NURSING STUDENTS WHO ARE NON-NATIVE ENGLISH SPEAKERS: PERCEIVED HELPFUL RESOURCES AND BARRIERS TO COMPLETION OF A BACHELOR OF SCIENCE AND NURSING DEGREE PROGRAM

By

CYNTHIA LYNN MYERS

A thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF NURSING

WASHINGTON STATE UNIVERSITY
Intercolligate College of Nursing
December 2007
To the faculty of Washington State University:

The members of the Committee appointed to examine the thesis of

CYNTHIA LYNN MYERS find it satisfactory and recommended that it be accepted.

____________________________
Chair

____________________________

____________________________

____________________________
ACKNOWLEDGEMENTS

I would like to thank Dr. Carol Allen for her willingness to be my committee chair, and sharing her research and passion for the education of non-native nursing students who speak English as a second language.

I would also like to thank my committee members:

Dr. Renee Hoeksel: Words will never adequately express how much I have appreciated your encouragement and support over the past five years. You were the inspiration for my decision to become an educator, I hope one day to role model for my students the same passion for education that you’ve shared with all of your students at WSUV.

Dr. Linda Eddy: My sincerest thanks for being such a wonderful advisor and facilitator of community projects. The research that I conducted at Linfield was a valuable part of my overall learning experience.

Professor Judy Alleman: My former nursing instructor, current colleague, and friend, thank-you for encouraging me to “join your team” even when you knew that initially it would create more work for you. Who knew that when our paths crossed over 20 years ago that we’d have a new journey to travel together. Thanks for being a member of my committee and timely words of encouragement and advice.
NURSING STUDENTS WHO ARE NON-NATIVE ENGLISH SPEAKERS:
PERCEIVED HELPFUL RESOURCES AND BARRIERS
TO COMPLETION OF A BACHELOR OF SCIENCE AND
NURSING DEGREE PROGRAM

Abstract

By Cynthia Lynn Myers MNURS
Washington State University
December 2007

Chair: Carol Allen

In classrooms across the nation, nursing faculties are seeing an increase in nursing students who speak English as a second language (ESL); however, research has shown that the attrition rate of these students is high. The retention of ESL students is critical to providing a diverse work-group that will ultimately meet the growing demands of a multicultural community. This qualitative, pilot study explores the experiences of non-native nursing students who speak English as a second language attending a Bachelor of Science in Nursing (BSN) program in two communities in Washington State. Focus groups were conducted to ascertain, from the student perspective, perceived barriers or challenges encountered as a nursing student. Students were also asked to identify the resources established by the institution that fostered success. The ability of ESL nursing students to communicate effectively is a key challenge for students and faculty alike. The Cummins Model for English language acquisition provides a framework for nursing faculty to address student language issues. By gaining a more in-depth understanding of the cognitive processes involved in acquisition of English language skills, nursing faculty can adapt (or modify) their academic programs to facilitate the education of ESL students.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................................................................ iii

ABSTRACT ................................................................................................................................. iv

CHAPTER ONE ........................................................................................................................... 1

1. INTRODUCTION ........................................................................................................ 1
   Statement of the Problem ..................................................................................... 1
   Statement of the Purpose ..................................................................................... 2
   Conceptual Framework ........................................................................................ 3
   Literature Review ................................................................................................. 4
   Research Questions ............................................................................................... 9
   Definition of Terms ............................................................................................... 9
   Significance to Nursing ......................................................................................... 9

2. METHOD OF STUDY .............................................................................................. 11
   Design of Study ................................................................................................... 11
   Population and Sample ....................................................................................... 13
   Data Collection Procedures ................................................................................. 13
   Data Analysis ...................................................................................................... 14
   Human Subjects Consideration ........................................................................... 16

3. FINDINGS ................................................................................................................ 17
   Sample Characteristics ........................................................................................ 17
   Research Sub-Question 1 .................................................................................... 17
Research Sub-Question 2 ........................................................................................................ 20
Research Sub-Question 3 ........................................................................................................ 20

4. SUMMARY, CONCLUSIONS, RECOMMENDATIONS .................................................. 22

Discussion ........................................................................................................................ 22
Limitations ......................................................................................................................... 24
Implications ......................................................................................................................... 25
Recommendations ............................................................................................................... 27
Conclusion .......................................................................................................................... 28

REFERENCES ..................................................................................................................... 29

APPENDIX .......................................................................................................................... 33

A. WSU Human Subjects IRB Approval ............................................................................... 34
Dedication

This work is dedicated to my husband and biggest fan, Don Myers. Thank-you for always believing in my dreams and being willing to make the necessary sacrifices to help make them come true.

To my parents, Joe and Sharon Peterson, thank-you for fostering my love for education at an early age … I kept my promise.

To my dearest friend, Anna; thank-you for gently encouraging me to pursue my heart’s true desire over the years. Your cards and letters of encouragement always came just when I needed them most. It’s my turn to wear the goddess pin at the beach next summer!

To my children (Chad, Holly, & Casey), extended family members and friends who have waited a long time for this day to arrive; thank-you for your unconditional love, patience, and support.

To Emmy, your dedication and passion for nursing was truly an inspiration. This work is dedicated to you, and all ESL nursing students who strive to accomplish their dreams.
CHAPTER ONE
INTRODUCTION

Statement of Problem

In classrooms across the nation, nursing faculties are seeing a dramatic increase in the numbers of non-native students who speak English as a new language. However, despite the increase in numbers, research studies have shown that the attrition rate of these culturally diverse students remains high. According to Malu and Figlear (2001) English as second language (ESL) nursing students are typically immigrants whose primary language is not English. Many come from cultural, linguistic, and academic backgrounds unfamiliar to faculty. “Frequently, nurse educators feel at a loss as they struggle to help students achieve their educational goals” (Malu & Figlear, 1998 p. 43). Faculty can no longer expect students to adapt to traditional teaching strategies according to Davidhizar and Shearer (2005). Rather, student success is dependent upon the ability of faculty to adapt to the needs of the student.

A review of the literature indicates that there are few research studies investigating the educational barriers or challenges to successful completion of a nursing program from the perspective of ESL nursing students. There is also scant information regarding the resources that ESL students perceive to be helpful within their academic settings. Resources, as they pertain to this study, include people, programs, teaching methods and assignments.

Due to an alarmingly high attrition rate of ESL students within a university program, combined with some ESL students’ inability to progress through the program at the same pace as the students who speak English as a primary language, this pilot study was designed to identify the challenges and barriers faced by ESL students enrolled in an undergraduate Bachelor of Science in Nursing (BSN) program. The phenomenological method; specifically hermeneutic
phenomenology was used to examine the experiences of ESL students in the BSN program. Heidegger, a hermeneutic philosopher, believed that the individual experience cannot be taken out of context because the context provides meaning to the experience (Simpson, 2007).

Statement of Purpose

The purpose of this qualitative study was to examine, from the ESL nursing students’ perspective, the specific social, educational, and clinical challenges encountered during their BSN program. The study considered from the student’s perspective the academic support systems and resources in place that students found helpful and those students found lacking. In an effort to identify teaching strategies that would potentially foster student success, the study also focused on examining academic resources perceived to be helpful and additional resources the students wished had been available to them. The aim of the study, much like the study conducted by Amero et al. (2006), was that further exploration of these barriers would improve the recruitment and retention of ESL students in nursing programs.

