10 Life Histories: Interpreting the Subjective Reality of African Students Studying Nursing in the UK

SUE DYSON

Introduction

In this chapter I consider the question of whether life history method can ever be more than simply 'journalism or biography' (Faraday and Plummer, 1979, p.774) or whether the strength of life history lies in its ability to penetrate the subjective reality of the individual (Goodson, 1991). I begin by exploring the vexed question of internal validity, external validity and reliability within the context of the debate about the so called 'subjective' nature of life history research. The view taken is that whilst life history provides an important mechanism for ensuring that less powerful groups in society are given a 'voice', in order to do so the researcher has to be prepared to abandon the search for what constitutes an absolute 'truthful' account, in an effort to accept the 'story' as recounted by the 'teller'.

The use of life histories in nurse education is examined, as a way of penetrating the subjective reality of a particular group of life history subjects, namely African students studying nursing in the United Kingdom (UK). The chapter begins with a discussion of validity within the method before examining the impetus for one particular life history study.

Validity Within Life History Research

Blumer (1979) recognised that critics of life history research often claim the method to be invalid for reasons that authors of personal accounts can: easily give free play to their imagination; choose what they want to say; hold back what they do not want to say; slant what they wish; and say only what they happen to recall at the moment. In short, they allegedly engage in both deliberate and unwilling deception thus making the method invalid. However true this may be, the subjective story is exactly what the researcher is after when choosing to use a life history approach to collecting sociological data. If this were not the case, then the method has been chosen in error and other

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methods, for example, attitude scales or questionnaires should be considered. Three domains exist within the context of validity: those arising from the subject being interviewed, from the researcher, and from the interaction between the two.

Subjects of life history research may lie, cheat, present a false front or try to impress the interviewer in some way (Plummer, 2001). However, of particular importance is the claim that an interviewee may attempt to create a consistent and coherent story for the interviewer's benefit. This begs the question of the value of life history research, if it is possible that nothing recounted by the subject can be relied upon to be true. Radley and Billig (1996) shed light on this when explaining how subjects might recount a version of events that whilst not necessarily 'untrue' is dependent on their beliefs about whatever is being asked of them. They argue that people's views of health and illness are best understood as accounts that they give to others and suggest that such beliefs are neither the expression of fixed inner attitudes, nor evidence of shared social representations. The argument is that a distinction can be made between a so-called 'private' and 'public' account and furthermore a variety of rhetorical devices are used dependent on which type of account is being offered. To explain further, a subject will determine what type of account is most appropriate once they have internalised whom the account is for, for what purpose, and how it may be of benefit. For example, an African student may potentially recount two versions of their 'story' of studying nursing in the UK. First may be a 'public' account in which the student feels the exchange is one of being questioned by an expert (Cornwell, 1984). One of the key features of the public account is that it reflects the speaker's (student's) concern with the authority of the researcher against whose criteria their statements will be judged. An African nursing student may well perceive the researcher (Senior Lecturer in the University) to hold a position of authority and to have some notion of acceptable/unacceptable answers to the question of what it is like to study nursing within that University. The student may even imagine there to be some repercussions for unfavourable comments about the experience, thus calling into question the validity of the account given. In contrast, Cornwell (1984) describes a 'private' account that may be offered once the subject is invited to 'tell stories'. Here a shift in control from researcher to respondent allows the individual to recognise the researcher as someone like himself or herself, enabling the use of a language recognisable as shared between similar groups. An African student may give a 'private' account if the researcher is presented as a past student having studied nursing in the UK, albeit in a different time and place, who is interested in learning about convergent or divergent experiences. Cornwell (1984) continues her discussion of public/private accounts by adding that once trust has built up speakers relax into a private account divulging more of themselves to hearers. However, Fairclough (1993) counteracts this in arguing that if accounts are complex and

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intextual, and if the account typically involves justification then matters may not be so simple: stories may be told when giving formal accounts and justifications and legitimations are still in order during private accounts.

African students' stories are likely to be both complex and intertextual regarding the experience of studying nursing in the UK. Their stories may involve issues relating to admission into a UK university and the difficulties this posed for them. Culley and Mayor (2001) discuss recruitment to nurse education and suggest that minority ethnic groups including 'Black African' students may be less likely to secure a place in nurse training than their 'White' counterparts. Furthermore these differences cannot be accounted for by qualification level, specialism chosen, or visa requirements, but may be more to do with the selection procedure, which discriminates against them on the basis of their ethnic group (Iganski et al., 1998). The African student, who is successful in securing a place at a UK university against the odds, is faced with a situation whereby their minority status is compounded and where they may be subject to racism in the college and the practice setting (Gerrish et al., 1996). Chevannes (2001) points out that actually securing a place is by no means easy since the large numbers of Black and Asian nurses who apply to train as nurses in England diminishes at the short listing stage, and reduces further when they are offered a place on a course.

