ORIGINAL RESEARCH

Enhancing nurse educator self-efficacy in teaching multilingual students: A single-group educational intervention study

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ABSTRACT

Background and objective: Despite increasing diversity within nursing programs, educators often report feeling underprepared to teach multilingual students. Self-efficacy is essential in shaping inclusive learning environments that promote academic success and retention. This project aimed to enhance nurse educators' self-efficacy in teaching multilingual students through a targeted educational intervention.

Methods: A one-hour faculty development session was implemented at an associate degree nursing program, utilizing evidence-based teaching strategies, inclusive classroom practices, and culturally responsive communication approaches. A single-group pretest–posttest educational intervention design was used. Changes in self-efficacy were measured using the revised Self Efficacy Toward Teaching Inventory for Nurse Educators (SETTI-NE).

Results: Twenty-three educators participated. Self-efficacy significantly improved following the intervention ($t(22) = 7.64$, $p < .001$), with mean scores increasing from 34.22 (SD = 8.93) to 45.91 (SD = 5.49), representing a mean difference of 11.69 points (95% CI, 8.48–14.90) and a large effect size (Cohen's $d = 1.59$).

Conclusions: Focused faculty development interventions can improve educators' preparedness to teach multilingual students and support inclusive educational practices. These findings support faculty development initiatives that align with Domains 1, 3, 5, and 10 of the AACN Essentials by strengthening educator competence in inclusive, evidence-based instruction.

Key Words: Cultural diversity, Multilingual students, Nurse educators, Nursing education, Self-efficacy

1. INTRODUCTION

The nursing profession continues to evolve in response to an increasingly diverse population within the United States (U.S.). The proportion of culturally and linguistically diverse individuals continues to increase within the United States and globally,[1,2] presenting both opportunities and challenges for nursing education and healthcare delivery. There is a clear need to increase diversity in the healthcare workforce to meet the needs of this continuously growing population, as a culturally and linguistically diverse workforce is better equipped to provide equitable and effective care.[3] Despite this need, the current nursing workforce remains predominantly White, with 80.6% identifying as White/Caucasian and only 19.4% representing minority backgrounds.[4] Although enrollment of minority students is gradually increasing,[4] data on linguistic diversity remains limited. Students whose primary

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language is other than English are considered a subcategory of minority groups.

Multilingual learners, variously referred to as English as a Second Language (ESL), English as an Additional Language (EAL), Culturally and Linguistically Diverse (CALD), or English Language Learner (ELL) students, have worse academic outcomes and higher attrition rates compared to native English-speaking students.[5–7] Multilingual students face numerous academic, social, emotional, and mental struggles when entering the nursing profession. Compared with native English-speaking nursing students, multilingual students need additional support in comprehending course material and assignments, particularly nursing and medical terminology.[5] These challenges underscore the pressing need to enhance nurse educators' self-efficacy in working with multilingual learners.

Self-efficacy, a key construct of Bandura's[8] Social Cognitive Theory, influences how individuals' beliefs shape their actions. In educational contexts, teacher self-efficacy directly affects instructional effectiveness, student engagement, and the overall learning environment.[9, 10] Educators with high self-efficacy demonstrate greater persistence, use innovative instructional strategies, and create more inclusive learning environments that foster student success.[9, 10] Conversely, low self-efficacy can hinder pedagogical flexibility and limit student support. Many nurse educators report feeling underprepared to teach multilingual students, highlighting the need for professional development that addresses the intersection of language, culture, and pedagogy in nursing education.[7, 11–14] To address this gap, this study implemented a targeted educational intervention designed to enhance nurse educators' self-efficacy in teaching multilingual nursing students.

2. METHODS

2.1 Design and framework

This study used a single-group pretest–posttest educational intervention design to evaluate changes in nurse educators' self-efficacy following a faculty development session. Blinding was not feasible due to the educational nature of the intervention. All participants received the intervention; no random assignment or comparison group was used. It was hypothesized that nurse educators would demonstrate significantly higher self-efficacy scores following the intervention. The FADE model (Focus, Analyze, Develop, Execute, and Evaluate) guided project planning and implementation.[15] This framework was selected because it provides a structured, iterative approach to identifying educational gaps, implementing evidence-based solutions, and evaluating outcomes within academic settings. This design is consistent with preliminary educational intervention research aimed at evaluating short-term changes in educator outcomes.

