my English when I commenced the Bachelor of Nursing course. For example, I was not able to understand the lecturer’s talking. My interpretation of the question was often different from the teacher’s explanation. I didn’t have the correct context in my understanding. Another problem was due to my impaired hearing because I had a surgery on my one of my ears before. There was a problem in clarity of hearing. I could not hear the words clearly when someone was talking to me. I tried to use this as an excuse for my misunderstanding of English sometimes to save me from embarrassment. I was shy to talk to people. I normally talked to my female classmates who were from China. I didn’t like initiating a conversation with a local person or a male person. This has been my nature and also I didn’t have any confidence in speaking. My written English was not bad. I made a good progress from getting Passes, to Credits and Distinctions or HDs. I think I may have good comprehension of my assignment, which helps me get good marks. But I found there was a problem for me to get used to Australian education system at the beginning of my study. In Australia, students are seen as self-directed learners but I am not. I was used to a type of learning in which we obtained
knowledge mainly from teachers' lectures and text books. It took a long time to adapt to this new way of learning. One more thing is that research skills are cultivated and used throughout the BN course at ACU. This is very good for me to learn how to find information and understand evidence based learning is important.

F: It seems that you have learned a lot since you came here. Do you have other concerns about your study?

DL: Yes, I think my big concern was my spoken English. I found that I was not able to articulate my questions or concerns correctly when I wanted to talk with teachers. As a result, the teachers could not understand me normally. That was frustrating. I really felt that there was a huge problem in communication between the teachers and I. For example, I tried to ask a question at the end of the lecture about what the lecturer said in the class. But the lecturer could not understand what I meant and was often in the hurry to leave the classroom. I felt really stupid about myself.

F: Did you try to ask questions in class?

DL: I did a coup of times only. I was too slow to come out with a question in the class. Sometimes, I did, but the teacher said to me that she had discussed the question earlier on in class and would not answer the same question twice. She had to continue delivering her lecture. She asked me to write to her if there were further questions. I was embarrassed for being too slow. I had decided not to ask any questions in the future.

F: You mentioned to me earlier that your interpretation of the question was different from the teacher's explanation. Could you explain what you meant by that?

DL: My English level was still low. I could not understand the actual meaning of the word sometimes. Secondly, I tried to think the question in Chinese in my head first. It is possible that my way of thinking is different from a westerner's. My interpretation of a question could be wrong. I also had problems to write emails to my teachers because I was not sure how to ask a question and how to put it in a polite way. It was hard for me to compose an email. In my opinion, the ways of communication are different between a westerner and a
Chinese. I give you an example. When I was doing my clinical placement, my preceptor or facilitator regarded me as a lazy student and had no enthusiasm in learning because I didn’t talk to them much. My approach was to observe her demonstration first, and then doing things on my own, rather than asking questions all the time. I was cautious about what I should do and didn't talk much. My cautiousness and quietness could have given the facilitator such a bad impression of me. I noticed that my preceptor didn’t like me but liked other students who asked more questions and talked with her often. One more thing made her think I was bad was that I was scared of doing things by myself at the beginning of the placement because I was not sure how to do it and didn't want to make a mistake. I was cautious and often waited for a job to be given or to be told what to do. I may display a passive manner and this gave her an impression that I was not enthusiastic about the work. In China, when I was a junior doctor, I always listened to the senior doctor’s instructions first and then did my job accordingly. But here it is different. I had to be proactive (this is a word somebody told me before). I think my major problem in this was that I was too cautious about my actions and worried about any negative consequences.

F: I see. How did you get along with your patients?

DL: In fact, I felt comfortable to talk with my patients, which was different from talking with nurses. I didn’t have problems at all. They could understand me well. I guess my confidence in talking with patients made the difference because I didn’t have fear to talk with the patients. Most of patients were nice to me.

F: Looking back, what have you learned from your clinical experiences?

DL: I guess once my confidence is built, I will have no fear of going to clinical areas. More practises will make it perfect. To be honest, my biggest problem above all was my academic writing.

