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LANGUAGING AT WORK:
THE LANGUAGE SOCIALIZATION OF SUPPORT STAFF IN THE
HEALTHCARE WORKFORCE

A Thesis Presented

by

KRISTEN E. SCHLAPP

Submitted to the Office of Graduate Studies,
University of Massachusetts Boston,
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

May 2017

Applied Linguistics Program

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ABSTRACT

LANGUAGING AT WORK:
THE LANGUAGE SOCIALIZATION OF SUPPORT STAFF IN THE
HEALTHCARE WORKFORCE

May 2017

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This thesis presents findings from an ethnographic study of adult English Language Learners (ELLs) who are support staff employees in a large metropolitan hospital and are taking integrated English as a Second Language (ESL) classes at their work site. This research is rooted in a theoretical framework that intersects studies on discourse (Fairclough, 1995; Gee, 2008), language socialization (Burdelski & Cook,

2012; Flowerdew, 2013; Vickers, 2007), and agency and identity development (Norton, 1997, 2006, 2010; van Lier, 2008) to discuss the experience of adult ELLs who enter an English-dominant healthcare workplace. The teacher-researcher used ethnographic methods to examine: (a) the support staff employee discourse as determined by language and behaviors; (b) the impact of the workplace ESL classes on socializing employees into this discourse; (c) how support staff employees develop agency and second-language identities in their work environment. Data included field notes from work observations of six support staff employees from three departments—Housekeeping, Food Service, and Patient Care Services—all of whom participate in the ESL classes, and audio-recorded interviews with these six employees and three support staff supervisors. Relevant literature in the fields of workplace education and language socialization at work is reviewed and discussed. A description of the hospital’s support staff discourse is described in the findings, along with areas of language socialization that are developed by participating in workplace ESL classes and how this leads to increased agency and identity development at work. Data analysis exhibits that learning English through an integrated workplace education program provides employees a community of practice in which to develop the language skills and confidence they need to advocate for themselves and others at work. By qualitatively examining how healthcare support staff can be better incorporated into the workplace and develop professionally, this study has implications for training and education programs for a growing immigrant healthcare worker population.

For my parents.

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CHAPTER 1

INTRODUCTION AND RATIONALE

For adult immigrants in the United States, working as support staff in low-wage jobs is a reality. Despite skills, experience, or certifications they possess from their home country, many adult immigrants lack the language skills to pursue jobs in their former fields, and instead, find jobs as cleaners, kitchen staff, or caretakers as a way to support their families. In these jobs, adult immigrants are thrown into a new type of work in an English-dominant environment. As a result, they must not only learn the tasks of a new job and the protocol of the American workplace, but they must navigate this new environment in another language. With the pressures of making money to support their families in the United States and in their home countries, these immigrant workers often do not have the time or financial means to take English classes.

Access to jobs, increased wages, and career mobility depend on language and technological skills, and for adult English language learners (ELLs), these can be persistent barriers. Using data gathered in the 1990 census and population surveys, MassINC concluded that more than 1.1 million workers in Massachusetts do not have the skills needed for the changing economy (Comings, Sum, & Uvin, 2000). In addition,

195,000 of these workers were classified as adult immigrants who have limited English speaking skills and would require more English for job advancement (Comings et al., 2000). A current study from MassINC finds that this number remains consistent as 40 percent of adults living in Massachusetts' Gateway Cities, areas that have the most influx of new immigrants, are either unemployed or underemployed due to lack of skills for the current job market (Forman & Niles, 2016). Despite the gaps in language ability and skills, the Commonwealth Corporation found that the Massachusetts economy is still bolstered by these immigrant workers, who allow the state to expand their labor force (Bundy, Ansel, & Snyder, 2013).

This boom is particularly poignant in the healthcare sector. From 2001 to 2015, healthcare and social assistance jobs increased in Massachusetts by 40 percent and nationally by 38 percent (Commonwealth Corporation, 2016). Adult immigrants make up 11.7 percent of all people working in healthcare in the United States, which includes direct service and non-medical staff (Borges-Mendez, Jennings, Friedman, Hutson, & Roberts, 2009). In Massachusetts, the healthcare field accounts for over half a million workers and according to *Immigrant Workers in the Massachusetts Health Care Industry* (Borges-Mendez et al., 2009), adult immigrant workers account for 15 percent of this population, with certain jobs like low-skilled Nursing Aides accounting for 33 percent of adult immigrants and projected to grow as baby boomers age and the need increases.

The importance of adult immigrants in healthcare is significant yet these workers face challenges that native-born workers do not encounter: "These jobs are often filled by foreign-born workers whose limited English proficiency and insufficient basic math and

computer skills limit their access to career advancement and induce low job satisfaction” (Borges-Mendez et al., 2009, p. 24). Based on a 2016 study from the Commonwealth Corporation, of the 3.4 million workers in Massachusetts, 181,000 workers are underemployed with involuntary part-time work or are marginally attached and discouraged in their job. While employment in healthcare fields is booming, 21.3 percent of healthcare employees in Massachusetts have a high-school degree or less, and studies show educational attainment is uneven based on race and ethnicity (Commonwealth Corporation, 2016). This leaves a gap in advancement opportunities for jobs that are higher paying yet require advanced degrees. As a result, the success of the healthcare industry is directly correlated to the success of the adult immigrant workers in the healthcare field, and “it becomes important to continually expand their positive incorporation into the healthcare sector and improve their workforce and labor market prospects” (Borges-Mendez et al., 2009, p. 3).

This study is directly concerned with the successful incorporation of adult ELLs into the healthcare field and posits that language is an integral component to this success. To examine how language learning and integration occur for this population of workers, this study uses ethnographic research methods to examine workplace discourse, language socialization, and identity development as they relate to six participants who are adult ELLs and support staff at a major city hospital. An ethnographic approach to data gathering in workplace language socialization studies is commonly used because it provides an “emancipatory vision... that seeks to empower and equip people” in participating more fully in a multilingual workplace (Newton & Kusmierczyk, 2011, p.

88). In this study, the use of ethnographic research provides an opportunity to view the workplace through the lens of these workers, and see firsthand how language is being used in their daily work.

The voices in this study revealed that the hospital workplace is a complex discourse that is navigated and negotiated through various means of apprenticeship and language socialization. This discourse, as defined by Gee (1989, 2008, 2010), describes the way that language and behaviors are enacted to form identities within a specific context—in this case, the hospital workplace. People may be apprenticed into this specific context through “supported interaction with people who have mastered the Discourse” (Gee, 2008, p. 170). This research points to the importance of developing agency and identity in this new discourse, and the data collected also reveals that employees who are seen as successful are performing new identities as competent, skilled workers at the hospital. Participants expressed that, as their language skills increased, their confidence and integration into the hospital was also bolstered.

Research Questions

Based on the ethnographic research from observations and interviews, three research questions were recursively designed to focus a discussion on patterns that emerged from the data. Prioritizing the support staff adult ELL experience, this study is interested in the landscape of the support staff discourse and how language socialization in a classroom can support these employees as they navigate this workplace context. The three questions that emerged are:

1. *What is the discourse of the workplace that hospital support staff ELLs need to access?*

This first research question is concerned with the components of the support staff discourse that employees are encountering. In this study, the *discourse* describes the specific language and behaviors of the support staff departments (Fairclough, 1995; Gee, 1989, 2008, 2010). Using three components of discourse—social practice, discursive practice, and textual practice—this question identifies the multilingual, multi-discursive, hegemonic landscape that ELL employees need to access, in order to be successful. To gain access to the discourse involves getting a job at the hospital, learning the responsibilities, and performing the accepted language and behaviors of the environment, and this question will look at these steps as they relate to the participants.

2. *How does the language socialization process that takes place in the context of the workplace education program help these ELLs gain access to the support staff discourse?*

Focusing on the workplace education program, this question seeks to identify ways in which contextualized language practice in an on-site classroom supports the language socialization process. This discussion will reveal how mastering formulaic, interactional, strategic, and discursive competencies as they are identified in the discourse can help a discourse outsider transition to being an insider through contextualized curricula and communities of practice (Wenger, McDermott, & Snyder, 2002).

3. *How does working at a hospital impact second language identity and discourses for these ELLs?*

This concluding question targets the transformation that may occur as participants are socialized into their support staff discourse. Using a model of agency development from van Lier (2008), this discussion links successful agency and second language development to confidence, skill, and risk-taking in the second language (L2).

This ethnographic research of adult ELL employees in the workplace seeks to highlight the complex ways that language is used to make meaning and create new identities as members of the hospital workplace. Drawing from a discourse and language socialization framework (Burdelski & Cook, 2012; Duff, 2008; Fairclough, 1989, 1995; Flowerdew, 2013; Gee, 1989, 2008, 2010; Ochs, 2000; Schieffelin & Ochs, 1986) where language and social practices are interconnected, this study will first identify the discourse practices that employees are encountering at work, seek to identify how on-site classroom practice supports language socialization into this discourse, and discuss the ways in which employees develop agency and L2 identity during this socialization process.

CHAPTER 2

THEORETICAL FRAMEWORK

This chapter presents the lens through which I approached this research, analyzed findings, and drew conclusions about the language socialization process for hospital support staff English Language Learners (ELLs) who participated in a workplace English class. I used a framework that intersected with fields of study in discourse, language socialization, and agency and identity development to analyze and interpret my ethnographic research.

Discourse

A workplace, in addition to its physical dimensions, is a context where individuals use language and behaviors to accomplish tasks, define roles and expectations, and build relationships. This interconnection between language and action is best situated in a discussion of discourse. In its broadest definition, a *discourse* comprises of language use within a specific context (Flowerdew, 2013). Gee (1989, 2008, 2010) and Fairclough (1995) have contributed significant discussion to the field of discourse. Departing from the definition of discourse as simply oral or written language, Gee (2010) stresses the ideological nature of “Discourse” (with a capital “D”) as a designation of acceptable

behaviors which include language, expressions, acting, thinking, using technologies and tools that are both distinguishable within context, and ways of being identified as an accepted member. These behaviors are intrinsically connected to identity:

Discourses are ways of enacting and recognizing different sorts of socially situated and significant identities through the use of language integrated with characteristic ways of acting, interacting, believing, valuing, and using various sorts of objects (including our bodies), tools, and technologies in concert with other people (Gee, 2010, p. 151)

The interactional element is part of the notion of “*social language*”, also defined as styles or registers, which are dependent on the context and the interlocution. Language in this case can never be taken out of context (Rogers, 2002).

For Fairclough (1989), not only is language context-dependent, language is a social practice that defines discourse. In his definition of discourse, three interrelated elements make up the discourse: spoken or written text, the discursive interaction between the interlocutors producing or interpreting the text, and the way in which this interaction functions as a social action (Flowerdew, 2013, p 179). This three-dimensional model of discourse is rooted in the field of Critical Discourse Analysis that seeks to reveal power relations that occur at the discursive level between text and social action. However, the relationship is not linear and it suggests that text can influence social action and social action can influence text.

Enculturation

The discussion of discourse has implications for how individuals participate in a discourse as accepted members. Gee (2008) suggests that this happens through what he calls enculturation, or apprenticeship, which occurs through “scaffolded and supported interaction with people who have already mastered the Discourse” (p. 170). Thus, integrating into a discourse cannot be “learned”, but is acquired as outsiders don an “identity kit” of language and behaviors unique to the discourse and begin to take on these actions as their own (Gee, 2008). As outsiders begin to enculturate by using the language and modeling the behaviors of the social context, they become accepted as new members.

As a counter to Gee’s “Discourse” and his enculturation model, Delpit (2006) supports a model where the individual has agency to impact the discourse and define their own identity. Delpit (2006) argues that “discourses are not static, but are shaped, however reluctantly, by those who participate within them and by the form of their participation” (p. 163). The Critical Discourse Analysis model supported by Fairclough (1989) provides a multidimensional perspective on how the text, interlocutors, and social action influence each other. In a discussion on Fairclough’s model, Cots (2006) defines this interaction:

At the level of social practice, the goal is to discover the extent to which discourse is shaped by and, at the same time, influences social structures and the nature of the social activity of which it forms part. The discursive practice dimension acknowledges the specificity of the communicative situation, taking into account both material and cognitive aspects related to the conditions of textual production

and interpretation (for example, intertextuality, presuppositions, etc.). Finally, the textual practice dimension focuses on formal and semantic features of text construction, such as grammar or vocabulary, which contribute to conveying/interpreting a specific message (p. 339).

In this definition, discourse is seen as a multidimensional, transitive model that has both properties to influence and the ability to change. Both Gee (1989, 2008, 2010) and Fairclough (1995, 1989) offer a definition of discourse that supports the complex nature of language in the context of its use.

Language Socialization

In these definitions of discourse, language is also a vehicle of culture in that it enables users to form identities and enact ideologies within the discourse. As a result, learning the language of the discourse is a crucial element for discourse integration. The field of language socialization (LS) provides a framework for how this process occurs. Based on the principle that there are contextualized cultures with “experts” and “novices”, LS stands on the notion that socialization occurs through language use and that language use facilitates socialization (Schieffelin & Ochs, 1986). Language in this framework is contextualized and viewed as a *genre*: “different communicative events which are associated with particular settings and which have recognized structures and communicative functions” (Flowerdew, 2013, p. 138). Thus, the majority of the interdisciplinary research in LS is interested in how these speech events, or genres, are related to the identity and ideology formation within a discourse (Burdelski & Cook, 2012; Duff, 2008; Ochs, 2000; Schieffelin & Ochs, 1986).

As a result, the ultimate goal of LS is competence, and this measurement is defined by the participating members of the community (Vickers, 2007). Flowerdew (2013) suggests four areas of competence that members can achieve: (a) *formulaic competence*, which includes language chunks and prefabricated language (Burdelski & Cook, 2012); (b) *interactional competence*, which includes conversational language, politeness and turn-taking (Levinson, 1983); (c) *strategic competence*, which include strategies for maintaining a flow of conversation (Canale & Swain, 1980); and (d) *discourse competence*, where all the areas of competence unite in a specific environment (Celce-Murcia, 2007). The workplace provides an ideal setting in which to analyze the LS process because the expert/novice relationship is rooted in the workplace hierarchy and these areas of competence can be identified in the language used at work and the ways in which employees communicate with each other (Roberts, 2010).

In addition to mapping areas of competence, the field of LS has implications for how speakers of a second language (L2) enculturate into the language of the context. Lave and Wenger (1991) posit a “*communities of practice*” model that suggests novices learn and rehearse the discursive practices of a community within a smaller group that shares their *cultural capital*. A community of practice model emphasizes knowledge sharing and scaffolded participation through sustained interaction and practice within the community (Duff, 2008; Wenger, McDermott, & Snyder, 2002). In the workplace context, a community may be found within a group of employees that share linguistic or cultural capital. For L2 speakers in the workplace, Roberts (2010) questions the stability of these communities and suggests that socialization, as it relates to the workplace,

should be analyzed in the form of competence as well as sociopolitical realities (p. 220). In addition, Ochs (2000) suggests that these realities—language and cultural differences and hierarchical positioning—“facilitate socialization into multiple communities and transnational life worlds” (p. 232). Thus, the “community of practice” model within the LS framework, like the theory of discourse, should be viewed as multidimensional and interactional.

Agency and Identity

Since the goal of LS is competence, research in this field is often linked to research on L2 identity development within a discourse (Norton, 1997, 2001, 2010, 2012). Norton (1997) sees the process of using and negotiating language within a discourse as a form of identity construction. In this sense, *identity* is defined in “how people understand their relationship to the world, how that relationship is constructed across time and space, and how people understand their possibilities for the future” (Norton, 1997, p. 410). As a result, each context presents the opportunity for identity development to occur as the self, the environment, and the interlocutors interact and navigate their new relationship.

Norton’s (1997) use of “how” in her identity definition has expansive implications for the classroom and the workplace. Using the context of the L2 classroom, van Lier (2008) elevates agency as the indicator for identity development. Building on discussions of responsive teaching (Bowers & Flinders, 1990) and autonomy-supportive teaching (Deci, 1995), van Lier (2008) identifies *agency* in learners who “[make] some effort, however small and seemingly insignificant, to be original, say something new and

different, set off in an unpredicted direction” (p. 174). van Lier (2008) analyzes learners’ actions in the classroom using a *continuum of agency*. Based on classroom observations that analyzed the environment created by the teacher and the students’ behaviors and language use, a range agency was assigned to actions observed in a range of passive, obedient, participatory, inquisitive, autonomous, or committed agency (p. 170). In the highest level of agency observed, van Lier (2008) found that students used language to perform an identity, a process he refers to as “perceptual learning.” This occurred when students engaged in “meaningful and relevant activity in pursuit of a worthwhile goal in an ecologically valid environment,” and resulted in a formed identity that is simultaneously responsive to the environment and relevant to the students’ cultural background (van Lier, 2008, p. 177).

Garcia (2009) emphasizes this performance model of language and culture in her discussion of *linguaging*, a term that describes the heteroglossic view of language as complex and adaptive, multilingual, multi-modal, and multi-discursive. Embracing Makoni and Pennycook’s (2007) view of language as a social construction, Garcia (2009) moves away from a discussion of a linear definition of bilingualism where the two languages function separately, and instead supports the notion that the way bilingual and multilingual individuals use language is complex, performative, and reflective of their social reality. Thus, in Garcia’s (2009) linguaging framework, linguaging is a social practice—a discourse—that cannot be separated from the context in which it is created:

There is only linguaging: social practices that are actions performed by our meaning-making selves. What we learned to call dialects, pidgins, creoles, and

academic language are instances of languaging: social practices that we perform (Garcia, 2009, p. 32-33).

Garcia's (2009) work marks a connection between language, social practice, and performance that are all dependent on the sociocultural context. Just as an actor brings their own identity and character to the role they perform, language performance reveals the complex act of being in a discourse and forming a unique identity (Butler, 1997).

Finally, Garcia (2007) posits that this very performance—languaging—is an act of identity development. In her discussion of languaging, she presents the notion that individuals more often translanguage to navigate a discourse; a term used to describe the “*multiple discursive practices* in which bilinguals engage in order to *make sense of their bilingual worlds*” (Garcia, 2007, p. 45). The act of “making sense” of their worlds is itself a performance, and thus a means by which to build multiple identities (Butler, 1997; Cameron, 2006). In the hospital, employees are translanguageing by using multiple languages to build relationships and check comprehension, using body language and other non-verbal practices to make meaning, and using text messages and other literacy devices to communicate with supervisors.

Conclusion

Using the hospital workplace as an environment of study, this research combines the frameworks of discourse, language socialization, and agency and identity to look at how support staff ELLs use language to integrate into their support-staff discourse. This three-dimensional framework provides the opportunity to analyze how L2 identities are developed through language use in the workplace and in the English classroom. Uniting

these theoretical constructions, this research engages in a critical discussion of how using contextualized L2 in a community of practice model promotes agency and facilitates the integration of individuals into the workplace discourse, which has implications on the theory and practice of adult education.

CHAPTER 3

REVIEW OF THE LITERATURE

Analyzing identity and language practices in the workplace is not a new area of study, and many researchers have engaged these issues through the lens of critical language awareness (Burdelski & Cook, 2012; Duff, Wong, & Early, 2002; Newton & Kusmierczyk, 2011; Vickers, 2007). Studies on language in the workplace vary among the literature, but with some exceptions, little attention has been paid to the experience of adult immigrant support staff in the healthcare field. This review of the literature will present studies that have engaged in workplace topics such as language socialization in the workplace, teaching language for specific purposes, and second language (L2) identity development in order to situate this current study and propose ways in which this study fills necessary gaps in participant population focus and methodology.

Workplace Education

Workplace education studies are important to the field of linguistics because they illustrate the symbiotic relationship between language, context, and identity, yet the scope of these studies varies in context and focus. Newton and Kusmierczyk (2011) provide a meta-analysis that presents the scope of current trends in research on teaching and

language learning in the context of the workplace. Focusing on fields of language for specific purposes and language socialization, the authors emphasize studies that target changing communication methods at work. They highlight four aspects of workplace language: employability skills, interpersonal communication, intercultural and critical language awareness, and teaching focused employment interview skills. Based on this research, Newton and Kusmierczyk (2011) argue that contextualized language should be integrated into workplace education programs, and that current situated and ethnographic research at worksites can help the teaching of a L2 at work.

Newton and Kusmierczyk (2011) identify an area of research that utilizes critical language awareness to discuss how power relationships at work can influence workplace education programs and perpetuate hegemonic work environments. The authors argue that research engaged in this discussion seeks to “empower and equip people for fuller participating in work and multilingual and multicultural workplaces and, on the other, to challenge hegemonic processes and discourses in the workplace” (p. 88). However, limited studies were presented on this topic, revealing the need for more studies in this area. Another gap seen in the studies presented is the diversity of participant populations. A majority of the studies utilized adult immigrants that were highly educated professionals entering an English-dominant workplace. Newton and Kusmierczyk’s (2011) review article provides important themes that emerge from the linguistic field of workplace education studies, and provides an important departure point to consider power relationships in the workplace, diverse populations of employees, and ways in which identities are developed at work.

One study (Katz, 2000) on adult immigrant employees at Cableco, a cable manufacturing plant in Silicon Valley, which was not included in Norton and Kusmiereczyk's (2011) meta-analysis, takes a critical language awareness lens to analyze the hegemonic relationship in the workplace that results from the deficit model supervisors use to view employees who are enrolled in workplace English classes. Katz (2000) presents a study on the power relationships between the supervisors and their adult immigrant workers from Michoacan, Mexico who make up 90% of the workforce. Katz (2000) collected data as a participant observer through classroom observation, workplace observations, and interviews with students, supervisors, and teachers. According to interview data, supervisors measured their employees' education and skills based on their communication in English, and they saw the workplace literacy classes as a way to "retrain" their employees on the dominant language and ideology of the workplace. Katz (2000) posits that this hegemonic relationship that maintains a subordinated status for the employees is perpetuated by the workplace education program.

Katz (2000) found that the deficit model shadowed the classroom and caused resistance among the students, rather than the acceptance of the dominant ideology that the supervisors were expecting. Referencing examples from the classroom, Katz (2000) found that students resisted engaging with their supervisor by remaining silent and working quietly, rather than using language to prove to their supervisor that they understood their job. The supervisors in the study were identified as frustrated because they believed the English classes would stop this resistant behavior. Katz (2000) argued

that the employees viewed the English classes as a mechanism to make them more complacent and productive, and they used the silent treatment to display their resistance. In contrast to the Cableco model, Katz (2000) proposed that “workplace change must be a two-way street; management must be willing to explore assumptions and preferences...and issues of power and status cannot be closed over or ignored” (p. 166). This study invites a discussion on how workplace education programs can influence aspects of a workplace and how supervisors’ perception of these programs can impact their overall success.

Other studies on workplace education programs support Katz’s (2000) findings and suggest that there must be a high level of contextualized curricula in these programs to fully prepare participants for workplace interactions. Gerdes and Wilberschied’s (2003) case study on a workplace English program for non-native English speaking employees at an Ohio restaurant chain suggested that contextualized curricula and a cooperative learning approach support a situated learning environment that improved employees skills while also integrating them more fully into the work culture. Situated in the healthcare field, the Canadian CNA training program in Duff, Wong, and Early’s (2002) research showed that vocational focused English classes paired with practicum experience, helped prepare English Language Learners (ELLs) for jobs, increased their literacy skills, and bolstered their confidence. In a study with waste collection drivers, Madrigal-Hopes, Villavicencio, Foote, and Green (2014) studied the impact of teaching workplace-specific vocabulary in response to traffic violations and safety incidents. Based on improved confidence reported through participant interviews and improved

writing samples, Madrigal-Hopes et al. (2014) suggest that workplace curricula targeting specific workplace language provide meaningful instruction that meets participants at all levels and helps them improve on their own continuum of development. Workplace education takes different forms in each site, but these studies show that successful programs yield participant empowerment and skill gains have the support of the management, develop cooperative learning environments, and integrate meaningful and relevant workplace language into the classroom.

