

## Original research

# Student satisfaction with content and language integrated learning in nursing education: A cross-sectional study



Nina Granel<sup>a</sup>, Juan Manuel Leyva-Moral<sup>a,\*</sup>, Maria Dolors Bernabeu-Tamayo<sup>b</sup>,  
Rebeca Gómez-Ibáñez<sup>a</sup>, Carolina Eva Watson<sup>a</sup>, Mariela Patricia Aguayo-González<sup>a</sup>

<sup>a</sup> *Universitat Autònoma de Barcelona. Lecturer at the Nursing Department. Faculty of Medicine, Av. Can Domènec s/n, 08193, Bellaterra, Catalunya, Spain*

<sup>b</sup> *Universitat Autònoma de Barcelona. Director of the Nursing Department. Faculty of Medicine, Av. Can Domènec s/n, 08193, Bellaterra, Catalunya, Spain*

## ARTICLE INFO

## Keywords:

English  
Internationalization  
Nursing education  
Satisfaction  
Content and language integrated learning (CLIL)

## ABSTRACT

Content and language integrated learning is an evidenced approach focused on teaching content in which the language is learnt implicitly, facilitating internationalization. The purpose of this study was to determine nursing student satisfaction with a clinical skills course taught in English in a non-English speaking country. It includes the exploration of variables, barriers, benefits, and competence acquisition as perceived by the students. A cross-sectional study was conducted using a self-reported questionnaire administered to students who had completed the Clinical Skills course during the 2016/17 and 2017/18 academic years ( $n = 159$ ). The students did not perceive the lessons in English as a barrier to acquisition of knowledge and clinical skills (mean 1.08; SD 1.64), and they were satisfied with the lessons received (mean 4.04; SD 1.65). Most students considered that receiving lessons in English adds value to their training process (mean 4.04; SD 2.35), and most agreed that it would benefit them in future (mean 4.48; SD 1.75). From the outcomes of our investigation we conclude that the content and language integrated learning approach should be maintained in future courses owing to the evidenced benefits, which may advance professional internationalization and the nursing competence development of students, leading to high student satisfaction.

## 1. Introduction

European universities are required to conform to the principles of the Bologna Declaration of 1999, ensuring quality in higher education within European Union countries (Van der Wende, 2001), thus pursuing internationalization of the curriculum in all its dimensions (Martín del Pozo, 2013). The direct effect of the European political decision to converge necessitated the development of professional profiles and desired learning outcomes and competences in terms of generic competencies and subject related competencies which include skills, knowledge, and content in Science education that were developed by the ‘Tuning’ project in 2003 (Tuning Educational Structures in Europe, 2011).

The internationalization facilitates the exchange for nursing teachers and students, emphasizing the need—for both teachers and students—to be competent in using foreign languages. Content and language integrated learning (CLIL) is a generic term which encompasses any activity in which a foreign language is used as a tool in the learning of a non-language subject, meaning that language and subject have an

integrative curricular role (Marsh, 2002). Teaching part of the curriculum using a different language from the students’ mother tongue facilitates the learning of that language (Fernández and Suárez, 2009; Marsh, 2002; Van der Craen et al., 2007).

The work of Mehisto and Marsh (2011) are based on existing studies on bilingualism and argues the benefits of CLIL for health, which affect mainly cognitive processes (increase in memory, linguistic awareness, and problem-solving capacity) and economics, by the increase in the employability of people who speak more than one language.

The English language is used internationally (Coleman, 2006) and many universities in non-English speaking countries offer courses and even entire nursing degree programmes in English (Pitkääjärvi, 2012; Garone and Van de Craen, 2017). Of these countries, the Nordic countries and the Netherlands have the highest percentage of courses taught in English (Wächter and Maiworm, 2008).

Several previous studies have focused on language skills teaching in nursing education (San Miguel et al., 2006), however, the implementation of CLIL in nursing degree programmes is uncommon (Garone and Van de Craen, 2017). Only one study was conducted in

\* Corresponding author.