Communication is an essential component in establishing a nurse-patient relationship; Choi (2005) notes that a key concern for ESL nursing students is to communicate effectively in English. If nursing faculty are to understand the particular educational needs of ESL nursing students, “it is important to review current models elucidating the cognitive processes that underlie acquisition of the English language by ESL students” (p. 264). By gaining a more in-depth understanding of the cognitive processes involved in acquisition of English language skills, nursing faculty can adapt (or modify) their academic programs to facilitate the education of ESL students. Phillips and Hartley (1990) suggest that nurse educators can assist ESL students to achieve their career goals by becoming aware of the special language problems they encounter and implementing early and appropriate retention interventions.
Conceptual Framework

The Cummins Model of language acquisition provides a framework for nursing faculty to address student language issues (Abriam-Yago, Yoder, and Kataoka-Yahiro, 1999). This model explains how ESL students learn language for social and academic purposes. The model is based in two types of language proficiency: basic interpersonal communication skills (BICS) and cognitive academic language proficiency (CALP). According to Abriam-Yago et al. BICS includes social language in which students participate every day in face-to-face conversation. ESL students acquire BICS in their interaction with peers at school and at work. On the other hand, CALP requires “opportunities for ESL students to communicate in more cognitively demanding oral and written situations, such as class discussions and lectures” (p. 145).

Student tasks range in difficulty along one continuum from what Cummins describes as cognitively undemanding to cognitively demanding; and along the other continuum from context embedded to context reduced. According to Cummins (1984):

The two are distinguished by the fact that in context embedded communications the participants can actively negotiate meaning (e.g. by providing feedback that the message has been understood) and the language is supported by a wide range of paralinguistic and situational cues; task is one in which the student has access to a range of additional oral and visual clues; context reduced communication on the other hand relies primarily (or at the extreme end of the continuum, exclusively) on linguistic cues to meaning and thus successful interpretation of the message depends heavily on knowing the language itself. (p. 138)

Although students may appear to have little problem with language, Malu and Figlear (1998) contend that they may, in fact, have excellent control of BICS with little command of CALP. It
may be difficult for educators to understand why students who appear to be fluent in the English language have problems with vocabulary. ESL students who can successfully navigate everyday situations may not understand why they encounter failure during the nursing program.

It takes time to learn another language and acquire what Cummins (1984) describes as “English proficiency” (p. 149). Immigrant students on the average require 5-7 years to approach grade norms in academic skills, yet their conversational skills are peer appropriate within about two years of arrival (Cummins). ESL students beginning a university nursing program are required to (a) read with speed and comprehension; (b) speak clearly so instructors and patients can understand; (c) write nursing care plans and reports; (d) understand and take notes from lectures; and (e) employ effective study techniques (Phillips & Hartley, 1990). The ESL student’s difficulties in the classroom and clinical area can lead to frustration on the part of both student and the instructor; “These students may drop out of the program intentionally or be forced out through course failures” (p. 30).

Literature Review

A Literature review, using CINAHL, ERIC, OVID, and Medline databases, revealed information using the following key words, retention, ESL, English as a second language nursing education, nursing students, barriers, and nonnative English speaking nurses. While there are both quantitative and qualitative studies conducted with undergraduate ESL nursing students, there are a relatively small number of studies that examine the self-identified challenges faced by undergraduate non-native English speaking nursing students.

A review of the literature conducted by Klisch (2000b) determined that there are no articles prior to 1990 on the topic of ESL retention strategies. However, she notes that during the 1980’s there were several articles published that laid the groundwork. These articles focused on
retention of diverse nursing students in general, and black nursing students in particular. The development of educational strategies to improve the retention of ESL nursing students evolved in the 1990’s. According to Klisch (2000b):

the retention strategies described in the literature of the 1990’s can be grouped into six main categories: (a) Support for the students: financial, academic, social, language enhancement; (b) Adaptation of teaching methods to recognize cultural differences and language challenges; (c) Assessment and Testing policies; (d) Faculty development to assure grounding in theory and cultural competence; (e) Curriculum inclusion of substantive cultural content and opportunities for application; and (f) Institutional commitment & strategic management. (p. 20)

The literature reports the use of these strategies in numerous schools; however, Klisch adds that most of the schools were large public universities with high numbers of ESL students and access to grant funding (Klisch, 2000b). Klisch poses the question, “How can smaller, private schools, with small numbers of ESL nursing students, and limited or no funding, meet the needs of ESL students?” (p. 20).

Pacific Lutheran University (PLU), a small private university located in the Pacific Northwest, began to introduce retention strategies for ESL nursing students in 1991 (Klisch, 2000a). The total enrollment of undergraduate nursing students was approximately 240 in 1991 when the decision was made to implement retention strategies. Of the 240 enrolled nursing students, only two were identified as ESL. The numbers of ESL students increased every year, so that by 1999 there were 18 ESL students enrolled in the nursing program (Klisch, 2000a).

The first strategy implemented by PLU was providing ESL nursing students with a special advisor. The ESL advisor was a Certified Transcultural Nurse who was familiar with
common concerns of ESL students (Klisch, 2000a). Klisch describes the role of the ESL advisor as an advocate for the ESL students, as well as a consultant to other nursing faculty regarding ESL and cultural competence issues. Other strategies successfully implemented at PLU with limited funding for ESL students included (a) English language enhancement; (b) nursing exam policies (which provided for an extended testing time); (c) increased ESL social support; (d) faculty development workshops to enhance cultural competence; and (e) the addition of a transcultural nursing course to the curriculum. The retention strategies used at PLU were positively received by ESL students, as evidenced by high student retention rates and NCLEX-RN pass rates (Klisch, 2000a).

An article published by Gardner (2005) on successful minority retention highlights Tinto’s theory of student retention. Gardner explains the assertion made by Tinto is that institutional commitment plays a major factor in the retention of students in the university in other words, the greater the student’s allegiance to the institution, the greater the likelihood of retention and graduation from the University. Many of the strategies used to create the Minority Retention Project, were based upon the assumption by Tinto that “frequent contact by faculty is vital to student retention in higher education” (p. 567).

Shakya and Horsfall (2000) explored the experiences of nine English as second language (ESL) international nursing students during one year of their studies at a large Australian university. Two broad categories emerged from the student narratives to describe the nature of their experiences, namely challenges and supports. Shakya and Horsfall report that the strongest finding from the study was that most of the participants experienced problems with various aspects of language. The students described the language difficulties “in terms that related to technical aspects of language, speaking and listening, and interaction in tutorial groups” (p. 165).
Effective communication is a significant part of nursing; Shakya and Horsfall assert that nursing students who have difficulties in spoken English face negative reactions during the course of conversation in both classroom and clinical situations. These experiences may decrease their confidence when speaking.

Most of the student interviewees in the Shakya and Horsfall study (2000) identified the Student Services Division (SSD) as a support for their learning. The students received assistance in areas such as grammar, essay writing, referencing, and written presentation style. Some students sought assistance from the SSD to discuss and resolve personal problems. Aside from the university-related support, students identified family and friends, and the students’ own personal strengths and strategies as additional measures of support (Shakya & Horsfall).

Misunderstanding of assignment and exam questions was identified as one of the challenges by students in the Shakya and Horsfall (2000) article. Klisch (1994) looked at guidelines for reducing bias in nursing examinations. She differentiates between test bias which “refers to the total test score, often for prediction or placement issues” and item bias which “refers to test items that that are slanted towards a specific group and as a result, discriminate against another group or groups of examinees” (p. 36). Klisch argues that one practical way that individual schools of nursing can assist in retention of nursing students is to reduce item bias in nursing examinations.

Bosher (2003) conducted a study analyzing multiple-choice nursing course exams for cultural and linguistic bias. According to Bosher, “multiple-choice exams comprise an important means of assessing the mastery of content in nursing courses. In many courses, these tests also constitute a large percentage of the final grade” (p. 25). Bosher examined 19 multiple choice test exams, for a total of 673 multiple choice questions for cultural and linguistic bias. The findings
from this study revealed few examples of culturally biased test items, less than 1%. In contrast, flaws of linguistic and structural bias constituted 61% of the identified errors.