Life History and African Nursing Students

The Context

Since its inception in 1948 the British NHS has relied extensively on international nurses and other workers to maintain the required complement of staff. From the very outset nurses were recruited into training from East Europe, Eire, the Caribbean and Africa. Although the 1962 Commonwealth Immigrants Act prevented further direct migration as British citizens, nurses have continued to be recruited into training. The fate of such nurses has remained relatively hidden, with few studies examining experiences in detail, and fewer still monitoring any patterns in prospects and achievements of such nurses.

In recent years, research by Iganski et al. (1998) and Iganski (1998) suggests that minority ethnic applicants to nurse courses in England are over represented at the applications stage of recruitment compared with their numbers in the population, but that they are more likely to be rejected without interview for pre-registration nursing courses. These findings were based on a three-year research project carried out across a sample of universities providing pre-registration nursing education in England and show both over and under representation. The authors imply all is well if over representation of minority

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ethnic groups occurs and cast doubt on claims of under-representation of ethnic minorities on pre-registration nursing courses (Chevannes, 2001). However, they are not able to account for the difference in the number that apply, the number that are shortlisted, and the number that are offered a place. Chevannes (2001) concludes from this that we still do not know the factors that prevent black and other minority applicants surmounting the hurdle of first-stage selection and moving to the shortlisted group of applicants. Similarly, little research accurately portrays reasons why black and other minority ethnic nursing students 'drop-out' of the course or choose not to practice as qualified nurses on achieving registration. In light of work by authors such as Smaje (1995), Gerrish et al., (1996) and Culley and Mayor (2001) who consistently point to the need to pay attention to inequities and inequalities in health and health care provision, and the need to develop health care services which are responsive to the needs of an ethnically diverse society, it is necessary to address this shortfall in the data as a matter of urgency. One way of collecting data in relation to ethnic groups is through ethnic record keeping and ethnic monitoring. However, ethnic record keeping without monitoring is a pointless exercise, and wasteful of resources (Johnson, 2001). If information is collected and nothing is done to consider the implications of what it shows, it becomes a redundant exercise. Therefore to record numbers of students from African countries applying for pre-registration nursing courses without monitoring what happens to them during the next three years provides little insight into the relevant aspects of people's ethnic origins and the relationship to patterns of 'drop-out'.

There are many ways of defining an ethnic minority (Pringle et al., 1997). Crucially, the categorisation used should be relevant to the service being delivered, in this case nurse education. At De Montfort University one such ethnic minority is the contingent of African nursing students who make up nearly 20% of the population of nursing students currently on the diploma course.

However, a significant number of the African students (140 or 14.6%) originate from Zimbabwe, a country well known for its current political and economic difficulties. This relatively high number was a factor in the decision to focus the study on those particular students using life history as a way of sensitising the researcher to key issues or time periods (Plummer, 2001).

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Figure 1:   Country of Birth of Students on Pre-Registration Nursing Diploma Courses, De Montfort University, 2000-2001
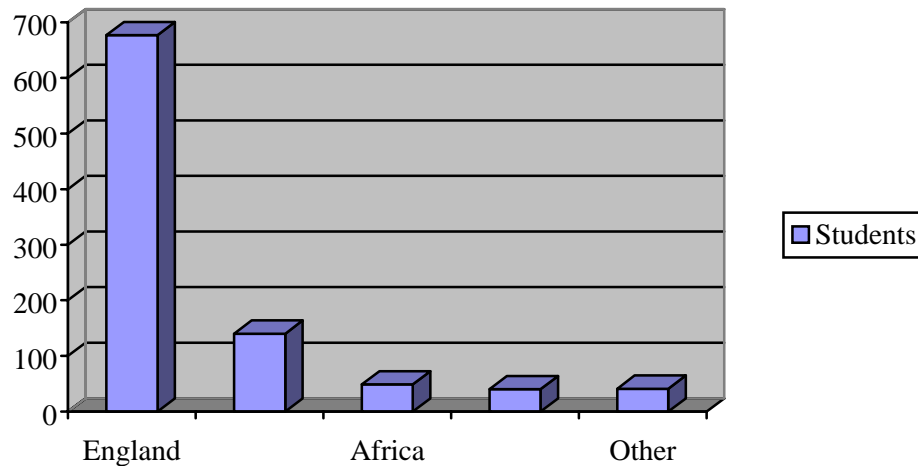
Having established a population of students (from Zimbabwe) that can be categorised as a majority within an ethnic minority (from Africa) the next question is 'what is the problem?' Plummer (2001) suggests only some problems and questions will lead to suitable life history research, for example certain themes such as health, family life, and careers. In the case of Zimbabwean students, beginning a course of study in a new country ensures that suitable life history material is readily available in that it usually involves changes in family circumstances, changes in career, and possible changes in health status for the student and their families. An example is provided by one particular incident, which reinforced the desire to explore in more detail the life histories of Zimbabwean nursing students.