E-mail addresses: [nina.granel@uab.cat](mailto:nina.granel@uab.cat) (N. Granel), [juanmanuel.leyva@uab.cat](mailto:juanmanuel.leyva@uab.cat) (J.M. Leyva-Moral), [mariadolors.bernabeu@uab.cat](mailto:mariadolors.bernabeu@uab.cat) (M.D. Bernabeu-Tamayo), [rebeca.gomez@uab.cat](mailto:rebeca.gomez@uab.cat) (R. Gómez-Ibáñez), [carolina.watson@uab.cat](mailto:carolina.watson@uab.cat) (C.E. Watson), [marielapatricia.aguayo@uab.cat](mailto:marielapatricia.aguayo@uab.cat) (M.P. Aguayo-González).

<https://doi.org/10.1016/j.nepr.2019.05.011>

Received 7 September 2018; Received in revised form 20 March 2019; Accepted 26 May 2019

1471-5953/© 2019 Elsevier Ltd. All rights reserved.

Spain on teaching English via the CLIL approach in the health sciences and it was focused on human anatomy (Angulo Jerez et al., 2013).

In current times, students' opinions are considered as a necessary factor to evaluate quality in universities (Akim, 2014). Students' satisfaction with CLIL has not been examined in the nursing field. Furthermore, evidence shows that student satisfaction with the implementation of CLIL for English learning in other fields is associated with the level of English demonstrated by the teaching staff (Fernández and Suárez, 2009). Airey (2012) stated that persistent resistance from teaching staff to include English in their curriculum may stem not only from a low English level among teachers but also from the fact that full implementation of bilingual university programmes has not yet been achieved (Martín del Pozo, 2013).

Considering these complications, CLIL practice still has an experimental nature. A number of scattered explorations have been made in different contexts, but there is still not enough evidence concerning the efficacy of the method at the university level (Martín del Pozo, 2013; Pitkajarvi et al., 2012). Therefore, the aim of this study was to determine nursing students' satisfaction with a clinical skills course taught in English at a University in a non-English-speaking country (Spain) and to describe the students' perceptions of their own competence acquisition.

During its second year, the 4-year nursing degree at the Universitat Autònoma de Barcelona includes 6 h of clinical skills education on patient moving and handling and providing patient hygiene. The main purpose of the lessons is to practice and improve their clinical skills. Moreover, the students had the opportunity to practice a foreign language in their academic field. The English language was familiar to the students owing to its inclusion as a subject in their mandatory primary and secondary studies. Students received 2 theoretical-practical lessons of 3 h each in groups of 15 and on different days. They were required to study the theoretical material before class, after which the teacher taught clinical skills using low-fidelity simulators. Afterwards, the students were provided with some time for practice. In the 2016/17 and 2017/18 sections of the course, CLIL was implemented for the 6 h of clinical skills education, meaning that the course was taught in English. This was the only material taught in English within the whole nursing degree programme. However, students also had opportunities to practice their English language skills in their other courses when using international research databases and reading of scientific articles in English.

## 2. Methods

### 2.1. Design

A cross-sectional study was conducted using a self-administered questionnaire. It comprised of 4 close-ended questions and 28 questions using a 5-point Likert scale, where 1 was 'Strongly disagree' and 5 was 'Strongly agree'. The generic competences established during the 'Tuning' project—which are general to any European degree—were included to assess their perception concerning their competence development. Seven out of the 30 generic competences were not evaluated as they related to computer skills, native language skills, and other competencies developed in work places, rather than to clinical skills. It also included 7 open-ended questions in which students were expected to provide explanations to complement their previous quantitative answers, which combines both quantitative and qualitative approaches. The questionnaire also covered demographic data such as gender, work experience, and English language competency level. The areas that were explored were satisfaction with the lessons, satisfaction with written language support documents, language preference, barriers, and competence acquisition. The questionnaire was developed by three faculty members from the nursing department based on their academic experience. Psychometric analysis and statistical reliability and validity of the questionnaire was not conducted; it was, however,

validated by experts before implementation. Both the experts and the faculty had proven experience in design and evaluation of innovative teaching strategies. The complete questionnaire is provided as a supplementary file.

