

EXPLORING EDUCATIONAL ISSUES: INTERNATIONAL NURSING
STUDENTS ENROLLED IN PROFESSIONAL NURSING PROGRAMS
IN SOUTH TEXAS AND THEIR PERCEPTIONS
OF EDUCATIONAL BARRIERS

A Dissertation

by

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DEDICATION

To my friend and wonderful husband Joey Galjour, whose encouragement and support assisted me through the many phases of this grandeur project.

For both the international and English language learner nursing students who inspire me through their persistence, passion, and determination.

In memory of my mother Jessie Sparks, who taught me education is the key that will unlock many doors.

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ABSTRACT

Exploring Educational Issues: International Nursing Students Enrolled in
Professional Nursing Programs in South Texas and Their
Perceptions of Educational Barriers

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This qualitative study explores educational challenges as manifested in the experiences of the English language learner (ELL) nursing students enrolled in a professional nursing program in San Antonio, Texas. Eleven participants were interviewed for this study using 7 open-ended questions. The research methodology applied in this study was interpretive, guided by phenomenology with the lived experiences of the ELL nursing students being the focus of the analysis.

Discourse analysis and thematic analysis revealed the following themes: (a) student study habits, (b) student distress, (c) student support system, and (d) student learning tasks. Each theme is discussed in depth and supported by exact participant quotations. The study concludes with implications for faculty, student, institution, and curriculum improvements that may promote the ELL nursing student's successful completion of nursing school.

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Chapter I Introduction

Complex cognitive proficiencies such as problem-solving skills are believed to develop through distinct stages. These stages progress from declarative knowledge through structural knowledge and conclude with procedural knowledge (Smagorinsky & Fly, 1993). English Language Learner (ELL) nursing students experience a variety of obstacles and challenges as they progress through professional nursing programs. The emergence of ELL nursing student experiences is the focus of this dissertation study. The discovery, presentation, and description of the students' views will provide both educators and students with a better understanding of problems faced by English language learners. This knowledge will also assist nursing programs with identifying possible interventions to reduce attrition as it relates to English language learner students.

Background

Although many schools of nursing are admitting students who are categorized as English language learners, there has been minimal research on the challenges experienced by students enrolled in programs in the United States. Education is widely understood as the gradual process of acquiring knowledge and is applied to the process of teaching or learning specific skills. More important is the imparting of a lived experience that transcends into personal knowledge or wisdom (Pimentel, 2006).

Florence Nightingale, one of the founders of the nursing profession, believed strongly in international education. She left England to study in Germany and in Scutari during the Crimean War (Lobo, 1995). Like Nightingale, many nursing students obtain part or all of their education in an institution outside their country of origin or, more specifically, outside their language of origin. Students studying in professional nursing

programs in the United States present unique opportunities for both teaching and learning experiences. Pardue and Haas (2003) report that language, culture, and academic expectations are the most common areas of challenge for those who teach multicultural students. To promote a more ethnically diverse nursing community, success must be supported by early academic interventions, tutoring, and culturally sensitive educational practices (Sitzman, 2007). There is limited qualitative research literature focusing on the views and perceptions of the ELL nursing student. Therefore, there is a gap in the literature as it applies to understanding the nature and extent of problems as expressed by students of ELL origin. However, what is known is that they have become at risk for not completing nursing programs in the United States.

Problem Statement

The broad phenomenon under study is the ELL nursing student's lived learning experience in relationship to enrollment in a professional nursing program. This dissertation study seeks to explore the lived experience of being an ELL nursing student enrolled in a professional nursing program in southern Texas and their perceptions of educational barriers. The findings are the researcher's interpretive report using discourse analysis to illustrate the essence of those lived learning difficulties as significantly described by the ELL student.

Increased diversity in our nation's college classrooms and communities, including new immigrants from many different parts of the world, require greater understanding of student educational needs. According to Gilchrist and Rector (2007), from calendar year 2002-2003, baccalaureate and graduate nursing program enrollment indicated 21.6% of nursing students came from minority populations. The United States 2000 census

revealed a population of 281,421,906, with 69,961,280 reflecting non-white Americans. Between 2000 and 2020, the number of non-white Americans is expected to rise by 50% (U. S. Census Bureau, 2000). Hispanics are the fastest growing ethnic group. Presently, there are 35.5 million documented Hispanics in the United States. By 2050, it is estimated that 25% of the U. S. population will be Hispanic (Gilchrist & Rector, 2007). The nursing profession should mirror the population for which they provide care.

The emerging problem is that in order to accelerate nursing academic progress in the next decade, we must consider recruitment, acceptance, and graduation of a cultural diverse nursing population. This will require change in the current education system with specific improvements addressing challenges faced by international nursing students and students who speak English as a second language. This research will give a voice to the challenges experienced by the English language learning nursing student.

Context of the Study

Public record indicates that the population of Texas has grown more rapidly than that of the United States as a whole every decade since 1850, and this trend is expected to continue for at least the next 30 years. The projected net change attributable to race/ethnicity by 2040 will be 77.6% Hispanic, 5.6% African American, 4.2% Anglo, and 12.6% other (Texas Comptroller of Public Accounts, 2008). These statistics project demographic changes in two categories: (a) the ethnic makeup of the college classroom, and (b) the ethnic makeup of the patient population.

Meeting health care requirements for the population of Texas will require nursing programs to admit and graduate large numbers of nurses. In order to meet the needs of a diverse ethnic patient population, nursing programs will need to focus on admitting and

graduating students with ethically diverse backgrounds. The medical profession should mirror the population and demographics of which they provide health care.

There are seven professional nursing programs in Bexar County, representing one of the highest concentrations of nursing schools in the state of Texas. Three education alternatives exist for a nursing student to obtain a license to practice as a Registered Nurse (RN). The student may attend a nursing program, which offers a diploma, associate degree or a baccalaureate degree. Successful completion of a nursing program provides the graduated nurse (GN) with a temporary permit to practice nursing under the supervision of a licensed RN.

To address the needs of both Texas health care and diverse classroom populations, this study will look at developing a better understanding of challenges faced by the sub-ethnic group of English language learners. In order to support the ELL student, we must first determine the challenges they face.

Purpose

The purpose of this study was to explore the English language learner students' perception of challenges encountered during their learning experiences while enrolled in a professional nursing program in San Antonio, Texas. The research design will be qualitative interpretive informed by phenomenology, as described by van Manen (1984). The purpose of using this design will be to disclose the subjective report of the actual ELL educational experiences through in-depth interviews using discourse analysis to report personal meaning by the student. Creswell (2005) describes qualitative research as "a type of educational research in which the researcher relies on the views of participants; asks broad, general questions; collects data consisting largely of the inquiry in a

subjective, biased manner” (p. 56). Qualitative methodology pertains to research that is specifically concerned with understanding the point of view of the participants.

According to Golafshani (2003), a phenomenological study uses a “naturalistic approach that seeks to understand phenomena in context-specific settings” (p. 600). Furthermore, phenomenological studies attempt to understand better the meaning of an event and the interactions of people as they apply to specific situations.

Research Question

The research question guiding this interpretive phenomenological approach is: What are the experiences of English language learner nursing students enrolled in an associate degree nursing program?

According to Harsh and Kincaid (2007), a comprehensive education is one that enables all students to think analytically, creatively, and systematically about issues, and to understand concepts and ideas at a deeper, more critical level. The ability to grasp multifaceted concepts is essential for students to succeed in a globalized world marked by rapid change and diverse ideas. Students must be prepared to overcome a myriad of challenges in order to achieve both personal and academic goals. Harsh and Kincaid further add that there are specific learning skills linked to success in nursing programs. Those skills include: (a) the capacity to analyze and synthesize information, (b) the ability to apply reasoning, and most importantly, (c) critical thinking.

Significance of the Study

The significance of the study has its roots in the shortage of nurses in the United States. According to Rosenkoetter and Nardi (2007), there is an undersupply of nurses in the United States. Currently, hospitals are understaffed by at least 140,000 nurses and this

shortage is expected to peak at 800,000 by the year 2020. National, international, clinical, and educational institutions are putting joint initiatives in place to address the current and projected nursing crisis. Despite the thirst for diversity in both nursing programs and the nursing profession, few studies have been performed exploring the views of nursing students who speak English as a second language. The significant findings of this research can be used by local deans, faculty, admission, and retention committees to change or adjust curriculum to accommodate the English language learning nursing student. Secondly, the information obtained may be used to improve other educational programs throughout Texas. Thirdly, information derived from this research may add to the current body of literature and support the present gap regarding the learning challenges reported by students who speak English as a second language. Little is known about the phenomena of interests, and this study will attempt to offer an empirical interpretation of the challenges ELL students experience while enrolled in nursing school. Lastly, the results offer an underrepresented voice for minority students enrolled in local nursing programs. This voice may enable the student to identify learning shortfalls and be proactive in making corrective efforts to enhance their overall educational experience, both present and future.

International students are traveling to the United States to enroll in intensive nursing academic programs. Pardue and Haas (2003) report that there are unique challenges associated with teaching academic content to international students. For example, “language, culture, and educational expectations are major factors that must be considered” (p. 72). Nursing students who speak English as a second language must be able to communicate orally, in writing, and must develop a command of medical

terminology. In order for the nursing profession to progress and to begin to fill the personnel gap, it must “embrace international perspectives and envision the profession of nursing as part of the world community” (p. 72). Therefore, the exploration and identification of challenges experienced by nursing students will provide information to both local and national nursing programs that will enable them to adapt their teaching styles to better meet the instructional needs of a rapidly growing international student population.

Design and Overview of the Study

This research employed an interpretive qualitative research approach. A basic interpretive qualitative study is conducted when “the researcher is interested in understanding how participants make meaning of a situation or phenomena. This meaning is mediated through the researcher as an instrument, the strategy is inductive, and the outcome is descriptive” (Merriam, 1998, p. 6).

Individual personal interviews were guided by the previously outlined research question: What are the experiences of English language learner nursing students enrolled in an associate degree nursing program? The design will uncover possible meanings associated with the educational experiences of international nursing students. All participants were nursing students enrolled in an accredited associate degree nursing program in Bexar County. Eleven nursing students actively enrolled in coursework were selected through purposeful convenient sampling.

The data was collected using interviews, observations, and artifacts related to the research question. The audio interviews were transcribed by a professional academic transcriptionist. The researcher coded and analyzed the transcripts both independently

and with the use of the Computer Assisted Qualitative Data Analysis (CAQDAS) Qualrus. Major experiential structures were identified by the researcher and the structures were developed into themes and sub-themes with the use of Qualrus. Basic data analysis incorporated a continuous comparative method by comparing meaningful thematic statements with the research question. Through the development of core themes, a description of the phenomena in terms of the student interpretation evolved. It is descriptive analysis that discerned the phenomena associated with the experience of ELL nursing students enrolled in professional nursing programs.

Theory

Constructivist Learning Theory guided this research. During constructivist learning, students build internal knowledge based on their personal interpretations of an experience. Student learning is an active process and is unique to individual experiences. Constructivist learning refers to the idea that learners are responsible for constructing knowledge for themselves. According to Hein (1991), there are nine guiding principles to constructivist learning:

1. Learning is an active process whereby the learner uses input to construct meaning.
2. Learning entails constructing meaning and constructing schemas of meaning.
3. The main action of constructing learned meaning is cognitive.
4. Learning entails language and the students' mastery of language influences learning.
5. Learning is a social event and may include peers, family, teachers, friends, and others.

6. The learning context influences the students' experience.
7. New knowledge is assimilated upon previous knowledge.
8. Learning may require repeated exposure to thought and experience.
9. Motivation is essential for learning.

These are helpful, practical steps toward establishing a constructivist research framework.

Within constructivist theory, the burden is on the learner rather than the educator. The student is the one who interacts with his or her environment to gain knowledge. The result is individual learning unique to the student. Learning takes place by matching what is known to what is unknown, thus increasing what is learned. The learner is given latitude in their leaning experience. The constructivist framework deploys a teaching style that helps the student develop posteriori or knowledge developed from empirical experience.

Delimitations

The scope of this research was limited by several characteristics that must be considered when defining the boundaries of this research. The number of participants was limited to 10; therefore, only the results pertaining to the 10 subjects will be discussed in the findings. The use of a purposeful convenience sample will limit the ability to make inferences related to the results to any population other than the participants listed in this study. The use of just two associate degree nursing programs will limit the number of overall possible available participants. The limit to an associate degree nursing program will exclude the potential to make inferences or implications to diploma and baccalaureate nursing programs. The inductive process will inhibit the control for variables, prevent specific data from being teased out, and further applied to a general

population. The novice experience level of the researcher will elicit some limits. Lastly, the interviews were performed in the English language, which may prove to be a limit based on the participants' English language proficiency.

Summary

Chapter I has provided an overview of the focus of this research. The research topic and accompanying question was designed to explore the essential phenomena linked to the educational experiences of ELL nursing students. A brief discussion of the qualitative interpretive methodology and the significance of this study to the nursing profession are also provided. Chapter II presents a literature review and describes the role of the nurse scholar-practitioner. Chapter III presents the methodology used in this research while Chapter IV presents the findings. Finally, Chapter V discusses the findings and presents the conclusion and recommendations for future research.

Chapter II Review of Literature

The purpose of this literature review is to provide a summary of information associated with English language learners enrolled in professional nursing programs. This information maintains the need for research about ELL student learning experiences, perceptions, and challenges associated with their current learning environment. This review will also reveal current gaps in the literature surrounding ELL nursing students. According to van Manen (1984), the principal reasoning of a literature review is “to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories (related to the phenomena of interest)” (p. 46). Critical examination of the current state of the literature with regard to English language learning nursing students provided the up-to-date information that guided this research, clarified the need to explore the experiences of ELL students, and revealed the need for future research.

National Council Licensure Exam

Program effectiveness is currently an important issue in nursing education. Evaluations of effectiveness of nursing schools are especially relevant because they receive both state and federal funding. In addition, the Board of Nurse Examiners and the National League of Nursing require associate degree nursing programs to meet specific educational standards or risk losing institution credentials. Therefore, the school systems are under pressure constantly to evaluate, maintain, and improve student achievement. Student performance is based on academic achievement scores and, more importantly, successful completion of the National Council Licensure Exam, or NCLEX (National Council of State Boards of Nursing, n.d).

A quick look at student data in most nursing programs will appear to show reasonable student ascendancy. According to Sitzman (2007), “little is formally known about the effect of race/culture/ethnicity on NCLEX-RN pass rates” (p. 272). Upon completion of nursing school, students must pass the written NCLEX exam. The exam is designed to test basic entry-level knowledge of graduate registered nursing students. Recently, there has been an increase in the number of English as a second language nursing students taking the NCLEX exam (Guhde, 2003; O’Neill, 2004; O’Neill, Tannenbaum, & Tiffen, 2005; Seago & Spetz, 2005).

There are many unanswered questions in the literature regarding the test design of the NCLEX, specifically, the exam’s inability to regard the ELL student cultural concerns and challenges presented in successfully passing this exam. According to Sitzman (2007), the National Council of State Boards of Nursing, which produces and administers the NCLEX-RN nationwide, “remains silent with regard to this topic” (p. 272). There is no qualitative research and limited quantitative research to shed light on the characteristics of problems with regard to the NCLEX-RN pass rates of English language learner students.

Three studies reflect on pass rate based on race and ethnicity. Crow, Handley, Morrison, and Shelton (2004) found that “programs with higher percentages of white students were more likely to have higher passing rates than programs with smaller percentages; programs with higher percentages of Hispanic students reported lower pass rates” (p. 184). Seago and Spetz (2005) studied nursing students in California and discovered “the higher the percentage of African American and Pilipino students, the

lower the NCLEX-RN first-time pass rates, even when controlling for other program characteristics” (p. 558).

Sayles, Shelton, and Powell (2003) performed a study on the predictors of achievement in nursing education programs and found that 58 students or 92.1% ($n = 63$) of their Caucasian students passed the NCLEX-RN on the first attempt; subsequently six students or 60% ($n = 10$) of the African American students were successful. DiBartolo and Seldomridge (2005) completed a literature review of studies aimed at promoting NCLEX-RN pass rates for baccalaureate nursing programs and found that more research is “needed in minority and other understudied groups who are aggressively recruited into nursing yet may be particularly vulnerable to difficulties passing the NCLEX examination” (p. 170).

The NCLEX exam is written on a 10th grade reading level. However, there continue to be concerns about language interpretation on the exam. The National Council of State Boards of Nursing (NCSBN) Testing Services has reviewed concerns associated with readability of the NCLEX-RN examination and concluded “the topics of cultural context and/or ESL nursing graduates have not been directly addressed” (Sitzman, 2007, p. 273).

Themes from the literature support nursing programs that offer help to diverse nursing students to ensure academic and NCLEX-RN success. However, there is a lack of research-based evidence and a paucity of quantitative and qualitative evidence concerning the degree to which ELL nursing students have trouble passing the NCLEX-RN exam. Subjective experiences and observations warrant further investigation. There is

enough information to indicate the presence of a problem. Clearly, more research is needed to understand this phenomenon better.

Faculty

The increasing number of ethnically diverse students enrolled in professional nursing programs creates challenges for nurse educators. They now must educate students who experience varied difficulties with the English language. Guhde (2003) reported on students who are not fluent in standard English, stating, “Many of these students have difficulty with the coursework and/or clinical work” (p. 113). These students are especially at risk during their first semester of nursing school when stress from program environmental shock is highest because professional nursing programs have unique requirements that prove to be stressful to new students.

Educators rarely get a true picture of the nursing student’s personal perception of learning. Informal interviews with students by nursing professors may be influenced by the Hawthorne effect (Robbins, 2003), in which the influence of the instructor may produce positive results because of the student’s desire to meet the goals of the institution or the instructor guiding the interview. Therefore, there is a gap in the reflection of student needs and the nursing instructor’s awareness of such needs. According to Gay, Edgil, and Stullenbarger (1993), students who lack English proficiency create a challenge for educators. There is limited information in the nursing literature that is helpful to the faculty who teach these students.

The educational requirement to teach in a nursing program consists of having an active Registered Nurse license in the state of employment and holding a master’s degree in nursing from an accredited university. The greatest tragedy for both the instructor and

the student is that the nursing professor is not required to have pedagogical or androgical teaching preparation. Therefore, faculty members “fail to appreciate different learning styles among ESL nursing students.” In addition, instructors tend to “incorporate idiomatic English into classes, causing increased difficulty for the language learner” (Choi, 2005, p. 264). Nursing instructors are often very skilled at the profession of nursing, but lack true teaching skills.

Western nursing education is complex and cognitively challenging. The student who does not possess a strong command of the English language may require additional steps in their learning process to achieve the same goals as their English speaking counterparts. Choi (2005) reports, “ESL students prefer visual, kinesthetic, auditory, and tactile learning styles” (p. 266). However, instructors at institutions of higher nursing learning tend to use older teaching styles consisting primarily of PowerPoint presentations, lectures, multiple-choice exams, and occasionally, academic papers. The classroom size can range from as few as 10 students to as many as 200 students. This may mean the ESL student might have to depend heavily on reading, listening, and note-taking skills, all of which require a technical command of the English language.

Ethnically diverse faculties are underrepresented in the profession of health care. According to the Sullivan Commission (2004) report, underrepresented minorities currently account for “less than [sic] 10% of the baccalaureate and graduate nursing school faculties” (p. 6). Therefore, it is important to recruit both a diverse faculty population as well as a diverse student population.

After examining relevant literature, two articles were discovered that addressed ELL challenges. Choi (2005) discussed a quantitative study that addressed issues faced

by ESL nursing students. However, there was no mention of student concerns, opinions, views, or descriptions. The report summarized the problems of ESL nursing students and offered possible interventions. The problem is that the report addressed these issues based on data gathered from institutions, instructors, and indirectly from reports in the literature. The article is void of nursing student observations or interviews.

Sanner and Wilson (2008) presented a qualitative study specifically addressing the experiences of ESL nursing students. Due to student attrition, the study had a small representation of students ($n = 3$). Although the information in this study offers the viewpoint of the ELL student, it does not offer information regarding challenges faced by students who speak English as a second language. If institutions, instructors, and curriculum are to address challenges faced by ELL students, then we must begin by asking these students about their learning experiences and discern from these descriptions what creates learner success.

English Language Learner

The United States continues to see unprecedented national growth in both the cultural and linguistic diversity of its population. The U. S. Census Bureau (2000) reports that by 2050, the minority population is projected to be 235.7 million, out of a total U. S. population of 439 million. The Hispanic population is projected to triple from 46.7 million in 2008 to 132.8 million in 2050. Approximately one in three U. S. residents would be Hispanic. The black population is projected to increase from 41.2 million in 2008 to 65.7 million by 2050. The Asian population is projected to climb from 15.5 million in 2008 to 40.6 million by 2050. Native Americans living in Alaska will rise from 4.9 million to 8.6 million, while the Native Hawaiian and other Pacific Islanders'

population is expected to double from 1.1 million to 2.6 million (U. S. Census Bureau).