Guttman (2004) addressed the difficulty nurse educators face when teaching linguistic competence to nursing students educated in the United States but whose families are recent immigrants. Guttman stresses the importance of incorporating strategies to improve linguistic competence into curricular efforts. One such strategy is the ISR, or Integrated Skills Reinforcement Model. The ISR focuses on the process of developing skills that are vital to student success, such as academic and personal skills (Guttman). Guttman further notes the differentiating factor between ISR and other remedial language classes: participation of the entire class. Those students who need remediation are not identified and stigmatized. ISR incorporates adult learning strategies that are relevant to the needs of nurses from all over the world.

Amero et al. (2006) examined the “bridging approach” described by Yoder in 2001. This approach is used by educators to develop instructional strategies for ethnically diverse students. According to the authors, teachers can either be barriers or play key roles in students’ success. Bridging educators encourage students to maintain their ethnic identity, and they modify their teaching strategies to meet students’ cultural needs.

The retention of ESL nursing students, particularly the development of educational strategies to improve the retention of these students was the focus of research in the 1990’s (Klisch, 2000b). However, little information has been documented in the literature regarding educational barriers, challenges, and support systems encountered from the perspective of ethnically diverse nursing students. Klisch notes that “ethnically diverse students vary in terms of their needs and problems, the barriers they face, and the amount of assistance they perceive they need” (p. 20).
Research Question

In an effort to identify the major barriers faced by ESL nursing students, the following question was asked of BSN students during focus group sessions, “What has it been like for you to be a nursing student who uses English as a new language” Similar to the Amero et al. study (2006), students’ perceptions of their educational needs or barriers along with the contributing factors to success or failure were explored.

Definition of Terms

English as a second language, or ESL students, are defined for the purposes of this study as students who speak a native or primary language other than Standard English. These students are typically immigrant students who come to the United States to reside for an extended or indefinite period of time and/or for political or economic refuge. However they include international or foreign students who usually come to the United States to study or enhance their career with the intention to return to their country once their studies have been completed (Malu & Figlear, 1998).

Significance to Nursing

To meet the healthcare needs of a multicultural, multilingual society nurses from a variety of cultures will be needed. In a report from the American Nurses Association (ANA), Nursing’s Agenda for the Future, diversity was identified as one of the 10 domains or areas of focus to bring about positive changes for nursing and the healthcare system (ANA, 2002). The vision of the ANA is that nursing will reflect the population it serves. Five strategies were identified to achieve the vision, they are: (a) increase health system leadership that reflects and values diversity; (b) create diversity and cultural competence through educational programs standards in the workplace; (c) increase diversity of faculty, students, and curricula in all
academic and continuing education; (d) focus recruitment and retention programs to greatly increase diversity; and (e) target legislation and funding for diversity issues (ANA).

According to the U.S. Department of Health and Human Services, Health Resources and Services Administration (2000):

The representation of minority nurses among the total nurse population increased from 7 percent in 1980 to 12 percent in 2000. Despite these increases, the diversity of the RN population remains far less than that of the general population where the minority population was more than 30 percent in 2000. (Racial/Ethnic Background Section ¶ 3)

The diversity of the population within the United States is projected to steadily increase over the next four decades according to the U.S. Census Bureau (2004), “U.S. Interim Projections by Age, Race, and Hispanic Origin.” Ethnically diverse nurses will be needed to care for the health needs of this rapidly changing population. Many nursing and health care organizations have identified balancing the disparity between the number of ethnically diverse people in the general population and the number of ethnically diverse nurses providing care a priority (Amero et al., 2006). Recruiting and retaining ESL students into nursing is one way to achieve this balance.
CHAPTER TWO
METHOD OF STUDY

Study Design

This research is a phenomenological study guided by the philosophy of Heidegger. As a philosopher, Heidegger was concerned with how human beings come to make meaning and understanding of their existence in the world, based on past experiences and sociocultural background (Simpson, 2007). Hermeneutic phenomenology, according to Wojnar and Swanson (2007), “is grounded in the belief that the researcher and the participants come to the investigation with the forestructures of understanding shaped by their respective backgrounds, and in the process of interaction and interpretation, they cogenerate an understanding of the phenomenon being studied” (p. 175).

Phenomenological human science as defined by Van Manen (1990), “is the study of lived or existential meanings; it attempts to describe and interpret these meanings to a certain degree of depth and richness” (p.11). Phenomenologists believe that human existence is meaningful and interesting because of an individual’s consciousness of that existence (Polit & Beck, 2004). This focus on meaning differentiates phenomenology from other social or human sciences. Phenomenology attempts to explicate the meanings as we live them in our everyday existence in what Van Manen defines as our lifeworld.

The main data source in a phenomenological study is in-depth conversation, with researchers and informants as full co-participants (Polit & Beck, 2004). The role of the researcher is not to lead the discussion, but rather to help the informant describe lived experiences. Through these in-depth conversations the researcher strives to gain entrance into the informants’ world, and to have full access to their experiences as lived (Polit & Beck).
As a research approach, hermeneutics is the interpretation of experience (Nehls & Sallmann, 2005). “A key assumption in hermeneutic research is that meanings can be understood only in the context from which they arise, that is, through lived experience of those involved in particular situations” (p. 368). Lived experience as defined by Van Manen (1990):

Is the starting point and end point of phenomenological research. The aim of phenomenology is to transform lived experience into a textual expression of its essence-in such a way that the effect of the text is at once a reflexive re-living and reflective appropriation of something meaningful: a notion by which the reader is powerfully animated in his or her own lived experience (p. 36).

Of Van Manen’s six research activities, reflecting on essential themes which characterize the phenomena was the primary activity used in this study. Van Manen (1990) begs the question, what is a theme and how does theme relate to the phenomena that a researcher is interested in studying. The following are Van Manen’s assertions around the concept of theme: (a) theme is the experience of focus, of meaning, of point; (b) theme formulation is at best a simplification; (c) themes are not objects that one encounters at certain points or moments in a text; and (d) theme is the form of capturing the phenomena one tries to understand. As the lived-experience descriptions of the ESL nursing students were studied recurring themes began to emerge. A thematic phrase, according to Van Manen, can not capture the full mystery of an experience, rather “serves to point at, to allude to, or to hint at, an aspect of the phenomena” (p. 92). The exploration of the lived experiences of the ESL nursing students brought to light the themes and insights for nursing faculty to consider.
Population and Sample

The number of ESL students enrolled in the nursing program is not known because these data are not collected. BSN nursing students for whom English was not their primary language were invited to attend focus groups at one of two campuses of a state wide nursing program to discuss their needs and challenges as ESL students. All had been in the United States for at least three years and spoke English as a new language. Most of the students participating in the study had experienced some academic difficulty, such as failing a course or courses, receiving one or more risk of failure notices, or finding it necessary to reduce their course load in an effort to keep up with course requirements. Many of the failures or notices of risk of failure were related to cultural behaviors or English proficiency.

Data Collection Procedures

After obtaining consent from the participants, focus groups consisting of 2-8 ESL nursing students and one nurse researcher were conducted. The groups met over the course of three days in two locations; two days in one location and one day in another on the university campuses where the students attended. The researcher who led the focus groups was a professor at the same university as the students; however she had no instructional ties to the students participating in the study. Students knew that she was an advocate for ESL students.