### 2.2. Access

Ethical approval was obtained from the Universitat Autònoma de Barcelona institutional review board (IRB #4064). The study is in accordance with the Declaration of Helsinki. After permission from the director of the nursing department, students were invited to participate. They were informed that participation was voluntary and that their decision to participate or not would not influence their studies. It was also emphasized that the questionnaire was anonymous. Consent to participate was assumed based on completion and return of the questionnaire.

### 2.3. Participants

Two consecutive cohorts of second-year students enrolled in the course 'Clinical Skills I' and were asked to voluntarily complete the questionnaire during academic years 2016/17 and 2017/18 ( $n = 76$  and 83 respectively).

The sole criterion for inclusion was having taken the course in the aforementioned academic years. To promote participation, the informed consent form and questionnaire were administered in the last clinical skills lesson. All students returned the completed questionnaire. The average time needed to complete the questionnaire was 20 min.

### 2.4. Data analysis

Questionnaires were transferred to digital format. Two researchers (NG and CW) oversaw the collection and coding of the data using specific software. Open-ended questions were analysed using a thematic analysis (Boyatzis, 1998), and closed-ended questions using descriptive, univariate, and bivariate statistical analysis with IBM SPSS 21.0 software. Variables were compared using Pearson's chi-squared test at a statistical significance level of 0.05. Descriptive information for all explanatory and response variables is provided as  $n$  (%) or mean (standard deviation) according to the nature of the variable.

## 3. Results

A total of 159 valid responses were obtained, representing 100% of students who completed the course. Of these, 138 participants were women (87.0%) and 20 (12.6%) had previous working experience in the health system in roles such as health care assistant, ambulance technician, lab technician, physiotherapist, ward clerk, or hospital volunteer. No significant differences were found between the two cohorts concerning gender ( $p = 0.247$ ) or work experience ( $p = 0.833$ ).

Only 59 students (37.1%) had an official English certificate, and of these students, 14 (8.8%) had low intermediate English ability (Common European Framework of Reference for Languages level B1), 35 (22.0%) had high intermediate ability, and 10 (6.3%) had advanced ability (level C1). All students with advanced English abilities belonged to the 2017/18 cohort ( $p = 0.040$ ). Students were invited to comment on their own English ability, whether or not they had a certificate. The majority of students in both years, 103 (64.7%), considered themselves to have intermediate English ability; 26 (16.3%) had low self-reported ability, and 30 (18.9%) had a high self-reported English ability.

Two weeks before the lessons, the students were given access to a document that included the content of the lessons in Catalan and technical vocabulary in both languages. Both cohorts mentioned that the lesson content document was a great help; 99 (62.3%) of the students attended the class having read the document, and 89 (90%) felt that the document helped them to follow the lessons, whereas for 9

**Table 1**  
Mean scores for students' answers on barriers, benefits, and satisfaction (1 = Strongly disagree, 5 = Strongly agree). N = 159.

	Me (SD)	Mdn	Mo	IQR
1. Has having the lessons in English been a barrier for the acquisition of knowledge and clinical skills development?	1.08 (1.64)	1	1	1.5
2. Has it been an added value to do the lessons in English?	4.04 (2.35)	5	5	1
3. Are you satisfied with the lessons received?	4.04 (1.65)	4	5	2
4. Does the teacher explain clearly and answer clearly to the students' questions in English?	4.58 (1.09)	5	5	0.5
5. Will study in English be useful in the future as nursing professionals?	4.48 (1.75)	5	5	1

(9%) it was not helpful and for one it was detrimental. Similarly, the vocabulary items in both languages were found to be of great help in understanding concepts and procedures. See an example answer from the questionnaire below:

*'The document was a great help because I have forgotten most of the vocabulary related to the health field and they helped me to follow the teacher's explanations'. (student 51, course 2017/18)*

*'The translations were useful to learn the vocabulary, and helped me a lot and also the drawings'. (student 20, course 2016/17)*

Overall, the students were able to follow the content adequately because they all had at least a basic prior knowledge of English. Students also perceived that the teacher provided clear explanations and provided clear answers to their questions (mean 4.58; SD 1.09; Table 1). They also referred to the effective teaching style of the teacher who—by speaking slowly and repeating the explanations several times—facilitated comprehension.