The diversification of our nation's population is applicable to nursing twofold. First, such diverse populations will require the services of equally diverse health care providers. Second, it is important for nursing schools to recruit, educate, and retain nurses from diverse backgrounds. Hence, the classroom needs to reflect a diversified population.

Rapid national growth demands that educators and institutions alike consistently and accurately determine which students require English language services. In order to make this determination, we will need to define ELL accurately. English language learner, or ELL, is only one term used in the literature to describe students who fit somewhere on the English fluency continuum. For example, other terms include:

1. ESL, English as a Second Language, which can describe both the student and the program.
2. ESOL, English to Speakers of Other Languages.
3. CLD, Culturally and Linguistically Diverse.
4. LMS, Language Minority Student.
5. LEP, Limited English Proficient.
6. NEP, Non-English Proficient.
7. NES, Non-English Speaker.
8. FES, Fluent English Speaker. (Education Alliance Brown University, 2009; George Washington University Center for Equity and Excellence in Education, 2009)

The phrase English language learner (ELL), as used in this writing, indicates a person who is in the process of acquiring English and has a first language other than

English (Education Alliance, Brown University, 2009). English language learners are not necessarily bilingual. They may speak a range of English in addition to their native language. Often, the student may be either trilingual or speak more than one dialect of their native tongue. Speaking conversational English does not qualify the student for bilingualism. Lambert (1974) discussed the difference between additive and subtractive bilingualism. Additive bilingualism suggests that the student maintains and further develops the native language while acquiring the second language. Subtractive bilingualism indicates that the student loses the native language while learning English.

The literature presents a dilemma in the classification of the ELL student. Although somewhat defined, to determine further how the student will be categorized as ELL requires better reliability and validity of current testing. State policies that govern ELL classification differ widely. Clearly outlined procedures for identifying ELL students are diffused due to expansive definitions of the ELL term. Determining the exact criteria for classifying the ELL student can be controversial (Cisneros & Leone, 1995; Linqanti 2001). Abedi (2008) presents a contentious analysis of the ELL student. He reports that the ELL categorization presents an indistinct process in the current literature. Furthermore, he supports the need for research to understand better what he calls a “national issue” (p. 17). Overall, poor classification results in insufficient annual reporting and inadequate provision of student services. A call for more ELL student identification and clarification is in dire need.

Bridging the unique gaps in education and addressing the learning needs of ELL nursing students must begin with a better understanding of the student’s perception. Despite innovative recruitment programs, nursing school attrition rates for minority

nursing students continue to rise (Gilchrist & Rector, 2007). The query remains not only how will nursing programs attract minority students, but also how will they retain students, assist them through graduation, and ultimately facilitate their success on the National Council Licensure Examination (NCLEX). To some extent, students are shaped by human culture. However, their destiny should not be determined only by culture, language, or ethnicity. People are endowed by heredity, but their future should not be hindered by genetic attributes. Likewise, language of origin should not determine, define, or deter the desire to become a Registered Nurse. By exploring the challenges facing the ELL nursing students currently enrolled in professional schools, we can improve not only nursing education as a whole but also promote the professional nursing culture by constructing a diversified nursing population.

The development and willingness for exchange and opportunities for people of differing ethnicities, nationalities, and cultures to learn from one another is important to education, nursing, and society. According to the Sullivan Commission (2004), almost 25% of the U. S. population is Hispanic American, African American, and Native American. However, only 9% of the nursing workforce falls within these ethnic or racial groups (p. 2). The ELL nursing student represents many races and ethnic groups. Although academically defined as English language learning students, their nationalities, ethnicities, and culture are as diverse as the population they hope to one day serve.

Student Perceptions

A discouraging aspect of the rapidly increasing presences of ELL nursing students in the United States is the limited research on the perceptions of their academic experience. The literature review revealed only one qualitative study. This study was

limited because three out of the six participants dropped out. However, the student perspective revealed that the participants did not believe that their language barrier was the primary reason for course failure. They attributed course attrition to the discrimination and stereotyping they experienced (Sanner & Wilson, 2008). According to Lacina (2002), one of the reasons there may be limited research performed on the perceptions of the ELL student is because many researchers do not have the patience to listen to someone with an accent. This supports the literature gap and the need for further research surrounding the perceptions of ELL nursing students.

Gilchrist and Rector (2007) reported that although applications to nursing schools have been increasing over the past few years, colleges and universities indicated that hundreds of applicants to nursing programs are turned away each year due to lack of resources. To complicate the issue further, attrition rates in nursing schools continue to be high, especially for ethnically diverse students. Statistics reflect that attrition rates range from 15% to 85% depending on a multitude of variables (Gilchrist & Rector). According to the statistics, ELL students clearly want an education in nursing; however, the reason they are not succeeding is unclear.

Nursing School Curriculum

Nurses must attain specialized education and training to provide essential healthcare and to demonstrate their proficiency to their employer, the patients, and the profession. The nursing vocation is centered on a practice-based discipline. The nursing curriculum engages students in developing both theoretical knowledge and practical application of technical skills. Therefore, by design, there is both a classroom and clinical component throughout the curriculum continuum. According to the Texas Board of

Nursing (2009), professional nursing education programs are required to have the following basic content:

1. Non-nursing courses that support humanities, biological, and behavioral sciences.
2. Nursing courses providing both didactic and clinical learning experiences in the following areas: medical/surgical, mental health, pediatrics, maternal and child health.
3. Nursing courses that teach a systematic approach to clinical decision making, and prepare students to practice professional nursing safely through health promotion, prevention, rehabilitation, and health maintenance of individuals of all ages.
4. Nursing courses that teach professional values, ethics, diversity, and confidentiality.
5. Nursing courses that teach a basic understanding of the Nursing Practice Act.
6. Nursing courses that teach current issues and trends in healthcare. (Texas Board of Nursing, 2009).

Currently, the literature lacks research on the ELL student and curriculum. Pardue and Haas (2003) reported that in their research with international Israeli nursing students, meticulous prior planning, as well as careful examination of course material was essential for success with this international teaching endeavor. This demonstrates a need to consider all aspects of nursing curriculum as we transition into the 21st century. Our academic demographics are changing and so must the curriculum. The English language learners are highly sought after by nursing education programs. According to Choi

(2005), inclusion of ELL nursing students in education programs unfortunately does not guarantee their academic achievement. Their education process creates unique teaching challenges. A key concern mentioned throughout the literature is the challenges associated with communicating proficiently in the English language (Choi, 2005; Guhde, 2003). Therefore, improving the nursing program curriculum requires that we discover the personal learning experiences of ELL students and discern their educational learning challenges. This supports the need not only to offer a voice to the ELL nursing student but also to report the findings reflective of these experiences.

Throughout a nursing curriculum, students are continually introduced to a large number of abstract concepts and processes. Hence, as students progress through each course, the content becomes more complex and single abstract ideas are combined into multi dimensional constructs that become part of larger and more complicated processes. As simple as it may sound, the learning process has its challenges, especially for the ethnically diverse student. According to Pardue and Haas (2003), language, culture, and educational expectations are major factors that must be addressed when discussing the education process in the United States. However, in order to address these needs, we must first discover what the student perceives as a need. This process begins with interviewing students and giving a voice to their concerns.

Legal Ramifications

There are both legal and regulatory protections for patients and nurses alike with limited English proficiency. This is to ensure that these groups do not suffer discrimination based on their race or national origin (Guttman, 2004). The 1964 Title VI of the Civil Rights Act of 1964 protects patients who have limited command of the

English language by ensuring “no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program receiving federal funds” (Civil Rights Act, 1964, p. 42). Health care institutions use interpreters to bridge communication barriers and support compliance with Title VI.

In addition, the Nursing Practice Act (2007) states the Registered Nurse will “provide without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served” (p. 129). It only makes sense to have nurses who speak a second language assist with both verbal communication translation and patient nursing care. Title VII of the Civil Rights Act of 1964 protects the foreign healthcare worker by prohibiting employment discrimination based on national origin (Civil Rights Act, 1964). Therefore, nursing students who speak English as a second language should be protected from educational discrimination. This includes providing resources to support their learning experience throughout nursing school. The student who speaks a second language and whose ethnic background is non-white can connect culturally and linguistically with patients. This cultural connection in essence is deemed a requirement by civil law.

Scholar-Practitioner

Nursing has struggled to establish itself as a profession. Ellis and Hartley (1995) attempted to define nursing by saying, “From the dawn of civilization, evidence prevails to support the premise that nurturing has been essential to the preservation of life. Survival of the human race, therefore, is inextricably intertwined with the development of

nursing” (p. 4). They further add that “a nurse is a person who nourishes, fosters, and protects—a person who is prepared to care for the sick, injured, and aged” (p. 6). Most nurses have some familiarity with the concepts of research, theory, and practice. However, the dilemma is that few acknowledge the importance of the relationship between the three concepts. Furthermore, they do not apply theory and research to the clinical setting. Often, they grow to be stagnant and both their learning and practice alike become stifled.

According to Wilson-Thomas (1995), since 1970 nursing science development has resulted from the need to engender a body of knowledge that would ultimately advance nursing as a practice. However, advancing knowledge alone will not necessarily advance the field of nursing. Knowledge must be applied to the practical setting. It is both the expansion of knowledge as well as the application of that knowledge that will progress the nursing profession. In addition, there is the need to develop and maintain the scholar-practitioner role if nursing is to rise to its maximum potential. Professionals who are members of both the academic and practical setting can play a vital role in bridging the gap between theory and practice.

Tenkasi and Hay (2004) describe practice as the execution of actions with the goal of achievement, while theory is concerned with abstract ideas, laws, and principals not involved with accomplishment. Theory is thought, as in thinking about something, while practice is concerned with actually doing something. Therefore, it is the presence or absence of one or the other that sets up the premise for a likely gap in the scholar-practitioner role.

The necessity to link knowledge and practice is a recurring theme in the literature. Rebach and Bruhn (2001) reference Kurt Lewin's work by quoting two popular statements: "Nothing is as practical as a good theory" and "the best way to understand something is to try to change it" (p. ix). Lewin's work examined social psychology and, more particularly, experiential learning, group dynamics, and action research. Lewin is best known for his work in the field of organization behavior and the study of group dynamics. His research discovered that learning is best facilitated when there is a conflict between immediate concrete experience and detached analysis within the individual. His cycle of action, reflection, generalization, and testing is characteristic of experiential learning (Greenhouse, 1997). Lewin applied experiences in the field to the development of new knowledge. The scholar-practitioner embraces change in order to build on the body of knowledge, and applies the development of new knowledge to practices in the field. The successful spanning of nursing science is only a success if it can be applied to both the educational and clinical setting, thus improving and enhancing all patient care.

The role of the registered nurse educator as a scholar-practitioner is central to integrating relevant research to clinical practice. This is of particular importance within the direct student-instructor setting. Many scholars support the belief that theory, research, and practice are the major components of nursing as a science. This section will briefly examine the development of a scholar-practitioner through theory, current literature, personal, and professional experiences. It is through critical theory and the application to the practical setting that professional nurses can bridge the gap and become more accountable ethically and morally, to students, the profession, and society.

The role of this research is to integrate the results of this study into nursing practice in order to bridge current gaps surrounding the education of ELL nursing students. There are two positions that may arise from this challenge. First, it can be said that by encouraging the use of research and theory in nursing academia, one can enhance nursing practice and, ultimately, the patient's well-being. However, it may be argued to the contrary that institutions of higher learning are businesses that happen to deliver education to clients. The bottom line is the learning institution is concerned with budgets and profit. Therefore, their focus may not necessarily be concerned with applying principal research to the classroom. Thus, nurse educators who attempt to promote the role of the scholar-practitioner may find themselves alone and perhaps without a job.

It is my personal position to support the assimilation of the nursing role and that of the scholar-practitioner. As formerly stated, both theorists and researchers contribute to the scholar-practitioner approach to the nursing profession. The traditional role of the doctorally prepared nurse has been to graduate from an accredited program and then begin a career in academia or research. Kuhn (2002) contrasts practitioners and scholars, saying it has become common practice to assert that practitioners and academics compose fully distinct communities based on their contrasting worldviews. The nursing scholar-practitioner will need to be a transformational leader. According to Robbins (2003), transformational leadership is one that will inspire followers to transcend their own self-interests for the good of the organization. The scholar-practitioner role should link the best practices in education to the nursing academic setting.

Field Research at Leiden University

In July 2009, I traveled to The Netherlands to visit the University of Leiden. The purpose of this expedition was to identify, describe, and analyze Leiden's educational system. This university is considered one of the leading schools in educating international students. My dissertation committee member, Richard Henderson, recommended studying this higher education system, and the following section offers a description of Leiden University's educational system. This field research represents an additional contribution to the literature review. It looks at ELL teaching, learning, and other educational methodologies used at institutions of higher learning outside the U. S.

The task of educating college students becomes increasingly challenging when the professor is faced with a group of students with diverse multicultural backgrounds. The University of Leiden student population is a comparative setting to the nursing classroom currently evident in many of the nursing programs found in the United States.

Description of Leiden University

Leiden University is the oldest university in the Netherlands. Founded in February 1575, the institution was a gift from King William III to the citizens of Leiden. Unlike most universities in the United States, Leiden University is located in buildings scattered throughout the city. Leiden is especially attractive aesthetically with cobble stone streets, ancient architecture, green grass, and romantic waterways connecting tranquil passages throughout the small town. Travel by bicycle throughout the city is readily supported by the exceptionally narrow infrastructure of the streets and limited parking. Thousands of bicyclists commute to work daily.

There are approximately 17,000 students and 4,000 staff members at Leiden University. The university consists of six departments referred to as faculties, which offer 1400 classes taught in the English language. Classes offered include Archaeology, Humanities, Law, Medicine, Mathematics, Natural Sciences, and Social and Behavioral Sciences. Bachelors, masters, and doctoral degrees are awarded in a variety of subjects. Three principals guide the philosophy of the University of Leiden. They include a focus on international student learning, academic research, and quality education (About Leiden University, 2009).

Field Observations

This section is devoted to describing the interviews, observations, and experiences of the researcher while visiting Leiden University. I contacted several facilities, including the Library, International Center, Admissions Office, Plexus Student Center, the Medical Center Hospital, and the Humanities School of Education. All employees were bilingual and spoke both English and Dutch.

The library appeared to provide the standard study rooms, book selection, and electronic journals found at most libraries. There were reading rooms and a section devoted to desktop computers whereby students could perform research using the internet. Depending on the topic, many books and journals were available in both English and Dutch. Students are not allowed to pull a book from the shelf; they must submit a request and the book will be pulled and placed in a holding area by the Librarian.

The Plexus Student Center assisted students with the transition from their native country to Holland. This facility provided assistance with the following services: advising, financial aid, purchase of textbooks, course registration, psychological

counseling, housing, Tuberculin skin tests, and study rooms that included desktop computers.

The Medical Center Hospital not only provides health care to residents of Leiden and surrounding areas but it is also adjacent to the medical school, nursing school, and Institute of Research. This multi-million dollar complex is predominantly funded by the Dutch government. The nursing school is housed in the hospital and approximately 100 students are accepted per calendar year. It is reported that one third of the accepted students either fail or drop out within four years. In 2008, the nursing school began providing its graduate nurses with bachelor degrees. This met with much resistance from various university departments because the nursing coursework reflects a vocational track rather than a collegiate track.

In order to be accepted to the Nursing School, students must submit an application and pass a series of three interviews. The first group of applicants is heavily screened based on the number of diplomas they have received and their grade point average (GPA). In the Dutch educational system, students complete primary school at around 12 years of age. Students then choose one of four continued education programs. They may choose the Lager Beroepsonderwijs (LB), which is a lower level vocational education lasting four years. This path results in technical, commercial, and domestic skills. Students who do not choose the Lager Beroepsonderwijs may choose the Middelbaar Algemeen Voortgezet Onderwijs (MAVO), which is an intermediate general education lasting from three to four years, depending on the school. Another choice may be the Hoger Algemeen Voortgezet Onderwijs (HAVO), which is yet a higher form of general education and lasts five years. Finally, students wishing to attend college enroll in the

Voorbereidend Wetenschappelijk Onderwijs (VWO). This is a college preparatory school and generally takes six years to complete.

Upon completion of one or more of the previously listed diploma programs, a student may then apply for the nursing school. For example, a student who completes primary school and MAVO would be in the best academic position to apply to the nursing school provided they had a high GPA. Some students can apply for nursing school as young as 16 years of age and, therefore may struggle with the second and third interview due to limited life experiences. It is helpful if the student applying to the nursing program has more than one higher education diploma.

The third and fourth interviews are designed to screen for what are termed *competencies*. These are a list of student characteristics believed to be predictors of student academic success and completion of the nursing program. They include, but are not limited to; the student's reasons for becoming a nurse, study habits, motivation level, tolerance to blood, and tolerance to stress. The student will also be screened for psychiatric conditions or illness, both of which could disqualify the student from the program.

Once the student is admitted into the program, he or she may choose one of two nursing tracks. An individual who wishes to work in a hospital will choose the surgical nurse track and if the student wishes to perform research or work in a doctor's office, he will choose the Internship track. Students do not attend college during the summer (also known as Holiday). However, the Intern Student Nurse will often work during the summer and may receive compensation. In order to work in an intensive care or emergency room, the nurse must go back to school and obtain a Master's degree in

nursing. Baccalaureate nursing students attend two academic semesters per year, with each lasting six months. The semesters are further divided into nursing training modules. All classes and textbooks are offered in Dutch and no international students attend the school. Credit is not transferable to another institution inside or outside the country. Students are required to take an exam at the end of each module. They may take the exam up to three times. Should the student fail on the third attempt, that student would then be dismissed from the nursing program. The student may not reenter the program nor may he or she apply to another nursing program. Once the student completes all coursework, he or she is awarded a Bachelor's degree. Currently, nursing students are not required to take an exit exam nor a registered licensing exam. The recognition of their degree is limited to Holland.

Implications

The nursing department at Leiden University has little similarity to the United States nursing programs. However, the Leiden University academic setting provides several learning opportunities. The international students are required to have a command of the English language. This is supported by a minimum passing score on one of two official tests: the Test of English as a Foreign Language (TOEFL) 230/570 or the international English Language Testing System (IELTS) 6.5. Some academic programs may require a higher score depending on the department, program, and degree. Leiden was the first university to offer study to international students in English and since the initiation of that program, they have developed several strategies to facilitate both the teaching and learning environment. The classes are open and provide an informal environment for students and teachers to share in discussion and debate. The Dutch hold

that it is better to debate than to agree upon a topic without a debate. Therefore, discussion in class is strongly encouraged. Learning is led by the students. Classes may range in size from eight to 60 students. Although students must complete their core curriculum in their first year of college, they may repeat a class up to four times without penalty.

In 2000, Leiden University began offering Bachelor's degrees upon completion of the program. Previously graduates of the program received a diploma. However, the nursing department did not begin to provide degrees to students until 2008. I interviewed several international students attending Leiden university. The students reported being intrigued by the culture and setting as much they were by the university itself. Students take an average of five to six classes per semester. Depending on the major, the tuition for a three-year Bachelor's degree ranged from 4,960 to 9,000 euros. At the time of this study, the euro to U.S. dollar exchange rate was 1.00 euro to 1.42588 USD (Full Universal Currency Converter, 2009). This amount did not include room, board, and textbooks.

Leiden University has developed a supportive learning environment for international students. Student success is achieved through a collaborative learning style. The students are provided autonomy in a structured environment. Student interaction and student engagement create the academic mantra. One consistent attribute was a shared learning experience by both the professor and student. The university's philosophy supports the educational development of international students.

Summary

This chapter discussed a selection of major content areas associated with English language learning nursing students. Key findings were summarized and directed toward current gaps in the literature. Discontinuities across the different content areas implied that further research is warranted in the area of ELL nursing students and the challenges they face in our professional nursing programs. The statistics indicate our society will trend drastically toward a multicultural population by 2050. Records at this time indicate we are already at the brink of multicultural health care breaches. This problem can be addressed in part by incorporating medical professionals from diverse backgrounds. However, current research reveals that ELL nursing students, although readily accepted to nursing programs, often reflect a high attrition rate. One way to begin addressing this problem is to interview ELL nursing students to learn how they describe their experiences associated with the challenges of nursing school. The summarized results can then be brought back to the academic setting in order to bridge current educational gaps. It is the role of the nurse scholar-practitioner to engage in research and to integrate the findings into the practical setting. An additional contribution to the literature review included field research incorporating the examination of ELL education outside the United States. Much can be discerned from comparing education practices of the United States to those of overseas countries.

