Scoping study of bilingual provision in nurse education

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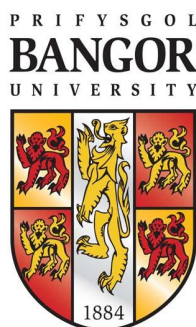
Report

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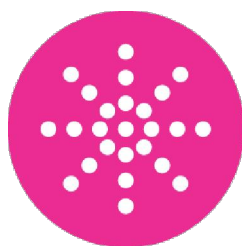**[1]Siobhan Tranter**

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Canolfan Addysg Uwch Cyfrwng Cymraeg
Centre for Welsh Medium Higher Education

Executive summary

Introduction
The aim of this scoping study was to produce an overview of bilingual provision in nurse education in Wales and, in collaboration with key stakeholders, outline plans for developing an all-Wales strategy. Research evidence demonstrates that offering language choice to patients and clients enhances the quality of health care provision. This has particular implications for bilingual countries, such as Wales, where, recent legislation has led to growing demands for health care services in Welsh as well as English and bilingual skills, particularly amongst nurses. Bilingual provision in nurse education has been identified as a way of preparing nurses for practice in the bilingual setting. Nevertheless, this has been thwarted by a lack of funding and strategic planning. This study set out to establish the evidence base to build the foundations of a strategic framework for bilingual nurse education in Wales.

Design and Methods
The study was commissioned by the Centre for Welsh Medium Higher Education and undertaken between 1st March and 30th September 2008. A qualitative approach was adopted, incorporating an empirical literature review, policy review and stakeholder consultation. A convenience sample of 71 respondents participated in the stakeholder consultation by telephone, e-mail or postal questionnaire and the data were subject to thematic analysis.

Results
Six main themes emerged from the stakeholder consultation, associated with:
- External influences
- Policies and strategies
- Academic staff
- Students
- Resources
- Outcomes

These aligned with the three main themes identified from the literature review that were associated with macro (strategic), meso (organisational) and micro (individual) levels of educational provision. Areas of accord and mis-alignment were considered between the stakeholder's perceptions, policy drivers and literature findings and this led to the establishment of a framework of priorities for bilingual provision in nurse education, based on key themes arising from each strand of enquiry. Sixteen priority areas were identified and these form the basis for the ensuing outline plans for an All-Wales strategy for bilingual provision in nurse education (see Figure 1).

Figure 1: Outline Plans for All-Wales Strategy for Bilingual Provision in Nurse Education

No.	Action	Target	Resources
1	Establish cross-sector support for an All-Wales strategy for bilingual provision in nurse education	Welsh Assembly Government; Chief Nursing Officer; Nursing and Midwifery Council; Higher Education Wales; Centre for Welsh medium Higher Education; Cyngor Cymru; Royal College of Nursing; Welsh Language Board	
2	Target provision according to capacity, capability and demand	Welsh Assembly Government; Chief Nursing Officer; Nursing and Midwifery Council; Higher Education Wales; Centre for Welsh medium Higher Education; Cyngor Cymru; Royal College of Nursing; Welsh Language Board	
3	Develop a bilingual skills strategy for nursing workforce planning in Wales	National Leadership and Innovation Agency for Healthcare; Welsh Assembly Government; Chief Nursing Officer; Nursing and Midwifery Council; Cyngor Cymru; Royal College of Nursing; Welsh Language Board	
4	Establish a strategic all Wales marketing campaign to attract Welsh speakers to nursing	NHS Wales Welsh Language Unit, Mantais; Welsh Language Board	
5	Further discussions about costing bilingual provision into funding contracts	National Leadership and Innovation Agency for Healthcare; Welsh Assembly Government; Higher Education Wales; Centre for Welsh medium Higher Education; Cyngor Cymru	
6	Adopt empowerment approach to curriculum delivery to normalise bilingualism across institutions	Cyngor Cymru; Higher Education Institutions	Staff development

7	Implement flexible models of bilingual teaching and learning in curriculum delivery, to meet demand	Cyngor Cymru; Higher Education Institutions	Staff development; Translation; Teaching and learning resources; IT
8	Update marketing, recruitment and admission strategies to attract Welsh speakers to nursing	Cyngor Cymru; Higher Education Institutions; Mantais	Marketing and recruitment
9	Adopt processes and schemes to develop capacity and capability for bilingual provision	Cyngor Cymru; Higher Education Institutions; Centre for Welsh medium Higher Education	Staff development; Human Resources; Administrators
10	Liaise with education liaison groups and mentors to enhance bilingual provision for nursing students in the clinical setting	Higher Education Institutions; Education Liaison Groups	Clinical managers; Clinical mentors
11	Strengthen the Nursing Network Panel and identify needs for bilingual initiatives, resources and terminology	Higher Education Institutions; Nursing Network Panel	Centre for Welsh medium Higher Education
12	Establish processes of disseminating bilingual teaching and learning resources and terminologies to students and staff	Higher Education Institutions	IT support; Translation; Centre for Welsh medium Higher Education
13	Adopt new IT technologies to enhance bilingual teaching and learning	Higher Education Institutions	IT Support
14	Make use of appropriate translation services as a key element of bilingual teaching, learning and assessment	Higher Education Institutions	Translation, Terminology
15	Review strategies for Welsh language skills training	Higher Education Institutions	Welsh language centres
16	Review and incorporate language awareness training in curriculum delivery	Higher Education Institutions	Language awareness resources

Contents page

Introduction

This report was commissioned by the Centre for Welsh Medium Higher Education to provide an overview of Welsh medium provision in nurse education and outline plans for developing an all-Wales strategy.

Background

A recent investigation shows that the majority of students who request bilingual courses do so in order to develop bilingual skills in their specialist fields (University of Wales Board for Welsh Medium Studies, 2003). In the light of their statutory duties to provide services in Welsh as well as in English, these skills are of the utmost importance to NHS providers in Wales (Welsh Assembly Government 2005a). Furthermore, research evidence worldwide demonstrates that offering language choice to patients improves the quality of the health care provided (Timmins, 2002; Jacobs et al., 2006).

Many of the early initiatives to introduce Welsh medium provision in healthcare studies were established through the Bilingual Initiatives in Midwifery Education Project at Bangor University, funded by the Welsh Assembly Government. This initiative was instrumental in guiding and informing wider developments across the sector with a significant measure of success. Nevertheless, opportunities to build on these early developments in the context of nurse education have been limited, mainly through a lack of funding and strategic planning (Higher Education Funding Council for Wales, 2004).

The establishment of the Nursing Network Panel to expand the provision of Welsh medium education in nursing provides a valuable opportunity to make progress with developments in a collaborative and strategic manner. Given sufficient resources, the panel has the potential to make an important contribution within a national strategy for developing Welsh-medium provision in nurse education, across individual institutions and on a collaborative basis. In order to plan for these developments and best meet the demands of students and service users, a scoping study of Welsh medium provision in nurse education that collated the underpinning evidence for best practice and the perceptions of a range of stakeholders across Wales has been completed.

NHS Wales recognises that 'Effective Welsh and English bilingual services are essential to providing quality care …' (Welsh Assembly Government, 2005a, page 13). Thus bilingual skills are paramount for service providers, particularly nurses, who are the natural mediators in healthcare (Mallik, 1997). Furthermore, the Welsh Assembly Government is committed to extending Welsh-medium higher education through strategic planning (Higher Education Funding Council for Wales, 2004). In order to expand Welsh-medium nurse education effectively, a strong evidence base is required to plan developments; and this scoping study establishes such a foundation.

Aims of the study

The overall aim of the study was to produce an overview of Welsh medium provision in nurse education and, in collaboration with key stakeholders, outline plans for developing an all-Wales strategy.

Objectives

The main objectives were:
- to undertake a critical evaluation of existing research and policy documents in the field and identify the key issues relating to Welsh medium / bilingual provision in nurse education
- to elicit views from a range of key stakeholders regarding priorities for Welsh medium / bilingual provision
- to outline plans for an all-Wales strategy for Welsh medium / bilingual provision in nurse education
- to identify the resource implications of implementing the new strategy

Methods

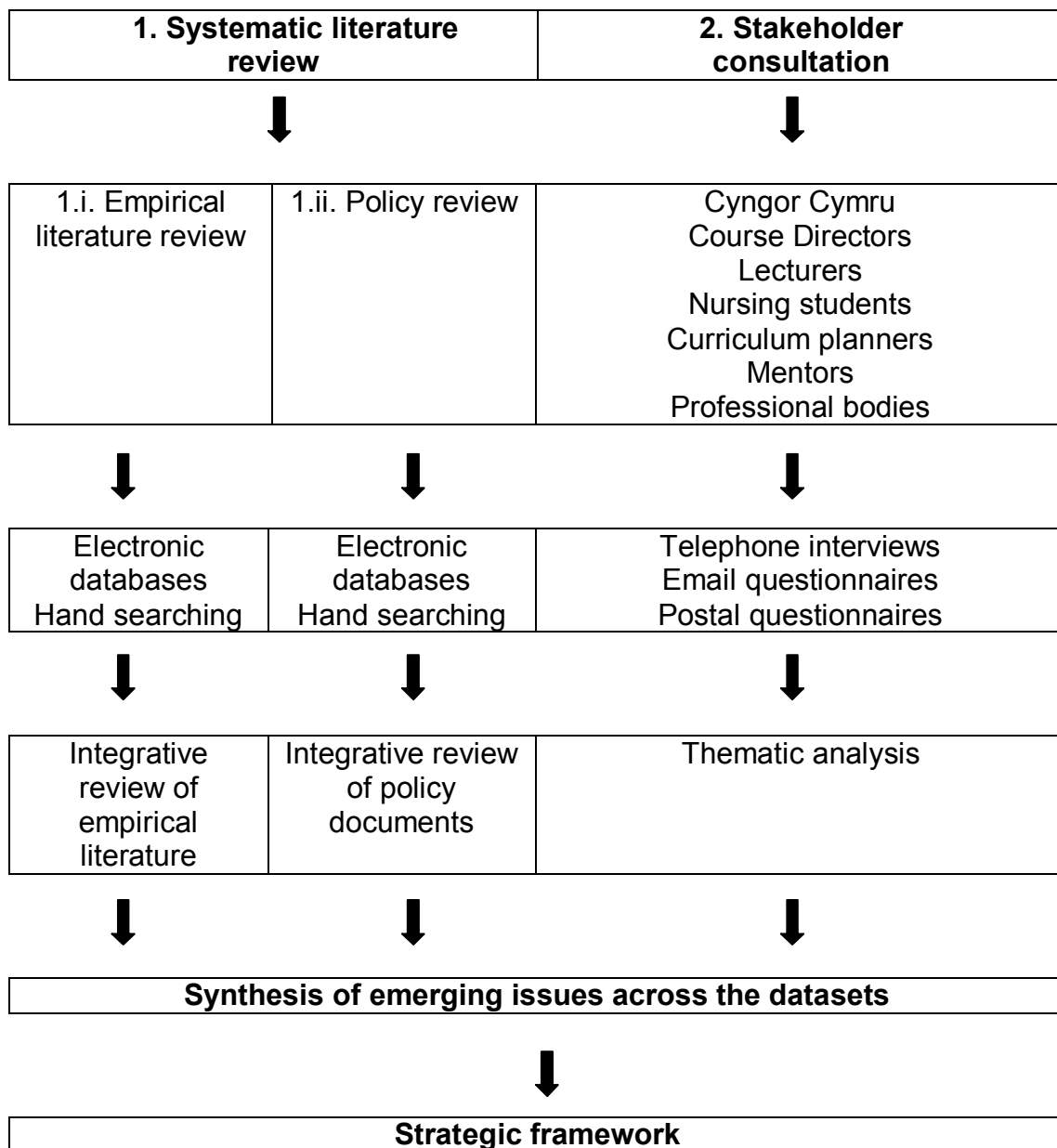As agreed with the commissioners, the study was conducted over a seven month period between March and September 2008 and steered by a project board representing key stakeholder organisations and professional groups.

In line with the aims of the study, the data collection focussed on two main elements, namely a:
1. Systematic literature review
2. Stakeholder consultation

See Figure 1 for study overview.

Figure 1: Study overview

1. Systematic literature review	2. Stakeholder consultation

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1.i. Empirical literature review	1.ii. Policy review	Cyngor Cymru Course Directors Lecturers Nursing students Curriculum planners Mentors Professional bodies

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Electronic databases Hand searching	Electronic databases Hand searching	Telephone interviews Email questionnaires Postal questionnaires

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Integrative review of empirical literature	Integrative review of policy documents	Thematic analysis

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Synthesis of emerging issues across the datasets

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Strategic framework

Systematic literature review

The aim of the review was to examine the evidence base within the literature for enhancing Welsh medium provision in nurse education. This involved a systematic appraisal of the national and international literature, including research studies, descriptive papers, policy documents, professional codes and position papers.

The systematic literature review was made up of two main elements, as follows:

Empirical literature review

This element focused on research studies and descriptive papers that centre on minority language/bilingual provision in healthcare education, published in peer-reviewed journals.

National and international papers published between 1980 and 2008 were sought via the following electronic databases: CINAHL; Medline; Applied Social Sciences Index and Abstracts; ERIC; PsycInfo; Social Services Abstracts; and Sociological Abstracts. The following search terms were used in combination: minority language, bilingual, language policy, second language, curriculum, curriculum development, nurse education and health care education.

Two members of the researcher team independently reviewed the titles of the papers retrieved to determine their relevance and focus. Where consensus was reached to retrieve the abstracts of these papers, they were subsequently distributed amongst three members of the research team for further detailed review. Each abstract was independently reviewed by two of the three researchers, to establish their relevance to the review. The researchers then met to discuss the merit of each abstract and agree whether they should be included in the review. In light of these discussions, a number of abstracts that were judged to be of no relevance to the review were rejected at this stage.

Full papers were then retrieved for the remaining abstracts and these were again distributed between the three researchers and reviewed independently. Following discussions, some papers were rejected, leaving a core that formed the basis of the final review. The papers were then evaluated, according to methodological or theoretical rigour and data relevance, and a total score was allocated. Data were entered on a spreadsheet under the following headings: full reference; region of study; sample; focus and methods; main findings; recommendations; implications for bilingual provision in nurse education; and total rating score.

Policy review

Policy documents and position papers published between 1980 and 2008 and relevant to Welsh medium provision in nurse education were sought via professional networks and through hand searching from the following organisations:

- Centre for Welsh Medium Higher Education
- Cyngor Cymru for Nursing, Midwifery and Health Visiting Higher Education Funding Council for Wales Higher Education Wales
- National Leadership and Innovation Agency for Healthcare
- Nursing and Midwifery Council
- Royal College of Nursing
- Welsh Assembly Government
- Welsh Language Board

Titles and executive summaries (where available) of documents identified from the results of the searches were assessed independently by 2 reviewers prior to meeting to align appraisals and resolve disagreements. Reviews of full documents were then undertaken by two members of the research team, and, as for the empirical literature review, the reports were evaluated, according to methodological or theoretical rigour and data relevance; and a total score was allocated. Data were entered on a spreadsheet under the following headings: full reference; document type; evidence; implications for bilingual provision in nurse education; and total rating score.

Stakeholder consultation

The stakeholder consultation was conducted between 9th May and 12th September 2008 and was undertaken concurrently to, and independently of the literature review.

A purposive sample of stakeholders was approached across Wales and invited to participate in an audit on Welsh medium / bilingual provision in nurse education. Participants were invited to contribute by post, e-mail or telephone. (See Table 1 for details).

Table 1

Stakeholder consultation

Sample	Number	Data collection method
Cyngor Cymru	5	Telephone interview
Course Directors	6	Telephone interview
Lecturers (Welsh speaking)	30	Email questionnaire
Nursing students (Welsh speaking)	257	Email questionnaire
Curriculum planning team service representatives	10	Postal questionnaire
Mentors (Welsh speaking)	25	Postal questionnaire
Professional bodies representatives	6	Telephone interview
Total	**339**	

The audit included items relating to the stakeholders' perceptions about current Welsh medium / bilingual provision; scope for enhancement; priority areas; and strategies for future developments (see Appendix 1 for questionnaire/interview schedule).

Stakeholders included representatives from:
- Clinical mentors
- CYNGOR Cymru
- Government bodies
- Higher education academic staff
- Local health boards
- NHS healthcare trusts (mentors and curriculum planners)
- Nursing students
- Professional bodies

Analysis

Systematic literature review

The systematic literature review employed an updated integrative review method (Whittemore & Knafl, 2005). This is a specific approach that summarizes past empirical and theoretical literature to provide a more comprehensive understanding of a particular phenomenon. Moreover, it allows for the simultaneous combination of diverse methodologies (e.g. experimental and non-experimental research), and thus has the potential to play a greater role in evidence-based practice and policy development.

Analysing and synthesising diverse primary sources is a major challenge in undertaking an integrative review. Whittemore and Knafl (2005) thus propose a number of data analysis strategies to enhance rigour and reduce bias. Table 2 outlines the main stages of the integrative review process.

Table 2

Stages of the Integrative Review (after Whittemore & Knafl, 2005)

Stage of review	Process
Problem identification	Identify purpose of review Clarify variables of interest Identify literature sampling frame (i.e. type of empirical studies and theoretical literature)
Literature search	Adopt a well-defined literature search strategy Document search strategy
Data evaluation	Include empirical and theoretical reports Include empirical reports with diverse methodologies Code reports according to 2 criteria on a 3-point scale (1-3) thus: - Methodological or theoretical rigour - Data relevance No reports excluded on the basis of this data evaluation rating system
Data analysis	Data from primary sources ordered, coded, categorized and summarized Proceed to data reduction, data display, data comparison, conclusion drawing and verification
Presentation	Report conclusions in table or diagrammatic form Identify review limitations

In line with this approach, empirical and theoretical reports were evaluated according to two main criteria, that is, methodological or theoretical rigour and data relevance. Each report is subsequently coded according to a three-point scale, as outlined in Tables 3 and 4.

Table 3

Data evaluation of empirical and theoretical reports for methodological or theoretical rigour

Classification	Score
Descriptive paper: lacks theoretical base	1
Research paper: sketchy methodological description and/or some concerns about rigour. Descriptive paper: gives some indication of theoretical base.	2
Research paper: detailed methodological description, using rigorous approach. Descriptive paper: gives clear account of sound theoretical base.	3

Table 4

Data evaluation of empirical and theoretical reports for data relevance

Classification	Score
Directly related to Welsh medium provision in healthcare delivery	1
Directly related to bilingual provision in higher education	2
Directly related to bilingual provision in nurse education	3

Stakeholder consultation

A thematic framework analysis approach (Ritchie & Spencer, 1994) was adopted in order to analyse the qualitative data arising from the stakeholder consultation. This approach involves a systematic process of sifting, charting and sorting data according to key issues and themes. The method involves the following key stages:

- Familiarisation with the data
- Identifying a thematic framework
- Indexing or coding
- Charting the coded data
- Mapping and interpretation

The overall analytical framework for the study was adopted from Ross et al., (2004), where the data arising from the stakeholder consultation, empirical literature review and policy review were analysed independently (see Figure 1). This enabled the comparison of priorities and gaps, as identified by stakeholders with those identified within the literature. This led to the establishment of a framework of priorities for bilingual provision in nurse education, based on key themes arising from each strand of enquiry.

Pilot study

A pilot study was conducted between 3rd and 15th April 2008 to investigate the face and content validity of the draft questionnaire. The instrument was adapted for the field of occupational therapy and, in collaboration with the course director of occupational therapy studies at Bangor University, the questionnaire was sent by email to all staff and students within the department. A response rate of 14% was received. This percentage is considerably lower than the minimum acceptable response rate for surveys of this nature (Bowling, 2002). Nevertheless, previous studies have shown that response rates may be significantly enhanced through the use of reminders (Records & Rice, 2006) and these were adopted in the wider study.

Detailed examination of the data confirmed the face validity of the questionnaire, that is, participants appeared to comprehend the questions and answer appropriately. Content validity was confirmed through feedback from participants who assured that the questionnaire items covered an appropriate

range of elements in the context of Welsh medium / bilingual provision in occupational therapy education (Streiner & Norman, 2003).

Ethical approval

The study protocol was considered by the North West Wales Research Ethics Committee on 10th December 2007 and deemed to be a service evaluation that does not require ethical review by a NHS research ethics committee or approval from a NHS Research and Development office. Nonetheless, ethical approval for the study was granted by the Research Ethics Committee, School of Healthcare Sciences, Bangor University on 28th April 2008.

Results

Empirical literature review

Search history

The search yielded 835 papers in all (see Table 5). A further 23 papers were identified from the grey literature, providing a total of 858 articles.

Two researchers independently reviewed the titles of the papers to determine their relevance and focus. Consensus was reached to retrieve 82 abstracts for further review and these were subsequently distributed amongst three researchers. Each abstract was independently reviewed by two of the three researchers who then met to discuss their merit. In light of these discussions, 45 abstracts were rejected at this stage because they were judged to be of no relevance to the review.

Full papers were then retrieved for the remaining 37 abstracts and these were again distributed between three researchers and reviewed independently. Following discussions, some papers were rejected. This left a total of 29 papers that formed the basis of the final review (see Appendix 2).