*'I did not have any difficulty related with the level of English and the rhythm of the class, as well as the attitude of the teacher'. (Student 13, course 2016/17)*

The students did not perceive the lessons presented in English to be a barrier to the acquisition of knowledge or clinical skills (mean 1.08; SD 1.64) and they were satisfied with the lessons received (mean 4.04; SD 1.65). (Table 1). The tendency was for students with a self-perceived high level of English to give the most positive answers (Fig. 1).

Although the majority of students did not have problems, 6 (3.8%) did have difficulties following the content of the lessons. It is apparent from the answers to the open questions that some students were

somewhat dissatisfied, and felt that they were unable to ask questions because they were uncomfortable speaking in English or did not want to interrupt the class.

*'A big drawback is that as we do not speak English so fluently we do not ask everything we would like'. (student 19, course 2016/17)*

*'It is difficult to ask the teachers when you have to do it in English and I do not practice often'. (student 51, course 2017/18)*

When students were asked if they would have preferred to do the lessons in their native language, the answers were divided: 71 (44.6%) students answered in the negative and for 62 (39%) students it was a matter of indifference.

*'I think that it is a good method to familiarize ourselves with the language in the health field'. (student 18, course 2017/18)*

However, even though both the content and the structure of the class were easy to follow in English, 26 (16.3%) of the students indicated that they would have preferred to do so in their native language. These students felt that they had not participated as actively in the session as they might have otherwise, for fear of needing to ask questions in English. They were also concerned that there may have been basic content that they did not understand.

*'It is true that English is important but I think it really was not very useful to use it in the lessons because it made me not participate so actively'. (student 4, course 2016/17)*

*'It is always much easier to follow your language but I think that the content was very important, so it is necessary for us to understand it well'. (student 19, course 2016/17)*

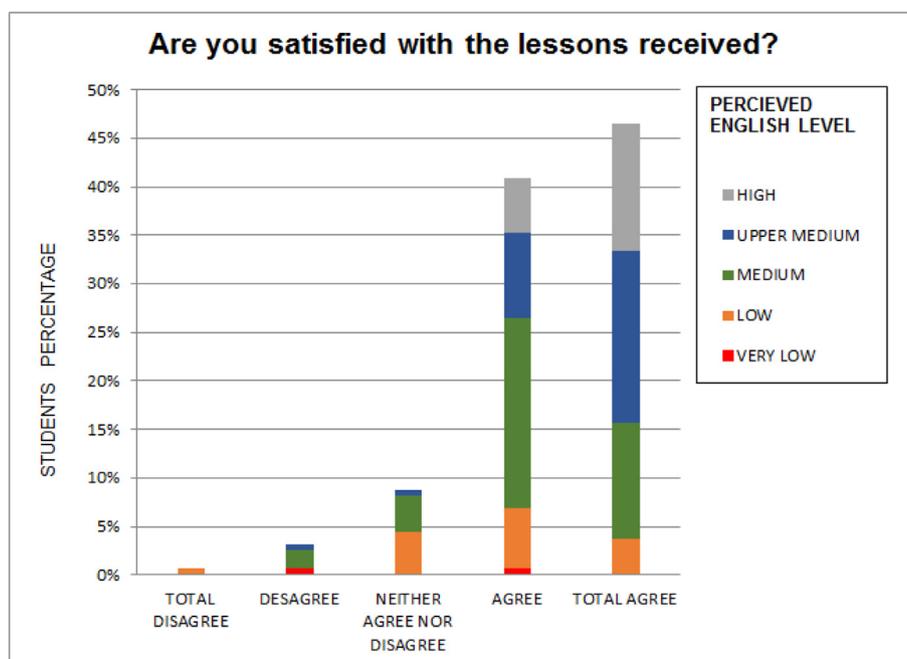


Fig. 1. Students' satisfaction and self-perceived English level.

