



Using Narrative Inquiry to Explore the Experience of One Ethnically Diverse ESL Nursing Student



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ABSTRACT

Nursing education is tasked with the responsibility to ensure that the future nursing workforce mirrors the diversity of the patients it serves, but high attrition of ethnically diverse nursing students continues to plague prelicensure nursing programs. A great deal of quantitative evidence exists about variables that correlate to the higher attrition rate of ethnically diverse students. What is missing in the literature is the voice of the individual student solicited through a constructivist ontological lens. Therefore, the aim of this study was to explore the lived experience of one ethnically diverse nursing student who speaks English as a second language (ESL). Using a narrative inquiry approach, the life story of an Indian immigrant who successfully completed the nursing program was obtained through interviews and other artifacts. The student's life story was then reconstructed into a 3-dimensional narrative using a social constructivist perspective. Authenticity was established through unstructured interviewing, data triangulation, member checking, and careful examination of interview transcripts. Three themes were culled from the participant's narrative: *family*, *language*, and *persistence*. Analysis showed that family can be a source of additional stress for ethnically diverse students, but the support that family members provide tends to outweigh the negatives. Linguistic challenges related to English proficiency can lead to culturally insensitive behavior and discrimination toward ESL students. Persistence is a deeply individual phenomenon that is difficult to generalize or quantify. More research is needed to better understand the lived experience of ethnically diverse students who speak English as a second language. That knowledge will help nurse educators in creating culturally inclusive learning environments for ethnically diverse/ESL students that will support persistence and decrease attrition.

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Introduction

Nurse educators continue to face an increase in the diversity of students they teach. I currently work at a community college in a large metropolitan area that has an over 80% Hispanic/Latino student population, and many of those students speak English as a second language (ESL) (U.S. News and World Report, 2016). This high percentage of ethnically diverse/ESL students is encouraging because an urgent need exists for a more diverse nursing workforce to care for an increasingly diverse patient population (Diverse, n.d.). Despite the recognized need, nursing programs' retention and graduation rates of these students remain low. Low nursing student retention is a persistent problem in the United States and other English-

speaking countries such as Australia, Great Britain, and Canada (Mooring, 2016). Attrition rates have been reported as high as 50%, and ethnically diverse students make up a disproportionately larger portion of those numbers (Harris, Rosenberg, & O'Rourke, 2014; Mooring, 2016; Olson, 2012).

High attrition of nursing students is a vexing problem, and nurse educators need to continue to examine the reasons behind it. As I started to peruse the nursing education literature in search of answers, I found it to be replete with quantitative and qualitative evidence about the many challenges experienced by ethnically diverse/ESL students (Mikkonen, Elo, Kuivila, Tuomikoski, & Kääriäinen, 2016; Mooring, 2016; Olson, 2012). Reviewing the literature also led me to reflect on my own experience as a 19-year old immigrant to the United States and ESL student in an associate degree nursing program in the 1980s. I realized that quantitative evidence alone would not satisfactorily answer my question on why some ethnically diverse students persist and successfully complete a program while others do not. I concluded that exploring their experiences through

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the underutilized narrative inquiry approach would help me gain a more salient understanding of the educational experience of ethnically diverse/ESL students. Therefore, the purpose of my inquiry was to explore the lived experience of one ethnically diverse ESL nursing student with particular attention to experiences that involve language and how they are embedded in the student's narrative.

Methodology

Study Design

It is clear from the nursing education literature that we have identified a number of challenges encountered by ethnically diverse students and that seem to correlate to attrition (Mikkonen et al., 2016; Mooring, 2016; Olson, 2012). However, the voice that is missing is that of the *individual* student. Using narrative inquiry and the life story interview method, in particular, can generate new knowledge that is distinctive because it comes from the individual and his or her unique experiences.