Fateful Moments

Giddens (1991) has spoken of fateful moments, occasions of opportunity when we are given a challenge out of which one may construct a new way of thinking about things. One student, whilst undertaking a clinical placement as part of a three-year Diploma in Nursing programme provided such an opportunity during a routine visit to check on achievement of learning outcomes, attendance and general progress.

The student, a married woman in her early thirties had arrived in the United Kingdom from her native Zimbabwe eighteen months ago to pursue a nursing course, accompanied by her two young sons. The student's husband, a school teacher, remained in Zimbabwe in order to support his ageing family.

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The student's parents and younger siblings also reside in Zimbabwe and rely on her for financial support. In the student's words the chance to study nursing in the UK presented itself as a 'once-in-a-lifetime' opportunity. Consequently she arrived in the UK full of optimism and hope, with a view to successfully completing a Nursing Diploma in a country whose National Health Service was, in her view, second to none.

On arrival in the UK the student encountered problems concerning accommodation and financial assistance. These were compounded by communication difficulties relating to unfamiliarity with UK support mechanisms for overseas students and a general lack of information. Although the student was in some way prepared to encounter technical difficulties through having conversations with friends who had preceded her footsteps she was not prepared for the attitudes of the people she met from the moment of her arrival. The student recounted incidents with co-workers, students, teachers and administration staff in the academic and practice setting in which they made her question her right to be in the UK.

Examples given by the student include being asked frequently about her plans for returning home on completion of the course. She felt there was a constant suggestion that she was training to be a nurse at the British tax payers expense, that she was "scrounging off the State", whilst getting free education and healthcare for herself and her family, in other words having something for nothing, and that she was sending other people's money out of the country. The student also indicated that comments were made regarding the health of her family in Zimbabwe. For example:

> People seem to think we are all suffering from HIV or that we all have AIDS and that's why we are coming here now … just to get money to take back to Zimbabwe.

The incident recounted was initiated by a routine clinical visit to the student's placement area. The constraints of time and the environment prevented further exploration of issues of obvious concern to the student. Plummer (2001) talks about the 'chance encounter', indicating that many life histories are not planned, and that an interesting volunteer is a common way of finding subjects for the research. Subsequent visits to placements allowed tentative enquiries of other Zimbabwean students regarding their willingness to participate in a research study, which would focus primarily on their life histories. The response was overwhelmingly positive.

A further reason for choosing life history as a method for analysing and interpreting the experience of African nursing students is that narratives encourage the teller to place themselves in a position of strength. This is because narratives have a structure in which the beginning, middle and end are defined by the teller, and the interviewer is relatively more obliged to listen

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and respect such structures, especially the ceding of 'the floor' to the teller. Since the power of a life history lies in its telling it becomes necessary to accept the story as it is told, even if it can be shown to contain 'lies' or 'false memories' since as Plummer (2001) argues all life story work is selective work. Using life histories with Zimbabwean nursing students would take account of the fact that African traditions rely heavily on oral histories passed from one generation to the next (Gallman, 1994). Furthermore, it could be argued that of all Western methodologies, the one that does least violence to the African experience is one that values such story-telling.

Finally, it is likely, given what we know about the persistence of racism in British society (Gerrish et al., 1996), that such students will be faced with particular types of challenges, and accounts of such experiences to an audience who will validate such experiences at least gives a voice to their concerns, even if it does not of itself challenge the power relations upon which such racisms rest. As Culley et al. (2001) have shown, constructing one's experiences within a narrative framework can be a powerful way of resisting negative experiences and provide a source of personal healing to the narrator.

In conclusion, there are a number of important issues still to be resolved, not least those related to preparing for a life history study and how many respondents to include. However, by far the most important consideration is how to avoid exploiting people who may perceive the research to have an immediate positive outcome on their experience. Whilst I have argued strongly in favour of using life histories I am aware of some of the pitfalls associated with the method and find the advice of Plummer (2001) invaluable in relation to ways a 'true story' might be told. My view is that all voices deserve to be heard, but some voices are heard less often than others. Life history can guide the researcher, stage by stage, through the story teller's entire life course, and can affirm, validate and support the story teller's experience in relation to those around them.

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