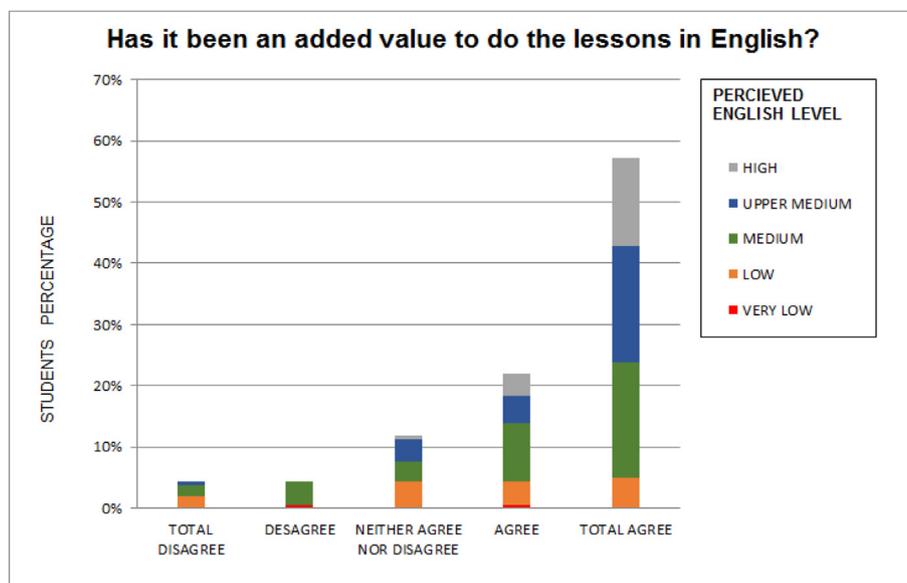


Fig. 2. Added value and self-perceived English level.

Despite this, most of the students considered receiving lessons in English to add value to their training process (mean 4.04; SD 2.35; Table 1). They viewed the intervention as a success because it helped them identify areas of improvement for their professional linguistic competence. As stated before, the tendency was for students with a self-perceived high level of English to provide the most positive answers (Fig. 2).

A total of 117 (73.6%) students considered that receiving more classes in English would be beneficial. The students felt that the ideal subjects in which to incorporate English as a teaching language were those that include practical activities or small group discussions, such as therapeutic communication, clinical skills, and seminars in general. Globally, students agreed that lectures with theoretical content following traditional methodologies were not the most suitable way to be taught in English.

Most students consider that incorporating English lessons will benefit them in the future as nursing professionals (mean 4.48; SD 1.75; Table 1), as they viewed English as a necessary skill to find work internationally. This view was shared even by those that were not so satisfied or more critical with the CLIL intervention. They also identified learning in English as a way to gain competence and become more comfortable in reading and interpreting international scientific literature, which they consider to maintain the highest standards of scientific rigor and innovativeness (implicitly, compared to domestic literature). Finally, they felt that education in English would help them better care for foreign patients in their own country as well as internationally.

*'Because it opens doors for you to work in different countries outside Spain, it enriches you as a person and also opens your mind to develop new research projects'. (student 25 course 2016/17)*

*'It will be useful in the future, because every day there is more globalization, there are almost no countries where there are no tourists, immigrants, foreigners ... and we will have to take care of them as well'. (student 7, course 2017/18)*

Table 2 shows students' mean scores for self-perceived competence development in 23 of the 30 generic competences established by the 'Tuning' project, which are general to any European degree. The results show that all the generic competences were perceived as having undergone development.