F: Could you tell me more about this?

DL: I found it was difficult to understand the structure of an essay. Although I did well in IELTS, I was not able to apply the skills I learned in the IELTS course to composing an academic
essay, especially when the length and content of writing changed. I remembered that my first assignment was about a case study related mental health. I got a credit for the assignment but was helped by my sister-in-law. After my sister-in-law left for China, I was on my own to prepare other essays. It became so hard for me. I went to see academic skills advisors who helped me with referencing and checking the structure of the essay. I remembered I did a reflective journal about one of my clinical experiences. I wrote about one patient who went for Barium x-ray for his upper GTI problem but he had a chest pain during the procedure because of swallowing the cold Barium that induced or triggered his angina to occur. I tried to describe the whole story in details. I thought I did a very good job about it. I was surprised that I only received a Pass for this assignment. I tried to ask the teacher about the reasons why I got such a low mark, but I was not able to express my question clearly to the lecturer. In fact, he looked so confused when he was listening to me. I tried very hard and took me a while to send the message across. He told me that the reason for my low mark was that my writing was too descriptive and I didn’t link the theory in this scenario. I didn’t know how I could put the theory into this piece of writing. My focus was on the importance of nurses’ the emotional support to the patient during the episode. I did not explain that why angina was triggered by swallowing the cold barium. The mechanism of this is to cause coronary arteries constriction. At one stage, I was worried about whether I was able to finish the BN course because I had put so much effort but I could not get a good mark. I was wondering who could help me solve my problems. I needed to have a wise person to give me some tips or directions. But I could not find anyone except the academic skills advisors.

F: How did you feel about the academic skills provided by the advisers?

DL: They were very helpful. They helped me with referencing and grammar. They also taught me how to analyse the topic of an assignment.

F: Did you consider the difficulty with your academic study as one of your stressors?
DL: yes, it was my big stress but I had other stresses, especially from my daily living.

F: Could you explain a bit more about this?

DL: I lived with my brother’s family for a year. Unfortunately, my sister-in-law’s parents were also living there. They were former high government officials in China. They looked down at me much because I am from an ordinary family. My brother’s parents-in-law treated me badly. They said “why you wanted to come here to study? If you are clever and capable, you should be able to live in anywhere”. They could throw a pot of hot soup to my sister-in-law when they were angry. I freaked out when I saw this happening in front of my eyes. I had a part-time job at a nursing home. I had to go to work in the morning and came back to be a baby sitter in the evening. I was so tired and not used to the heavy physical job as an AIN at all. I worked as a doctor in China. Being an AIN was very hard for me because I was not used to the jobs such as lifting, showering and feeding patients. I don’t think that I had much energy left for my study at the end of the day. I tried to memorize some questions for the sake of getting through exams.

F: I am sorry to hear about this. How were you able to overcome this situation?

DL: I didn’t have any ideas about what to do because I was feeling numb and apathetic. I tried to write dairies about what I had been through every day. I could not tell my mother or brother about my problems and concerns because I didn’t want them to worry about me. Luckily and finally, my brother and his wife’s family left for China after I was with them for a year. I felt much relieved.

F: Did you try something to make you feel better?

DL: Not really. I think I had lost my one year in life. I didn’t know how I could pass it. I was physically and mentally stressed. Working at a nursing home was very tough. Some staff complained about me that I was stupid and didn’t know my job. I normally didn’t want to ask people to help and tried to finish things by myself. I did try to ask for help a few times, but I failed to get any one. I ended up with backaches and a sore body because I tried to do lifting on my own. I
remembered that my goal was to live on without thinking much. That was a terrible time in my life.

F: Have you made any friends?

**DL:** Yes, I have made a few friends with my classmates. I didn’t normally want to talk to people about my personal problems but some common interesting stuff like study, assignments, etc. I often talked to Chinese friends because the language and cultural background are the same. I also liked talking with other international students because we had something in common, e.g., English is not first language and we live far away from families. For the local students, I could not understand them if they talked faster. I didn’t feel like to talk with them if there was a communication problem between the person and I. But I don’t talk to people by nature, especially to the younger people including young Chinese people.