Language Socialization at Work

Language socialization frames much of the discussion from studies on workplace language as social practice within a specific discourse (Duff & Hornberger, 2008; Duff, Wong, & Early, 2002; Li, 2000; Roberts, 2010, Vickers, 2007). These studies suggest that language socialization, learning the language of the workplace, is a crucial process in navigating the behaviors of the workplace discourse. In an amalgamated review of language socialization studies, Burdelski and Cook (2012) suggest that this socialization process is facilitated through formulaic language, which gives outsiders access to a discourse. According to Burdelski and Cook (2012), fixed expressions and lexical chunks help ELLs develop agency because they can quickly start using the language of the discourse, participate in social settings, and engage in communities of practice. Madrigal-Hopes et al. (2014) provide an example of how teaching the formulaic language used by waste collection drivers can be taught to ELLs through repetition in order to improve job efficiency and safety. Burdelski and Cook (2012) suggest that more research should be done on how teaching formulaic language plays out in interactional roles (p. 182).

Engineering Discourse

Through an ethnographic study of engineering students in an American university capstone class, Vickers (2007) provides insight into how interactional roles for non-native English speakers impact language socialization. Vickers (2007) situated her research within the “speech community” of the computer engineering department, facilitating an analysis of how conversational turns, questions and explanations of technical content define the values of this community, and in turn, how these language acts impact language socialization. Focusing on an ethnographic case study of Ramelan, a periphery member of the community, Vickers (2007) showed that transitioning to core member status of a discourse involved an apprenticing process and a renegotiation of identity, both of which were closely linked to the participant’s changed language behavior.

Early on in this study, Ramelan showed signs of periphery status by asking more technical content questions than providing explanations, but his successful language socialization was marked by observations at a meeting where he switched to providing more explanations and controlling the conversation. Vickers (2007) noted that while this change was sudden, it occurred due to the language socialization process where core members of the community scaffolded Ramelan’s contributions and “provided legitimacy to Ramelan’s contributions by framing them according to community norms” (p. 636). Through this process, Ramelan developed a unique identity within this community. This study reveals the importance of the core-periphery relationship in apprenticing members into the discourse. However, Vickers (2007) emphasized that “our ways of interacting in

any social context will change because interactional norms within social contexts are not static but in constant flux as newcomers replace old-timers” (p. 637). As a result, this study suggests that the language socialization process within the work and academic settings must continue to be analyzed and questioned.

Support Staff Healthcare Discourse

With their study of adult immigrants in a CNA class, Duff, Wong, and Early (2002) were also interested in international norms within a discourse. Focusing on the support staff healthcare discourse, these researchers look specifically at a Resident Assistant/Home Support Attendant (CNA) program in Canada for unemployed, low-income immigrants designed to teach care-giving skills and vocational English required for this job. In this program, participants took a pre-practicum class where they learned the technical and colloquial language and the soft and hard skills necessary for the interactional competencies of the CNA role. After these classes, participants completed two practica in two different healthcare settings, providing them with hands-on apprenticing experience in their field. Duff, Wong, and Early (2002) focused their research on twenty student participants and used ethnographic exit interview data to analyze the language of the discourse language socialization process for these individuals.

Based on this participant interview data, Duff, Wong, and Early (2002) found that the actual language of the support staff discourse differed from the standard language taught in the program. Participants reported that communication occurred through the first language (L1), body language, technical and academic discourse, and context

dependent non-technical exchanges. During the first practicum, participants were in a majority ethnically Chinese hospital with patients who spoke Cantonese, not English. Some participants had the same L1, and one participant found that one Chinese patient spoke Spanish better than English. These findings led to discoveries about how the L1 can facilitate communication and care. Duff, Wong, and Early (2002) suggested that programs that help participants learn the language of the workplace should look at these language events and contextualize their curriculum to better prepare the immigrant populations for these interactions. Despite these L1 and kinesthetic language events, much of the support staff discourse was in English.

At the end of their program, many individuals showed improvement in their English skills and felt proud of their accomplishments. Participants reflected that, based on their experience, they created new identities in the CNA role within the support staff healthcare discourse. However, while the language socialization that occurred in the classroom and practicum experiences gave participants more confidence and skills, Duff, Wong, and Early (2002) found that participants still had difficulty finding jobs after they completed the program. Participants reported that despite their new training, they still lacked sufficient workplace connections and employer relationships to gain employment. They also cited other challenges of the CNA job that made switching to this work appear unfavorable, such as doing shift work while also having child-care obligations, traveling long distances on public transportation to get to work, and competing for jobs with college graduates (Duff, Wong, & Early, 2002).

Workplace studies that shed light on discourse language and language socialization could impact the way we communicate at work and the way workplace education programs approach their curriculum. Duff, Wong, and Early (2002) intended to discover the “nature of the language/literacy activities and socialization” in the practicum part of the program. However, the researchers were not able to observe the program’s classroom or the practicum site, so they drew conclusions based on participant interviews and journals. The authors admit that being able to observe these sites would have deepened their research and results. Duff, Wong, and Early (2002) suggest that more longitudinal ethnographic studies be done that follow participants into the healthcare worksite in order to better understand the formulaic, interactional, and discursive practices that occur within the support staff discourse.

Situated among research in language socialization and case studies of workplace education programs, this ethnographic research will continue the discussion about how language is used in the workplace. The proposed study will also seek to expand the language socialization focus by connecting the discussion of discourse to language socialization and identity development. Finally, it will fill a gap in this research by addressing an underrepresented population of hospital support staff.

CHAPTER 4
RESEARCH QUESTIONS AND METHODOLOGY

Research Questions

This project was born out of a concern that was directly related to my teaching. I manage and teach in this workplace education program and I was continually questioning the relevance of my lessons to the daily work of the students. As a result, I embarked on an ethnographic research project where I could investigate the language used among support staff ELLs in the hospital and the ways in which the workplace education program impacted employees and their communication at work. The questions that emerged from this ethnographic study were developed recursively to reflect the patterns and themes that developed from the data. The research questions are:

1. *What is the discourse of the workplace that hospital support staff ELLs need to access?*
2. *How does the language socialization process that takes place in the context of the workplace education program help these ELLs gain access to the support staff discourse?*

3. *How does working at a hospital impact second language identity and discourses for these ELLs?*

These questions were answered based on patterns that emerged from ethnographic data collection methods such as observations, audio-recorded interviews, and field notes. Codes were used to identify these patterns and organize them based on the research questions. These methods will be discussed in this chapter.

Context of the Study

The Setting

The site chosen for this study was the Patriots Medical Center (a pseudonym), which is a busy hospital in a Massachusetts metro area. Patriots Medical Center (PMC) has over 26,000 total employees, and 3,250 of them work in support staff roles. A benefit offered to employees in support staff roles is free-of-charge, on-site English classes given through the hospital's workplace education program. There are three major support staff departments that send employees to this program: *Food Service*, *Patient Care Service*, and *Housekeeping*. These departments hold many entry-level jobs, and while the hospital does not track employees' native language, employees in these departments make up eighty percent of the students in the English classes. The participants of this study are employees that participate in the English classes and work in one of these departments. The observations for this study were conducted in the employees' work environment at PMC in cafeterias, on patient floors, in a lab, in doctor's offices and in outpatient CAT scan areas. Prior to conducting any research, PMC agreed to allow me to conduct research through observations with the approval of the Department Heads of the support

staff departments. With this permission, the authorization of the Institutional Review Board, and the consent of the support staff employees, I was able to conduct my research at PMC.

Departments

Patriots Medical Center is comprised of many different support staff roles that perform jobs that support others who provide direct patient care. These roles range in scope from cleaning positions to administrative positions. To be part of the workplace education program, participants must work for a support staff department. This study focused on the three major departments that have employees who participate in the program. Figure 4.1 represents the percentage of participants from these departments.

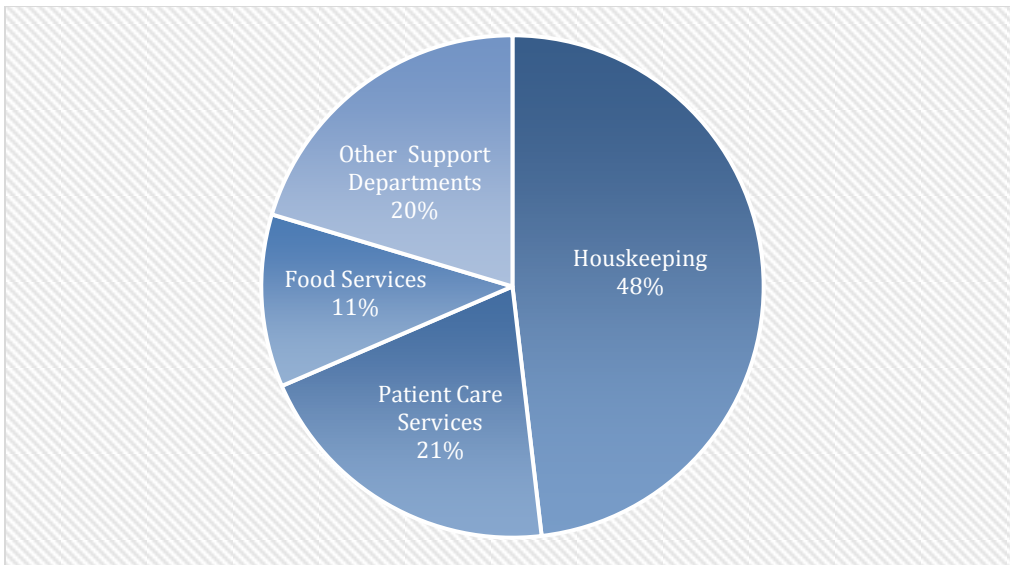


Figure 4.1: Departments represented in the workplace education program

Food Service Department: The food service department, with a total of 400 employees, is in charge of all patient and customer food production and service. Employees may work in food production on a tray line where they make food for the patients or for the visitors in the cafeteria. They may also work in customer service

serving or placing orders. In addition, they may be delivering trays to patients' rooms and taking their orders through a computer system. One participant in this study worked in a small café on the main campus serving coffees and pastries. Another participant in this study worked as a pizza maker in a larger cafeteria at a PMC branch location for research fellows.

Patient Care Service Department: The patient care service (PCS) department is a large umbrella department with 1100 employees that encompasses all support jobs that involve direct patient care. While this department holds the nurses and Certified Nursing Assistants (CNAs), this research will focus on the sub-department cleans patients' rooms. Each PCS employee has 13-15 rooms that they clean in a shift. Their daily tasks include cleaning the bathrooms in each of these rooms multiple times a day, cleaning the floors, restocking supplies in patient rooms and in the supply closets, and taking out the trash and dirty linen. When a patient is discharged, they need to do a deep-cleaning of the room and mop the floors, scrub the patient bed, wash the walls and sanitize all surfaces and electronics in the room. These employees interact with patients, nurses, doctors, and other support staff from departments like Materials Management, Information Systems, and Housekeeping. The type of hospital floor that these employees are assigned to can impact the type of cleaning required. One participant in this study worked on a General Surgery floor which had rooms that accommodated multiple patients at a time and had a high turnover of patients. This employee was responsible for many discharges and full room cleaning. Another participant worked on a Thoracic floor with longer-term patients

undergoing special treatments or surgeries related to the airways, trachea, esophagus, or other chest-related issues where he same the same patients each day.

Housekeeping Department: The Housekeeping department, comprised of 475 employees, is in charge of all cleaning, trash removal, and special cleaning projects that are outside of patient care. In this department, employees clean offices, labs, conference rooms, hallways, and main patient/visitor areas where they remove trash, sweep floors, dust windows, and clean bathrooms. Each housekeeping location varies and the amount of visitor/patient/staff interaction will depend where the employee is cleaning. One participant in this study worked on two busy floors that had a walk-in CAT Scan office, out-patient rooms, doctors' offices, sleep rooms for doctors working overnight, and conference rooms. The other participant in this department worked in a fertility lab that was scheduled to be cleaned each day after all the researchers left. Both of these participants worked an evening shift from 2:45pm-11:15pm.

Participants

Based on the study's research questions about integrating into the support staff discourse of a hospital, I sought out two types of participants—support staff ELLs who were also involved in the workplace education program, and their supervisors. I will discuss below how my role as a teacher/supervisor/researcher also had an impact on the research.

Support Staff English Language Learner Participants

This study involved six support staff ELLs that represented three different support staff departments as referenced above. All support staff employee participants were also

students in the on-site English classes in the PMC workplace education program. To recruit participants, I visited the English classes, explained the project orally, and presented the information sheet (Appendix A), which outlines that participation was voluntary and that they could opt out at any time without jeopardizing their job or their placement in the English program by telling me they would no longer like to participate. To be eligible for the study, employees who wanted to participate needed to have been in the English classes for at least 6 months and be part of one of the three support staff departments mentioned above. Of the 54 employees in the English classes, 20 were eligible based on length of time in the program and department. Of these 20, 13 were interested in being involved in the research. The supervisors of these participants, who had to coordinate the observations, also had to agree to be a part of the research. The final six student participants were invited to participate, based on their representation of departments and job locations, English level, native language, and availability.

I gave all the student participants the information sheet and orally explained the project. In addition to reading the information sheet with the participants, I also asked comprehension questions about the research to ensure that participants understood that their involvement in the project would include an observation and a recorded interview, and that they had the option to opt out at any time without impacting their job or class. I also explained that their supervisors would be interviewed as part of their participation in this project. No participants opted out due to their supervisor's role in the research, despite their opportunity to do so. I orally explained to the participants that their involvement in this project would in no way impact their job or their involvement in the

workplace education program. All participants are also protected by a pseudonym for their name, their hospital, their floor, and their supervisor.

All student participants are employed at the PMC in support staff roles in the three different departments discussed above. They are all adult immigrants to the United States with ages ranging from 34 to 56 and represent three different countries and three different language groups: Spanish, Arabic, and Yoruba. The range of languages and countries of origin of the participants, while a small sample, is representative of the diverse support staff population who come from Central and South America, Asia, Africa, and Europe (See Figure 4.2). Student participants have diverse educational backgrounds. Five out of six participants do not have their high-school diploma, and two of these participants only attended school intermittently for less than 2 years in their home country resulting in limited literacy in their native language.

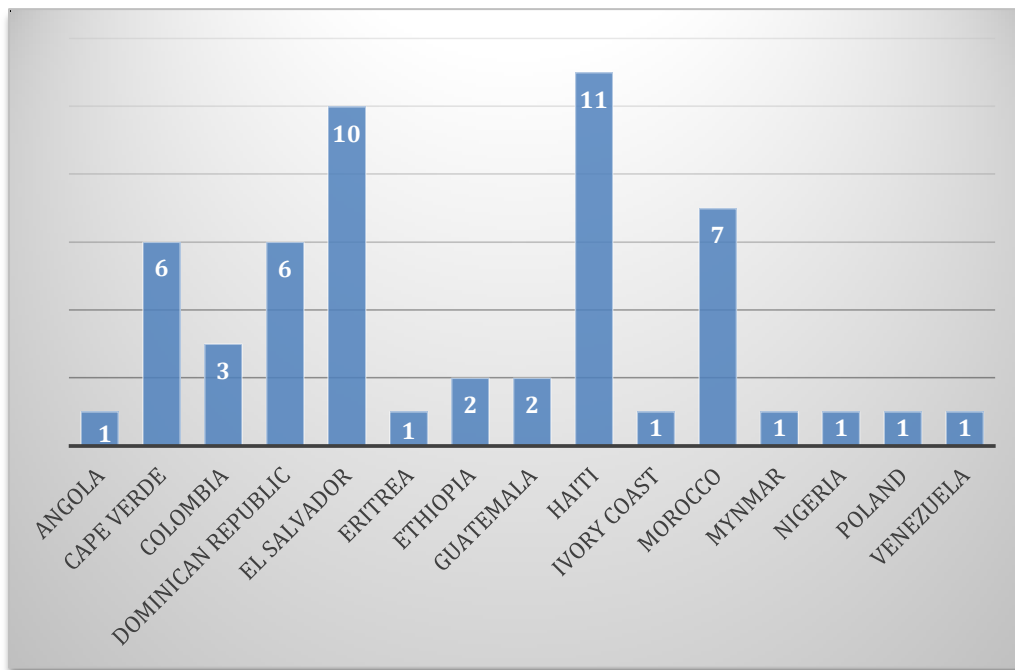


Figure 4.2. Countries represented by students in the workplace education program

| Pseudonym | Country of Origin | Department | Job | Location |
|-----------|-------------------|-------------------------|-----------------------------|--------------------------------------|
| Gloria | El Salvador | Food Service | Café worker | Coffee shop on main floor |
| Thamir | Morocco | Food Service | Pizza maker / Kitchen staff | Cafeteria in small off-site location |
| Benita | Nigeria | Patient Care Services | Cleaning staff | General surgery; inpatient floor |
| Mouad | Morocco | Patient Care Services | Cleaning staff | Thoracic surgery; inpatient floor |
| Carmen | El Salvador | Housekeeping Department | Housekeeper | Fertility lab |
| Asmara | Morocco | Housekeeping Department | Housekeeper | CT scan office; outpatient office |

Figure 4.3. Demographics of student participants

There are 5 levels of English classes in the workplace education program, and while a diverse range of levels was sought for this project, the participants ended up representing two levels of English: Level 2 and Level 4. Some participants joined the classes seven years ago and some only two years ago. Despite oral language abilities, low-literacy in their native language often indicates placement in English Level 1 or Level 2. For three of the participants, their oral language skills exceed their written skills as they have learned oral language informally through their jobs and friends. Those that have been in the program for 5-7 years began at the Level 1 and moved up the levels over the years. All adult immigrants, the participants have lived in the United States for a range of 7 to 25 years, and they all have worked in other support staff jobs in similar roles before they started at PMC. Reading, writing, and oral language skills are important in all support staff roles in the hospital, but how the participants interact with language varies depending on their department and their location. This will be discussed in more

detail in the findings. Figure 4.3 outlines the participants by country of origin, department, job, and job location at PMC.

Supervisor Participants

Supervisor participants were also included in this study as a way to investigate the language expectations in the support staff role. These individuals participated in 20-minute, semi-structured ethnographic interviews about the language expectations and general communication in their departments. Three supervisors participated in this study; one from each support staff department represented. I selected these supervisors based on their connection to the student participants who agreed to be in the study. While there were six possible supervisors, I limited the number of supervisor participants in order to minimize the burden of this study on the site and the supervisor. I invited the three final participants based on their length of time working at PMC, the amount of support staff ELLs they had, and their availability to participate. All supervisor participants received the supervisor information sheet (Appendix B), which outlines that participation was voluntary and they could opt out at any time without any jeopardy to their job. This document was sent through email and was also explained orally, giving them opportunities to ask questions; no supervisors opted out of the study.

Diverse cultural backgrounds are represented in the supervisor participants. Below is a description of the supervisors' background, language, and work demographics.

Charlie (pseudonym), the housekeeping supervisor, is originally from Vietnam where he grew up on a farm. In 1991, his family—his parents and his 5 siblings—

immigrated to the United States and moved to Vermont. He saw his parents work random jobs in the United States, and he grew up speaking English and Vietnamese and was often the translator for his parents. Charlie has worked at PMC for 7 years and oversees 46 employees that mostly work in outpatient floors. Charlie is Asmara's supervisor.

Jennifer (pseudonym), the food service supervisor, was born in the United States and has worked at PMC for 16 years. She started as a supervisor in the on-site café, and then recently moved to the supervisor position in the off-site cafeteria location. In this site, she oversees 15 staff and all the production, ordering, budgeting and catering at this one site. She has a degree in hotel, travel and restaurant administration from the local state university. Jennifer is Thamir's supervisor.

Sandra (pseudonym), the patient care services supervisor, is originally from Puerto Rico and speaks English and Spanish. Sandra's prime responsibility as a supervisor of cleaners is to ensure that the patient units are clean and safe for the patients. She oversees 35 hospital cleaners and is in charge of train employees on the most up-to-date cleaning procedures, making employees; schedules so that she always has coverage on her floors, ordering cleaning and daily-use medical supplies, and managing requests and issues that nurses and doctors may have with the cleaning staff. Sandra recently went back to school and completed her masters' in Business Administration. She is Benita's supervisor.

Researcher Participant

Ethnographic research is dependent on an ethnographer who draws conclusions about the human condition based on watching, listening, and interacting with participants in a specific environment (Eisenhart, 2001). In this research setting, the ethnographer is active, reflective, and thus a participant who influences and is influenced by the environment and participants in which they are involved. This epistemological lens of ethnography has encouraged my decision to include myself as a participant in this study. Using an approach based in Action Research (Herr & Anderson, 2005), this section supports “consciousness-raising about power inequities in one’s own and others’ lives...by actively taking steps to change unequal power relations” (Eisenhart, 2001, p. 219). Next, in an effort to deconstruct and expose the results of any power structures in this study due to my position as a researcher and an insider, I will explain my own involvement at PMC and the workplace education program as a way to analyze the “observer’s effect” (Blommaert & Dong, 2010, p. 28).

As mentioned previously, over the past six years, I have been involved in PMC’s on-site workplace education program. Since I started, I have taught a variety of English classes including Level 2, 3 and 5, Basic and Intermediate Computer, Pre-College and Citizenship classes. My role as a teacher positions me as an insider in this study; however, I am an outsider to the hospital because I am employed by a non-profit agency that is contracted by PMC to provide these classes. Despite this split status, I have a hospital badge and have gone through the same orientation process that PMC employees experience. Thus, I have been embedded at the site and have taken on the role as a

teacher-researcher from the beginning in order to better understand the needs of my students. In class, students discuss their jobs, give examples of conversations on the floors, and provide materials used in their departments. In addition to these insights, I used my own lay-person observations at PMC from walking the main lobby areas to eating in the cafeteria in order to develop contextualized materials that make the class meaningful to my students.

In addition to being a teacher in this program, I am also the supervisor of the program. In this role, I am responsible for registering new students, managing teachers, sending class reports to supervisors, and reporting program details to support department directors and human resources. This role has further embedded me in this site and allowed me to make connections with supervisors and PMC directors. From these relationships, I gained insight into the jobs of the support staff employees in the program, hospital-wide initiatives that impact support staff jobs, and resources available to employees. If a teacher has a question about a student's job or a hospital process, I am able to ask a supervisor or director. These connections have been helpful to understand the responsibilities of the students.

Being a teacher and a supervisor in this program has given me access to the hospital workplace context that has not been possible in a similar study conducted by Duff, Wong, and Early (2002). Due to the connections I had, I was able to get permission from the department heads to observe employees on their floors. My position may also have been an asset in securing the student and supervisor participant interviews. Other similar studies have had difficulty gaining access to hospital floors in order to observe

language and socialization patterns, and my integration into this discourse from the beginning gave me a unique level of access in order to conduct my ethnographic study.

However, my position as a teacher-researcher is not without its caveats. My goal during the observations was to observe the natural use of language—English, native language, or paralinguistic behavior—for the student participants. Although I explained to the student participants that I did not want to disrupt their daily work during the observations, some participants took the role of key actors (Fetterman, 2010) and gave me a tour rather than working as normal. In addition, because my presence on the floor was unusual, other employees inquired about who I was and why I was there. The student participant explained that I was an English teacher (some said “my teacher” because they had had me as a teacher in the past), and that I was watching them work. As a result, I must be critical of how my presence impacted the participants during the observation. My presence may have encouraged them to use more English in their interactions than normal, or it may have caused them to speak less because they were being watched. Other staff may also have waited to ask questions or make requests to the student participants because they were busy with me.