Table 5

Search history

Electronic Database	Number papers identified	Number papers excluded	Number abstracts retrieved	Number abstracts excluded	Number papers reviewed	Number papers excluded	Number papers reviewed
PsychInfo	95	87	8	6	2	0	2
ERIC	41	38	3	2	1	0	1
Social Services and Sociological Abstracts	5	5	0	0	0	0	0
Google	404	387	17	9	8	3	5
Bangor University Catalogue	2	0	2	1	1	1	0
CINAHL	136	121	15	11	4	0	4
Medline (first search)	145	132	13	7	6	1	5
ASSIA	7	6	1	1	0	0	0
Grey literature	23	0	23	8	15	3	12
Total	**858**	**776**	**82**	**45**	**37**	**8**	**29**

Analysis of empirical literature

Primary research methods of analysis developed for mixed method and qualitative designs are particularly applicable to the integrative review method, allowing for iterative comparisons across data sources (Whittemore & Knafl 2005). One of these methods is the constant comparison method that is widely adopted in qualitative designs and enables the identification of patterns, themes, variations and relationships in the data (Patton, 2002).

Adopting this approach, the data from the 29 papers reported within the empirical literature review were compared item for item so that similar data were categorized and grouped together. This led to the development of a data display matrix that displays all the coded data from each report by category and depicts the emerging themes that relate to minority language / bilingual provision in healthcare education (see Table 6). These categories were associated with three levels of activities for bilingual provision, namely the macro or strategic level; the meso or organisational level; and the micro or individual level. Details are given in Appendix 2.

Table 6

Data display matrix of empirical literature review

Level	Category	Data source
Macro level (strategic)		
	Workforce planning for Welsh language skills in healthcare	NOP Social & Political (1995); Lewis & Williams (1998); Beaufort (2000); Misell (2000); Williams (2002); Welsh Language Board (2004a); Welsh Language Board (2006)
	Education sector policies	Jayaram (1993); Williams (2002)
	Funding	Williams (2000); Cann (2004)
Meso level (organisational)		
	Organisational policy	Roberts & Paden (2000); Williams (2000)
	Curriculum design	Phillips & Hartley (1990); Malu et al., (1994); Jalili -Grenier (1997); Abriam-Yago et al., (1999); Inglebret & Pavel (2000); Fredericksen (2002); Tatar (2005)
	Capacity	Roberts & Paden (2000); Williams (2000); Cann (2004)
	Collaboration across higher education institutions	Jayaram (1993); Williams (2002)
	Staff development	Rambruth (1999); Roberts & Paden (2000); Williams (2000)
	Marketing and recruitment	Jayaram (1993); Roberts (1996); Friedenberg (2002); Williams (2002); Yates et al., (2003); Cann (2004); Thomas (2004); Welsh Language Board (2006);
	Quality assurance	Purser (2000)

Micro level (individual)		
	Teaching and learning methods	Phillips & Hartley (1990); Roberts (1996); Huguet et al., (2000); Roberts & Paden (2000); Williams (2000); Friedenberg (2002); Irvine et al., (2006);
	Teaching and learning resources	Jayaram (1993); Roberts & Paden (2000); Williams (2000); Friedenberg (2002); Cann (2004); Thomas (2004)
	Terminology	Roberts & Paden (2000); Williams (2000); Thomas (2004)
	Language support	Jalili-Grenier (1997); Rambruth (1999); Roberts & Paden (2000); Thomas (2004); Welsh Language Board (2004a); Rogan et al., (2006); Evans (2007); Roberts et al., (2007)
	Language and culture awareness training	Roberts (1996); Misell (2000); Welsh Language Board (2004); Irvine et al., (2006); Rogan et al., (2006); Roberts et al., (2007)
	Clinical placements	Phillips & Hartley (1990); Friedenberg (2002); Rogan et al., (2006)

Discussion

Macro (strategic) level
Workforce planning for Welsh language skills in healthcare
Two studies with implications for workforce planning that considered the state of the Welsh language in Wales were located through the literature search. Both NOP Social & Political (1995) and Beaufort (2000) used national questionnaire surveys in Wales to establish public attitudes to the Welsh language (NOP Social & Political , 1995) and the state of the Welsh language in Wales (Beaufort, 2000). Both studies revealed a publicly held perception that being bilingual is a help within the job market in Wales and particularly, that it is important to be able to speak Welsh in the Health service. Although the research of NOP Social & Political (1995) and Beaufort (2000) was not specifically focused on the health service, the rigorous research approaches with large samples (800 & 1192 respectively) suggest that the studies' implications for nursing are worthy of consideration. Since the research reveals that the future demand for bilingual skills will increase in the health service, the approaches to recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting should be considered.

The work of Misell (2000) focused specifically on the health service in Wales and involved a survey of key stakeholders for the NHS across Wales, including service users, providers, professionals and researchers. Misell (2000) used a mixed methods approach which included documentary analysis, interviews and focus groups to examine Welsh language provision in the NHS in Wales. His findings revealed 4 vulnerable groups whose care may be jeopardised by lack of Welsh language healthcare provision; namely, children; older people: people with learning disabilities and people with mental health problems. Misell (2000) also uncovered a general ignorance about the Welsh Language Schemes of organisations: inadequate systems for identifying, recording and responding to patients' language preference; lack of acknowledgement of the value of bilingual skills and a lack of strategic planning. Misell (2000) recommended that Welsh language provision should be considered in workforce planning for healthcare services.

Since the completion of Misell's (2000) research, the Welsh Language Board (2004b, 2006) has published two reviews that focused on the Welsh language in the NHS in Wales. Both studies took an ethnographic approach to study how the Welsh Language Schemes were being implemented by NHS Trusts in Wales. The studies revealed difficulties in recruiting Welsh speaking nurses to the NHS, with few Trusts in Wales having a strategy to address the lack of linguistic skills. Although by 2006 there was evidence of some improvement in the situation, this was not consistent throughout Wales. The Welsh Language Board (2004b, 2006) indicated a need to encourage Welsh speakers to opt for a career in health care. Further, it suggested that all Trusts should adopt a Linguistic Skills Strategy to plan their workforce for the provision of Welsh language services. The Board also highlighted a need to concentrate on education and training in the sector and for the Strategic Operations Team of the Welsh Language Board to ensure that the Welsh language schemes of

education and training bodies reflect the need to create more bilingual health workers. Clearly this has implications for nurse education. If higher education institutions are to fully acknowledge the value of the Welsh language as a skill for working in Wales, then they should embrace bilingualism as an important nursing competency.

This is a principle that has been addressed in social care, which adopts a similar vocational focus to education to that of nursing. Lewis & Williams (1998) undertook a qualitative survey using interviews and focus groups to examine bilingual provision in the Diploma in Social Work (DipSW) and National Vocational Qualification (NVQ) in Care training. They found that some authorities have succeeded in responding to demands for bilingual provision through careful strategic planning; the appreciation of different training needs and by establishing clear steps for developing balanced and adequate provision. The report recommends making more use of DipSW practice placements; drawing attention to the value of bilingualism as a vocational skill; and enhancing working relationships between assessors and candidates so that written tasks appear more purposeful. Given the similarities between the nursing and social work education course, these recommendations have resonance for nurse education which, if it is to value bilingualism should ensure that a suitably skilled workforce is in place to facilitate bilingual teaching and learning.

Although no work relating specifically to nurse education in Wales has been published to date about workforce planning for Welsh language skills in healthcare, lessons can be drawn from the substantial survey relating to higher education provision undertaken by Williams (2002). He undertook a questionnaire survey with 3000 Year 12 and 13 pupils receiving Welsh-medium or bilingual education; 2,500 Welsh-speaking (higher education) students and 400 Welsh speaking higher education lecturers to determine the scope of Welsh-medium provision in higher education. His findings suggested a lack of continuation of Welsh medium provision between GCSE, Advanced level and Degree level which affects the uptake of Welsh medium provision in higher education. He also found that although there are significant numbers of Welsh speaking students at higher education institutions in South East Wales there is less bilingual provision here than other higher education institutions across Wales.

Williams (2002) recommended that Welsh Assembly Government and Education and Learning Wales (ELWA) should support the continuation of language choice for students from GCSE to A level and vocational courses by extending provision in the sciences, vocational and professional fields and highlighting employers' needs for Welsh language skills. Clearly some of these strategies are influenced by the policies that are developed in the educational sector, which is the focus of the second category of literature found within the Macro/Strategic Level.

Education sector policies
Williams' (2002) work extends to consider education sector policies, particularly by recommending a more collaborative approach amongst

educational providers to capitalize on limited resources and materials. The earlier work of Jayaram (1993) who completed a documentary analysis to examine trends in language medium of instruction in higher education institutions across India adds weight to Williams' position. Jayaram (1993) suggests that a complete switch from the mainstay of educational instruction in English to regional languages, such as Hindi, as the media of instruction across higher education in India is not possible. Thus Jayaram (1993) suggests that selective bilingualism is the preferred option and to facilitate this, policies that embrace collaboration across higher education institutions to facilitate bilingual learning is recommended.

Whilst the work of Williams (2002) and Jayaram (1993) stems from outside the context of nurse education in Wales, clear parallels may be drawn from the challenges in establishing bilingual provision in higher education in Wales and higher education in India. Nurse education may be well advised to consider the policy that affects the language attitudes of students; the feasibility of bilingual teaching developments; the advancement of learning materials and terminology; bilingual practice requirements; and collaborative ventures to maximise the potential of bilingual work in nurse education.

Of course efforts at the macro/strategic level have funding implications and this was sufficiently explored in the literature to emerge as the third category at this level.

Funding
The issue of funding in the further education setting was studied by Williams (2000). He completed an ethnographic study of bilingual teaching methods in two Welsh further education colleges and from this he observed that many factors influence success or failure of bilingual teaching, concluding that educational philosophy, which forms the basis of language policy, should be transparent to staff and students. Further, the quality of language and use of terminology should be considered when formulating language policy. Williams (2000) recognised that there are financial implications for such shifts in practice and suggested that funding bodies should be made aware of the need for bilingual teaching materials and accordingly, offer financial support to facilitate developments.

Cann (2004) also recognised the funding implications of providing bilingual education. Using documentary analysis and elite interviews with officials and academics, she completed a qualitative review of the contribution that universities make to maintain and revitalise minority official languages and the factors that affect language planning in Wales and New Brunswick. Cann (2004) found that current language planning in higher education in Wales is being conducted in the context of a bilingual future. On the other hand, in New Brunswick a gradual decentralization of educational structures on the basis of language is key to the province's language planning approach, whereby a dedicated French-medium university has been established. Despite different approaches, Cann (2004) identified common challenges in both countries, including the implementation of per capita funding models; recruiting viable cohorts of minority language speakers; adequate staffing levels and

appropriate teaching and learning materials. Cann (2004) asserted that there is a need for change in the current funding situation in Wales to overcome the major obstacle to the maintenance and revitalization of the Welsh language.

Although no studies could be found that centred on funding issues in nurse education, Williams' (2000) and Cann's (2004) findings have implications for nurse education and should be considered within future strategic planning in Wales. They include issues of recruitment; capacity; teaching and learning materials; adequate attention to quality of language and in service training schemes for lecturers. Evidently all of these issues demand that appropriate consideration is given to funding models and sources of financial support.

Measures taken at the strategic level to enhance bilingual educational provision must be accompanied by concomitant measures at the meso or organisational level if they are to result in a positive impact and this gave rise to the second dominant theme.

Meso (organisational) level

Organisational policy
The influence of strategic issues on the organisation is evident in the first category of organisational policy, which was tackled in two published papers. Firstly the work of Williams (2000) in relation to further education, which is outlined earlier in this review, considers the issue of organisational policy. Williams (2000) highlights the significance of educational philosophy in influencing language policy and he asserts that this should be transparent to staff and students so that all are clear what conditions should be created to offer both languages an equality of opportunity.

The work of Roberts and Paden (2000) translates some of Williams' points into the nurse education setting. They undertook an ethnographic study of the factors influencing minority language use in three European midwifery education settings. They identified many commonalities across language communities which influence the use of minority languages in educational programmes, including the language policy of the organisation. As such, they highlighted the need to strengthen policies and strategies to support minority language use across all levels of the organisation. Given the close similarities across midwifery and nurse education programmes, it is likely that these findings have resonance for nurse education.

Curriculum design

The language policy of an educational organisation will undoubtedly be translated into curriculum design, an issue that was tackled in a number of published papers. Essentially, whatever the setting of bilingual or multilingual education there appears to be a consensus that English second language (ESL) nursing students have difficulties in an educational programme that is primarily offered in English and this leads to problems such as poor achievement, student dissatisfaction and high attrition rates from educational programmes. Nevertheless, there are two dominant models of curriculum design to address such problems. Firstly Phillips and Hartley (1990) advocate an approach that aims to develop the English skills of minority language

speakers in nurse education in order for them to function at the same academic level as their counterparts who use English as their first language. However, the paper was published some 18 years ago and thus does not take account of recent developments that favour a more inclusive and empowering approach.

More recently, curriculum development has embraced Cummins' (1986) model of language proficiency to empower ESL students through incorporating their culture and language into the education programme. Based on this model, a number of authors (Malu et al., 1994; Jalili –Grenier, 1997; Abriam-Yago et al., 1999; Huguet et al., 2000; Inglebret & Pavel, 2000; Fredericksen, 2002; Tatar, 2005) make recommendations on strategies that can be adopted to better serve ESL nursing students. For example, in the US, Abriam-Yage et al., (1999) suggest that a commitment of personnel, time and resources is needed; Inglebret and Pavel (2000) recommend incorporating linguistic differences into teaching, thus promoting better understanding and cooperation between students with different first languages; and Fredericksen (2002) advocates collaborative learning and a shared understanding of culture and languages. In Canada, Jalili –Grenier's (1997) recommendations include the development of support systems in order to advance communication skills and bespoke workshops to provide a forum to discuss problems and issues; whilst in Spain, Huguet et al., (2000) advocate a model of additive bilingualism where both languages are held in high regard and reinforced.

Given that most Welsh speakers function to a degree as bilinguals, they are unlikely to share the extent of language barriers experienced by many of their ESL international nursing student colleagues. Nevertheless, the overwhelming dominance of the English language in Wales over the centuries has influenced the prestige and status of the Welsh language, affecting speakers' self-image and their confidence and willingness to use it, particularly in the formal domain (Davies, 2001). Arguably, therefore, any attempt to introduce a model of additive bilingualism in nurse education in Wales must take account of these power differentials and favour the minority language in order to establish equity.

Overwhelmingly, the message from the literature on curriculum development is that an empowering approach is required. Although yet to be considered in the literature emanating from Wales, the hypothesis gained from various bilingual and multilingual settings suggests that in Wales, the best approach to nurse education is a bilingual model that adopts various strategies to ensure that English and Welsh speaking students are exposed to BOTH languages.

Capacity

Adopting this empowering position requires sufficient capacity on the part of the organisation to adopt the various recommended strategies. It is evident from the work of Roberts and Paden (2000); Williams (2000) and Cann (2004), all of which are discussed earlier, that the development of sufficient organisational capacity poses a challenge for higher education and nurse education. Suggestions for capacity building include in-service training schemes (Williams 2000) making appropriate terminology accessible to

lecturers and students (Roberts & Paden 2000) and recruiting viable cohorts of minority language speakers (Cann, 2004). However, detailed solutions are not offered in the literature and thus it could be assumed that the challenges associated with capacity building in nurse education are ongoing.

Collaboration

In light of the limited solutions to capacity building for bilingual education, a collaborative approach between higher education institutions seems a sensible way forward in nurse education. Based on their studies in India and Wales respectively, Jayaram (1993) and Williams (2002) both advocate closer collaboration between higher education institutions so that resources and materials can be jointly developed and shared, good practice in bilingual education can be propagated and finite funds can be fully exploited.

Staff development

Given the difficulties of recruiting minority language staff highlighted by Cann (2004), a further solution put forward by Ramburuth (1999); Roberts and Paden 2000); and Williams (2000) is the development of staff from within the organisation. Ramburuth (1999) undertook a quantitative evaluation of language comprehension and written skills of HE students in Australia and found that a significant number of students had language difficulties with their studies and required support. The data suggested a consistent match between average academic results and language grades (suggesting a link between variables). Consequently, Ramburuth (1999) recommended the adoption of strategies to assist students in their language learning and communication skills development; and to support staff in understanding and managing these diversity issues, including staff development initiatives that embrace strategies for effective cross cultural teaching and learning and the development of language proficiently amongst educational staff. In Wales, Williams (2000) identified the need for staff development in higher education, whilst Roberts and Paden (2000) focused specifically on such a need in the context of midwifery education. There is a dearth of literature that advocates using staff development in nurse education. However, the similar challenges of ensuring sufficient staff capacity in nurse education suggests that the solutions of developing existing staff's language skills and their strategies for empowering multilingual students are transferable to the nurse education setting.

Marketing and recruitment

As well as considering strategies that focus on staff development, it is important to consider how bilingual programmes are marketed and bilingual students are recruited to nurse education programmes and a number of publications address these issues. For example, Friedenberg's (2002) descriptive paper based on her experience of higher education in the US criticises intensive English programmes (IEPs) for international minority language students. Friedenberg (2002) believes that such programmes do not show true commitment to multiculturalism and place the responsibility of second language students' success with English as a Second Language (ESL) teachers rather than with (American) 'professors' in the academic disciplines. She asserts that domestic minority language student in the US do

not have access to intensive English programmes (IEPs) and have to compete on a level playing field with their 'English' peers. Friedenberg (2002) proposes a six component model for multilingual education, the first of which is targeted recruitment: using students' native languages in recruitment material, bilingual recruiters, and bilingual university representatives in media interviews etc. Given the absence of evidence to suggest that Welsh speakers encounter problems engaging in English with their nurse education studies, caution should be heeded in extrapolating these findings to the context of Wales.

Yates et al., (2003) also published a descriptive piece based on their work in the US in which they ran an 8 week summer programme to promote career opportunities in nursing and healthcare. They used a community partnership approach whereby they claim engagement in the project benefited the community and lead to empowerment as it promoted collaborative learning and shared understanding of culture and languages. In Wales, Thomas' (2004) descriptive paper relating her experiences of bilingual psychology education indicates that there are many challenges to the development of Welsh teaching provision in psychology. These include the issue of student recruitment since she suggests that there may be limited student uptake due to lack of confidence in Welsh language skills, particularly at an academic level and again, this points to the adoption of effective recruitment strategies.

In relation to nurse education in Wales, Roberts (1996) published a descriptive paper focussing on the drivers for bilingual provision in nurse education in Wales in which she highlights the need to enhance the recruitment of Welsh speaking nursing students and offer bilingual provision to prepare them for practice in a bilingual environment. These descriptive papers emanating from multilingual and bilingual settings including Wales, support the empirical work of Jayaram (1993), Williams (2002), Cann (2004) and the Welsh Language Board (2006); all of which advocate the adoption of well planned marketing and recruitment strategies in order to attract bilingual students into education (Jayaram, 1993, Williams, 2002, Cann, 2004) and healthcare and nurse education (Welsh Language Board, 2006).

Quality assurance

Finally, in relation to the organisational level, the issue of quality assurance was the focus of one empirical paper published by Purser (2000) that used documentary analysis to explore the functions of the bilingual university. Purser (2000) found that bilingual universities have a series of common factors and challenges regarding their origins, missions and functioning. Their missions include the promotion of participation; coherence; a wider outlook for the university and its graduates; bilingualism as an objective rather than as a condition and encouraging students to stay in the region. Their functioning include different organizational, teaching and learning cultures; financial aspects of functioning and ownership. Purser (2000) contends that the influence of the precise political and social environments in which bilingual universities are created and then operate should not be underestimated. Thus quality assurance issues should be at the fore since the academic foundations of the bilingual university should be as solid as those of any other university,

and the quality of its basic activities comparable to any other institute. It could be argued that many of the common missions of bilingual universities have particular significance for bilingual nurse education in Wales, where the emphasis is on promoting local recruitment, enhancing language awareness, and preparation for practice in the bilingual setting.

Micro (individual) level

Strategic and organisational factors both translate to the micro level, where the staff student interface comes into play; and no less significantly so than when teaching and learning methods are considered.

Teaching and learning methods.

This is a category that gained some attention in the general education literature (Huguet et al., 2000), the further and higher education literature (Williams, 2000; Friedenberg, 2002); and the evidence that related specifically to nurse education in the bilingual setting (Phillips & Hartley 1990, and in Wales (Roberts, 1996; Roberts & Paden, 2000; and Irvine et al., 2006).

Huguet et al., (2000) considered the issue of teaching and learning in relation to secondary school education for 12 year olds. They made a comparison of educational provision for Catalan/Spanish and Aragonese/Spanish and found that two models of bilingualism dominate methods of teaching and learning. These were described as *Subtractive Bilingualism*, where intense use of one language hinders the development of the other language and *Additive Bilingualism,* where intense exposure to one language does not jeopardise the development of the other language because both languages are valued and supported. The authors demonstrated that an additive bilingualism approach to teaching has positive effects on students' language learning of Aragonese, Catalan and Spanish whatever their language background.

Translating this hypothesis to nurse education suggests that the best teaching and learning methods in nurse education involve a bilingual model where English and Welsh speaking students are exposed to *both* languages. Of course such assumptions should be made cautiously since the teaching and learning methods used for 12 year olds might not apply to the higher education of nursing students. However, in the further education setting, similar assertions are made by Williams (2000) who highlights the need for a clear bilingual educational philosophy. Furthermore, this position appears to translate to nurse education, evidenced by the work of Irvine et al., (2006). They undertook a qualitative study using semi structured interviews with 83 healthcare professionals working across Wales and found that language proficiency and exposure to the minority language influence the extent to which practitioners use Welsh in healthcare. To this end, they revealed some support amongst their respondents for the provision of professional education that gives equal value to both Welsh and English. The work of Roberts and Paden (2000) in midwifery education concurs with this position, with recommendations for the development of teaching and learning strategies that embrace bilingualism.