F: Can you tell me why?

**DL:** I guess there could be several reasons for this. A lot of young people have different world views. They admire western culture blindly. They are too young to have common interests with me. What they do is not what I like (e.g., watching movies). Some of them are jealous about other’s wealth, clothes and social status, which is ridiculous to me. I feel that it wastes my time talking to them. I would stay by myself to write diaries and read some Chinese history books. I want to learn more about Chinese culture. I would like to talk to someone who is senior and helpful, and has more knowledge, common interests with me.

F: Were you able to find any mature aged people to talk with?

**DL:** Yes, but only one. He is a local friend and is great.

F: Can you describe your experience as a Chinese individual in Australia?

**DL:** Most of time, I was fine. But occasionally, I was treated unfriendly because my language skills were not good. I don’t think that was because of races or colours of skin.

F: Could you give me an example?
DL: As I said before, the lecturer was impatient with me because I could not express my questions clearly in English.

F: I see. Finally, can you provide some suggestions so ACU can improve services and support to our international students.

DL: I think the BN course provided by ACU is pretty good to me. The ethical considerations are emphasized almost in all subjects. This is something different from what I studied in China. I have been thinking that why ethical issues are important in this country. I guessed one possible answer. In China, Confucius tradition has been dominating our culture for a long time. Children are expected to respect their parents and look after their parents or elderly according to Chinese culture. “xiao” (filial piety) has been embedded in our behaviours. We have carried on this social norm one generation after another. But in Australia, things related moral standard are listed in the text books and to be studied by students. In additional, the legal measures are very powerful. Western cultures value human right much. Ethical studies could sure an individual’s right will be maintained.

F: Do you have any further comments?

DL: I wish that there could be some units special designed for international students, e.g., introduction of the local culture or more language preparation classes. If a student starts the course from the second year, the transition is very important. For clinical placement, I think the university has placed the pressure on students. We, as international students, don’t know the locations well and we have to choose the clinical placement by ourselves. For example, I just finished one clinical placement. I had to get up at 4am and came home at 6pm. I was out for 14 hours. There were 4-5 hours spent on the trip! I was very tired and went to bed straight away after coming home. I felt I was in prison every day. I was exhausted physically and mentally. Many other students had the same feeling.

F: Could you tell me the reasons why you had such a high level of physical and mental exhaustion?

DL: yes, there were three reasons. The first, there was a fear for failure of the clinical placement. Mentally I was tensed up. Secondly, I could not understand the nurses' conversations most
of time because they spoke fast and used a lot of medical terms. The fear for failure was greater. The third, I didn’t know how to work proactively. The nurses could have complained about me, which leads to a fail. If I failed, I would lose $2000 dollars! This is a big fear! I was assigned to a different nurse every day. I had to be familiar with the nurse's accent, her personality and work habits. I was much stressed. To be honest, I really don’t like nursing profession because of the high level of physical work load and mental stress. I wish I could go to do a job related to community services.

F: I am sorry to hear that, but I wish you good luck in your nursing studies. Do you have anything else to tell me?

DL: No. thank you for providing me this opportunity to talk with you. Thank you very much.

F: thank you, too.
Appendix 16

Participant: Sharon (Pseudonym), Nepalese.

Researcher: F

Date: 5/9/11
Time: 10am

Place of interview: researcher’s office

Recording method: Olympus recorder

Age: 25 yrs
Sex: female
Marital status: married
Religion: Hindu

Year of BN: Year 3

F: Thank you for coming for the interview. Could you tell me, when did you come to Sydney?

Sharon: I came to Australia 3 years ago with a student visa. I got this done via an immigration agent. I did my IELTS and got 5.5.

F: What course did you enrol in?

Sharon: Because of my IELTS result was low. I had to enrol in a diploma of nursing with ACU first. It was a year course. After completing the diploma successfully, I was accepted into the BN program.

F: Could you tell me more about the Diploma course?