Chapter III Research Methodology

Research Design

This chapter addresses the methodology used in this study. The design, participants, site, procedures, instrumentation, data analysis, and ethical issues are discussed at length.

This study used an interpretive qualitative research design informed by a phenomenological approach. This design is considered appropriate because the study strives to understand the lived experiences of ELL nursing students in regards to their experiences while enrolled in nursing school. Some limited studies have discussed the issue of ELL nursing student attrition, but no studies have been conducted at the associate degree level. This qualitative study is formulated out of faculty concerns for ELL nursing students enrolled in nursing programs located in the southwestern part of the United States. Despite the increase in multicultural nursing student admission, attrition continues to be high for the ELL nursing student. The information provided by the participants will be used to improve nursing educative methodologies and reduce the relatively high ELL attrition scores.

Characteristics of a qualitative research study include: (a) the researcher is the primary instrument for data collection and analysis, (b) the study involves fieldwork, and (c) the study employs an inductive research approach (Merriam, 1998). The interpretive approach to this dissertation is grounded in the field of qualitative research design as described by Denzin and Lincoln (2005). Qualitative research is defined as:

... a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations,

including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalist approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. (p. 3)

Qualitative research offers the opportunity to explore the experiences of students as well as to gain a deeper understanding of their challenges through natural interaction.

Research Population, Participants, and Sampling Site

The population for this study included English language learner nursing students enrolled in two nursing schools in San Antonio, Texas. The students spoke English as a second or third language. They were actively in pursuit of their nursing degree. Utilizing purposeful convenient sampling, 10 participants were selected for interviews. Creswell (2005) states, "In purposeful sampling, researchers intentionally select individuals and sites to learn or understand the central phenomenon" (p. 204).

Eleven students were chosen for this study via a convenient sample with the first student defaulting into a pilot status. Analysis was based on the 10 remaining students. The first student to enter the study was interviewed according to protocol; however, due to technical difficulty the data was determined unintelligible. The interview proved to be useful for purposes of testing the research interview questions, determining length of interview time, and establishing corrective technical measures. Participants who interviewed for this study were from the following ethnicities: Indian, Hispanic, French, Black, Asian, Chinese, and Vietnamese. The group was representative of eight nationalities and included American French, Mexican, Burundi, Korean, Filipino, Taiwanese, and Cameroon. The group reflected fluency in 15 languages. There were

eight females and two males. Specific data was not developed to correlate ELL demographics with the study findings. Participants either were born in the U.S, or were international students or nationalized citizens. Each student independently contacted the researcher via telephone or electronic mail. A date, time, and interview location were established with great consideration for anonymity and coordinating the timeframe with the students' nursing coursework. The interviews took place at the following locations: University of Texas Health Science Center Library, University of the Incarnate Word Library, University Hospital, Wilford Hall Hospital, and the Metropolitan Hospital, all within the city limits of San Antonio. Two additional participants were turned down from the study due to not meeting study criteria. Their declination was determined due to lack of enrollment in nursing school. Each participant was contacted and provided the original consent form; the researcher maintained a copy of the form. Two males and eight females were included, along with seven ethnicities and eight nationalities. Participants spoke a total of 15 languages.

Two associate degree nursing schools have been selected for this field-based study. The first nursing school was established in 1967 as part of a 10-program public junior college with professional nursing identified as one of the primary programs. The nursing school is located in the metropolitan area of San Antonio, Texas. The site offers eight classrooms, two state-of-the-art learning labs with 64 beds, and a 102-unit computer lab. The faculty includes 47 masters' prepared nurses and four bachelors' prepared nurses, titled clinical teaching assistants. The nursing program is accredited by the Texas Board of Nursing, National League for Nursing Accrediting Commission, and the Higher Education Coordinating Board of Texas. The school offers both onsite and distance

learning coursework. Distance learning refers to a field of education that focuses on student instruction provided via the use of technology. Rather than attend a class, the student and instructor experience the delivery of education through an offsite technologically mediated computer network system. The distance learning program is located on campus and offers televised courses to two South Texas satellite schools.

There are seven nursing schools in San Antonio, Texas, but only two schools offer generic associate degree programs. The term “generic program” refers to the traditional student who enters a program and completes all coursework in the classroom setting. There are advanced programs in which the student is allowed to skip and/or test out of coursework based on a previous active vocational nursing license.

The second associate degree program evolved from a cluster of four allied health schools, and it is sponsored by a hospital health system. In 1903, it was established as the first school of nursing in Texas and in January 2009, the school authenticated an associate degree into the nursing program. The school is considered a generic program and it offers classes in a traditional classroom setting, as well as a distance-learning environment. The nursing program is accredited by the Accrediting Bureau of Health Education Schools, Texas Workforce Commission, Arizona State Board for Private Postsecondary Education, Texas Board of Nursing, Arizona State Board of Nursing, and National League for Nursing Accrediting Commission. The school is located in the metropolitan area of San Antonio and has 13 classrooms, 13 labs, and a medical library. The distance learning program is housed in a classroom located within a major university in Phoenix, Arizona. Faculty members include 26 masters’ prepared nurses, 5 bachelors’

prepared nurses, and one Bachelor of Arts, one Master of Science, and one Master of Education prepared faculty.

Data Collection and Research Question

The purpose of this interpretive qualitative research was to develop an in-depth exploration of a central phenomenon linked to the lived learning experiences of English language learner nursing students enrolled in associate degree nursing programs.

Creswell (1998) describes four basic forms of qualitative data collection: observations, interviews, document reviews, and audiovisual mediums.

Methods of acquisition included participant observation, written field notes, and digital recording. The research question guiding this study is: What are the experiences of English language learner nursing students enrolled in an associate degree nursing program?

During the interview process, the researcher used the following open-ended questions to guide the discussion:

1. What are some of the challenges associated with taking courses in English?
2. What are some of the things that impacted your learning in nursing school?
3. Can you describe any particular learning activities that helped/hindered your learning experience?
4. Can you describe any unforgettable moment that affected your learning experience while in nursing school?
5. What has been your greatest challenge in nursing school?
6. What has helped you the most/least to be successful in your coursework?
7. How would you describe the role of your nursing instructors?

The purpose of creating an interview protocol is to ensure that all participants are asked the same questions in an attempt to provide continuity to the study.

Researcher Role (Instrument)

The data collection in this study was conducted by one researcher. “All researchers have great privilege and obligation: the privilege to pay attention and the obligation to make conclusions drawn from those choices meaningful to colleagues and clients” (Stake, 1995, p. 49). My interest in conducting this research study was instigated by observing the struggles and challenges of ethnically diverse nursing students enrolled in nursing school. As an instructor of nursing for nine years, I have had the opportunity to work with nursing students in all levels of the nursing program. I have also worked with students from diploma programs, associate degree programs, and baccalaureate programs. In each of the programs, I have observed phenomena associated with challenges in academic and scholastic performance. The results of this study will be used as a stepping stone to bridge educational gaps between ELL nursing students and nursing programs. In addition, this study offered an underrepresented minority group an opportunity to communicate the essence of their learning challenges within the context of their current setting.

Data Analysis

Qualitative research amasses large amounts of raw data. It is essential to maintain the data in an organized and timely fashion (Denzin & Lincoln, 2005). The analysis process must be ongoing. Data analysis should be performed concurrently with data collection. Participant interviews were transcribed and then reviewed by the researcher for typographical errors and accuracy. Each transcript was read, analyzed, and coded in

the form of researcher notations. All researcher notations along with the actual transcripts were transcribed into the Qualrus database. Merriam (1998) outlines the procedure for data coding:

1. Transcribe data into a manuscript format.
2. Perform open coding (naming and categorizing of phenomena through close examination of the data).
3. Assign code words (line-by-line gives each idea/event a code word that represents the underlying concept).
4. Perform axial coding (formulate the data in a fashion that makes connections between a category and subcategories).
5. Categorize items (group the code words around a particular concept in the data).
6. Write memos (use data categories to write code notes to analyze the data and make further comparisons).

Analysis of participant data revealed patterns reflective of the challenges faced by ELL students. These patterns were compared to the research question in an attempt to discover conceptual explanations for the phenomena quandary.

Phenomenological reduction, also called bracketing, is a procedure whereby brackets are placed around classes of data. What is important about bracketing is that intended meaning and conflicting meaning must be identified. In addition, preconceived knowledge and understanding of the phenomena must be bracketed and excluded for purposes of research bias. The true essence of the phenomena must be developed and portrayed in its most natural, purest form (Urmson & Ree, 1991). Color-coding with an

associated color grid was used to bracket, classify, and reduce the data into thematic statements. This color grid was used to both consider and eliminate researcher bias.

Interpretive methodology further guided the data analysis. According to Lopez and Willis (2004), a concept important to interpretive methodology is that of freedom, whereby humans are rooted in their worldview to such an extent that subjective experiences are linked with social, cultural, and political meanings. This situated freedom means individuals are free to make choices, but their freedom is not absolute because it is restricted by their daily routines. Lopez and Willis further add that interpretive research informed by phenomenology “will focus on describing the meanings of the individuals’ being-in-the-world and these meanings influence the choices they make” (p. 729). The researcher for this study used the narratives provided by the participants in relation to various concepts and determined central themes consistent with the research question. In addition, the interpretation was based on the researcher’s knowledge about the participants and the setting. “The interpretive phenomenological approach is the presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking” (Lopez & Willis, p. 729).

Protection of Human Subjects

Human subject protection standards have been established by professional research associations and should be followed to protect the rights of the participants and the integrity of the research (American Anthropological Association, 2009; American Educational Research Association, 2000; American Psychological Association, 2003; Joint Committee on Standards for Educational Evaluation, 2009; Creswell, 2005, p. 152).

Participant rights were protected and this research abided by the 2009 University of the Incarnate Word IRB Requirement Guide, as well as the IRB mandates at both associate nursing degree sites. In strict accordance to these guidelines, each participant received a letter outlining; the study purpose, why they were selected, how the study would be conducted, how much time the interviews would take, risks, benefits, and how the information would be used (Appendix A). In addition, each participant read and signed an informed consent form (Appendix B). The participant kept the original and a copy will be maintained in a secure locked location in accordance with research ethical practice. Anonymity was stringently adhered to and pseudonyms have been used in the place of student names. Financial inducements were not offered; however, the participants may receive a copy of their interview manuscript. Interviews took place off campus and outside of student class time. In the event of an adverse event, the student would have been referred to the college counseling department. Lastly, the researcher followed research principals as outlined by the Collaborative Institutional Training Initiative (Appendix C).

Trustworthiness Criteria

A qualitative interpretive study informed by phenomenology seeks to report the true essence of an individual's lived experience. This study examined the phenomena associated with being an ELL nursing student and the student's lived learning experiences. Although generalizations about the results in this study may not be applied to the larger world of nursing students, research methodology requires the study to follow strategies to support credibility and trustworthiness of the findings. Criteria used to develop and ensure trustworthiness followed Mertens' recommendations (2005, pp. 254-

256). Qualitative methodology often requires the use of triangulation. This process involves using various data sources, to corroborate and enhance accuracy of the study (Creswell, 2005). The three methods used to provide trustworthiness for this study are member checks, progressive subjectivity, and peer debriefing.

Member Checks

All participant interviews were audio taped. The researcher summarized key points throughout the recorded interview. This included clarification after each question and during participant key points. Thus, the participant had an opportunity to respond with a verbal confirmation or offer a corrective amendment. Mertens (2005, p. 255) states, “member checks is the most important criteria in establishing credibility.” Prior to initiating the interview, the researcher spent a few minutes explaining the interview process to the interviewee. This included the need for intermittent clarification of significant statements.

Progressive Subjectivity

Qualitative research requires the researcher to act as the research instrument. Therefore, the need to identify biases associated with the researcher’s belief systems must be addressed. One of the strategies for quarantining researcher bias is to continually discuss and debrief at intervals throughout the study. The researcher is required to monitor the study development. Mertens (2005, p. 255) says a debriefer should be chosen based on his or her ability to challenge the researcher’s ability to keep an open mind and prevent previous personal experience from creating bias. I chose Dr. Absael Antelo to assist with progressive subjectivity. As chair of the research committee, I met with him intermittently over the course of three semesters. Both written dissertation transcripts as

well as verbal dialog were presented to Dr. Antelo. This continued discourse analysis was one technique used to support research trustworthiness.

Peer Debriefing

According to Mertens (2005, p 254), “the researcher should engage in extended discussion with a disinterested peer, regarding findings, conclusions, analysis, and hypothesis.” I met with three doctoral students consistently throughout the dissertation process. In addition, I spoke with two Nurse Researchers in depth about the methodology, data analysis, and presentations of the findings. Peer debriefing was a vital strategy. This approach offered outside reflective input. The contribution of outside persons can help the researcher reduce biases as well as corroborate understanding at each step of the study.

Summary

This qualitative research study is formulated from faculty concerns for ELL students who are enrolled in nursing programs located in the southwestern part of the United States. Issues surrounding ELL students and their challenges associated with the successful completion of nursing school are the focus of this study. Despite the increased admission rates of culturally diverse students, ELL students continue to experience course failure. Although many authors put forth reasons for ELL students’ lack of success, Choi (2005) in her review article suggested that there is limited current literature related to the education of ELL nursing students. This, coupled with the struggles that ELL students continue to demonstrate, prompted the need to explore the research question: How are the learning experiences described by ELL nursing students enrolled in professional nursing programs? This section has been devoted to providing an

overview of the research study qualitative design, description of participants, site, procedures, instrumentation, data analysis, protection of human subjects and methods for maintaining trustworthiness.

Chapter IV Findings

Introduction

The purpose of this study was to explore English language learner students' perceptions of challenges encountered during their learning experience while enrolled in a professional nursing program in San Antonio, Texas. The study explored the central phenomena associated with the lived experience of being an ELL student in a nursing school. The primary aim of researching lived experiences of English language learners is to identify and describe the essence of these lived experiences focusing on challenges identified by each student. The results of this study provide a description of both the students' learning difficulties and the techniques they use to overcome these difficulties. The focal point is not social change, but rather uncovering and reporting new and often ignored meaning that connects the ELL student's experience to the student's worldview as it applies to higher education. Educators, learners, and institution affiliates will benefit from understanding both what creates a successful learning experience and what hinders the experience. Achieving a higher education requires a partnership between student, teacher, and institution. The successes of each entity are interdependent. Thematic analysis was the process used to uncover the meaning of both each students' lived experience and the overall reported themes.

This section will include a depiction of the interview process, the demographic makeup of the population, and a description of common themes, sub-themes, and outliers. Categories reported by over half the participants warranted the development of both themes and sub-themes. An outlier will be reported as theme reflective of one or two students and indicative of a significant finding.

Demographics

Demographic information from the interviews was analyzed and reported as descriptive, narrative and numerical data. The age of the participants at the time of their interview ranged from age 24 to 49 with a mean age of 32.2 years. As illustrated in Table 1, the mode reflected age 29 with the average age being 32.2.

Table 1

Participant Age

Category	Age
Average Age	32.2
Age Range	24-49
Median Range	31
Mode	29

n = 10

Participants who were interviewed for the study were predominantly female and included the following ethnicities: Indian, Filipino, Taiwanese, Hispanic, French, Black, Asian, and Chinese. The group was representative of nine nationalities and included the United States, France, Mexico, Burundi, Vietnam, Philippines, Taiwan, Canada and Cameroon. The group reflected fluency in 15 languages, as shown in Table 2.

Table 2

Participant Demographics

Nationality	Age	First Language	Second Language	Third Language	Fourth Language	Fifth Language	Gender
Canada	22	Gujarati	Hindi	English			Female
Mexico	29	Spanish	English				Female
France	32	French	English	Spanish			Female
Mexico	49	Spanish	English				Male
Burundi	38	Kirundi	French	Swahili	Kinywarwandi	English	Male
Korea	33	Vietnamese	English				Female
Philippines	36	Tagalog	English				Female
Taiwan	30	Chinese	Chinese Mandarin	English			Female
United States	24	Vietnamese	English				Female
Cameron	29	French	Bamileke	English			Female

The demographic data based on nationality revealed a total of nine countries, six Americanized citizens, three international students, and nine ethnicities. Participants spoke a total of 15 different languages as depicted in Table 3. Participants were born in the U. S, were international students, or were nationalized citizens. Once demographic data was collected, a series of seven open-ended questions were presented to participants.

Table 3

Nationality Characteristics

Participants	Number
Total Born in the U. S	1
Total Obtained American Citizenship	6
Total International Students	3
Total Number of Countries Reflected	9
Total Number of Ethnicities	8
Total Number of Languages	15

Nursing students were asked a series of seven questions and their answers were digitally recorded. As illustrated in Table 4, the individual interview period ranged from 22.58 minutes to one hour and 32 minutes.

Table 4

Interview Time

Total Hours Spent in Interviews	Length of Time for Each Interview
8:13:42	22:58 - 1:32:38

The digitally recorded interviews were transcribed into a word document format by a professional transcription service. A total of 470 pages were transcribed with the individualized participant manuscripts ranging from 17 to 69 pages, as shown in Table 5.

Table 5

Transcript Chart

Total Pages	Transcript Page Range
470	17-69

Thematic Analysis

The essential themes discovered in this study were developed from an analysis of each of the seven interview questions. Performing qualitative analysis is a journey, not a road trip. It requires extensive reading, note taking, writing, and rewriting. Countless hours are involved in both the analytic process as well as in the discovery of key findings. Reflection on essential themes was the central approach aimed at grasping the true essence of the participants' learning experience. This reflective technique was aided by electronic software. Computer Assisted Qualitative Data Analysis Software (CAQDAS)

provided the researcher with varied technical tools to read, write, and review raw qualitative descriptive data.

Digital interviews were transcribed into word documents, which were then merged into the Qualrus CAQDAS. Data were analyzed by both listening and reading the files; four themes and 10 sub-themes were identified, as shown in Figure 1. These themes followed the research question, and are based on the participants' descriptions of their experiences as related to the learning challenges they encountered while enrolled in nursing school. This study developed meaningful themes based on the participants' existential learning descriptions that will inform education research.

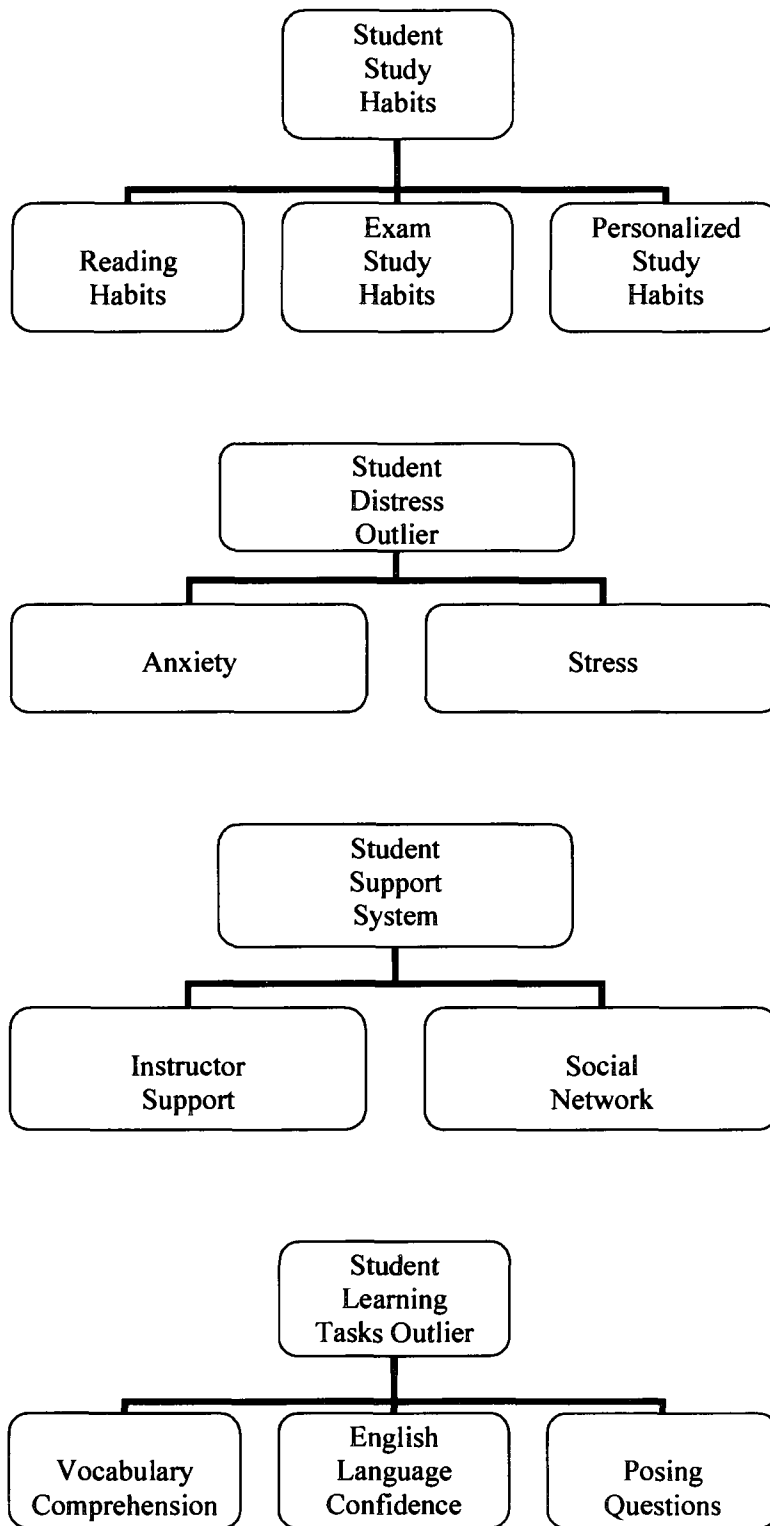


Figure 1. Thematic Diagram.