Teaching and learning resources

Bilingual teaching and learning methods need to be supported with appropriate resources, a category that was of significance in the literature.

There is a strong steer from the literature to ensure that there are sufficient and appropriate resources to support bilingual teaching and learning. For example, in higher education Jayaram (1993) in India and Friedenberg (2002) in the US both support the production of language appropriate learning materials in regional languages; and in Wales, this strategy is supported by Williams (2000); Thomas (2004) and Cann (2004). Furthermore, Roberts & Paden (2000); believe that appropriate bilingual learning resources and information technology (IT) support are necessary in midwifery education and given the commonalities between midwifery and nursing education, it is reasonable to assume that such an assertion is transferable to bilingual nurse education, where the development of teaching and learning materials should be considered within future strategic planning in Wales.

One of the difficulties with producing bilingual learning materials for a professional and technical subject such as nursing is the use and development of appropriate terminology, an issue that gained some attention in the literature.

Terminology

In further and higher education, Williams (2000) and Thomas (2004) both point out that students who have limited access to materials in their first language are obliged to translate source material and this means that they may have to devise their own terminology. There is the danger then that students use inappropriate or peculiar terminology which diminishes the quality of their work. Thomas (2004) and Roberts and Paden's (2000) solution is to develop standardised terminology so that students have access to accurate and appropriate vocabulary in their specialist subject.

Language support

When the necessary teaching and learning methods, materials and terminology for bilingual learning are not in place, it may be necessary for minority language students to be offered additional language support. Essentially there are polarised opinions about the nature that such support should take.

In the Australian HE setting, Ramburuth's (1999) research, which is outlined earlier in this review, recommends the need for a range of strategies to assist minority language HE students in their (majority) language learning and communication skills development. In relation to nurse education, another Australian research team completed a descriptive interpretive study of student nurses from non-English speaking backgrounds (NESB) using focus groups and questionnaires to identify their perceptions of their first clinical placement and effects of an intensive oral clinical communication skills programme, (Rogan et al., 2006). NESB students reported a desire to care for patients as members of the nursing team but felt excluded through communication

difficulties with other students, nurses, and patients. Students identified specific communication skills required to learn to interact in practice and reported that these were enhanced through following intensive oral clinical communication skills programme.

In Canada Jalili-Grenier et al., (1997) undertook a semi-structured questionnaire survey to examine perceptions of 179 nursing students and 24 staff members about learning experiences of English second language (ESL) students in a Canadian university. Some significant differences were evident between ESL and non ESL students regarding the challenges of the learning experience. ESL students had a high attrition rate and they rated clinical courses more difficult than their non ESL peers.

In the UK higher education setting Evans (2006) completed a qualitative questionnaire survey of five PhD students and eleven staff members who had experience of supervising research dissertations of international post graduate students. The aim of the study was to explore perceptions of international doctoral education in nursing. Staff and students saw great value in the programme. Nevertheless, both groups identified the need for greater support for studying through a second language; working within a different academic culture; managing the supervision relationship and finding a sense of community.

Whether the research was completed in higher education in general, nursing education, the UK or overseas, all of these papers recognise the fact that ESL students face language problems while studying in English. The studies' recommendations include a range of measures to support such students and enable them to develop English language and communication skills to enhance learning and, in nursing, to prepare students for the clinical setting. Phillips and Hartley's (1990) US study of nurse education takes a more extreme position by supporting the development of English communication skills whilst actively discouraging the use of the minority language since they contend that reliance on a minority language jeopardises students' classroom and clinical learning. However, such recommendations might be seen as the antithesis for the context of nurse education in Wales, since in Wales, both Welsh and English should be given equal status in the educational setting.

In light of the equal status of the Welsh and English language, under the Welsh Language Act (1993), Thomas (2004) suggests that, in the Welsh higher education setting, it may be necessary to offer students additional support in the minority Welsh language since as a result of the dominance of the majority English language, they may be unused to using Welsh in the academic arena. Moreover, Roberts and Paden (2000) emphasise the need to strengthen policies and strategies to support minority language use across all levels of the organisation. In relation to nurse education, the Welsh language Board (2004) asserts that higher education institutions should enhance their language skills and linguistic awareness training in nurse education courses. Their contention is supported by the work of Roberts et al., (2007) in which 3358 healthcare professionals across Wales - of which 55% were nurses, midwives and health visitors - were surveyed. The study revealed positive attitudes towards the Welsh language. The authors recommended extending

the Welsh language proficiency of nursing students in Wales and building on existing skills and confidence within curriculum delivery to prepare students for practice in the bilingual setting. Thus to avoid the possibility of a subtractive bilingualism, where intense use of one language hinders the development of the other language (Huguet et al., 2000), in Wales, nurse education is best advised to develop strategies that aspire to additive bilingualism. Therefore, nurse education should develop strategies that actively prepare nursing students for practice in the bilingual setting by offering language support programmes (for Welsh and non-Welsh speakers); supporting mentors to facilitate learning in the bilingual practice setting and providing language and culture awareness training.

Language and culture awareness training

Unsurprisingly, given the steer from the literature about preparing nurses for practice in a bilingual setting, the need for language and culture awareness training is raised by a number of authors, with in the main, a Welsh language focus. Roberts (1996), Misell (2000), Welsh Language Board (2004); Irvine et al., (2006) and Roberts et al., (2007) all emphasise the need to include Welsh language awareness and sensitivity training and Welsh language proficiency development in the nursing curriculum so that nurses are receptive to inclusive practice in a bilingual environment. In nursing, the curriculum extends beyond the classroom and many of the principles of nursing practice are developed and consolidated in the clinical learning environment.

Clinical placements

Some consideration was given to clinical placements in the literature. Again opinions about appropriate clinical learning experiences in the bilingual setting were polarised. For example, in their descriptive paper, Phillips and Hartley (1990) suggest that whilst it is acceptable for minority language students to work with patients who share the same first language they should also be exposed to English speaking patients so that they develop their English language communication skills. Friedenberg (2002) on the other hand encourages the use of culturally and linguistically appropriate placements so that bilingual students are placed in environments that value their bilingual abilities. Rogan et al., (2006) suggest that this can be facilitated by supporting mentors so that they assist students in practice.

Conclusion

There is limited literature that focuses specifically on the position of nurse education in Wales. However, it is possible to extrapolate relevant evidence from papers that are concerned with higher education in general, professional education and nurse education in the minority language setting. This gives some guidance on appropriate strategies for nurse education that might be adopted at the macro, meso and micro level. Overall, the message for nurse education in Wales that emerges from the literature is one that espouses additive bilingualism (Huguet et al., 2000), the ultimate outcome of which should be to facilitate language choice for patients and enhance the quality of care delivery across language communities (Roberts et al., 2007).

Policy review

The main organisations that influence policy for nurse education are represented in Figure 2, whilst their main remits are outlined in Table 7.

Figure 2:
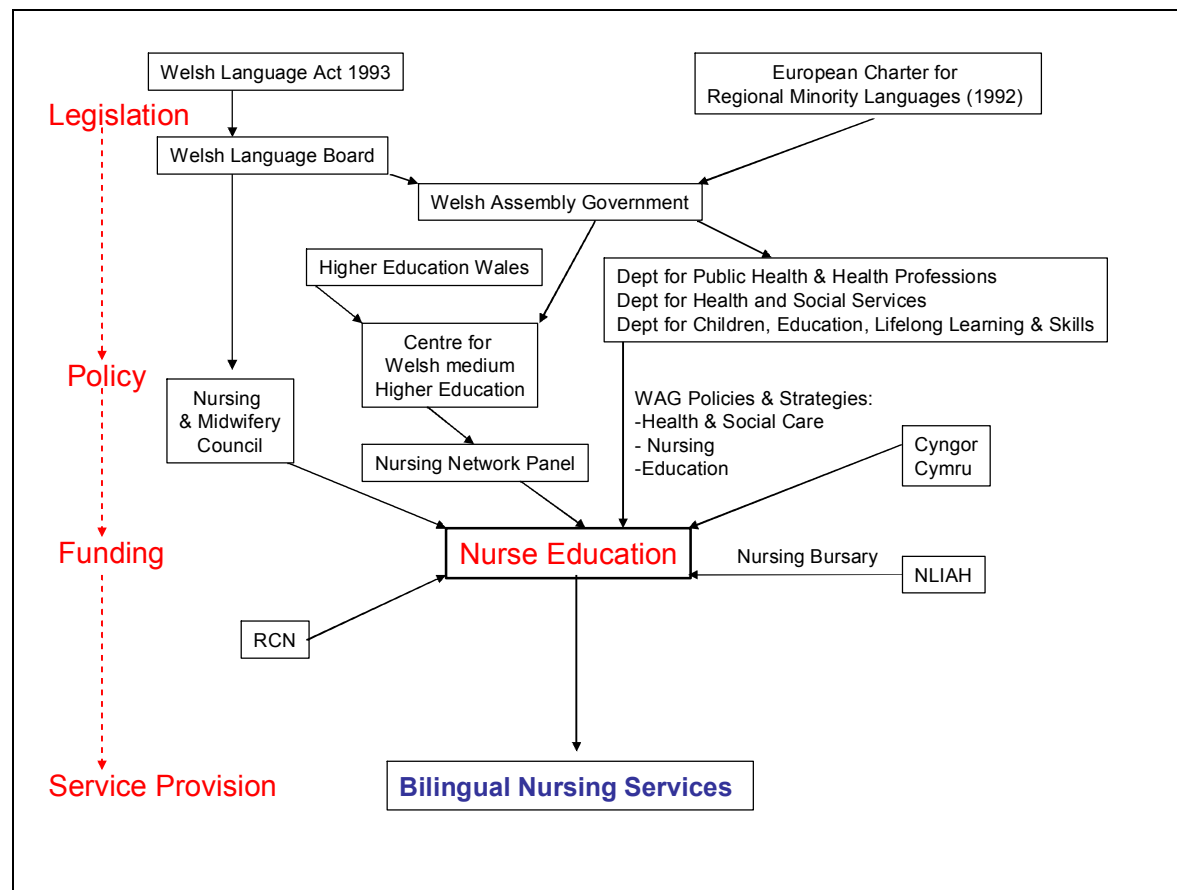
Organisations that influence policy for nurse education

Table 7

Remit of organisations that influence policy for nurse education

Organisation	Main remit
Centre for Welsh medium Higher Education	To support the work of the Welsh Medium Higher Education Sector Group.
Cyngor Cymru for Nursing, Midwifery and Health Visiting (Cyngor Cymru)	To provide strategic leadership in research and education in nursing, midwifery and allied health professionals; To provide a forum to discuss and address issues affecting nursing, midwifery and allied health professionals education, practice and research.
Dept for Children, Education, Lifelong Learning & Skills & Heritage	To improve children's services, education and training provision to secure better outcomes for learners, business, and employers.
Dept for Health and Social Services	Promoting healthy lifestyles and thus preventing ill health; Supporting the NHS and local government to work closely together to deliver integrated health and social care services; Shifting the balance within the health service from acute hospital services to community based services; Modernising social services in order to provide more accessible, personalised care for people; Ensuring clinical governance and good financial management of services.
Dept for Public Health & Professions	To protect the health of the people in Wales and provide preparedness for health emergencies; To improve the health of people in Wales and reduce inequalities in health; To provide professional leadership for health and social care.
Higher Education Wales (HEW)	To represent the interests of higher education institutions in Wales.
National Leadership & Innovation Agency for Healthcare (NLIAH)	To support NHS organisations at all levels to develop the capacity and capability to deliver the change agenda proposed in Health and Social Care Review, helping to embed effective leadership, innovation and renewal across the NHS in Wales.
Nursing and Midwifery Council (NMC)	To establish standards of education, training, conduct and performance for nursing and midwifery and to ensure those standards are maintained, thereby safeguarding the health and wellbeing of the public.
Nursing Network Panel for Welsh Medium Provision in HE	To assist higher education institutions in Wales in developing Welsh medium provision in nurse education in a strategic and co-operative way, according to the National Development Plan.
Royal College of Nursing (RCN)	Represents nurses and nursing, promotes excellence in practice and shapes health policies.
Welsh Assembly Government	To exercise functions devolved to it in order to: Make decisions on matters which affect people's daily lives; Develop and implement policy; Make subordinate legislation (e.g. regulations and statutory guidance) and Propose Assembly Measures (Welsh laws).
Welsh Language Board	To promote and facilitate the use of the Welsh language.

Adopting a systematic approach, as outlined in the integrative review process (Whittemore & Knafl 2005), 31 policy documents were reviewed and evaluated and these are reported in the policy review presented in Appendix 3.

Analysis of policy documents

In line with the analysis of the empirical literature, the constant comparison method (Patton 2002) was applied to the analysis of the 31 policy documents contained within the policy review. This led to the development of a data display matrix that displays all the coded data from each document by category and depicts the emerging themes that relate to policy influences on minority language / bilingual provision in healthcare education (see Table 8). In order to facilitate data synthesis at a later stage of the scoping study, these categories were grouped within three levels of policy influences on bilingual provision, namely the macro or strategic level; the meso or organisational level; and the micro or individual level.

Table 8
Data display matrix of policy review

Level	Category	Data source
Macro level (strategic)		
	Bilingual services in healthcare	Council of Europe (1992); Welsh Language Board (1996); National Assembly for Wales (2000a); Welsh Assembly Government (2002b); Welsh Assembly Government (2003a); Welsh Assembly Government (2003b); National Assembly for Wales (2004); Welsh Language Board (2004a); Welsh Assembly Government (2005a); Welsh Assembly Government (2005b); NMC (2008); RCN (2008)
	Workforce planning for healthcare services	Council of Europe (1992); Welsh Language Board (1996); Welsh Language Board (1999); National Assembly for Wales (2002); Higher Education Funding for Wales (2004); RCN (2008)
	Bilingual provision across the higher education sector.	Higher Education Funding for Wales (1995); University of Wales Board for Welsh medium Teaching (1999); Welsh Language Board (1999); Higher Education Funding for Wales (2002); Morris & Young (2002); Wyn Jones (2002); University of Wales Board for Welsh medium Teaching (2002); National Assembly for Wales (2002); Welsh Assembly Government (2002a); University of Wales Board for Welsh medium Teaching (2003); Higher Education Funding for Wales (2004); Welsh Language Board (2004a); Higher Education Wales (2005); Arad Consulting (2006)

Meso level (organisational)		
	Organisational policy	Cardiff University (2004); Higher Education Funding for Wales (2004); Swansea University (2004); University of Glamorgan (2005); Glyndŵr University (2007); Bangor University (2008)
	Capacity	University of Wales Board for Welsh medium Teaching (2002); Higher Education Funding for Wales (2004); Higher Education Wales (2005);
	Staff development	Higher Education Funding for Wales (2002); Higher Education Funding for Wales (2004)
	Student demand	University of Wales Board for Welsh medium Teaching (2002); Higher Education Funding for Wales (2004); Welsh Language Board (2004a); Higher Education Wales (2005)
	Collaboration across higher education institutions	Welsh Assembly Government (2002a); Higher Education Funding for Wales (2004); Higher Education Wales (2005)
Micro level (individual)		
	Teaching and learning methods	Higher Education Funding for Wales (2002); Welsh Assembly Government (2002a) Cardiff University (2004); Swansea University (2004); University of Glamorgan (2005); Glyndŵr University (2007); Bangor University (2008)
	Language skills enhancement	Cardiff University (2004); Swansea University (2004); Welsh Language Board (2004); University of Glamorgan (2005); Glyndŵr University (2007); Bangor University (2008)
	Language and culture awareness training	Cardiff University (2004); Swansea University (2004); University of Glamorgan (2005); Glyndŵr University (2007); Bangor University (2008); RCN (2008)

Discussion

Macro (strategic) level

Three main themes emerge from the policy documents reviewed that have the potential to influence strategic (macro level) developments in bilingual provision in nurse education. These include bilingual services in healthcare; workforce planning for bilingual services; and bilingual provision across the higher education sector.

Bilingual services in healthcare delivery

A number of the policy and strategy documents reviewed reflect a strong commitment towards bilingual provision in healthcare delivery. This support is based on two basic principles, that is, that healthcare service users in Wales have statutory rights for bilingual provision under the Council of Europe Charter for Regional and Minority Languages (1992) (ratified by the UK in 2001) and Welsh Language Act (1993); and that bilingual services are an essential requirement for quality healthcare provision.

The European Charter (Council of Europe 1992, 13) emphasises that health and social care facilities need to offer:

> "the possibility of receiving and treating in their own language persons using a regional or minority language who are in need of care on grounds of ill-health, old age or for other reasons."

In a similar vein, the Welsh Language Act (1993) established the principle that, in the conduct of public business and the administration of justice in Wales, the English and Welsh languages should be treated on a basis of equality. The Act also made provisions for the preparation and approval of Welsh language schemes. The Welsh Language Board (1996, 113) clarifies that these should adopt the following approach which respects the principle of equality in the Act:

- offering the public in Wales the right to choose which language to use in their dealings with the organisation
- recognising that members of the public can express their views and needs better in their preferred language
- recognising that enabling the public to use their preferred language is a matter of good practice, not a concession
- and that denying them the right to use their preferred language could place members of the public at a real disadvantage

The Welsh Language Board proposes that these principles are relevant to all public services, but are particularly appropriate for organisations providing for people who are in vulnerable situations, such as facilities involving counselling and care.

With the establishment of the devolved Welsh Assembly Government in 1999, this ideology has become increasingly evident in healthcare policy over the years and rooted in the National Action Plan for a Bilingual Wales (Welsh Assembly Government 2003a) that identifies language choice as an essential component of a quality care service, particularly within the context of health and social care.

The Welsh Consumer Council's report on Welsh in the Health Service (Misell, 2000) paved the way for the establishment of the All Wales Task Group for Welsh Language Services that is charged with formulating a national strategy to tackle Welsh language provision in NHS Wales. This work was endorsed by the director of NHS Wales in 2002 and ratified in her Welsh Health Circular (Welsh Assembly Government 2002b). The care guidance document for health and social care staff (Welsh Assembly Government 2003b) published a year later highlights the need for language sensitivity as a fundamental aspect of health and social care delivery.

With the launch of the new health and social care strategy for Wales (Welsh Assembly Government 2005a), bilingual service provision is clearly identified as an essential component of quality care, facilitated though full recognition of the Welsh language schemes of each stakeholder organisation. Moreover, a number of the healthcare standards (Welsh Assembly Government 2005b), with which Welsh NHS organisations are required to comply, are applicable to the use and availability of Welsh language services, since many deal with matters of dignity, respect, diversity and choice.

Despite such advances, there is clearly no room for complacency. The Welsh Language Board (2004a; 2006), in its snapshot reviews of NHS Trusts' Welsh language schemes, recognises barriers associated with Welsh language provision in relation to the recruitment and training of healthcare professionals. Moreover, monitoring reports of the European Charter for regional and minority languages (Council of Europe 2002; 2005) claim significant shortfalls in relation to Welsh language provision in healthcare.

Regardless of the enhanced attention given to bilingual services in healthcare policy documents, few clarify the specific role of nurses, midwives and health visitors in this provision. Misell (2000) claims that there are four specific groups of vulnerable clients in Wales whose clinical requirements for Welsh language provision need to be recognised. These include young children; older people; people with mental health problems; and people with learning disabilities. It is understandable, therefore, that there is some acknowledgment within the Strategic Framework for Nursing, Midwifery and Health Visiting in Wales (National Assembly for Wales 2000a; 2000b; 2004) that young children and mental health service users should have their language choice and cultural respected. Such language sensitivity is further borne out within policy documents of professional nursing bodies. For example, the NMC (2008) stipulates that, in line with their professional code of conduct, nurses and midwives need to 'make arrangements to meet people's language and communication needs'. Moreover, The RCN (2008) maintain

that all patients in Wales should be able to receive care through the medium of the Welsh language if they so choose.

Workforce planning for healthcare services

Given the current political and professional will to drive bilingual services in healthcare provision in Wales and the contribution of nursing services within the delivery as a whole, it is evident that an adequate complement of appropriately skilled Welsh speaking nurses is required to offer language choice in service provision. This has implications for the recruitment of Welsh speaking students; their education and training in terms of preparation for practice in the bilingual setting; and their uptake and deployment across the NHS workforce.

Efforts to influence the workforce planning agenda in the public sector were formally announced in 1996 when the Welsh Language Board (1996, p.19 proposed that 'workplaces which have contact with the public in Wales (should) seek access to sufficient and appropriately skilled Welsh speakers to deliver a full service through the medium of Welsh.' This principle was later adopted within the Board's five year mission document (Welsh Language Board, 1999), where employers' needs were identified as a key driver for the development of a bilingual education and training strategy in the higher education sector. This was further reaffirmed by the Board in its recent reviews of NHS Trusts' Welsh Language Schemes (Welsh Language Board 2004b; 2006), where difficulties were identified in recruiting Welsh speaking nurses to the NHS, with few Trusts in Wales having a strategy to address the lack of linguistic skills. Similarly, the policy review of the Welsh language by the Culture Committee and Education Lifelong Learning Committee of the National Assembly Government (2002) recommended that the Future Skills Wales Partnership should devise a strategy for disseminating information on careers where bilingual skills are required.