The teacher-researcher is not new to workplace ethnographic studies (Katz, 2000, Li, 2000) and does not come without its downfalls (Blommaert & Dong, 2010). In this study, my position as both a teacher and a supervisor of the participants’ English classes influenced how participants spoke and acted, and thus influenced the data I collected. Blommaert and Dong (2010) explain this observer’s effect:

As a fieldworker, you never belong ‘naturally’ or ‘normally’ to the field you investigate, you are always a foreign body, which causes ripples on the surface of smooth routinized processes. There is always an observer’s effect, and it is essential to realize that: you are never observing an event as if you were not there. You are there, and that makes it a different event (p. 28).

Given that my observation data was influenced by my presence, which was the result of my position as a teacher and a supervisor of the workplace education program, I include myself as a participant. This allows me to take an epistemological approach to my data and also to triangulate my findings (LeCompte & Schensul, 1999) with my own knowledge of the English program. I approach my position in this study as a teacher-researcher with a critical eye and with the knowledge that my research, although “fundamentally subjective” (Bloomaert & Dong, 2010) provides a unique perspective on the results.

Methodology

I employed this same critical lens on the data analysis component of this study. Given the focus of this study on language socialization in a support staff discourse, utilizing ethnographic research supported my ability to view the workplace through the lens of adult immigrants and see firsthand how language is being used in their daily work. The ethnographic data collection process came in the form of on-site observations of employees working in PMC, interviews with the student participants, and interviews with their supervisors. In their survey of other language socialization research in the workplace, Newton and Kusmierczyk (2011) found that the ethnographic approach to

data gathering was not only most commonly used, but also one of “emancipatory vision... that seeks to empower and equip people” in participating more fully in a multilingual workplace (p. 88). It is also a primary research approach to other workplace and language socialization studies (Duff, Wong, & Early, 2002; Katz, 2000; Li, 2000; Vickers, 2007).

Ethnography is a qualitative multi-modal approach to research that tells a story of a culture (Fetterman, 2010) based on an attentive ethnographers’ perspective on a culture from observations, field work, and participation (Eisenhart, 2001). Bloommaert and Dong (2010) posit that ethnography constructs a unique paradigm for the researcher and the participants that, when constructed locally and approached recursively, is both active and action focused. Unlike the scientific method that may reduce and simplify a given phenomenon, ethnographic methodology assumes complexity and interconnectedness and approaches data collection from both emic and etic perspectives (Fetterman, 2010). The starting point for ethnographers is situated in a specific context from the real experiences of the participants, where researchers follow data patterns and trends. Because the data begins with the participants, ethnography has a capacity to challenge and question hegemonic views:

[Ethnographic research] is capable of constructing a discourse on social uses of language and social dimensions of meaningful behaviour which differs strongly from established norms and expectations, indeed takes the concrete functioning of these norms and expectations as starting points for questioning them, in other

words, it takes them as problems rather than as facts (Blommaert & Dong, 2010, p. 13).

In this paradigm, both the ethnographer and the participants are active in the research and are able to identify “problems” and work toward new realities.

The effectiveness of an active, action focused ethnographic research is rooted in a recursive process. As the data is collected, the ethnographer takes an inductive approach to analysis that supposes multiple realities (LeCompte & Schensul, 1999). During this time, approaches, data collection methods, and questions may change, which according to Blommaert and Dong (2010), is essential to the process: “knowledge construction is knowledge, the process is the product” (p. 12). Diverging from scientific method, ethnography assumes subjectivity of the ethnographer, who must therefore be epistemologically conscious during the knowledge construction and the process. During observation and data collection (gathered from interviewing), the ethnographer is poised as the learner, and the participant as the expert. This framework gives the participant agency to explain their experiences and feelings, which may not be reflected in quantitative research, and it gives the ethnographer the ability to investigate issues through interview techniques. It also requires one to enact recursive processing and “be flexible and open to changing your point of view” (Glesne & Peshkin, 1992, p. 42).

Data Collection

The data collection in this ethnographic research that lead to knowledge construction utilized this recursive framework. As Fetterman (2010) posits, “ethnographic knowledge and understanding is a cyclical process” that through both a

panoramic and narrow view, an ethnographer can depict a rich cultural landscape (p. 39). This data collection is triangulated in data collected from the participant ELLs, their supervisors, and my own perspective on the English program with data collected through observations, field notes, and interviews.

Observations. Observations were conducted at PMC with the six student participants. As mentioned earlier, I went to the participants' work locations and observed them while they worked. The observations took place in a cafeteria, a café, a fertility lab, a CT Scan and outpatient floor, and two patient floors—a general surgery floor and a thoracic floor. The observations lasted for 45-60 minutes and were conducted one time for each participant. Due to the restrictions of the Patient Privacy Act, I was only permitted to take field notes during these observations. I was not allowed to do any audiovisual recording or to take pictures.

Field Notes. Field notes were a useful data source because they allowed me to process and organize data collected in my observations. Since I was not able to use audiovisual data, I relied heavily on my field notes to draw conclusions. As a result, I recorded my field notes less than 24 hours after my observation. I organized these notes into consistent sections for each observation: location, job tasks, interaction with people, and environment. Within these sections, I created subsections based on my observations. For example, Benita, the cleaning staff on the general surgery floor, had a systematic work process which I documented in the job tasks section. For each task, I expounded on the different ways she interacted with language during these tasks. In addition, I

documented participants' interactions with other staff, customers, or patients by writing a script of these short conversations based on my jotted down notes.

Interviews. Interviews were conducted with both the student participants and supervisor participants in an effort to triangulate data and create a way to fill in gaps and illuminate data gathered from observations (Hammersley & Atkinson, 2010). All observations were audio recorded with the permission of the participants and conducted in a private location at PMC. I conducted the 9 interviews and divided them into student participant interviews and supervisor participant interviews. Working in the grounded theory framework, interviews started broad with the participant's story and experience at PMC, while also targeting specific questions about workplace interactions and language use (Charmaz, 2003; Fetterman, 2010). My position as a teacher/researcher may have helped "establish the trust necessary for the exchange of information" (Moll, Amanti, Neff, Gonzalez, 1992, pg. 136), while it may have also impeded participants to share too much given the repercussions the information sharing may have been perceived to have. Despite this conflicted position, I worked to make the environment comfortable and engage in a conversation that flowed naturally and provided opportunity for participants to tell their story.

Student participant interviews were conducted after the observations and lasted for 15-20 minutes. These interviews were formal and semi-structured around a set list of questions (Appendix C), they also provided me an opportunity to ask follow up questions based on my observations. For example, I observed Benita working in one section of the floor and during the interview I was able to ask follow up questions about the division of

labor on the floor in the A, B, and C sections. In addition, these interviews provided an opportunity to learn about participants' educational and work backgrounds.

Supervisor interviews were longer and semi-structured with different questions about their job tasks as a supervisor, their interactions with their support staff ELLs, and their perspective on the workplace education program (Appendix D). The cleaning staff supervisor's interview was conducted after my observation on the general surgery floor. This provided me an opportunity to ask follow up questions based on my observations. Sandra was able to explain the job tasks of the cleaning staff on her floor and fill in some gaps of my observation. Due to scheduling reasons, the food service and the housekeeping supervisor interviews were conducted before the observations. While I had not had the experience of being on the floor at this point, the information gathered in the interviews gave me an insight into the site that I may have overlooked without this prior knowledge. For example, Jennifer, the food service supervisor, explained that she is in charge of inventory and that she checks in with the employees to get their numbers each morning. When I did my observations of Thamir in the cafeteria, I looked for the inventory sheet and asked about it while I was there. Similarly, in the interview, Charlie, the housekeeping supervisor, explained his philosophy of managing a large number of staff—he lets his staff set their own schedule and take ownership of their floor. This style results in very few complaints from the people on the floor because they will go directly to the employees on the floor. When I was observing Asmara, I was able to cross-check this philosophy with how she managed her floor.

With the permission of the participants, the interviews were audio-recorded. The audio was later transcribed by a transcription agency New England Transcription Services into verbatim transcriptions. I reviewed the transcriptions and made notes of pauses, pacing, and timing.

Data Analysis

Working within the “ethnographic principle of situatedness” (Blommaert & Dong, 2010, p. 11), the data analysis process of this study was recursive, epistemological, and theory-grounded. Taking into account Savin-Baden and Major’s (2002) heed that defining important data reflects a researcher’s assumptions, I approached this data interpretation from both a top-down and a bottom-up approach (LeCompte & Schensul, 1999) with my research questions in the forefront of my analysis. Working within a systematic framework of grounded theory, where the data drives the analysis and theoretical conclusions, I triangulated my analysis with the interview transcriptions, the field notes from the observations, and my own knowledge and interest of this project and this language environment (Charmaz, 2004; Glaser & Strauss, 1967)

My initial engagement with analysis was with the emerging data from their field as I wrote my field notes from observations and interviews (Charmaz, 2004). Each time I completed an observation or interview, I engaged in Glaser and Strauss’ (1967) comparative method where I reflected on how this new information informed my previous data and preconceived knowledge of the site. Patterns began to form as I did more interviews and compared the interviews to the observations. For example, after interviewing employees in the Housekeeping department, I noticed that the word

“complaint” was used a lot as an official documentation from someone on the floor to the supervisor. This prompted me to ask more questions and to observe how complaints played a role in how the employee engaged at work. This top-down approach led to large data categories as compared across the observations, field notes, and interviews that positioned me to follow the data and discover more defined themes (Hammersley & Atkinson, 2010).

In order to analyze the data more closely and sort through meaningful data as it related to my research questions, I cut the interview transcriptions into manageable sections (Savin-Baden & Major, 2002). In this process, I eliminated data that was unrelated to the research questions or the scope of research. While this data may be useful in other contexts, reducing it helped me to organize the data and begin the coding process. With cut interviews, I was able to “follow the data” (Blommaert & Dong, 2010) in a more systematic way.

Coding

Given the patterns seen in the big-picture view of my data, I began searching for repeated phrases or themes. In the interview transcripts, I coded “job tasks” with phrases like “you have to”, “you need to” or “you are supposed to” that expressed job responsibilities. I cut these examples from the transcript and organized them in a spreadsheet where I could analyze these examples across all participants. Similarly, I also coded transcripts for examples when participants talked about communicating at work. The examples fit into categories of communicating with a variety of interlocutors such as a supervisor, inter-department staff, cross-department staff, and employees in higher-

level positions. Within these categories, I coded the feelings that were expressed when participants discussed how they felt using English with these interlocutors after being in the English class for more than 6 months. Patterns of confidence emerged with words like “confidence”, “happy”, and “appreciation”. The examples of these words were often paired with English class and were in contrast to other expressions of “difficult” and “hard” in discussion of English when they first started working at PMC.

This cutting and categorizing gave me an opportunity to convert data into themes (Savin-Baden & Major, 2002). While I was not looking for this initially, all the participant interviews indicated that PMC employees got their jobs through someone on the inside in the same department. The supervisors also confirmed that they most often hire people that are recommended from employees in their department. This initial first step illuminated a possible pathway that support staff ELLs use to gain access to the workplace and enculturate into the discourse. I again followed this data and reorganized my cut, categorized data into sections—pre-employment, job responsibilities, English, and feelings. To explore these themes, I engaged in “memo-writing” which allowed me to connect my data with my emerging analysis (Charmaz, 2004, p. 512-513). This process brought me to the conclusions that the participants followed a pathway to L2 and workplace identity development that involved gaining access to the PMC discourse, training to perform the job functions, and getting socialized into the L2 through on-site English classes.

CHAPTER 5

FINDINGS: RESEARCH QUESTION 1

1. *What is the discourse of the workplace that hospital support staff ELLs need to access?*

As discussed in the theoretical framework, a discourse describes the language and behaviors that are enacted to form identities within a specific context. This research question seeks to identify the specific practices within the PMC discourse that support staff employees need to access in order to be accepted as contributing members of the institution. Using Fairclough's framework as presented through Cots (2006), this chapter will analyze the social, discursive, and textual practices that make up the hospital workplace discourse as they emerged from my ethnographic observations and interviews.

PMC is an institution which holds many discourses. The main value of this healthcare institution is to provide "excellent patient care every day", yet it takes a combination of efforts from medical staff, administrative staff, and support staff to meet this objective. Within these sectors are separate discourses—ways of using language that shape behaviors, interactions, and technology use—that characterize each group. The support staff makes up a third of the employees at PMC, and while they are divided into

various departments and jobs, there are characteristics that define them all. Focusing on three major support staff departments—Housekeeping, Food Services, and Patient Care Services—findings from this study reveal that the support staff discourse is multilingual, supports inter-group solidarity, and requires basic English literacy to perform tasks. There is also an inherent hierarchy within these departments that is present in the language of the discourse. Patterns that emerged from the ethnographic observations and interviews of this study help us to describe the elements of discourse that the participants need to access and will also provide a departure point to discuss how the participants interpret these practices in relation to their own experiences and values (Flowerdew, 2013).

Social Practices

The social practices within a discourse describe the social patterns that emerge within a specific context. Gee (2010) describes social practice as the “whats” within the discourse—the language, actions, behaviors, and tools. In the Critical Discourse Analysis model, social practices are dialectically related to each other, and these practices are both shaped by and shape the discourse (Fairclough, 1995, Fairclough, Mulderrig, & Wodek, 2011). Ethnographic observations and interviews revealed social practices that suggest an inter-group solidarity among the support staff. The patterns observed revealed that support staff employees do not need to have access to the support discourse to obtain employment, but they do need to have a relationship with an insider of the discourse who can help them navigate the language and the norms of this new context. Once employed, support staff that took risks to build a professional network at PMC were rewarded with

more hours and positive job changes. In addition, the native language was seen as cultural capital among co-workers and some supervisors, because it facilitated relationship building within the department and an easier transmission of PMC policies. The social practice examples below reveal values of inter-group solidarity and multilingual communication that are supported by the hospital discourse.

Getting a Job at PMC

During the interview, I asked all the student participants how they got their job at PMC, which revealed a pattern of social practice: All participants of this study got their jobs with the help of an insider who already worked at PMC. This insider was a family member or a friend from the same cultural background who told the participant about the job opening, advocated for them to the hiring supervisor, and when they were hired, helped them learn their job.

Employee participant data was coded and categorized based on how they responded to the following question: “How did you get your job at the hospital?” The answers to this question fell into the following categories: “getting a job at PMC”, “work before PMC” “family”, and “friend.” In addition, I asked supervisors questions about their hiring process and their answers were organized into similar categories in addition to “hiring”. Based on these answers, this study found that trusted employees from participants’ cultural background played a crucial role in helping to get the participants their jobs. While all the participants had previous job experience, none of them had worked at a hospital before they started in their current role. Figure 5.1 reveals the participant employment patterns through the help of a family/friend who worked at PMC.

| Pseudonym | Years working at PMC | How did you get your job at the hospital? | How did that person help you get your job? (transcript from interview) |
|-----------|----------------------|--|--|
| Gloria | 15 | Sister working in Housekeeping | My sister was working over here, and she find me a job |
| Thamir | 10 | Moroccan friend who worked with him at first job and then got a job as a supervisor at the PMC | T: She supervisor. R: And did she help you get the job? T: Yeah, she help. Sometimes she go to PMC. She helped me for something. |
| Benita | 5 | Friend from her country working in Patient Care Services | Yeah, she talked to the supervisor...that's why I got the job. |
| Mouad | 4 | Friend who was a supervisor | R: How did you get your job at PMC? M: Well, I think it's -- yeah, a friend. A friend is the supervisor. |
| Carmen | 11 | Ex-husband | R: How did you get your job at PMC? C: My ex-husband, he's working here, so... R: So he helped you? C: Yeah...he helped me |
| Asmara | 10 | Moroccan friend in Housekeeping | R: How did you get your job at PMC? A: For a friend...she worked with my supervisor at that time. |

Figure 5.1. Participants experience getting a job at PMC

The patterns show that there is a cultural connection between the insider and the outsider, which points to an inter-group solidarity that influences hiring practices. While positions are posted online, the participant interview data revealed that positions are mostly related through word-of-mouth within language communities (Hymes, 1974). Both Benita and Asmara explained that a supervisor informed their insider of an open position, which was then related to them from the insider and triggered them to apply online. The insider then talked to their supervisor and advocated for their friend or family

member. Other interviews suggested the importance of developing a professional network within their cultural community. Mouad, Thamir, and Asmara used their Moroccan network to find a job at PMC. Mouad and Thamir both had friends who were supervisors at PMC and they told these insiders they were looking for a job. Thamir worked at café and when his Moroccan supervisor got a job at PMC, she advocated for Thamir to work for her (Thamir, interview, February 1, 2016). As a result of the support of the cultural and language communities, the participants were able to use the continued support of these communities when they started working at PMC.

The practice of cultural communities helping members get jobs is a practice that was legitimized in the supervisor interviews. Hiring supervisors not only used their own network for hiring, but they utilized their strong employees as referral sources for open positions. Charlie, supervisor of Housekeeping, explained that when he has open positions, he asks his strong employees to refer people from their networks because these employees understand the nature of their jobs and have a vested interest in their referral's success in the job:

They know the person and the type of work that they do. So it's more like they take that upon themselves to be able to recommend someone that they know. So if that person don't work out, that person will feel guilty -- yeah, whomever came to you for the reference, they are invested in that individual so they make sure that individual does what they need to make sure that person has a good reputation. (Charlie, interview, January 20, 2016).

As Charlie indicated, an insider will not refer someone who would reflect badly on their own performance. Although the employee participants indicated that their insider was “helping” them, Charlie explained that this was not a selfless act of helping. Charlie used strong language (“they are invested,” “they make sure”, “that person will feel guilty”) that underscored the big responsibility that the insider takes on to refer an outsider and this employee’s investment in the successful integration of this outsider (Charlie, interview, January 20, 2016). For a supervisor, this level of responsibility put on the insider ensures that their referral will be a strong one.

The pattern of inter-group assistance that supported outsiders’ access to PMC jobs was reproduced with the practice of switching support staff jobs within the hospital. The referral process was also used internally as employees in different departments refer their colleagues who already work at PMC. The interview data revealed that participants utilized insiders to change jobs or departments at PMC. Gloria and Mouad changed departments and jobs once they started working at the hospital. Gloria heard about an open position in Food Service through her friend, who encouraged her to apply even though Gloria did not think her English level was sufficient (Gloria, interview, February 29, 2016). Mouad had a similar story. He started working in Housekeeping, but wanted more hours and knew that Patient Care Services was a better job for him (Mouad, interview, February 29, 2016). He increased his network by utilizing his Moroccan friends who worked in other departments. He befriended a new supervisor in Patient Care Services and asked him for a job by explaining his family situation and need for more hours.

Then, I again to work the weekend, and then I asked a lot of people because I loved to ask to look for something new. I'm good with that one. I'm looking, and I'm asking if you have somebody. Then, I go to [the supervisor]. I tell [the supervisor], "If you have somebody, I'm available to work. I have family. [...] I'm a good person. I'm looking for a job for more hours. I work just 16 hours. It's not enough for me. I need more." Then, two months later, he called me to give me the job. (Mouad, interview, February 29, 2016).

When I asked Mouad how he met this supervisor, he said his Moroccan friend, who worked in Patient Care Services, gave him the name of the supervisor to contact. Once Mouad got a job at PMC, he used his cultural community and his own networking skills ("I asked a lot of people because I loved to ask...") to secure a better support staff job in a different department.

Interview data showed that traversing departments at PMC requires just as much insider assistance as gaining initial access to a PMC job. While this type of networking paid off for Mouad, the lack of a professional network in the workplace can be a hindrance for adult immigrants who want to change jobs. Carmen has worked in Housekeeping for 10 years, but wanted to move to the Patient Care Services department because she could get morning hours in this department, which she preferred so she could be home with her children at night (Carmen, interview, February 29, 2016). Carmen's interview illuminated the challenge of navigating this transition without an insider:

Carmen: The people, the -- when they -- when you have friends that work in PCS, these people help you, but this problem, you know -- when the PCS had a

position, the housekeeper don't see this position, you know, because it's...this is problem.

Researcher: Oh, wow. So you don't know if there are openings?

C: Yes, mm-hmm.

R: Do you have friends that are PCS?

C: No. (Carmen, interview, February 29, 2016).

In building a network of “friends” in other departments, Carmen faced a few challenges.

In the interview and the observation, Carmen revealed her shy nature (Interview, February 29, 2016; observation, January 22, 2016). While Mouad's personality was well suited to meet new people and make supervisor connections, Carmen expressed that she prefers to spend her time alone: “I don't like [taking my break with other people].

It's...for different people, sometime it's problem, you know? I like more -- quiet, yeah [laughter]” (Carmen, interview, February 29, 2016). In addition, she worked nights as a housekeeper in a fertility center, which is a high security area. As a result, Carmen saw very few people during her shift. This is in contrast to Asmara, who worked the same evening shift but she is on an out-patient floor. During her shift, Asmara can interact with doctors, nurses, and other support staff from different departments. Carmen did not have this advantage and had limited opportunities to make connections with people in Patient Care Services, resulting in a limited professional network that would support her transition to another department. Carmen's struggle to change jobs to Patient Care Services reveals that building a network outside a department is not always easy and can

be a challenge for immigrants who lack language abilities, have shy personalities, or have schedules that inhibit socializing.

This study revealed the importance of having an insider network from a cultural or language community, yet this does not overshadow the importance of the individual's agency to target their network and persistently follow up about opportunities. In her interview, Benita explained that she heard about the job opening in Patient Care Services from her friend who worked two jobs—one at a department store, where Benita worked, and one at PMC (February 29, 2016). Benita wanted to work at PMC because she could get more consistent hours and better benefits than she could get at the department store. In her retelling of how she got her hospital job, Benita emphasized her own persistence with her friend, who was trying to dissuade her from applying:

When I'm still working at [the department store], I told my friend, "I want to work at PMC, but she said, "Oh, you can't do it. It's going to be too much for you because you're doing that one." I said, "I want to just do, like, maybe my day off, maybe two days a week." She said, "No, it's too hard. It's too hard." Now, when I get there, one day, I said, "Oh, you told me it's too hard." It's not really this hard, but when you know what you're doing, it's not really hard," and she laughed. But it's OK. (Benita, interview, February 29, 2016)

Benita's friend is speaking of the difficult reality of working two jobs. Yet, despite the dissuasion from her friend, Benita expressed knowledge that gaining access to a job at PMC can lead to other opportunities: "I want to just do, like, maybe my day off..."

Benita persisted and her friend told her when there was an opening for a job in the PCS

department. After Benita applied online to this opening, the friend spoke to the supervisor referring Benita for the position. She only worked a few hours a week when she first started, but later got a full-time position in the department. As Benita's story emphasizes, the outsider must take initiative to build a professional network and remain persistent about job opportunities. While an insider can open the door for the adult immigrant outsider, gaining a job must also be paired with the agency and drive of the outsider. This data revealed that outsiders who took initiative to inform their network of their job search and were persistent in their goal to work in a certain job or department were rewarded in new access to a job.

This research shows that access to the workplace language is not necessary in order to gain access to the workplace. Participants revealed that the important aspect of earning employment at PMC was how they used their professional cultural community and how they advocated for themselves. These examples support the importance of building relationships within a community, a value that is supported within the hospital discourse.

Language Practices as Social Practice

The dominant language of PMC is English—the signs, emails, policies, and media are all in English—a majority of the support staff employees are bilingual adult immigrants. The dominant languages in Housekeeping, Foods Services, and Patient Care Services are Spanish, Arabic, Haitian Creole, and Cape Verdean Creole. Participants in this study showed that the employees' native language was used to maintain a speech community, build relationships, relay job information, and train others. As a result, the

employee does not need command of the dominant discourse language to obtain employment, but they do need access to a cultural community who can assist in apprenticing them into the discourse.