This study revealed the following four essential thematic interpretations: *Student Study Habits*, *Student Distress*, *Student Support System*, and *Student Learning Tasks*. Each primary thematic interpretation was divided into sub-themes for purposes of better result analysis and reporting. *Student Study Habits* was divided into three sub-themes listed as *Reading Habits*, *Exam Study Habits*, and *Personalized Study Habits*. Student Distress was subdivided into *Anxiety* and *Stress*, referenced as unique outliers. Student Support System was subdivided into *Instructor Support* and *Social Network*. Lastly, *Student Learning Tasks* was divided into three sub-themes and listed as *Vocabulary Comprehension*, *English Language Confidence*, and *Posing Questions*.

The researcher maintained the thematic statements through narrative interpretation and direct participant quotes. Tables are used to display participant dialog. Any quotation that appears in this study is derived from participants' interviews and is transcribed *exactly* as they appear in the transcript. There has been no attempt to correct grammar or alter syntax. This research considered the English language proficiency of the participants and determined that altering the sentence structure of participant quotations would alter the essence of true meaning.

Findings

This study discovered a tsunami of data based on interviews, recordings, field notes, and observations. The qualitative data was analyzed with the use of Qualrus software and four primary themes and eight sub-themes were developed. The following section is the researcher's interpretation of those findings. Each segment offers a description of the theory or sub-theory, participant excerpts with researcher interpretations, exact quotations, and participant demographic anecdotes.

Theme One: Student Study Habits

Participants who responded to the interview questions were descriptive in their individualized approach to class preparation, study time, graded assignments, and overall course success during their enrollment in nursing school. Study habits were described by the students as either methods they found useful or methods they determined to be counterproductive. The processes associated with studying for course success have been subdivided into three sub-themes: *reading habits*, *exam study habits*, and *personalized study habits*. Study behaviors were usually accompanied by a sense of student self-confidence or impending stress and anxiety. Students identified themselves as being unique because English was their second language, and there would both known and unknown challenges throughout each course and each exam, based on their proficiency in the English language. It was noted that upon beginning the nursing program, much of the students' time was spent refining study habits. Much of this process was due to trial and error. Students did not offer any particular source or reference for their study practices. Several mentioned that techniques used in previous nursing courses did not necessarily afford them success in their current coursework. It was also revealed that methods used to study for one nursing course might not be valuable for all nursing courses. Therefore, four sub-themes were determined as helpful student study habits. These habits, although tailored to the student, were consistent throughout each interview.

Sub-theme one: Reading habits. The students offered an intense reflection associated with the reading requirements within their current nursing curriculum. Many described a feeling of being overwhelmed with the amount of required reading assigned

to each course. The following statement is a description by a Hispanic female student, whose first language is Spanish:

Like I have trouble, so I have to read it over and over until I understand first of all the paragraph and then go back and actually pay attention to the content of what you are reading. So it's kind of like you're trying to, you're not just trying to learn what you're reading, you're trying to grasp the whole English language at the same time. (Mexico, Hispanic, Female, Age 29)

The students often reported they did not have time to finish all reading assignments prior to a lecture because of the additional time needed to read material with a technical vocabulary and because of difficult concepts. A second student described the reading assignments, saying, "Those are the very, very special moment when you read the paragraph and you can't understand because of one hard word."

In a subsequent description, a female Chinese student from Taiwan further supported the premise that the reading assignments are a challenge by stating,

Because the stuff that we learned... It's, uh, sometimes really complicated. I'll try to read as much as I can but u-usually I can't finish all the reading before the class, because, um, some of the books, they really try to... I guess, I don't know, maybe the author tried to make themselves, make themselves sounds really educated. They like to make something, some concept that's actually really simple, but they have to twist it in, in some way, so, yeah, it, it's, it, I have to say reading is a challenge. (Taiwan, Chinese, Female, Age 30)

Students who feel overwhelmed by the reading assignments tend to lose confidence in their study style. For example, a female Hispanic student whose first language is Spanish felt overwhelmed by the reading and stated:

... um, even though it might seem that some of the students, like we really try, you know, we talk to each other and it's like okay, how did you study and what did you study and finally towards the end, it was just you know what, I just read everything! (Mexico, Hispanic, Female, Age 29)

Although the number of chapter assignments vary per course, the chapters include dialog boxes, charts, tables, and a cascade of both English and medical terminology. A Burundian student, whose native language is Kirundi, described his attempt to complete the reading assignment prior to class as follows:

... and my reading's very slow. So they expect me to go there after reading the-the-the-the lessons they're gonna get that day, but I'm not there. They say okay, you have to come after reading the book. Those nursing books are very, very big! (Burundi, Black, Male, Age 38)

The perception of the student is that each chapter has a large amount of information to retain. Coupled with feelings of inadequate reading speed, the student declared that he felt it was a challenge to complete the reading assignment prior to the course lecture. It was agreed that both reading and comprehending the assigned work took additional study time.

A female Cameroonian student whose first language is French talked about her approach to the reading assignments, describing how she began her study practices prior to the start of each academic semester:

Well, before classes, like, when during holidays, I will study. I will make sure before going on holidays I get, um, the-the schedule. So during the holidays I will study it, then take my notes, both in English and French, and during, once classes begin, what I do is I just go sometimes just revise the notes that I took. (Cameron, Black, Female, Age 29)

The most resourceful approach to accomplish the reading assignments was to break them into smaller sections. This was achieved by students using various techniques. For example, an American Vietnamese female described her reading habits by saying:

The way I-I usually broke it down by-by blueprint actually, and so it would just be constant every day, every day, that I didn't have a set chapter you know, read

this, finish this chapter in one day. Probably spent five, six hours at least, just reading every day. (United States, Vietnamese, Female, Age 24)

Participants in this research identified both productive and counterproductive reading techniques. As illustrated in Table 6, ELL nursing students described their experiences with reading assignments. These experiences have been placed into two lists, with the first list showing productive reading habits of students, and the second list showing counterproductive reading habits. The students' nationality, ethnic background, gender, and age are listed after each of the quotes. The researcher also offered interpretive dialog about the possible meaning of the student experiences.

Participants reported that their primary challenge in nursing school was to accomplish the reading assignments successfully. They felt the best way to be prepared for both class and lecture was to read the chapters, preferably prior to class. Reading assignments were approached uniquely. The intent was to read and comprehend as much of the content as possible prior to each class lecture. Several students began their reading assignments prior to the onset of the course. However, many devoted numerous hours on a daily basis to reading and rereading chapters, often outlining the chapter by highlighting, writing notes, and writing notations in their native language.

Table 6

Reading Habit Sub-Thematic Statements

<u>Transcribed Participant Interviews with Thematic Statements and Author Interpretation</u>	
<u><i>Productive Reading Habits</i></u>	<u><i>Author Interpretation</i></u>
<p>Number one, I would say, um, I would say that, maybe, like, if they're going into the program, if they're already accepted and they're sure that they're gonna go into the program, they should go to the school. Get, like, the syllabus for that, for that semester, and try to do as much as you can before classes begins, because that was what I was doing, and it helped me a lot. (Cameroon, Black, Female, Age 29)</p> <p>Well, before classes, like, when during holidays, I will study. I will make sure before going on holidays I get, um the-the schedule. So during the holidays I will study it, then take my notes, both in English and French, and during, once classes begin, what I do is I just go sometimes just revise the notes that I took. (Cameroon, Black, Female, Age 29)</p> <p>Um, it was just hard reading all those chapters and getting everything done. (United States, Vietnamese, Female, Age 24)</p> <p>I'll try to read as much as I can, but u-usually I can't finish all the reading before the class, because, um, some of the books, they really try to make... I guess, I don't know, maybe the author tried to make themselves, make I sounds really educated. They like to make something, some concept that's actually really simple, but they have to twist it in, in some way, so, yeah, it, it's, it, I have to say the reading hard language is a challenge too. (Taiwan, Chinese, Female, Age 30)</p>	<p>Students reported as an ELL they required longer to accomplish the reading task. The challenge they overcame was to obtain the reading list between semesters and began the reading assignment prior to the onset of the course.</p>
<p>I think for nursing you just really have to read. (Korea, Asian, Female, Age 33)</p> <p>I would start by reading the whole chapter, and then try to reduce it. (Burundi, Black, Male, Age 38)</p> <p>I read, like, twice. Sometimes before classes begin, I make sure I read it, like, twice, at least. (Philippines, Asian, Female, Age 38)</p> <p>Uh, for most part, yes, I read those chapters. (France, French, Female, Age 32)</p> <p>Yeah, I'll-I'll go through the, all the chapters first, and then I will read again. (Korea, Asian, Female, Age 33)</p>	<p>Students described a confident approach to the reading assignment. They overcame the challenge by being assertive and empowered in their reading habit.</p>

Table 6 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u><i>Productive Reading Habits</i></u>	<u><i>Author Interpretation</i></u>
I read the book and highlight it, but not note. Usually when I read a book and they have paragraph by paragraph I just highlight it, what is important in that paragraph, not write down the note. So I read the book before I go into class. (Korea, Asian, Female, Age 33)	Students used a variety of techniques during their reading process. The challenge they overcame was tailoring these techniques to fit the their study style. Not all techniques work for all students. Not all techniques work for every course. These techniques included highlighting, writing notes in the text, writing notes in a note book , typing up notes, reading clips for the associated textbook software/CD, and reading the charts and graphs.
The way I study is: I'll-I'll read, you know, I'll highlight, and then I'll write, and then I switch, I think towards the end of the semester I started typing up my notes instead. (United States, Vietnamese, Female, Age 24)	
I like to study by the books, textbook and their compatible software, because they giving... considering me, I'm the visual learner. (Mexico, Hispanic, Male, Age 49)	
But I find it easier to read, and I also like graphics, the charts, the pictures. (Canada, Indian, Female, Age 22)	
I would use the vocabulary in the NCLEX. (Mexico, Hispanic, Female, Age, 29)	
So I just took a, took a step back, took-ook a deep breath, and I just started reading it, and I just automatically started translating it into my language. And I was like, Wait! And then I read it again, and then I slowly interpreted it, translated it, and it-it made sense. (Canada, Indian, Female, Age 22)	It is common for a student to translate one word or one section of a reading assignment into his or her native language. This includes textbooks, lectures, and exams. The challenge the student has to overcome is the additional time it requires to move back and forth through two languages during assigned reading.

Table 6 (continued)

Transcribed Participant Interviews \Thematic Statements and Author Interpretation	
<u>Productive Reading Habits</u>	<u>Author Interpretation</u>
<u>Counter Productive Reading Habits</u>	
Um, it was just hard reading all those chapters and getting everything done. (United States, Vietnamese, Female, Age 24)	Students consistently found it difficult to complete the reading assignments prior to the scheduled exams. In addition, they found it difficult to narrow down the content. Students wanted to study for the exam and realized they needed to focus on the most important areas of the chapter. However, they were unclear on what area of the reading to focus on in order to be prepared for the content on the exam. The following challenges were noted: unable to accomplish the reading assignments, unable to comprehend the reading assignments, and misguided focus of reading assignment.
Not, not to study the whole book. (Burundi, Black, Male, Age 38)	
I'm basically the type of person that you can, if you can show me what you want then I'll do it from then on. You have to show me once or twice and I think I can get it. (Mexico, Hispanic, Female, Age 29)	
I don't think PowerPoints were helpful, because if you don't study a book (Cameroon, Black, Female, Age 29)	Several students described the PowerPoint presentations as an inefficient tool. They felt the PowerPoint presentations were instructor focused. The challenge was noted as unable to follow the PowerPoint slides during lecture and unable to use the PowerPoint presentations to study for exams.
PowerPoints are not going to help you. (Mexico, Hispanic, Female, Age 29)	
It's not all of the teachers, thank God! It's not all of them, but some of them, they use so much PowerPoint it's like reading them. It's a PowerPoint we don't need the teacher, we can read ourselves, you know! (Cameroon, Black, Female, Age 29)	
Um, but, there were a few classes where I felt like, I could be home studying right now. And that's what I would do sometimes I would bring my book to class and just sit there and read. (United States, Vietnamese, Female, Age 24)	

Sub-theme two: Exam study habits. To promote public protection, each state has developed a Board of Nursing (BON). This board requires the nurse candidate to pass a computerized adaptive test (CAT) known specifically as the National Council Licensure Examination (NCLEX). Once the student satisfies his or her academic course work, he or she will submit a request to take the CAT exam. The test is currently administered by the

Pearson Professional Centers (PPC) and is offered in various locations throughout the country.

Although the CAT is not required until the completion of nursing school, students frequently use NCLEX study materials to guide them in the preparation for course exams. Early in the nursing program, students become aware that the course exam questions often parallel the sample NCLEX questions found in various written and electronic NCLEX study guides. Participants' reported that using NCLEX study materials, both the textbook and electronic versions of examinations were useful to the students' success on course exams. A Hispanic student from Mexico described his use of the NCLEX study materials:

... and the NCLEX books, that, that not necessarily the books, but the CDs in the books helped me because they had like pretest and they gave immediate feedback on what, um, why you got it wrong or why you got it right. (Mexico, Hispanic, Male, Age 49)

The contents found in the NCLEX computerized discs are categorized by topic. Some of the topics include medical surgical nursing, pediatric nursing, obstetric nursing, and psychiatric nursing. The student can study NCLEX content that correlates with course content. This process supports the belief that the earlier a student begins to study for the NCLEX, the more likely it is that he or she will be successful on the first exam attempt. One Hispanic female stated, "I would use the vocabulary from the NCLEX disc." Many ELL students who were challenged by the medical vocabulary described using the NCLEX software to look up definitions as they completed their reading assignments. Students recommended having the vocabulary section of the disc open

while reading the chapters in each course. The same Hispanic female further stated, “I used the vocabulary for what I was reading for my test. You know for my lectures.”

NCLEX study material is gradually moving toward a digital medium. Therefore, students expressed the need to use the internet to search for NCLEX resources.

According to one Cameroonian Black female student, “We had a website: NCLEX 3500. Studying the NCLEX 3500 was helpful.” (Cameron, Black, Female, 29) This web site is free and lists exact NCLEX questions used on previous tests. Both NCLEX texts and software provide the student with the experience of taking test questions. The student believes that by understanding the question design, vocabulary, and format, she will be prepared better for both course exams and the NCLEX licensure. Completing practice tests provided the student with a score but perhaps more importantly, with the rationale behind the answers to the test questions. Registered Nursing students are required to know both the correct answer and the rationale for the correct answer consistently. As students review NCLEX materials, they believe they are enhancing their test-taking strategies.

Although most students found the NCLEX study materials helpful, a few students reported feeling not only overwhelmed by the amount of reading, but also feeling overwhelmed by the added NCLEX materials. As stated by one Hispanic female student,

I felt like I would get more confused if I looked at the NCLEX questions and then because I would, I felt that I would be wasting my time on something that wasn't going to be on the test that's coming up. I wasn't about to fail because I'm paying attention to the NCLEX and not to, not to what I'm about to take next week.
(Mexico, Hispanic, Female, Age 29)

There was disagreement on when to begin the use of the NCLEX test adjuncts. Some students felt it was helpful to begin during their first semester in nursing school, some felt it helpful at the midway point in the program, and some felt it helpful during their last semester of nursing school. The primary challenge the student had to overcome was that in order to study NCLEX material, the student had to allot time to study it, in addition to the time used to study current coursework. In addition, students lacked instruction on how to employ the material properly. A level of frustration was endured because of the lack of NCLEX use directive. Students reported they did not use the study materials often because they did not have the time to invoke additional study methodologies into their already taxed reading, writing, lecture, and clinical schedules.

Sub-theme three: Personalized study habits. A variety of personalized study habits were described during participant interviews. Many chose traditional study practices such as reading, taking notes, and study groups. However, several students identified the use of their laptop, printed PowerPoint handouts, and various internet web sites to augment their class and exam preparation. Table 7 depicts study practices found to be helpful and practices that tended to hinder academic success.

Table 7

Personalized Study Habits Thematic Statements

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<i>Helpful Study Practices</i>	<i>Author Interpretation</i>
I like the group studying because, uh, you can hear different opinion, also different strategy from the different student. That's I like about at least 4 or 5 student in study group. (Korea, Asian, Female, Age 33)	Study groups are helpful for some students if the group is small, students come prepared, and the group dynamics suit the participants. Some students prefer to study alone because they become distracted by peers. The challenge is to identify study group versus individualized study.
So you have to have a study group. How can we, uh, can we succeed this class? Okay, can we make, uh, try to make a, a study group? I-I-I knew more biology and the chemistry, how chemical work in the body, but I was weak in nutrition, so I was able, when I read the text, I was able to explain to them how, uh, this stuff works in the body, what's happening. (Burundi, Black, Male, Age 38)	
It will help if I already know everything, and then, you know, a group get together, and then we ask each other question. Like, usually by the time, like right before the exam, that's how much time I need to actually understand whole concept and read everything and all the, all the studies. Some really, I'd rather just read the book myself. (Taiwan, Chinese, Female, Age 30)	
Um, I had a group of friends who were always there for me when I made a, you know, I'm reading and I can't, I don't understand some words. (Cameroon, Black, Female, Age 29)	
So I, I tend to study on my own. But I like to study by the books, textbook, and their compatible software, because they giving... considering me, I'm the visual learner. (Mexico, Hispanic, Male, Age 49)	
Mostly I think it works for me it, it's study by myself. (Taiwan, Chinese, Female, Age 30)	
Well, we study individually. (Cameroon, Black, Female, Age 29)	
Uh, well, particularly, I'm not, uh, I don't like the group studies. Cause I for me it's very distracting. So I-I tend to study on my own. (Mexico, Hispanic, Male, Age 49)	
Sometimes if you're the only student who's an English language learner, and then you're studying with other students, uh, maybe you're not comfortable asking questions (Cameroon, Black, Female, Age 29)	

Table 7 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<i>Helpful Study Practices</i>	<i>Author Interpretation</i>
<p>I came to study. And, um, I believe that, uh, if I study, I can, I can succeed, but as in Africa, um, actually I'm not a, a visual learner. Well, first of all, you have to study. You have to get a nice time to study, and, uh, verbalize, ask your questions, re-word the, r-r-r-rewrite the question in your word, you know, try to understand the question, uh, not the way the-the, it's written. (Burundi, Black, Male, Age 38)</p> <p>The way I study is: I'll- I'll read, you know, I'll highlight, and then I'll write, and then I swit-. I think towards the end of the semester I started typing up my notes instead. (United States, Vietnamese, Female, Age 24)</p> <p>Yeah, I'll-I'll go through the, all the chapters first, and then I will read again. (Philippines, Asian, Female, Age 36)</p> <p>Normally when I have to take notes in my book that would be Chinese. I would, I would do it in Chinese writing, because I usually do, like, really short, just definition of that word. So I just write in Chinese, which I know, 'cause I'm the only one who's gonna look at that notes, so I will understand. (Taiwan, Chinese, Female, Age 30)</p> <p>I take notes in a notebook. (France, French, Female, Age 32)</p>	<p>Students identified they needed to set aside time to study. This included reading and writing additional notes. The challenge was to devote time to complete the additional tasks of highlighting and writing notes.</p>
<p>I study on my computer. I usually do my notes on the computer and the book. I study on my computer. (Taiwan, Chinese, Female, Age 30)</p> <p>And I think that one of the things that helped me the most was the, um, the computer products that they have. They had a lot of good information there. The other books had, uh, the disk. You put it in the computer and you had questions, summary of the chapters and a lot of good information. (Mexico, Hispanic, Male, Age 49)</p> <p>Um, well, I used, I used the NCLEX program that was offered by school, which I think, I-I-I find out that was an excellent help and for questions and for getting ready for tests. I spent quite a few hours, you know in doing, uh, test questions. It was helpful because, um, it give you, uh, if you didn't answer the question right you know the rationale why it wasn't right. You know it-it prepare you for the way the question is worded in the test. (Mexico, Hispanic, Male, Age 49)</p> <p>But I think that would be a great idea to start right away, making us get on the NCLEX practice tests and for me it was working better to review on that then looking in the book. I was getting better by doing that. So that's why I started doing it. That's a good way to understand better the question and not get blocked on the test. (France, French, Female, Age 32)</p>	<p>Students who demonstrate strong computer skills use both the computer and computer software to augment their study. The challenges include not owning or having limited access to a computer.</p>