No significant differences were found between students with and

without an English certificate in the means for competence development and questions 1 to 5. Students who perceived themselves to have a low level of English provided the lowest answers on all these questions. All the students with previous experience in the health system ( $n = 20$ ) gave disproportionately positive answers on all these questions, except for two students who had a perceived lower level of English and stated that they therefore had difficulties following the lesson.

#### 4. Discussion

In accordance with other studies, our findings show that participants were highly satisfied with the introduction of the CLIL approach to learn clinical skills in English (San Miguel et al., 2006; Salamonsen et al., 2010).

CLIL programmes are being implemented in many European universities, and the results reveal effective integration between subject content and language (Garone and Van de Craen, 2017; Van der Craen et al., 2007). The student participants in this study valued the opportunity to learn in English language highly, as they felt the acquisition of this linguistic competence would allow them to participate in professional internationalization. However, some of them reported feeling uncomfortable when they had to participate and engage with content by speaking English. This finding is reaffirmed by another study conducted in Spain, in which students from other disciplines considered that their degree courses were already difficult enough in Spanish and that instruction in a foreign language could make it even more difficult to understand the subject (Dafouz et al., 2007).

There is still very few studies on the systematic continuous implementation of CLIL in nursing degree programmes (Garone, 2017). In an internationalized context and for professional development, nursing requires not only an adequate level of proficiency in English, but also effective communication strategies, awareness of cultural diversity, and the ability to act in certain circumstances as a cultural mediator between patients and health teams (San Miguel et al., 2006). Consistent with the above-mentioned studies, our results indicate that students perceive CLIL as a satisfactory method to help them to acquire the capacity to communicate in a foreign language, to appreciate diversity and multiculturalism, to work in international contexts, and to consolidate an ethical professional commitment.

According to Starr (2009), linguistic support courses should not only concentrate on language skills but also consider the learning needs of culturally diverse students, focusing on communication skills,

**Table 2**  
Mean scores for self-perceived development in generic competences (1 = Strongly disagree, 5 = Strongly agree).

Generic competences	n	Me (SD)	Mdn	Mo	IQR
T1 1. Capacity for analysis and synthesis	158	3.20 (1.01)	3	3	1.25
T2 2. Capacity for organization and planning	157	3.26 (0.98)	3	3	1
T3 3. Capacity to achieve the subject objective	158	3.80 (0.94)	4	4	1
T4 4. Capacity to recognize the basic concepts of the profession	156	3.94 (0.94)	4	4	1
T5 5. Capacity to communicate in the native languages (Catalan or Spanish)	Not evaluated				
T6 6. Capacity to communicate in a foreign language	158	3.85 (1.18)	4	5	2
T7 7. Computer skills	Not evaluated				
T8 8. Information management skills (ability to search and analyse information from different sources)	157	2.82 (1.20)	3	2	2
T9 9. Problem-solving	158	3.27 (1.06)	3	3	1
T10 10. Decision-making	158	3.23 (0.99)	3	3	1
T11 11. Critical and self-critical capacity	157	3.16 (1.08)	3	3	1.5
T12 12. Teamwork	157	3.90 (1.05)	4	4	2
T13 13. Interpersonal skills	157	3.80 (0.90)	4	4	1
T14 14. Capacity to work in an interdisciplinary team	Not evaluated				
T15 15. Capacity to communicate with experts from other fields	Not evaluated				
T16 16. Appreciation of diversity and multiculturalism	156	3.85 (1.00)	4	4	2
T17 17. Ability to work in an international context	157	4.20 (0.99)	4	5	1
T18 18. Ethical commitment	154	3.13 (1.20)	3	3	2
T19 19. Ability to apply knowledge to practice	158	3.96 (0.97)	4	4	2
T20 20. Research skills	154	2.90 (1.26)	3	3	2
T21 21. Learning capacity	158	3.79 (1.01)	4	4	2
T22 22. Capacity to adapt to new situations	158	4.12 (0.93)	4	4	1
T23 23. Capacity to generate new ideas (creativity)	157	3.20 (1.22)	3	3	2
T24 24. Initiative	157	3.62 (1.08)	4	4	1
T25 25. Knowledge of other cultures and their customs	Not evaluated				
T26 26. Ability for autonomous work	156	3.56 (1.07)	4	4	1
T27 27. Design and project management	Not evaluated				
T28 28. Initiative and entrepreneurial spirit	Not evaluated				
T29 29. Concern for quality	155	3.68 (1.07)	4	4	1
T30 30. Motivation for improvement	157	3.84 (1.09)	4	4	2