Narrative inquiry can be described as a qualitative research design that involves generating, analyzing, and reporting stories of life experiences as data and “as a way of honoring lived experience as a source of important knowledge and understanding” (Clandinin & Rosiek, 2007, p. 42). Its most defining feature is the goal to explore experience as it is lived. The focus for a narrative inquirer is not on facts or truths but rather on learning about an individual's experience through time and discovering the choices and events that occurred along the way that shaped the individual's worldview (Clandinin & Rosiek, 2007). Using life stories as a form of narrative inquiry allows for exploring real-life problems faced by ethnically diverse nursing students. This knowledge can help to further elucidate the student experience and provide deeper understanding for nurse educators. Therefore, the research question that guided my inquiry was: What does an ethnically diverse nursing student who speaks English as a second language say about his or her student experiences?

Philosophical Framework

The philosophical framework that underlies the study is social constructivism. Social constructivism posits that knowledge is generated through the constructed stories and subjective meanings attached to them by the individual, and we acknowledge that they belong solely and unalterably to the individual. The narrative inquirer's primary goal is to listen carefully and offer interpretation that itself is shaped by the researcher's own life experiences (Creswell, 2013). The aspects of trying to understand the constructed meanings of experiences of individuals by looking at them in a holistic way support the ontological and subjective nature of this framework (Savin-Baden & Niekerk, 2007, p. 460).

Role of the Researcher

The role of the researcher in narrative inquiry is unique. From the onset of the study to the final representation of the data in the form of a reconstructed story and beyond, the narrative inquirer is collaborator and participant. Reflexivity or the positioning of oneself within the reconstructed narrative will inevitably occur because of one's own life history, cultural background, and professional experiences. In highly collaborative research, such as narrative inquiry, the relationship between researcher and participant becomes an integral part of the narrative and may create ethical concerns in regard to boundaries and objectivity. Extra care must be taken to ensure that the narrator's “voice” that will be explored and reconstructed remains that of the narrator's and does not become that of the researcher's (Green, 2013; Merriam & Tisdell, 2016).

Participant Selection

After receipt of institutional review board approval and using a convenient, purposeful/criterion sampling method, I approached current undergraduate and graduate nursing students who I knew either personally or professionally about participating. In order to avoid concerns about coercion and bias, I did not recruit from the program where I currently teach. The participant had to meet the criteria for being considered ethnically diverse and to speak a first language other than English. Mary (pseudonym) met those criteria.

I met and gotten to know Mary while we worked the night shift together on the telemetry unit of a local hospital from 2011 until 2012. We became good friends and remained in touch after she transferred to another hospital and I obtained a position in nursing education. Mary was 11 years old when her family immigrated to the United States from Mumbai (formerly Bombay), India in 1994. Mary described the reason her parents moved to the United States was their desire for their children (Mary and her older brother) to have better educational opportunities leading to a better future and professional career: “...hoping that we would do really well in school and have a better career and future. I'm sure that was like their primary aim, you know, just a better life.” She obtained her nursing degree in 2006 and has worked as a registered nurse since. Mary started an accelerated, online graduate family nurse practitioner (FNP) program in 2016 and was in the practicum phase of the program during the time of the study.

Data Collection

I met with Mary on several occasions over a period of two months in early spring 2017. We met at her home and in public places. We also talked on the phone and exchanged e-mails and text messages to arrange to meet. When we met in person, I recorded our conversations and had those recordings professionally transcribed. Our conversations or interviews were unstructured and open-ended. Because we have known each other for several years and have enjoyed a professional and personal friendship, Mary felt very comfortable during our conversations and only required occasional questions or prompts to tell her story about her nursing education experience.

My first (and longest) conversation with Mary happened at her home. When I arrived, Mary welcomed me at the door and, right away, wanted to confirm that I would not mind that her parents and her 4-year old twins were at home during our interview. I told her that I did not. I had met her parents and children before and knew that it would be difficult for her to get away or find someone to watch her children. I greeted her mother who was cutting up “jackfruit” in the kitchen and who right away offered me a taste. I had never tasted jackfruit before and accepted a small sample. Mary on the other hand insisted on making authentic Indian Chai tea for me and proudly showed me a drawer filled with Indian spices and ingredients. Later, I also met Mary's husband and her mother-in-law, and these interactions made me feel more like a visiting distant relative than a researcher.