During the Focus phase, challenges related to teaching multilingual nursing students were identified through faculty feedback and review of institutional student outcomes. The Analyze phase involved a focused review of current literature to identify evidence-based strategies that support multilingual learners. In the Develop phase, findings from the literature were synthesized to design a faculty development intervention aligned with educator needs. The Execute phase consisted of delivering the intervention during a scheduled faculty development session. Finally, the Evaluate phase assessed changes in nurse educators' self-efficacy using a validated measurement tool.

2.2 Setting and participants

The project was conducted at a private associate degree nursing program located in the Northeastern United States. Recruitment and data collection occurred between March 2025 and May 2025. Participants were recruited via an email invitation distributed by the Faculty Development Committee and attended the intervention during a regularly scheduled staff development session. Although attendance at the session was mandatory, participation in the study surveys was voluntary.

Inclusion criteria required participants to be nurse educators actively teaching in person didactic courses within the program and to hold a postgraduate degree (MSN, DNP, or PhD). Educators teaching exclusively in clinical or simulation settings were excluded to ensure alignment with the instructional focus of the intervention. A convenience sampling approach was used, reflecting the total accessible faculty population within a single institution.

Twenty-three nurse educators met inclusion criteria and completed both pre and post intervention assessments, representing the total accessible population. All eligible faculty completed both assessments, and no participants were lost to follow up. Sample size was determined using G Power based on the total accessible population of 23 nurse educators, assuming a 95 percent confidence level, a margin of error of 0.05, and a population variance of 0.25, which indicated that a minimum of 22 participants was required.

2.3 Intervention development and implementation

The unit of delivery was a group-based faculty session delivered in a single one-hour exposure. The intervention consisted of an in-person educational session developed by the principal investigator and informed by a focused review of current literature conducted between January and August 2024. Evidence was appraised using the Johns Hopkins Level

of Evidence Tool.[16] Five evidence-based domains guided content development: (1) teaching strategies, (2) test-taking supports, (3) assigned reading and pre-work, (4) inclusive learning environments, and (5) additional success strategies, including peer mentoring and meditation.

The literature indicates that active, linguistically responsive teaching strategies improve engagement and comprehension among multilingual nursing students.[11,12,14] Recommended practices include clear language, slowed pacing, multimodal visuals, flipped classrooms, and cooperative learning.[5,17] Linguistic modification of lectures and examinations improves clarity and reduces anxiety.[18–20] Faculty who establish supportive, bias-aware learning environments promote student belonging and motivation.[7,21,22] Stress-reduction strategies, including Sahaja Yoga Meditation, have demonstrated benefits for well-being and focus.[23–25] Session content included practical applications of these strategies, with examples such as linguistically modified exam questions and sheltered lecture slides to illustrate inclusive instructional design. Time was allocated for faculty discussion and reflection to support vicarious learning and mastery experiences consistent with self-efficacy theory.

2.4 Instrumentation and data collection

Self-efficacy was measured using the Self-Efficacy Toward Teaching Inventory for Nurse Educators (SETTI-NE),[26] originally validated by Garner et al. with a reported Cronbach's alpha of .98.[27] Permission to adapt the instrument was obtained. The original instrument contains 54 items across course, clinical, and simulation teaching domains. For this project, 40 items related to clinical and simulation teaching were removed and only the 14 course focused items were retained. This adaptation was conceptually justified by the instructional focus of the study, which targeted didactic course teaching rather than clinical or simulation contexts. Retaining only items aligned with the study's scope was intended to improve construct relevance and reduce respondent burden; however, it is acknowledged that item removal alters the original instrument's structure and may affect its psychometric properties relative to the fully validated version. The adapted instrument should therefore be considered a modified measure pending independent psychometric evaluation in future studies. Internal consistency of the adapted 14-item instrument was evaluated in the present sample. Cronbach's alpha demonstrated excellent reliability ($\alpha = 0.97$). Principal factor analysis supported a unidimensional structure, with factor loadings ranging from 0.76 to 0.93 and 85.5% of variance explained (see Table 1). These psychometric findings provide preliminary evidence supporting the validity of the adapted instrument within this sample, though replication in larger and more diverse samples is needed to establish its broader measurement properties. A brief demographic survey collected information on age, education level, teaching experience, and prior training related to multilingual instruction. Data were collected electronically via Qualtrics XM. No secondary outcomes were assessed. Measurement quality was supported through anonymous electronic data collection and standardized pre- and post-administration.