The native language was used by participants to navigate the workplace and build relationships with co-workers within their cultural community. During observations, Asmara and Mouad, who work on busy floors, both used Arabic to talk to other support staff employees. I observed them both greeting others and checking in about tasks in their native language (Asmara, observation, February 22, 2016; Mouad, observation, February 29, 2016). Asmara spoke to her friend in Arabic while they were in the hall. Her friend worked in Patient Care Services, and Asmara reported that they talked briefly about their families (Asmara, observation, February 22, 2016). I also observed Mouad using his native language to talk with a cross-departmental employee from Morocco (Mouad, observation, February 29, 2016). Using their native language allowed them to engage in personal conversations with ease, and as a result, build stronger professional and personal relationships at work.

For Thamir in Food Services, there was no common language among his co-workers and as a result, he had to use other social practices to build relationships. The kitchen had employees from Nepal, Haiti, China, Morocco, and the United States. I observed Thamir communicating with all of his co-workers using basic oral English and non-verbal communication (January 20, 2016). Thamir smiled a lot and demonstrated his comprehension by providing a physical example of the task he was supposed to complete. For example, his co-worker asked him to make a specific kind of pizza and he confirmed

by showing her the eggplant and ricotta she requested for the pizza. This physical element of the communication in the kitchen created a light atmosphere for the employees who used other physical gestures to make each other laugh. When they were not discussing specific tasks, the kitchen employees were making jokes and talking about their families and lives. Thamir was apprenticed into this communication style despite his limited English ability. He laughed a lot during work and when I asked his co-workers about Thamir, they were quick to report that he is “funny” (Thamir, observation, January 20, 2016). One co-worker in his mid-50s who was born in the United States explained that he noticed Thamir’s English improvement: “I knew he was getting better because he started making jokes. Thamir is a funny guy!” (Thamir, observation, January 20, 2016).

Findings from this study underscore that multiple discursive strategies are necessary for employees to navigate the hospital workplace. Utilizing their cultural capital in language, humour, or risk-taking, participants were able to be seen as members of a workplace community. These social practices embody the community building values of PMC and provide support staff employees an opportunity to engage more fully in the hospital discourse.

Discursive Practices

Discursive practices describe the ways in which social norms of a context are reproduced and distributed (Fairclough, 1995). Whereas social practices describe norms and patterns as they appear in a context, within a Fairclough model, the discursive practices illuminate the power structures within a discourse and the way in which language is used to enact these systems. As is true for many workplaces, PMC is

hierarchical, and the discourse perpetuates this structure. In the support staff departments, there are employees, Team Leaders, Supervisors, Supervisors, and Directors.

Additionally, each department must also function in compliance with the Joint Commission Standards—the compliance agency that sets standards for safety, quality control procedures, infection control and other standard practices. This ethnographic study found that the hospital's hierarchy was emphasized in three main situations: training staff, using employees' native language, and submitting complaints. The following discussion will present findings of discursive practices at PMC that represent the power structure within the support staff discourse.

Training as Discursive Practice

Supervisors in the support staff departments train their employees to perform job specific tasks. Given the fast-paced nature of the hospital, training requires multiple teaching approaches that are effective, time-efficient, and also meet the needs of the learner. The participant supervisors explained that due to the mixed English language abilities of their employee population, they could not solely rely on written or oral texts to train their employees. Rather, this study found that training occurred through repeating tasks every day until they were learned, kinesthetic learning, and modified language practices.

Data on this discursive practice emerged in the student participant interviews when I asked them how they learned their job and in the supervisor participant interviews when I asked them how they train their new employees (Appendix C). The interview data revealed that most participants learned new tasks through a showing-and-doing method

that is typical of initial training; a seasoned employee teaches another employee how to do their job by walking them through the daily tasks. In the Patient Care Services department, Mouad and Benita explained that there was a two week training period where a lead employee showed the new employee how to do the tasks and each day these tasks were repeated. Mouad explained this process:

Mouad: Two weeks -- every day, every day, every day, then I know everything.

Researcher: OK. So in the training, did they talk to you a lot, or did they show you?

M: Usually, he showed me...For example, if you do something [today], you do the same thing in the other day. I remember everything. That's why it's not difficult for me. It's easy for me. (Mouad, interview, February 29, 2016).

This pattern of showing-and-doing is supported by the repetition of these tasks. As Mouad explained, employees are trained through visual demonstration and verbal explanation, and then they practice this task in a supported environment with a master of the discourse—their trainer.

Repetitious kinesthetic training methods support language learners to learn the tasks of their job, especially when the trainer does not speak the native language of the new employee. For English language learners like Thamir, this training style supported his learning. During his observation, Thamir explained that when he does not understand something or needs to learn a new task, he defaults to the show-and-do method: “I tell the people, ‘You show me;’” (January 20, 2016). I experienced Thamir’s ability to problem solve using this method when he tried to explain to me that he makes muffins in the

morning, but he could not remember the word “muffin.” Thamir used hand gestures to model a muffin shape, but when I still did not understand him, he walked me over to the pantry and showed me the muffin tins, where I expressed my comprehension: “Oh, a muffin tin. You make muffins in the morning!” (Thamir, observation, January 20, 2016). By being able to show the physical item, Thamir was able to connect to word muffin to the physical task of making muffins—an essential step for English language learners as they navigate the discourse of a new context.

Language Practices as Discursive Practice

As discussed earlier, the use of the native language emerged as a social practice since it was often the default common language that helped support staff relay messages and build community among their co-workers. While the PMC is an English-dominant institution, in the support staff departments, supervisors have legitimized the use of the native language by using it to relay new work protocols, train employees, and communicate issues. In support staff departments, the native language is seen by both employees and supervisors as cultural capital. In addition to using the native language to build personal connections at work, participants also used their native language to relay important work information and policies. Charlie, the housekeeping supervisor, reported that he used Juana (pseudonym), his Spanish-speaking Team Lead, to communicate messages. He explained that Juana has the language and cultural capital to unite employees:

[Juana] is very personable and she makes everybody feel warm. She has that inviting personality...it doesn't come out as offensive. So people always soften up

to her a little bit. She's probably the primary one that I go to just to get the message out there. If I... have to go rush a meeting I would tell [Juana], "Hey, can you let everyone know that we are having a meeting tonight?" And she'll get everybody there. (Charlie, interview, January 20, 2016).

This excerpt supports Charlie's belief that employees process information better when it is given by someone who shares their cultural and linguistic background. Charlie explained that this is a strategy he uses to ensure employees understand new protocol or training (interview, January 20, 2016). In addition, he utilized this strategy in working groups because "[Charlie's employees] have their own people that feel comfortable working together and feel comfortable relating a message together" (Charlie, interview, January 20, 2016). By connecting his employees' level of comfort in the workplace and their ability to "relate a message together", Charlie reveals that using the employees' native language supports hospital knowledge building and further integrates employees into the workplace discourse.

The native language is a benefit that both the employees and supervisors utilize to the best of their abilities. However, not all departments I observed had staff from the same language background. Multiple discursive languaging strategies were used by Thamir's supervisor, Jennifer, to communicate with her staff. In the interview, Jennifer described her experience trying to orally communicate with her staff:

In the past, in other areas of the hospital, I felt myself trying to, you know, find, like, words to explain [laughter] the other word, and then I found myself using a lot of slang, and I was, like...[pause] It was challenging in my brain, [laughter]

because I would just grab a word, because they would want to learn, and then I would... I'm, like, using slang on top of slang to describe it, not even realizing it, and then trying -- yeah, doing a lot of hand talking sometimes (Jennifer, interview, January 20, 2016)

An example that Jennifer used to describe this situation was the term “back of the house.” This phrase describes the kitchen of a restaurant where the prep cooks, cooks, and dishwashers work, and it does not refer to an actual house. With this example, Jennifer points to the way in which supervisors must also navigate the complex language landscape that support staff English Language Learners (ELLs) face as they enculturate their staff into a common language. During this process, supervisors must utilize multiple discursive practices to communicate with their staff. These practices support a more inclusive environment for support staff ELLs.

Complaint Culture as Discursive Practice

The role of the support staff is to support the other departments at PMC. In Food Service, support staff employees serve food to other hospital employees, patients and visitors. In Housekeeping, employees clean the common areas and the offices and interact with nurses, doctors, and administrative staff. Finally, patient care services employees are tasked with cleaning patient rooms and must communicate with nurses, doctors, front desk workers, food services staff, and other cross-departmental staff. This research found that there is an inherent hegemonic environment between the participants and the higher-level staff in their areas. Since support-staff supervisors cannot be with their employees all the time, other people on the floors can call in a “complaint” if they believe that a

support staff task is not completed correctly or if something is wrong. For example, a nurse could call in a complaint if the needles are out of stock or an office worker could call in a complaint if the toilet paper is out. When a complaint is called in, the message goes to the supervisor that oversees that floor and then the supervisor checks in with the support staff employee. Participants explained that these complaints should be avoided as they are subject to disciplinary action if they accrue too many.

The data from the observations and interviews revealed that the work complaint was most commonly associated with job responsibilities and connected to the phrase “you have to.” As Asmara describes, employees work on their floor without their supervisor, so the system of a complaint is a means by which supervisors monitor how well the employee is performing on the floor: “Yes, it’s a little bit difficult, because you work with empty floor, no supervisor, nobody watch you. You have to do your job... you check the floor, you do it like this, and the people call. That’s complaint” (Asmara, interview, February 22, 2016). While the employee may just be reporting that the bathroom needs to be restocked with toilet paper, the housekeeping support staff employee receives this message as a “complaint” because the standard is that they should always have enough toilet paper in the stalls. Asmara summarized the feeling of many participants: “You have to do your job. Yeah, you have -- you like to have responsibility of your job, the supervisor just coming if you have complaint or something” (Asmara, interview, February 22, 2016).

In his interview, Charlie described how he uses his supervisor role to apprentice his employees into the environment of complaints and how he helps them create

strategies to navigate this culture. Charlie's strategy is to make his employees feel accountable for their areas and to empower them to make connections on the floors so that employees will talk directly to them rather than call the line to make a complaint:

I just let them know they are accountable for the unit that they work on. So basically, I told them, "If you get in the daytime, know the people that you work on the unit. If they have any requests or stuff like that, concerns, they will just come directly to you instead of coming to me or coming to [the assistant director or director]" (Charlie, interview, January 20, 2016).

I saw this strategy put into practice by Asmara during her observation (January 25, 2016). Asmara was proactive about greeting people on the floor and making herself seen. She said "hello" to everyone we passed by and she even knocked on a doctor's office door and asked if she wanted her office fully cleaned that night. In her interview, she recalled a time when she was getting complaint calls about toilet paper being out of stock, and she explained that Charlie gave her a strategy: "Night time when you leave, at 10:30, you put new [toilet paper roll]. That's what he told me. "Put new one." When I put new one now, no problem" (Asmara, interview, February 22, 2016). Charlie's strategy of empowering his employees to make decisions and routines is a complaint prevention tactic that has been successful for Asmara.

In this context of a complaint culture, the support staff employees are held accountable not only by their supervisor, but also by other employees on their floor. A complaint would be done in English over the phone, giving more power to the native English speaking hospital employees. Support staff employees who are able to look

critically at this discourse, identify language that furthers the hegemony of the workplace, and enact agency to make changes to their context take an active step to integrate and change the support staff discourse.

Textual Practice

Textual practice is the third element of discourse and embodies the constructions of oral and written text that relay the specific message of the discourse. This study found that there were a variety of specific texts that employees need to be able to use to function successfully within the support staff discourse. Unlike the social practices of using the native language to orally communicate work tasks, English dominates the textual practices in the PMC workplace. Forms, scripts, and informational flyers are all in English and support staff employees need basic literacy skills in English in order to function in this discourse. A lot of the tasks of support staff jobs are physical. However, as seen in the discursive element of the workplace discourse, support staff employees must communicate with other cross-departmental staff. In a busy workplace, these communications often happen through written communication. The findings reveal that the textual practices of the workplace perpetuate the hegemonic structure of the PMC workplace, and support must be provided to help support staff navigate this discourse and develop strategies to insert themselves in order to make change.

Sandra, the supervisor of Patient Care Services, provided an example of how cross-departmental communication with support staff employees with limited English reading and writing literacy caused problems with her employee. In the interview, she described a situation where she had to coach a night-shift employee on how to prove to

the nurse that she was completing her tasks. At night, this employee was not able to stock certain rooms because the night-shift nurses were in the rooms, which prevented her from going in. The day-shift nurse came in to find that the rooms were not stocked and called in complaints. This became a pattern and Sandra intervened with a strategy for her employee to prevent the complaints:

I would always ask her to write down what she did, what she wasn't able to and communicate that to the next staff that was coming in...I was getting a lot of complaints because the nurses don't physically see her (Sandra, interview, January 22, 2016).

Sandra saw this is a good solution because there would be written proof of what tasks were completed and what tasks were not completed because the nurses were occupying a room.

Despite this suggestion, the complaints continued, which prompted Sandra to create a simplified form that the employee could check off the tasks and write notes about the tasks that were not completed (Sandra, interview, January 22, 2016). However, when her employee was still not writing the notes, she followed up with her. The employee was not writing these notes because she had limited literacy skills in English:

It took a while for her to finally admit to me that she doesn't know how to read, she doesn't know how to write well. I'm like, "OK. You should've said that to me and I wouldn't have pushed that hard because you're telling me you're going to do it and then it's not getting done (Sandra, interview, January 22, 2016).

Sandra expressed that she has an “open door policy” and wants her employees to feel comfortable talking with her. In this case, the employee revealed her limited literacy and Sandra was able to adjust her approach. As a result, Sandra suggested that this employee orally report to the front desk assistant what tasks were completed, what tasks remained, and why. Sandra explained that this was important for this employee’s job: “These are the things you need to be able to communicate so that...the day staff can go in and take care of that first thing so that we don’t have the complaints coming in” (Sandra, interview, January 22, 2016). Sandra’s task-based check list and oral reporting was a strategy that helped her employee minimize, and ultimately prevent, complaints.

The patient care service department also works to help employees prevent complaints by giving them specific ordered task-based jobs and providing them with a script to help them interact with patients. In her observation, Benita showed me all of the tasks she has to complete in the order in which she completes them (Benita, observation, January 15, 2016). During her interview, Benita orally explained the tasks she needs to complete:

I have to clean the whole room. If they just made the bed now, if the patient go home, we have to change all that bed. If they stay, we just clean the bathroom, if we clean the bathroom right now and the patient goes home, we have to do everything over again (Benita, interview, February 29, 2016).

In addition, if the patient is there, she has standard protocol on how to address the patient: “When I get inside the room, I say, “Good morning,” if they are awake” (Benita, interview, February 29, 2016). However, during the observation this was a practice that I

did not see her perform. She entered the room with a patient who was awake, but she did not address the patient (Benita, observation, January 15, 2016). In this case, the patient was awake, sitting upright in the bed, and made eye contact, but Benita looked down to avoid this eye contact and worked quickly to clean the floor. While this may have been circumstantial and related to my presence on the floor, I found that her performance on the floor contrasted with her oral report of her job tasks.

The Patient Care Services department provides written scripts and videos to help their employees master the standard conversation with a patient. In addition to the scripts, employees have the opportunity to practice these scenarios in training demos on their floors. The Patient Care Services department gives patients an exit survey where they can rate the cleanliness of their room and the customer services. Support staff employees are rated based on these surveys and if they are low in a certain category, additional training is provided. This study found that there was a variety of strategies to help support staff ELLs master the textual practices in the discourse, but the observation of Benita suggests that apprenticeship into this discourse takes time and may require supervisors to take additional strategies to enculturate their staff, which may include providing language support and strategies for initiating conversation. Given the hierarchical structure of the departments, this study suggests that the best way for employees to fully enculturate into this discourse is learn the language of the discourse in an environment that builds employee agency and allows them deconstruct this language in a community of their peers.

CHAPTER 6

FINDINGS: RESEARCH QUESTION 2

2. *How does the language socialization process that takes place in the context of the workplace education program help these ELLs gain access to the support staff discourse?*

As seen in Chapter 5, the support staff discourse is the workplace language and culture that support staff employees use to communicate with each other, supervisors, patients, and visitors. In an English-dominant institution, support staff employees must have a basic level of competence in oral and written English in order to engage in the language practices of the departments. To enculturate into these practices, employees must be socialized to build formulaic, interactional and strategic competence (Burdelski & Cook, 2012; Canale & Swain, 1980; Levinson, 1983).

Starting from this definition of the support staff discourse, this research question will investigate PMC's workplace education program and the language socialization that occurs through a four-area competence model (Flowerdew, 2013). Based on participant observations and interviews, this presentation of findings will focus on the four language socialization competence areas—formulaic, interactional, strategic, and discourse

competence—and analyze the impact the workplace education program had on developing these areas for the participants. Due to possible conflict of interest issues between the employees and myself as the researcher and teacher/supervisor in the workplace education program, this discussion will not track individual student progress in the classroom. Instead, this discussion uses classroom material, program structure data, and participant reflection on their progress to draw conclusions. Since specific classroom data on participants could not be obtained, this discussion will identify possible gaps in the program and provide suggestions based on the researcher’s experience as an instructor.

Workplace Education Program

In 1995, the directors from PMCs support staff departments came together to address the language needs of their support staff ELLs. The result of this collaboration was the implementation of a workplace education program that contracted a local non-profit to provide classes fully funded by PMC and free-of-charge to their employees. This discussion will outline the goals and structure of this program in order to provide a framework for presenting findings on participant competencies.

Goals

The goals of the hospital’s program were defined by the support staff directors in order to fill the language gap they had identified and to help employees improve their communication. The programmatic goals (see Figure 6.1) outline how the English instruction will target formulaic, interactional, strategic, and discourse competence that is necessary in the workplace.

| Deliverable | Deliverable Detail |
|---------------------|--|
| English Instruction | <ul style="list-style-type: none"> • Improve comprehension and communication skills of non-native English speaking employees. • Work with authentic materials and contextualized curriculum based on employer/departmental needs. • Assist with preparation for Joint Commission visits. • Increase understanding of all safety protocol, codes, patient privacy. • Increased understanding of US work etiquette. • Improvement measured through pre and post testing and supervisor feedback. |

Figure 6.1. Deliverables for the contracted non-profit as determined by PMC

The three areas of competence are targeted in these goals. Formulaic competence is targeted through Joint Commission preparation because students will prepare for a visit from the hospital compliance group by doing classroom practice on how to answer specific questions about safety protocol used at PMC. To support this classroom learning, students receive special presentations from other PMC employees about patient privacy, safety in the hospital, and emergency preparedness in order to build a deeper understanding of the hospital’s protocol and practices. Interactional competence is emphasized with the goal to improve employees’ English comprehension and communication skills. The English classes have an emphasis on speaking and listening practice that is situated within a communicative language approach to language instruction. Strategic competence is emphasized with the goal of helping employees gain an increased understanding of work etiquette. Instructors target this competence by integrating problem-posing activities and doing dialogues and role-plays around workplace issues. Together these areas of competence support an employee to more fully integrate into the discourse because they have more oral and written English skills that

are specific to PMC, and they have practiced this language in a communicative style with co-workers who are also English Language Learners (ELLs).

These goals situate the workplace education program as a facilitator of employees' language socialization into the workplace discourse and support overall discourse competence for employee participants. With these goals in place, the instructors collaborate with the PMC staff to gain work materials that the teachers can integrate into the classroom to help students reach these goals. While the majority of these deliverables are work-specific, the first item listed is not specific to the hospital. This gives teachers the flexibility to make classroom context relatable to the workplace, but also meaningful to the students' lives. As a result, participant findings show that the English classes help students communicate better at work and outside of work.

Contextualized Curriculum

Developing a contextualized curriculum that guides the classes is necessary to facilitate language socialization. The workplace education program uses a curriculum that emphasizes workplace topics such as safety, infection control, and customer service and integrates grammar, speaking and listening, and reading and writing competencies as they relate to these topics. The classroom approach builds from employees' funds of knowledge (Moll et al., 1992) around work and engages them in learning through a communicative language approach (Savignon, 2002). In addition to special presentations and classroom practice, employees go on field trips to the PMC's museum, do research on historical figures that are related to healthcare or their lives, and create presentations on safety topics.

An example of a contextualized lesson that supports language socialization for support staff ELLs can be seen in a handout I created for a fire safety unit in my English Level 3 class (see Figure 6.2). The goal of the unit was to build formulaic competence in fire safety protocol at PMC, a topic addressed by a Joint Commission visit. The hospitals' ID badge, which every employee receives on their first day, includes the RACE Against Fire protocol in 4 steps: 1) rescue anyone in danger, 2) pull the alarm, 3) close all the doors and windows, and 4) extinguish the fire and/or evacuate. In this lesson, students built literacy and oral language skills to read, write, and act out these steps. English literacy was emphasized by practicing the silent -e in words like "race" and "confine." Oral language was targeted in the dialogue where students acted out a conversation with a new employee about the fire safety procedure. Later in the unit, students created an oral presentation where they acted out the steps of RACE. Through this lesson, students increased their oral comprehension and communication skills, and they worked with meaningful content from the workplace, resulting in an increase in student discourse competence with important PMC safety protocol.

Additionally, the contextualized curriculum is built around PMC content and addresses the employer/departmental needs. To target these needs, teachers integrate themselves into the hospital discourse by observing employees, talking with supervisors, and looking for material in the hospital to use in the classroom. For example, the Patient Care Services department posted flyers (see Figure 6.3) to help support staff understand new job tasks and re-train on safety procedures. Employees had to read the flyers, answer questions about them, and sign them to prove to their supervisor they understood the

content. The supervisors determined that not all of their staff could read these flyers and gave them to the teachers to integrate into their classroom. Teachers in the program used these as reading materials and as content to create more developed units on hand hygiene, where students put on a skit to train others when and where to use gloves.

Figure 6.2. Sample handout on PMC safety for English Level 3 class

Figure 6.3. Patient Care Services informational flyer for support staff employees

Community of Practice Model

The on-site English classroom functions as a model environment for ELLs that supports risk taking with the language of the workplace. All the students in the classroom are support staff of PMC, and therefore co-workers. Participation in the class is voluntary, not mandated by the supervisors, and many who join have identified a desire to improve their English. In addition, the students are placed into leveled classes where they can learn with others who are at a similar level. Through a communicative language approach, instructors create an inclusive, student-centered environment in the classroom where students get to practice meaningful language, work closely with their classmates, and ask questions. These factors produce a supportive environment where support staff students are encouraged to learn about each other, make mistakes, discuss challenges, and play with the language of the workplace before they go out and use it in their departments. The community of practice that develops in the classroom also facilitates the language socialization for these employees (Lave & Wenger, 1991). The findings from the oral interviews of participant ELLs and supervisors suggest that learning language in a safe “community of practice” bolsters skill and helps the individual integrate into the discourse. Student participants credited the English classes for their increased skill and confidence in English. Additionally, the supervisor participants also noted that their employees were more confident at work after taking the classes.

Program Measurement Standards

As defined in the program deliverables, the workplace education program measures improvement by pre and post-test scores and through supervisor feedback.

PMC'S workplace education program offers five levels of English classes (Level 1 – Level 5). Students are given standardized oral and written assessments designed for adult ELLs to determine their level placement and their progress throughout the program. These assessments provide Student Performance Levels (SPL) which are defined by the state in the Massachusetts Adult Basic Education Curriculum Framework for English for Speakers of Other Languages.

The oral assessment is a computer adaptive test that assesses interpersonal communication for adult ELLs around every-day communication in the United States. The oral SPLs range from SPL 1 to SPL 10, where SPL 1 describes a student who can only “function minimally” in English and can perform routine tasks that do not require much reliance on English, SPL 5 describes someone who understands learned phrases and can understand simple oral instructions, and SPL10 describes someone who can function with the “ability of a native speaker” (Massachusetts Department of Education, Adult and Community Learning Services, 2005, p. 107-108). While these SPLs can provide a general picture of a student’s oral language skills, the definitions from the state are limiting and decontextualized (Carhill-Poza, 2014; Menken & Kleyn, 2010). As will be discussed below, the participants’ SPL levels do not account for the complexity of the participants’ language use and the language capital that they bring to the workplace discourse. In addition to this standardized assessment, instructors use contextualized oral assessments that target specific workplace questions as a way to paint a broader picture of students’ workplace language competence.