In affirming the causal relationship between bilingual capacity and enhanced employment opportunities, Higher Education Funding for Wales (2004), in its Strategy for Welsh Medium Provision in Higher Education, identifies the need to 'meet student demands for vocational courses where bilingual capacity may improve employment and career opportunities'. Moreover, returning to the issue of workforce planning, in its recent policy briefing paper, the RCN (2008) recommends that healthcare providers should consider their future needs for Welsh speaking practitioners with the required levels of language proficiency. The Welsh Language Board (2004a) suggests that this inevitably calls for a review of training in healthcare education, both in terms of developing appropriate language skills and language awareness for practice. Whilst this approach is endorsed by the Council of Europe (1992) who recommends the provision, within vocational education, for the teaching of the relevant regional or minority languages as part of the curriculum, it also emphasises the need for a substantial part of this education to be offered through that language medium. This theme is re-visited in the Welsh Language Board's latest Snapshot Review of NHS Trusts in Wales (Welsh Language Board, 2006), where higher education institutions are encouraged to review their Welsh

language schemes in order to reflect the need to train more nurses who are able to practice bilingually and offer more opportunities for Welsh medium provision in course delivery.

Bilingual provision across the higher education sector

Welsh medium or bilingual provision in higher education in Wales has been the focus of fierce debate since the 1950s and this represents the final macro level theme to emerge from the policy documents reviewed. Given its unique funding stream and professional/clinical influences, nurse education has been largely peripheral to this debate. Nevertheless, the historic developments across the sector offer valuable insight for guiding the future direction of bilingual provision in nursing.

With the establishment of the Higher Education Funding Council for Wales in 1992, the University of Wales Board for Welsh Medium Teaching was re-established in 1997 to oversee, review and co-ordinate teaching programmes through the medium of Welsh. In its report to the higher education institutions in Wales (University of Wales Board for Welsh Medium Teaching, 1999), the Board recognises the demand in Wales for graduates educated through the medium of Welsh; and the need to identify new ways of developing and expanding bilingual provision, including both academic and vocational aspects. Whilst the report recommended an urgent review of the funding system in order to meet increasing demands, this had no consequence for nurse education since Higher Education Funding for Wales does not commission healthcare education in Wales. Thus, whilst Higher Education Funding for Wales has long supported the development of bilingual provision in healthcare education as a matter of principle (Higher Education Funding for Wales, 1995), sourcing funding for such developments in nursing has been a major challenge for education providers over the years.

One of the first major achievements of the University of Wales Board for Welsh Medium Teaching was to establish a designated unit within the University of Wales in 2000 along with the post of Welsh medium Teaching Development Officer in order to co-ordinate growth within the higher education sector. Despite limited resources, significant progress was made during these early years, including the establishment of several 'Paneli Maes' (Subject Area Panels); a number of surveys; and the procurement of a fellowship and scholarship scheme to support Welsh medium provision across the sector.

During this time, the Board submitted a report to the Welsh Assembly Government outlining the need for a national framework for Welsh medium provision in the higher education sector, with a fully staffed centre to drive and co-ordinate activities on an all Wales basis (University of Wales Board for Welsh Medium Teaching 2002). Higher Education Funding for Wales also reported to the Welsh Assembly Government during the same period outlining the need for a strategic framework to increase the volume and range of Welsh medium provision in higher education and the number of students participating. This included a number of priority areas including a new supportive infrastructure.

This work culminated in a further report to the Welsh Assembly Government from a working group of the University of Wales Board for Welsh Medium Teaching (2003a). The report attracted much ongoing debate (Morris & Young 2002; Wyn Jones 2002), particularly with regard to the potential models of provision outlined, ranging from establishing a virtual Welsh medium college within the University of Wales to significant revision of internal structures. Nevertheless, the proposal to establish a strategic body to lead Welsh medium developments on an all Wales basis was supported wholeheartedly. Moreover, the report offered a significant opportunity for progress in nurse education, since it recommended that vocational courses, such as healthcare, should be included in the discussions.

During this period, the Welsh Assembly Government undertook a review of higher education, leading to the Reaching Higher policy (Welsh Assembly Government, 2002a). This strategy document firmly embeds bilingual provision in higher education within the equal opportunities agenda, whereby there is an expectation that the sector should be responsive to individuals, including those who wish to pursue their degrees through the medium of Welsh. The vision is one of a bilingual future furnished by higher education institutions that cater for both language communities in Wales. Nevertheless, the policy will probably be best remembered for its ambitious target to increase the proportion of students in Welsh higher education institutions undertaking some elements of their course through the medium of Welsh, from 3.4% during the academic year 2000/2001 to 7% during the academic year 2010/2011.

Alongside this review, the Welsh Assembly Government Culture Committee undertook a joint review of the Welsh language with the Education and Lifelong Learning Committee (National Assembly for Wales, 2002) whereby parts of the review focussed on higher education. The ensuing policy favoured a virtual national centre in support of Welsh medium teaching, as opposed to a Welsh-medium federal college, with a strong emphasis on collaboration, leading to significant growth. The vision was one of a concerted, collective drive to concentrate efforts of staff across the various higher education institutions to develop and share resources and teaching methods for bilingual provision.

In light of these policy developments, Higher Education Funding for Wales (2004) published its Strategy for Welsh Medium Provision in Higher Education. Amongst other plans, the proposals included meeting student demands, especially for vocational courses where bilingual capacity may improve employment and career opportunities. Given the current emphasis on workforce planning for Welsh language services in healthcare, this has particular resonance for nurse education.

During the same year, the Welsh Language Board (2004b) published its Strategy for Welsh Medium and Bilingual Education and Training. This supported the Higher Education Funding for Wales strategy and made claim for additional funding to support developments. Nevertheless, the position

paper published later by Higher Education Wales (2005) offers a cautionary note and outlines how institutions face significant challenges in terms of their contribution to the development of bilingual capacity in Wales, particularly in relation to student demand, staff shortages, and cost.

Despite earlier government opposition to a Welsh medium federal college in the HE sector and an independent options appraisal favouring a network approach (Arad Consulting, 2006), the current coalition government has declared its unequivocal support for a federal college, as outlined in its policy agreement, One Wales (Welsh Assembly Government 2007). This has implications for harnessing support for Welsh medium provision in nurse education and focusing strategic efforts and drive.

In 2007, Higher Education Wales agreed to the establishment of a new strategic framework and development plan for Welsh medium provision. This is led by a cross sector group at an executive level, thus marking significant progress within the sector to make strides on a collaborative basis. With the demise of the University of Wales as a federal institution, the designated unit for Welsh medium provision has now been replaced with the Centre for Welsh Medium Higher Education. The centre strives to offer a dynamic and vibrant image of bilingual education in the higher education sector that should appeal, in particular to the younger age group. The Nursing Network Panel was re-established at this time with a view to focussing and strengthening developments in the field.

Whilst many of the historical developments, policies and strategies outlined above have the potential to influence bilingual provision in nurse education at the strategic level, others have greater bearing at the organisational or meso level, as illustrated below.

Meso (organisational) level

Organisational policy

Under Section 5 of the Welsh Language Act (1993), all higher education institutions across Wales are required to establish a Welsh language scheme that reflects the principle of equality enshrined in the Act and outlines the provision of Welsh medium or bilingual education and targets for development. These schemes have the potential to influence policy at the school and faculty level and act as a driving force to establish bilingual provision within curriculum delivery, such as nursing. According to the Welsh language schemes of the five establishments in Wales that offer the pre-registration nursing degree course, there is a firm policy commitment towards developing elements of bilingual provision within course delivery (Cardiff University 2004; Swansea University 2004; University of Glamorgan 2005; Glyndŵr University 2007; Bangor University 2008). Nevertheless, there are external drivers that have the potential to influence the level of this provision at the organisational level, particularly with respect to enhancing capacity, staff development, student demand, and collaboration across institutions.

Capacity

Many of the policy documents reviewed to date identify the need for a considerable increase in the numbers of Welsh medium teaching staff within higher education institutions in order to develop the capacity for bilingual provision (University of Wales Board for Welsh Medium Teaching (2002): Higher Education Funding for Wales, 2004; Higher Education Wales, 2005). For example, in its Strategy for Welsh Medium Provision in Higher Education, Higher Education Funding for Wales (2004, 2.4) suggests that:

> "…whilst the scope for delivering more Welsh medium provision through existing staff resources will be explored, it is considered that significant improvements can only be made by bringing new staff with the ability to teach through the medium of Welsh into the sector."

The current national development plan incorporates scholarship and fellowship schemes that will initiate the work of creating a new generation of lecturers who will be able to develop and extend opportunities to study through the medium of Welsh in the Welsh universities. Although nurse education in Wales does not qualify for Higher Education Funding for Wales funding, an encouraging development was noted in 2006 when this scheme was extended to include the healthcare disciplines.

Staff development

Opportunities to develop the capacity for bilingual provision in nurse education rest not only with the appointment of new lecturers but also with developing those who are already established in the field. Drawing on the findings of a study by Williams (2002), Higher Education Funding for Wales (2002) noted that a substantial proportion of Welsh speaking lecturers in the higher education sector do not teach through the medium of Welsh. On this basis, Higher Education Funding for Wales proposes measures to encourage and facilitate as many Welsh speaking staff as possible to adopt a shift in their language of delivery. It thus calls on higher education institutions to review their staff development programmes and align their plans for bilingual provision accordingly. Potential areas for Welsh medium staff development include training and development programmes on language enhancement and confidence building, assisting with subject-specific terminology and resource development (Higher Education Funding for Wales, 2004). With the establishment of the new strategic framework and development plan for Welsh medium provision in higher education, the Centre for Welsh Medium Higher Education is in a position to centralise many of these initiatives and offers a full programme of staff development courses through the medium of Welsh that are open to nurse education.

Student demand

Despite such investment, the policy review demonstrates that serious concerns persist about the lack of demand for Welsh medium provision. The Welsh Language Board (2004b) notes that this is a complex area, influenced largely by a lack of continuity of Welsh medium study across the education sector, stemming from either 'incapacity for expansion at the institutional level

or from a perceived lack of student demand' (5.15). The University of Wales Board for Welsh Medium Teaching (2002) recognises that the higher education sector needs to attract more students by increasing and creating the demand for new provision through targeted campaigns. Moreover, Higher Education Funding for Wales (2004) and Higher Education Wales (2005) recommend that priority should be given to market the advantages of Welsh as a skill for career development and job opportunities. In healthcare disciplines, this calls for close alignment with healthcare marketing and recruitment strategies and keen collaboration with healthcare employers.

Collaboration across higher education institutions

Whilst strong ties already exist between institutions that offer nurse education courses and their partner healthcare providers, collaboration across these educational institutions takes place largely at an executive level, through Cyngor Cymru, unless specific all Wales projects are commissioned. Nevertheless, such collaboration is the cornerstone of a substantial number of policies and strategies relating to bilingual provision in higher education, as outlined below, and this warrants further attention in nursing.

In its Strategy for Higher Education, Welsh Assembly Government (2002a) recommends that institutions should work 'flexibly and collaboratively' to consider how they can meet Welsh medium demand. This approach is further emphasised by Higher Education Funding for Wales (2004, 9.2) who states that:

> "Institutions must commit at head of institution level to working collaboratively to enable the best use made of resources – financial, human, physical technological - to enable growth in the range and volume of provision and in enrolments, and to offer the widest possible choice to students in higher education institutions across Wales."

Higher Education Funding for Wales (2004) notes that this level of commitment is essential in order to meet the specific targets set in the Assembly's higher education strategy; institutional responsibilities under the Welsh Language Act (1993); their contribution to their communities; and the Assembly's overall aspirations for a bilingual Wales.

Whilst Higher Education Wales (2005) argues that the higher education sector should be empowered to drive on collaboration, it raises a cautionary note concerning the challenges of centralised collaborative planning, and not least, the funding of such processes. Given the specific contractual arrangements in nurse education between higher education institutions and their individual healthcare provider partners, these challenges have particular resonance for nursing. Nevertheless, there is potential to initiate progress through the work of the Nursing Network Panel.

Micro (individual) level

Whilst there is a strong policy drive to influence bilingual provision in nurse education at a strategic and organisational level, the policy review also uncovered drivers to support progress at the individual staff/student interface.

These are to be found largely within the Welsh language schemes of individual institutions and relate to teaching and learning methods; language skills enhancement; and language and cultural awareness training.

Teaching and learning methods

All five of the higher education institutions in Wales that offer a pre-registration nursing degree course demonstrate, in their language schemes, a firm commitment towards developing elements of bilingual provision within course delivery (Cardiff University 2004; Swansea University 2004; University of Glamorgan 2005; Glyndŵr University 2007; Bangor University 2008). This ranges from individual tutorial sessions and clinical placements to small group work and seminar presentations. One institution, in particular, is committed to adopting a model of bilingual teaching that focuses on an active learning approach (Williams, 2000), whereby teaching resources and assessments are available bilingually and students are encouraged to access their learning in their chosen language. The need for innovative approaches to delivery is echoed by Higher Education Funding for Wales (2002) and by Welsh Assembly Government in its Higher Education Strategy (2002a), where institutions are encouraged to draw on new technologies to extend opportunities.

Language skills enhancement

Expanding opportunities for nursing students to improve or gain Welsh language skills is another feature that is highlighted within the higher education institutions' Welsh Language Schemes reviewed (Cardiff University 2004; Swansea University 2004; University of Glamorgan 2005; Glyndŵr University 2007; Bangor University 2008). Although enhancing the Welsh language skills of the workforce is a recurring theme within healthcare policy, few address the means of achieving this target on an all Wales basis. Whilst NHS Trusts and Local Health Boards across Wales are making significant strides in this respect to address local needs, few have a strategy to address the lack of linguistic skills. The Welsh Language Board (2004b) suggests that this inevitably calls for a review of training in healthcare education, both in terms of developing appropriate language skills and language awareness for practice.

Language and cultural awareness training

Welsh language awareness training for nursing students features clearly within the Welsh Language Schemes of higher education institutions across Wales (Cardiff University 2004; Swansea University 2004; University of Glamorgan 2005; Glyndŵr University 2007; Bangor University 2008). It also gains support from professional bodies, such as the RCN (2008) and within healthcare policy that has stimulated the development of Welsh language awareness training for NHS employees, subsequently included in the Balanced Scorecard performance management system of NHS Wales.

Thus, in conclusion, the review has demonstrated that there is a strong policy drive from the healthcare and education sector to influence bilingual provision in nurse education at a strategic, organisational and individual level.

Moreover, this approach is gaining support from professional bodies that shape health policies and promote excellence in practice.

Stakeholder consultation

The stakeholder consultation was conducted between 9th May and 12th September 2008 and was undertaken concurrently to, and independently of the literature review. Regular reminders were distributed in order to enhance the response rates. Table 9 provides details of the stakeholder recruitment.

Table 9

Recruitment for stakeholder consultation

| Sample	Number	Data collection method	Number of respondents	Response rate	% of total sample
Cyngor Cymru representatives	5	Telephone interview	5	100%	7%
Course Directors	6	Telephone interview	3	50%	4%
Lecturers (Welsh speaking)	30	Email questionnaire	24	80%	34%
Nursing students (Welsh speaking)	257	Email questionnaire	23	9%	33%
Curriculum planning team service representatives	10	Email questionnaire	1	10%	1%
Mentors (Welsh speaking)	25	Postal questionnaire	10	40%	14%
Professional bodies representatives	6	Telephone interview	5	83%	7%
Total	**339**		**71**	**21%**	**100%**

Analysis of stakeholder consultations

In line with the thematic analysis approach described by Ritchie and Spencer (1994), the interviews were explored for content immediately after data collection and transcribed verbatim.

Independent review of the initial data was undertaken by two members of the research team and a data classification system was constructed. The categories and themes that emerged from this process were compared and revised until consensus was reached. A third reviewer then undertook an audit trail of the analysis process to ensure that data were fully captured through the analytical framework.

The next stage of the analysis involved the refinement of conceptual codes and the reconstruction of categories to create thematic charts. This stage of the analysis was undertaken in collaboration by the three main researchers, thus providing a valuable opportunity to check inter-coder reliability. As a result, the final themes were re-defined as a consequence of the new categories that arose from the analysis, and these are depicted in the category tree in Figure 3. The six emerging themes include:

- External influences
- Policies and strategies
- Academic staff
- Students
- Resources
- Outcomes

Figure 3: Category tree for bilingual provision in nurse education
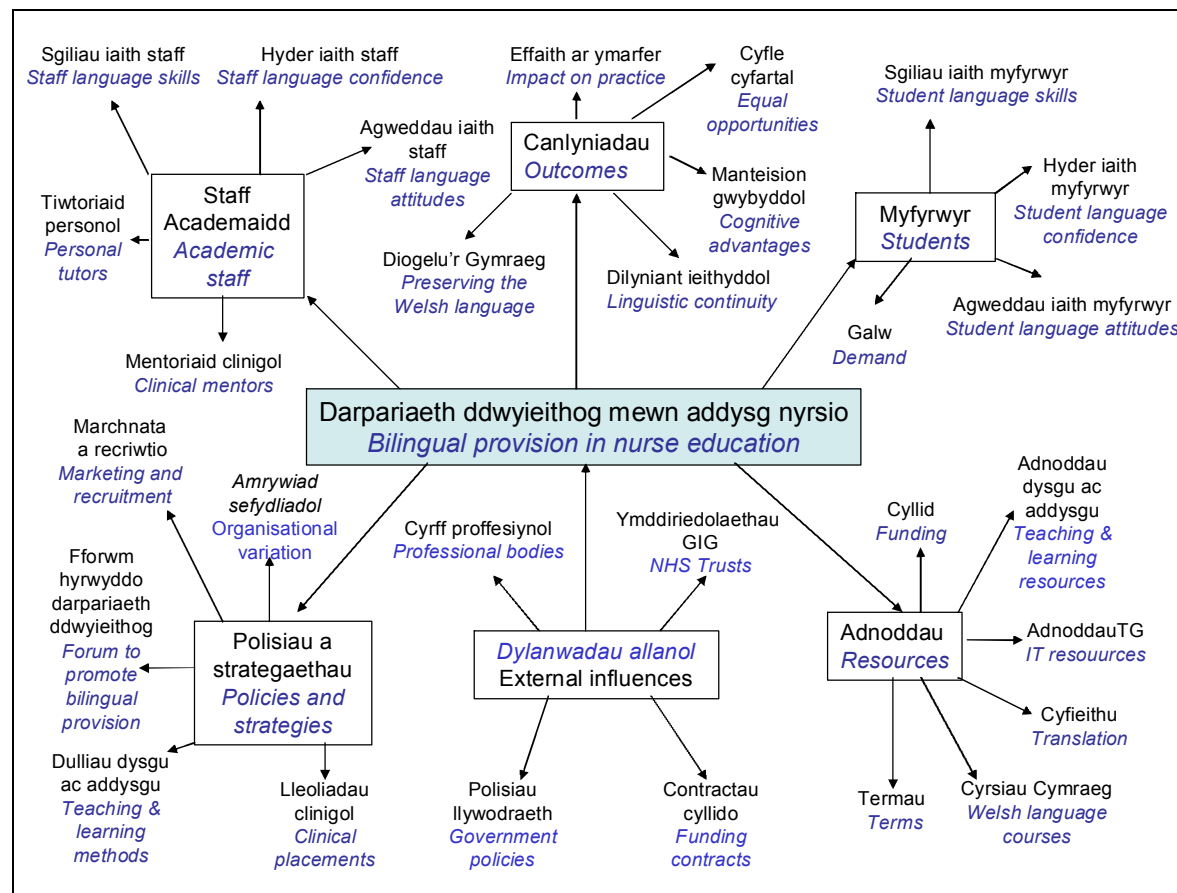
Discussion

Theme 1: External influences

This first theme highlights the respondents' perceptions of the external influences that impact on bilingual provision in nurse education. Four categories emerged from the data, namely funding contracts, government policies, professional bodies and NHS Trusts.

Funding contracts

Within this category of data, interview respondents talked at length about the contractual arrangements for nurse education in Wales. They clarified that contracts are agreed locally between NLIAH and the respective higher education institutions. They were concerned that although higher education institutions attract an additional premium from Higher Education Funding for Wales to support Welsh medium provision in course delivery, this does not include NHS sector courses such as nursing, funded by NLIAH. Participants noted that this deficit has prompted much debate over the years, culminating in a recent directive from the health minister to instigate further discussions on the matter at a strategic level. Moreover, one respondent in particular described how a local higher education institution had encouraged the return of all data on bilingual provision in nurse education, in preparation for potential funding in the future.

Whilst costing bilingual provision into funding contracts was seen as a crucial development that could increase the rate of progress, other external influences were also highlighted by participants.