Table 7 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<i>Helpful Study Practices</i>	<i>Author Interpretation</i>
There's a lot of ways to study. I study off the blueprint, I study off the PowerPoints, I use study guides. (Mexico, Hispanic, Female, Age 29)	Provided the PowerPoint slides were easy to read and correlated with the lecture, students preferred the visual use of PowerPoint presentations and handouts.
PowerPoint's I-I would print, pretty much print the-the ones that, uh, I thought would really help me. (France, French, Female, Age 32)	The challenge is the readability of the PowerPoint presentations.
I can't take good note, that's why if I have a good PowerPoint and just a little of my work from the teacher, that's really helpful study. (Korea, Asian, Female, Age 33)	
But, but um I don't remember what instructor it was, she had a really good pictures of how the flow went. (Mexico, Hispanic, Female, Age 29)	
Um, I would say, well when a paper is due I usually start at least a week or two weeks ahead, and spend probably I wanna say five hours every day. I wanna say at least minimum twenty hours, with all the research that I had to do, um, writing, rewriting, reading it out loud, tweaking it, getting someone else to read it. (United States, Vietnamese, Female, Age 24)	ELL students may require more time to complete written assignments than what is allowed in the syllabus. The challenge is to coordinate time into their academic schedule.
Just everything for me is longer. (Burundi, Black, Male, Age 38)	
Sometimes they'll go over a case study during lecture, and everyone will just... you know, all just come together as a group and, uh, answer it. (Canada, Indian, Female, Age 24)	Additional techniques included the use of case studies, index cards, and finding an upper classman mentor. The challenges may include additional time needed for case studies, and index cards, and locating a willing mentor.
I used index cards to help me study. (Mexico, Hispanic, Female, Age 29)	
Ask students in the class above you what they used to study. (Taiwan, Chinese, Female, Age 30)	

Table 7 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<i> Hindered Study Practices </i>	<i> Author Interpretation </i>
<p>I don't think PowerPoints were helpful, because if you don't study a book, PowerPoints are not going to help you. (Mexico, Hispanic, Female, Age 29)</p> <p>Kind of the least helpful are the instructors who read right off the slides. That... I mean the material is right there, we can read it ourselves. (France, French, Female, Age 32)</p> <p>Well, the lectures--oh my God--there are some instructors that are so good, and others are just reading off the PowerPoint, and for-for that I'd ra-... I'd rather don't go to class than having an instructor just reading off his or her PowerPoint. (Cameroon, Black, Female, Age 29)</p> <p>And then like there were some instructors who--and I know they were trying their best, they would put stars next to something or-or asterisks next to words and I'd be like okay is this going to be on the test--I know it's important for me to know, obviously they put it in different colors so I would read up on it. (Mexico, Hispanic, Female, Age 29)</p>	<p>Student found the use of PowerPoint slides unhelpful when the instructor used them as a teaching guide instead of a presentation guide. The challenge was to attend the lectures of instructors with this presentation style.</p>
<p>I'll try to read as much as I can, but u-usually I can't finish all the reading before the class, because, um, some of the books, they really try to make... I guess, I don't know, maybe the author tried to make themselves, make themselves sound really educated. They like to make something, some concept that's actually really simple, but they have to twist it in, in some way, so, yeah, it, it's, it, I have to say the reading hard language is a challenge too. (Taiwan, Chinese, Female, Age 30)</p> <p>Just everything for me is longer. (Burundi, Black, Male, Age 38)</p> <p>You have more time to study for the first test. You will get another more time to study for the second. So, you gonna find that many people manage through that. They do what ever they can to succeed the first test and the second test. Because there is not time to study for the third test. So they gonna find that many people failed the third test! Because there is not time to study for the third test. They didn't have time to study. (Burundi, Black, Male, Age 38)</p>	<p>Students are challenged by completing all reading assignments prior to lecture and prior to the course exams.</p>

Table 7 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<i> Hindered Study Practices </i>	<i> Author Interpretation </i>
I can't take good note. (Korea, Asian, Female, Age 33)	The students who speak English as a second language may prefer to sit at the back of the class. Their perception is they do not take good notes. Possible challenges include; sitting at the back of the class may impede both visual aids and hearing lectured content.
I sit towards the back and I shouldn't. I should probably sit in the front. (Mexico, Hispanic, Female, Age 29)	
Uh, well, particularly, I'm not, uh, I don't like the group studies. Cause I for me it's very distracting. So I-I tend to study on my own. (Mexico, Hispanic, Male, Age 49)	Not all students feel comfortable in a study group environment. The challenges are not revealed in this statement.

Interview participants began exam preparation by reading the assigned textbook chapters, often highlighting or outlining the chapters in their own words. Some found it helpful to print PowerPoint handouts for the lecture and write notes on the printout during the lecture. However, PowerPoint presentations were only useful if they followed the assigned textbook chapters, were easy to read, and were used to augment the lecture. It was common for an instructor to read straight from the PowerPoint presentation. Attending lectures in which the student felt the instructor read the presentation discouraged future lecture attendance. The associated textbook software was also helpful, as was the internet NCLEX question bank. Whether or not studying individually was helpful as opposed to a group study depended on the learning style of the student and the study group's acceptable group dynamics. Groups of four to five students from various backgrounds provided the richest study environment. However, study groups were only helpful if students completed all reading prior to group meetings. Many participants

work, or have families; therefore, personal obligations inhibited their ability to both complete reading assignments early and meet with members of their class for group study. Students who met for group study events found it helpful to meet at the library or a fellow student's home. In addition, if a student fell behind in the reading assignments they were less likely to attend lectures because they felt lost and unable to keep up with the lecture. Instructors who used visual aids during class presentations provided the participants with physical examples, making the content easier to follow. However, the use of metaphors was not helpful and often confused the students. An example of this challenge is described by a Hispanic female student:

Yeah, the instructor kept saying you need to know this like the back of your head, know this like the back of your head. Well, I don't know what the back of my head looks like so I don't know what she is talking about! And my friend said she means the back of your hand, know this like the back of your hand. It means you really need to know this information. It isn't helpful if the teacher uses a metaphor and then uses wrong. It can be confusing. (Mexico, Hispanic, Female, Age 29)

It is common for students to take notes in their native language both during class and while reading their textbook. This is true especially if the word is difficult to spell in English. The student does not want to risk misspelling the word and losing valuable content or context. Students also found it helpful to use index cards, provided they had enough time to incorporate this skill. Locating an upper classmen to be a mentor was also mentioned. However, this process required self-selection and networking. Lastly, exam blue prints are provided by the instructor for each exam. One student commented, "But at least it tells us you know to focus on certain things and how much I should focus on, like something." (America, Vietnamese, Female, 24) Whether students used the blue print varied based on the course and the instructor that designed the blue print. Personalized

study habits were discovered through trial and error. Student success was aided by identifying what study habit worked well with each student's learning style.

Theme Two: Student Distress

Each interview reported an assortment of learning experiences. Participants were eager to share pieces of their worldview. However, nothing was more perplexing than when students were brought to tears while describing an event they perceived as a distress. The research project used seven questions to guide the interview process. Question number four posed: Can you describe any unforgettable moment that affected your learning experience while in nursing school? Two students had tears roll down their faces as they described events that had brought them tremendous distress. Two outliers represent a silent suffering that takes place among ELL nursing students. I will describe these events based on my interview questions, observations, and student descriptions. The two students described in this section have been given pseudonyms to be used in the place of their actual name.

Outlier one: Student anxiety. During each semester, students are required to meet with their nursing instructor for clinical performance feedback sessions. The student is provided with constructive feedback and allowed to ask questions and clarify clinical performance objectives. The first student is a 29-year-old Hispanic woman who was born in Monterey, Mexico. She moved here as a child with her parents and grew up speaking Spanish at home. She began learning English in the public school system in third grade. She met with her clinical instructor midway through the semester to discuss her clinical paperwork as well as her clinical performance.

I left that day from that evaluation, I did leave in tears because I was so frustrated that I didn't... I couldn't get through to her or... and she probably felt like she couldn't get through to me. I didn't know what the problem was. And, um, and she wouldn't and even when I took out the care plans she was like no, no I'm very specific, I'm telling you what I need. I was like, well is it because I'm Mexican, you know. (Mexico, Hispanic, Female, Age 29)

This student continued to describe her circumstance as frustrating. She was unable to understand the specific requirements needed to complete or improve her clinical paper work. She further added,

I'll never say you know well you, you know the instructor failed me, you know I probably could, if I would have studied a little bit more, you know because I'm a big girl, I know that if I don't know, if I don't understand it, then I need to read it or look it up on my own. So I want to say, but I don't want to say any of that was her, but she added a lot of anxiety, or I just didn't understand what the problem was you know. (Mexico, Hispanic, Female, Age 29)

The student described both an inability to communicate her lack of understanding and the inability to follow both the written feedback as well as the verbal instruction provided by her instructor. One caveat to this report is the students nursing instructor spoke English as a second language. "And my instructor, um, had what seems like English was her second language so it was very difficult for me to understand her." (Mexico, Hispanic, Female, 29) She repeatedly took responsibility for her lack of understanding the course objectives. Her lack of understanding made her increasingly anxious and this impeded her learning experience. She subsequently failed the course.

Outlier two: Student stress. The next student is a 29-year-old Black female from Cameroon, a country in West Africa. Her first language is French; she also speaks a second language called Bamileke. She began learning English at age 23. She shared an experience surrounding taking her final course examination. She was enrolled in the first

semester of nursing school at the time of her experience. The course offers three course exams and a comprehensive final exam. There are 100 multiple-choice questions on the final exam and the student is allotted two hours to complete the exam. Test answers are bubbled in on an electronic grade sheet called a scantron. In addition, students may write their answers on a Key-room form designed specifically by the Nursing School to allow the student to compare their answers with the correct answers immediately following the assigned test. On completion of the exam, the student may use the completed Key-room form to review test questions and test answers. This affords the students immediate feedback on their exam. The following is a description of a test experience depicting how one student struggled with language, limited time, and associated stress.

I'm gonna talk about something that hurt me a lot. It was during my first semester at school. We were doing the last—it was fundamentals—we were taking our last final exam, and being French, you know, trying to translate before doing my question, it took me a while to do everything, to answer all the questions. So I had, um, circled all the correct answers on my question, um, sheet. And all I had to do was just transfer it. So time was out. I didn't have time to complete everything. So one of my instructors told me, okay, to come to the front and transfer everything quickly. So when—when I, when I was doing it, she came out, she started yelling at me that I was cheating! And that, that made me so mad. I was so mad and felt like, I mean, it was so disgraceful, shouting in front of everybody that I was cheating. You gave me the opportunity to come to the front, and you've seen my question, that I've circled everything, and now you're calling me that I'm cheating. I told her. I told her. I told her I'm not cheating! I'm, I explained everything, what I was doing, to her, and I told her, you told me to come to the front and transfer my, my sh—, my answer and now why you saying that I'm cheating? I failed that final exam. But, lucky I'd done well on the first, second, and the class exam, so they had to help me to pass the course. If not, I would've failed the class. (Cameron, Black, Female, Age 29)

The perception of this student focused on the issue that she does not speak or read English well; therefore, it requires extended time to complete an exam. She understood the exam rules to include filling out the Key-room sheet first then to transcribe her

answers to the answer sheet known as the scantron. She ran out of time before completely transcribing her answers to the scantron. She believed she was given permission to finish the transcription and then was told that her behavior exhibited dishonesty. I observed her hold back tears as she described the incident as “disgraceful” and “embarrassing.” This student further voiced additional concern about the stress associated with being an ELL:

And because of the stress from school, the nursing program, I had to, I went into premature labor, had a pre-, I had a pre-preemie three months early. She was born three months early. I didn't have any medical problems, it was just stress.
(Cameron, Black, Female, Age 29)

This student's personal interpretation of stress during nursing school affected her both psychologically and physically. Tearful throughout her story, she appeared to be determined to finish nursing school.

As illustrated in Table 8, interview participants describe situations they associated with anxiety and stress. Although some stress is anticipated during school, it appears that poorly managed anxiety or unexpected stress created distress in the student learning process.

Table 8

Anxiety and Stress Thematic Statements

<u>Transcribed Participant Interviews with Thematic Statements and Author Interpretation</u>	
<u><i>Student Depiction of Stress and Anxiety</i></u>	<u><i>Author Interpretation</i></u>
There's a lot of stress around taking the test. I feel anxious when I take an exam and placing the chapter exam on the computer makes me more anxious. (Mexico, Hispanic, Female, Age 29)	Anxiety, stress, fear, and intimidations are all descriptions of student distress. The challenge the students must overcome is to learn in an environment where they intermittently succumb to distress.
And because of the stress from school, the nursing program, I had to, I went into premature labor, had a pre- I had a premie. (Cameroon, Black, Female, Age 29)	
The nursing program is stressful because as a English language learner I need more time to do the work. (Korea, Asian, Female, Age 33)	

Table 8 (continued)

The lack of communication make me anxious. (Philippines, Asian, Female, Age 36)

I am anxious to ask a question in class. (Mexico, Hispanic, Female, Age 29)

Younger students, you know that they're easily intimidated, and, uh, scared. (Mexico, Hispanic, Male, Age 49)

It's intimidating to you, and you are afraid to ask questions, and-and some of the instructors are not very-very-very patient. (France, French, Female, Age 32)

Nursing students who speak English as a second language have unforeseen challenges as they proceed through their course work. Most participants managed their stress via their family, friends, and peer support system. Suggestions for stress reduction included: obtaining medical experience prior to the start of nursing school or during nursing school by way of working in a hospital or clinic; talking to friends or family about school related stress; and, participating in lab simulations to build student confidence and reduce anxiety in the clinical setting.

Theme Three: Student Support System

Further evidence in this study demonstrated that participants had a strong desire for emotional support. Some felt discouraged because they perceived a lack of support while some were motivated to complete their course work because they felt a strong sense of support from their social network. The term *social network* connotes relationships perceived by participants as promoting or hindering their ability to succeed. Interestingly, students were immensely in touch with their social relationships during nursing school and yearned for emotional connectivity with instructors, peers, family, and

friends. It was noted that participants who revealed a sense of support were self-assured during academic challenges, while participants who perceived a lack of support felt isolated and at times hopeless. The following sections depict two sub themes: instructor support and social network.

Sub-theme one: Instructor support. Participants described their instructors as either caring or apathetic about student academic success (see Table 9). Students who felt a sense of support from their instructors were motivated to do well in a course even when met by challenges. Participants who perceived a positive relationship with the nursing instructor were encouraged to confide in that instructor and seek mentorship and guidance. However, participants who felt the instructor did not care about them were discouraged and felt this had a negative impact on their learning experience.

Table 9

Instructor Support Thematic Statements

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u>Instructor Caring</u>	<u>Author Interpretation</u>
<p>At the beginning of the, the classes I was, uh, going through a very difficult, um, familiar problems with, uh... and um, for the family. And, um, one of my instructors noticed it right away, my first instructor. And, uh, she talked to me, and, and made me realize that, uh, that, uh, quitting school, the school and not getting that... the nursing education wasn't going to solve my problems. And, uh, that, that had great impact for me, and then I really grateful for that. (Mexico, Hispanic, Male, Age 49)</p> <p>Yes, uh, and I... as a matter of fact, I found out that most instructors we had, um, they were very caring. (Mexico, Hispanic, Male, Age 49)</p> <p>We are responsible to learn, but it helpful if you can tell that your instructor is more concerned. (France, French, Female, Age 32)</p> <p>Yeah, and also English was her second language, and, and I guess she, she could relate. I don't know if that was the reason but uh, well in a way I-I guess we realize, you know, we tend to-to-to gravitate more to those kind of instructors, you know that the ones that-that they are, you know I want to say, uh, same culture as we have. And-and-and some-somehow, you know, they, they tend to, uh, to, uh, to</p>	<p>Participants feel they can overcome challenges when they perceive they have the support of their instructor.</p>

Table 9 (continued)

understand the way we feel better. (Mexico, Hispanic, Male, Age 49)

The instructor is very nice. She was very approachable. (Canada, Indian, Female, Age 24)

I think it was caring of some of the teachers, not all of them, but some of them that were aware that it was my second language and, you know, that it was foreign. Uh, they really care about my culture too, so that caring helped me, and I knew that I could go to them if I was in trouble with something. They would, they would be there for me if needed. (France, French, Female, Age 32)

They help me gain skills. They also have been there like during starting... IV starts, and you're very nervous... They've been right there to just calm me down. Yeah, then they reassure you and it really... They don't kind of leave you behind, they're really, really there to help you out. (Canada, Indian, Female, Age 24)

Instructor Apathy

I feel like the instructors do not care that we have a lot of information to learn in a short time. They do not have anything in place to help the student study. (Korea, Asian, Female, Age 33)

Some of those instructors we that we have, uh, it was just they were in class and then disappearing. I mean it was not interacting with them. Uh, they were not very approachable in the first place, uh, especially you know when you are stuck for answers. (France, French, Female, Age 32)

Or some instructor, if you know they're kinda impatient, then you just try to avoid. (France, French, Female, Age 32)

The younger students, you know, that they're easily intimidated, and uh, scared, and-and everybody was called stupid you know. (Mexico, Hispanic, Male, Age 49)

Let them know, in the beginning, in the beginning of the semester, I-I need to meet with you for about ten minutes, it was just make it sound like you actually care that I might have a problem understanding your class. (Mexico, Hispanic, Female, 29)

I am sure that they are overwhelmed with curriculum and everything but I think it might even, it might even make their job easier or not easier a little bit more efficient if they just took the time to see who's in their class. (Mexico, Hispanic, Female, Age 29)

Author Interpretation

Participants do not feel a positive connection with some of their instructor. The challenge is to be successful in the course despite this lack of connection.

Instructors were identified as part of the student social network, often unbeknown to the faculty. Participants desired to have a positive relationship with the instructor. They perceived their ability to be successful in course work was enhanced or hindered by their relationship with their instructor. Participants did not voice an actual need to have the instructor's approval. Several made excuses for the instructor's lack of interest in the student. For example, they would say the instructor was overwhelmed with their teaching load and, therefore, could not develop a relationship with the students due to a lack of time.

Sub-theme two: Social network. In addition to the need for a relationship with their instructor, participants also described their immediate support system. This system was made up of family, friends, and peers. Intermittently throughout the nursing program, the participants would struggle with either coursework success or the desire to complete the nursing program. During these tests in character, the participants relied heavily upon their immediate support system.

Participants who reported a lack of support revealed they felt isolated and alone. They had difficulty making friends and sustaining friendships. The expression of this loneliness brought the following 33-year-old Korean female to tears. Her lack of American friends not only made her feel isolated, but also made her feel unwanted in course activities. A common nursing school practice is for students to self-select a partner so they may complete a laboratory assignment. This student expressed her inability to find a student partner and she felt she was turned down because she was of Asian descent. Her belief was that she was denied access to group activities because she spoke English with a Korean accent. She did not speak the English language clearly; therefore,

she perceived that her peers assumed she was not intelligent because her lack of English skills reflected poor intellect. Table 10 depicts additional participant comments associated with their perception of a social network.