Focus groups were used to draw out responses from the students and allow them to tell their stories. According to Polit and Beck (2004), “The broad underlying premise of narrative research in the social sciences (as opposed to literary analysis) is the belief that people most effectively make sense of their world---and communicate these meanings---by constructing, reconstructing, and narrating stories” (p. 260). The students participating in the focus groups were requested to put their experiences into words.
The focus group participants were asked the following questions:

1. Major question:
   - What has it been like for you to be a nursing student who uses English as a non-native language?

2. Sub-questions:
   - Describe some of the problems or challenges you have had as a nursing student?
   - Describe some resources (people, programs, teaching methods or assignments, etc.) that have been helpful to you?
   - Describe the resources (people, programs, teaching methods, assignments, etc.) that you wish were available to you?

The focus group leader wrote the students’ comments on flip charts and confirmed with the students that the written comment adequately reflected the students’ thoughts or feelings. Writing verbal responses on flip charts transformed the actual experience into a communicable representation of it. To ensure trustworthiness of data analysis, Streubert-Speziale and Rinaldi-Carpenter (2007) assert that researchers should return to each participant and ask if the description reflects the participant’s experiences. “When the findings are recognized to be true by the participants, the trustworthiness of the data is further established; if elements are noted to be unclear or misinterpreted, the researchers must return to the analysis and revise the description” (p. 97).

Data Analysis

Once the focus groups were concluded the data were transcribed by the professor who conducted the research. An analysis team, consisting of the researcher, another professor of
nursing, two nursing instructors, and one graduate student independently analyzed the student responses that constituted the data for this study. Each member of the analysis team read through the transcribed notes to gain a general understanding of them. A written summary of the notes, including themes or recurring experiences that captured the meaning of the phenomena being studied were sent to this author from members of the analysis team. The author read the individual summaries and analyzed them for themes common to all or most of the interviews. Crist and Tanner (2003) note that although it is not required for hermeneutic interpretive phenomenology, having a team of researchers that can debate, brainstorm, and discuss study findings adds depth and insight to interpretations. The interpretive team involved must acknowledge any assumptions that could influence the investigator’s conduct of the interviews and observations, as well as the whole team’s interpretations (Crist & Tanner).

According to Sandelowski (1986), qualitative methods of inquiry continue to be criticized for failing to pass tests of methodological rigor. She further explains that “there are few explicit discussions in nursing literature of how qualitative research can be made rigorous, without sacrificing its relevance (p. 27). The truth value of qualitative investigation, as described by Sandelowski, resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects. The closeness of the investigator-subject relationship poses a major threat to the truth value of a qualitative study. Sandelowski posits that the credibility of qualitative research is enhanced when investigators describe and interpret their own behavior and experiences as researchers in relation to the behavior and experiences of subjects. In an effort to further enhance rigor for this pilot study, the researcher and author independently composed a free write after thoroughly reviewing the transcribed notes from the focus group sessions. The
free writes provided another way for the researcher and author to deliberately focus on the participants and to identify and acknowledge their biases and preconceptions.

*Human Subjects Considerations*

Approval for the study was obtained from the Washington State University Institutional Review Board (IRB). The IRB gave approval to use anonymous archived data for which implicit consent was given. (See Appendix for the IRB approval.)
CHAPTER THREE
FINDINGS

Sample Characteristics

A total of fourteen ESL, BSN nursing students from two communities in Washington State participated in the three focus group sessions. All of the participants were female.

The focus group data were used to answer the primary research question and sub-questions. Four major themes regarding challenges/barriers emerged that conceptualized the participants’ experience in their nursing program. They were: time, faculty, resources, and social isolation. Participants identified university staff, and past job experiences as most helpful to them, and extra time for testing, support person or groups, and access to computer and library services in the evening as resources they wished had been available to them in the nursing program.

Research Sub-Question #1

Describe some of the problems or challenges you have had as a nursing student?

Time was identified as a frustrating barrier for the majority of study participants. The participants clearly described needing more time to read than non-ESL students. Assignments take two to three times longer to complete: “Questions that include case studies are particularly hard because they take more time to read and to be sure that I can comprehend what is being asked.” Some of the participants reported attempting to read every assigned reading, and one participant stated that finding enough time to study was difficult secondary to work and family responsibilities. Other time related issues were around test taking. Participants from one campus where the classes are conducted by interactive video described the procedure for asking questions during a test as “time consuming and cumbersome.” Asking questions during a test
required the student to go to the control room, place a call and wait for a faculty member to come and answer. This procedure takes more time when the student is already feeling time pressured. Participants expressed feelings of anxiety from watching the clock and report “hurrying” to complete the test. Extra time for testing was identified as a resource the participants most wished was available to support them.

The researcher who conducted the focus groups expressed the following:

“There is one word that I heard over and over again, especially from one of the groups: ‘time.’ Everything takes more time, even getting help. The students had trouble understanding English words in the texts and on the tests so it took longer to read, to study, and to take the test. The students need help, but in order to get help they have to take the time to find and work with a tutor, or visit the faculty, or use other resources. Nothing is easy. One student commented, ‘I work twice as hard as other students and feel like it is not enough.’ Nothing is satisfying because of exhaustion. I have so many international and immigrant students as my advisees and I know how hard they work and how little time they have for themselves – they never play and sleep very little. The work looks and feels endless; every task more difficult than the last.” (C. Allen, personal communication, September 29, 2007).

Inconsistency among faculty regarding additional time for students to take tests was identified as a primary barrier. Participants reported feelings of “fear and embarrassment” when asking faculty for additional time to take a test. One participant was told “no” by one faculty when she requested additional time; she then felt she couldn’t ask other instructors. Another student was directed to call the disabilities office when she asked an individual faculty member for additional test taking time.
Participants identified lack of access to support staff personnel when needed as a challenge. One campus employs a bi-lingual administrative secretary, who the students identified as being very helpful, however assisting ESL students is not part of her job description and she is often busy when students need access to her. One participant stated, “We need a support group/person. It helps to talk to G (a non-faculty member) but when I have problems and need to make a decision about how to manage my workload I need someone to listen and help.” A second participant added, “Support person, J (the bi-lingual staff member) is often too busy to respond to students when needed.”

The Online Writing Lab (OWL) is a resource offered to all students at the college for assistance with: (a) writing; (b) grammar and mechanics; (c) research; (d) job search and professional writing; and (e) assistance for ESL students. Students may submit papers to the OWL online for review and constructive feedback. Some of the students that participated in the pilot study identified this resource as “not helpful because the turn-around time for papers is too slow and I really need someone to sit with me and go over the problems.” From the student perspective having a personal tutor who could sit with them and go over a paper face-to-face was more helpful than the online paper submission to the OWL.

The participants identified the library and computer lab as helpful resources; however the hours of operation presented a challenge for students on the distant campus. On this campus, students were able to access the library and computer lab until 5:00 p.m. Monday thru Friday however; many students work or have classes in the afternoons and are not able to access these resources until the evening hours. Participants on the distant campus listed evening hours for the library and the computer lab as resources they wished had been available.
Feelings of loneliness and isolation were reported by the study participants as barriers to their educational experience. Student cohorts were identified as important elements in acculturating students into a group; however, when a student experiences a course failure he/she is removed from the original cohort which leads to feelings of isolation, “When I failed two courses I lost my group and now I feel really alone--like I don’t belong anywhere and because they took my picture down from the poster with our mission statement from first semester I feel invisible.”

Social isolation also resulted from the participants’ reported feelings of not being embraced by other students. Some participants reported being purposefully excluded from peer groups. They felt not being part of study groups with English as first language students was detrimental to their education. ESL students were left to pair off with people from their own culture or with other ESL students which decreased the opportunity for networking with their English speaking classmates.

Research Sub-Question #2 and 3

- Describe some resources (people, programs, teaching methods or assignments, etc.) that have been helpful to you?

- Describe the resources (people, programs, teaching methods, assignments, etc.) that you wish were available to you?