Government policies

There was general agreement that the Welsh language is given prominence by the devolved government of Wales and that this has the potential to strengthen the case for bilingual provision in nurse education. For example, one respondent noted that:

> "… there's obviously an assembly expectation that things within Wales are, well, given, languages within Wales are given equal prominence" (ARCP6-6)

Moreover, one education provider suggested that:

> "I'm sure we could be cutting out a progressive level one, level two and level three, erm, even if it's only a minimal 10 credit type of thing, err, going through the three years – communication and stuff like that. We could easily put that in if it was a kind of, you know, support from Welsh Assembly Government" (ARCY5-1)

Nevertheless, other respondents were less enthusiastic and adopted a more cautionary line, stating that:

"… we want to support it (bilingual provision) but it has to be an incremental approach. It has to be reasonable. Erm, we have to try to help organisations if they want to do it, to move the barriers…"
(ARCP6-5)

Professional bodies

Working in collaboration with professional bodies to bring about change was a key feature of this category of data, as highlighted by the following interviewee:

"I think collaboration is one way forward… we are a bilingual nation and, you know… that's entrenched in law. So we have the power of the law behind us to ensure that we drive this (bilingual provision in nurse education) forward" (ARCP6-3)

Despite such conviction, others remained more sceptical, for example:

"… there's probably a little more teeth on the legislation now than there used to be but it's probably not as, you know, I think there are definitely ways in which organisations get round it" (ARCP6-6)

NHS Trusts

Whilst collaborating with professional bodies was seen as an important way forward to progress with bilingual initiatives, NHS trusts across Wales were perceived by many to be key players in this respect and this feature accounts for the next category of data.

Respondents generally felt that NHS Trusts are in the driving seat whereby:

"… if the Trusts were to say in their workforce plans that all nurses must speak Welsh, erm, as a minimum, you know as an essential, then, from an education commissioner point of view, we would have to take note of that" (ARCP6-4)

Nevertheless, in reality, this was seen by many as problematic, with Trusts demonstrating little regard for Welsh speaking or writing skills, as highlighted in the following extract:

"… the NHS Wales language, default language for communication is English … in order to work within the NHS, er, there's an expectation that you can communicate written and verbally through the medium of English, erm, and that expectation, erm, I'm not sure how that impacts on education provision or the perception of students going into education with regards to do they want to do it through Welsh or English"
(ARCP6-4)

Others suggested that NHS Trusts were slow to embrace a culture of bilingualism and respond accordingly, as depicted in the following quote:

"… I think that the Trust may sort of have the sort of concerns that we would have seen 10 years ago being raised within our own schools by colleagues, because I think they're that further behind in terms of their sort of group think and mindset" (ARCN2-1)

Theme 2: Policies and strategies

This second theme reflects the policies and strategies that support bilingual provision in nurse education. Five categories emerged from the data and these are associated with marketing and recruitment; organisational variation; clinical placements; teaching and learning methods; and a forum to promote bilingual provision.

Marketing and recruitment

This category gave rise to responses about the marketing and recruitment strategies of institutions with regard to bilingual provision in nurse education. On the whole, respondents reported that institutions were failing to market this provision adequately, as highlighted by the following lecturer:

"… the option (for Welsh language provision) is there and occasionally taken up but on the whole my impression is that this option is not promoted. It is very much up to the student to make the first move" (ARSF1-U1)

Nevertheless, there was some evidence of forward planning on the part of higher education institutions with regard to the recruitment of staff, with one respondent claiming that

"… when we make appointments, we would always look for a member of staff who is bilingual and the more bilingual they are the better. But, in our case, there has never yet been an essential criterion for appointment, it has always been desirable ones. So, in comparison to somebody else, all things being equal, and they meet the needs of the academic post, then a bilingual member would be appointed" (ARCY2-1)

The data suggest that Welsh language policies such as these vary across the five higher education institutions in Wales that provide nurse education; and this feature is the focus of the next category.

Organisational variation

In this category participants reported on the different language policies of their host institutions, where applicable, and commented on the scope of bilingual provision across Wales.

Although it was evident that all the higher education institutions have Welsh language policies, the nature of these schemes and extent of their implementation varies across institutions. Moreover, it was noted that, there are no sanctions for schools that fail to comply with the schemes.

Nevertheless, there was a general feeling by many that schools need to normalise bilingualism, particularly in preparation for clinical practice, as illustrated by the following participant:

> "…We do need to try and normalize the whole thing so that you know people sort of see it as sort of yeah that's what we do, without feeling threatened or seeing it as a threat …" (ARCN2-1)

One interviewee suggested:

> "I don't see one solution for the five higher education institutions. I think there will be different solutions and… I can't help but think that in the North and West explicitly there will be greater potential for the use of the Welsh language in teaching than there will be in the other three higher education institutions. That's purely down to, erm, the fact that higher education institutions on the whole attract students from their local areas" (ARCP6-4)

Given the practice element of the course, clinical areas also have a role in supporting bilingual provision and these are borne in mind in the next category of data.

Clinical placements
This category highlighted the efforts made by institutions to ensure language choice for students on clinical placements, as described by the following lecturer:

> "Students have the opportunity to be supervised in Welsh. Clinical areas that can support students through the medium of Welsh are identified" (ARSF3-2)

Despite such efforts, one clinical mentor argued that:

> "(Mae) diffyg arweiniad o fewn y gweithle – i yrru'r agenda ddwyieithog"
> *(There is a lack of leadership within the workplace – to drive the bilingual agenda)* (ARMC1-3)

Teaching and learning methods

Participants reported a range of bilingual teaching and learning methods employed within their own institutions and their priorities for future requirements.

Respondents reported a variety of bilingual options on offer, supported, in some instances, by key policies and steering targets. These include lectures; lecture notes; tutorial support; group work; essay writing; and clinical assessments. Whilst these features were generally perceived as valuable tools to support bilingual learning, some students felt that the level of provision is insufficient. Others argued that these initiatives have a negative effect on the learning environment, particularly for non-Welsh speakers or Welsh learners, as illustrated in the following extract:

"We are literally not singing from the same hymn sheet… we are told that consistent and clear communication is the key to good nursing care… it has not been the result of bilingual provision at the school, in my opinion" (ARMY2-1)

Whilst one leading educationalist in particular felt that bilingual provision should only be considered by those higher education institutions located in areas with a high density of Welsh speakers, another spoke of the sensitivity required to progress with such developments, saying:

"…perhaps there needs to be some more robust pilot work and perhaps ways in which we can alleviate people's anxiety about resource issues" (ARCP6-3)

Forum to promote bilingual provision
This category of data reflected the aspirations of staff for a forum within and across their institutions to promote bilingual provision in nurse education; and Welsh language societies for students to support extra-curricular activities through the medium of Welsh. This, it was claimed, would:

"Creu amgylchedd sy'n gyfforddus i fyfyrwyr ddysgu trwy'r Gymraeg neu'r Saesneg"
(Create an environment whereby students would feel comfortable to learn through the medium of Welsh or English) (ARSF1-1)

The Nursing Network Panel acts as an All-Wales forum to drive bilingual provision in the field and this was seen as a valuable source of support, particularly for departments with limited numbers of Welsh speaking lecturers and students.

Theme 3: Academic staff

This third theme reflects the position of academic staff in relation to bilingual provision in nurse education. Five categories emerged from the data and these are associated with staff language skills, confidence and attitudes; personal tutors; and clinical mentors.

Staff language skills

This category contained diverse responses concerning the Welsh language skills of academic staff and the implications for bilingual provision in nurse education. There was overwhelming agreement amongst the respondents that there is an insufficient complement of Welsh speakers amongst lecturing staff, particularly those who are fluent. Moreover, many lecturers admitted that they lack the skills and confidence to supervise written work in Welsh. This is well illustrated in the following quote:

"We sort of reflected on this and realised that part of the problem was that too few of us spoke Welsh language in the first place…so whenever we, we try to you know, honour our sort of bilingual promise, it's

challenged by the competence that we have and the capacity as well in the organization" (ARCP6-3)

This skills shortage also raises questions about maintaining the quality of curriculum delivery, as raised by the following student:

"Er y deallaf bod un neu ddau/ddwy o'r darlithwyr yn medru'r Gymraeg – a ydi o'n deg i orfodi nhw i farcio bob traethawd Cymraeg a ddaw ger bron yr adran, ynghyd â gofyn i'r darlithwyr yno i farcio ar bwnc nad ydynt yn arbenigo ynddo?"
(Although I understand that one or two lecturers are Welsh speaking – is it fair to make them mark every Welsh essay that is submitted to the department, as well as asking the lecturers to mark a topic in which they do not specialise?) (ARMY2-3)

Staff language confidence

There is no doubt that where staff struggle to maintain fluency in Welsh, their confidence to engage in bilingual provision is significantly affected, and this was highlighted in this next category of data. As one lecturer describes:

"Fe fyddai i yn tiwtor personol i rhai myfyrwyr nyrsio ... ym mis Medi, ac er fy mod i yn siarad Cymraeg yn rhugl, fe fydde i yn teimlo yn amheus i oruchwylio ei gwaith ysgrifenedig Cymraeg"
(I shall be a personal tutor to some nursing students… in September, and although I speak Welsh fluently, I would feel apprehensive about supervising their written Welsh) (ARSF1-10)

Confidence to use the Welsh language may also be affected by personal attitudes and beliefs as well as the attitudes of others.

Staff language attitudes

There was some strength of feeling emerging from the data in this category that negative attitudes persist towards the Welsh language and these influence staff perceptions about bilingual provision in nurse education. For example, several respondents suggested that there is an assumption that Welsh speakers can all speak good English anyway so that communicating in English is not a problem. Others felt that there was a lack of awareness of the Welsh language as a living language or an important consideration for practice, as exemplified by the following clinical mentor:

"Rhyw deimlad fod Cymraeg yn rhywbeth amhwysig o ystyried y pwysau sy'n cael eu roi ar staff yn ddyddiol."
(A feeling that Welsh is not important, considering the pressures on staff on a daily basis) (ARMC1-3)

Many interviewees referred to the 'good will' of individual staff to drive bilingual initiatives but claimed that:

"… until it's (*bilingual provision*) really taken seriously by everybody then I think it is always going to be a struggle" (ARCP6-6)

Clinical mentors

Clinical mentors are crucial to the success of the nurse education programme. Moreover, their involvement means that they have the potential to influence levels of bilingual provision in course delivery. This category highlighted respondents' perceptions about the role of clinical mentors in this context. The data confirmed the efforts made by some institutions to facilitate language choice for students on clinical placement, as described by the following course director:

> "…as far as placements are concerned we have identified clearly where, the placement areas, where there would be Welsh speaking mentors - and we allocate accordingly. But when we allocate, as well as identifying if the student can drive, etc., we identify if the student can speak Welsh" (ARCN2-2)

Although respondents confirmed that Welsh speaking mentors were readily available in their area to support students in practice, others suggested that their written Welsh language skills were lacking and this jeopardised their ability to provide full bilingual support.

Personal tutors

Alongside clinical mentors, personal tutors are particularly influential in supporting nursing students through their studies. This final category described the respondents' perceptions about the significance of personal tutors in supporting bilingual provision in nurse education.

The data confirmed that in some institutions, students have a choice of a Welsh speaking personal tutor and supervisor as illustrated by the following course director:

> "Students who are Welsh speaking are offered where at all possible a Welsh speaking personal tutor" (ARCN2-2)

Although this system is not without its flaws, the arrangement is generally very well received by students who state that:

> "… my personal tutor is bilingual and often makes a conscious effort to interact through the medium of Welsh with me" (ARMY2-12)

and:

> "Dwi yn trafod fy ngwaith yn Gymraeg hefo fy tiwtor personol ac yn cael 'assignment supervision' yn Gymraeg"
> *(I discuss my work in Welsh with my personal tutor and receive assignment supervision in Welsh)* (ARMY2-11)

Theme 4: Students

This fourth theme reflects the position of students in relation to bilingual provision in nurse education. Four categories emerged from the data and these are associated with students' language skills, confidence and attitudes; and the demand for bilingual provision.

Student language skills

Participants considered the Welsh language skills of students and the implications for bilingual provision in nurse education. Some students demonstrated a preference to use Welsh in their studies and frustration at the lack of bilingual provision, whilst others had less confidence in their Welsh language skills and spoke of their reluctance to use the language in the written form. This is illustrated by the following lecturer:

> "Many students are confident speaking Welsh but not writing Welsh, so make choices about when to use each language" (ARSF2-U1)

Several students referred to the paucity of Welsh speakers within their student cohorts and the way that this impacts on their confidence to use Welsh in their studies and the level of bilingual provision offered.

Student language confidence

There was general agreement amongst participants that, through offering bilingual provision, undergraduate nursing programmes in Wales should build students' confidence and ability to practice in a bilingual setting. The long term benefits of this approach are highlighted by the practitioner in the following extract:

> "Undergraduate programmes help develop students' writing skills and build their confidence, so to deny this to Welsh speaking students acts as a factor in reducing the likelihood of the production of nurse educators who are able and confident in their language ability to, for instance, lecture and assess" (ARDC1-1)

Confidence in language proficiency is often affected by personal attitudes as well as the attitudes of others, and this is evident within this data set.

Student language attitudes

Participants gave repeated reports of negative attitudes towards the Welsh language amongst students that inhibited their use of Welsh, and a lack of awareness of the value of bilingual provision in course delivery, as illustrated in the following student extract:

> "My Welsh speaking friend and myself were also accused of speaking a 'made-up' language (Welsh) by a fellow student" (ARMY1-1)

Despite such attitudes, respondents were vocal in their reports of the demand for bilingual provision in nurse education.

Demand

This category gave rise to a range of perceptions where there was some strength of feeling. There were few exceptions to the general consensus amongst respondents that the demand for *full* bilingual provision is relatively low and that such an approach is not financially viable. Nevertheless, several respondents recognised that this may vary, depending on location, as illustrated by the following comment:

"…demand is there although it's geographically regionalised and that appears to, certainly in their evidence to us, that's mainly North Wales" (ARCP6-3).

There was a significant call for flexibility, whereby students opt for aspects of their course provision through the medium of Welsh, according to their choice. This includes options for Welsh medium tutorials and a range of bilingual resources. Whilst some participants stressed that an organisational commitment, such as this should, in itself, further the demand, others argued that the responsibility lies with the students, as illustrated by the following lecturer:

"The question of whether they (students) undertake bilingual education is very much down to the student's individual motivation and little to do with the facilitation by the institution" (ARSF-U1)

Theme 5: Resources

This fifth theme highlights the respondents' perceptions about the resource implications for bilingual provision in nurse education. These are captured within six distinct categories, as follows: funding; teaching and learning resources; IT resources; translation; terminology; and Welsh language courses.

Funding

There was feeling amongst participants that a major barrier to the establishment of bilingual provision in nurse education is the lack of available funding, as illustrated by the following lecturer:

"The usual restrictions (to bilingual provision) are time and money! There is little recognition that to produce good bilingual provision the tutors need extra time to prepare and provide the support needed to bring all bilingual tutors to the required standard that they feel comfortable in delivering Welsh sessions" (ARSF2-3)

Teaching and learning resources

Participants reported the availability of bilingual teaching and learning resources within their own institutions and their priorities for future requirements.

A number of teaching and learning resources were reported to be available to support bilingual provision, depending on the institution. These range from

course handbooks and dictionaries to lecture notes and interactive electronic learning programmes. Students talked of the fragile nature of this provision that often relies on the good will and dedication of individual lecturers, for example:

"Nid yw pob tiwtor yn cyfieithu eu gwersi ac felly mae'n gofyn i'r myfyriwr wneud mwy o waith i gyfieithu yr hyn maent wedi dysgu."
(Not all tutors translate their lessons and this means that the student has to do more work in translating the material they have learnt) (ARMY2-10)

Respondents were unanimous in their call for Welsh medium text books to support bilingual provision, as highlighted by the following clinical mentor:

"Ni fuaswn yn disgwyl i erthyglau gael eu trosi o'r Saesneg/Americanaidd ond dylid bod llyfrau ar gael"
(I wouldn't expect English/American articles to be translated but books should be available) (ARMC1-3)

IT resources

This category highlighted three main sources of IT support for bilingual provision in nurse education. The first is the range of available Welsh language technology software, such as Cysgair and Cysill; the second is the electronic learning resource, E-Ward; and the third is the use of Blackboard as a virtual platform for sharing electronic materials. Respondents reported a range of access to these resources, depending on their institutions. Moreover, with appropriate translation facilities, a move towards the use of electronic materials was seen as a way forward to enhance levels of bilingual provision.

Translation

This category gave rise responses about the use of translation services to support bilingual provision in the delivery of the nurse education programme. Whilst the practice of translating lessons appears to be confined to one institution only, staff from further afield confirmed that:

"Academic work can be submitted in Welsh, translated and marked" (ARSF3-2)

Nevertheless, respondents described these translation services as 'lacking', 'spasmodic', 'costly' and 'taking time'. Moreover, concerns were expressed regarding the effectiveness of translation in student assessment, as highlighted below:

"Say if students submit an assignment in Welsh there are concerns that the translation might miss something - some of the nuances of what the student has written down, so that you're not actually getting a full picture of the students' work" (ARCP6-1)

Responses concerning translation services invariably included issues of terminology.

Terminology

A number of conflicting issues emerged from this category concerning nursing terminology and its implications for bilingual course delivery. Some respondents felt that one of the strengths of bilingual provision is to develop Welsh health terminology and promote its use in practice. Nevertheless, others argued that since students generally perceive that the default language of healthcare is English, many are keen to learn the English terminology and consequently decline any offers of bilingual provision.

Welsh language courses

Welsh language refresher courses for staff were highlighted by some of the respondents as a way of enabling them to support bilingual provision, for example:

"Un diwrnod y mis i athrawon wella ein Cymraeg fel rhan o'n gwaith."
(One day a month for lecturers to improve our Welsh as part of our work)
(ARSF1-10)

Welsh learners are best served by regular Welsh language courses. The data offered repeated reports of the availability of such courses for learners and an overwhelming commitment towards more provision for students, in preparation for practice.

Theme 6: Outcomes

The respondents expressed some clear views on the outcomes of bilingual provision in nurse education and these are captured in this final theme within five distinct categories, as follows: impact on practice; equal opportunities; cognitive advantages; linguistic continuity; and preserving the Welsh language.

Impact on practice

In this category most participants identified a strong correlation between bilingual provision in nurse education and effective care delivery in a bilingual setting. The overwhelming majority of study participants claimed that providing opportunities for study through the medium of Welsh as well as English prepares students for practice in the bilingual setting, enabling them to communicate effectively with bilingual patients and provide an enhanced level of care. To illustrate, one lecturer stated:

"Mae addysg ddwyieithog yn paratoi myfyrwyr nyrsio i weithio efo a gofalu am bobl drwy gyfrwng ei iaith gyntaf mewn amser lle mae'r claf a'r teulu yn aml yn teimlo yn archolladwys . Mae hyn yn hanfodol ac yn gwneud gwahaniaeth i brofiad cleifion"
(Bilingual education prepares nursing students to work with and care for people through their first language at a time when the patient and the family are often feeling vulnerable. This is essential and makes a difference to the patient experience) (ARSF1-10)

Comments were also made regarding the long term investment of bilingual education:

> "We're preparing them for practice and also in their role to teach and to lead and hopefully some of them will teach and lead within Wales, and you know what they will have gained by virtue of bilingual education will be good for what they promote in the future in their practice as a nurse and in their practise as a mentor" (ARCN2-1)

Despite such conviction, this claim was refuted by a minority of interview participants who argued the need to differentiate between studying nursing as an academic subject and communicating with patients in their preferred language, as illustrated in the following observation:

> "…when a nurse is communicating with their patient, they need to be able to do that properly, but if they are being taught about the subject of nursing, being taught through the medium of Welsh for example, shouldn't necessarily have any bearing on what they subsequently do in the way that they communicate" (ARCP6-5)

The over-riding priority for such respondents appears to be the need to achieve competence in practice in English, as clearly explained by the following clinical mentor:

> "… I feel very negative about it (bilingual provision in nurse education). I feel it is more a political agenda issue than one of actual educational benefit. Even though I am proud to be Welsh, I recognise that the majority of people in Wales speak English. In terms of education, most documentation in all Trusts, etc., is written in English, the majority of healthcare workers speak English, and therefore I see little benefit in teaching nursing in Welsh. Surely it will just cause more problems post-qualification when they have to work in predominantly English speaking environments, using predominantly English language written documentation. I feel it is time, energy and money that could be better spent elsewhere in nursing education" (ARMC1-6)

Further to its potential impact on practice, bilingual provision was also discussed within the context of equal opportunities for nursing students.

Equal opportunities

Again, this is a category in which some strength of feeling was evident. Respondents perceived bilingual provision as a means of respecting the rights of individuals; facilitating equality and freedom of choice across the student cohort; and empowering those who feel more comfortable speaking Welsh. For many participants, real choice means equal levels of provision through the medium of Welsh as well as English, as highlighted in the following passage:

> "It (bilingual education) should be about equality of opportunity, equality of access, you know. In the real world it should be about nursing students being able to learn using, you know, their preferred language, if

that's, you know, whether that's in English or whether it's Welsh" (ARCN2-1)

A number of respondents identified that such opportunities may provide cognitive advantages for Welsh speakers.

Cognitive advantages

Some participants felt that offering language choice to students in their studies facilitates their learning, as highlighted by the following clinical mentor:

"It (bilingual provision) allows students to receive education in their mother tongue which can facilitate their learning and help them achieve better academic success" (ARMC5-1)

Nevertheless, one nursing student disputed this claim, saying:

"It means areas of my work which are not fully understood, or in which I was not fully involved… as a Welsh learner my understanding is limited. This inevitably means jumbled communication, a lack of clarity even the potential for unsafe and dangerous practice. I have to make considerable extra efforts because of this confusion" (ARMY2-1)

Despite such controversy, many respondents highlighted the increasing availability of bilingual provision in the secondary and further education sector and the way this appears to impact on their expectations for nurse education.