The written assessment is performance-based and requires students to write a letter to a friend based on a prompt about their lives in the United States. Their writing is measured on a rubric that looks at letter content, organization and development, sentence structure, mechanics and voice and the SPL is determined based on the average score from these categories. Based on this rubric, students receive a SPL 0 to SPL 8 range. In this model, SPL 0 students cannot write at all in English, SPL1 students can copy text and write their name independently, SPL 4 students can write basic sentences and notes with limited grammatical accuracy and attention to mechanics, and SPL 8 students can write with extensive detail and fluency. Just as with the oral assessment, this standardized written assessment does not capture the complex writing abilities of the ELLs in this program, and as a result, instructors integrate other contextualized writing measures to track student progress.

The charts below show the participants' SPL progression in oral and written English during the years they attended the workplace education program. Asmara began the program in 2009, Carmen began in 2010, and the rest of the participants entered in 2013 with the exception of Gloria who started in 2014. The oral SPL chart (Figure 6.4) indicates a steady development of participant SPLs over the years, followed by a plateau. This indicates that the state's standardized assessment used to measure oral proficiency does not measure for more complex or contextualized language required in the workplace beyond a certain proficiency level. Similarly, the written SPL chart (Figure 6.5) reveals that most participants made a significant jump in their writing abilities in their first year in the program, but they plateau on average at an SPL 5 where they can write basic

paragraphs, begin integrating some complex grammar, and have control of spelling and mechanics. The writing assessment measurement does not account for the variety of literacy tasks required in the hospital workplace.

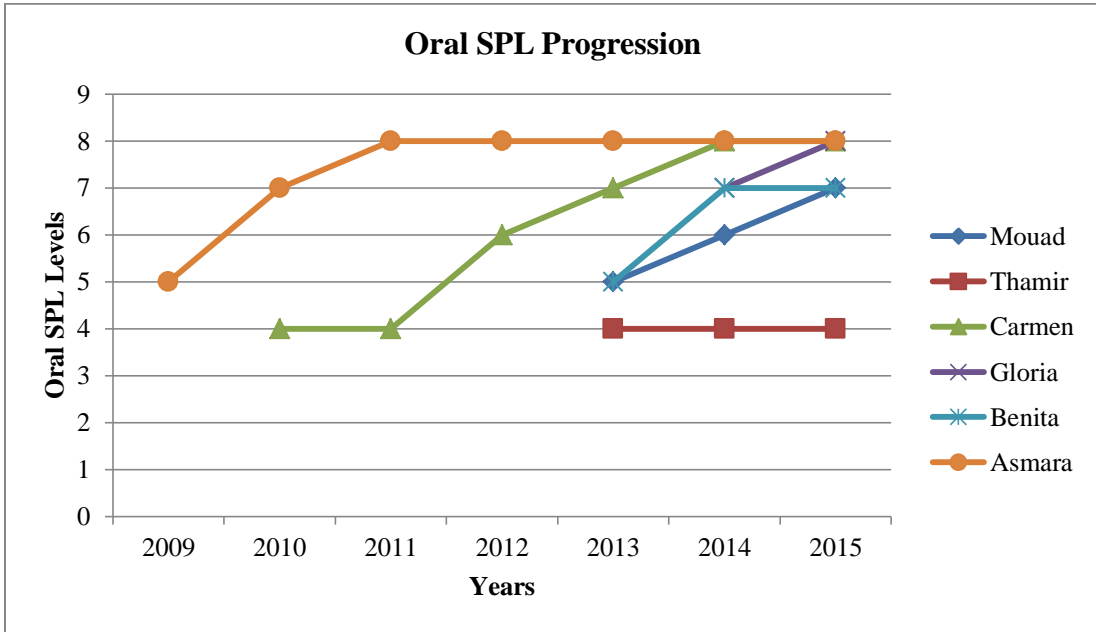


Figure 6.4. Participant oral language SPL based on state standard assessment

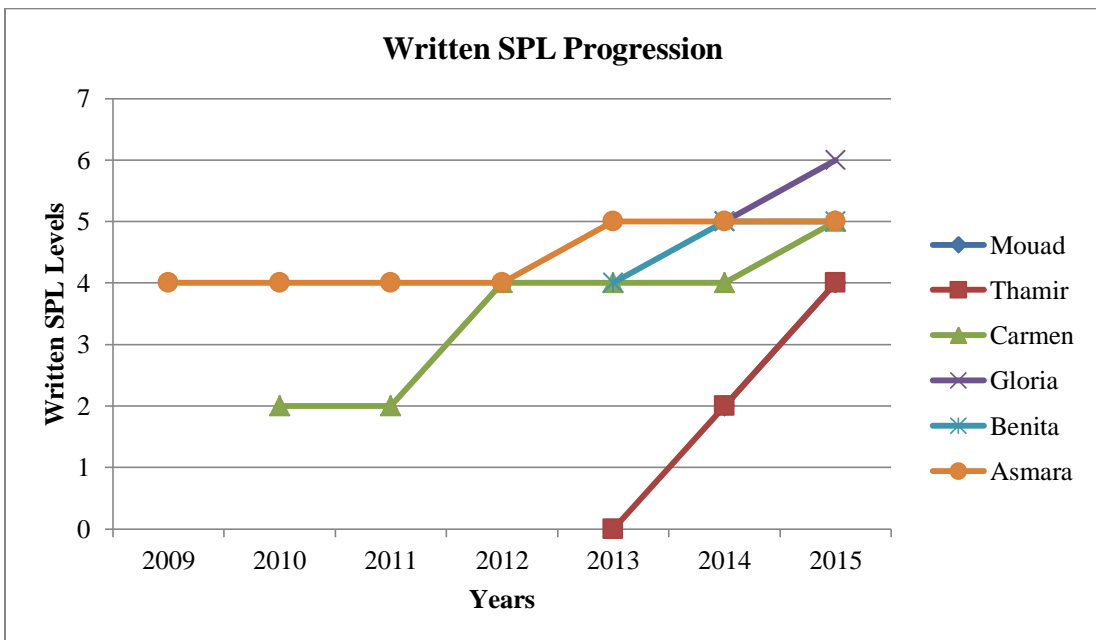


Figure 6.5. Participant written language SPL based on state standard assessment

The information provided in the charts above does not provide a complete picture of the impact of the workplace education program on the participants. As a result, the following discussion will look at how the workplace education program impacted employees' language socialization into the PMC discourse by looking at the formulaic competence through L2 literacy, the interactional competence through oral communication, the strategic competence through discourse navigation skills, and the overall discourse competence through confidence building practices. While this study was not able to look at specific interaction of participants in the classroom, the findings from the oral interviews of participant ELLs and supervisors will be used to discuss the impact that an integrated education program can have on support staff employees and their work.

Formulaic Competence Through L2 Literacy

Burdelski and Cook (2012) describe formulaic language as routine performances of prefabricated language or language chunks by new members of a community that are modeled by more proficient members of this community. Their discussion focuses on oral language chunks that socialize members into areas of politeness, hierarchy, and social identity. In the hospital workplace, there are many measures of formulaic competence that are used orally, such as common greetings and conversation scripts used repeatedly with patients and customers, and in writing, such as written forms and inventory lists. The workplace textual practices described in Chapter 5 reveal that competency in English reading and writing is essential for engaging in the support staff discourse.

As a result, the workplace education program focuses on improving English literacy in all levels. In Levels 1 and 2, emphasis is placed on helping employees fill out forms independently, write simple sentences and notes, and read a list, sentences, and a short article. Filling out forms and navigating written text are examples of formulaic competency that support employees' integration into the workplace. This presentation of research from oral interviews and observations will discuss how formulaic competence, specifically formulaic writing and reading, was supported through the on-site workplace education program English classes in some participants. The discussion below will outline the L1 literacy background and L2 literacy development of two participants and how this progression supported their increased enculturation into the workplace discourse.

Mouad

As a patient care services employee, Mouad's job is mostly physical and involves cleaning the patients' rooms. In this role, he does have to fill out basic forms when he cleans the bathroom or if he is unable to clean when the nurse is present. While most of his communication occurs orally, he could be required to write a note to his supervisor. When he stocks the supplies, he must read the labels of the products. Mouad is an example of an employee who came to the workplace education program with limited L2 literacy and through the classes gained access to the textual practices of his department and outside of work.

Mouad's L1 literacy provides context to his development in the textual practices of the English discourse. Mouad reported that he had to leave school in Morocco at the

age of 6 after only two to three months of school. Mouad reported that he started to work soon after he left school and never learned to read and write in Arabic.

Researcher: Did you have the opportunity to go to school in Morocco?

Mouad: Never.

R: Never went to school?

M: Never. [Pause] No, I remember I did, but it's like -- when I have, I think, six or seven years. It was (inaudible). I did, but like three months, two months then (inaudible) That's no more school because it's -- I remember the teacher is like -- [mimics hitting]. [Pause] That's why. I tell my mom. I'm not going to school. I'm not going to school anymore. That's why.

R: So the first time you went to school was here?

M: Yes. (Mouad, interview, February 29, 2016).

Despite this limitation, he became a successful semi-pro soccer player in Morocco and was able to get by with limited literacy in Arabic. When he moved to the United States, he met a friend from his country who was a professor and devoted time to teach him oral English (Mouad, interview, February 29, 2016). These lessons supported Mouad's oral L2 proficiency which helped him get employment in the United States, but he joined the PMC with limited L2 literacy.

Mouad's first time learning English in a classroom was in the workplace education program. In the interview, he reported that he was nervous when he started: "Oh, my God. That's -- the first time, I'm, like, a little scared. I'm like, "I can understand nothing," but you know, I keep -- I'm not going to give up. I keep, keep and keep going and then, you see, I'm doing a little better" (Mouad, interview, February 29, 2016). While he did not have literacy skills in Arabic, he reported that he can read now in English. He reported that he can read signs better now, which is an important aspect of

his job because, based on my observation of him on the floor, there are many safety signs that he needs to read during his daily work (Mouad, observation, January 29, 2016). In addition, Mouad reported that he also drives for Uber to make some additional money for his family. When he is driving, he can read the signs. He reported “that’s a big thing” because he couldn’t do this before he joined the English classes (Mouad, interview, February 29, 2016).

In addition to developing reading skills, Mouad also reported that he developed writing skills in English. During his observation, I observed Mouad fill out a form on the bathroom door that included his initials, the date, and the time he cleaned the bathroom (Mouad, observation, January 29, 2016). This is an important aspect of his job because it is how the patient care services employees stay accountable and prove that they completed their daily tasks. Mouad is aware of his literacy abilities now, and although he is not scared about classes anymore, he acknowledges that “[my] writing is maybe -- I’m not tell you, like, perfect. If, for example, you tell me something, like I write – no” (Mouad, interview, February 29, 2016). Despite his challenges, Mouad’s motivation to “keep going” in his education facilitates his literacy development and confidence as a learner and a PMC employee.

Thamir

Like Mouad, Thamir also entered the workplace education program with limited literacy in his L1, Arabic. In his interview, Thamir revealed that he only finished five years of school and is now faced with the challenges of helping his son gain literacy. Having limited literacy in Arabic made it difficult for Thamir to gain English literacy

skills when he came to the United States. When he was placed into the workplace education program, Thamir was placed in English Level 1. Like Mouad, he built a foundation for phonics and workplace topics at a beginner level.

As a pizza maker, Thamir's job involves mostly physical tasks of making pizzas, chopping vegetables, and rolling dough, but there is an element of literacy to his role. Thamir is responsible for reading the kitchen's inventory and writing the items that he needs. I asked Thamir if he ever has to read the inventory: "Yeah, I read it...yeah, I read how many pizza, how many pizza pepperoni, cheese, super veggie, you know" (Thamir, interview, February 1, 2016). Although his supervisor cross-checks the inventory with him orally, being able to read and write his own inventory gives him agency and independence in the department. During the observation, I found the inventory list on the wall right above Thamir's work station that listed all the products and had check marks (Thamir, observation, January 20, 2016). In the observation, Thamir pointed to the list (Figure 6.6), showed it to me and read some of the items on the list in English (Thamir, observation, January 20, 2016). Thamir explained that he would be making the five-cheese pizzas later that day.

| Order | | | | | | |
|---|-------|------------|----------|------|----------|--|
| Name | Code | Unit | Quantity | Sent | Returned | |
| Cheese Pizza Cut into 12 slices per tray | PZ101 | Pizza | 5 | | | |
| 9" White Plate | PP102 | Plate | | | | |
| Napkins - White Dinner | PP115 | Napkin | 22 | | | |
| Tablecloth - paper | PP111 | Tablecloth | 22 | | | |
| Tongs, 6" Black | PP205 | Tong | 1 | | | |
| | | | 1 | | | |
| Staffing | | | | | | |
| Reserved Resources | | | | | | |

Figure 6.6. Thamir's kitchen inventory list

In his interview, Thamir explained that the English classes facilitated his literacy development, which impacted his ability to read and write at work and outside of work (Thamir, interview, February 1, 2016). In addition to reading more at work, Thamir also explained that with his increased English literacy, he can now read the paper and help his son with his homework. Thamir reported that the English classes motivate him to keep going, and he acknowledged that literacy is important: "I need writing good. I need reading good, 100 percent [pause], 100 percent [laughter]" (Thamir, interview, February 1, 2016). With increased literacy ability, Thamir is able to interact more with his supervisor, do his job more effectively, and engage in other literacy acts outside of work.

Sandra's Employee

While Mouad and Thamir provide examples of how the workplace education program supports their L2 literacy development, there are other employees who struggle with L2 literacy and have to navigate the PMC discourse without the support of these

classes. As seen in Chapter 5, Sandra, the supervisor of Patient Care Services, described one of her employees who disclosed her illiteracy in English only after she suffered many mistakes and miscommunications while working. Sandra explained that after she discovered that her employee could not read, she modified the forms that needed to be filled out (Sandra, interview, January 22, 2016). This employee was not one of the participants in this study because this employee is not part of the workplace education program. In the interview, Sandra explained that this employee works overnight and does not have the time to attend the afternoon English classes (January 22, 2016).

Had this employee been part of the workplace education program, she may have had a similar story to Mouad and Thamer. However, many employees have barriers—hospital work schedules, second job schedules, family obligations, and taking the first step of enrolling into the program—that prevent them from attending these classes. Sandra’s interview reveals that supervisors are navigating their employees’ literacy barriers on their own, which is an area that the workplace education program could provide an additional service. The instructors in this program are skilled in adult language acquisition and topics around L2 literacy and oral language development, and they could provide a professional development series for support staff supervisors on how to identify L2 illiteracy and accommodate appropriately for these employees. This program could function as a consulting service to supervisors to help them adapt written text to facilitate comprehension for support staff ELLs in the hospital. In addition, while scheduling class times for working adults will also be a challenge, the workplace education program could

look into innovative ways to provide classes by exploring virtual platforms, shorter department-specific English classes, and consulting services for supervisors.

Interactional Competence

Interactional competence describes ones' ability to engage in conversation language, politeness and turn-taking as it is dictated in the discourse (Levinson, 1983). In a fast-paced English-dominant hospital workplace, oral communication is the primary form of communication. In all support staff jobs, employees are measured on how well they maintain oral interactions, observe workplace politeness and etiquette, and follow turn-taking norms. Interactional competence in the L2 provides employees the opportunity to participate in the hospital discourse. The workplace education program's English classes use a communicative language approach which builds competence in oral language needed in the workplace. Students engage in language teaching activities like role plays, dialogues, pronunciation exercises, and problem posing scenarios. Improvement in L2 oral communication was an area identified from all the participants, and below are two examples that summarize how competency in this area can provide access to the workplace discourse and one example that reveals gaps in interactional competence.

Gloria

Gloria's main responsibility is to orally communicate with customers and to provide good customer service. Difficult communication experiences at work motivated her to join the English classes, and her involvement in the classes ultimately facilitated her improved job performance and her confidence in her work. Gloria works in one of

PMC's cafes where she serves coffee and baked goods to patients, visitors, and staff: "So I just do my job, and my job is talking" (Gloria, interview, February 29, 2016). When Gloria first started in the English program, she explained that she had some interactions with customers that made her feel embarrassed and nervous about her English:

I just get one customer, and he asked me for a small house blend, and I didn't know what he was talking about, and I just said, "Uh, we don't have house blend." and [he'd say] "It's that coffee. What are you, oh, my God, you don't speak English. Go back to your country," like that. And I said, "Oh, my God." I just stand up, and I didn't move for a few minutes, and I just do -- cry. That's all. But I said, "No, I have to learn. I have to learn" (Gloria, interview, February 29, 2016).

This strong reaction from customers is something that Gloria is trained to deal with from her supervisor. Not only is her job "talking", but she also sees her job as "customer service"; "and that's what I do, yeah, even whatever they told me, whatever they say to me. So I have to respect every people" (Gloria, interview, February 29, 2016). This bad experience with this customer and her motivation to provide good customer service supported her decision to join the English classes at PMC.

This study found that Gloria was able to reframe her perception about her oral English communication once she was in the program, and she became more confident in her skills. Now that she is in class, she sees her interactions with customers as "practice": "I like to do customer service, and it's a good experience for me - because I practice my English every day, and it's good" (Gloria, interview, February 29, 2016). In her English

class, she reported that she practiced the past tense, which helped her to understand more of the conversations she has at work: “because right now, I use my past tense when I speak, and I feel that I can understand more everything even if I’m reading something. I understand really well” (Gloria, interview, February 29, 2016). In the interview, Gloria was careful to use the Standard English past-tense ending pronunciation and even corrected herself as she went. This self-correction revealed her metacognitive understanding of English and more cognitive awareness of her pronunciation, which is transformed into more confidence: “I feel more confidence with me, and I understand more. I know I keep in doing because I have to learn. “Oh, too much,” but most of the time, whenever people speak, I understand what they say. The most hard is when I’m talking. It’s a little difficult to me to answer, but I understand the whole conversation, yeah.” (Gloria, interview, February 29, 2016).

Gloria spoke very positively of the English classes, as well as the support she receives from her supervisor to attend the classes. While this was not unusual of the participants in the program, Gloria was able to express the clear connection between the classes, her daily work and her life:

Researcher: But before the class, you were using an interpreter?

Gloria: Yeah.

R: Has anything changed for you with your confidence or anything like that?

G: Yeah, that’s helped me a lot, because when I go to any appointment with my kids, I don’t need an interpreter right now. Yeah, I just do it by myself.

[...]

R: Was it always easy to talk to [supervisor]?

G: Before my class, no. But when I, you know, came into the school, yeah -- it was more easy to --when she explained something to do, I understand very well what she's trying to say (Gloria, interview, February 29, 2016).

Gloria exemplifies her improved oral communication skills by marking transitions in her life like speaking to a doctor without an interpreter and easier conversations with her supervisor. For her, these are examples of growth, and as a result, she is more confident at work and in her life.

This study found that student participants' oral communication improvement was acknowledged by the supervisors as an important area of improvement and a sign of their employees' professional growth. Gloria's previous supervisor, Jennifer, noticed a shift when Gloria started attending the English classes:

I see [my employees] get excited about the classes. I saw [Gloria] specifically get excited... when I had Gloria over in [the café], I just noticed her, [pause] because she dealt with customers a lot [pause], I noticed her being more bold with the customers, having conversation, not stepping back and, you know, taking more initiative, and being stronger in her role over there (Jennifer, interview, January 20, 2016).

Gloria provides an example of how employees' metacognitive development and oral language development in English translates to a more confident, "bold" employee that is willing to take initiative and insert themselves in their role at PMC.

Asmara

Asmara works independently and she knows that her job performance is measured from whether or not she receives complaints from others on her floor. As a result, she has to be proactive about building relationships with the employees on her floor and showing them that they can come to her with questions instead of calling in a complaint. She does this by using her oral communications skills in her L2 to greet people, make small talk, and ask clarifying questions. Taking initiative is also an important employee characteristic for Charlie, Asmara's supervisor, and for him, this is demonstrated by oral communication skills. In the interview, Charlie explained that he relies on his employees to talk to the staff on their floors and let him know if there is an issue. In her interview, Asmara noticed that she is improving in this area:

The English help me a lot, because people, when they're talking to me, people working with me on the floor [...] it's not closed until 12:00. That's mean I'm working behind patient and behind the nursing over there, and everything. I work behind them. Sometimes they tell me something, I understand, but I can't answer. I just say, "OK." But now I understand, and I answer, too (Asmara, interview, February 22, 2016).

Her increased language abilities were displayed during her observation. As we walked around the floor, she greeted everyone she saw: support staff, nurses, and doctors. In some cases, these people would stop and ask her to clean a certain area. She repeated the request and explained that she would do it, "no problem" (Asmara, observation, January 25, 2016). Her supervisor explained that this is a big improvement in the last seven years:

“Her communications skills has actually improved dramatically. She -- her and I, we were like back and forth and since -- it was just like having a conversation that’s like fluent. She’s really improved” (Charlie, interview, January 20, 2016). Based on Charlie’s comments, this study has found that Asmara’s ability to communicate more effectively has positively impacted her relationship with her supervisor and allowed her to perform her job more efficiently and effectively.

Benita

As presented in Chapter 5, Benita works on a patient floor and her job requires keen interactional competence because she must engage with patients, nurses, cross-departmental staff, and visitors. While she was able to clearly list her job tasks and the interactional norms for her role, during her observation, I found that she did not use these strategies during her work (Benita, observation, January 15, 2016). Rather, I observed her avoiding eye contact and working quickly without speaking to the patients. The inconsistency between her oral report of her job responsibilities and her actions at work reveal that Benita may struggle with shifting her own cultural perspective to meet the interactional norms of her department. In addition, Benita may also have a shy nature that limits her ability to perform the script for her job.

The workplace education program has an opportunity to support Benita in navigating different cultural expectations at work through intercultural development practices. As part of a problem-posing activity, the English classes could look at scenarios of employees who are required to speak to patients, but feel that engaging in this way is contrary to their cultural norms or they feel too shy to talk to these patients. In

groups, students could discuss possible solutions and present their conclusions to the class. In addition, the workplace education program could be a consultant to supervisors on intercultural development among their staff. Similarly to providing literacy support for supervisors working with low-literate employees, the workplace education program could provide trainings to supervisors on how to navigate the cultural differences among their staff and provide strategies on how to support employees to develop cultural competence for the workplace. Benita's challenge with interactional competence within the PMC discourse is not unique for ELLs, and the workplace education program could provide the support she and other employees need through these strategies.

Strategic Competence

Beyond having the oral language to engage in conversations in a discourse, strategic competence is needed to maintain a flow of conversation (Canale & Swain, 1980). Measured by the risks taken to navigate and negotiate the PMC discourse, strategic competence can be seen in participant's oral and written L2. Dialogues, role-play activities, and games are used in the workplace education program to support students in building language skills to maintain a conversation, ask follow-up questions and present concerns at work. Participants demonstrated strategic competence by maintaining oral conversations and clarifying issues on the floor to their supervisor. These skills target a goal of the program to increase understanding of the United States work etiquette. Through the workplace education program, the participants developed oral language and L2 literacy that allowed them to strategically navigate the PMC Discourse. Asmara's case study provides an example of this. Similar to Thamir and

Mouad, Asmara's English literacy improvement also had a direct positive impact on her work, communication with her supervisor and confidence as an employee at PMC. This study found that Asmara used literacy skills to text her supervisor to negotiate problems on her floor, which was something she did not do before she joined the English classes.

Asmara

Asmara is also from Morocco, and while she had more opportunity to go to school than Thamir and Mouad, she began in the workplace education program as a Beginner with emerging L2 literacy. Asmara is the only housekeeping staff on her floor when she works, and her supervisor, Charlie, has encouraged her to identify and solve problems independently. However, if there are problems she cannot solve on her own, Asmara communicates issues to him through text messages. Asmara explained in her interview that she texts her supervisor to "tell the supervisor something" or "to write him the number, and the room number, what he need" (Asmara, interview, February 22, 2016). In this case, Charlie would text Asmara the location of a room that needs to be cleaned and she would confirm with the information that he needs.