Library staff on the distant campus was identified as “helpful” by some the participants. While not in the official job description, the bilingual staff assists students with American Psychological Association (APA) formatting, grammar, and other writing support. Participants identified this person as very helpful; however, this individual works part-time and is often not readily available when students need her. As previously mentioned, the administrative secretary
on the same campus was identified as a good support person by the participants. This individual, who is also bilingual, is responsible to support program planning and therefore not always an available resource for students.

One participant reported that “being an NAC (Nursing Assistant Certified) has helped with school.” Working as a nursing assistant provided this student with an opportunity to have hands on experience with patients prior to functioning in a student nursing role within the clinical setting. The participant believed that knowledge gained through on-the job experience helped to reinforce concepts introduced within the classroom setting.

Supports that study participants wished had been available were, (a) extra time for testing; (b) access to computer and library services after 5:00 p.m.; (c) a tutoring program; and (d) a designated support person or group for listening and help in managing workload.
CHAPTER 4
SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Discussion

The findings from this pilot study are similar to the findings by Yoder (1996). Language was identified as a primary barrier for the majority of participants and they acknowledged having a difficult time reading and comprehending material contained in case studies. Specific problems were related to grammar, spelling, and comprehension of idioms, slang, and terminology. Participants also listed additional time for reading, writing, and preparing for exams as additional challenges, along with the time it takes to complete the exam.

Abriam-Yago et al. (1999) introduce the Cummins Model of language acquisition as a framework for nursing faculty to address student language issues. According to the authors, academic activities within the University setting are cognitively demanding and context reduced which makes comprehension and retention of material difficult for ESL students. By developing teaching strategies that that provide linguistic and contextual support nursing faculty can enhance the learning and participation of ESL nursing students (Abriam-Yago, et. al). For example:

Nursing textbooks are cognitively demanding and context reduced. Reading nursing journals that may contain more visual information, such as charts, pictures, and diagrams, or providing ESL students with study questions to find pertinent information in the text would be useful to move from a context-reduced situation to a context embedded position (p. 145).

The participants in this pilot study identified the allotted amount of time to take a test as a major challenge. Students at the distant campus expressed frustration with time issues surrounding the testing process. While there is a proctor in attendance during the test, students
with questions are required to get up from their desks, walk to a nearby phone, and wait for a faculty member to answer. In contrast, the faculty member is in the room with the students at the main campus. The policy at this university, gives the instructor academic freedom to grant, or not to grant, a nursing student additional testing time.

Klisch (2000a) comments that ESL students typically need additional time to read and mentally translate test questions and answers into their native language and then back into English. Environmental distractions can be a factor that interferes with this process. Some schools of nursing, such as a small northwest university, have developed policy changes to assist ESL students with this problem. “Nursing students are given the option to have double time for taking tests as Sophomores, time and a half as Juniors, and regular time as Seniors, and a quiet site is made available to those who wish it” (p. 26). According to Klisch these testing policies have not resulted in any negative repercussions since other nursing students, such as the learning disabled, are also offered the option of test adaptation.

Decreasing test bias is another important strategy related to assisting ESL students with nursing examinations. Klisch (1994) emphasizes that, “Test developers must keep in mind that the purpose of testing is to test the examinee’s knowledge of nursing content, not to test reading speed, the ability to comprehend complex or confusing structural forms, or to test knowledge of U.S. dominant culture that is not essential to safe, effective nursing practice in the United States” (p. 36.) Cultural bias, according to Bosher (2003), refers to content in test items that is not available to all students. Examples of test items that may be culturally biased include slang terms or have some reference to U.S. dominant culture such as literature, movies, music, or sports (Klisch, 2000a). Although the participants of this study did not specifically identify test bias as a challenge or barrier, there is a possibility that test questions such as the ones described in the
previous study by Klisch could be a contributing factor to the ESL nursing students needing additional time to complete an exam.

Feelings of loneliness and isolation from the mainstream group were emphasized as one of the biggest challenges by the nursing students who participated in the focus groups. Specifically the students noted lack of inclusion by fellow students and difficulty talking with other students in social situations as the primary barriers. An active learning-based teaching tip suggested by Malu and Figlear (2001) is to promote the use of study groups. According to the authors, “faculty should promote heterogeneously mixed study groups with ESL and fluent English speaking students. Study groups offer academic, language and cultural support, and development for ESL nursing students” (p. 205). Students who speak English as their primary language gain valuable cross-cultural experience as well as opportunities to understand the challenges faced by their ESL classmates and culturally diverse patients (Malu & Figlear, 2001).

Assigning students to work in pairs or small groups is an effective context-embedded strategy because it “organizes cross-cultural pairs, facilitates social contacts, and develops camaraderie” (Abriam-Yago et. al., p. 147). However, the authors note that sometimes group work is not easy to implement because of resistance, which may be related to the students’ experiences with education in their first culture. The participants in this pilot study identified lack of inclusion by fellow students in study groups and other classroom projects as the number one problem or barrier in the nursing program.

Limitations

Limitations of the study were its small sample size and that focus group participants attended the same BSN program in two communities in Washington State, therefore the results of the study may not be generalized to other BSN programs throughout other regions of the
country. Variations in nursing programs, location, type of college or university, and diversity of the student population could be factors that affect student experiences. The focus group sessions were not recorded verbatim and students were asked to confirm the accuracy of the researchers’ notes on flip charts. Some essential data may have been lost in the summarizing and inaccuracies may have occurred if students were unwilling to correct the focus group leader. Since the researcher conducting the focus groups was known throughout the University as an ESL advocate, students may have responded in a more positive manner. However her position as a faculty member and thus an authority figure may have reduced students’ willingness to share comments critical of other staff or the college. Additionally, some of the focus groups on the main campus included both faculty and students. Students in these groups may have been guarded in expressing their thoughts and concerns.

Implications

The findings from this study indicate that support systems need to be improved to enhance classroom and clinical experiences for ESL nursing students. To improve retention of culturally diverse students it is imperative that nursing faculty and administrators consider the suggestions brought forward by the ESL students themselves. The participants in this pilot study highlighted the need for additional resources. Most of the participants felt that they needed additional support in areas related to time management, access to faculty, support staff, language writing assistance, and developing social support systems.

Support from within the University in terms of faculty, support staff, and assistance with language/writing services were identified as lacking primarily on the distant campus. Administrators from this and other universities with distant campuses may want to consider providing equal resources for assistance on all campuses.
Klisch (2000a) point out that social support has been reported to be an extremely important retention strategy. Assignment of all ESL students to one advisor who had a special interest in the group and followed the students throughout their time in the program worked well in one school to assist ESL students in maximizing their potential for success. The ESL advisor organized social events that included academic advising, announcements, networking, and fun (Klisch, 2000a). A Big-Sister/Brother program was another strategy implemented by the ESL advisor to promote student retention. Each ESL student was matched with an ESL student who was further along in the program. Klisch reports that efforts were made to match students with others who speak the same first language. Of the focus group participants, all of the students on the main campus were assigned to one or two advisors that who had a special interest in working with ESL students. One of the advisors was also the faculty advisor for the intercultural club; a group whose primary purpose is to support ESL/international students and to provide opportunities for interaction between native born and immigrant/international students.

Flexible scheduling that offers some evening and/or weekend class sections, accompanied by extended hours for the library and media services would accommodate students with job, family, and child care needs. Nursing students participating in the focus groups on the branch campus identified the lack of flexibility in library and computer lab hours as a barrier to their education.