cultural contexts, and critical thinking (Garone and Van de Craen, 2017). Our study is consistent with these findings, since the students emphasized that using CLIL helped them to achieve cultural competences that would allow them to improve the care provided to foreign patients and the ability to adapt to new situations. Mattila et al. (2010) showed that language barriers in multicultural clinical environments lead to a higher degree of isolation among students. Our study suggests that CLIL could help to overcome these barriers, since students showed a high degree of satisfaction in those competences related to teamwork and working in international contexts.

The study showed that students perceived most of the generic competencies targeted in 'Clinical Skills I' to have developed under the CLIL approach. The capacity to communicate in a foreign language was one of the competencies with the highest main score, a result reinforced by other studies demonstrating the improvement of students' academic writing in English after the introduction of languages in their studies (Salamonson et al., 2010).

Students strongly agreed that the CLIL experience improved their ability to work in an international context and the capacity to adapt to new situations. Similarly, Smith et al. (2018) found that learning the English language was perceived as a good investment for future professionals, providing added value and expanding job opportunities.

A future step toward integrating English into the degree could be to introduce English in other courses, both theoretical and practical. Doing so would be an excellent opportunity to enhance the exchange of insights and improve intercultural competences concerning the care offered to patients, as evidenced by international initiatives for the inclusion of students through the use of English-language media (Sanner and Wilson, 2008; Pitkhajarvi, 2012).

This study has some limitations that must be kept in mind. First, the study included only one local population. Therefore, the results must be evaluated carefully if used in other contexts. Second, this study used a self-administered questionnaire, which according to Parahoo (1997) may lead participants to choose their answers to present what they believe is a desirable image. Third, the length of the questionnaire (44

items) could also have influenced the results by causing fatigue and making responses more negative or less considered.

## 5. Conclusions

In general, students were satisfied with the CLIL project implemented in the second-year clinical skills programme. The English language was not a barrier to the acquisition of knowledge or development of clinical skills. Additionally, students who had previously worked in the health field or had a higher level of English had a better experience with CLIL. Most of the 'Tuning' generic competences were found to have developed as a result of the programme. The study results point to the value of continuing to implement CLIL approaches in future courses.

## Funding information

No funding or sources of support in the form of grant has been received to conduct the research.

## Conflicts of interest

The authors whose names are listed above certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

## Acknowledgements

We would like to express our very great appreciation to the students who participated in the study.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2019.05.011>.