Sharon: It was a diploma for nursing and to prepare students who have not met the English proficiency requirement of an BN programme. There were some academic English components in the course. Previously I studied nursing for 3 years in Nepal. If my IELTS was 6.5 each band, I could be allowed to enrol in the BN course straight away. The agent in Nepal said to me that it was very hard to study in Australia if
my English is not good. I was happy to complete one year diploma before commencing the BN. It was very helpful for my future study.

F: Was the course helpful?

Sharon: It is helpful in improving my English skills, e.g., communication skills and essay writing. It also had some nursing components which were quite simple but gave me an idea of how assessments were done in this University, which are different from what I did in Nepal.

F: What are the differences in assessments between your college in Nepal and ACU?

Sharon: Many differences. We only did exams at the end of each semester as the main assessment. In ACU, we write essays, reflections, oral presentations and group works. There are several forms of assessments and they occur at different periods throughout the semester. Australian assessments are not bad. If I fail the first one, I still have chances to catch up later. But in Nepal, if I fail the exam, I fail the unit.

F: What did you study in Nepal?

Sharon: I finished my 3-year nursing proficiency certificate in Nepal.

F: Have you also noticed any differences in these two nursing courses?

Sharon: yes, of course. There are a lot of differences. The 3-year nursing course in Nepal was at a diploma level. Now I am doing a 3-year Bachelor of Nursing. The level of study is deeper and harder, for example, here more things are to do with research. We have to do research to find answers. We also do quite a lot of bioscience units at the University. I think a good bioscience foundation will enable us to better understand how drugs work and diseases progress.

F: Just now you said that you did “research to find answers”, can you explain a bit more?

Sharon: We search answers from the internet or database here. We searched answers mainly from text books in Nepal.
F: Are there any differences in clinical placements between here and Nepal?

**Sharon:** I could say they are similar because we have a lot of time to go to clinical to practice. There is something different I guess. E.g., in Nepal, we focused on patients only; here we not only look after patients but also their families. We didn’t do certain tasks such as showering patients in our country because it was done by pt’s family members. Here we have to do it.

F: I see. I would like to ask you some other questions about your life in Australia. Did you live on your own?

**Sharon:** When I first came here, I lived with my friends. Then I went back home to get married later. My husband came to Australia to live with me.

F: Did you experience any difficulties regarding academic and home life in the first six months in Australia?

**Sharon:** I think the first half year was hard for us because we came to a new country. The hardest was to find a job to support ourselves financially. We also needed to study hard to avoid failing subjects. If we fail a subject, we have to do it again and pay extra money. Money was a burden to us. For study, I was not aware of a “due date” of assignments. It seemed that there were many due dates which I often forgot them. We didn’t have this kind due dates in Nepal. Everything (e.g., exams dates) was informed and reminded by our teachers when the time came. We even could choose our preferred time to make a report to the facilitators in Nepal so that there was no pressure of deadline.

F: What was your biggest concern during that time?

**Sharon:** The finance was my biggest concern.

F: How did you manage it?

**Sharon:** My finance partially relied on my family. I had to have a job to support me. Now I am married and my husband helps me pay fees from his salary earned here.

F: How did you find your part-time job?
Sharon: I was lucky enough to find a job as an AIN at a nursing home through an agency within the first 3 months after I arrived in Australia. I only did one-interview.

F: That is great. Do you still the same job?

Sharon: Yes, I have.

F: Do you enjoy working in this nursing home?

Sharon: Yes, I do. The nursing manager is very friendly. My working place is just like a family. They are flexible with my request for annual leave when my clinical placement is on. I could get the leave for my clinical sometimes even I just give them one week notice.

F: How about the residents?

Sharon: They are nice to me, too. They have recognized me already which makes my job much easier. They smiled at me and said 'hello' to me when I entered their rooms. At the beginning, I needed a lot of help from my working mates to get me to be familiar with these residents and the environment.

F: Good. Have you ever received unfair treatment in your work place?