Shakya and Horsfall (2000) emphasize the importance of the learner-teacher relationship as being crucial for ESL students to render clinical experiences meaningful and learning effective. The development of an ESL/ethnic minority mentoring program was developed in five BSN programs in California. Nursing faculty from all ethnic groups were matched with groups of two or three ESL students. Unlike and advising or counseling role, the faculty mentor assists
the student in a mentoring role. This approach was identified as one of the most effective in retaining ESL nursing students (Memmer & Worth, 1991). Choi (2005) adds that “many mentored students appreciate the support from a faculty member, feel their own self-worth improved, and were motivated to act as mentors in the future” (p. 265). She further notes that mentored ESL students were more confident of their transition from student to professional nurse.

Providing appropriate and sufficient resources to assist ESL nursing students in completing their studies is one way for universities across the country to retain and graduate nurses that will meet the healthcare needs of a multi-cultural community. This research also challenges nursing instructors to re-examine institutional policies, such as test taking, to create learning environments that promote and foster student success.

Recommendations for Further Research

Further research is needed to discover the unique challenges faced by ESL nursing students. Through this discovery, nursing faculty can develop innovative programs that will meet the needs of this diverse population and ultimately the needs of a multi-cultural community. For continuation of this research a larger sample size is needed. Focus groups should be audiotaped so verbatim data is obtained, and a research assistant who is not a faculty member would be preferable to lead focus group sessions. It would also be beneficial to study the effects of implementation of practices recommended in the literature, or suggested by the ESL students, to determine the effects of retention and progression of ESL students.
Conclusion

Memmer and Worth conducted a study in 1991 suggesting that one of the first steps toward improvement of ESL student retention is to systematically identify ESL students admitted to the program. More than a decade later, in many schools of nursing, the exact number of ESL students remains unknown; a formal process upon registration that identifies a student as ESL after admission to a program does not exist. While colleges and universities are attempting to implement retention strategies for ESL students, it becomes difficult to evaluate the effectiveness of these programs without first knowing how many nursing students enrolled in the program are ESL.

The U.S. Census Bureau statistics clearly indicate that the diversity of the population within the United States will continue to increase. As the population continues to diversify ethnically diverse nurses will be needed to provide care. Nursing faculty play an important role in helping ethnically diverse students achieve success in nursing programs. Through past/present research faculty members may gain insight into the barriers/challenges faced by ESL nursing students and begin to develop interventions that create positive learning environments. The retention of ESL nursing students depends upon the commitment of faculty and institutional support. Academic programs and student support services that speak to the philosophy of valuing diversity must be in place to ensure that ESL and other culturally diverse nursing students are retained in our nursing programs.
References


http://www.census.gov/ipc/www/usinterimproj/

http://bhpr.hrsa.gov/healthworkforce/reports/nursing/samplesurvey00/chapter2.htm


MEMORANDUM

TO: CAROL ALLEN

FROM: Malathi Jandhyala (for) Kris Miller, Chair, WSU Institutional Review Board (3005)


SUBJECT: Approved Human Subjects Protocol New Protocol, IRB Number #09860-001

Your Human Subjects Review Summary Form and additional information provided for the proposal titled "Experiences of Nursing Students for Whom English is Not a Native Language", IRB File Number 09860-001 was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the WSU-IRB approved your human subject’s protocol on 7/23/2007. This protocol is given Exempt review category.

IRB approval indicates that the study protocol as presented in the Human Subjects Form by the investigator is designed to adequately protect the subjects participating in the study. This approval does not relieve the investigator from the responsibility of providing continuing attention to ethical considerations involved in the utilization of human subjects participating in the study.

This approval expires on 7/21/2008. If any significant changes are made to the study protocol you must notify the IRB before implementation. Request for modification forms are available online at http://www.irb.wsu.edu/forms.asp.

In accordance with federal regulations, this approval letter and a copy of the approved protocol must be kept with any copies of signed consent forms by the principal investigator for THREE years after completion of the project.

Washington State University is covered under Human Subjects Assurance Number FWA00002946 which is on file with the Office for Human Research Protections.

If you have questions, please contact the Institutional Review Board at (509) 335-7183. Any revised materials can be mailed to the Office of Research Assurances (Campus Zip 3005), faxed to (509) 335-6410, or in some cases by electronic mail, to irb@mail.wsu.edu.

Review Type: New Protocol
Review Category: Exempt
Date Received: 6/29/2007
OGRD No.: N/A
Agency: N/A

SECTION 1

PLEASE TYPE. If you use an electronic version of this form, use a different font for your responses. DO NOT leave a question blank. If a question does not apply to your protocol write “n/a.”

Principal Investigator(s) (PI): ___Carol B. Allen PhD., RN  Co PI – Cindy Myers BSN

Department: ___Nursing_____  Campus: ___ICN__________  Campus Zip: ____________

Campus Building & Room #:  Magnusen Nursing Building Room 361

Status: Faculty X  Adjunct Faculty _____ Staff ___ Graduate Student _____ Undergraduate _____

Contact Phone Number: ___47262_________  Contact Email Address: __carola@wsu.edu

Address Correspondence To: Carol B. Allen Ph.D., RN

Project Title:  Experiences of Nursing students for whom English is not a native language.

TYPE OF REVIEW:  EXEMPT X EXPEDITED ___ FULL BOARD ___

Estimated project start date: ___August 15, 2007___  Estimated data collection completion date: ___December 31, 2007___

Is there, or will there be extramural funding that directly supports this research?  YES ____ NO X___

If yes, funding agency (s): _____________________________________________  PI on grant: _____________

OGRD# ____________

ABSTRACT: Describe the purpose, research design and procedures. Clearly specify what the subjects will do.

The purposes of this research are to describe the problems, needs, and resources of undergraduate nursing students enrolled at the college of nursing who use English as a new or second language (ENNL). The data will be used to assist the college in determining and providing appropriate support and resources to help these students successfully complete the nursing program. Data will be collected at the Spokane, Yakima, Tri Cities Campuses of the College of Nursing.

This research consists of two parts. Part one involves the use of archived data obtained in the spring of 2007 as part of a program evaluation. Part 2 involves the use of data that will be collected in the fall of 2007.

The data collected in spring 2007 was initially collected as program evaluation data. Two focus groups were held in Spokane. At each focus group meeting ENNL students and interested faculty were invited to meet with the researcher and to respond to 3 questions related to their experience as an ENNL nursing student or being a teacher dealing with ENNL students. The questions were: What are the problems associated with being or teaching an ENNL student? What are the resources that helped? What are the needs and gaps in services or resources? Notes were taken during the focus group on chart pads and posted about the room. Responses were identified as student or faculty but no names were used and there is no record of who attended. In Yakima eight ENNL students were asked the same questions in small groups of 2-5 persons. Once again the researcher took notes on the student responses without identifying any individuals and there was no record of who attended these focus group meetings. Four faculty members in Yakima were also interviewed individually and their responses noted without identifying data. (For this IRB we are only requesting to use the student data.)
Following these interviews I spoke with a graduate student who was interested in this research and we agreed to develop a research project to obtain more data. The literature reveals little qualitative data on the experiences of ENNL students. I believe the data from these focus groups and additional data collected from additional students will be a rich source of information to improve our program resources and to provide guidance to faculty this and other programs.

Part 2 will be done in the fall of 2007. ENNL students on the Spokane campus will be invited to attend focus groups scheduled at various times during the week to assure access for all ENNL students. The project will be described in the invitation and at the meeting. Informed consent will then be obtained. The focus group will be conducted by the graduate student with support from the researcher. Questions will focus on the student’s experience as an ENNL nursing student. (See attached questions). Notes will be taken during the meeting to capture the problems, resources, and gaps identified by the students. Similar focus groups will be held on the TriCities and Vancouver campuses conducted by the researcher or a graduate student. Data from these focus groups will be analyzed to describe the experiences of ENNL nursing students and to identify best practices for assisting these students to succeed.