Table 10

Social Network Thematic Statements

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u>Support System</u>	<u>Author Interpretation</u>
I believe I get friend, I can more focus in study. (Korea, Asian, Female, Age 33)	Participants who had a support system made up of family and peers appeared to be more self-assured. The challenge was to identify friends, peers, and family who would be available to provide support.
But as I say, I just have a couple of good friends that can help. But that's why I made it, that those two couple friend help me. (Korea, Asian, Female, Age 33)	
Oh yeah, like uh, just, uh, last week I talked to the one of my best friend in school, and I'm so glad we met because she is 50. I'm so glad I met you, because you're, you're old age and you show me. That's the encouragement I need to keep going on. And she's English language learner also. (Korea, Asian, Female, Age 33)	
Um, I had a group of friends who were always there for me when I made a, you know, I'm reading and I can't, I don't understand some words. (Cameroon, Black, Female, Age 29)	
I say most success is encouragement. Yes. No matter how hard, if you someone behind you... keep encouraging you, you can keep going on. I say friend, and my husband, and my family. (Taiwan, Chinese, Female, Age 30)	
My family, um, they've supported me. (Mexico, Hispanic, Male, Age 49)	
Um, had a lot of family support--family, friend support. (Canada, Indian, Female, Age 24)	
Um, I didn't have a group of friends. Uh, my boyfriend, my parents they for me. (United States, Vietnamese, Female, Age 24)	

Table 10 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u><i>Desire for Support System</i></u>	<u><i>Author Interpretation</i></u>
<p>And I didn't have any friend, so clinical I didn't have nobody. I never really made a good friend. I haven't ever made a good friend of American. I'm always go with my Korean friend. I'm shy person, but once I know, I friendly. And then so it's hard to make a friend with people. (Korea, Asian, Female, Age 33)</p>	<p>Participants found it challenging to make friends in nursing school. The challenge is to overcome intermittent rejection by peers.</p>
<p>Um, so for nursing school. I saying when we go to the lab, we have to like a group study to those Sim-man, to the demonstrating and the practice. And they already have their group people, and when I was alone they don't want to be their group. That's the hard part, because I want to learn as a student. But they kind of, uh, push me down. Then really hard to get in those group, that's the hard part. I think my English is the, is the problem. I think that's the really unforgettable moment that I cannot fit into those student, and I can't get into what I have to do. I want to be, as a student, learning with them, but if I cannot fit in I have to backward. (Korea, Asian, Female, Age 33)</p>	
<p>Some student they're mean, they're verbally really look down. Like a like a few days ago one of the student tell me (student crying) Nerd! (Korea, Asian, Female, Age 33)</p>	
<p>Well, my recommendation for the international student, because it-it-it happened to me, uh, first of all, they don't have friends. And, uh, uh, this nursing program, it's very hard to take it on your own. So you need to have friends. Uh, it happened to me. (Burundi, Black, Male, Age 38)</p>	
<p>And it would be good to have someone like an instructor to turn to, to talk to, I guess kind of like a mentor. (Mexico, Hispanic, Female, Age 29)</p>	

Participants who reflected strong relationships with friends, family, and peers felt they could overcome obstacles presented throughout the program. Maximal group learning was impeded when the participant perceived he or she did not have a peer support system. They expressed anguish when describing their need for support. Participants yearned for friends and peers. They described the lack of relationships as hampering their ability to learn.

Theme Four: Student Learning Tasks

Participants in this study consistently reported a personal responsibility to learn. The fact that English was not the student's first language did not excuse the student's responsibility to accomplish the assigned learning task. Three themes were determined based on participant interviews: comprehension of nursing vocabulary, confidence reflected when publicly speaking English, and the level of comfort a student felt posing a question in class. Despite their level of proficiency in the English language, students held personal responsibility to acquire an education and to succeed.

Sub-theme one: Vocabulary comprehension. Comprehending course vocabulary is an experience perhaps felt by all nursing school students. However, it can create especially unique learning challenges for students who speak English as a second language. The process of comprehending reading assignments, dialoguing with professors, and understanding questions on a formal exam are just a few of the dilemmas described by the participants in this study. The ability to process nursing vocabulary and medical terms was the most frequent challenge described throughout this study. As illustrated in Table 11, participants provided examples of solutions to vocabulary comprehension problems, along with the challenges associated with understanding both medical and English language terminology.

Table 11

Vocabulary Comprehension Thematic Statements

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u>Vocabulary Solution</u>	<u>Author Interpretation</u>
That's why I just write down in Korean then I try to come up with a similar vocabulary. (Korea, Asian, Female, Age 33)	Participants found it useful to break down vocabulary into simple terms using a variety of resources. The challenge to overcome was identifying which approach would be best.
You have to do it in, what is the word, <i>laiden</i> , <i>laiden</i> terms... Laymen terms, so, um, that helps in nursing school so you can get comfortable explaining things in English as opposed to in Spanish. (Mexico, Hispanic, Female, Age 29)	
So if I didn't understand a word I would use the vocabulary in the NCLEX CD. I would use that vocabulary instead of going to the index and looking it up or trying to find the word in the book. (Mexico, Hispanic, Female, Age 29)	
That's actually one of the suggestions from my ins-, one of my instructors, that they say they have those books that, you know, they write it in more simple terms, so maybe it's easier for you to understand the concept. (Taiwan, Chinese, Female, Age 30)	
He, I guess he try to explain a lot of complicate, um, terms or complicate process in the <i>laym</i> 's [layman's] term. (Taiwan, Chinese, Female, Age 30)	
By reading the first paragraph and then the last one, and they usually leave the vocabulary in the middle, then when you connect the next paragraph, you can come up with, uh, okay, what they want to talk about. (Burundi, Black, Male, Age 38)	
Yeah. If in the book that I can read it then I understand it, but when you listening its different meaning. (Korea, Asian, Female, Age 33)	

Table 11 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u>Vocabulary Challenges</u>	<u>Author Interpretation</u>
Um, I remember sitting in fundamental class, and there were a couple of words that I had no idea what it meant, and I was too afraid to raise my hand and ask the instructor, which was probably a bad move. (Mexico, Hispanic, Female, Age 29)	Not understanding vocabulary can hinder academic success. The challenge is to learn both English and medical terminology associated with nursing school.
I guess the hardest part was, uh, more medical term. So that was kind of hard to... the technical term was the hardest part, more than English in general. Um, like, when we're performing applications, you know, we are, we are more technical term. (France, French, Female, Age 32)	
What's the hardest thing, and I know vocabulary is hard. My vocabulary is really not as strong. (Taiwan, Chinese, Female, Age 30)	
Well, definitely with all the medical terms, the long medical term, and, um, how to pronounce them. That's a big, big challenge. Like with me it's always vocabulary. Usually you just have to look up in the, you know, the dictionary for once or twice. Then you probably remember it. But to remember how to say it, it's a huge challenge. Especially sometime when you have to do those check offs. Then you have to say the things that you do along when you do it. So it, it's just it's a lot of challenge. I actually have to, um, prerecord all the words that I have to say in my little MP3 player. And I play over and over and over until I memorize how to say those words. I love dictionary.com because they actually, they have a little button that you actually can hit it and then it would, they would say the words so I usually record both. You kinda have to kind hold your MP3 player close to the speaker to record it. But it-it-it helps. It works for me. Cause I have to listen to it. I have to kinda like play like ten times so it just imprint in my brain. (Taiwan, Chinese, Female, Age 30)	
Those are the very, very special moment when you read the paragraph and you can't understand because of one hard word, one... One vocabulary can confuse... block everything. Not medical vocabulary, because medical vocabulary, can always learn it. But it's gonna be a vocabulary just in English, vocabulary, you never, you never met, y-you never met it, so it gonna block you, because you don't know it. (Burundi, Black, Male, Age 38)	
Well I guess the, the main challenge was trying to, uh, uh, not lose any information that was being presented by the instructors. When they were purely oral presentations, uh, it was a little more difficult then when they were showing the PowerPoint presentation because I had printed the PowerPoint presentation we at least were kind of following along and reading the information. As opposed to when it was only a verbal presentation. Um, a couple instructors that were very soft spoke and, uh, if you weren't sitting down in the first seats, you know, you lose all the, all the presentations because you couldn't really understand what going on. We also have a couple of instructors that are like us, English was their second language, so it was a little difficult to understand also. I always tried to sit at the front of the class because of that reasons. (Mexico, Hispanic, Male, Age 49)	

Because nursing school is taught in English, all required textbooks are printed in English, and all exams are written and required to be taken in English. Therefore, participants must have a strong command of the English language. The National Council Licensure Exam (NCLEX) is only offered in English. Students must be able to read, comprehend, and answer questions in English in order to obtain a Registered Nursing license. Upon graduation from their nursing program, all graduates will be required to pass the NCLEX exam in order to receive a Texas Registered Nursing license.

The student must be competent in both nursing and medical vocabulary. A deficiency in vocabulary can create deficiencies in reading, testing, writing, and overall student success, not only during nursing school but also on the NCLEX exam. Interviewed participants devised various techniques for enhancing their vocabulary, including use of a dictionary, computer aids, textbooks, internet web pages, and seeking clarification from instructors and peers. Participants, report it takes them longer to accomplish writing and reading assignments than current time allowance.

Sub-theme two: English language confidence. The following section describes two outliers. It contains the responses of two respondents who uniquely described their experience with speaking English in the academic setting. These two cases have been included because they are indicative of exceptional learning challenges experienced by the English language learner. The students have been given pseudonyms.

Outlier one. The first student is a 32-year-old Caucasian female born in France. Her first language is French, her second language is English, and her third language is Castilian Spanish. She began speaking English at age eleven. In 1999, she moved to the United States and began to immerse herself in both the English language and American

culture. This immersion led to her application and admittance to nursing school where communication in English is mandatory.

ELL students are perceptive and sensitive about their ability to pronounce English terminology correctly. This French student described her ability to speak English clearly by saying, “my English was terrible. Writing and reading was okay, not perfect, but okay. Speaking on the other hand was terrible.” (France, French, Female, Age 32) Although forced to communicate in English, she struggled with both use of terms and clarity of words. This created a challenge to communication and had a negative impact on her confidence to communicate orally in the English language.

Some people kept on teasing me about my accent, and saying they don’t understand me. You know it tends to after a while just get to your confidence and block you and so you don’t participate in or you don’t even ask the question in front of the whole class. So you stay with something you don’t understand or you don’t know until you find someone that finally can explain to you and that can put a block. (France, French, Female, Age 32)

This student struggled silently with her ability to converse publicly in English. The result was she did not ask questions in class; furthermore, she felt asking a question would risk public mockery by her peers. It is unclear whether faculty recognized that this student’s learning was inhibited because she did not want to talk for fear of ridicule. It is inferred from her description that her inability to communicate openly with instructors or peers has a negative impact on knowledge acquisition.

Outlier two. The second student is a 33-year-old female student from Korea. Her first language is Vietnamese and she began speaking English at 13 years of age. Tears streamed down this student’s face as she described her inability to communicate clearly in the English language. She described feelings of insecurity, embarrassment, and emotional

pain. ELL students not only struggle with nursing terminology, but simple, common English expressions are also difficult to comprehend. This Asian student from Korea depicts her lack of language confidence in the following short story.

Some student, they're mean, they're verbally really look down. Like a like a few days ago one of the student tell me a nerd! I show how to calculate their grade. They're, they're horrible math! I'm good at math. So okay I will help you. So I show how to do it then they say you a nerd! I didn't know the meaning at that moment. So I say okay whatever. Then I go home, I ask my husband what was the meaning? Then I hurt. But that's the funny part of learning English, because you don't understand the moment. You cannot depend yourself, cannot fit into society, in group. That's how they made me feel. (Korea, Asian, Female, Age 33)

This student's story illustrates not only a lack of self-confidence in spoken English but also insecurity when communicating with nursing student peers.

Both the French and Asian student described unique personal experiences surrounding their desire to learn and socialize in an English speaking culture. They also reflected a challenge associated with the ability to work through negative comments made by their peers. They tended to withdraw and limited their verbal interaction to avoid what they viewed as disrespectful comments.

Sub-theme three: Posing questions in class. Participant interviews revealed that few English language learners felt confident asking a question in class. They were either reluctant to ask a question or would only ask a question in a private conversation with the instructor. Their concerns included an inability to articulate English words clearly, fear of sounding unintelligent, feeling they were the only one with a question, a belief that other students would look down on them, and a concern for the instructor simply not being able to understand their inquiry due to their native accent. Table 12 depicts comparisons between students who felt a sense of confidence when asking a question and students

who lacked the confidence to pose a question. The participants' perceptions about asking questions were invoked by their level of confidence in speaking the English language.

Table 12

Posing Questions in Class Thematic Statements

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<u>Confident to Pose a Question</u>	<u>Author Interpretation</u>
<p>You know, ask... don't be afraid to, uh, to ask questions, even if you have an accent, you know, because I think that one of the main things. (Mexico, Hispanic, Male, Age 49)</p>	<p>Participants may have to think about the question in their native language first, but they believe to be successful in nursing school you must ask questions. The challenge is to ask questions despite your insecurities.</p>
<p>Well, um, the first thing is that being an English student, we ha-, I have to, um, maybe translate some of the questions to be able to understand what they're asking so I can answer the question. Like, the main thing that the question is asking in-in French, then, I can understand what the question is. (Cameroon, Black, Female, Age 29)</p>	
<p>We can learn in an environment where we are comfortable, and they can also feel comfortable asking a question to that instructor. (France, French, Female, Age 32)</p>	
<p>And, uh... but, you know, don't-don't-don't ever be afraid to ask questions, you know, and participate in class, you know, as much as you can. (Mexico, Hispanic, Male, Age 49)</p>	
<p>They're, um, I've never really been the one to get up and, um, ask the question or... uh, but throughout nursing school, even there... I feel there is no asking a stupid question, you ask away. I've been able to, um, purse my instructors and ask them questions. (Canada, Indian, Female, Age 24)</p>	
<p>I have to probably think, Okay, kind of like translate it into Chinese in my brain a little bit before I answer the question. (Taiwan, Chinese, Female, Age 30)</p>	
<p>And I had a question one time, and I couldn't find the word in English, and I just talked to them in French, which helped a lot. (France, French, Female, Age 32)</p>	

Table 12 (continued)

Transcribed Participant Interviews with Thematic Statements and Author Interpretation	
<i>Unsure about Posing a Question</i>	<i>Author Interpretation</i>
One of the main, uh, deterrents to ask the question is just because you're embarrassed, or you're afraid that, that they're not going to understand your question, and everybody is going to think that you're stupid. (France, French, Female, Age 32)	Participants have varied inhibitions about asking questions. These inhibitions impeded their learning of course content. The challenge is to ask questions despite inhibitions and insecurities.
I will hesitate to ask this time because I'll be like, She'll probably think I'm annoying. Or you know, stuff like that. (Taiwan, Chinese, Female, Age 30)	
Uh, again, you know, the language barrier is, is, um, it's understandable, but, uh, that's one of the main points that you're going to learn, you know, is you don't ask questions, you don't participate in class, uh, it's going to be a little more difficult. (Mexico, Hispanic, Male, Age 49)	
You know, it tends to, after a while, just get to your confidence, and block you, and so you don't participate in, or you don't even ask the question in front of the whole class. (France, French, Female, Age 32)	
Yes, we can read but then if we have questions what we are doing, you know. It's a little late when you have your test in front of you, and you still have the question in your head, and you still don't understand. (France, French, Female, Age 32)	
I don't like to delay things like if the class is moving forward, nobody asks questions, I'm not going to stop them in the middle of the class and-and disrupt the classroom because I don't understand, and that's my, that's just the way I am. But if you were to tell me, in the middle of the class, do you understand then I probably would say, you know what, no, I don't. (Mexico, Hispanic, Female, Age 29)	
I was overwhelmed at the time because it was an intense class, but things she would ask me, which is legit question, but, um, I just felt stupid. (United States, Vietnamese, Female, Age 24)	
Um, I remember sitting in fundamental class, and there were a couple of words that I had no idea what it meant, and I was too afraid to raise my hand and ask the instructor, which was probably a bad move. (Mexico, Hispanic, Female, Age 29)	
Because once when I asked question, they would be like, What? What are, what? I mean, I have to repeat myself, like so many times, so I'm like, Okay, I'm not gonna say, I'm not gonna ask questions anymore. I'm sorry it makes me so mad. (Cameroon, Black, Female, Age 29)	

Participants were not clear about the exact reason they were hesitant to ask questions; many felt the instructor was either too busy or simply not approachable. In addition to their lack of confidence when asking a question, they also lacked the assurance the instructor would be willing to provide them with an answer to a question. Their primary concerns were not wanting to bother the instructor, not wanting to interrupt the class, and not wanting to create a poor student image by posing a question during lecture. Asking a question made the students feel they personally had a knowledge discrepancy. They did not want to reveal this discrepancy to their peers. Participants felt if they were offered the opportunity to ask a question either during class or at the end of the class, they were more likely to ask a question under those open circumstances.

Summary

In summary, the participants described a sense of personal responsibility to acquire an education despite their level of proficiency in the English language. Although they recognized that they struggled at some level with the English language, they voiced personal responsibility for improving their current comprehension level of English both as a language and as medical terminology. Posing a question presented the most challenging of the three student learning tasks. It is likely that posing a question is the composition of both a lack of competence in vocabulary and in articulating questions in the English language.

Chapter V Discussion, Implications & Recommendations

In this final chapter I will provide a discussion of essential themes, related literature, theory, implications and recommendations for future research. The study was a qualitative interpretive inquiry informed by phenomenology. The research question that guided this study was: What are the experiences of English language learner nursing students enrolled in an associate degree nursing program? The implications and recommendations are based on transcripts taken from participant personal recorded interviews. I developed a series of seven open-ended questions to guide each interview. This study reflects individualized student perceptions and meaning of the phenomenon as it relates to hermeneutics (Mertens, 2005). I will put forth suggestions for change based on the study findings and discuss possible implications for educators, and students. I uncovered four essential themes; *Student Study Habits*, *Student Distress*, *Student Support System*, and *Student Learning Tasks*. These themes are directed at discerning the phenomenon associated with the learning experiences of ELL students. The study undoubtedly offered an opportunity for students to discuss their personal experiences and challenges they both face and overcome as an ELL nursing student. It has provided these students with a voice in the current body of literature.

This chapter is organized in three sections. The first section provides an overview of the qualitative dissertation study, the interview questions, and I discuss the findings as they relate to the research question. I also connect the Constructivist Learning Theory to the findings and present both comparisons and my recommendations. The second section I discuss implications of the findings for faculty, institutions, and students. In the third section, I address recommendations for future research.

Overview

The purpose of this study was to explore the English language learner students' perception of challenges encountered during their learning experience while enrolled in professional nursing program in San Antonio, Texas. The phrase English language learner (ELL), as used in this writing, indicates a person who is in the process of acquiring English and has a native language other than English (Education Alliance, Brown University, 2009).

The participants I interviewed for this study were representative of eight countries, seven ethnicities, and 15 languages. Each student was actively enrolled in an associate nursing degree program and spoke English as a second, third, fourth, or fifth language. The participant interviews offered the student an opportunity to share their worldview. Raw data from each interview was analyzed using a discourse analysis approach. According to Phillips and Hardy (2002), discourse is understood as the things that make up our social world to include one's identity: "our talk, and what we are, are one and the same" (p. 2). Hence, both the transcripts and audio tapes were thematically analyzed for essential themes. Each theme and sub-theme evolved from my interpretation of the participant report. I used the study's research question as a guide to interpret the essence of these selected ELL students lived experiences.

Discussion

Participant responses uncovered perceived learning challenges. Previously I illustrated these perceptions as academic barriers or successful learning strategies. Additionally, I offer participant challenges in the form of four thematic statements. In the following section, I will summarize and propose implications for each theme.

Theme One, *Student Study Habits*, was divided into three sub-themes: *Student Reading Habits*, *Exam Study Habits*, and *Personalized Study Habits*. Both the themes and sub-themes support the students' concern for successful course preparation. Each student brought personalized study strategies from previous courses. However, it was determined that nursing school required more reading, more time, and a unique understanding of the testing format. Participants reported needing more time to complete reading assignments. Students felt that this was due in part to a large number of assigned chapters, a limited amount of time between chapter exams, and reading material that contained new and unique medical vocabulary. Accomplishing the reading assignment equated to assignment comprehension. Students struggled with the intellectual capacity to accomplish the reading assignment in what was described as a short time line.

The participants in this study offered a personalized approach to both the reading assignment and exam preparation. Through trial and error, students were able to recognize which study tasks enhanced or hindered their approach to learning. It is important to note that identified tasks were used based on the layout of each class. The diversification of nursing course work also requires diversified learning strategies. This defaults back to the trial and error approach. Simply reading the textbook for one course may suffice, while reading, taking notes, and forming study groups may be required for a subsequent course. I recommend the following areas of change to promote ELL study success;

- Tailor nursing school orientation to include study strategies
- Evaluate current curriculum as it applies to reading assignments and determine whether it could be modified for purposes of required reading versus additional or supplemental reading
- Post both reading assignments as well as exam schedules prior to the onset of each semester
- Curriculum should include a list of recommended textbooks, software, and internet resources to aid in the development of medical vocabulary
- Faculty should present lectures using vocabulary and language friendly strategies

On successful completion of the nursing program, students are mandated to pass a state board exam (also called the NCLEX) if they are to practice as a Registered Nurse. Incorporating NCLEX exams into each course was a learning task each student faced. There appeared to be a learning curve with the application of NCLEX practice exams. Students demonstrating success using the NCLEX practice approach implemented this step in collaboration with the study rituals for each chapter exam. However, students who felt they had a busy or cumbersome schedule could not accommodate this practice due to limited study time, despite understanding the importance of this strategy. Both faculty and nursing schools need to look at when and how they incorporate NCLEX practice exams. In this study students were left to meander through NCLEX textbooks, software, and the NCLEX 3500 web page. I feel it would be a huge step toward the successful graduation of ELL students if the nursing program would clearly define and incorporate the NCLEX study strategies in a non-punitive fashion. In an ideal setting the nursing

program would identify and incorporate the role of an NCLEX specialist. This individual would be responsible for review current standards and implementing them into their nursing school curriculum.