Data Analysis

Analysis and interpretation of the data were conducted in a modest, thoughtful, and logical manner and extrapolations that were selected to add richness to the description naturally derived from Mary's stories and not from preconceived ideas (Merriam & Tisdell, 2016). The first level of data analysis consisted of placing Mary's life story into the three-dimensional narrative inquiry framework of *temporality, sociality, and place*. Temporality is concerned with past, present, and future events. Sociality pertains to the storyteller's personal

and social conditions and how interpretations of the individual changed with time and as a result of new interactions with the environment and community. Place refers to the physical environment in which the narrator's experiences and the inquiry itself take place (Green, 2013).

During the second level of analysis, themes or patterns in Mary's narratives were identified through an inductive approach. This type of analysis supports the constructivist theory underlying the study. When using a constructionist framework, the focus is not on what particularly motivated the individual at different points in the narrative but rather on the interpretation of the sociocultural contexts that enabled the story that the individual provided (Braun & Clarke, 2006, p. 85).

Trustworthiness/Authenticity

Although the term *trustworthiness* is frequently used in qualitative research to denote quality and reliability, I chose the term *authenticity* for a better fit with the constructionist epistemology that informs my inquiry (Schwandt, 2015, p. 309). Authenticity in the context of reconstructing Mary's life story meant making sure not to objectify her experience. This was achieved with an authentic solicitation of Mary's experience by gathering data through solely *unstructured* interviews and interpreting her story in a balanced and evenhanded way (Schwandt, 2015, p. 9). Triangulation of data was achieved by comparing transcripts to observational field notes, photographs I was allowed to take during interviews, and e-mail messages from Mary. A member check was performed by e-mailing Mary a draft of this manuscript. She confirmed the accuracy of places, dates, and events and mentioned how emotional she became while reading her reconstructed story: "I felt like I was reliving some of my memories from far beyond...."

Another important step in establishing authenticity is the careful examination of interview transcripts. Transcripts were checked for mistaken words or phrases and compared to field notes when noted as inaudible or indiscernible to determine what Mary said or meant. I also examined the placement of periods or commas, because Mary tended to speak in run-on or incomplete sentences. Deciding on where to begin and end sentences can alter interpretation of the text. It is important to remember that a written transcript will never be able to capture the full flavor and all of the nuances of an interview as a lived experience because it is missing the emotional context, body language, silences, and physical setting that affect the tone of the interview (Poland, 1995).

Findings (Mary's Story)

Three distinct themes were culled from Mary's narrative: *family*, *language*, and *persistence*.

Family

Family and, especially, her mother proved to be a thread inextricably intertwined with Mary's life story and educational experiences, but family has been both a source of stress and support for Mary. After successfully completing high school, Mary's first college experience was at a community college near to where she lived with her parents in Maryland. She selected that school because it allowed her to work full time while attending evening classes, and "I really didn't want to take any help from my parents because they had their own struggles". While at that community college, Mary's mother decided to become a pharmacy technician and started to take classes at the same college.

I used to help my mom because my mom wanted to do something with her career....when I was in school I used to go sit in with her classes so that I can explain to her because for her it was different. So yeah I used to take my classes then I used to go sit with her for two, three hours listen and then come home and teach her what is going on. So the instructor back then for her class used to have high respect for me because I did that.

As Mary was describing this period in her life, she seemed very matter-of-fact about it, even making jokes, such as "sleep was overrated back then...", but I deduced from Mary's choice to mention the instructor's admiration of her commitment to her mother that that feedback meant a great deal to her.

Family can have a dichotomous impact on students. Many ethnically diverse students are responsible for dependents and/or extended family members while in nursing school, and for them, family represents a source of additional stress (Knight et al., 2012). Furthermore, immigrant students often still have family members living in their native country, which can leave them feeling culturally disconnected and without community support (Olson, 2012). On the other hand, family can be instrumental in positively influencing persistence by providing a caring and affirmative environment where students can safely express their fears and restore self-efficacy (Bond et al., 2012; Knight et al., 2012; Olson, 2012).