I. DATA COLLECTION

A. Check the method(s) to be used (underline all items in the columns on the right that apply):

___ Survey: Administered by: investigator/grad student subject mail phone in person internet/email

___ Interview: one-on-one focus group oral history other

___ Observation of Public Behavior: in classroom at public meetings other

___ Examination of Archived Data or Records: academic medical legal other

(briefly describe)

notes from focus groups Spring 2007 (see abstract)

___ Taste/Sensory Evaluation: food tasting olfactory

___ Examination of Pathological or Diagnostic Tissue Specimens

___ Therapeutic: biomedical psychological physical therapy

___ Experimental: biomedical psychological other

___ Other: Briefly Describe

B. Data: Anonymous ___ Confidential _X_ Intentionally identified___ (Please See Definitions, Section 5).

C. What form of consent will be obtained? (Please see Section 6 for sample consent and assent templates)
a. Implied X__ (Please attach cover letter or describe terms.) for spring

2007 data
b. Verbal ___ (Please attach consent script.)
c. Written __X_ (Please attach consent form.)
d. Seeking Waiver of Consent ___ (Contact the IRB for further information.)
e. Consent Not Applicable ___ (On a separate page explain why not.)

D. If anonymous or confidential, describe how anonymity or confidentiality will be maintained (e.g., coded to a master list and separated from data, locked cabinet, office, restricted computer, etc..). List all sites where data might be stored.

Notes taken during the focus group will not identify any student. Notes will be recorded during the focus group meeting and posted on chart paper around the room. Participants will be encouraged to identify any inaccuracies or misperceptions in the written notes. These notes will be typed immediately after the meeting. Chart pad paper will be shredded as soon as the data is transcribed to a the computer. All notes will be kept on a password protected computer locked in the faculty member’s office or on a memory stick secured by the graduate student(s).

E. Who will have access to the data? Please be specific. Carol Allen, Cindy Myers (graduate student), other graduate students who may participate in the project.

F. Will video tapes ___ audio tapes ___ photographs ___ be taken? YES ____ NO__x__
   If yes, where will tapes or photographs be stored?

G. When will all research materials be destroyed?
   When the data analysis is complete and the article(s) written or within 5 years whichever is first.

II. DESCRIPTION OF THE POPULATION (See Definitions, Section 5, Page 9)

1. Approximate number: __35_______ Age Range: __20-60_______
   How will subjects be selected or recruited and how will subjects be approached (or contacted)?

   All ENNL students enrolled in the undergraduate program at any of the ICN campuses will be invited to attend focus group meetings on their campuses. Invitations will be posted on the campus bulletin boards and on the web site. In addition announcements will be made in one large theory class for each semester and at Namaste meetings. x (Namaste is an intercultural club in which many ENNL on the Spokane campus participate.) The PI knows most of the ENNL students on the Spokane campus and she will invite them via email.

   2. Will subjects be compensated* (include extra credit)? YES ____ NO__x_
      If yes, how much, when and how. Must they complete the project to be paid?

   *NOTE: If students will be receiving extra credit for participation, they must be able to complete an alternative assignment for extra credit should they choose not to participate. This assignment must be comparable, with respect to time and effort, as participation in the research.

   3. Are any subjects under 18 years of age? YES___NO__x_

   4. Are any subjects not legally competent to give consent? YES ____ NO__x_
      If yes, how will consent be obtained? From whom? Are there procedures for gaining assent?
5. Will any ethnic group or gender be excluded from the study pool? YES ____ NO ___
   If yes, please justify the exclusion.
   Native English speakers will be excluded since the study aims to evaluate the needs and resources of ENNL students.

6. Is this study likely to involve any subjects who are not fluent in English? YES ____ NO ___
   If yes, please submit both the English and translated versions of consent forms and surveys, if applicable.
   No, although all students will be ENNL, students admitted to the nursing program have to have English fluency to be admitted.

7. Does this study involve subjects located outside of the United States? YES ____ NO ___
   If yes, on an attached page please explain exactly “who the subjects are,” and the identities (if possible) and responsibilities of any additional investigators.

8. Does this study involve the use or creation of protected health information? YES ____ NO ___
   (See Section 5 for a definition of protected health information.) If yes, complete and submit HIPAA Appendix A, the HIPAA Authorization Form along with the completed human subjects application.

III. DECEPTION (See Definitions, Section 5, Page 9)

   If any deception is required for the validity of this activity, explain why this is necessary. Please include a description of when and how subjects will be debriefed regarding the deception, and attach a debriefing script.

   NO

IV. RISKS AND BENEFITS (See Definitions, Section 5, Page 8)

   A. Describe any potential risks to the subjects, and describe how you will minimize these risks. These include stress, discomfort, social risks (e.g., embarrassment), legal risks, invasion of privacy, and side effects.

   Risks to the participating students include possible embarrassment when discussing encountered in school. Stress and distress when recalling and relating painful incidents related to being an ENNL student. Sharing experiences in a group setting may provide students with support from one another as well as from the faculty and graduate student who are empathetic to their situation and skilled in dealing with distressed students individually or in groups.

   B. In the event that any of these potential risks occur, how will it be handled (e.g., compensation, counseling, etc.)?

   The faculty PI has worked with ENNL students for many years and knows most of the ENNL students. The grad student has also worked with many ENNL students in another nursing program and is very sensitive and empathetic to their needs. Both researchers have skills to reduce stress and encourage support from other group members as needed. Should any student become especially distressed there is a mental health counselor available on campus Dr. Jack Severinghaus, as well as two ENNL support persons who nearly all of the students have worked with at one time or another. If a student feels that another form of support would be more helpful or appropriate, the faculty PI will assist the student to access that resource.
C. Will this study interfere with any subjects’ normal routine?  

YES  x  NO  

Students will need to give about an hour of their time to come to the focus group meetings that will be scheduled to avoid conflict with classes.

D. Describe the expected benefits to the individual subjects and those to society.

Participating students will have an opportunity to share their issues and concerns and to obtain support from others. They will also have the opportunity to share solutions and suggestions that may help them individually and may contribute to improving the experience and success of other ENNL students. The benefit to society is that nurses who speak languages other than English are available to provide care for clients who speak these languages and there are fewer health disparities because clients are provided care by nurses who understand their culture and experiences.

E. If blood or other biological specimens will be taken please address the following.

Brief Description of Sampled Tissue(s): _______________

Describe the personnel involved and procedure(s) for obtaining the specimen(s). Note that the IRB requires that only trained certified or licensed persons may draw blood. Contact the IRB for more details on this topic.

V. USE OF DATA COLLECTED  (Check all that apply)

1.  x Thesis/Dissertation
2.  x Journal Article/Publication/Presentation
3.  ___ Grant Activities
4.  ___ Other: Briefly Describe: _______________

VI. PROJECT CHECKLIST  (Attach additional pages as necessary.)

A. Will any investigational new drug (IND) be used?  

YES  ____  NO  x  

B. Will any other drugs be used?  

YES  ____  NO  x  

If yes to A or B, on a separate page, list for each drug:
1. the name and manufacturer of the drug,
2. the IND number,
3. the dosage,
4. any side effects or toxicity, and
5. how and by whom it will be administered.

C. Will alcohol be ingested by the subjects?  

YES  ____  NO  x  

If yes, on a separate page, describe what type and how will it be administered. Refer to the guidelines for administration of ethyl alcohol in human experimentation (OGRD Memo No. 18 available at OGRD).

D. Will the proposed research activity be conducted at an outside (non WSU) facility or entity (such as hospitals, clinics, schools, school districts, factories, offices, etc…)?  