This group of students pulled from several learning strategies throughout each class to include reading, individual study, study groups, practice NCLEX exams, lecture, note taking, and use of internet resources. Nursing institutions can aid in ELL success by becoming more proactive in guiding students toward successful study strategies.

Theme Two, *Student Distress*, was the culmination of both student stories and student statements. The following interview question prompted participant dialog about distress: “Can you describe any unforgettable moment that affected your learning experience while in nursing school?” Participants offered both descriptions of stressful encounters as well as sources of stress. The most prevalent cause of stress was the chapter exam and this was coupled with not having enough time to accomplish the reading assignments. Transition into the nursing program also prompted uncertainty and any unexpected event such as a pregnancy or peer rejection was compounded by the sense of uncertainty. Participants also associated stress with content inquiry. Participants reported feelings of anxiety when asking questions in class. Students’ concerns included their ability to pronounce medical vocabulary properly, perceptions of inadequacy by peers, and the awkward sense that they were interrupting the flow of lecture to clarify a personal and perhaps insignificant concern.

The nursing program is fraught with stressful endeavors. It is my strong suggestion that curriculum committee evaluate the time allowed to complete chapter exams. Currently, on average students are allowed one minute per question. This

timeframe is often skewed due to additional distractions such as writing their name and date on the exam booklet, scantron, and key room form. Additionally, students may be required to log into a computer if the exam is computer based. I did not get to observe participants during exams. Determined by student reports of anxiety associated with chapter exams I propose based on the auspice of ELL student success that students have 1.5 minutes per test item. This timeframe correlates with the current NCLEX testing format, which allows six hours to complete from 75-265 questions. The maximum test item circumstance of 265 questions allows 1.35 minutes per question. Additionally, I feel it would be helpful if instructors built an opportunity into each lecture for questions and answers. The instructor cannot control the student's insecurities associated with asking questions in class. Importantly the instructor can appear student friendly, approachable and offer students a chance to ask questions. Participants sense stress related to reading assignments as well as culture shock related to the introduction of nursing school. As aforementioned evaluation of required reading assignments and nursing orientation geared toward ELL needs should be considered.

Students described their sources of anxiety related to time constraints, exam preparation, uncertainty of the new program, and their ability to seek clarification on course content. Stress management is individualized however, curriculum committees within nursing programs have the opportunity to reduce student stress, and increase student success simply by evaluating current curriculum reading requirements and time allotment for chapter exams.

Theme Three, *Student Support System*, reflected the students' desire for a *social network* system. A social network as perceived by the participants could either promote

or hinder their academic success. In their personal interviews, students stated that their social network included instructors, peers, family, and friends. The use of a social network affords students with a positive outlet during nursing school. The use of this resource can be enhanced by nursing schools. The biggest way to bring networks together is by sponsoring events and inviting students, family, and friends. Nursing orientation, holding a meet and greet the faculty, or a tour of the school provides an opportunity for faculty to meet the student support system.

Particularly important was the students' sensitivity to the relationship between student and instructor. Participants described a desire to have a positive relationship with each instructor. They expressed the opinion that their success in each course was either enhanced or diminished by their relationship with the nursing faculty. I would advocate for nursing students by asking nursing schools to incorporate an opportunity for students to become acquainted with each faculty. This creates a positive relationship for both student and educator.

Equally important was the participant description of individuals in their immediate support system. Each participant reported either a desire to have a stronger support system or that their success was enhanced by their positive relationship with family, friends, and peers. Because ELL students will experience unique learning challenges, the development of a social network provides an opportunity for the participant to meet those challenges with renewed encouragement. One must question is it acceptable to build in networking, and relationship building function into an already saturated educational agenda. It has been my experience that no matter how busy faculty

and students are they seem to find time to eat. I would offer that these social events incorporate an opportunity to meet, greet, and eat.

Theme Four, *Student Learning Tasks*, depicted the student's personal responsibility to learn despite their English language challenge. Participant interviews focused on the following learning tasks, comprehension of nursing vocabulary, confidence in speaking English publicly, and the ability to pose an inquiry during class time.

The process of comprehending reading assignments, engaging in dialog with nursing professors, and understanding questions on a formal exam all require proficiency in the English language. The nursing profession has a unique vocabulary. Therefore, participants offered both descriptions of challenges related to nursing vocabulary as well as solutions to overcome these challenges. Vocabulary comprehension goes beyond defining a term; the student must be able to apply the term to a concept and critically think about that concept in the form of a test question, reading requisite, or clinical assignment. A command of nursing vocabulary is paramount for the student, not only for passing course work, but also for success on the National Council Licensure Exam required by the Texas Board of Nursing.

I will narrow my focus to some basic suggestions for improving vocabulary. The internet affords many resources to include dictionary.com. This is a web page designed to provide the reader with both the pronunciation and definition of a term. Participants can record the word on a mp3 player or upload the word to devices such as an iPod or blackberry. Another helpful webpage provided by the search engine Google is <http://translate.google.com>. This website offers word translation in 51 languages.

Lastly, it may be time for nursing schools to review and implement a language proficiency exam such as the Test of English as a Foreign Language (TOEFEL). Benchmarks for admission have already been established at Universities throughout the world. Nursing schools would need to look at benchmarks, establish acceptance scores, and construct ELL admission criteria.

A large portion of nursing school is spent in dialog. The student dialogs with instructors, peers, and patients. Therefore, ELL students are aware of the need to communicate accurately and clearly. A shortfall in oral communication can be met with embarrassment. Participants described feeling self-conscious when they were required to communicate publicly in English. Concerns included the inability to articulate, pronounce, or enunciate nursing terms. Students also felt that they might appear less intelligent because they equated being smart with clear oral English expression. This segues into the students' concern for posing questions in class. Students did not feel comfortable presenting a question in class. Concerns voiced included not wanting to interrupt the class, fear of appearing less than intelligent, and feeling the instructor was not approachable. Participants either left class with unanswered questions or sought out alternative venues for content clarification. A recommendation to faculty as expressed by ELL students is of the instructor to be insightful and sensitive to their challenge to communicate orally.

Connection to Constructivist Learning Theory

In view of the constructivist learning theory, the learner builds his or her own inner illustration of knowledge. Hermeneutics would say learning is accomplished because of personal experience. Therefore, learning is a personal active process in which

knowledge is accomplished via individualized experience. Bednar, Cunningham, Duffy, and Perry (1995) describe constructivist learning theory as the cumulative experience of sharing various perspectives and the simultaneous changing of those perspectives in response to their internal representation. In other words, the student who partakes in a learning experience has an internal perception of that experience. The internal representation of that experience results in discovery of new knowledge. Babb, Scheifele, Brown, Lang, LaPorta, and Monte (2009) describe constructivist theory as occurring when “learners build their own knowledge in response to sensory inputs from authentic experience” (p. 1). Therefore, if given the proper tools all students are capable of learning. According to Chowdhury (2006), “constructivists believe that all humans have the ability to construct knowledge in their own minds through a process of discovery and problem solving” (p. 1).

All participants in this study described some aspect of their learning experience. They reflected on their perceptions of the challenges to learning that they experienced as ELL students. I wished to make known through qualitative interpretive methodology the phenomenon associated with ELL’s as they progress through nursing school. The essence of their learning experiences has been the focus of this research. Connecting the participant learning essence to the constructivist learning theory involves comparing the findings of the study against the known constructivist learning theory. Hein’s (1991) nine guiding principles for constructivist learning theory will be used to discuss the research findings.

1. Learning is an active process whereby the learner uses input to construct meaning.
2. Learning entails constructing meaning and constructing schemas of meaning.
3. The main action of constructing learned meaning is cognitive.
4. Learning entails language, and the students' mastery of language influences learning.
5. Learning is a social event and may include peers, family, teachers, friends, and others.
6. The learning context influences the students' experience.
7. New knowledge is assimilated upon previous knowledge.
8. Learning may require repeated exposure to thought and experience.
9. Motivation is essential for learning.

Learning is an active process and the participants in this study used input from textbooks, lectures, PowerPoint presentations, computer software, peers, and the internet to assimilate meaning. This principal fell under the theme of *Student Study Habits*. Learning entails constructing methods or schemas of meaning. Participants reported various approaches to understanding course content. These methods likewise fell under the theme of *Student Study Habits* and included attending lecture and writing notes, breaking the chapters into smaller sections, re-reading course content, and seeking clarification from peers. Each of these steps assisted the student to create his or her personal meaning. The main process associated with the construction of learning is cognitive. This step is measured during assignments and course exams. Participants are required to pass examinations, written papers, and successfully demonstrate various

nursing skill level competencies. Course exams specifically measure cognitive achievement. This step was also demonstrated in the theme *Student Study Habits*.

Learning entails the mastery of language. English language learners must work on their mastery of both the English language and specific terminology associated with the medical field. This was noted under the learning theory *Student Learning Tasks*. Each student reported a description of his or her learning experience as it applied to the mastery of new vocabulary. They also described dissonance with their ability to communicate orally in the English language. All course work taught in Texas nursing schools is presented in English. This includes textbooks, lectures, and exams. Therefore, the student's success is directly reflective of his or her mastery of the English language. I strongly encourage nursing programs to review admission criteria, and curriculum design to support the augmentation of learning English as a second language. Instead of viewing English competency as a tool for screening or weeding out participants, it should be viewed as a competency, which warrants supplementation much like a math skill, writing skill, or dexterity skill.

Learning is a social event as seen in the theme *Student Support System*. Students reported that their ability to survive discouraging learning experiences was related to their sense of emotional support. This support system included peers, family, friends, and nursing instructors. Participants either learned from these individuals, or were motivated to learn because of these individuals.

The constructivist learning theory offers that learning context influences the students' experience. This was demonstrated in both of the themes, *Student Study Habits* and *Student Distress*. In these themes, we are referring to the cognitive and emotional

context of the learning situation. Each participant in this study built their own inner understanding of knowledge. Therefore, if when their perception is clouded with distress, they may not maximize each lesson that is offered. I propose that participants who are fearful, anxious, or experiencing stress do not capitalize on learning events. Simply put students who are scared do not retain information. This study also described student study habits that created a personal context for learning success. Participants chose study habits that promoted learning and eliminated habits that inhibited learning. Through trial and error, each student portrayed study habits that contextually advanced their personal learning experience. I put forward that faculty hold a dual role. Primarily faculty are required to teach course content and second to foster student learning. Connecting faculty to teaching and learning theories may prove to be a successful approach to assisting ELL students.

The participant's previous knowledge about a topic is a predecessor to the assimilation of new knowledge. Hence, the *Student Study Habits* and *Student Learning Tasks* are both themes that reflect the student's ability to assimilate new content based on his or her experience with content that is similar or the same. Their study habits were tailored to content based on their baseline understanding of the subject matter. Less understanding required more time and more investment in study.

Learning may require repeated exposure to thought and experience. According to the descriptions provided by the theme, *Student Study Habits*, students use a variety of study strategies. Some of these strategies include reading and re-reading textbooks and lecture notes. They may also study NCLEX practice exams and form peer study groups. All of these methodologies repeatedly expose the student to course content in thought and

experience. I would offer that students need to be directed in these study strategies. To be more precise students need to be advised in nursing school study strategies. It may be helpful for faculty to incorporate study recommendations during student advisory sessions between each semester. On admission into nursing schools, students are generally assigned a faculty advisor. However the advisor currently serves a superficial role. Perhaps the faculty could take on a more proactive role. They could potentially both screen and recommend student study strategies.

Lastly, in constructivist learning theory motivation is essential for participants to advance their knowledge. This was depicted in the theme *Student Support System*. Participants in this study sustained motivation to learn and remain engaged in school based on their perception of their support system. I would add that faculty need to encourage students to exam their current support. Educate students on the importance of identifying and developing a network. This skill will not only be beneficial in nursing school but likewise in the nursing profession.

Each participant reported his or her ability to learn or construct meaning based on personal experience. They described experiences related to study habits, stress, instructor participation, social network, and learning tasks. Learning is an active process, and each participant was able to demonstrate processes that were associated either with successful learning or with the desire to overcome an obstacle hindering his or her learning. Both of these processes represent the constructivist learning theory field of thought. Participants either successfully construct meaning or they move toward a process in order to construct meaning from their learning experience. The constructivist learning theory offers a theoretical frame to structure the finding of this research. I found ELL nursing students

have unique learning needs and must overcome basic language challenges to achieve success in nursing school. They construct knowledge through personal perceptions. The teacher and the student must both take accountability and tap into resources which promote learning.

Literature Related to Findings

The literature review clarified the need for additional research concerning ELL nursing student perceptions, and the challenges applicable to their learning experiences. Participants were able to describe their learning experiences and expressed their perceptions of the current challenges they faced, and the strategies needed to overcome these challenges. Most importantly, each participant was offered the opportunity to voice his or her personal understanding of learning and provide information not currently reported in the literature. After reviewing the literature and interviewing participants, I have determined areas where I believe change would promote improvement.

National Council Licensure Exam

According to Sitzman (2007), “little is formally known about the effect of race/culture/ethnicity on NCLEX-RN pass rates” (p. 272). Based on this study I propose ELL students should be guided the importance of the NCLEX exam early in the nursing program. Additionally, they should be instructed on how to study for it by using textbooks, software, and internet resources. One international student remarks, “but I think that would be a great idea to start right away, making us get on the NCLEX practice tests and for me it was working better to review on that than looking in the book” (France, French, Female, Age 32). The NCLEX exam is written on a 10th grade reading level. However, there continue to be concerns about language interpretation on the exam.

Participants use the NCLEX study material to guide their development of nursing vocabulary. As noted by one student, “I would use the vocabulary in the NCLEX” (United States, Hispanic, Female, Age, 29). An additional recommendation would be to reinforce learning strategies, which develop medical vocabulary. The use of vocabulary tools offered by the NCLEX study aid is one such strategy.

The National Council of State Boards of Nursing (NCSBN) Testing Services has reviewed reported complaints associated with readability of the NCLEX-RN examination and concluded “the topics of cultural context and/or ESL nursing graduates have not been directly addressed” (Sitzman, 2007, p. 273). The review of the literature demonstrates that the NCSBN has not addressed the needs of ELL students. I would put forward that an outside research entity could research and offer NCSBN recommendations for creating an exam, which affords the success of the ELL participant.

DiBartolo and Seldomridge (2005) completed a literature review of studies aimed at promoting NCLEX-RN pass rates for baccalaureate nursing programs and found that more research is “needed in minority and other understudied groups who are aggressively recruited into nursing yet may be particularly vulnerable to difficulties passing the NCLEX examination” (p. 170). I believe this study offers precedence for reporting data from associate degree nursing programs. It also represents a voice for an under-studied and under-represented minority group. Although the findings cannot be generalized, they do reflect the experience of one minority group. I hope to expose the need for more research across the continuum of diploma, associate degree and baccalaureate degree programs.

Faculty

According to Gay, Edgil, and Stullenbarger (1993), students who lack English proficiency create a unique challenge for educators. I would imply that Nursing instructors who are perceived as less than interested in the students' well-being may potentially create a barrier to learning, as indicated by one student's description of a midterm clinical evaluation:

I left that day from that evaluation, I did leave in tears because I was so frustrated that I didn't, I couldn't get through to her or, and she probably felt like she couldn't get through to me. I didn't know what the problem was. And um, and she wouldn't and even when I took out the care plans she was like no, no I'm very specific, I'm telling you what I need. I was like, well, is it because I'm Mexican, you know. (Mexico, Hispanic, Female, Age 29)

Participants in the present study demonstrated sensitivity to instructor acceptance and instructor approval. I advocate for instructors to become acquainted with their students. Indeed, the students in this study wanted to connect with each instructor and they wanted the instructor to be informed of their unique learning needs, as pointed out by this student:

I am sure that they are overwhelmed with curriculum and everything, but I think it might even, it might even make their job easier, or not easier a little bit more efficient, if they just took the time to see who's in their class. (Mexico, Hispanic, Female, Age 29)

I believe faculty should be aware that they might stunt student learning if the student believes the instructor is disenchanted with their performance or class attendance. Subsequently, one international student from France stated, "Or some instructor, if you know they're kinda impatient, then you just try to avoid." (France, French, Female, Age 32). Likewise, I would encourage professors to be involved with their students, role

model caring and develop interest in the ELL student's success provide an opportunity for the student to seek guidance. The same student from France had this to say:

I think it was caring of some of the teachers, not all of them, but some of them that were aware that it was my second language and, you know, that it was foreign. Uh, they really care about my culture too, so that caring helped me, and I knew that I could go to them if I was in trouble with something. They would, they would be there for me if needed. (France, French, Female, Age 32)

Faculty also may “fail to appreciate different learning styles among ESL nursing students.” Therefore, instructors tend to “incorporate idiomatic English into classes, causing increased difficulty for the language learner” (Choi, 2005, p. 264). I would discourage faculty from using metaphors and idioms when explaining core content. If this is their teaching style then it may be helpful to include a contextual explanation. The following description from one student depicts an ELL nursing instructor attempting to use an English idiom.

Yeah, the instructor kept saying you need to know this like the back of your head, know this like the back of your head. Well I don't know what the back of my head looks like so I don't know what she is talking about! And my friend said she means the back of your hand--know this like the back of your hand. It means you really need to know this information. It isn't helpful if the teacher uses a metaphor and then uses it wrong. It can be really confusing. (Mexico, Hispanic, Female, Age 29)

According to the 2004 Sullivan Commission report, underrepresented minorities currently account for “less than [sic] 10% of the baccalaureate and graduate nursing school faculties” (p. 6). Therefore, based on both the literature review and the findings in this study I would like to emphasize the importance of recruiting both a diverse student population as well as a diverse faculty population. A student from Mexico describes his

success in nursing school as it relates to connecting with an instructor from the same ethnicity and culture.

Yeah, and also English was her second language, and, and I guess she, she could relate. I don't know if that was the reason, but uh, well in a way I-I guess we realize, you know, we tend to-to-to gravitate more to those kind of instructors, you know that the ones that-that they are, you know I want to say, uh, same culture as we have. And-and-and some somehow, you know, they-they tend to, uh, to, uh, to understand the way we feel better. (Mexico, Hispanic, Male, Age 49)

Faculty members play a vital role in student learning and student success. This is reflected in the didactic setting, instructor to student communication, and the interpersonal relationship between instructor and student. I would enlighten faculty to remain insightful about their role as an instructor. Students perceive them as a role model and look to them for guidance in academic success.

Nursing School Curriculum

According to Choi (2005), including ELL nursing students in education programs unfortunately does not guarantee their academic achievement. Their education process creates unique teaching challenges. The nursing curriculum is one consistent thread designed to connect teacher and student, and should consist of learning objectives and course goals. Textbooks and lectures written in English are the primary source of academic instruction. Being prepared for class and course exams requires students to read and comprehend large amounts of material, and participants reported feeling overwhelmed by the amount of time it took to prepare for a chapter exams. Based on both findings in the literature and reports made by students I foresee the need for nursing intuitions to evaluate curriculum from the student perspective.

One key concern mentioned throughout the literature are the challenges for ELL students associated with communicating proficiently in the English language (Choi, 2005; Guhde, 2003). For example, this French student describes an experience while conversing in class:

Some people kept on teasing me about my accent, and saying they don't understand me. You know it tends to after a while just get to your confidence and block you and so you don't participate in or you don't even ask the question in front of the whole class. So you stay with something you don't understand or you don't know until you find someone that finally can explain to you and that can put a block. (France, French, Female, Age 32)

The specialized vocabulary associated with the nursing profession also requires proficiency in English. A Chinese student noted, "What's the hardest thing, and I know vocabulary is hard. My vocabulary is really not as strong." (Taiwan, Chinese, Female, Age 30). According to Pardue and Haas (2003), language, culture, and educational expectations are major factors that must be addressed when discussing the education process in the United States. Participants were eager to learn and reported a variety of study strategies to accomplish curriculum mandates, including reading, attending lectures, writing notes, using computer software, and including both individualized study and study groups. Choi (2005) reported, "ESL students prefer visual, kinesthetic, auditory, and tactile learning styles" (p. 266). Based on current literature and participant interviews ELL students are motivated to learn and are seeking structured guidance. It is my feeling that the unique difference between the English speaking learner and the ELL student is the ELL students' lack of command for the English language which causes them to require more time to accomplish the same curriculum objectives. Therefore, curriculum changes need to consider implementing faucets to promote vocabulary, afford

study time, which would require teaching aids such as PowerPoint's, lectures, and syllabuses to focus on essential core content. This would be a change from current standards. Current teaching philosophy does not focus on essential core content.