Table 1. Results from reliability and factor analyses of self-efficacy survey items (N = 23; 46 observations)

Level of measurement	Reliability Analysis			Principal Factor Analysis (PFA)	
	Alpha (α)	Interitem covariance	Item-rest correlation	Factor loading	Uniqueness
Item					
1	0.970	0.45	0.78	0.80	0.36
2	0.970	0.45	0.81	0.83	0.32
3	0.968	0.43	0.88	0.90	0.20
4	0.968	0.43	0.89	0.90	0.19
5	0.968	0.43	0.88	0.90	0.20
6	0.969	0.44	0.86	0.88	0.22
7	0.971	0.45	0.75	0.78	0.39
8	0.971	0.45	0.75	0.77	0.40
9	0.971	0.45	0.74	0.76	0.42
10	0.969	0.44	0.86	0.87	0.25
11	0.968	0.43	0.92	0.93	0.14
12	0.971	0.43	0.78	0.80	0.37
13	0.969	0.43	0.84	0.86	0.26
14	0.968	0.43	0.89	0.90	0.18
	Alpha (α)	Average interitem covariance		Eigenvalue (λ)	Variance explained
Scale	0.97	0.44		10.11	85.50%

Notes. At the measure level, Cronbach's alpha (α) describes to the average internal consistency of the scale across all items. At the item level, the alpha value indicates the adjusted scale alpha if the item were dropped from the model.

2.5 Data analysis

Data were analyzed using Stata and Intellectus Statistics software.[28,29] No missing data were identified. No adjusted or multivariable analyses were conducted. Researchers compared baseline and post-intervention self-efficacy scores among participants using a dependent-samples *t*-test assuming equal variance at each time point. Normality of change scores was assessed using visual inspection of histograms and evaluation of skewness and kurtosis statistics. Assumptions for paired-samples *t*-testing were met, and no significant outliers were identified.

2.6 Ethical considerations

Institutional Review Board approval was obtained from two institutions prior to data collection. Participation was voluntary, and informed consent was obtained electronically from all participants. The project posed minimal risk, and anonymity and confidentiality were maintained throughout data collection, analysis, and reporting in accordance with institutional and federal ethical standards.

3. Results

3.1 Participant characteristics

Participants were experienced nurse educators with an estimated average age of 53 years, with 52% reporting more than 11 years of academic teaching experience. Most held an MSN (78%), while 22% held a doctoral degree. Only 22% reported prior training related to multilingual instructional strategies. Sample characteristics are summarized in Table 2. Because this project used a single group pretest posttest design without a comparison group, baseline equivalence between groups was not applicable.

3.2 Self-efficacy outcomes

A paired-samples *t*-test demonstrated a statistically significant increase in self-efficacy following the intervention, $t(22) = 7.64$, $p < .001$. Mean scores increased from 34.22 (SD = 8.93) to 45.91 (SD = 5.49), representing a mean difference of 11.69 points (95% CI, 8.48–14.90). These scores represent the summed total across all 14 items, each rated on a 1 ("not confident") to 4 ("completely confident") scale, yielding a possible range of 14 to 56. The magnitude of effect was large (Cohen's $d = 1.59$), indicating a substantial improvement in self-efficacy following the educational intervention (see Figure 1). Improvements were observed across all instructional domains, with the greatest gains in instructional strategy.

All 14 SETTI-NE items demonstrated statistically significant improvement following the intervention (see Table 3). The largest gains were observed in items related to instructional planning, particularly planning teaching and learning activities (mean difference = 1.13) and planning discussions in class or online (mean difference = 1.17), suggesting that educators felt notably more prepared to structure and facilitate active learning experiences for multilingual students. Items related to selecting readings and developing student assignments showed the smallest gains (mean difference = 0.70 each), though both remained statistically significant and reflect meaningful improvement.