Linguistic continuity

There was a strong feeling amongst participants that bilingual provision in nurse education offers valuable linguistic continuity for students with previous experience of Welsh medium or bilingual education, as exemplified by the following interviewee:

"…as we see increasingly a number of Welsh speaking schools in secondary level in Wales then … a logical argument could be put forward that, you know, therefore, if they're having all their secondary education provided in Welsh, when they go to higher education institutions then it would only make sense for that to be available and continue because that is what they've been used to for the last fifteen years of their life" (ARCP6-4)

This view was often associated with preserving the Welsh language and culture.

Preserving the Welsh language

Participants described bilingual provision in nurse education as a means of keeping the Welsh language and culture alive and raising awareness of its significance in Wales. This is highlighted in the following quote from a clinical mentor:

"Credaf hefyd y dylai addysg ddwyieithog hybu'r defnydd o'r Gymraeg yng ngwydd eraill nad ydynt yn siarad Cymraeg. Byddai hyn yn eu galluogi i ddysgu am y Gymraeg ac am y cysyniad o ddwyieithrwydd"
(I also believe that bilingual education should promote the use of Welsh in the presence of non-Welsh speakers. This would help them to learn about the Welsh language and the concept of bilingualism.) (ARMC1-3)

Thus, in conclusion, the stakeholder consultation has shown that there is support for bilingual provision in nurse education in order to meet the needs of students and prepare them for practice in the bilingual setting. Nevertheless, this has implications at the strategic level, in terms of policy and funding; organisational level, in terms of teaching and learning strategies and staff development; and personal level, in terms of the provision of adequate resources and language support.

Study limitations

This study is not without its limitations. The response rate was very high for some stakeholder groups, such as Cyngor Cymru (100%), professional bodies (83%) and lecturers (80%); and high for course directors (50%) and mentors (40%). Nevertheless, students and curriculum planning team service representatives proved difficult to recruit to the study, with response rates of 9% and 10% respectively. Since direct access to these groups was prohibited, on the grounds of data protection, reminders could only be sent through members of the Nursing 'Network Panel and this and the timing of the survey may have influenced the ultimate response rate. Alternatively, students may be less willing to participate in questionnaire surveys than staff, as highlighted by Williams' (2002) in his survey relating to Welsh medium provision in HE. Adopting alternative modes of data collection from students, for example, through focus group interviews may thus prove more effective. Moreover, offering incentives for participation has the potential to enhance response rates. Despite the shortfalls in recruiting students to the study, it is encouraging to note that, as a group, they make up 33% of the overall stakeholder sample (Table 9) and thus offer an important contribution to the discussions.

Since the principal investigator of the study is an employee of a Welsh higher education institution that provides nurse education, a declaration of interest is registered. In an attempt to overcome any conflict of interest that may arise, a project board was established from the onset to oversee the study and members were encouraged to review draft reports.

Framework of priorities for bilingual provision in nurse education

In line with the analytical framework adapted from Ross et al., (2004), areas of accord and mis-alignment between the stakeholders' perceptions, policy drivers and literature findings were considered and discussed. This led to the establishment of a framework of priorities for bilingual provision in nurse education, based on key themes arising from each strand of enquiry (see Figure 4). Sixteen priority areas were identified and these are grouped according to three developmental levels, as follows:

Macro (strategic) level

- Bilingual provision and language awareness training
- Bilingual skills strategy
- Marketing campaigns
- Funding contracts

Meso (organisational) level

- Normalisation of bilingualism
- Curriculum delivery
- Student recruitment
- Capacity and capability building
- Forum for bilingual provision
- Collaboration between higher education institutions and NHS providers

Micro (individual) level

- Resource development
- Terminology
- IT support
- Translation
- Welsh language support
- Welsh language awareness training

These priority areas form the basis for the ensuing outline plans for an All-Wales strategy for bilingual provision in nurse education (see Figure 5).

Figure 4: Analysis framework of priorities for bilingual provision in nurse education

Stakeholder priorities		Policy drivers		Literature findings		Priority areas
Macro (strategic) level						
Establish bilingual education and language awareness training to prepare nurses for practice in the bilingual setting	→	Statutory rights for bilingual services in healthcare Strategic commitment towards enhancing bilingual provision across the HE sector	→	Support for selective additive bilingual education	→	Bilingual provision and language awareness training
Consider workforce planning implications for bilingual healthcare services	→	Strategic workforce planning for bilingual healthcare services	→	Workforce planning for bilingual provision in health and social care	→	Bilingual skills strategy
Respond to the varying demand for bilingual provision across the regions	→	Targeted national campaigns to increase demand	→	Marketing and recruitment strategies to attract bilingual students	→	Marketing campaigns
Cost bilingual provision into funding contracts to facilitate developments	→	Nurse education exempt from mainstream higher education funding for bilingual provision	→	Funding implications of bilingual provision	→	Funding contracts

Stakeholder priorities		Policy drivers		Literature findings		Priority areas
Meso (organisational) level						
Normalise bilingualism across higher education institutions	→	Higher education institutions Welsh language schemes	→	Empowerment approach to curriculum delivery	→	Normalisation of bilingualism
Adopt a flexible approach to bilingual teaching and learning	→	Organisational commitment through Welsh language schemes	→	Models of bilingual teaching and learning	→	Curriculum delivery
Respond to varying demands for bilingual provision across the regions	→	Alignment with NHS marketing and recruitment strategies	→	Marketing of programmes and recruitment of bilingual students	→	Student recruitment
Address bilingual skills shortages amongst lecturing staff	→	Schemes to develop capacity and capability for bilingual provision	→	Challenges of capacity building	→	Capacity and capability building
Establish staff forum to support and promote bilingual provision	→	Subject panel networks	→	Collaborative ventures across institutions capitalize on limited resources	→	Forum for bilingual provision
Enhance clinical leadership to drive the agenda	→	Organisational commitment through Welsh language schemes of NHS providers	→	Maximising opportunities for bilingual learning in the clinical setting	→	Collaboration between higher education institutions and NHS providers

Stakeholder priorities		Policy drivers		Literature findings		Priority areas
Micro (individual) level						
Enhance availability of bilingual teaching and learning resources	→	Higher education institutions encouraged to adopt innovative collaborative approaches to resource development	→	Limited bilingual resources for teaching and learning	→	Resource development
Establish Welsh health terminology and promote its use in practice	→	Welsh Language Board plans to establish designated Welsh terminology centre	→	Bilingual terminology as a key factor in supporting bilingual provision	→	Terminology
Enhance availability of electronic bilingual resources	→	Higher education institutions encouraged to draw on new technologies to extend teaching and learning	→	Positive impact of IT support on bilingual learning	→	IT support
Improve and extend translation services to support bilingual teaching and learning	→	Strategy to ensure the consistency and standard of English/ Welsh translation throughout Wales	→	Effective translation services as a core component of bilingual teaching and learning models	→	Translation
Extend Welsh language learner and refresher courses for staff, students and mentors	→	Higher education institutions encouraged to review Welsh language skills training	→	Impact of language learning on healthcare communication	→	Welsh language support
Consider impact of negative attitudes towards Welsh language on perceptions about bilingual provision	→	Government directive in healthcare to provide language awareness training	→	Impact of language awareness on cultural competence in practice	→	Welsh language awareness training

Figure 5: Outline plans for all-Wales strategy for bilingual provision in nurse education

No.	Action	Target	Resources
1	Establish cross-sector support for an All-Wales strategy for bilingual provision in nurse education	Welsh Assembly Government; Chief Nursing Officer; Nursing and Midwifery Council; Higher Education Wales; Centre for Welsh medium Higher Education; Cyngor Cymru; Royal College of Nursing; Welsh Language Board	
2	Target provision according to capacity, capability and demand	Welsh Assembly Government; Chief Nursing Officer; Nursing and Midwifery Council; Higher Education Wales; Centre for Welsh medium Higher Education; Cyngor Cymru; Royal College of Nursing; Welsh Language Board	
3	Develop a bilingual skills strategy for nursing workforce planning in Wales	National Leadership and Innovation Agency for Healthcare; Welsh Assembly Government; Chief Nursing Officer; Nursing and Midwifery Council; Cyngor Cymru; Royal College of Nursing; Welsh Language Board	
4	Establish a strategic all Wales marketing campaign to attract Welsh speakers to nursing	NHS Wales Welsh Language Unit, Mantais; Welsh Language Board	
5	Further discussions about costing bilingual provision into funding contracts	National Leadership and Innovation Agency for Healthcare; Welsh Assembly Government; Higher Education Wales; Centre for Welsh medium Higher Education; Cyngor Cymru	
6	Adopt empowerment approach to curriculum delivery to normalise bilingualism across institutions	Cyngor Cymru; Higher Education Institutions	Staff development
7	Implement flexible models of bilingual teaching and learning in curriculum delivery, to meet demand	Cyngor Cymru; Higher Education Institutions	Staff development; Translation; Teaching and learning resources; IT
8	Update marketing, recruitment and admission strategies to attract Welsh speakers to nursing	Cyngor Cymru; Higher Education Institutions; Mantais	Marketing and recruitment
9	Adopt processes and schemes to develop capacity and capability for bilingual provision	Cyngor Cymru; Higher Education Institutions; Centre for Welsh medium Higher Education	Staff development; Human Resources; Administrators
10	Liaise with education liaison groups and mentors to enhance bilingual provision for nursing students in the clinical setting	Higher Education Institutions; Education Liaison Groups	Clinical managers; Clinical mentors

11	Strengthen the Nursing Network Panel and identify needs for bilingual initiatives, resources and terminology	Higher Education Institutions; Nursing Network Panel	Centre for Welsh medium Higher Education
12	Establish processes of disseminating bilingual teaching and learning resources and terminologies to students and staff	Higher Education Institutions	IT support; Translation; Centre for Welsh medium Higher Education
13	Adopt new IT technologies to enhance bilingual teaching and learning	Higher Education Institutions	IT Support
14	Make use of appropriate translation services as a key element of bilingual teaching, learning and assessment	Higher Education Institutions	Translation, Terminology
15	Review strategies for Welsh language skills training	Higher Education Institutions	Welsh language centres
16	Review and incorporate language awareness training in curriculum delivery	Higher Education Institutions	Language awareness resources

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Appendix 2 Empirical literature review
Appendix 3 Policy review

Appendix 1:   Questionnaires

Holiadur myfyrwyr am ddarpariaeth ddwyieithog mewn addysg nyrsio *Student questionnaire on bilingual provision in nurse education*

Mae gennym ddiddordeb mewn clywed eich barn a'ch sylwadau ynglŷn ag addysg nyrsio dwyieithog (Cymraeg/Saesneg). Byddwn yn ddiolchgar felly petaech yn cwblhau'r cwestiynau sy'n dilyn yn eich dewis iaith. Teimlwch yn rhydd i ysgrifennu gymaint ag yr hoffech. Dylai'r broses gymryd tua 15 munud o'ch amser. Ni fyddwch chi, na'ch sefydliad yn cael ei enwi yn ein hadroddiad terfynol.

We are interested in hearing your views and opinions about bilingual (Welsh/English) nurse education. We should therefore be grateful if you would complete the following questions in your preferred language. Please feel free to provide as much detail as you feel appropriate. The whole process should take approximately 15 minutes of your time. Please be assured that neither you nor your organisation will be identified in our final study report.

1. Pa brofiad sydd gennych o gymryd rhan mewn agweddau o'ch cwrs nyrsio trwy'r Gymraeg yn ogystal a'r Saesneg? *1. What experience do you have of participating in aspects of your nursing course through the medium of Welsh as well as English?*

2. Beth mae darpariaeth ddwyieithog mewn addysg nyrsio yn ei olygu i chi?
2. What does bilingual provision in nurse education mean to you?

3. Beth ydy cryfderau addysg nyrsio ddwyieithog?
3. What are the strengths of bilingual nurse education?

4. Pa fesurau sydd ar gael yn eich prifysgol i hwyluso'r ddarpariaeth addysg nyrsio ddwyieithog?

4. What measures are available in your university to facilitate bilingual provision in nurse education?

5. Beth sy'n rhwystro darpariaeth addysg nyrsio ddwyieithog yn eich prifysgol?
5. What hinders bilingual provision in nurse education in your university?

6. Pa welliannau fyddech chi yn hoffi eu gweld o safbwynt darpariaeth addysg nyrsio ddwyieithog?

6. What improvements would you like to see in bilingual provision in nurse education?

7. Nodwch y grŵp budd-ddeiliaid rydych chi yn ei gynrychioli drwy dicio'r bocs perthnasol (neu drwy deipio 'ie' nesaf at y bocs)

7. Please indicate the stakeholder group you represent by placing a tick in the appropriate box (or by typing 'yes' next to the box):

Darlithydd nyrsio ☐ *Nurse lecturer*

Mentor clinigol ☐ *Clinical mentor*

Myfyriwr nyrsio ☐ *Nursing student*

Arall (manylion os gwelwch yn dda) ☐ Other (please specify)

Arall/Other:_____

8. Nodwch pa Brifysgol rydych yn perthyn iddi drwy dicio'r bocs perthnasol (neu drwy deipio 'ie' nesaf at y bocs)

8. Please indicate the university with which you are affiliated by placing a tick in the appropriate box (or by typing 'yes' next to the box):

Os ydych yn **fentor clinigol** ticiwch mwy nag un bocs os yw'n briodol
*If you are a **clinical mentor** please tick more than one box if appropriate*

NEWI	☐	*NEWI*
Prifysgol Abertawe	☐	*Swansea University*
Prifysgol Bangor	☐	*Bangor University*
Prifysgol Caerdydd	☐	*Cardiff University*
Prifysgol Morgannwg	☐	*University of Glamorgan*

9. Ydych chi'n siarad Cymraeg? (Os ydych, nodwch pa mor dda drwy roi tic yn y bocs perthnasol, neu ysgrifennu 'ydw' nesaf at y bocs)

9. Do you speak Welsh? (If yes, please note how well by placing a tick in the relevant box, or by typing 'yes' next to the box).

Ydw - yn rhugl	☐	Yes - fluently
Ydw - ddim yn rhugl	☐	*Yes - not fluently*
Nac ydw	☐	*No*

Diolch yn fawr iawn am eich amser

Thank you very much for your time

Holiadur staff am ddarpariaeth ddwyieithog mewn addysg nyrsio

Staff questionnaire on bilingual provision in nurse education

Mae gennym ddiddordeb mewn clywed eich barn a'ch sylwadau ynglŷn ag addysg nyrsio dwyieithog (Cymraeg/Saesneg). Byddwn yn ddiolchgar felly petaech yn cwblhau'r cwestiynau sy'n dilyn yn eich dewis iaith. Teimlwch yn rhydd i ysgrifennu gymaint ag yr hoffech. Dylai'r broses gymryd tua 15 munud o'ch amser. Ni fyddwch chi, na'ch sefydliad yn cael ei enwi yn ein hadroddiad terfynol.

We are interested in hearing your views and opinions about bilingual (Welsh/English) nurse education. We should therefore be grateful if you would complete the following questions in your preferred language. Please feel free to provide as much detail as you feel appropriate. The whole process should take approximately 15 minutes of your time. Please be assured that neither you nor your organisation will be identified in our final study report.

1.Beth mae darpariaeth ddwyieithog mewn addysg nyrsio yn ei olygu i chi?
1.What does bilingual provision in nurse education mean to you?

2. Beth ydy cryfderau addysg nyrsio ddwyieithog?
2. What are the strengths of bilingual nurse education?

3. Pa fesurau sydd ar gael yn eich gweithle i hwyluso'r ddarpariaeth addysg nyrsio ddwyieithog?
3. What measures are available in your place of work to facilitate bilingual provision in nurse education?

4. Beth sy'n rhwystro darpariaeth addysg nyrsio ddwyieithog yn eich gweithle?
4. What hinders bilingual provision in nurse education in your place of work?

5. Pa welliannau fyddech chi yn hoffi eu gweld o safbwynt darpariaeth addysg nyrsio ddwyieithog?
5. What improvements would you like to see in bilingual provision in nurse education?

6. Nodwch y grŵp budd-ddeiliaid rydych chi yn ei gynrychioli drwy dicio'r bocs perthnasol (neu drwy deipio 'ie' nesaf at y bocs)

6. Please indicate the stakeholder group you represent by placing a tick in the appropriate box (or by typing 'yes' next to the box):

Darlithydd nyrsio	☐	*Nurse lecturer*
Mentor clinigol	☐	*Clinical mentor*
Myfyriwr nyrsio	☐	*Nursing student*
Arall (manylion os gwelwch yn dda)	☐	Other (please specify)

Arall/Other:_____

7. Nodwch pa Brifysgol rydych yn perthyn iddi drwy dicio'r bocs perthnasol (neu drwy deipio 'ie' nesaf at y bocs)

7. Please indicate the university with which you are affiliated by placing a tick in the appropriate box (or by typing 'yes' next to the box):

Os ydych yn **fentor clinigol** ticiwch mwy nag un bocs os yw'n briodol
*If you are a **clinical mentor** please tick more than one box if appropriate*

NEWI	☐	*NEWI*
Prifysgol Abertawe	☐	*Swansea University*
Prifysgol Bangor	☐	*Bangor University*
Prifysgol Caerdydd	☐	*Cardiff University*
Prifysgol Morgannwg	☐	*University of Glamorgan*

8. Ydych chi'n siarad Cymraeg? (Os ydych, nodwch pa mor dda drwy roi tic yn y bocs perthnasol, neu ysgrifennu 'Ydw' nesaf at y bocs)

8. Do you speak Welsh? (If yes, please note how well by placing a tick in the relevant box, or by typing 'yes' next to the box).

Ydw – yn rhugl	☐	Yes - fluently
Ydw – ddim yn rhugl	☐	*Yes – not fluently*
Nac ydw	☐	*No*

Diolch yn fawr iawn am eich amser

Thank you very much for your time

Anfonwch eich atebion, os gwelwch yn dda, drwy e-bost at: l.spencer@bangor.ac.uk
neu drwy'r post at :Dr Llinos Spencer, LLAIS, Ysgol Gwyddorau Gofal Iechyd, Prifysgol Bangor, Fron Heulog, Ffordd Ffriddoedd, RHADBOST BG35, Bangor, Gwynedd, LL57 2BR
Please return your answers by e-mail to: l.spencer@bangor.ac.uk
or by post to: Dr Llinos Spencer, LLAIS, School of Healthcare Studies, Bangor University, Fron Heulog, Ffriddoedd Road, FREEPOST BG35, Bangor, Gwynedd, LL57 2BR

Appendix 2: Empirical literature review

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
Evans C (2007) The experience of international doctoral education in nursing: an exploratory survey of staff and international nursing students in a British university. *Nurse Education Today* 27, 499-505.	United Kingdom	5 PhD students 11 Staff members who had experience of supervising research dissertations of international post graduate students	Qualitative questionnaire survey exploring perceptions of international doctoral education in nursing	Staff and students saw great value in the programme. But both groups identified the need for greater support for: studying through a second language; working within a different academic culture; managing the supervision relationship; finding a sense of community.	This paper re-iterates the point that ESL students face language and social adjustment problems while studying in the UK. Highlights the need for extra support with regard to developing language and communication skills to enhance learning.	This paper focuses on the experiences of ESL international students. Nevertheless, some of the identified support strategies may be relevant for Welsh language speakers undertaking nurse education programmes in Wales. These may offer a way of enhancing their learning experiences for practice.	2	2	4
Roberts G, Irvine F, Jones P, Spencer L, Baker C & Williams C (2007) Language awareness in the bilingual healthcare setting: a national	Wales	3358 healthcare professionals across Wales of which 55% were nurses, midwives and	Questionnaire survey to examine the nature and extent of Welsh language	Strong positive correlation between NMHV use of Welsh language in practice and their Welsh language	This survey suggests that there is encouraging potential to establish training initiatives in order to enhance language	Given the potential impact of language training initiatives on cross-cultural communication in nursing, extending	3	2	5

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
survey. *International Journal of Nursing Studies* 44, 7, 1177-1186.		health visitors (NMHV)	awareness in healthcare and the factors that influence language choice for minority language speakers.	proficiency; language attitudes; and language region. Mean language attitude scores are more positive than expected, particularly amongst those with limited Welsh language proficiency and those working in regions with the lowest proportions of Welsh speakers.	awareness and develop language proficiency in nursing practice. This should facilitate language choice for patients and enhance the quality of care delivery across language communities.	the Welsh language proficiency of nursing students in Wales and building on existing skills and confidence should be considered within curriculum delivery in preparation for practice in the bilingual setting.			
Rogan F, San Miguel C, Brown D & Kilstoff K (2006) "You find yourself". Perceptions of nursing students from non-English speaking backgrounds of the effect of an intensive language support program on their oral clinical	Australia	15 undergraduate nursing students from non-English speaking backgrounds (NESB)	Descriptive interpretive study of student nurses from NESB using focus groups and questionnaires to identify their perceptions of their first clinical placement and	NESB students reported a desire to care for patients as members of the nursing team but felt excluded through communication difficulties with other students, nurses, and patients.	Need to promote use of language support programme for NESB nursing students to enhance their learning experience in practice. Need to support mentors to help them in assisting NESB students in practice.	Whilst this paper focuses on (English) language skill requirements for international NESB students, it offers insight of the antithesis for the context of nurse education in Wales. This suggests that in	2	3	5