Scholar Practitioner

As a scholar practitioner I will integrate the results of this study into nursing practice in order to bridge current gaps surrounding the education of ELL nursing students. I will accomplish this endeavor by the following modalities. A one hour Continuing Education Credit based on the findings of this study has been created (see Appendix D) and will be presented at two local nursing programs that offer associate degrees. In addition, the information will be presented at one local nursing academic poster session and one research symposium. This dissertation will be posted with UMI Dissertation Publishing. Lastly, a one page ELL information sheet has been created to assist faculty, students, and researchers with successful study strategies divulged from the interviews with each participant.

According to Robbins (2003), transformational leadership is one that inspires followers to transcend their own self-interests for the good of the organization. It is my desire as scholar-practitioner to link the best practices in education to the nursing academic setting.

Implications

If a manual specifically designed to demonstrate how to teach nursing content to ELL students existed, student input would be a vital chapter. In this section, I discuss implications for nursing education and the English language learner.

This research study generated descriptions of English language learners' educational experiences during their enrollment in nursing school. This qualitative interpretive study offered a voice for a minority group of nursing students. Theoretically, helping a student before failing a course is important, but to intervene properly the problem must first be identified and fully defined

The current literature related to the learning experiences of ELL nursing students indicates a knowledge gap in this area of research. In this study, I offer possible dilemmas surrounding the education of ELL nursing students. I have made recommendation for change and supported it with the projected health care needs based on population growth in the United States. I have also invoked the need for further investigation.

According to Lacina (2002), one of the reasons there may be limited research performed on the perceptions of the ELL student is because many researchers do not have the patience to listen to someone with an accent. Challenging as it may seem, ELL students will become a larger part of nursing classrooms, as is reflected in their demographic advancement. I have demonstrated that ELL students want to share their learning experiences, they want to learn, and they are in search of guidance. I propose that changes must be made in admission criteria, curriculum, and faculties philosophy on the delivery of nursing education. Current practices are in need of reevaluation. Nursing programs must incorporate measures to identify, and assist students with language challenges.

The American population is becoming more diverse and the health care profession should mirror this populace. English language learners are seeking higher

education, and institutions of higher learning, nursing instructors, and students must all come together and understand what processes are needed to create success for this group of students. It is my belief that part of the problem is that the institution, faculty and learner are at odds. This mismatch is resulting in unnecessary student stress, and often student failure.

Constructivist Learning Theory describes learning as a personal active process in which knowledge is accomplished based on individualized experience. This study provides the foundation for the need of future research in the area of ELL in higher education. Identifying the needs of the learner offers institutions, faculty and learners an opportunity to work synergistically for the same goal.

Implications for Nursing Education

The implications for nursing education from this study relate to new knowledge dissemination of ELL student perceptions related to educational barriers. The United States continues to see unprecedented national growth in both the cultural and linguistic diversity of its population. The U.S. Census Bureau (2000) reports that by the year 2050, the minority population is projected to be 235.7 million out of a total U.S. population of 439 million. The diversification of our nation's population is applicable to nursing education. I bring to the forefront the importance for all nursing schools to recruit, educate, and retain nurses from diverse backgrounds. Rapid national growth demands that educators and institutions alike consistently and accurately determine which students require English language services.

Based on the findings in this study I suggest that nursing schools need to evaluate their nursing program and accurately identify and define problems experienced by the

ELL. This would include evaluation of admission criteria, curriculum, and teaching methodologies. Minority nursing students are highly sought after by nursing programs. It is clear that English proficiency is not part of admission criteria. This study has demonstrated that many of the struggles experienced by ELL students are related to English proficiency skills. Curriculum is designed to be an organized environment for learning. It is an agreement between the student and the instructor for purposes of knowledge distributions and knowledge attainment. It should represent what is believed to be imperative for becoming a nurse. However the decision making process associated with what should be included in curriculum does not include learning challenges of the ELL. By the year 2050 almost one out of every four residents in the United States will be minority. The nursing student population is currently undergoing a demographic transition. Proactively meeting the needs of students requires identification and implementing change.

The participant interviews from this study revealed existential learning experiences that reflected four general themes: *Student Study Habits*, *Student Distress*, *Student Support System*, and *Student Learning Tasks*. Patterns in these themes suggest ELL students struggle in the areas of English language competence, identification of successful study strategies, maintaining a positive support system, and distress related to academic challenges.

I suggest Educators should take note that ELL students may require more time than currently allowed to both prepare for a course and complete course assignments, including chapter exams. *Student Study Habits* indicated that participants take notes, and sometimes translate words, questions, and phrases into their native language. Therefore,

lectures should articulate clearly, avoid metaphors, and allow time for note taking. The study points out that ELL students tend to be visual and experiential learners. The use of PowerPoint slides with simple headings along with short definitions could allow the student to follow the oral presentation using the slides as a visual queue. ELL participants in this research sometimes struggled with spelling of English vocabulary. I would encourage instructors to offer PowerPoint handouts in order to provide additional resources for them to assimilate new terminology. Additionally, I suggestion creating learning environments which offer viewing of nursing videos to include webpage's, participating in lab exercises, and learning inside the clinical setting all support the ELL student's need for visual stimulus.

As institutions develop nursing curriculums, the educators should keep in mind that the ELL student learns best in a visual setting and least in an audio setting. Faculty who present lectures should create graphic PowerPoint presentations and augment with video and interactive internet activities. It is also helpful to incorporate physical models such as the heart, lungs, skeleton, and muscles. These concrete demonstrations provide the student with a pictorial view of lecture content.

Instructors should shy away from using metaphors. Because ELL students are visual learners, using terms in a lecture that hold other then literal meaning can confuse learners. Lastly, participants report dissatisfaction with instructors who appear to lecture by reading directly from the PowerPoint slides. It is poor technique to read a lecture from notes, PowerPoint, or other forms of writing.

Participants reported experiencing distress related to their enrollment in nursing school. *Student Distress* resulted from some of the following circumstances: test anxiety,

lack of language proficiency, limited study time, large reading assignments, and perceived disapproval from both peers and instructors. Faculty can learn from the report of student distress and consider refraining from teaching tactics that may create unwarranted stress. In addition, a plan should be in place at each nursing school to refer students to counseling should faculty or others identify a student suffering from distress. Proactively I recommend providing the students with these resources during the initial nursing program orientation.

Faculty need to become more acquainted with students in their classrooms. Being familiar with who the students are demonstrates excellent teaching etiquette. This includes learning the students' name, and perhaps their culture. Evidence in this study demonstrated that participants had a strong desire for emotional support. The *Student Support System* described in this study consisted of the students' perception of nursing instructor support and their immediate social network. It is unclear whether faculty realized they were part of the students' support system. However, what can be learned is that faculty members hold an added role in the eyes of the ELL student. The students look to the faculty to be role models and mentors, and they desire to have a relationship that reflects approval. Faculty members are in a position to offer more than nursing knowledge. They can teach professionalism, develop positive student relationships, and perhaps most importantly, provide an opportunity for ELL students to share academic conflicts. Nursing faculty need to be mindful that students perceive their nursing instructor as playing a vital role in their support system as well as in their academic success.

Learning the language of another nation is essential if the student hopes to complete nursing school, pass the NCLEX, and safely provide nursing care. Participants in this study identified the English language as a learning challenge and developed learning tasks to assist them with the assimilation of both the English language and nursing terminology. *Student Learning Tasks* were described as comprehension of nursing vocabulary, confidence reflected when publicly speaking English, and the level of comfort a student felt when posing a question in class. Faculty should consider using teaching strategies that support the development of reading comprehension, nursing vocabulary, and the articulation of the nursing process.

ELL participants reported a lack of confidence when asked to communicate verbally. Concerns included the inability to pronounce medical terminology correctly, fear of ridicule related to their native accent, and appearing less intelligent due to their inability to speak English clearly. Nursing instructors should be insightful, sensitive, and facilitate a learning environment that supports learning terminology, articulating nursing knowledge, and encouraging verbal communication.

Lastly, participants reported feelings of apprehension associated with posing a question in class. Instructors must create opportunities for inquiry. This is achieved in part by creating an accepting and respectful environment. This is a positive step in building student confidence as it applies to asking questions in class.

Implications for English Language Learners

I would offer the following suggestions to ELL nursing students based on the findings in this study. Reading assignments were interpreted as being challenging. It may take more time and repeated measures to accomplish each assignment. It is advisable to

start the reading assignment prior to the start of the semester and it may be advisable to read a section more than once in order to comprehend the content. Students should develop and tailor their reading and learning habits to the course requirements. Students should also be flexible and call upon resources such as peers, upper classman, and nursing instructors when help is needed. Students are advised to allow maximum time for study, to prioritize and differentiate between study, work, family care, and social obligations. It helps to use a variety of approaches to study. Some approaches include:

1. Reading and rereading the textbook.
2. Writing notes in the textbook.
3. Attending lectures and writing notes on the PowerPoint handouts.
4. Summarizing the notes in both English and in the student's native language.
5. Using computer software and internet sites to augment learning needs.
6. Scheduling time to take NCLEX practice exams.
7. Forming a small study group.
8. Seeking out peers for content clarification.
9. Sitting at the front of the class.
10. Seeking clarification either in class or after class by posing questions to the instructor.
11. Identifying an instructor you connect with and making them your informal mentor.
12. Managing stress by forming a healthy outlet.
13. Practicing the pronunciation of medical vocabulary out loud.
14. Creating a support system made up of friends, family, peers, and instructors.

Teaching and learning styles require both the instructor and the learner to be creative in their approach if the student is to attain academic success.

Recommendations for Future Research

Bridging the unique gaps in education and addressing the learning needs of ELL nursing students begin with a better understanding of the students' perceptions. Despite innovative recruitment programs, nursing school attrition rates for minority nursing students continue to rise (Gilchrist & Rector, 2007). I present in this section direction for areas of future research. Experiences reported by ELL nursing students could enhance knowledge development in nursing education, student retention, and promote a diverse health care work force.

Additional research is indicated to advance themes and descriptions discovered in this report. This study was limited to two Associate Degree Registered Nursing programs in San Antonio, Texas. It would be valuable to replicate this study with Diploma and Baccalaureate programs. The participants were predominately female with only two male participants, implying that future investigations should include more male students. Further research is recommended to examine and develop the four themes illustrated in this study: *Student Study Habits*, *Student Distress*, *Student Support System*, and *Student Learning Tasks*. Qualitative interpretive studies informed by phenomenology do not generate explanatory theory; further inquiry based on these methodologies is needed. The utilization of different modes of inquiry is needed to further bridge the knowledge gap in nursing. For example, case studies, longitudinal studies, grounded research, and a variety of quantitative methodologies could be used in subsequent research studies. It is my recommendation that investigation from the perspective of the nursing instructor is

needed. In addition, further inquiry to investigate the English proficiency of ELL nursing students and their ability to take nursing style exams. I advocate for more research designed to look at ELL admission criteria and pre admittance screening to identify potential problems and incorporate early interventions. Research related to the ELL nursing student learning experiences has the potential for knowledge development for the nursing profession as a whole. Focusing efforts on bridging the knowledge gap in this area will create success for students, teachers, institutions, and the profession.

Summary

I began this research study with certain expectations about the barriers associated with being an ELL student enrolled in a Texas nursing program. Indeed, I found that their barriers included language difficulties. However, what is promising is their sense of resilience. Their determination to become a nurse has created a need to succeed. The question this research explored stemmed from the central phenomena associated with the experience of being an ELL student enrolled in a professional nursing program in southern Texas. These findings reflect upon the ELL learning experiences and give a voice to the concerns of the ELL nursing student. Furthermore, I have answered the research question I proposed: What are the experiences of English language learner nursing students enrolled in an associate degree nursing program? This selected ELL group of participants described their learning experiences and linked the phenomenon of interest to the discovery of possible problems, concerns, and solutions. However, more investigation should be performed in the area of English language learners. This research study generated findings that support the need for further exploration.

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APPENDIX A

Exploring Educational Issues: International Nursing Students Enrolled in Professional Nursing Programs in South Texas and their Perceptions of Educational Barriers

University of the Incarnate Word

Dear Prospective Participant:

I am Wanda R. Sparks, a graduate student at UIW working towards a doctorate degree in education with a concentration in organizational leadership. If you decide to take part in this study, we will meet for an interview. You are being asked to take part in a research study exploring the experiences of English language learner nursing students who are enrolled in professional nursing programs. We want to understand your challenges better.

You are being asked to take part in the study because you speak English as a second language and you are actively enrolled in a professional nursing program. If you decide to take part, we will ask you to participate in an audiotaped personal interview. During this interview, you will be asked several questions about your experience as a nursing student while enrolled in professional nursing school. The interview should last approximately 30 minutes. We may need to meet on more than one occasion. There are minimal risks to the participant. We do not guarantee you will benefit from partaking in the study. However, the information you offer may be used to bring awareness to your stated concerns. There are not incentives for partaking in the study.

Everything we learn from you in the study will be maintained as confidential. If we publish the results of the study, you will not be identified in any way.

Your decision to take part in the study is voluntary. You are free to choose not to take part in the study or to stop taking part at any time. If you choose not to take part or to stop at any time, it will not affect your future status in nursing school.

If you have questions now, feel free to ask. If you have additional questions later or you wish to report a problem that may be related to this study, contact Wanda R. Sparks at wsparks@uiwtx.edu. You may wish to contact the University of the Incarnate Word committee that reviews research on human subjects Dean of Graduate Studies and Research at 210-829-2759. You will be provided a copy of this letter to keep.

Completion of the audiotaped interview indicates your consent to participate in this research study. If you participate in a subsequent audiotaped interview, continuing with the interview indicates you consent to participate in this research project.

Thank you in advance for your cooperation and support.

Sincerely,

Wanda R. Sparks RN, MSN, BSN

wsparks@uiwtx.edu

APPENDIX B

Informed Consent Form

Protocol:	Exploring Educational Issues: International Nursing Students Enrolled in Professional Nursing Programs in South Texas and their Perceptions of Educational Barriers
Investigator/Sponsor:	Wanda R. Sparks Graduate Candidate University of the Incarnate Word (UIW)

You are being asked to take part in this study because you speak English as a second language and you are actively enrolled in a professional nursing program. The purpose of this study is to explore the English language learner students' perception of challenges encountered during their learning experience while enrolled in professional nursing programs in San Antonio, Texas. The investigator/interviewer for this study, Wanda R. Sparks, a graduate student at the University of the Incarnate Word, is working towards a doctorate degree in education with a concentration in organizational leadership.

If you agree to take part in this research, you will be asked a series of seven (7) questions. Your interview will involve observation, written field notes, and taped (audio) interviewed recording. Your participation in this study is voluntary. You may refuse to answer questions and may stop participation in the interview and/or research at any time without any penalties or loss of benefits to which you are otherwise entitled. The interview will take approximately 30-60 minutes and it will take place in a neutral environment with low noise and minimum interruptions. You may need to meet with the interviewer on more than one occasion.

Subject to the condition(s) stated below, you agree to release all rights of the recording and data collection to the interviewer, who may use it for the purpose of

research regarding international nursing student educational experiences. This information may be used in a doctoral dissertation and presented on PowerPoint presentations and websites related to the doctoral dissertation. Your name will not be used in any publication or presentation. Taped interviews, field notes, demographic data forms, and transcripts will be kept in a locked secured location and will be shredded upon completion of the study. The Institutional Review Board (IRB) may have access to study information for monitoring purposes.

The only risk involved in this study is that your name will be on this consent form and could be linked to this study; however, steps will be taken to ensure that your confidentiality is protected. You will not gain any personal benefits by taking part in the study. However, the information you offer may be used to bring awareness to concerns expressed during your interview. There are not incentives for taking part in the study. There is no cost to you and you will not be paid to take part in this study.

If you have questions, feel free to ask at any time. If you have additional questions later or you wish to report a problem that may be related to this study, contact Wanda R. Sparks by email wsparks@uiwtx.edu. You may wish to contact the University of the Incarnate Word committee that reviews research on human subjects via the Dean of Graduate Studies and Research at (210) 829-2759.

You will be provided a copy of this Consent Form.

Conditions (Initial all that apply)

- _____ I agree to the audiotaping of my interview.
- _____ I agree to the researcher using field notes to include demographic data collection.
- _____ I agree to be interviewed on more than one occasion.
- _____ I want a translator for the purpose of this interview. The translator will be fluent in my language of origin and American English.
- _____ I agree to the interview process taking place using American English.
- _____ Subject to the condition(s) stated I agree to release all rights of the recording and data collection to the interviewer, for the purpose of research regarding international nursing student educational experiences.
- _____ State additional conditions or limitations.

Signed: _____ Initials _____ Date _____

Respondent/Respondent

Signed: _____ Date _____

Interviewer/Researcher

Signed: _____ Date _____

Translator

APPENDIX C

CITI Collaborative Institutional Training Initiative

SBR Course in the Responsible Conduct of Research Curriculum

Completion Report

Printed on Thursday, September 11, 2008

Learner: Wanda Sparks

Institution: University of the Incarnate Word (Public Access)

Contact Information Email: wsparks@uiwtx.edu

Social and Behavioral Sciences RCR Course for The Unaffiliated Learner: This Learner group is for Social & Behavioral Research (SBR) investigators, students, and staff from institutions that are NOT member participants in the CITI Program. You must complete all required modules and case studies before a Completion Report will be generated for you.

Stage 1. Basic course Passed on 09/11/08 (Ref # 2112675)

Required Modules	Date Completed	Score
The CITI Course in the Responsible Conduct of Research	09/11/08	no quiz
Introduction to the Responsible Conduct of Research	09/11/08	no quiz

Elective Modules	Date Completed	Score
Introduction to Research Misconduct	09/11/08	0
Social & Behavioral Research Misconduct	09/11/08	80
Introduction to Data Acquisition and Management	09/11/08	0
Data Acquisition and Management Module – Social & Behavioral	09/11/08	80
Introduction to Responsible Authorship	09/11/08	0
Responsible Authorship and Publication in SBR	09/11/08	100
Introduction to Peer Review	09/11/08	0
Responsible Peer Review Module in SBR	09/11/08	80
Introduction to Mentoring	09/11/08	0
Responsible Mentoring Module	09/11/08	80
Introduction to Conflicts of Interest and Commitment	09/11/08	0
Social & Behavioral Science Conflicts of Interest and Commitment Module	09/11/08	80
Introduction Collaborative Relationships	09/11/08	0
Responsible Conduct of collaborative Science Module – Social & Behavioral Research	09/11/08	100
The CITI RCR Course Completion Page.	09/11/08	0

APPENDIX D

EDUCATION DOCUMENTATION FORM

This format is required. Instructions for presenter-directed activities: Use this five-column format to provide documentation of Educational Criteria: C. Objectives, D. Content, E. Time Frames, F. Presenters/Content Specialists, and G. Teaching Learning Strategies to show that the activity supports the purpose/goal(s).

For self-directed activities: Utilize a three-column format that includes objectives, content and teaching method & strategies.

Title of Activity: Nursing Faculty Considerations Associated with teaching the English Language Learner Nursing Student

C. OBJECTIVES	D. CONTENT	E. TIME FRAME	F. PRESENTER/ CONTENT SPECIALIST	G. TEACHING METHODS, RESOURCES &/OR REFERENCES
List the learner objectives in behavioral/measurable outcomes for evaluation.	Provide an outline/description of the content presented and indicate to which objective the content is related. It must be more than a restatement of the objective.	Provide a timeframe in minutes for each objective for presenter directed activities.	List the presenter for each objective in presenter directed activities.	List the teaching strategies, resources, &/or references utilized by each presenter for each objective – <u>such as resources, materials, delivery methods.</u>
1. Construct a definition of the English Language Learner (ELL) student Nurse. 2. Recognize risk factors associated with ELL student nurse failure and attrition. 3. Identify possible interventions to prevent ELL student nurse failure. 4. Answers without questions	a. What do we mean by ELL? a. Story telling statistics b. The apathetic NCLEX c. The faculty factor a. Curriculum Crunch b. Legal ramifications	10 minutes 20 minutes 15 minutes 15 minutes Total Time: 60 minutes	Wanda R. Sparks, RN, PhD, MSN, BSN	PowerPoint presentations References/WebPages Handouts

This format is required