Charlie has set clear parameters for how he wants his staff to communicate with him, yet Asmara's observation and interview data revealed that she goes beyond these general communication standards, and instead uses her literacy skills to negotiate meaning and advocate for herself. During her observation, Asmara showed me the floors she cleaned and pointed out the "sleep rooms" that she cleans (Asmara, observation, January 25, 2016). Doctors use these rooms to sleep in when they have long shifts. Asmara is responsible for mopping, dusting, and disinfecting these rooms, but another

department is responsible for maintaining and cleaning the linens. In the interview, Asmara explained that there was a case where she had to clarify her responsibility with cleaning the sleep room. Her supervisor received a complaint about the bed in the sleep room and he texted her with the room number and the instructions to clean the bed.

Asmara texted her supervisor back with an explanation:

I sent for him a message, or explain to him, “This is sleep room. You need to fix the bed.” I fix it. But it’s, OK, I fix it, no problem. Just, I want to [let] you know it’s not my job. It’s not complaint for me. I try to write it, and [laughter] sometimes as I’m writing I have to go to Google. [laughs] (Asmara, interview, February 22, 2016).

In this case, Asmara used complex writing skills to clarify this request. By explaining that “it’s not my job. It’s not complaint for me”, she is explaining to her supervisor that the complaint reported by the doctor was not her responsibility, but the responsibility of the other department. However, she demonstrates good customer service skills and a positive attitude by confirming that she’d fix the problem despite the fact that it is not her area. Finally, this data reveals that she used her English reading skills to research new words in Google before she texted her supervisor to ensure that he understands her message. While Asmara admits that her spelling is not very good, she has the literacy skills to identify the correct spelling of words in a dictionary. Asmara reveals that her literacy skills are strong enough now that she can clarify requests and advocate for herself and her work through text message to her supervisor.

This improvement did not go unnoticed by her supervisor. In the interview, Charlie confirmed that the English classes have helped Asmara's communication abilities: "She texts me. So her and I will text back and forth. Asmara's English has actually gotten a lot better thanks to the ESL classes you guys have here. She has improved." (Charlie, interview, January 20, 2016). As seen in the written SPL graph (see Figure 6.5), Asmara made steady progress in writing over the 6 years she has been in the program. While her improvement was not as dramatic as other participants, she is demonstrating that she can maintain written conversations, which is not a skill she had before she came into the program (Asmara, interview, February 22, 2016). Text messaging also provides her with a space to clarify more clearly than she may be able to do orally, and keeping the flow of conversation with her supervisor an example of her strategic competence.

Discourse Competence

To function fully in a discourse, an individual needs to engage in the social, discursive, and textual practices of the discourse which are measured by formulaic, interactional, and strategic language competencies. Discourse competency, the fourth competency outlined in the LS framework, describes the confidence and agency that takes place when an individual successfully uses language that meets the standards of the discourse. By developing the language of the workplace, the participants in this study revealed an increased boost in their confidence in their jobs. This finding was measured based on a pattern of comments in both the student and supervisor interviews when they were asked if they noticed any change in themselves or their employees since they joined

the English program. The responses included feelings that were described as “confidence” “feeling great” “doing better” which resulted in “interacting better”, “being more bold with customers”, and taking more initiative. As a result, this study found that the English classes gave employees an increased confidence which helped them to take more risks at work, participate more in the discourse, and initiate a unique L2 identity at work.

Mouad

During the student interviews, I asked participants how they feel now that they’ve taken English classes. As a result of this question, this study found that when employees are able to express themselves better and interact more in English, they feel increased confidence in their performance, which works to minimize their outsider status and bolster their integration into the workplace. An example of this is found in Mouad’s comments about how he “feels great” now that he is taking English classes:

Researcher: How do people know that your English is getting better?

Mouad: The friends on the floor -- because I communicate with people, you know, sometimes with friends, sometimes with my supervisor, sometimes with patients, sometimes with co-worker, co-workers. Yeah, I’m -- plus, I’m feeling I’m good. I’m feeling great. I’m doing great. (Mouad, interview, February 29, 2016).

This freedom to speak with anyone is a great feeling for Mouad, who has a very personable, friendly, and gregarious personality. During his observation, I observed Mouad making jokes with native English speaking co-workers, asking questions to

nurses, and saying hello to people in the hall. People smiled when they saw him and responded positively to him. This bolstered confidence impacts Moaud's ability to integrate into his daily work and relate better to his co-workers.

Gloria

This study found that confidence is a feeling closely connected to the sign of increased language development and overall improvement by both the student participants and the supervisors. Jennifer, the Food Service supervisor, found confidence to be a main point of motivation and sign of improvement in her staff in the English program. Gloria asked Jennifer for special permission to attend English classes and in the interview, Jennifer reflected on Gloria's transition:

When I had Gloria over in the cafe, I just noticed her -- because she dealt with customers a lot -- I noticed her being more bold with the customers, having conversation, not stepping back and, you know, taking more initiative, and being stronger in her role over there (Jennifer, interview, January 20, 2016).

As mentioned earlier, having conversations with customers was something that Gloria felt very uncomfortable with before she began studying English. Showing the ability to face difficult situations and take initiative to solve problems has made Gloria feel more comfortable in her role. Jennifer expressed that this level of confidence goes beyond the work environment and has an impact on their daily lives outside of work: "They're just confident in their everyday lives sometimes, too, because I think a lot of times when you're not confident in the language that they feel like they're always getting cheated sometimes" (Jennifer, interview, January 20, 2016). In her interview, Gloria mentioned

that she no longer needs an interpreter to talk to her son's teacher or at the doctor, which makes her feel more independent.

Based on the participants' qualitative assessment of their English development through their feelings of increased confidence, this study found that the on-site English classes in the workplace education program facilitate language socialization for these individuals. This process involves literacy and oral language development, but it also involves building soft skills, team building, and risk-taking strategies that support staff ELLs need to successfully navigate a new work discourse. As a result, employees are speaking more, asking questions, problem-solving, and building connections with their co-workers and supervisors. This type of improvement is valorized by the supervisors and results in employees feeling integrated and confident in their jobs at PMC.

CHAPTER 7

FINDINGS: RESEARCH QUESTION 3

3. *How does working at a hospital impact second language identity and discourses for these ELLs?*

This culminating question seeks to investigate how the participants' second language (L2) identities are impacted by working at PMC and participating in a workplace education program. In addition, this question is interested in how the discourse itself may be impacted by support staff English Language Learners (ELLs). Examples of participant's agency in the workplace will be used to measure their integration into the hospital discourse and their L2 identity development. Drawing from van Lier's (2008) approach to agency development in L2 learners, this chapter will use a "continuum of agency" to present research on how participants engage and insert themselves in English at work. An example from participant observations and/or interviews that represent each point on the continuum will be used to quantify the findings of participants' identity development and discourse integration.

Continuum of Agency

In van Lier's (2008) classroom research, agency is defined as a social event enacted by a participant within a specific context that extends past a physical behavior and represents the ability to see the significance of the event or thing related to the sociocultural landscape (p. 164). The six levels of agency are presented in ascending order: passive, obedient, participatory, inquisitive, autonomous, and committed (see Figure 7.1). This order starts with the absence of student engagement and ends with a high level of agency that ignites a collaborative movement. The classroom extracts are categorized to provide examples of each level of agency, and van Lier (2008) uses this presentation to not only problematize labeling levels of agency, but also to discuss the environments in which students will develop agency.

| Level of Agency | van Lier's definition |
|------------------|--|
| 1. Passive | Learners are unresponsive or minimally represented |
| 2. Obedient | Learners carry out instructions given by the teacher |
| 3. Participatory | Learners volunteer answers to teachers' questions |
| 4. Inquisitive | Learners voluntarily ask questions |
| 5. Autonomous | Learners volunteer to assist or instruct others learners and create a collaborate agency event |
| 6. Committed | Learners voluntarily enter into a debate with one another and create a collaborative agency event. |

Figure 7.1. Continuum of Agency (van Lier, 2008)

This ladder of agency is a way to show the progression or movement taken by support staff ELLs from outsider to insider in the hospital discourse. In van Lier's research (2008), he uses examples from classroom activity and puts them in ascending order of broad categories of agency as a way to "invite the reader to think about the various ingredients that may indicate more or less agency" (p. 168). His research, which is meant to ignite discussion about classroom agency, will be a starting point in which to

discuss agency for support staff ELLs in an English-dominant hospital workplace. For the participants in this research, this study found that they enacted agency at different levels on this continuum based on their ability to apply significance to their interactions in the larger discourse of work. I am using agency as a measure of identity development because it can be quantified in examples of confidence, motivation, engagement beyond the assigned task, and problem-solving. This findings presentation will lead to a discussion of how L2 identity and discourse changes coincide with participants' agency development. The below extracts from student interviews and my ethnographic observations will be situated in a category of agency, which will be discussed in conjunction with van Lier's definition of this category. In addition, this definition will be translated to the workplace context in which the participants enact agency. The next sections will present findings in relation to van Lier's (2008) continuum of agency and discuss how these examples of agency represent identity building and discourse changes.

According to van Lier, the measurement of agency is based on a continuum of L2 identity development, where employees with passive agency have very little identity development in the work discourse and employees with committed agency have developed a L2 work identity and are able to help others integrate into this discourse. These participant examples reveal that agency is embodied and enacted through different practices in support staff employees regardless of language abilities. Through a variety of communication strategies, participants develop a unique identity in conjunction with their language development and their integration into their support role that bridges their cultural capital and their investment in their work. As a result, these participants are also

agents of change in the discourse and may actually alter the way a department measures success in their support staff roles.

Passive

In van Lier's (2008) continuum, the passive level of agency is represented with one word answers from students in an environment that is almost completely teacher-dominated. At PMC, this level of agency would be seen in employees who are not engaged at work, which may be due to emerging language skills in English that limit their ability to perform their job tasks. Employees who perceive their language skills as very low may disengage from the discourse because of their lack of confidence in their oral or literacy skills. Findings show that the participants in this study show little signs of passive agency because many have worked at PMC for years, voluntarily joined the English classes, and made progress in their English, which has facilitated their deeper integration into the workplace discourse. As a result, the participants in this study did not show overt signs of disengagement of the discourse or an inability to perform their job tasks all together.

The supervisor interviews, on the other hand, yielded oral examples of other employees who show signs of passive agency. In the below example, Sandra, the PCS supervisor, describes how an employee's inability to read and write in English prevented her from completely performing her job. In this case, the employee cleaned patient rooms during the night shift and when the nurse was in the patient's room, she could not complete her job. Because she had limited literacy in English, she was not able to leave a written note to the next shift explaining what she had completed and what she was not

able to do. As a result, the nurses on the next shift complained to the supervisor that this employee was not completing her job tasks. Sandra asked her employee to write a note for the nurses, which would solve the problem of communication:

So the day-nurses are emailing me, “Oh, she didn’t stock my room and blah, blah,” so I’m like [to my employee], “These are the things I need you to communicate to me because if you communicated to me with the overnight shift then I can address it. You don’t have to wait until I come in. I have to come in early the next day to follow-up with you to see what’s going on, get your side of the story to then address it when I can simply address it at that moment because I have your note (Sandra, interview, January 22, 2016).

Although the supervisor saw this as a clear solution, the employee’s lack of English literacy prevented her from complying. To cover up for her emerging literacy, this employee would tell her supervisor that she was completing the task, but then the supervisor found that she wasn’t getting it done (Sandra, interview, January 22, 2016). Sandra explained that it took many conversations with this employee to get her to “admit to [her supervisor] that she doesn’t know how to read, she doesn’t know how to write well” (Sandra, interview, January 22, 2016). Her lack of literacy also prevented her from being honest with her supervisor, which caused Sandra to dominate the environment until the employee confessed her limitation. While this employee may have had a clear understanding of her job task, her limited literacy caused her to disengage with the discourse and create a perception that she could not perform her job sufficiently.

Obedient

This level of agency is classified by van Lier (2008) as students who carry out their teachers' instructions and participate in the discourse, but are merely going through the motions and are not actively or independently engaged in the environment (p. 170). In the workplace, this level of agency is seen with employees who carry out the specific outlined tasks of their job and do not deviate or extend themselves outside of these boundaries. This level of agency is defined by a supervisor who creates routine tasks for the employee, like a teacher who gives students all the instructions, and through repetition, this employee follows without any extra engagement.

In this study, student participants revealed that obedient agency is something they engaged in when they first started their jobs. As ELLs, participants indicated that they learned their job through repetition of clearly outlined tasks. In response to the question "Tell me about your job," Benita from Patient Care Services, listed her responsibilities:

When I get inside the room, I say, "Good morning," if they are awake. If they are awake, I will say, "Good morning." Then, after, I start to clean the bathroom first. After I clean the bathroom, then I take the trash. Then, we have to bag, take the trash, take all my linen if it's full, but they have to take shower for the patient. I will take the linen. After I take the linen, I went to my break. And if I take my break, I will go around again. If the linen is full, I will take it for a second time (Benita, interview, February 29, 2016).

Based on this account of her tasks, I could see that Benita not only knew the expectations of her job and that she performed them regularly, but that she felt pride in being able to

recite these tasks in order. While being able to recite these tasks and express a connection to these responsibilities goes beyond van Lier's definition of obedient agency, Benita's observation revealed that she performed only the tasks that she was required to do and did not extend beyond these parameters (Benita, observation, January 15, 2016). I also did not observe her interacting with patients, which could have been due to my presence, but may have also been related to her obedient agency.

Obedient agency creates a supervisor-dependent workplace. As a result, this study found that participants had a keen sense that they must perform their outlined job tasks in order to avoid complaints or supervisor intervention. As ELLs in an English-dominant discourse, it is all the more important to follow these tasks. The supervisor interviews indicated that they do consistent training, where they outline new policies or tasks and try to consider the best way for their employees to understand (Sandra, interview, January 22, 2016). The student participants confirmed that repetition supported this level of agency and compliance: "Then, for example, if you do something like--today, you do the same thing in the other day. I remember everything. That's why it's not difficult for me. It's easy for me" (Mouad, interview, February 29, 2016). It is this rote style of learning and reinforcement that makes some support staff ELLs stagnant in the comfort level of obedient agency. While this level of agency is functional for many support staff employees, the supervisor interviews indicated that want their employees to problem solve, extend themselves to provide the best service possible, and communicate with other staff on the floor.

Participatory

Moving up the continuum, participatory agency moves beyond the obedient level of compliance and defines the point when the participants begin volunteering within the discourse. Rather than just following orders, students that demonstrate participatory agency in van Lier's (2008) research begin to volunteer answers to teachers' questions that demonstrate independent thinking and the beginnings of critical analysis. This study found that at PMC, this level of agency is revealed in participants' ability to ask questions and ask for assistance. While not quite self-initiated agency, participatory agency was observed when employees reacted to questions and situations that were outside their prescribed job tasks. Asmara demonstrates this agency when she is asked to do a task that is not her job:

Sometime the people ask [me] to do the wax for the room, then I need to send the supervisor a text message, or tell him, "Please, this is the room they need the wax," because the wax is not my job. That's, you know, the people, when they see you, they think you are responsibility to the floor (Asmara, interview, February 22, 2016).

As a housekeeper, Asmara is not responsible for waxing the floors, but she wears the same uniform as the heavy-duty cleaners that are responsible for this task. By texting her supervisor, Asmara demonstrated that she not only understands the parameters of her job, but she was able to respond to a situation outside these tasks in order to ensure that it was completed. This reaction reveals that she has a broader perspective on the role of her department and the different jobs that people perform. In this case, she is not avoiding the

task, but reallocating it to someone else by using her newly developed literacy to text her boss.

Inquisitive

Inquisitive agency is seen when participants do more than participate, and instead self-initiate actions that display knowledge of the discourse beyond the environment in which they often function. In the classroom, van Lier (2008) identified students with inquisitive agency as those who voluntarily ask questions and engage in and maintain further discussion with the teacher. In the workplace, inquisitive agency is seen in employees who demonstrate their understanding of how their job and its functions play into the larger context of their work, and they begin to use these connected discourses to their advantage.

This study found that people who demonstrate this level of agency are not completely independent of those that have mastered the discourse, but they show increased knowledge of the workplace discourse and increased independence to problem-solve and initiate change that could improve the working reality for them and others. In his interview, Mouad provided an example of inquisitive agency and how it provided him better work opportunities (Interview, February 29, 2016). When he first started at PMC, Mouad worked in the Housekeeping department and he only worked hours on the weekends. He needed more hours to support his family, so he began asking people if they knew any supervisors in the Patient Care Services department. He knew this department offered more full-time hours and positions with more money. In his interview, he explained how he met his current supervisor and got his current job:

Then, I again to work the weekend, and then I asked a lot of people because I loved to ask to look for something new. I'm good with that one. I'm looking, and I'm asking if you have somebody. Then, I go to the supervisor, to [Joe]. I tell [Joe], "If you have somebody, I'm available to work. I have family...I'm a good person. I'm looking for a job for more hours. I work just 16 hours. It's not enough for me. I need more." Then, two months later, he called me to tell me the job. (Mouad, interview, February 29, 2016).

After two months of working in Housekeeping, he was offered a job as a cleaner in Patient Care Services. Although Mouad is an emerging ELL, he did not let this deter him from pursuing his goal to increase his hours. He also did not wait for his performance on the job to open opportunities for him. Rather, his inquisitive agency and knowledge that networking and initiating conversation with supervisors can lead to a job change at PMC helped him achieve his personal goal.

Many participants in this study also showed inquisitive agency because they elected to enroll in the workplace education program and improve their language skills. Supervisors can advertise these classes to their employees, but they cannot force them to attend. During the student participant interviews, I found that most of them joined because they were trying to improve their skills in order to perform their job better or move up in the hospital. Gloria supported this finding in her description of how she heard about the English program. Her co-worker was attending English class at the time and in the small café, they could not let more than one person attend the class at the same time. As a result, Gloria negotiated with her co-worker to be able to attend: "She was speaking

more English than me, and I said, “Could you please let me go?”... Yeah, yeah, because we really need it. Well, I really need it -- and I learned so much” (Gloria, interview, February 29, 2016). Inquisitive agency is demonstrated here because Gloria not only acknowledged her own barriers with English, but she identified a possible solution and negotiated with her co-worker before asking her supervisor. She is still functioning within the parameters of the rules of her job, but she is preemptively problem solving in order to ensure her supervisor will let her join the classes.

Autonomous and Committed

The last two levels of agency are closely aligned. In Van Lier’s (2008) research, the example of autonomous agency involves two ELLs navigating a computer assignment together using their new English vocabulary. They are working together, but their work is independent of the teacher, and they are using each other as resources to navigate the classroom task. The committed level of agency, on the other hand, represents a higher-level of independent and creative thought from the ELLs, as the students and teachers engage in a debate that draws on opinions and collaborative negotiation outside of the general discussion. He explains that these two levels of agency can be viewed as individual and collaborative (van Lier, 2008, p. 169).

At PMC, both individual autonomous agency and collaborative committed agency were represented by the participants in this study, and both are celebrated by the supervisors as qualities of strong employees who understand the larger picture of their work. Based on observations and interviews of participants, this study found that participant examples of autonomous and collaborative agency indicate an emerging L2

identity within the hospital discourse. The participants that demonstrated this level of agency were able to navigate and insert themselves into the discourse, use their cultural capital to build supportive networks, and negotiate their place within the larger context at PMC.

Thamir, from Food Services, who is in charge of making pizzas for a cafeteria at PMC, provided an example of autonomous agency that demonstrated his understanding of how his role connects to the hospital. In this role, he not only needs to make pizzas, but he also needs to report his inventory needs to his supervisor and work collaboratively with his co-workers to keep food-cost down. In the interview, Jennifer explained that Thamir started in the café as a dishwasher and, as his English improved, he was able to move up to Pizza Maker. The responsibilities in this role require him to take note of the inventory and food costs, and report these needs to his supervisor: “[Thamir] does his own inventory and will let [her] know what he uses for the week” (Jennifer, interview, January 20, 2016).

During the observation, I saw an example of Thamir’s knowledge of his responsibility in this role and his strategies to reduce food costs. I observed Thamir making a vegetable pizza that had tomatoes, onions and peppers on it (January 20, 2016). He had patted out the dough, poured the sauce with precision, and then placed the tomatoes on the sauce. He explained that he put the tomatoes before the cheese because they cooked better, and he also showed me that he was using the ends of the tomatoes: “I cut small one tomato” (Thamir, observation, January 20, 2016). He had prepped the tomato tops and bottoms and then took a handful and cut them into smaller pieces.

Thamir explained that using all of the tomato reduced the food cost and eliminates waste; he gestured to the top and bottom of the tomatoes, shrugged and said “still good and save money!” (Thamir, observation, January 20, 2016). Thamir’s autonomous agency is represented in this example because his knowledge of how his job relates to the larger goals of PMC. By expressing this knowledge in English, Thamir also demonstrated his L2 work identity.

Mouad also represented an emerging L2 identity through a demonstration of autonomous agency. Seen in the inquisitive agency section, Mouad has the personality to network and make connections that help him succeed. While he is a classmate of Thamir and in the same Level 2 English class, he is able to communicate orally at a higher level. Both Mouad and Thamir have moved up in their jobs, but Mouad shows his autonomous agency because he also trains new employees:

Mouad: She sent some new employee for me to--to go and have me show him how to work because he’s same my country. He’s Moroccan. He came. I showed him everything.

Researcher: And so, in the training, you showed him things. Did you speak in Arabic?

M: Just a little, but the more -- I mean, a lot in English. Some Arabic, but I did-- yeah. (Mouad, interview, February 29, 2016).

In this example, Mouad revealed that his supervisor trusts him teach others how to do the same job. In addition, he demonstrated that he is an asset as a bilingual speaker, but that he is proficient enough in English to be able to train someone in his L2. Mouad

demonstrated that he has the ability to enculturate a new employee to the workplace discourse by teaching the job responsibilities and culture of the hospital.

While autonomous agency is represented as individual agency, committed agency is more collaborative and, according to van Lier (2008), involves a group negotiating meaning collectively through language use. Committed agency is a quality that Charlie, the housekeeping supervisor, encourages his staff to use in their daily work. With 35 staff, Charlie explained that he does not have the capacity to visit all his employees and check in on their work (Charlie, interview, January 20, 2016). As discussed in Chapter 5, Charlie coaches his staff to be accountable for their area and take initiative to build relationships with people on their floor so that they avoid official complaints. For Charlie, this strategy empowers his employee and gives them control over their daily work: “I let them deal with all that stuff themselves. I don’t want to be hands on, so they come and they do their own thing, they finish their own hours, they finish their own areas. I have nothing to do with it” (Charlie, interview, January 20, 2016). This initiative-focused strategy requires the housekeepers to work independently, build relationships and network with cross-departmental staff. Charlie is not part of the daily interactions for his staff, and this study found that participants are using their oral English skills to negotiate their work discourse and advocate for their needs.

I observed Asmara’s committed agency during her observation when she used oral English and employed strategies of collaborative working and relationship building to make her job more efficient and enjoyable. Asmara is responsible for cleaning the outpatient CAT Scan office, a medical records office, and a variety of doctors’ offices and

doctors' sleep rooms. As a result, she interacts with a variety of staff during her shift: other housekeepers, support staff from different departments, office staff, nurses, and doctors. These exchanges were short and mostly included a greeting and small talk about the weather, family, or a busy workload, yet she performed these with near native-like fluency. She explained that when she is working, she likes to say hello to people so they know she is there, which will encourage them to talk to her first instead of calling in a complaint (Asmara, observation, January 25, 2016). In this case, Asmara uses her L2 to positively impact her job and make her "customers" happy.