Sharon: Honestly speaking, I didn’t receive any of this. But there was one example I could give to you that may tell you something ... There was one team leader of the AINs in the past. She was an Aussie. She focused on allocating tasks to other AINS but didn’t do her part (worked as an AIN) at all. I was asked to cover her duties many times during shift. She was just bossing us around. All the AINs were not happy because she should have participated in the team work. Anyway, she was removed by our manager to another place to work. Other than this, I don’t have any problems with the staff in this nursing home.

F: So how about other places like the uni or clinical areas?

Sharon: Not really. But I would mention something to you again. It was about a group activity we have done recently in a particular unit. We had to group up with local students. In my opinion, they were not cooperative. E.g., we set up a meeting for a group discussion. On the meeting day, some of local
students just sent text messages to say they were sick or having other reasons for not coming to the meeting. It seemed that they didn't bother about the group work much. But overseas students worked hard and tried to get things done because we don't want to take the risk of failing the unit. We are also worried about our visa extension and money if we fail. I don't think the locals understand those things. If we could have worked with our own friends (Nepalese) or select our group members by ourselves, we could have done much better in group activities. Another example was happened a long time ago. I was late to start the unit by a week. I was allocated to a class in which I was not familiar with the students. They were a multicultural group. There was a debating task. I was interested in the position of “for” but I didn’t get it. I was given the “against” instead. Some local students didn't talk to me nicely and didn't want me to join their group. That was unpleasant. I felt sort of rejection in class.

F: Thank you for sharing that with me. What can you say about the lecturers?

Sharon: They are fine with me.

F: How is your study going?

Sharon: My study is good except my English skills which I still have concerns.

F: What are your concerns?

Sharon: My spoken English is not very good. Although we studied English in nursing diploma courses in Nepal, but we didn’t speak English when we were on clinical. Our patients were Nepalese. I think our communication skills are still low.

F: Could you tell me more about this?

Sharon: we speak English with an accent or a Nepalese tone. People here have difficulties understanding our pronunciations. I am often told that at they don’t understand my accent.

F: How about your writing?

Sharon: yes, I have problems, especially vocabularies and grammar.

F: Could you give me an example?
Sharon: yes, certainly. I have got my result from my Ethnics essay recently. The mark was very low 6/45. I was surprised by this result. I went to see the academic advisor who she had checked my easy before I submitted it. She advised me to make an appointment to see the marker for clarification. I also filled the form (an appeal for the grade) for reviewing my essay because the mark was very low and the marker didn't provide any comments. I got my essay re-marked and the mark was down from 6.5 to 6! Some comments were written this time. It says that I had problems with gramma. The content was remarked as “unintelligent???”(** *Not sure about what was that? She could not pronounce the word clearly) I was not sure the meaning of the word and didn’t check it on a dictionary.

F: Can you spell the word for me?

Sharon: I can’t remember it now. Anyway, I was given a chance to do a supplementary exam and I passed the unit. I think that I should have got some marks from the content of the essay. I didn’t plagiarize. If my grammar is not good, but how come I could have got many “credits” in my contexts essay writing. I was pleased that I passed this subject finally.

F: Besides your grammar problem, do you have any other difficulties with your study?

Sharon: I think I am ok overall with my studies rather than having English problems.

F: Good. How do you find being a Nepalese in this country?

Sharon: I have not had problems about being a foreigner here. I have had several Nepalese friends. We talk with each other and study together. We understand each other well.

F: Have you made other friends from other cultural background?

Sharon: No. I haven't. It is easy for me to communicate with Nepalese people. We were the largest group in ACU in 2009. All my friends I have made here are Nepalese. I live with my husband who is my supportive person; therefore, I don’t really need to make friends from other groups (it means they are not Nepalese).
F: What do you do in your spare time?

Sharon: My husband and I go to city or other places, and go to watch movies, too.

F: Do you go to temples often?

Sharon: We go to a temple but not on regular basis. We go there to pray when there are special occasions, e.g., Nepalese festivals. Sometimes, if we feel life to go we just go.

F: Why is it important to you to go to a temple?