Table 2. Sample Characteristics (N = 23)

Demographic indicator	Percent of sample	n
Age group		
26-45	26	6
46-55	35	8
56+	39	9
Education		
MSN	78	18
DNP/PhD	22	5
Academic nursing experience		
Up to 5 years	22	5
6-10 years	26	6
11+ years	52	12
Level of student population		
ADN	78	18
BSN	9	2
MSN/DNP/PhD	13	3
Prior training in multilingual education		
Yes	22	5
No	78	18

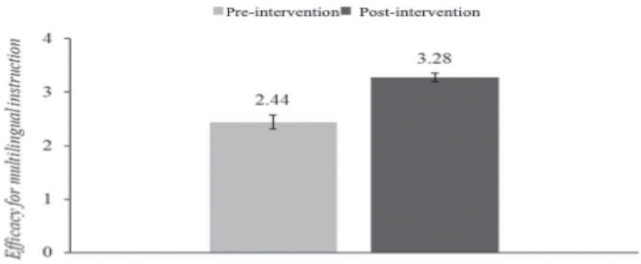

Figure 1. The means of pre-intervention and post-intervention with 95.00% CI Error Bars

Baseline self-efficacy was positively correlated with post-intervention scores ($r = 0.57$, $p < .05$), indicating that educators who entered the session with higher confidence tended to report higher confidence afterward as well. Exploratory mixed-effects regression models examining subgroup differences revealed that baseline self-efficacy varied modestly by years of experience, with early-career educators reporting the lowest baseline scores (M = 2.21), followed by the most

experienced educators (M = 2.41), and those with 6–10 years of experience reporting the highest baseline scores (M = 2.71). Despite these baseline differences, post-intervention gains were comparable across all experience groups, as well as across education level and prior multilingual training. Given the small sample size, these subgroup findings are exploratory and should be interpreted cautiously. The study was not powered to detect inferential differences between demographic groups (see Figure 2).

Table 3. Paired sample t-tests comparing baseline and post-intervention survey item responses (N = 23)

Survey Items	Average difference	Standard error	*t*-value
Please rate how confident you are in your ability to be effective in each of the following teaching skills and behaviors when working with multilingual students:			
State goals and objectives clearly	0.70***	0.09	7.51
Plan teaching methodologies	0.87***	0.12	7.32
Write a course syllabus	1.04***	0.11	9.33
Plan discussions in class or online	1.17***	0.08	13.97
Plan teaching and learning activities	1.13***	0.08	14.15
Select resources to support student learning	0.91***	0.10	9.37
Select relevant readings	0.70***	0.11	6.24
Develop student assignments	0.70***	0.11	6.24
State grading criteria	0.52***	0.11	4.90
Deliver teaching methodologies	0.70***	0.12	5.80
Select and use a variety of teaching strategies	0.87***	0.10	8.59
Initiate discussion with students in class or online	0.78***	0.12	6.75
Draw students into discussions in class or online	0.83***	0.09	8.71
Communicate at a level that matches students' ability to comprehend	0.78***	0.10	8.00

Notes. Significant values are reported in **bold text**. *$p < .05$, ** $p < .01$, ***$p < .001$.

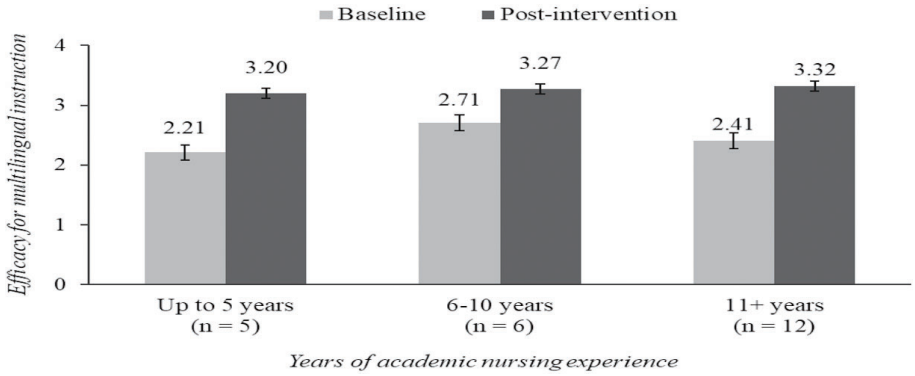

Figure 2. Estimated gains in multilingual instructional self-efficacy by years of academic nursing experience (n = 23)

4. Discussion

This study demonstrated that a brief, targeted faculty development intervention significantly improved nurse educators' self-efficacy in teaching multilingual nursing students. Following a one-hour educational session, participants reported substantial gains in confidence across instructional domains, including teaching strategies, student engagement, and classroom management. These findings suggest that short, focused professional development initiatives may enhance educators' perceived competence when grounded in theory and evidence-based practice.