During her observation, Asmara took this strategy to the next level by initiating a conversation with a doctor (Asmara, observation, January 25, 2016). We walked down the hall and she stopped in front of a doctor's office. The door was ajar only 2 inches and people were inside talking. She saw the door was cracked open and she poked her in to ask the doctors a question: "Hello. How are you? Do you want your office deep cleaned tonight?" They enthusiastically agreed to this offer and gave her oral directions of what they wanted cleaned. She clarified their request by repeating it back to them and affirmed that she would be back at 7:00 after they left to do the deep clean. She explained after that she offers to do this every once in a while when she notices that the doctors are in the office (Asmara, observation, January 25, 2016). When I asked why she does that, she explained that it was good to talk to the doctors sometimes and they are all happy with her (Asmara, observation, January 25, 2016). Based on this observation, Asmara demonstrated that she understands how her job connects to other areas of PMC and that

building connections with employees at different levels can support her own work and the feedback she receives.

This study found that this kind of agency also supported Asmara to negotiate meaning, provide good customer services to the other employees on her floor, and ensure that she was not overburdened with work. An example of this occurred when Asmara was walking in the hallway near the doctors' sleep rooms (Asmara, observation, January 25, 2016). A doctor saw her in the hall and stopped to ask her a question. He went into his assigned room, but noticed that the bedding had not been changed and asked her if she could do that for him. He spoke fast and with urgency. Asmara explained that she is not the one who does the linen cleaning, but she would let the man know who cleans these rooms. After the conversation, she went into the back room and found a Haitian man who worked in the Materials Management department. In English, Asmara used reported speech to relay the conversation to this man and asked him to clean the room with specific instructions and the room number. The man confirmed that he would do this as soon as he finished his current task (Asmara, observation, January 25, 2016). In this case, Asmara not only negotiated two detailed conversations in English, but she used her committed agency to gather information, delegate tasks, and provide good customer services.

Participants who demonstrate both autonomous and committed agency are able to draw connections between their support service role and the institution of PMC. As Thamir and Mouad demonstrated, autonomous agency occurs when an employee performs independent tasks that demonstrate an understanding of the larger impact of

their role. Committed agency, as seen through Asmara's observation examples, is performed when employees build relationships with other people to negotiate tasks, make their job more efficient, or provide better service. In her interview, Gloria, a Food Service café worker, explained that whenever she serves coffee she tries to do her best:

We have to be patient, and we have to do, you know, the best, give the best to our customers. Yeah, so I don't have to do something wrong. It's not good for me, and it's not good for the hospital too...so I try to take care of our number one, PMC--keep on doing number one. So that's what I do every time (Gloria, interview, February 29, 2016).

Gloria was able to acknowledge that her job in the café has a larger impact at PMC and that her performance, customer service, and commitment to excellence connect to the larger mission of PMC: excellent patient care.

This study found that as participants develop their English communication skills and integrate into their department work discourse through training and relationship building, they move up the continuum of agency and begin to see how their job impacts PMC. The participants who demonstrate autonomous and committed levels of agency are negotiating meaning to clarify tasks and responsibilities and advocate for themselves, demonstrating to their supervisor that they have a larger understanding of how their roles impact the department and PMC goals, and supporting others to enculturate into this new discourse. The participants in this study are all in support staff roles, but their observation and interview data reveal that they understand that they are committed members of the

hospital discourse, and in their roles, they have the agency to positively impact PMC and its mission.

CHAPTER 8

DISCUSSION AND CONCLUSION

This culminating chapter will summarize the key findings from the three research questions as discussed in Chapters 5, 6, and 7. Following this summary, a discussion will present the pathways for adult ELLs to integrate into a workplace discourse. This chapter will also present a discussion of how a unique identity, based on the perspectives of the participants, emerges from the overlapping interactions between the individual, the workplace, and the interlocutors of the discourse. This chapter concludes with a discussion of the limitations of the study and implications for further research.

Summary of Key Findings

This research focused on three questions that targeted the experience of six support-service PMC employees who navigate their workplace discourse in their second language (L2). The three questions presented in this study emerged recursively from patterns observed in the experience of adult ELLs navigating and integrating into the hospital workplace and how support systems, apprenticeships, and language learning impact this journey. The questions were the following: What is the discourse of the workplace that hospital support staff ELLs need to access? How does the language socialization process that takes place in the context of the workplace education program

help these ELLs gain access to the support staff discourse? Finally, how does working at a hospital impact second language identity and discourses for these ELLs?

This study is situated in the field of other workplace-focused language socialization research (Duff, 2008; Schieffelin & Ochs, 1986; Wenger, McDermott, & Snyder, 2002), but the literature review revealed that there were few studies that targeted adult immigrant support staff employees working in a hospital and taking English classes at work. Drawing from studies on discourse (Fairclough, 1995, Gee, 2008), identity (Norton, 1997, 2006, 2010, 2012; van Lier, 2008) and language and the workplace (Duff, Wong & Early, 2002; Katz, 2000; Vickers, 2007), this study sought to fill the lack of ethnographic studies that provided direct observations of support staff ELLs in an hospital setting. With unique access to PMC that allowed for direct observation of participants at work, this study was able to look more closely at how discourse access and language development impact identity development for adult immigrant workers.

Direct observations and participant interviews from the participant ELLs and supervisors were used to discuss the experience of adult immigrant ELLs who enter an English-dominant healthcare workplace. An important finding of this study revealed that participant support staff ELLs gained initial access to the PMC workplace discourse through the help of a family or friend insider who worked at PMC. Participant interview data from supervisors also revealed that hiring supervisors rely on referrals from their support staff. While this implies that the outsider may take a passive position in this process, participant interview data reveals that outsiders take initiative to build networks

within shared cultural backgrounds and advocate for themselves to their insider connection.

Importantly, once the participants were hired and brought into PMC, their ability to take initiative supported their enculturation into the discourse. Supervisor interview data also revealed that the cultural networks are reinforced in the workplace and utilized to relay information to staff. Data revealed that participants had to be apprenticed into the specific language and cultural practices of the workplace with the help of their supervisor and coworkers. This apprenticeship helped employees learn their job responsibilities and begin to navigate the workplace discourse, yet it was learning English at work that empowered employees to integrate into this discourse and develop an L2 identity in an English-dominant environment. All the participants in this study were enrolled in the on-site workplace education program English classes, and their interview data revealed a self-reported increase in their English literacy, oral communication in English and increased confidence as second language (L2) learners.

Ethnographic observation data revealed that identity, which was measured through examples of agency in the workplace, developed when the participants were able to see the larger impact of their work and how their networks supported them and the larger mission of PMC. In turn, this study found that a workplace identity is directly related to a L2 identity because the participants displayed stronger agency when they felt more comfortable with their English skills. The findings showed that agency development impacted the student participants as well as their supervisors. Interview data revealed that supervisors relied on these employees to refer new employees to the

workplace, act as translators and leaders to their professional cultural community and train new members of the discourse.

Discussion

For adult immigrants in the United States, working as support staff employees in low-wage jobs is a reality. Access to jobs, increased wages, and career mobility depend on language and technological skills, and for non-native English speaking employees, these can be barriers. On-site English classes, contextualized to the workplace, provide these support staff ELLs with meaningful educational opportunities that are more accessible than community classes and that influence their socialization into a new workplace discourse. By analysing the language used by support staff ELLs through ethnographic observations and interviews and by gaining the perspective of support staff supervisors on managing these employees, this study illuminated the pathway from outsider to apprentice that some adult immigrants follow in their workplace. The steps of this pathway are presented for discussion in this chapter.

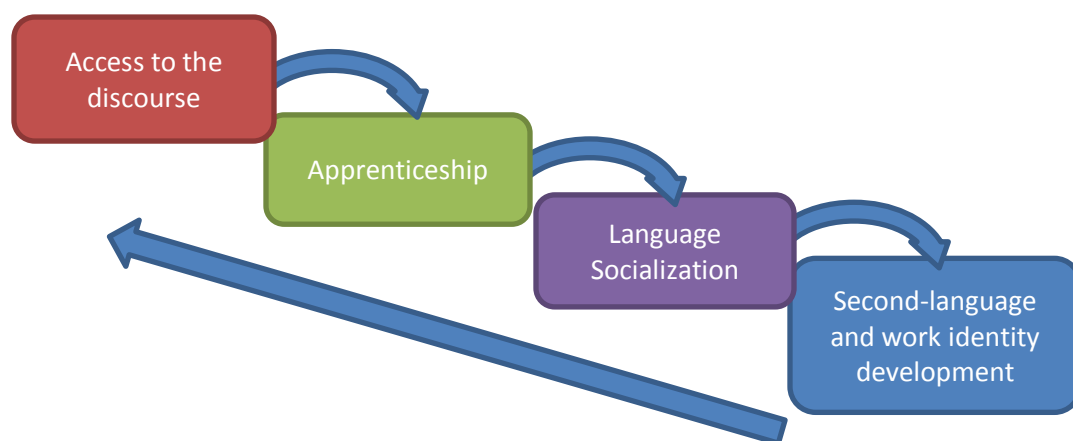


Figure 8.1. A pathway for adult ELLs to integrate into a workplace discourse

Access to a Discourse

As discussed earlier, a discourse describes the way that language and behaviors are enacted to form identities within a specific context, which in this study was the PMC workplace. According to Gee (1989), outsiders can be enculturated into this specific context with the support of masters of the discourse. The first step of this enculturation process is to first gain access to the discourse, or more specifically, get a job at PMC. While standard American job seeking practices support building a perfect resume and cover letter, getting an interview, and wooing the interviewer, this study revealed that adult immigrants are getting jobs because of the help of their friends and family. This study also found that the supervisors of these support staff departments looked to their trusted employees to find strong candidates from their professional cultural networks.

These findings have implications for adult immigrants who are looking for jobs and for organizations that seek to help this population secure jobs. They suggest that focusing on resume and cover letter creation alone does not provide this population with job access. Rather, for adult immigrants, more attention should be placed on building a network of working adults who have already been enculturated into a discourse of their interest. While their family and friend network is a natural starting point, community organizations like religious centers and schools are also places where adult immigrants can build a professional network that could open opportunities for them. For organizations that support immigrants to find jobs or that assist them in getting better jobs, these findings demonstrate that the focus should be on helping people build

language skills that will increase their professional network and bolster their self-advocacy, rather than decontextualized practice in resume and cover letter production.

This study also found that adult immigrants looking for a job at PMC had to use self-advocacy strategies to gain the support of their informant within the discourse. As Benita revealed in her interview, sometimes the insider can attempt to deter the participant from applying to the job. Similarly, Thamir made sure that his Moroccan professional network knew that he was looking for a job at PMC, and when one of his former supervisors got a job there, he asked her to help him get a job as well. The person on the inside is in a position of power because they have access to the discourse already, but they remain vulnerable because their supervisor may judge them based on their referral's job performance. As a result, the informant and the adult immigrant job-seeker must have a relationship of trust, and the job seeker must prove reliability. The findings of how the participants gained access to jobs at PMC illustrate that the adult immigrant population must use self-advocacy strategies to gain access into the discourse and build a strong, trustworthy relationship with their professional network. Once these are in place, they are more likely to be recommended by their network.

During this study, I taught an English Level 5 class in the Workplace Education program and the findings of this research had an immediate impact on my own teaching. This class is the highest level in the workplace education program. At this level, many students had goals to get a different job, so I created a unit on resume and cover letter writing and taught students how to search and apply for jobs online. With these new findings, I shifted my practice in the classroom and updated my unit. Rather than

spending time on cover letters and resumes, I focused this unit on building professional networks, learning about other jobs, and engaging in informational interviews. In addition, as the supervisor in the program, when students asked me to help them find another job, I would connect them to a classmate that had that job. This was in contrast to previous patterns of scheduling a time to help students work on their resume and cover letters. Based on these findings, I identified my role as the insider and used my own professional network to connect students to potential jobs at PMC.

This study shows that adult immigrants can achieve the insider status after they take the path of apprenticeship, socialization, and identity development in the discourse. This study found that all participants were helped by family and friends when they got their job at PMC, but now some are helping others to get a job or to train in a new role. Having gone through the enculturation process, these participants are in a unique position to advocate for others as they have shown their own ability to integrate into PMC, improve their English, and increase their responsibilities. They have not only learned the language and behaviors of their workplace, but they have developed their own strategies for navigating the discourse that they can pass on to new employees. Transitioning from the outsider to the insider is a sign of enculturation into the discourse.

Apprenticeship

This study found that gaining access to the discourse by securing a job at the hospital was only the first step in the enculturation process. All participants spoke of their training process and the ways they learned their job. The findings showed that initial apprenticeship came from the supervisors as they taught the specific job responsibilities

to their employees. For the participants with emerging oral English communication skills and English literacy, the main strategy that supervisors used for training was a showing-and-doing method, where the supervisor would orally explain a task while physically showing the participant how to complete it and then asking the employee to repeat the task right after. This finding demonstrates the importance of supervisors providing oral training that is both visually and kinesthetically supported. In addition, Jennifer indicated that she has learned to communicate differently to her staff by minimizing her amount of slang and using different words to explain vocabulary words (Jennifer, interview, January 20, 2016). This might demonstrate that an integrated workplace education program could support supervisors by providing training on effective communication with English language learning employees. English instructors could provide supervisors with a perspective on adult language acquisition and could provide strategies on how best to modify speech and text to support employees to learn the tasks of their job.

In addition to showing employees the tasks of their jobs, the findings of this study also showed that multiple discursive practices are used to apprentice employees into the discourse of the workplace. Observation data revealed that student participants are using their native language on the hospital floors to communicate with cross-department staff and build a larger professional network. In addition, supervisor interviews revealed that members of the dominant language speaking community were promoted as leaders because they could more effectively communicate with the employees. Many of the participants have to navigate a multilingual work environment with many other non-native English speaking co-workers, and they are using body language and other

language strategies like humor to build relationships at work. These findings demonstrate that the native language is an asset to training and network building rather than a deficit, and bilingualism is seen as a quality of a good leader. In addition, work environments that support multiple discursive communication strategies—such as body language and native language support—can create a supportive environment for languaging that will help employees integrate as active members of the discourse more quickly. For teachers in the workplace education program, there are implications for helping employees navigate a multilingual workplace and creating a classroom environment where employees can problem-solve and brainstorm strategies for communicating in this kind of discourse.

Another important finding in this study showed that support staff employees are apprenticed into the specific language of the workplace. In the Housekeeping and Patient Care Services departments, employees' work performance is measured on how many "complaints" they receive. As referenced in the findings, when a call is placed about lack of supplies, an area that needs to be cleaned, or a problem with a staff person, the supervisors receive the call and mark it as a complaint for the employees who are responsible of this area. The employees are taught by their supervisors and other employees that these events are meant to be avoided. As part of the apprenticeship into the language of PMC, the findings show that supervisors provide their employees with oral and written strategies that can prevent or mitigate problems on the floor. Participant interview data revealed that some employees took oral language risks to make connections with people on their floors in order to avoid complaints. In addition, the

participants that were the most successful navigating this complaint culture were the ones who referenced specific strategies their supervisors gave them to avoid complaints. This illuminates the crucial role that supervisors play in explicitly outlining how performance is measured, teaching employees the language of the workplace and providing specific strategies to navigate job expectations.

The supervisor role in apprenticing employees into the language and expectations of the discourse is one that must adapt to the needs of the support staff ELLs. One supervisor participant, Sandra, provided an example of an employee whose struggle with emerging English literacy caused a problem on the floor. Sandra provided strategies to this employee to navigate the issue, but it was not successful because this employee could not read or write in English. It took time for Sandra to discover that this literacy barrier prevented the employee from performing these tasks, and when it became clear, she modified the task to include a basic checklist and oral reporting. This finding shows that a supervisor of support staff ELLs needs to be aware that strategies to navigate the workplace may need to include modified materials to support employees' emerging literacy. This may also demonstrate a continued importance of the workplace education program as a resource for supervisors. In this case, the supervisor used her own strategies for modifying a form and developing an oral strategy, but an English instructor may be able to support a supervisor in creating more effective and efficient materials that are based on adult literacy acquisition research. In addition, this connection between the supervisor and the instructor can create a bridge for the employee to get additional

support in the English classes and show a more united front between the apprenticing supervisor and the workplace education program.

Language Socialization

The findings of this study found that student participants, all of whom participated in the on-site workplace education program's English classes, improved in areas of literacy, oral communication, and confidence. Supervisor participants reported that these improvements help them communicate better with their employees and it helps these participants perform their job more effectively and with more confidence. All of the participants credited the workplace education program for this improvement which illuminates the importance of an accessible and integrated on-site education program for adult immigrants. For adult immigrant workers that may have multiple jobs and many obligations outside of work, it can be difficult to find an English program in the community that works within their schedule. Unlike community English programs, the workplace education program is accessible, convenient, and the curriculum is contextualized to their specific workplace language needs. This study found that English classes in the workplace that have a contextualized curriculum support language development, which facilitates socialization into the workplace.

While gaining literacy and oral communication skills was an important aspect of the PMC's English classes, this study also found that the English classes improved participants' confidence. Supervisor interviews confirmed that employees who took these classes had more confidence, took more risks, and were bolder in their interactions (Jennifer, interview, January 20, 2016). These findings suggest that a successful

workplace education program not only teaches relevant language skills and strategies, but harnesses a “community of practice” where employees feel comfortable practicing the language and making mistakes in a low-risk environment (Wenger, McDermott, & Snyder, 2002). As referenced earlier, this community is built on knowledge sharing and supported participation over a sustained interaction and practice (Duff, 2008; Wenger, McDermott, & Snyder, 2002). An element of this occurs naturally because all the participants work at PMC and have voluntarily chosen to take English class.

This study also found that the benefits of on-site English classes extend beyond the workplace and impact employees’ personal lives, giving them agency to make decisions independently and more opportunity to build relationships outside of work. One participant is able to read road signs and his GPS so he can better and more safely perform his second job as an Uber driver. Another participant expressed that he is able to communicate better with his son because of the English classes. In addition, another participant expressed that she does not need an interpreter when she goes to the doctor. For some of the participants, this was the first time attending a school of any kind, as they did not have the opportunity to attend school in their country. As employees are socialized into English, they become more integrated into other English-dominant discourses which help them socialize into work more easily as well. The feeling of gratitude for the opportunity to learn English at work was palpable from the student participants, which has implications for the employer. This shows that an employer who can financially support the opportunity for their employees to increase their education

may have a return on their investment as they gain a stronger workforce who feels more connected to their work and to their community.

These findings have implications for the workplace English classroom and how the instructor can develop this community of practice. The challenge for the teacher is to create a classroom that is simultaneously an integrated piece of PMC and also a safe, separate space where employees can practice freely. Katz (2000) provided a vision for what the workplace classroom could look like:

We might imagine workplace literacy classrooms differently. As places where ideas are cultivated and explained, classrooms do not have to serve primarily as breeding grounds for the reproduction of dominant ideologies (although this seems to be their tendency); they can also provide interdiscursive spaces where inquiry into the nature of the new work order can take place (p. 165).

By providing opportunity for “interdiscursive spaces”, Katz (2000) posits that teachers valorize the students’ identities, values and interpretations of language, and as a result the students have the “power to reshape the very practices into which they are being socialized” (p. 166). When this happens, students feel supported, motivated, and valued as members of the society and the workplace. As this study found, the result of creating a classroom in this way can yield engaged and empowered students that have agency to insert themselves in the discourse and advocate for themselves and others.

Second Language and Work Identity Development

As van Lier (2008) noted “perception goes hand in hand with action. Indeed perceiving is a form of action. Information is not passively received by the learner (as in

input in some versions of SLA), rather affordances are actively picked up by a learner in the pursuit of some meaningful activity” (p. 176). In this study, agency was used as a way to quantify an emerging identity, and participants who perceived themselves as active members of the PMC discourse performed a level of agency that reflected their L2 and work identity. Participants who worked collaboratively and perceived their work as contributing to the larger context of the hospital showed greater agency by negotiating meaning, advocating for themselves and others, and creating a work environment that gave others the opportunity to integrate into the discourse. These findings demonstrate the complex landscape in which identities are created in the workplace.

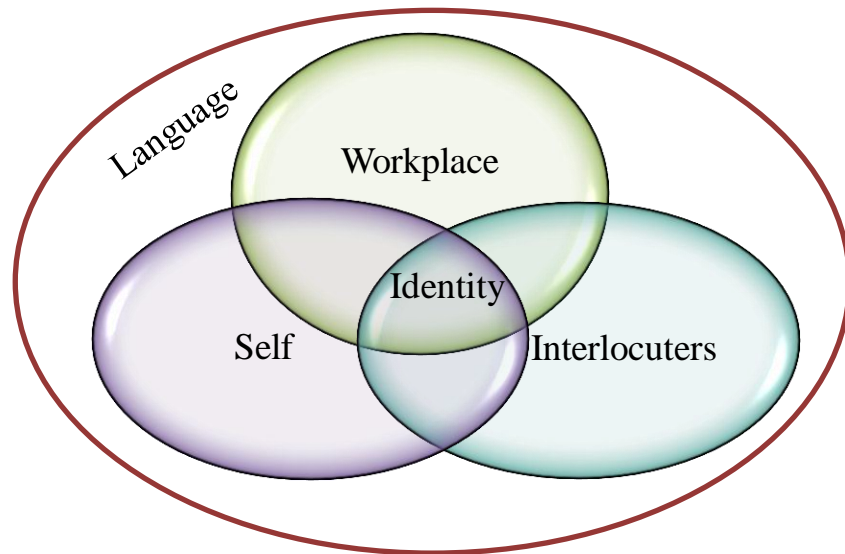


Figure 8.2. Second language and work identity development within the workplace discourse

Figure 8.2 represents how L2 and work identity development occur within the workplace discourse from three interacting parts: the workplace, interlocutors, and the self. In order to address the complexity and nuances of identity development for the participants of this study, the next section presents a discussion of the overlapping relationships, values, expectations, and cultural capital that interact in the workplace and the way that language impacts these interactions at every level. The following subsections will define these parts based on the findings of the study, discuss the impact of the overlapping parts and influence of language in this relationship, and finally posit a new identity formation that results from this integration.

As mentioned above, Figure 8.2 represents the work “discourse” based on the findings of this study. Gee (1989) describes a discourse as the way that language and behaviors are enacted to form identities within a specific context, and thus this visual breaks down the relationships that play a role in perpetuating these behaviors and the way an outsider can create their own identity and transform the discourse. In the red circle of “discourse,” language is the constant that interacts with each part within the discourse. As Garcia (2009) states, languages are themselves social practices:

Languages are not fixed codes by themselves; they are fluid codes framed within social practices...it is not languages that exist, but discourses; that is, ways of talking or writing within a context. Following Michel Foucault, discourse conceives language as a form of social practice that naturally occurs in connected speech and written text with those who participate in the event. (Garcia, 2009, p. 32)

Language and discourse cannot be separated, and as a result, the sections of the diagram above live within a circle of language because it impacts all the social practices within each section.

The first circle that plays a role in the workplace discourse is the workplace itself. This represents the values and beliefs of PMC at large, and includes the standard policies and protocols set up to maintain these values. The interlocutors signify the players of the discourse, which in the hospital include doctors, nurses, supervisors, patients, visitors, support staff, and even English instructors and classmates. These enactors of language relay messages, assign tasks, and negotiate issues, all of which impact the other circles in the discourse. The final circle represents the “self” or the individual who brings their cultural competence, language, and values and beliefs to their work within the discourse. This study looked at how the student participants entered the discourse as the “self” and through the interactions with the workplace and the interlocutors developed an identity and in turn, impacted the other parts of the discourse. This discussion is interested in how L2 and work identities are developed when these parts interact.