## References

- Airey, J., 2012. I don't teach language. The linguistic attitudes of physics lecturers in Sweden. *AILA Review* 25 (25), 64–79.
- Akim, A., 2014. Nursing students' satisfaction about their field of study. *J. Adv. Med. Edu. Prof.* 2, 82–87.
- Angulo Jerez, A., Altavilla, C., Ausó Monreal, E., Belloch Ugarte, V.J., Fez Saiz, D. d., Fernández Sanchez, L., García Velasco, J.V., Gutiérrez Flores, E., Noailles, A., Viqueira Pérez, V., et al., 2013. Integración del inglés en materiales docentes de ciencias de la salud. In: XI Jornadas de redes de investigación en docencia universitaria. Universidad de Alicante.
- Boyatzis, R.E., 1998. *Transforming Qualitative Information: Thematic Analysis and Code Development*. Sage Publications.
- Coleman, J.A., 2006. English-medium teaching in European higher education. *Lang. Teach.* 39 (01), 1–14.
- Dafouz, E., Núñez, B., Sancho, C., Foran, D., 2007. Integrating CLIL at the Tertiary Level: Teachers' and Students' Reactions. *Diverse Contexts-Converging Goals. CLIL in Europe*. pp. 91–101 Frankfurt: Peter Lang.
- Fernández Lanvin, L., Suárez, J.D.A., 2009. Docencia en inglés en asignaturas de ingeniería informática: experiencia práctica. *Jornadas de Enseñanza Universitaria de la Informática 15es: 2009: Barcelona*.
- Garone, A., Van de Craen, P., 2017. The role of language skills and internationalization in nursing degree programmes: a literature review. *Nurse Educ. Today* 49, 140–144.
- Martín del Pozo, M.A., 2013. Formación del profesorado universitario para la docencia en inglés. *REDU: Revista de Docencia Universitaria* 11 (3), 197.
- Marsh, D., 2002. CLIL/EMILE-The European Dimension: Actions, Trends and Foresight Potential.
- Mattila, L.R., Pitkääjärvi, M., Eriksson, E., 2010. International student nurses' experiences of clinical practice in the Finnish health care system. *Nurse Educ. Pract.* 10 (3), 153–157.
- Mehisto, P., Marsh, D., 2011. Approaching the economic, cognitive and health benefits of bilingualism: fuel for CLIL. In: Ruiz de Zarobe, Y., Sierra, J.M., Gallardo del Puerto, F. (Eds.), *Content and Foreign Language Integrated Learning: Contributions to Multilingualism in European Contexts*. Bern, Peter Lang, pp. 21–48.
- Parahoo, K., 1997. *Nursing Research. Principles, Process and Issues*. Palgrave MacMillan, Houndmills (UK).
- Pitkääjärvi, M., 2012. English-Language-Taught degree programmes in faculties of healthcare in Finnish universities of applied sciences: students and teachers conceptions of the implementation. *Helsingin Yliopisto*.
- Pitkääjärvi, M., Eriksson, E., Kekki, P., Pitkää, K., 2012. Culturally diverse nursing students in Finland: some experiences. *Int. J. Nurs. Educ. Scholarsh.* 9 (1).
- Salamonson, Y., Koch, J., Weaver, R., Everett, B., Jackson, D., 2010. Embedded academic writing support for nursing students with English as a second language. *J. Adv. Nurs.* 66 (2), 413–421.
- Sanner, S., Wilson, A., 2008. The experiences of students with English as a second language in a baccalaureate nursing program. *Nurse Educ. Today* 28 (7), 807–813.
- San Miguel, C., Rogan, F., Kilstoff, K., Brown, D., 2006. Clinically speaking: a communication skills program for students from non-English speaking backgrounds. *Nurse Educ. Pract.* 6 (5), 268–274.
- Smith, M.R., Grealish, L., Henderson, S., 2018. Shaping a valued learning journey: student satisfaction with learning in undergraduate nursing programs, a grounded theory study. *Nurse Educ. Today* 64, 175–179.
- Starr, K., 2009. Nursing education challenges: students with English as an additional language. *J. Nurs. Educ.* 48 (9), 478–487.
- Tuning Educational Structures in Europe, 2011. *References Points for the Design and Delivery of Degree Programmes in Nursing*. Deusto University Press.
- Van der Craen, P., Mondt, K., Allain, L., Gao, Y., 2007. Why and how CLIL works. An outline for a CLIL theory. *View* 16 (3), 70–78.
- Van der Wende, M.C., 2001. Internationalisation policies: about new trends and contrasting paradigms. *High. Educ. Policy* 14 (3), 249–259.
- Wächter, B., Maiworm, F., 2008. *English-taught Programmes in European Higher Education*. ACA Papers on International Cooperation in Education. Lemmens, Bonn.