The observed improvements align closely with Bandura's[8] Self-Efficacy Theory, which emphasizes the role of mastery experiences, modeling, and social reinforcement in strengthening confidence. By incorporating practical examples, mod-

eling linguistically responsive teaching strategies, and providing opportunities for reflection and discussion, the intervention supported conditions known to enhance self-efficacy. Exposure to practical strategies, such as linguistically modified examination questions and sheltered lecture slides, may have enhanced educators' sense of mastery and reduced uncertainty related to teaching multilingual learners. These findings reinforce prior research demonstrating that structured faculty development can positively influence educator confidence and instructional behaviors.[7, 11–14, 30, 31] Self-efficacy gains were observed across all demographic subgroups, regardless of years of teaching experience, educational preparation, or prior training in multilingual instruction. This finding suggests that self-efficacy in teaching linguistically diverse learners is not solely a function of experience or academic credentials, but rather can be cultivated through intentional, targeted training. Although participants with more teaching experience demonstrated slightly higher baseline self-efficacy, post-intervention improvements were comparable across groups, indicating that the intervention was broadly effective. This supports Bandura's[8] assertion that self-efficacy is malleable and responsive to well-designed learning experiences.

The finding that only 22% of participants reported prior training related to multilingual instruction highlights a persistent gap in faculty preparation within nursing education. Despite increasing linguistic diversity among nursing students, formal training on teaching multilingual learners remains limited. Doctoral education and years of teaching experience alone may not adequately prepare educators to address the linguistic and cultural complexities present in today's classrooms, underscoring the need for structured faculty development rather than reliance on informal learning.

The magnitude of the observed improvement suggests potential for meaningful professional growth following targeted faculty development. Increased educator self-efficacy has important implications, as confidence influences instructional flexibility, persistence in addressing student needs, and willingness to adopt innovative teaching strategies.[9, 10] Educators who feel more prepared to teach multilingual students may be better positioned to create inclusive learning environments that promote engagement, reduce anxiety, and support academic success.

Although this project did not measure student outcomes directly, existing literature suggests that educator behaviors influenced by self-efficacy, such as clarity of instruction, responsiveness to learner needs, and inclusive classroom practices, are associated with improved student engagement and retention.[5–7] Given that multilingual nursing students experience higher attrition rates and academic challenges, enhancing educator self-efficacy represents a promising upstream strategy to support student success and, ultimately, workforce diversification.

The inclusion of stress-reduction strategies, such as Sahaja Yoga Meditation, within the intervention reflects emerging evidence supporting holistic approaches to student support.[23–25] While meditation was not a primary focus of the intervention, its inclusion highlights the value of addressing both cognitive and affective dimensions of learning.

From an educational program development perspective, the use of the FADE model[15] provided a structured approach to identifying an educational gap, implementing an evidence-based intervention, and evaluating outcomes. The success of this intervention suggests that similar models may be effective in guiding faculty development initiatives within other nursing programs experiencing increasing linguistic diversity.

4.1 Implications for nursing education and leadership

The findings of this project have important implications for nursing education leadership and faculty development. As nursing programs enroll increasingly linguistically diverse student populations, relying on informal experience or individual educator initiative is insufficient. Instead, these findings suggest that nursing programs should deliberately ensure faculty possess the competencies necessary to implement inclusive, evidence-based teaching practices.

Strengthening educator self-efficacy in this area aligns directly with expectations outlined in the AACN Essentials.[32] By enhancing faculty capacity to apply culturally and linguistically responsive pedagogy, programs advance Domain 1: Knowledge for Nursing Practice, ensuring that instructional decisions are grounded in educational science and evidence-based strategies.

Improved educator preparedness also supports Domain 3: Population Health, as faculty play a critical role in preparing graduates who can deliver equitable care to diverse populations. When educators are confident in adapting instruction, assessment, and classroom communication for multilingual learners, they are better positioned to create learning environments that promote engagement, belonging, and academic success.

The limited prior training reported by participants highlights a persistent gap in faculty preparation that mandates leadership attention. Addressing this gap through structured faculty development fulfills Domain 5: Quality and Safety by promoting consistency and equity in instructional practices across programs. Standardized, competency-focused fac-

ulty development reduces variability in student experiences and mitigates unintended academic barriers that disproportionately affect multilingual learners. From an accreditation perspective, intentional faculty development in this area also demonstrates alignment with expectations for systematic evaluation, continuous improvement, and equitable educational practices outlined in accreditation standards. Importantly, these competencies should not be viewed as optional or supplemental, but as integral to instruction quality and program accountability.