Mary's mother is a petite elderly woman who suffers, as I had been told by Mary before, from a number of chronic illnesses. Mary stated that she chose to withdraw from class twice during her undergraduate nursing studies to help care for her mother who had been newly diagnosed with cancer. As I watched the interactions between Mary and her mother, I sensed a deep warmth between them. It became very clear to me how important family is to Mary and how her mother, in particular, presents a source of validation and encouragement for her. Veal, Bull, and Miller (2012) confirmed in their grounded theory study that family support is a critical factor for ethnically diverse students to persist in their studies, and I found the same to be true in Mary's story.

Language

The second theme that permeated Mary's story about her nursing education experience pertains to English as her second language. Mary and her family speak a South Indian language called *Malayalam*, but Mary attended a private elementary school in India where English was spoken. Despite the preexisting English knowledge, Mary experienced significant linguistic challenges when she continued school in Maryland.

I did really love like math and something which does not have to do with English, because I had to take like English Literature or anything like that, it was always a struggle. Because you know writing papers for example or like trying to get my words in sentences about what I'm thinking...., it didn't really come across.

Although Mary described the good fortune she had in having access to additional tutoring for immigrant students like her, Mary's story reflects the challenges that ESL students experience at all levels of education. Using an interpretative phenomenological approach, Mulready-Shick (2013) explored the experience of ESL students in nursing classrooms. Themes that emerged included making adjustments, overcoming doubt, and demonstrating determination. Participants furthermore described how their limited English proficiency made them doubt themselves and feel unintelligent in the classroom and in front of their faculty (Mulready-Shick, 2013). Starkey (2015) found that student participants described language as the greatest

barrier to their success and branded it as a problem “during test taking, reading, and comprehending academic material” (p. 722).

Dread and apprehension about reading for school, writing assignments, or oral presentations persist in Mary to this day. I remembered long phone conversations with Mary during those early months in her FNP program about her fear that her perceived limited English proficiency would stand in her way again: “So because it’s an online program there’s a lot of discussions that we have to do. I still remember the first discussion that I had [to] post...other students they spent like an hour or two for the discussion and that’s it. So, I was like, ‘Okay, I’m going to try to work ahead and stuff like that because I have twins.’ It took me a month to write that one discussion [post] because I was just scared.”

I related to Mary’s experience very much. I too learned English for several years prior to moving to the United States but still experienced significant struggles with oral and written communication while in nursing school. Even during my current doctoral studies, I have experienced instances where feedback from an instructor about my written work felt patronizing and callous to the considerable effort I had put into it.

I remember I had to drop my [undergraduate] pharmacology class. I was kind of right at the border line and I couldn’t take my final exam. And the instructor at that time had mentioned that maybe nursing is not your thing to do, because, you know, because she knew that I was struggling with English....

Negative comments from faculty like the ones Mary described are contrary to the belief held by Hills and Watson (2011) that the best learning outcomes are achieved when teacher and student are co-creating knowledge in an emotionally safe and holistic space. Mary’s concerns about being considered unintelligent due to limited English proficiency and her wish to be recognized as capable and whole mirror the literature. The pressure to continually prove your worthiness as a nursing student can prevent ethnically diverse students like Mary not only from utilizing available resources but can actually add psychological stress. Sedgwick, Oosterbroek, and Ponomar (2014) found that minority nursing students experienced pervasive discrimination during clinical and felt an added burden to prove to faculty that “they were capable and competent” (p. 91). Those type of experiences will add stress to an already stressful and demanding program, and this compounding of stressors can adversely affect persistence (Henderson, Barker, & Mak, 2016; Mulready-Shick, 2013; Veal et al., 2012).