Sharon: Yes, we believe in God. It is important to worship our God. People will show their respect for us. Going to a temple is to show our identity to others. E.g., we don’t eat beef. If people know we are Nepalese, they will show respect for our choices.

F: Do you think difficulties such as inadequate English proficiency and financial burden may be the sources of your stress?

Sharon: Yes, definitely.

F: Could you use your own words to tell me what stress is?

Sharon: It is an unbalanced situation which can be from environment, study (e.g., a lot of assignments, cannot finish it in time), finance (uni fees are due but not enough money to pay). For personal relationship, there is no stress for me. My husband is very supportive and caring. My friends don’t give me stress. My study, yes, my visa is going to expire. That is a sort of stress to me, too.

F: Can you describe strategies you can use to cope when you are stressed?

Sharon: I will tell everything to my husband first. He is the first contact person. I also talk to my friends, especially for study matters. I can ask them to help. Sometimes, I went to seek help from lecturers and academic advisors. Of course, above all, I have God to help me.

F: Do you go to see academic skills advisors often? What do you get from them?
Sharon: Yes, many times in the past. They helped me with my grammar, vocabularies, essay structures and referencing, but I don’t go to see them now.

F: Can you tell me why?

Sharon: This is all because of my low marks in Ethics. The academic advisor asked me to see the marker eventually. That means the lecturer should know more about the assignment than the academic skills advisors. I decided to talk to the lecturer if there is a question.

F: It seems that you are still upset by the mark given by the Ethics lecturer.

Sharon: Yes, I am. I just can’t help it.

F: How are you going to make yourself feel less stressed?

Sharon: I guess the time will heal my negative feelings. I talk with my husband when I feel bad about myself. But I don’t talk with parents often. For example, I didn’t tell them about my low mark in my Ethics essay because I didn’t want to upset them. My parents knew that I was a good student in my childhood. Getting a low mark would make my parents worried more about me. They really cannot do much about it. I just said to them I had passed all subjects.

F: I think we have covered quite a lot so far. Before we finish today’s interview, I would ask you to provide some suggestions to the university in order to improve the teaching and services for our future students.

Sharon: I think the university is doing well to help students. I don’t have much to say. But on the group’s activities, I wish that we could be allowed to select our group members on our own so that we could work together more effectively and get better marks.

F: Why do you think teachers allocate the group members?

Sharon: Theoretically, it is good for the teacher to allocate students into groups because local and international students can be mixed up well. But it is not practical. As I said it before, some local students didn’t do their job but got the equal marks as.
F: Do you have any more to share with me before we finish the interview?

Sharon: No.

F: Thank you very much for your time to talk to me today.

Sharon: It is my pleasure.
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### Node Structure

#### Nepalese students

12/09/2013 11:53 PM

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Appendix 18 – Two examples of Memo

A memo for Ding Ling, a Chinese participant:

Overall impression of the participant:

The student was a shy person according to her own description. She was nervous at the beginning. She could talk openly until a conducive environment was established. She has been through a lot in her life (relationship problems and living with her brother's family) and looked forward to a positive change in her life.

She mentioned about an ongoing translating process in her head when she speaks English. She was concerned about a possible wrong interpretation in a conversation because of her inadequate English. Is this common among Chinese students? To find out!

There were some interesting points about her clinical placement such as observing first, waiting for the task to be allocated, rather than actively finding tasks to do because she was worried about the mistakes she could make. But the nurse saw her as being lazy! Is this something to do with cultural influences on behaviours or just her personality? To find out more from other participants!

She also made a point relating to a mature student's view about making friends with young students. There are many mature students in nursing. Could this be a common thing for the mature students? To take notice!

Sharing accommodation with her relatives was a negative experience to her. There are other participants who had similar experiences. To take a note!

From a doctor to a nurse, this is a big transition. What is the implication here? It seems that the student made a huge adjustment. Were there more cases similar to this? To pay attention to it!