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
communication skills. *Contemporary Nurse* 23, 72-86.			effects of an intensive oral clinical communication skills programme.	Students identified specific communication skills required to learn to interact in practice and reported that these were enhanced through following intensive oral clinical communication skills programme.	Need to enhance cultural awareness for all nursing students.	order to prepare nursing students for practice in the bilingual setting there is a need for: language support programmes (for Welsh and non-Welsh speakers); language and cultural awareness training; support for mentors in facilitating learning in the bilingual practice setting.			
Welsh Language Board (Welsh Language Board) (2006) *Review of the Welsh Language in the NHS Trusts 2006.* Welsh Language Board, Cardiff.	Wales	All NHS Trusts across Wales with the exception of the Powys and Ambulance NHS Trust.	Ethnographic study of the implementation of Welsh Language Schemes by NHS Trusts in Wales	HEIs fail to recognise the value of bilingual skills for nursing HEIs fail to respond to workforce planning needs when recruiting nursing students Need to enhance	All Trusts should adopt a Linguistic Skills Strategy to plan their workforce for the provision of Welsh language services. HEIs should review their Welsh Language Schemes in order to reflect	HEIs should recognise bilingualism as an important skill for nursing in Wales. HEIs should include bilingual skills and linguistic awareness training in nurse education courses	2	1	3

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				Welsh medium education in nursing and medicine as a way of attracting Welsh speakers to the profession	the need to train more nurses who are able to practice bilingually HEIs should offer more opportunities for Welsh medium provision in nursing	as well as Welsh medium provision			
Irvine F, Roberts G, Jones P Spencer L, Baker C & Williams C (2006) Communicative sensitivity in bilingual healthcare setting: a qualitative study of language awareness. *Journal of Advanced Nursing* 53 (4) 422-434.	Wales	83 healthcare professionals working across Wales	Qualitative using semi structured interviews	Individual factors such as language proficiency and exposure to the minority language influence the extent to which practitioners use Welsh in healthcare. Organisational factors also impact on the opportunities that patients have to use Welsh in the healthcare setting.	Language sensitivity training should be incorporated into professional education of nurses and other health care professionals. Some evidence to support the provision of welsh medium professional education	Nurses have a pivotal role in promoting language sensitivity. Promoting language sensitivity in the education setting is important.	3	1	4
Tatar S (2005) Why keep silent? The classroom participation experiences of non-	United States	4 Turkish postgraduate students undertaking a university	Qualitative descriptive multi case study regarding class	Non-native English speaking students use silence in a classroom for a	Non-native students' silence may be misinterpreted in US classrooms	Welsh speaking nursing students may share feelings of vulnerability in the	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
native-English-speaking students *Language and Intercultural Communication* 5, 3 & 4, 284-293.		education course	room participation experiences of non-native-English-speaking students	variety of means: face saving strategy; a means of participation; reaction to others contribution; sign of respect for authority and concern for others; the produce of a feeling of inarticulacy.	where 'interaction through talk is deemed more important	classroom where provision is predominately through the medium of English. Educators should respond to their needs and offer opportunities for bilingual learning as a way of facilitating their involvement in class activities and preparation for practice.			
Welsh Language Board (2004a) *Snapshot Review: implementation of Welsh Language Schemes by NHS Trusts in Wales.* Welsh Language Board, Cardiff.	Wales	All NHS Trusts across Wales with the exception of the Ambulance Trust.	Ethnographic study of the implementation of Welsh Language Schemes by NHS Trusts in Wales	There is a culture of caring and increasing patient focus within the Trusts which has been far more responsible for bilingual service development and practical language choice than the formal implementation of approved	The review highlights difficulties in recruiting Welsh speaking nurses to the NHS, with few Trusts in Wales having a strategy to address the lack of linguistic skills. Need to encourage Welsh speakers to opt for a career in health care. HEIs need to	HEIs should recognise bilingualism as an important skill for nursing in Wales. HEIs should enhance their language skills and linguistic awareness training in nurse education courses.	2	1	3

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				language schemes.	recognise the value of the Welsh language as a skill for working in Wales. Need for better training in healthcare education, both in terms of language skills and linguistic awareness.				
Thomas E (2004) Welsh medium teaching in Psychology. *Psychology Learning and Teaching* 4, 1, 11-14.	Wales	N/A	Descriptive paper	There are many challenges to the development of Welsh teaching provision in psychology. These include: student recruitment; student demand; student insecurities about their bilingual skills; status of the Welsh language in psychology practice; limited terminology and	Teaching psychology through the medium of Welsh may be enhanced through offering Welsh-medium provision. Nevertheless, there may be limited uptake due to: lack of confidence in Welsh language skills, particularly at an academic level; reluctance to mix languages of study; lack of appropriate terminology and learning material;	In line with the nursing profession, the psychology profession in Wales needs to respond to demands in the public sector for Welsh medium services. Thus advances in Welsh-medium teaching in psychology have resonance for nurse education. This paper sheds light on:	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				learning resources.	shortage of Welsh speaking students.	enhancing the uptake of bilingual provision; developing language skills for practice.			
Cann J (2004) Higher education's contribution to the maintenance and revitalization of minority languages official languages: the case of Wales and New Brunswick. *The Welsh Journal of Education* 13, 1, 95-116.	Wales and New Brunswick, Canada	Documentary analysis and elite interviews with officials and academics in ML HEIs in Wales and New Brunswick	Qualitative review of the contribution that universities make to maintain and revitalise minority official languages and the factors that affect language planning.	Current language planning in higher education in Wales is being conducted in the context of a bilingual future Nevertheless, in New Brunswick a gradual decentralization of educational structures on the basis of language is key to the province's language planning approach, whereby a dedicated French-medium university has been established. However, there	Need for change in current situation in Wales to overcome major obstacle to the maintenance and revitalization of the Welsh language.	There are common obstacles that jeopardise ML provision in higher education across Wales and Canada. These have implications for nurse education and should be considered within future strategic planning in Wales. They include: funding models; recruitment; capacity; teaching and learning materials.	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				are common challenges, such as: per capita funding models; recruiting viable cohorts of ML speakers; adequate staffing levels; appropriate teaching and learning materials.					
Yates S, Bline K, Bird C, Bresnahan E, Couper-Noles R, Culter S, Henderson S,, Hymel E, Salsman T, Tonellatp M, Steele A & Lindenberg C (2003) Starting out: building healthcare careers for minority teenagers. *Journal of Continuing Education* 34, 3, 116-121	United States	N/A	Descriptive paper	Describes an 8 week summer programme to promote career opportunities in nursing and healthcare	Use a community partnership approach so that engagement in a project that benefits the community leads to empowerment.	It may be possible to take a programme such as this to deprived, predominantly Welsh communities in order to meet the 'widening the entry gate agenda' and recruit more bilingual students.	1	1	2
Fredericksen E (2002) Language as power for Hispanic	Texas, United States	N/A	Descriptive paper	Describes an approach used in one US university	Promotes collaborative learning, shared	To promote teaching using collaborative	1	1	2

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
students in higher education. *Journal of Hispanic Higher Education* 1 (3) 211-224.				that encourages English-Spanish background students to excel in both languages. Gives a description of three theories: 1. Intercultural communication theory. 2. Constructivist theory 3. Collaboration Theory	understanding of culture and languages	approaches that value differences. One useful citation: '*According to Usunier (1996) language reflects culture and acts as a catalyst and purveyor of cultural artefacts by allowing communication among members of a given group.*' (p215)			
Friedenberg J (2002) The linguistic inaccessibility of U.S. Higher Education and the inherent inequality of US IEPs: An argument for multilingual higher education. *Bilingual Research Journal* 26, 2, 213-230.	United States	N/A	Descriptive paper	Criticises intensive English programmes (IEPs) for international minority language students because they do not show true commitment to multiculturalism and places the responsibility of second language students' success	Proposes a six component model for multilingual education: 1. Targeted recruitment: using students' native languages in recruitment material, bilingual recruiters, and bilingual university representatives in media interviews	Much of the paper is of little relevance to bilingual provision in nurse education but there are some useful points related to recruitment and placements, as per recommendations.	[1]	[2]	3

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				with English as a Second Language (ESL) teachers rather than with 'professors' (American) in the academic disciplines. Domestic minority language student in the US do not have access to IEPs and have to compete on a level playing field with their 'English' peers.	etc. 2. Language assessment to test English proficiency 3. Supported academic instruction by teaching in English but providing translated materials and using bilingual teaching assistants and sheltered teaching i.e. simplified content and controlled language. 4. English for academic purposes instruction 5. Counselling and support services 6. Culturally and linguistically appropriate placements.				
Williams C (2002) *Cyfrwng Cymraeg mewn Addysg Uwch: Tueddiadau a*	Wales	3,000 Year 12 & 13 pupils across Wales receiving	Questionnaire survey to determine the scope of	Lack of continuation of Welsh medium provision between	Welsh Assembly Government and ELWA should support the	Given the need for Welsh language services in healthcare, these	3	2	5

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
Dyheadau. University of Wales Bangor.		Welsh-medium or bilingual education; 2,500 Welsh-speaking Higher education students across Wales; 400 Welsh speaking higher education lecturers	Welsh-medium provision in higher education	GCSE / Advanced / level / Degree level affects uptake of Welsh medium provision in higher education. There are significant numbers of Welsh speaking students at HEIs in South East Wales. Nevertheless, there is less bilingual provision here compared with other HEIs across Wales.	continuation of language choice for students from GCSE to A level and vocational courses. In order to increase the numbers of students studying through the medium of Welsh in higher education, there is a need to: market its value; extend provision in the sciences, vocational and professional fields; highlight employers' needs for Welsh language skills; collaborate across HEIs.	recommendations have particular resonance for nurse education, especially in terms of the need to: highlight the requirements of the NHS for Welsh language skills; market their value to nursing students and employers; develop and adapt methods of bilingual teaching .			
Huguet A, Vila I & Llurda E (2000) Minority language education in unbalanced bilingual situations: a case for linguistic interdependence	Baix Cinca, Spain	419 12 yr old students	Comparison study	Gives a detailed account of the linguistic interdependence hypothesis, which suggests that there are two forms of	The findings of the study really are of little relevance, just that they show that using an additive bilingualism approach to teaching has	The hypothesis suggests that the best approach to nurse education is a bilingual model where both English and Welsh speaking	3	1	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
hypothesis. *Journal of Psycholinguistic Research* 29 (3) 313-333.				bilingualism: 1. Subtractive bilingualisms, where intense use of one language hinders the development of the other language. 2. Additive bilingualism where intense exposure to one language does not jeopardise the development of the other language because both languages are held in high regard and reinforced. The paper also gives a detailed account of the status of the Catalan and Aragonese languages in one region of Spain as	positive effects on students language learning of Catalan and Spanish whatever their language background.	students are exposed to BOTH languages which are given equally high regard.			

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				background to their study					
Purser L (2000) The bilingual university; general reflections on its origins, mission and functioning. *Higher Education in Europe* 25, 4, 451- 459.	N/A	N/A	Documentary analysis to compare the origins, mission, and functioning of the bilingual university	Bilingual universities have a series of common factors and challenges regarding their origins, missions and functioning. Their mission includes: promoting participation; promoting coherence; promoting a wider outlook for the university and its graduates; promoting bilingualism as an objective rather than as a condition; encouraging students to stay in the region. Their functioning includes: different	The influence of the precise political and social environments in which bilingual universities are created and then operate should not be underestimated The academic foundations of the bilingual university should be as solid as those of any other university, and its basic activities, as excellent as anywhere else.	Many of the common missions of bilingual universities have particular significance for bilingual nurse education in Wales, where the emphasis is on promoting local recruitment, enhancing language awareness, and preparation for practice in the bilingual setting.	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				organizational, teaching and learning cultures; financial aspects of functioning; ownership.					
Inglebret E & Pavel M (2000) Curriculum planning and development for native Americans and Alaska natives in higher education. *In (authors unknown) Curriculum Planning: A Contemporary Approach.*	United States	N/A	Descriptive paper	Gives a historical overview of native American educational curricula and then discusses 3 approaches to curriculum development specific to native Americans and Alaska natives: 1 Changing student to fit curriculum 2. Creating culturally congruent curricula for example embodying cultural concepts within the curriculum. (e.g. cultural principles	To promote understanding and respect for different cultural perspectives.	Broadly to adhere to an ethos of empowerment. To incorporate linguistic differences into teaching and thus promote better understanding and cooperation between English and Welsh speaking students	2	1	3

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				of sharing and cooperation- use cooperative learning strategies) 3. Empowering students and communities using various strategies so that native and non native students are empowered.					
Beaufort (2000) *State of the Welsh Language.* Welsh Language Board, Cardiff.	Wales	1192 respondents across Wales (44% Welsh speakers)	Questionnaire survey of the state of the Welsh language in Wales	71% of the survey respondents felt that being bilingual is a help within the job market in Wales. 44% of respondents felt that the future demand for bilingual job skills will increase in the health service.	N/A	Bilingualism is recognised as a valuable skill in the job market in Wales and it is likely that there will be an increasing demand for bilingual skills in nursing. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the	3	1	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
						bilingual setting.			
Misell A (2000) *Welsh in the Health Service: the Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales.* Welsh Consumer Council, Cardiff.	Wales	Key stakeholders for the NHS across Wales, including service users, providers, professionals and researchers.	Mixed methods survey, including documentary analysis, interviews and focus groups to examine Welsh language provision in NHS Wales.	4 vulnerable groups whose care may be jeopardised by lack of Welsh language healthcare provision: children; older people: people with learning difficulties; people with mental health problems. Ignorance about Welsh Language Schemes of organisations; Inadequate systems for identifying, recording and responding to patients' language preference; Lack of acknowledgeme	Welsh language provision should be considered in workforce planning for healthcare services. Need for national strategy regarding bilingual skills requirement in healthcare Healthcare courses should prepare English and Welsh speakers for work in the bilingual workplace in terms of linguistic awareness and sensitivity.	HEIs should provide language skills and language awareness training in nurse education courses to prepare for practice in the bilingual setting.	2	1	3

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				nt of the value of bilingual skills; Lack of strategic planning.					
Williams C (2000) Bilingual teaching and language distribution at 16+. *International Journal of Bilingual Education and Bilingualism* 3, 2, 129-148.	Wales	Observation of 20 bilingual teaching hours in 4 campuses in 2 FE/tertiary colleges; and discussions with lecturers	Ethnographic study of bilingual teaching methods in 2 Welsh FE colleges	7 main types of bilingual teaching strategies identified and evaluated reflecting positive and negative features. Many factors influence success or failure of bilingual teaching. These include: importance of a clear language medium policy; lecturer's attitude; students' attitude; linguistic nature of the class; resources and materials; language and terminology; importance of an active teaching methodology;	Educational philosophy which forms basis of language policy should be transparent to staff and students. Quality of language and use of terminology should be considered when formulating language policy. Funding bodies should be made aware of need for bilingual teaching materials. Need for in-service training schemes.	Many factors that influence bilingual teaching in FE are equally relevant to nurse education. Developing and maintaining bilingual provision in nurse education is thus likely to require the following elements: transparent educational philosophy ; adequate attention to quality of language; funding for appropriate teaching materials; in service training schemes for lecturers.	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				training.					
Roberts G & Paden L (2000) Identifying the factors influencing minority language use in health care education settings: a European perspective. *Journal of Advanced Nursing* 32, 1, 75-83.	Wales, Catalonia and Ireland	Observation of 3 midwifery education settings across Europe in 2 HE and 1 healthcare institution; and interviews and focus groups with midwifery lecturers, clinical mentors and students	Ethnographic study of the factors influencing minority language use in 3 European midwifery education settings	Many commonalities identified across language communities which influence use of minority language (ML) in educational programmes. These include: language policy of organisation; availability /accessibility of appropriate terminology; teaching and learning resources; teaching and learning strategies; IT software; language proficiency of speakers; attitudes of speakers.	Need to strengthen policies and strategies to support ML use across all levels of the organisation	Given the close similarities across midwifery and nurse education programmes, it is likely that these findings have resonance for nurse education.	2	3	5

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
Ramburuth P (1999) Managing language and learning diversity in Higher Education: enhancing the graduate experience http://ultibase.rmit.edu.au/Articles/dec99/ramburuth1.htm.	Australia	381 general HE students	Quantitative evaluation of language comprehension and written skills of HE students	A significant number of students had language difficulties with their studies and required support. The data suggested a consistent match between average academic results and language grades (suggesting a link between variables).	Need for strategies to assist students in their language learning and communication skills development and to support staff in understanding and managing these diversity issues. 9 initiatives are identified: generic external support; faculty based support initiatives; discipline specific support; free form workshops; communication initiatives; induction programmes; generic programmes; individual and group consultations; staff support and staff development initiatives.	Many of these initiatives may be appropriate for enhancing bilingual provision in nurse education in Wales.	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
Abriam-Yago K, Yoder M & Kataoka-Yahiro M (1999) The Cummins model: A framework for teaching nursing students for whom English is a second language. *Journal of Transcultural Nursing* 10, 2, 143-149.	United States	N/A	Descriptive paper	The paper applies Cummin's Model of Language Proficiency as a framework to develop linguistic and contextual educational support that meets the learning needs of ESL students.	The Cummins model should be applied in nurse education to empower ESL students through: incorporating their culture and language into the education programme; ensuring community participation is collaborative rather than exclusionary; enabling reciprocal interaction rather than transmission in teaching; ensuring that assessment is orientated towards advocacy or justification rather than failure.	This paper offers strategies for empowering ESL international students in nurse education programmes in the US. Some of these strategies may be relevant to empower Welsh minority language speakers undertaking nurse education programmes in Wales and to enhance their learning experiences.	2	2	4
Lewis G & Williams S (1998) *Darpariaeth Cyfrwng Cymraeg yn Hyfforddiant DIPGC a CGC*. National Foundation for Educational	Wales	Stakeholders for Dip SW and NVQ Care in Wales including representatives from:	Qualitative survey using interviews and focus groups to examine bilingual provision in	Some authorities have succeeded in responding to demands for bilingual provision through: careful strategic	The report recommends: making more use of DipSW practice placements; drawing attention to the value of	Given the similarities between the nursing and social work education course, these	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
Research.		HEIs FEIs Professional bodies Local Authorities Assessment centres	DipSW and NVQ Care training	planning; appreciation of different training needs; establishing clear steps for developing balanced and adequate provision.	bilingualism as a vocational skill; enhancing working relationships between CGC assessors and candidates so that written tasks appear more purposeful.	recommendations have resonance for nurse education, particularly with respect to: making more use of Welsh medium learning opportunities on clinical placement; valuing bilingualism as an important skill for practice; facilitating opportunities to demonstrate the value of undertaking written tasks through the medium of Welsh.			
Jalili-Grenier F & Chase M (1997) Retention of nursing students with English as a second language *Journal of Advanced Nursing* 25,199-203.	Canada	179 nursing students (ESL and non ESL students) and 24 staff members (faculty) in a Canadian	Semi-structured questionnaire survey to examine perceptions of nursing students and	Some significant differences between ESL and non ESL students regarding the challenges of the learning experience but for	High attrition rate for ESL students from this University where ESL students rated clinical courses more difficult than non ESL students.	Welsh speaking nursing students may benefit from similar support systems to facilitate their learning in preparation for	2	3	5

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
		university	staff about learning experiences of ESL students	most areas perceptions were similar. Statistical differences between perceptions of faculty and the ESL students. Faculty rated difficulty of learning activities significantly greater than did the ESL students and the level of contribution of learning activities significantly lower than did the students.	Recommendations include: support systems in order to develop communication skills; workshops to provide forums to discuss problems and issues; activities which stimulate a variety of senses that may help students learn more easily.	practice in the bilingual setting.			
Roberts G (1996) The power of language in a bilingual community *Nursing Times* 92, 39 40-42.	Wales	N/A	Descriptive paper focussing on the drivers for bilingual provision in nurse education in Wales	Outlines the statutory and clinical advantages of offering language choice in healthcare. Identifies drivers for bilingual provision in nurse education in	Need to include language awareness training in the nursing curriculum to prepare students for practice in a bilingual setting. Need to enhance the recruitment of Welsh speaking	These recommendations apply directly to bilingual provision in nurse education in Wales. Students should be encouraged to develop the knowledge and skills to practice	2	3	5

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				Wales	nursing students and offer bilingual provision to prepare them for practice in a bilingual environment.	bilingually.			
1995 NOP Social and Political (1995) *Public Attitudes to the Welsh Language.* Welsh Language Board, Cardiff.	Wales	800 respondents across Wales	Questionnaire survey of public attitudes to the Welsh language	53% of respondents felt that having bilingual skills is helpful in getting a job in their area. 69% of respondents thought that it was important to be able to speak Welsh in the Health Service.	N/A	Bilingualism is recognised as a valuable skill in the job market in Wales, particularly for those working in the health service. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting.	3	1	4
Malu K, Figlear M, Figlear E (1994) The multicultural ESL Nursing student: A prescription for admission *The Journal of Multicultural Nursing* 1,2 15-20.	United States	2 ESL nursing students	Qualitative case study	The paper presents 2 case studies to illustrate the characteristics of the multicultural ESL population and the problems they encounter in	Applying Cummins' (1986) model, the paper offers a 'prescription' to better serve ESL nursing students under three headings: Commitment of	Findings could be applied to nurse education in Wales through adopting more robust admission procedures. Commitment of faculty, time and	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				the nursing school system. These suggest that ESL students were unable to engage in independent learning, question faculty or take help available. Both students denied language difficulties but lacked reading skills. Neither student understood the educational process or the course requirements.	personnel, time and resources; the admission process which consists of a pre-admission interview and then assessment (reading and writing test) and further 'academic' interview; interpreting admission data holistically and making acceptable recommendations.	resources could enable students to study and learn in a language more appropriate to their needs (e.g. Welsh)			
Jayaram N (1993) The language questioning higher education: trends and issues. *Higher Education* 26, 93-114.	India	Universities Handbook (Association of Indian Universities 1985)	Documentary analysis to examine trends in language medium of instruction in HEIs across India	There has been a shift away from English medium towards Hindi and other regional media of instruction in Indian HEIs in the post – independence	A complete switch to regional languages as media of instruction across higher education in India not possible. Selective bilingualism is the only option.	Clear parallels may be drawn between the challenges in establishing bilingual provision in higher education in India and Wales. Nurse education may be	2	2	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
				period (>1967). But English remains far more exclusive than Hindi or a regional language and the pace of progress in the switch over is slow. This may be partly explained by: preferences and attitudes of students; question of feasibility; publication in regional languages; need to establish individual bilingualism: problem of language shift from secondary to higher education.	Need to encourage collaboration across HEIs to produce learning materials in regional languages	well advised to consider: language attitudes of students; feasibility of developments; learning materials and terminology; bilingual practice requirements; students' prior experiences of bilingual provision.			
Phillips S & Hartley J Teaching students for whom English is a second language (1990) Nurse	United States	N/A	Descriptive paper	Identifies that ESL nursing students have particular problems in	Recommends that ESL students shouldn't be put in learning groups that comprise students	Essentially, the paper offers strategies of how ESL students' English can be	1	3	4

Reference	Region of study	Sample	Focus and Methodology	Main findings	Recommendations	Implications for bilingual provision in nurse education	Rigour rating	Data relevance rating	Total rating
Educator 15 (5) 29-32.				reading, listening, speaking and writing and paper explores some of these difficulties using published literature. Argues that all of these problems result in lower achievement in academic and clinical setting, and higher attrition	that share a common first language. Rather they should be put with supportive English speakers so that they develop their English skills. Equally in the practice setting, whilst it is ok for them to work with patients who share the same first language they should also be exposed to English speaking patients to develop their skills. Students should not be asked to act as translators as this might jeopardise the completion of their clinical assignments.	improved. The paper was published some 18 years ago and thus does not take account of recent developments that favour a more inclusive and empowering approach. The suggested strategies represent approaches that would be considered the antithesis of good practice for bilingual education in an environment that values diversity and strives to empower students from different language backgrounds.			