YES  ____  NO  x  

If yes, the researcher has an obligation to ensure that the outside entity is aware of the proposed research activity and has no objections (i.e. agrees to participate). By signing this application, the researcher indicates that they will comply with this requirement.
In order to respect the sovereign governments, research to be conducted on Native American tribal lands will require a letter from the Tribal Council (or equivalent authorized signatory) to the WSU IRB acknowledging the research activity and their willingness to allow the proposed activity.

FINANCIAL CONFLICT OF INTEREST

Does the researcher or any other person responsible for the design, conduct, or reporting of this research have an economic interest in or act as an officer or director of any outside entity whose financial interest would reasonably appear to be affected by the research?

YES ___ NO ___

If yes, please answer the following:

If the economic interest involved is a “significant economic interest” as defined in WSU’s Conflict of Interest Policy, has a plan for managing, reducing or eliminating any conflict been established by the Conflict of Interest committee?

YES ___ NO ___
SECTION 2

Is your project EXEMPT?

Exempt Reviews

Federal regulations specify that certain types of research pose very low risks to subjects, and therefore requires minimal review from the IRB. To determine if your project is exempt, answer the following questions.

1. Will subjects be asked to report their own or others' sexual experiences, alcohol or drug use, and will their identities be known to you? YES__ NO_x_
2. Are the subjects' data directly or indirectly identifiable, and could these data place subjects at risk (criminal or civil liability), or might they be damaging to subjects' financial standing, employability or reputation? YES__ NO_x_
3. Are any subjects confined in a correctional or detention facility? YES__ NO_x_
4. Are subjects used who may not be legally competent? YES__ NO_x_
5. Are personal records (medical, academic, etc.) used with identifiers and without written consent? YES__ NO_x_
6. Will alcohol or drugs be administered? YES__ NO_x_
7. Will blood/body fluids be drawn? YES__ NO_x_
8. Will specimens obtained from an autopsy be used? YES__ NO_x_
9. Will you be using pregnant women by design? YES__ NO_x_
10. Are live fetuses subjects in this research? YES__ NO_x_

If you answered YES to any of the questions above, then your project is NOT exempt, but may still qualify for expedited review (see Section 3, Page 7).

If you answered NO to the questions, your research might be EXEMPT if it fits into one of the following categories.

(Circle or Underline all that apply)
1. Educational Research: Research conducted in established or commonly accepted educational settings, involving normal educational practices. This is for research that is concerned with improving educational practice.
2. Surveys, Questionnaires, Interviews, or Observation of Public Behavior. To meet this exemption, the subject matter must not involve “sensitive” topics, such as criminal or sexual behavior, alcohol or drug use on the part of the subjects, unless they are conducted in a manner that guarantees anonymity for the subjects.
3. Surveys, Questionnaires, Interviews or Observation of Public Behavior. Surveys that involve sensitive information and subjects’ identities are known to the researcher may still be exempt if: (1) the subjects are elected to appointed public officials or candidates for public office; or (2) federal statute(s) specify without exception that confidentiality will be maintained throughout the research and thereafter.
4. Archival Research. Research involving the collection or study of existing data, documents, records, pathological or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. These data/samples must be preexisting, which means they were collected prior to the current project.
5. Research Examining Public Benefit or Public Service Programs. To qualify for this exemption, the research must also be conducted by or subject to review by an authorized representative of the program in question. Studies in this category are still exempt if they use pregnant women by design and their purpose is to examine benefit programs specifically for pregnant women.
6. **Taste Evaluation Research.** Studies of taste and food quality evaluation. Studies of taste evaluation qualify for
   this exemption only if (1) wholesome foods without additives are consumed; or (2) if a food is consumed that
   contains a food ingredient at or below the level of and for a use found to be safe.

   **FINAL QUESTION:** Are any subjects under 18 years of age?  YES  NO  

If your study uses subjects under 18 years of age, and you plan to use surveys, questionnaires or do interviews, then your project is NOT exempt. All other exemptions apply even if subjects are under the age of 18.

If you answered NO to the questions and your study fits into one of the six categories, then your project is EXEMPT.
SECTION 3

**Does your study qualify for EXPEDITED review?**

**Expedited Reviews**

Expedited reviews are for studies involving no more than minimal risk or for minor changes in previously approved protocols. To meet expedited review criteria your protocol must meet the following conditions: no more than minimal risk to the subjects, subjects must not be confined in a correctional or detention facility, and one or more of the following types of participation on the part of subjects.

(Circle or Underline any that apply to your project)

1. **Collection of excreta and external secretions:** sweat, saliva, placenta, and/or amniotic fluid. None of these may be collected by "invasive" procedures, such as those that use cannulae or hypodermic needles, such as in amniocentesis.

2. **Recording of data using noninvasive procedures routinely employed in clinical practice.** This includes but is not limited to the use of "contact" recording electrodes, weighing, tests of sensory acuity, electrocardiography and electroencephalography, and measures of naturally occurring radioactivity. This does NOT include procedures which: a) impart matter or significant amounts of energy to the subjects, b) invade the subjects’ privacy, or c) expose subjects to significant electromagnetic radiation outside the visible range (e.g. Ultraviolet light from tanning beds).

3. **Collection of hair or nail clippings, teeth from patients whose care requires the extraction or collection of plaque and/or calculus** using routine procedures for the cleaning of teeth.

4. **Voice recordings** made for research purposes such as investigations of speech defects and speech pathology.

5. **Moderate exercise** by healthy volunteers.

6. **Experimental research** on individual or group behavior or on the characteristics of individuals, such as studies of perception, cognition, game theory or test development. This does NOT include studies...

7. **Studies of archived data, records or diagnostic specimens** that are not exempt.

8. **Studies involving the collection of blood samples** by venipuncture, in amounts not exceeding 550 ml (about a pint) in an eight week period and no more often two times per week, from subjects 18 years of age or older and who are in good health and not pregnant.

If your study fits into one of the eight types of participation and required criteria, then your project can receive EXPEDITED REVIEW.

SECTION 4

If your study does not meet exempt or expedited review criteria, then it qualifies for FULL BOARD review.

**Full Board Reviews**

Protocols that require full board review have the potential for high risks to subjects (physical, psychological or social) or those that have special population consent considerations (research on Native Americans, prisoners, persons who are not legally competent, ethnic considerations).
INVESTIGATOR'S ASSURANCES

This investigation involves the use of human subjects. I understand the university's policy concerning research involving human subjects and I agree...

1. ...to obtain voluntary and informed consent of persons who will participate in this study, as required by the IRB.
2. ...to report to the IRB any adverse effects on subjects which become apparent during the course of, or as a result of, the activities of the investigators.
3. ...to cooperate with members of the IRB charged with review of this project, and to give progress reports as required by the IRB.
4. ...to obtain prior approval from the IRB before amending or altering the project or before implementing changes in the approved consent form.
5. ...to maintain documentation of IRB approval, consent forms and/or procedures together with the data for at least three years after the project has been completed.
6. ...to treat subjects in the manner specified on this form.

Principal Investigator: The information provided in this form is accurate and the project will be conducted in accordance with the above assurances.

Signature_________________________ Print Name_________________________ Date__________

Faculty Sponsor: (If P.I. is a student.) The information provided in this form is accurate and the project will be conducted in accordance with the above assurances.

Signature_________________________ Print Name_________________________ Date__________

Chair, Director or Dean: This project will be conducted in accordance with the above assurances.

Signature_________________________ Print Name_________________________ Date__________

When Section 1 is filled out and fully signed, review the Packet Checklist (Page 1) to complete the packet for review and submission.

Institutional Review Board: These assurances are acceptable and this project has adequate protections for subjects. This project has been properly reviewed and filed, and is in compliance with federal, state, and university regulations.

Signature_________________________ Print Name_________________________ Date__________

IRB ONLY: This protocol has been given- Exempt___ Expedited___ Full Board___ status.