Reflection on interview skills:

I was worried about the time and tried a bit to guide the conversation. It would be good if I could have listened to her more and give her more time to talk. There would be more information collected.
A memo for Sharon, a Nepalese participant:

**Overall impression of the participant:**
- A quiet neatly dresses student
- She used "we" instead of "I" when answering the questions.
- CO about group activities in class - local students didn't prepare the work well
- Overall performance - Ds or HDs. Very good! Some English problems.
- Not happy about a result (645) given by the LIC of Ethics - a subject in the third year. The comments on her assignment given by the academic advisor and the lecturer were different. She stopped seeing the former for help.
- Coping - God, talking with hus and first friends
- She does not have any local friends. She does not want to make friends from other cultural backgrounds. Check more from other Nepalese participants!

**Interview skill reflection:**
I used too many direct or close-ended questions. When the participant stopped talking, I had difficulty initiating the conversation quickly or naturally. I felt I didn't do well in this regards.

My office phone (not mobile) was ringing twice during the interview, which was a distraction. I should turn the phone into a silent mode next time.
## A Thematic Map

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
<th>Sub-categories</th>
<th>Codes/Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THEME ONE</strong></td>
<td><strong>ACCULTURATIVE STRESS</strong></td>
<td><strong>Language barrier</strong></td>
<td>Lack of confidence to speak, Limitation in expression of English, Difficulty understanding English accents, slangs or jokes, Influence of the mother tongue and inherited cultural background, Classroom behaviour</td>
</tr>
<tr>
<td></td>
<td>1. Academic difficulties</td>
<td><strong>Learning issues</strong></td>
<td>Differences in teaching and learning, Differences in nursing curriculum</td>
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<tr>
<td></td>
<td></td>
<td><strong>Clinical placement difficulties</strong></td>
<td>The clinical allocation just like a battle, clinical practice issues (Fear of being there &amp; feeling scared and sad), Difficulties with communication, Feedback about facilitators/preceptors (positive and negative)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Uncertainty about the future</strong></td>
<td>IELTS 7.0 each band for nurse registration, Competition for new graduate programs, Immigration concerns</td>
</tr>
<tr>
<td></td>
<td>2. Cultural-related difficulties</td>
<td><strong>Homesickness</strong></td>
<td>Loneliness, missing family, friends and the things they liked much at home</td>
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<tr>
<td></td>
<td></td>
<td><strong>Difficulty making friends</strong></td>
<td>Making friends with people who are from the same or similar cultural background, Difficulty interacting with local people, no desire to make friends with local students</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Problems for male nurses</strong></td>
<td>In a girly environment and gay?, Traditional cultural influences</td>
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<td></td>
<td></td>
<td><strong>Perceived discriminations</strong></td>
<td>Lecturers’ bias towards local students</td>
</tr>
<tr>
<td></td>
<td>3. Financial difficulties</td>
<td><strong>Expensive tuition fees</strong></td>
<td>Tuition fees are high at $20600 per year. Parents used property to take loan to send children to study in Australia</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Higher value of the Australian dollars</strong></td>
<td>1 AUSS = 6-7 CYB or 70-80 NPR</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Part-time job issues</strong></td>
<td>Difficulty finding a job, AIN requirement was a concern, Imbalance between work and study, and Exploitation at work,</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Accommodation issues</strong></td>
<td>Problems with a landlord or flat mates, no privacy, issues of living with relatives</td>
</tr>
</tbody>
</table>
### Appendix 18  A Thematic Map