Appendix 3:   Policy review

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Royal College of Nursing (RCN) (2008) *Welsh Language: Get it Right – Right Skills.* RCN Wales, Cardiff.	Policy briefing paper	NHS care in Wales should be provided through the medium of Welsh Bilingualism must be acknowledged as a valuable professional skill in healthcare Welsh language awareness should be incorporated within all pre-qualifying healthcare professional courses Healthcare providers should consider their future needs for Welsh speaking practitioners with the required levels of language proficiency.	An adequate complement of appropriately skilled Welsh speaking nurses is required to offer language choice in healthcare delivery. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting.	1	3	4
Nursing and Midwifery Council (NMC) (2008) *The Code Standards of conduct, performance and ethics for nurses and midwives.* Nursing and Midwifery Council, London.	Professional code of conduct	You must treat people as individuals and respect their dignity You must not discriminate in any way against those in your care You must listen to the people in your care and respond to their concerns and preferences You must make arrangements to meet people's language and communication needs You must share with people, in a way they can understand, the information they want or need to know about their health.	Nurses have a professional responsibility towards maintaining an individualised approach to care that meets people's language and cultural needs. Bilingual provision in nurse education enhances fitness for practice in the bilingual setting.	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Bangor University (2008) *Welsh Language Scheme. Bangor University, Bangor.*	Policy document	Commitment at university level to extend Welsh medium provision in healthcare sciences. Current provision includes: Welsh medium admission interviews; bilingual course handbooks and assessment documents; bilingual visual presentations and lecture notes where possible; Welsh medium small group work; Welsh medium tutorials, where possible Welsh medium assessments; bilingual clinical practice assessment documents; Welsh medium clinical placements	Commitment at university and school level to offer elements of bilingual provision in nurse education.	1	3	4
Glyndŵr University (2007) *Welsh Language Scheme.* North East Wales Institute, Wrecsam.		Commitment at university level to extend Welsh medium provision in teaching and learning. Current provision includes submission of work in Welsh. Future plans to offer: Welsh medium seminars; Welsh medium clinical placements; Welsh medium language support; Welsh Language awareness training; Translation services; Terminology services.	Commitment at university level to offer elements of bilingual provision in nurse education.	1	3	4

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Arad Consulting (2006) *Options Appraisal: Models for Welsh Medium Teaching in Higher Education.* Arad Consulting, Cardiff.	Review	Four models appraised for Welsh medium teaching in HE: Status quo model; Population matching model; Network model; Federal college model. Appraisal proposes the Network model as a strategic framework for the development of Welsh medium provision in higher education. This should help to: Create networks of excellence; Identify gaps in provision/opportunities for introduction of new provision; Develop clusters of expertise; Develop opportunities for joint provision; Expand the cohort of staff. The Welsh Medium Teaching Development Centre should be charged with: Staff Development; Facilitating collaborative delivery; Further marketing responsibilities; Revisit the roles and functions of Subject Panels (Paneli Maes); Liaison with HEIs – sustaining and strengthening institutional buy-in; Promoting Welsh medium teaching.	The network model reflects the current strategies for Welsh Medium Provision in Higher Education (Higher Education Funding Council for Wales 2004; Welsh Language Board 2004). The model therefore provides a sound platform on which to build strategic plans for bilingual provision in nurse education on an all Wales basis.	1	2	3
Welsh Assembly Government (2005a) *Designed for Life: A Strategy for creating World Class Health and Care for Wales in*	Strategy	Effective Welsh and English bilingual services are essential to providing quality care and full recognition should be given to the Welsh Language Act 1993 and the Welsh Language Schemes of each	In order to provide quality health care in Wales, nursing services should be offered bilingually. This has implications for nurse	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
the 21st Century. Welsh Assembly Government, Cardiff.		stakeholder organisation.	education that is fit for purpose.			
Welsh Assembly Government (2005b) Healthcare Standards	Standards	Of the 32 standards that Welsh NHS organisations are required to comply with, a number are applicable to the use and availability of the Welsh language in healthcare. Although not specifically referred to in the standards, many of them deal with matters of dignity, respect, diversity and choice, particularly in relation to recognising different language, communication, physical and cultural needs.	Nurses have a professional responsibility towards maintaining an individualised anti-oppressive approach to care that meets people's language and cultural needs. Bilingual provision in nurse education enhances fitness for practice in the bilingual setting.	1	1	2
Higher Education Wales (HEW) (2005) *Higher Education Wales Presentation to the Education and Lifelong Learning Committee on Welsh Medium Teaching*. HEW, Cardiff.	Position paper	HEIs face significant challenges in relation to Welsh-medium provision, including student demand, staff shortages and costs. Strategies thus need to focus on ensuring the maintenance, build up and consolidation of higher education through the medium of Welsh.	Issues of student demand, staff shortages and costs have resonance for Welsh medium provision in nurse education. These must therefore be taken into account in any future strategies.	1	2	3
University of Glamorgan (2005) *Welsh Language Scheme*. University of Glamorgan, Pontypridd.	Policy document	Commitment at university level to extend Welsh medium provision in healthcare sciences. Future plans to offer: Welsh medium admission interviews Welsh medium seminars and tutorials; Welsh medium clinical placements; Welsh medium assessment	Commitment at university and school level to offer elements of bilingual provision in nurse education.	1	3	4
Cardiff University (2004) *Welsh Language Scheme*.	Policy document	Opportunities for students to improve or gain Welsh language skills.	Commitment at university level to offer elements of	1	3	4

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Cardiff University, Cardiff.		Currently developing the university's academic provision in Welsh. Current provision includes: Welsh-speaking personal tutors; Welsh speaking advisors; Welsh medium assessment; Welsh medium clinical placements	bilingual provision in nurse education.			
Swansea University (2004) Welsh Language Scheme, Swansea University, Swansea.	Policy document	Opportunities for students to improve or gain Welsh language skills. Current provision includes: Welsh medium clinical practice course; Welsh medium assessment; Welsh medium admission interviews; Welsh medium personal tutorials	Commitment at university and school level to offer elements of bilingual provision in nurse education.	1	3	4
Welsh Language Board (2004a) *Strategy for Welsh-medium and bilingual education and training.* Welsh Language Board, Cardiff.	Strategy	Additional funding should be given to implement the Strategy for Welsh Medium Provision in Higher Education (Higher Education Funding Council for Wales 2004). A national marketing and progression strategy for Welsh- medium higher education provision should be planned and implemented. Examples of best practice from other European nations should be considered.	There is a need for national strategic plans to develop, maintain and fund bilingual provision in nurse education. Such plans should be informed by examples of best practice from other European nations, where appropriate.	1	2	3
National Assembly for Wales (2004) *Realising the Potential: A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st Century. Briefing Paper7:*	Strategy	A safe environment will reflect the cultural, social, physical, emotional, psychological and spiritual needs of the child/young person and those of their families/carers. Their language of choice will also be respected. This is important in the bilingual culture of	Children's nursing in Wales should reflect the linguistic and cultural make up of service users. This has implications for the recruitment of Welsh speaking students to	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Nurturing the Future: A Framework for Realising the Potential of Children's Nurses in Wales. National Assembly for Wales, Cardiff.		Wales	children's nursing and their preparation for practice in the bilingual, bicultural setting.			
Higher Education Funding Council for Wales (2004) *Strategy for Welsh Medium Provision in Higher Education.* Higher Education Funding Council for Wales, Cardiff.	Strategy	Proposals include: Meeting student demands, especially for vocational courses where bilingual capacity may improve employment and career opportunities Stimulating demand for Welsh medium provision, e.g. through publicising needs of bilingual employers Strengthening staff capacity Institutional commitment Additional funding implications Collaboration across the higher education sector	Most of the proposals identified within this strategy are highly applicable to the context of nurse education. The strategy therefore offers a sound platform on which to build strategic plans for bilingual provision in nurse education on an all Wales basis.	1	2	3
Welsh Assembly Government (2003a) *Iaith Pawb: A National Action Plan for a Bilingual Wales.* Welsh Assembly Government, Cardiff.	Strategy	Language choice is an important component in the provision of a quality care service. Delivering services in the service users' language of choice in key service areas, such as health and social care, is of prime importance.	An adequate complement of appropriately skilled Welsh speaking nurses is required to offer language choice in healthcare delivery. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting.	1	1	2
Welsh Assembly Government (2003b)	Strategy	People must receive full information about their care in a language and manner	Nurses have a professional responsibility towards	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Fundamentals of Care: Guidance for Health and Social Care Staff. Welsh Assembly Government, Cardiff.		sensitive to their needs. If necessary, people are provided with access to a translator or a member of staff with appropriate language skills.	maintaining an individualised approach to care that meets people's language and cultural needs. This has implications for their preparation for practice in the bilingual setting.			
University of Wales Board for Welsh Medium Teaching (2003) *Final Report of the Working Group.* University of Wales, Cardiff.	Position paper	The work plan presented to Welsh Assembly Government by the Higher Education Funding Council for Wales (2002) should be implemented without delay. A strategic body needs to be established to lead Welsh medium developments on an all Wales basis. The merits of the following 3 models should be considered and discussed across the sector: 1. Establish a virtual Welsh medium College within the University of Wales 2. Establish a new Welsh medium College independent of the University of Wales 3. Significant revision of internal structures within Aberystwyth, Bangor and Carmarthen. Vocational courses, such as healthcare, should be included in the discussions. An appropriate staffing strategy needs to be established. Structures need to be established to facilitate novice academics to undertake	Most of the proposals identified within this strategic framework are highly applicable to the context of nurse education. The framework therefore offers a sound platform on which to build strategic plans for bilingual provision in nurse education on an all Wales basis	1	2	3

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
		research and dissemination through the medium of Welsh. Recent changes in teaching and learning across HEIs, should be considered. The main priority should focus on planning rather than funding. Urgent talks are required re funding Welsh medium provision.				
Welsh Assembly Government (2002a) *Reaching Higher: Higher Education and the Learning Country.* Welsh Assembly Government, Cardiff.	Strategy	Bilingualism should be a reality in Wales. The HE sector should be responsive to individuals including those who wish to pursue elements of their degrees through the medium of Welsh. Over time it should be viewed as part of mainstream provision covering a selection of courses and modules. Institutions should work flexibly and collaboratively to consider how they can meet Welsh medium demand and draw on new technology to extend opportunities The proportion of students in Welsh HEIs undertaking some element of their course through the medium of Welsh should increase from 3.4% (2000/01) to 7% (2010/11).	Welsh medium provision in nurse education should be increasingly available to those who wish to pursue elements of their course in Welsh. Collaboration across higher education institutions and the enhanced use of IT should facilitate bilingual provision.	1	2	3
Welsh Assembly Government (2002b) *Welsh Health Circular (2002)020. The Health Service and the Welsh Language.* Welsh Assembly Government,	Government directive	An All Wales Task Group for Welsh Language Services will formulate a National Strategy to tackle the lack of Welsh language services in the NHS, provide an overview of the situation and co-ordinate measures to ensure	Given that nursing services contribute towards a significant proportion of the overall healthcare delivery in Wales, there is a strong governmental support for	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Cardiff		improvement. All Trusts and LHBs will consider the recommendations and formulate an Action Plan, monitoring mechanisms of progress towards addressing the recommendations contained in the report. Each organisation will nominate a Welsh Language Champion to act as a contact point for Welsh language issues).	Welsh language provision in nursing services. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting			
University of Wales Board for Welsh medium Teaching(2002) *National Centre for Welsh medium Provision in Higher Education.* University of Wales, Cardiff.	Position paper	Need for: National framework for Welsh medium provision in higher education; Capacity to deliver; Student demand; Fully staffed national centre; Collaboration across institutions; Focus o n the 3 HEIs that offer the strongest provision.	This paper offers a framework for developing a national strategy to build bilingual provision in nurse education.	1	2	3
National Assembly for Wales (2002) *Our Language: Its Future: Policy Review of the Welsh Language by the Culture Committee and Education and Lifelong Learning Committee.* National Assembly for Wales, Cardiff.	Policy review	The committee supports the modified proposals of the University of Wales Board for Welsh-medium Teaching in principle, particularly as regards increasing the numbers of Fellowships and Doctorates, in order to facilitate significant growth in Welsh-medium teaching. The committee recommends that in relation to implementation, the Higher Education Funding Council for Wales should be commissioned to consider the proposals in more detail; to examine	Nurse education should take advantage of the strong policy drivers to support Welsh medium provision in higher education, particularly in terms of: Enhancing the recruitment of Welsh speakers to the profession; Building capacity to support bilingual teaching and learning;	1	2	3

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
		matters of cost and practicability; and to report to the Assembly Minister. The committee recognises the value of situating Welsh-medium and bilingual education provision within the international context and firmly believes that much can be gained from active collaboration. The committee recommends that the Future Skills Wales partnership should devise a clear and coordinated strategy for collating and disseminating information on careers where bilingual skills are required.	Collaborating with international partners to share good practice approaches.			
Morris & Young (2002) *Model posib ar gyfer coleg Cymraeg: papur trafod.* Prifysgol Cymru Bangor.	Position paper	This paper outlines a preliminary framework for a Welsh college within University of Wales that will be responsible for Welsh medium provision. Its terms of reference would be to rapidly enhance Welsh medium provision within subject areas other than Welsh language and literature.	This paper provides details of one option for a national framework that could support and develop bilingual provision in nurse education.	1	2	3
Jones, W (2002) *Dyfodol y Gymraeg yn ein Prifysgolion.* Sefydliad Gwleidyddiaeth Cymru, Prifysgol Cymru Aberystwyth.	Position paper	Offers 3 models for way forward for Welsh medium provision in higher education: Internal reforms within HEIs at Aberystwyth, Bangor and Carmarthen; Establishment of a federal university; Establishment of a Welsh university. The paper appraises the 3 models, identifying their strengths and weaknesses.	This paper offers a framework for developing a national strategy to build bilingual provision in nurse education.	1	2	3
Higher Education Funding	Position	A strategic framework is required for	Most of the proposals	1	2	3

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Council for Wales (2002) *Welsh Medium Provision in Higher Education.* Higher Education Funding Council for Wales, Cardiff.	paper	increasing the volume and range of Welsh medium provision in higher education and the number of students participating. This includes several priority areas: Collection and analysis of appropriate and regularly updated information to determine current needs and forecast future demand; Proactive marketing and stimulation of demand amongst existing and potential students; Staff development and recruitment programmes; Development of new provision and innovative approaches to delivery; Creation of collaborative frameworks between institutions; Establishment of a supportive infrastructure; Formation of partnerships with other sectors and organisations with an interest in Welsh medium education.	identified within this strategic framework are highly applicable to the context of nurse education. The framework therefore offers a sound platform on which to build strategic plans for bilingual provision in nurse education on an all Wales basis.			
National Assembly for Wales (2000a) *Realising the Potential: A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st Century. Briefing Paper 2: Aspiration, Action, Achievement: A Framework for Realising the Potential of*	Strategy	Patients for whom English is not their first language should receive appropriate support to enable them to participate in their care. The needs of patients from minority groups should be properly met.	The communication needs of Welsh speakers seeking mental health nursing services in Wales should be appropriately met. This has implications for the recruitment of Welsh speaking students and their preparation for practice in the bilingual setting	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Mental Health Nursing in Wales. National Assembly for Wales, Cardiff.						
National Assembly for Wales (2000b) *Realising the Potential: A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st Century. Briefing Paper 1: Creating the Potential: A Plan for Education.* National Assembly for Wales, Cardiff.	Strategy	Professional education must promote non-judgemental care that is sensitive to the social, cultural, economic and political contexts. Communication skills are essential for building the relationships with patients and clients within which nursing, midwifery and health visiting practice takes place.	Nurse education must prepare students for practice within the bilingual context of Wales. This has implications for the nature of delivery of the curriculum.	1	1	2
Welsh Language Board (1999) *The Welsh Language - A Vision and Mission 2000/05.* Welsh Language Board, Cardiff.	Strategy	At the HE level, the emphasis of the Welsh Language Board will be on increasing the provision of bilingual courses and the number of students taking some of their courses, most of their courses or all of their courses through the medium of Welsh or bilingually. In order to support the development of Welsh medium/bilingual training a consortium will need to be established to develop the provision on an all Wales level. A bilingual education and training strategy for Wales requires clear targets that consider the needs of employers, students and communities in Wales.	Bilingual provision in nurse education should be enhanced through establishing an all Wales strategy that reflects a collaborative approach. Such provision should consider the needs of healthcare employers, students and communities in Wales.	1	2	3

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
University of Wales Board for Welsh Medium Teaching (1999) *Developing the Provision: The Way Forward.* University of Wales, Cardiff.	Position paper	The University of Wales need to recognise: - The increasing need in Wales for university students educated through the medium of Welsh or bilingually - The need to identify new ways of developing and extending Welsh medium provision, including academic vocational fields - The need for central planning and marketing in collaboration with HEIs - The need for sufficient funding - The need to initiate discussions with Higher Education Funding Council for Wales to review the funding system.	Given the need for Welsh language services in healthcare, these recommendations have particular resonance for nurse education, particularly with respect to securing funding for bilingual provision.	1	2	3
Welsh Language Board (1996*) Welsh Language Schemes: Their preparation in Accordance with the Welsh Language Act 1993.* Welsh Language Board, Cardiff.	Guidelines	Ensure that workplaces which have contact with the public in Wales seek access to sufficient and appropriately skilled Welsh speakers to enable those workplaces to deliver a full service through the medium of Welsh.	An adequate complement of appropriately skilled Welsh speaking nurses is required to deliver Welsh medium provision in healthcare. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting.	1	1	2

Reference	Document Type	Evidence	Implications for bilingual provision in nurse education	Rigour Rating	Data Relevance Rating	Total Rating
Higher Education Funding Council for Wales (1995) *Report of the Welsh medium Provision Working Group.* Higher Education Funding Council for Wales, Cardiff	Report	Healthcare education identified as a key area for developing bilingual initiatives in higher education	Whilst the Higher Education Funding Council for Wales does not commission nurse education, it supports the development of bilingual provision in healthcare as a matter of principle.	1	2	3
Council of Europe (1992) *European Charter for Regional and Minority Languages.* Council of Europe, Strasbourg.	Organisational charter	Ensure the availability of: University and other higher education in regional or minority languages; A substantial part of technical and vocational education in the relevant regional or minority languages; The provision, within technical and vocational education, for the teaching of the relevant regional or minority languages as an integral part of the curriculum; Health and social care facilities that offer the possibility of receiving and treating in their own language persons using a regional or minority language who are in need of care on grounds of ill-health, old age or other reasons.	An adequate complement of appropriately skilled Welsh speaking nurses is required to offer language choice in healthcare delivery. This has implications for the recruitment of Welsh speaking students to nursing and their preparation for practice in the bilingual setting	1	2	3