It’s like they look at it, they look at what you write and that’s how they picture you. It’s like they think they know you from your writing. So you might be a great nurse or your clinical skills are very strong but if you cannot present yourself in writing, the person who’s reading it doesn’t know that. They’re reading that and saying like: “Oh you’re sloppy. You probably never save lives”.

My findings in Mary’s life story in relation to language correlate to the evidence with the exception of one area: clinical settings. The literature showed that difficulty in communicating because of limited English proficiency or speaking with a heavy accent is perceived by many nursing faculty as a barrier for students to provide safe and competent nursing care (Henderson et al., 2016; Torregosa, Ynalvez, & Morin, 2016). Mary’s experience did not reflect those perceptions: “In clinical I excelled. It wasn’t that clinical wasn’t still hard because it was more, you know, talking, discussing, things like that. But I never had a problem with clinical, I always excelled.”

Persistence

The last theme that I will discuss is Mary’s persistence in reaching her educational goals. What I gathered from Mary’s story is that she

figured out what she needed to do to succeed and did not take or make excuses. Instead, she relied on her own resourcefulness and creativity.

So, I used to teach myself as in, for example, I was my own teacher. So, the university has a beautiful library. It’s a huge library and it’s beautiful. I used to just live there. And they had the private rooms with the boards. So, what I would do is I would write things on the board and pretend that I’m teaching and I would explain what everything meant. And if I could explain what’s going on then I knew I knew it.

I was impressed with that strategy and told Mary so. She chuckled at the memory of how strange it must have seemed to others, but it was also obvious how proud she felt. This kind of determination and drive to figure out strategies to overcome roadblocks in the education journey compares to previous research (Henderson et al., 2016; Veal et al., 2012).

Student persistence can be described as the student’s conscious commitment to achieve educational goals and is recognized as a multidimensional phenomenon that is influenced by individual characteristics, personal circumstances, and interactions and experiences that the student had or is having with the nursing education setting (Mooring, 2016). Williams (2010) conducted interviews of ten nursing students as a follow-up to a larger research study on attrition of beginning students. The interviews revealed that a mindset of being capable and the ability to see oneself as a future nurse contributed to students persisting in the program (Williams, 2010). Similar themes were found by Cameron, Roxburgh, Taylor, and Lauder (2011) in their integrative literature review on why students stay in nursing and midwifery programs. Student characteristics, such as high self-efficacy; strong family support, especially by mothers; and an unwavering focus on the long-term goal of becoming a nurse, played an important role in students’ decisions to remain in the program (Cameron et al., 2011).

Mary continues to use creative ways to meet the academic demands of her graduate program. She takes advantage of the technology that was not available when she was an undergraduate student. She has also become more assertive in approaching her instructors for help and better in articulating her learning needs. Mary still does not dwell on things and is quite forgiving of the communicative shortcomings of past and present instructors.

Where I stand now, halfway through grad school, I can see where my undergraduate pharm instructor came from, as from a teacher’s standpoint, you know. Like I didn’t see that she probably just wanted the students to get stronger at what they are doing like reading.

Reflection and Implications for Nurse Educators

The way you see people is the way you treat them, and the way you treat them is what they become.

[—Johann Wolfgang von Goethe]

When I started with this inquiry, I could not have anticipated how transformative it would be for me, and I am deeply appreciative for Mary’s willingness to share her story with me. As I was reconstructing her life story, I realized that Mary’s narrative brought my understanding of her into sharper focus and crystallized into a deep appreciation for who Mary is as a human being. I discovered just how inadequate my understanding of her had been and realized how incomplete my understanding is of the students I interact with in my daily work.

Hearing and interpreting Mary's narrative of her experiences in nursing education opened my eyes to the fact that students have very complex lives outside of school. Ethnically diverse students such as Mary are facing socioeconomic and psychological challenges that I cannot begin to fully comprehend. This has led me to reassess my past teaching practices for ethnocentric assumptions that I am certain I have made.