<table>
<thead>
<tr>
<th>THEME TWO</th>
<th>Signs and Symptoms</th>
<th>Theme Two Depression</th>
<th>WHO WERE THEY MOSTLY? - STUDENTS WITH A BROKEN RELATIONSHIP, OR FINANCIAL DIFFICULTIES, OR STRUGGLING WITH ENGLISH, FAILING SUBJECTS, CLINICAL ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPRESSION</td>
<td>Hopelessness and suicidal thoughts, crying, loss of appetite, loss of concentration, loss of energy, fatigue, sense of worthlessness</td>
<td>Who were they mostly? - students with a broken relationship, or financial difficulties, or struggling with English, failing subjects, clinical issues</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THEME THREE</th>
<th>Ways of Coping</th>
<th>Theme Three Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPING</td>
<td>Problem-focused</td>
<td>Confrontive coping:</td>
</tr>
<tr>
<td></td>
<td>Planful problem-solving</td>
<td>Aggressive attempts to change the situation possibly characterised by some hostility and risk-taking: not reported!</td>
</tr>
<tr>
<td></td>
<td>Seeking social support:</td>
<td>Deliberately using problem-focused means to change the situation, along with an analytic approach to dealing with the situation (often used by both groups): “I went to seek help from academic skills advisors about my assignments.” “clarify with the lecturer about the assignment” “watch TV and listen to news to practise my English pronunciation”</td>
</tr>
<tr>
<td></td>
<td>Accepting responsibilities or blame:</td>
<td>Seeking emotional, tangible and informational support (used a lot! Often used by both group, but the Chinese used more often than the Nepalese) : talking to parents, friends, flat mates, classmates and colleagues, seeking help from lecturers, academic skills advisors, the counselor at the university, borrowing money from relatives for tuition fees,</td>
</tr>
<tr>
<td></td>
<td>Distance:</td>
<td>Acknowledging one's own role in the situation, and attempting to put things right: “It is my fault because I made the choice to come to study here. I have to do well.”</td>
</tr>
<tr>
<td></td>
<td>Escape-Avoidance</td>
<td>Using cognitive strategies to detach oneself from and minimize the importance of the situation. “I tried to forget what happened to me.” (e.g., a broken relationship) “I didn’t do anything and I believe the luck will come to me next time.” (e.g., didn’t get a job).</td>
</tr>
<tr>
<td></td>
<td>Who were they mostly?</td>
<td>Using wishful thinking and behavioural strategies to escape from or avoid the problem: “I drink when I am stressed.” “I picked up my smoking again because of my stress.” “I slept a lot when I didn’t feel good.”</td>
</tr>
</tbody>
</table>

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### Theme Four

**Students' Feedback and Suggestions to the University**

<table>
<thead>
<tr>
<th>Teaching &amp; learning</th>
<th>Positive reappraisal: Acknowledging one's own role in the situation, and attempting to put things right: “It is my fault because I made the choice to come to study here, I have to do well.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-controlling: Attempts at controlling one's own feelings and actions: “I don’t talk to my parents about the bad things but the good ones” “I meditate after coming back from my work to get myself recharged.”</td>
</tr>
<tr>
<td></td>
<td>Attempting to create positive meaning by concentrating on personal growth; this coping style has a religious dimension: “I pray to the God.” “I learned a big lesson from this. I will be very careful next time.”</td>
</tr>
<tr>
<td>Teaching hours</td>
<td>Long hours for lectures and tutorials are needed</td>
</tr>
<tr>
<td>Support to 1st year students</td>
<td>Academic writing and computer skills support to 1st year students</td>
</tr>
<tr>
<td>Lecturer delivery</td>
<td>Lecturers’ accent issues, individual performance evaluation, more authority to be asserted</td>
</tr>
<tr>
<td>Clinical placement issues</td>
<td>University should be an advocate for students, placement allocation issues, Numbers of enrolment should suit the capacity of the university, and increase in IELTS score ensures the quality of students.</td>
</tr>
<tr>
<td>Control of enrolments</td>
<td></td>
</tr>
</tbody>
</table>

| Additional resources and support for students | Assistance in finding a part-time job |
|                                                | More books and computers are needed |
|                                                | Gatherings and social events, sport facilities |
|                                                | ATM and more food varieties in canteens, sports facilities |

<table>
<thead>
<tr>
<th>Other</th>
<th>Public transport issues</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Concession fares are needed.- NSW new policy to give International student identification card holders are not generally eligible for concession fares. However, they may obtain a 50% discount on NSW TrainLink services as part of an initiative aimed at promoting rural and regional tourism. (This happened early 2013, therefore, public transport issues were not reported in thesis.)</td>
</tr>
</tbody>
</table>