Finally, embedding this type of faculty development within ongoing professional development structures advances Domain 10: Personal, Professional, and Leadership Development by reinforcing faculty responsibility for continuous growth and inclusive excellence. Framing multilingual teaching competence as a leadership and systems-level priority supports alignment with evolving accreditation expectations while strengthening educator confidence and student success.

4.2 Limitations

This study has several limitations that should be considered when interpreting the findings. The project was conducted at a single institution using a small convenience sample of nurse educators, which limits generalizability to other nursing programs and educational contexts. The homogeneity of the sample, drawn entirely from a single private associate degree program in the Northeastern United States, means findings may not be transferable to programs with different institutional characteristics, geographic locations, or student population demographics. The absence of a comparison group limits the ability to attribute observed changes exclusively to the intervention, as alternative explanations such as maturation or testing effects cannot be fully excluded.

Outcomes were based on self-reported measures of educator self-efficacy, which may be influenced by response bias or social desirability. In the context of faculty development interventions, participants may feel implicit pressure to report improvement following a session, particularly when the intervention is delivered by or associated with institutional leadership. This potential for socially desirable responding is a recognized limitation of single-group pre–post designs and should be considered when interpreting the magnitude of observed gains. Although the adapted 14-item version of the SETTI-NE demonstrated strong internal consistency within this sample ($\alpha = 0.97$) and supported a unidimensional factor structure, the instrument modification has not undergone full independent psychometric validation. Specifically, item removal alters the original scale's content coverage and norm-referenced properties, and the adapted version has not been tested for construct validity, criterion validity, or measurement invariance across populations. The small sample size further limits the stability of factor analytic findings, and results should be interpreted with appropriate caution pending replication.

Finally, the study measured immediate post-intervention outcomes only. Long-term sustainability of self-efficacy gains and the impact of educator self-efficacy on student-level outcomes were not assessed. It remains unknown whether the gains observed immediately following the intervention are maintained over time or result in meaningful changes to classroom practice and student outcomes. Future research using larger, multisite samples and comparison groups is needed to further evaluate intervention effectiveness and downstream educational impact.

5. Conclusion

A brief, evidence-based faculty development intervention significantly improved nurse educators' self-efficacy in teaching multilingual nursing students. Grounded in Bandura's[8] Self-Efficacy Theory and guided by the FADE model,[15] this study demonstrated that a structured, one-hour session incorporating practical strategies, modeling, and reflective discussion was sufficient to produce large and statistically significant gains across all 14 instructional competency domains assessed. The breadth of improvement, spanning course planning, instructional delivery, student engagement, and communication, suggests that even a single, well-designed faculty development experience can meaningfully shift educators' perceived preparedness to work with linguistically diverse learners.

These findings carry particular significance given that 78% of participants had received no prior training in multilingual instructional strategies, highlighting how widespread this gap remains despite growing linguistic diversity in nursing programs. The results reinforce that self-efficacy in this area is not fixed by experience or credentials alone, but can be cultivated through intentional professional development, a finding with direct implications for how nursing programs structure faculty preparation and ongoing support.

As nursing programs continue to enroll increasingly diverse student populations, preparing educators to teach across linguistic and cultural differences is essential. Embedding this type of targeted, competency-focused development within systematic faculty preparation frameworks, rather than treating it as optional or supplemental, aligns with accreditation expectations and the AACN Essentials[32] and represents a meaningful step toward creating educational environments where all students can succeed. Integrating targeted, theory-driven faculty development initiatives may strengthen inclu-

sive teaching practices, support student success, advance educational equity, and contribute to a more diverse nursing workforce.[4, 32, 33]

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AUTHORS CONTRIBUTIONS

Dr. Bianca Doczi conceived and designed the study, led IRB approval, implemented the intervention, collected data, and drafted the original manuscript. Dr. Victoria Vatcher provided oversight of the study design and IRB process, and contributed to manuscript revision and adaptation for article format. Dr. Vicki Gamez served as site mentor and second reader, contributing to project oversight and manuscript revision for article format. All authors read and approved the final manuscript.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT

Obtained.

ETHICS APPROVAL

The Publication Ethics Committee of the Association for Health Sciences and Education. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

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Not commissioned; externally double-blind peer reviewed.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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