Workplace and Interlocutors

The interaction between the workplace and the interlocutors reveals a symbiotic relationship that perpetuates the values of the discourse while changing language strategies according to the needs of the members within the discourse. The guiding principle of PMC is excellent patient care, which for support staff departments translates to maintaining a clean and safe environment for patients, visitors, and employees. This message is perpetuated by the workplace language and culture around “complaints.” As

discussed in Chapter 5, members of the discourse are empowered to call in a complaint if they identify an area or situation that does not uphold the motto of PMC. This study found that these calls translate to measurements of job performance for support staff employees who cover these areas. In turn, supervisors are charged with the task to teach the language of the workplace to their employees in order to provide clear expectations of their job. Despite the native language of the interlocutors, all employees must learn the specific language of their job and the language of the hospital. As a result, the relationship between the workplace and the interlocutor reveal the nuances of language that members of the discourse must navigate to be successful within this context.

Similarly, the workplace is not static, and as it changes, so do the employees. The fast-paced environment of PMC changes the way interlocutors communicate in the workplace. Supervisor interviews indicated that they rely on their staff to call or text to keep them informed. In addition, observations revealed that employees communicate cross-departmentally and the participants were seen speaking with doctors, nurses, and cross-departmental support staff. In this multilingual workplace, not all interlocutors are native English speakers, and there is a level of negotiation that occurs as communication expectations change to adapt to the workplace. This languaging impacts the interlocutors, but it also impacts the workplace and how it functions. Charlie provided an example of how leaders emerge from this change in the workplace (Charlie, interview, January 20, 2016). He used Juana to motivate his staff and relay messages because she not only spoke the dominant language of most of his team, but she also held the same cultural values. In the interview, Charlie described her leadership characteristics:

Very personable and she makes everybody feel warm. She has that inviting personality, it doesn't come out as offensive. So people always soften up to her a little bit. So she's one of the--she's probably the primary one that I go to just to get the message out there (Charlie, interview, January 20, 2016).

Juana's leadership skills described here highlight her cultural competence that is relatable to the team and her ability to translate a message from the workplace in a way that will be received by the team. As a representative of emerging leaders from the changing workplace, Juana represents a new kind of leader that not only bridges the workplace to the interlocutors, but can advocate for the changing population of employees.

Interlocutors and Self

The relationship between the interlocutor and the "self" expose the ways in which non-native English speaking employees who are new to the discourse navigate interactions with "masters" of the discourse. In the same way, this overlapping relationship impacts how the interlocutors are interacting with the new members of the discourse. This study found that both the supervisors and the student participants adapted their language to communicate better with each other. The student participants took steps to enroll in English classes in order to improve their oral and written communication skills. This was seen in Gloria's motivation to join the program after she had a difficult interaction with a customer who questioned her ability to communicate

I just get one customer, and he asked me for a small house blend, and I didn't know what he was talking about, and I just said, "Uh, we don't have house blend." and [he'd say] "It's that coffee. What are you, oh, my God, you don't

“speak English. Go back to your country,” like that. And I said, “Oh, my God.” I just stand up, and I didn’t move for a few minutes, and I just do -- cry. That’s all. But I said, “No, I have to learn. I have to learn” (Gloria, interview, February 29, 2016).

Gloria was forced to directly face this interlocutor because her job requires customer interaction. This is an example of how the overlap between the “self” and “interlocutor” can cause emotional and physical stress on the individual entering the discourse.

Although this interaction motivated Gloria to enroll in the English program, this L2 trauma could be carried with her and inhibit her ability to fully integrate into the workplace discourse.

This interaction between self and interlocutor also impacts the masters of the discourse. This study found that supervisors who had sustained interaction with non-native English speaking support staff had to modify their speech to help them communicate with their staff. Jennifer, the Food Service supervisor, provided an example of this when she explained that she is more aware of the slang that she uses when she is talking to non-native English speaking staff and is conscious of providing other phrases to explain tasks to increase comprehension (Jennifer, interview, January 20, 2016).

Sandra also showed that she modified forms to support employees who had emerging literacy in English. These examples demonstrate how the masters of the discourse must also adapt their language and behaviors to accommodate this new population. With an ultimate goal of achieving PMC and department objectives to maintain excellent patient care, this study found that the supervisors look for new ways to communicate these needs

to their staff. As a result, the student participants of this study represent “selves” that ultimately impact changing approaches to how the masters of the discourse communicate.

Self and Workplace

Finally, the overlap between the “self” and the “workplace” represents how the individuals feel about their role in the workplace based on the larger objectives of this organization and how the workplace is forced to adapt as their population of employees changes. The student participants in this study demonstrate the feeling that new employees have as they enter the PMC workplace discourse.. The findings show that student participants were apprenticed quickly into the workplace by learning their job responsibilities, but as they interacted more with coworkers and supervisors and learned more about the hospital and its support systems, this study found that participants gained agency in their roles. Looked at on a continuum of agency (van Lier, 2008), the participants with the least amount of agency could perform the tasks of their job, but did not demonstrate an understanding for how their job fits into the larger context of work at PMC. Those who demonstrated the most agency showed that they could work collaboratively or independently to not only complete the tasks of their job, but contribute to the larger mission of the hospital and their department. This data illuminates the complex nature of the values, beliefs, sociocultural and historical perspectives, and cultural capital that individuals bring into the workplace and how they are in turn affected by the values of the workplace. For many of the participants, they were nervous to use the dominant language of the workplace and gained confidence overtime as they joined the English classes. This study found that as participants became more comfortable in

English, they were more likely to take risks and advocate for themselves and others. This demonstrates that individuals modified their language and behavior, and through this they developed a new identity that was unique for the workplace. This will be discussed in more detail in the next section.

While the individual must change based on the standards of the workplace, the workplace is also impacted by changing employee populations. A physical example of how workplaces change is by becoming more accessible to individuals with disabilities. At PMC, this physical adaptation supports the patients as well as the employees. In addition, a hospital must also change its language practices to accommodate a multilingual patient and worker populations. Bilingual signs and bilingual language services are more prevalent in the hospital, which support employees as well as a changing patient population. In addition, the presence of an on-site workplace education program that helps employees improve their English and communicate better is an example of the workplace acknowledging the need to support employees who may have emerging language abilities in the dominant language of the workplace. The kind of classes that PMC provides represents the changing workforce and the ways that the workplace is trying to adapt to their needs. This study demonstrates that when a workplace supports its employees to develop professionally in workplace language that these employees feel more integrated and supported in the workplace and take more agency to reach the larger goals of PMC—to provide excellent patient care.

Identity

This study found that identity development occurred for the student participants within the specific context of the PMC workplace discourse in a symbiotic, interactional relationship between the workplace, the interlocutors, and the individual. As represented in the Figure 8.2, language plays a role in each interaction, and this study found that a variety of language practices occurred as the student participants navigated these interactions. Garcia (2009) defines these language practices as “linguaging” and posits that this process is intrinsically connected to contextualized social practices, which may be symbolic in identity development. As a way to quantify identity development that occurs through these relationships, this study analyzed how student participants represented agency in the workplace. The findings point to the dialectic relationship between L2 development, workplace integration, and the changing relationships that occur between the individuals, interlocutors and the workplace.

For the support staff ELLs, L2 development is a crucial element for identity development as it supports the interactions between all three players in the discourse. This study revealed that through the L2 development that occurred in the on-site workplace education program, student participants could perform more tasks at work and build more relationships with the interlocutors of the discourse. Observation and interviews revealed that the participants were engaging in oral and written language practices that changed how their supervisors perceived them and how the participants perceived themselves in the workplace discourse. Supervisor interviews revealed that as participants gained more skills in texting, filling out forms, and reading, supervisors

instilled more confidence and positive attitudes toward them. For example, Charlie expressed that he values his employees' independence during their daily work (Charlie, interview, January 20, 2016). Asmara's observation revealed that increased oral English skills have given her more freedom to negotiate work tasks, build relationships with her professional network, and provide better customer service (January 25, 2016). These expressions of agency are dialectically connected to her language development, which supports this study's notion that languaging in the workplace is linked to identity development.

Second Language development was crucial to participants negotiating work tasks and advocating for themselves. Mouad's interview revealed that he used his oral English skills to build a professional network and find a better job at PMC (February 29, 2016). Similarly, Gloria used her L2 to ask her supervisor if she could join the English classes (Interview, February 29, 2016). As demonstrated in Figure 8.2, identity development is represented when individuals not only use their skills to interact, but see themselves in a larger context of the workplace. Examples of this were found in both Thamir and Gloria, who were able to use their L2 to explain how their job performance impacted the larger discourse. As discussed in the findings, Thamir demonstrated autonomous agency when he used a cost-saving strategy and orally explained in his L2 how this impacted the mission of the PMC. Similarly, Gloria expressed her understanding of how her work performance, which is providing customer service to patients and employees at a café, can positively support the PMC mission to provide excellence every day. By using their

L2 to identify their role in the PMC discourse, Thamir and Gloria reveal the intersection of L2 identity and workplace identity.

The findings based on the continuum of agency revealed that language plays a role in how much agency participants enact in the PMC discourse. Examples of obedient and participatory agency present an absence or limited acknowledgement of language in workplace tasks. Many participants expressed that they learned their job tasks through physically repeating the tasks, and participants that did not advance to voluntary levels of agency are those that did not feel comfortable using language in this context. Those that surpassed to inquisitive, autonomous, and committed levels of agency embraced a “linguaging” model that encouraged them to take more risks with language and advocate for themselves and others. This study found that taking risks in English was a sign of participants’ L2 identity and that native-like fluency was not necessary for these participants to insert themselves into the discourse. Participant observations revealed that both L2s and native languages were used on the hospital floors and that the native language can be an asset to these employees and the workplace.

Identity development is positioned in the middle of the discourse Venn diagram in Figure 8.2 because it represents change in the self, in the interlocutors, and the workplace. The individual who enters the workplace discourse carries their cultural capital and sociocultural history, both of which inform their perspectives on their role in the workplace. A change to the individual occurs as they learn their role in the workplace, become proficient with the language of this context because they become more integrated into the workplace, and take on the values and beliefs of this new discourse as it relates to

their cultural capital. This study also found that the presence of these individuals changes how the supervisors interact with their support staff ELLs. As discussed earlier, the presence of the workplace education program is an example of how the workplace is changing as the employee population is changing.

This study found that this change occurred in a four-step process where employees first gain access to the discourse, apprentice into the discourse, socialize into the discourse through language development, and ultimately increase agency and develop a L2 and workplace identity. Findings show that supervisors look to their trusted employees to refer others into the discourse when positions are open. As referenced in Figure 8.1 with the backwards arrow from identity development to access to the discourse, those that develop an identity in the workplace have the opportunity to help others follow the pathway of integrating into the discourse. As a result, participants that have gained a workplace and L2 identity within the hospital are in a position to advocate for others to enter the workplace. They are positioned as leaders in their departments and advocates in their community.

Limitations

Limitations are constraints to any study and this one was no exception. Due to the context of this study in a hospital setting, this study faced limitations in data gathering. Unlike other studies that were limited in their ability to observe on-the-job work behaviors (Duff, Wong, & Early, 2002; Katz, 2000), this study was unique in that half of the data was gathered by observing participants while they worked at PMC. However, the scope of this project was small and the data gathering was limited because only 1-2 short

observation times were permitted for each support staff participant this study. Longer, more frequent observations were identified as potential risks of interrupting employees' work. As a result, this study used 6 participants from 3 different departments and observed each participant once for 30-60 minutes. Similarly, due to time constraints by the supervisors, only 3 supervisor interviews were permitted due to the potential risk of interrupting supervisors' work. Traditionally, ethnographic observations require repeated long-term contact with the participants, yet given the difficulty in gaining extended access to participants at PMC this was not possible and outside the scope of this project (Fetterman, 2010).

My position as a teacher researcher also posed limitations to this study. In my initial proposal, I had asked to triangulate my findings by interviewing teachers in the workplace education program because I posited that a teacher could provide insight into the language socialization of the participants. Due to my position as supervisor in this program, I was not able to conduct these interviews. Teacher perspectives could have provided additional insight into the language socialization process for the participants. In addition, while I was permitted to interview the student and manager participants, my position as supervisor could have influenced how they discussed their opinions about the English classes. My presence during the observations may also have impacted the way participants acted or interacted, as they may have wanted to show me their best performance. PMC may not have allowed an outsider to conduct observations on the floor, and as a result, my position as trusted supervisor may have impacted my ability to gain access.

Implications for Further Study

This study has implications for further studies on language socialization in the healthcare workplace. As the healthcare workforce population continues to grow and change, it will continue to be important for future researchers to focus on the language socialization process of the adult immigrant population in healthcare roles. As referenced above, despite the unique access gained for data collection, this study was constrained by time limitations for direct observations on the hospital floors. In their study on adult immigrants seeking to be long-term care assistances, Duff, Wong, and Early (2002) proposed studies that could conduct direct longitudinal observations within the workplace would be better suited to study first hand “the process of professional socialization, language development, intercultural and intergenerational, social integration” (p. 418). Further studies would benefit from gaining increased time observing participants on the floor. In addition, while HIPAA regulations impacted my ability to audio record observations, other similar studies would benefit from audio recording participant observations on the floor and conducting a discourse analysis approach to language use in the workplace. Similarly, this study collected data on 6 student participants and 3 supervisor participants, but limiting the number of participants and developing a more longitudinal study on a smaller participant group could facilitate a deeper discussion on language use and social interaction.

This study focused on how adult immigrants gain access and enculturate into a workplace discourse. Building on this topic, three research questions emerged based on

the data collected, which covered discourse description, language socialization, and identity development. Future studies would do well to start from one of these questions and conduct research that would provide a deeper investigation into how immigrants gain jobs, training techniques in the workplace, or workplace education practices. This study found that all of these patterns are interconnected, and a project focusing on one of these topics would further illuminate some important trends.

An extension of this study may be reminiscent of similar studies that have investigated one part of the experience of ELLs gaining access and building identities within a workplace discourse (Duff, Wong, & Early, 2000; Katz, 2000; Vickers, 2007). Focusing a study on just the impact of the workplace education classroom on participants' language socialization process could address questions of hegemonic practices in the workplace and power dynamics in the workplace education classroom, which emerged from Katz's (2000) study on a workplace education program at a cable manufacturing plant in California. Further studies could take a similar critical discourse analysis approach by analyzing the language within the workplace education classroom and compare it to the language in the workplace based on workplace documents (Katz, 2000).

Workplace language research topics will continue to be important as the workforce population changes. This is particularly true in the healthcare workplace as both support staff and direct patient care jobs will continue to be staffed by ELLs and other non-native English speakers. As Vickers (2007) found in her workplace study, discourses change as interactional norms change:

Over time, it is likely that our ways of interacting in any social context will change because interactional norms within social contexts are not static but in constant flux as newcomers replace old-timers. Norms for communication within speech communities change, as do ideologies and positionalities (p. 637).

As a result, future studies must take a critical eye to validate these speech communities and to investigate how communication norms change in the workplace. Further investigation may continue to find that non-native English speaking communities are changing the discourse. This research can help workplaces bring attention to their changing discourse and to take more action to embrace and accommodate these changes.

Conclusion

Non-native English speaking adult immigrants make up a large percentage of the workforce in the United States, and this percentage is only going to increase. These individuals are using complex language strategies to make meaning within their workplace and create their own identity in this context. Through the lens of an ELL in a support staff role in a large metro hospital, this study found that a unique L2 and work identity is formed as these individuals gain access to the discourse, learn the expectations of their job through supervisor apprenticeship, learn the language of the workplace, and begin to enact agency in their role. Each piece of this enculturation process is essential for these individuals to fully integrate into the discourse. Their enculturation not only changes them, it also changes the discourse and those who function within this context. This study found that the integrated workplace education program provides employees with a safe place to build a community of practice and develop language skills and

confidence that allow them to advocate for themselves and others. As members of the discourse, these individuals become the insiders, and in this position, they are empowered to help others gain access and follow this same path of integration into the workplace discourse. Due to the growing immigrant healthcare worker population, I believe that further study of how healthcare support staff can be better incorporated into the workplace and develop professionally has much to offer to researchers and practitioners in training and workplace education programs.

APPENDIX A

INFORMATION SHEET FOR SUPPORT STAFF EMPLOYEES



Information Sheet

University of Massachusetts Boston
Department of Applied Linguistics
100 Morrissey Boulevard
Boston, MA. 02125-3393

Information Sheet for *Languageing at Work: The Language Socialization of Support Staff in the Healthcare Workforce*

Introduction

You are invited to participate in a confidential research study. This research will focus on support staff employees at PMC who are in the Workplace Education Program. This project is going to look at how support staff employees use language at work. In this project, Kristen hopes to better understand what employees have to read, write, and say at work. She will also look at how the English classes in the Workplace Education program help employees communicate.

Kristen Schlapp, Supervisor of Workplace Education, is a graduate student of Applied Linguistics at UMASS Boston, and she will be doing the research. Dr. Panagiota Gounari is the research advisor and will be supporting Kristen during this research.

Description of the Project

This project will begin on December 1, 2015 and will continue until January 31, 2016. If you decide to participate, Kristen will schedule observations and an interview:

1. **Observation:**

- Kristen will ask to observe you at work 1-2 times for 30-60 minutes each.

- Kristen will ask your supervisor for a good time to observe you.
- Kristen will only do an observation if it is approved by your supervisor and does not conflict with work.
- You would work as normal. Kristen would follow you and take notes on paper while you work.
- Kristen will not collect any patient information.

2. Interview:

- Kristen will ask to interview you 1-2 times and audio-record your answers.
- The interview will have questions about your job and questions about when and where you use English at work.
- The interviews will be 30 minutes.
- The interview will be scheduled at a time that does not conflict with work (after work or during a break).
- Kristen will not ask any questions about specific patients or collect any patient information.

3. Interview your supervisor

- If you agree to participate, Kristen will talk to your supervisor and ask him/her to also participate in the research.
- Kristen may interview your supervisor.
- The questions for your supervisor would be about how he/she communicates to employees in general, but there may be some questions about you and your work.

Voluntary

Your decision to participate in this research is **voluntary**, which means you can say “yes” or “no” when Kristen asks you to participate. If you say “yes”, but later you change your mind, you can stop being part of the project without any problem. You can tell Kristen **at any time** if you want to stop participating.

Confidential

This study is confidential, which means that Kristen will not share any information that could identify you. Your name, the hospital name, the floor names, and any other names will be changed in the notes and final project. There will be no way of connecting your identity or the hospital’s identity to the information collected or the final project.

Risks and benefits

This study will not cause you risks (possible problems) or give you any benefits. The risks of this study are not more than the risks of your daily work.

If you decide to participate:

- Your job will not change any more than normal.
- You can change your mind and stop participating, and it will not cause problems with your job or English class.

- You will not be given money or other benefits for participating
- The information collected will be used to create a research project which may help others in the future.

Questions and Contact

You can ask questions about this research at any time during the project. If you have any questions or concerns about your rights as a research participant, please contact a representative of the Institutional Review Board (IRB), at the University of Massachusetts, Boston, which oversees this research. The Institutional Review Board may be reached at the following address: IRB, Quinn Administration Building-2-080, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston, MA 02125-3393. You can also contact the Board by telephone or e-mail at (617) 287-5374 or at human.subjects@umb.edu.

Contact Information

Please read this form and feel free to ask questions. If you have questions later, call or email:

- **Kristen Schlapp**, Researcher: 617-726-2388 or kschlapp@partners.org
- **Panagiota Gounari, Ph.D.**, Research Advisor: 617-287-5765 or panagiota.gounari@umb.edu
- **Dorinda Williams**, IRB Administrator: (617) 287-5374 or dorinda.williams@umb.edu

APPENDIX B

INFORMATION SHEET FOR SUPERVISORS



Information Sheet

University of Massachusetts Boston
Department of Applied Linguistics
100 Morrissey Boulevard
Boston, MA. 02125-3393

Information Sheet for *Languaging at Work: The Language Socialization of Support Staff in the Healthcare Workforce*

Introduction

You are invited to participate in a confidential research study. You are being asked to participate in this study because your employee has agreed to participate in this project. Focusing on support staff employees that participate in the Workplace Education Program, this project is going to look at how these employees use language at work. In this project, Kristen hopes to better understand what employees have to read, write, and say at work. She will also look at how the English classes in the Workplace Education program help employees communicate.

Kristen Schlapp, Supervisor of Workplace Education, is a graduate student of Applied Linguistics at UMASS Boston, and she will be doing the research. Dr. Panagiota Gounari is the research advisor and will be supporting Kristen during this research.

Description of the Project

This project will begin on December 1, 2015 and will continue until January 31, 2016. If you decide to participate, Kristen will ask to do the following:

1. **Schedule observations of your employee:**

- Kristen will ask to observe your employee at work 1-2 times for 30-60 minutes.

- These observation times would be scheduled by you at a time that would not conflict with the normal work load of your employee.
- Your employee would work as normal. Kristen would follow your employee and take notes on paper.
- Kristen will not collect any patient information.

2. Interview:

- Kristen will ask to interview you 1 time and audio-record your answers.
- The interview will have questions about how you communicate with your employees and how the English program impacts their communication. There may be some questions about specific employees.
- The interview will be 30 minutes and scheduled at a time that does not conflict with work (after work or during a break).
- Kristen will not ask any questions about specific patients or collect any patient information.

3. Survey

- If you agree to participate, Kristen will also send a short confidential survey with more general questions about communicating with your employees that are in the Workplace Education program.

Voluntary

Your decision to participate in this research is **voluntary**, which means you do not need to agree to participate. If you say agree, but later change your mind, you can stop being part of the project without any problem. You can tell Kristen **at any time** if you want to stop participating.

Confidential

This study is confidential, which means that Kristen will not share any information that could identify you. Your name, the hospital name, the floor names, and any other names will be changed in the notes and final project. There will be no way of connecting your identity or the hospital's identity to the information collected or to the final project.

Risks and benefits

This study will not cause you risks or give you any benefits. The risks of this study are not more than the risks of your daily work.

If you decide to participate:

- Your job will not change any more than normal.
- You can change your mind and stop participating, and it will not cause problems with your job.
- You will not be given money or other benefits for participating
- The information collected will be used to create a research project which may help others in the future.

Questions and Contact

You can ask questions about this research at any time during the project. If you have any questions or concerns about your rights as a research participant, please contact a representative of the Institutional Review Board (IRB), at the University of Massachusetts, Boston, which oversees this research. The Institutional Review Board may be reached at the following address: IRB, Quinn Administration Building-2-080, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston, MA 02125-3393. You can also contact the Board by telephone or e-mail at (617) 287-5374 or at human.subjects@umb.edu.

Contact Information

Please read this form and feel free to ask questions. If you have questions later, call or email:

- **Kristen Schlapp**, Researcher: 617-726-2388 or kristen.schlapp001@umb.edu
- **Panagiota Gounari, Ph.D.**, Research Advisor: 617-287-5765 or panagiota.gounari@umb.edu
- **Dorinda Williams**, IRB Administrator: (617) 287-5374 or dorinda.williams@umb.edu

APPENDIX C

SAMPLE QUESTIONS FOR SUPPORT STAFF EMPLOYEES

- Tell me about your job.
- How long have you been working at PMC?
- Who do you communicate with at work (co-workers, supervisors, doctors, nurses, etc.)?
- Do you use English or your native language?
- How do you communicate with your supervisor?
- How do you communicate with your co-workers?
- Describe a time when it was difficult to communicate with your supervisor.
- What do you do if you have trouble understanding something at work?
- Other than speaking, what other ways do you communicate with employees at PMC?
- How long have you been in the Workplace Education Program?
- How have these classes impacted the way you communicate at work?

APPENDIX D

SAMPLE QUESTIONS FOR SUPERVISORS

- Tell me about your job.
- How long have you been working at PMC?
- How many employees do you have in the Workplace Education Program?
- How do you communicate with your employees?
- Describe a time when it was difficult to communicate with your employee.
- What would have made it easier to communicate?
- What changes have you seen in your employee since they have joined the Workplace Education Program?

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