Family

Mary's story showed that the difficulties of being responsible for her family members while in school were far outweighed by the benefits that her family's support offered her. Mary comes from a collectivist culture as do many ethnically diverse students, and collectivist cultures strongly believe in family role obligations. Nurse educators on the other hand, who often find themselves serving as informal advisors to their students, may make suggestions to students that are based on unconscious cultural assumptions derived from an American educational system that values individualistic, competitive, and achievement-oriented student behavior. It is therefore important for nurse educators to self-reflect and reevaluate those assumptions. Rather than making suggestions, such as finding ways to reduce family responsibilities to make more time for their studies, faculty and institutional leaders should focus on providing support services for students to help with family obligations (Mooring, 2016). These services can be in the form of providing childcare on campus, offering classes and laboratory/clinical practicum hours in the evening and on weekends and, rather than penalizing students for absences, arranging for makeup opportunities or alternative learning activities.

Language

Mary's perceptions of how her English proficiency affected her educational experience were not a surprise to me from a student perspective. But as an educator, I was surprised to learn how much ESL students tend to go out of their way to explain their culturally determined communication style so that others are less likely to misinterpret their words or behavior (Henderson et al., 2016). Why, I thought, do students feel the pressure to mitigate potential miscommunication between them and their instructors? If nurse educators are truly committed to retaining ethnically diverse/ESL students, then it is the instructor who must ensure a caring and affirming learning environment that does not discriminate against students with limited English proficiency. Macrolevel strategies to achieve this kind of learning environment can consist of early identification of students with limited English proficiency and implementation of reading and writing support services that are specifically geared toward ESL nursing students (Mooring, 2016; Salamonson et al., 2011). Microlevel interventions that nursing faculty can easily implement include facilitating different learning styles in the classroom by using a variety of teaching methods. Because ESL students tend to struggle with technical vocabulary, jargon, and colloquialisms, instructors should refrain from using them. It is also important to develop test items that are written according to evidence-based item writing guidelines, and the time allowed for examinations should be reasonable and considerate of ESL students (Olson, 2012).

Evaluation of student performance, especially in the clinical setting, is inherently subjective. Therefore, nurse educators need to take extra caution not to allow preconceptions that originated in their own culture to affect the recognition and acceptance of the uniqueness of their students, including differences in language and communication style. Students are sensitive to our verbal and non-verbal communication, and their perception of us can impact their performance (Torregosa et al., 2016). Students need to feel respected and encouraged to ask for clarification so that miscommunication

and misunderstandings are less likely to happen (San Miguel & Rogan, 2015).

Persistence

At no point did I get the impression that Mary ever felt or behaved like a "victim" or that she placed blame. It was humbling to hear about Mary's forgiving position toward her instructors, and I could not help but admire her determination: "You know I was just trying to make it. I didn't want to fail. I didn't want to be a failure. I wanted to make my parents proud. So I did it." Nursing faculty often feels unprepared to deal with the challenges that come with teaching ethnically diverse/ESL students (Starkey, 2015.) However, Ume-Nwagbo (2012) found a significant positive correlation between cultural competence of nursing faculty and the percentage of ethnically diverse students who successfully graduated. When students work with a faculty member who is compassionate and affirmative, they are more likely to feel self-confident and as belonging, perform better academically, and complete the program (Sedgwick et al., 2014; Torregosa et al., 2016). Schools that are committed to increasing persistence and retention of ethnically diverse nursing students can do so by creating more culturally inclusive classrooms (Torregosa et al., 2016). In order for that to happen, program and institutional leaders have to actively and financially support the ongoing professional development of nursing faculty (Harris et al., 2014).

Conclusion

Despite the progress we have made in attracting and admitting ethnically diverse students, we continue to experience significant difficulties with retaining and graduating them. Nursing student attrition is a complex and multifactorial problem that will continue to challenge nursing programs for the foreseeable future. Much more research is needed and especially about *individual* student perspective and experience. Narrative inquiry research offers nurse educators an in-depth look into the lived experience of ethnically diverse students and, in particular, of those who speak English as a second language. With that knowledge, we will be better positioned to support persistence of ethnically diverse/ESL nursing students, which in turn will decrease attrition.

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