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**THE EXPERIENCES OF
INTERNATIONAL AND FOREIGN-BORN STUDENTS
IN AN ACCELERATED NURSING PROGRAM**

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BSN, Saint Louis University School of Nursing
MSN, Saint Louis University School of Nursing

A Dissertation Submitted to the Graduate School at the University of Missouri-St. Louis
In partial fulfillment of the requirements for the degree
Doctor of Philosophy in Education

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Abstract

More international and foreign-born people are choosing to live in America than ever before, many permanently. During the past decade, both education and healthcare have been acutely affected by this change in the national population. To address the need to provide effective healthcare to all ages of a diverse population as well as provide quality educational experiences for international and foreign-born students who enroll in American nursing programs, professional nursing has consistently revised and updated healthcare delivery practices and nursing program curricula. Research consistently addresses the provision of healthcare delivery to a diverse population, but in comparison little has been written about the international and foreign-born student who is in the United States studying and preparing to become a professional nurse. The aim of this study was to report and analyze the experiences of international and foreign-born students who were currently enrolled in a second degree accelerated baccalaureate nursing program (ABSN) in the Midwest. The findings supported prior studies relating to experiences of international and foreign-born students in multiple specialties in the United States, although none in accelerated baccalaureate nursing programs. Davis & Nichols (2001), Sanner, Wilson, & Samson (2002) and Chow (2011) attested to the determination, dedication, and the coping skills of the participants to adapt to and appropriately respond in culturally diverse situations in all venues as did this study. Further, the findings pointed to the successful development of cultural competence during the one-year ABSN program. The program resulted in positive personal change, also described as transformation by the study participants. An important additional finding was that as the participants mastered the intricacies of professional nursing, they became seriously intent on pursuing advanced

degrees in various nursing specialties. This qualitative study will contribute to multiple

fields of study as it revealed the individualism of the participants, the meaning they

attributed to their year-long higher education experiences and their intention for service in

our nation's communities and around the world as professional nurses.

Acknowledgements

Many readers will understand that this acknowledgement could be as lengthy as the study for I have been loved and supported by so many throughout this journey of a lifetime.

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Table of Contents

Chapter 1: Introduction

The current United States population is now in excess of three million. This number

includes an estimated 195,000 immigrants who come into the country every year (The U. S.

Census Bureau, 2013). Additionally, according to the National Center for Educational

Statistics (2012), over 3% of college students in the country are non-resident aliens. In

2014, the Institute of International Education placed 13,161 students from 126 countries

into undergraduate and graduate programs (IIE, 2015). During the past decade, both

education and healthcare have been acutely affected by these and other major changes

created by a more global and mobile society. In 2012, the American Nurses Association

(ANA) stated that due to ongoing changes in the racial and ethnic composition of the

population of the United States, knowledge of cultural diversity is vital at all levels of

nursing practice. It is critical that educators and students relate to and prepare for the

multi-cultural educational and healthcare environment.

Research conducted by Deardorff (2009) reminded us that educators must hone

their own skills to present the necessary but often sensitive material to a trans-cultural

student body. Deardorff stated that "one of the most essential pieces of knowledge is that

of cultural self-awareness" (p.5). She explained that "this means that individuals are able

to describe the lens through which they see the world; including underlying culturally

conditioned values that impact on their own behaviors and understanding of others'

behaviors" (p. 5). Deardorff focused on the importance of attention and ongoing

commitment to the development of cultural competence emphasizing the present,

unparalleled opportunity in healthcare for effective intervention with all mankind.

Midwestern University (MU), in Saint Louis, Missouri, is known for a culturally

diverse faculty and student body. As a leader in nursing education since 1928, the

university developed the nation's first accelerated or fast track, second degree

baccalaureate nursing program in 1971 (Meyer, Hoover, & Maposa, 2006). The 12-month

or accelerated baccalaureate nursing program (ABSN) is emulated across the country today

with 230 accelerated nursing programs available in 43 states according to the American

Association of Colleges of Nursing (AACN, 2013). ABSN is an MU abbreviation

designated for this study. Annually the MU ABSN program is fully enrolled including

international and foreign-born adult students. For some MU students completing an

accelerated program may be new to them. Also, because the student body is diverse,

students may have their first time opportunity to experience people from other cultures.

Students enrolled in an ABSN program have one year to learn, experience, adapt, and

master theoretical concepts and myriad intricate skills that define nursing. One two-hour

course focuses on communication techniques while an additional continuous thread relating

to communication and culture is integrated into the total program.

It is important that faculty and students share a positive experience. At MU,

students and program graduates from the accelerated program are immediately tasked to

provide healthcare to diverse populations. A program presumption is that program

graduates are culturally competent. Leininger (1991), the founder of the trans-cultural

nursing movement in education research and practice, suggested that the initiation and

maintenance of a positive working nurse-client relationship is the key to successful care.

Her theory, observed in the accelerated program, outlined extensive care measures that

ensured harmony with individual or groups' cultural beliefs, practices and values.

Since the MU program is accelerated, students are expected to be self-directed

learners, a key principle of andragogy. In his theory of Andragogy, Knowles (1998)

described the self-directed learner as an adult with a desire for change or growth, a predetermined goal, and the discipline to be successful in attainment. Personal growth, according to the Humanistic theory of Rogers (1961), required an environment of genuineness, openness, self-disclosure, acceptance and empathy. These characteristics, that mirror the core values of nursing, are the foundation of the MU accelerated nursing program. Additionally, Mezirow (1990) noted in his extensive work on Transformative theory that identification of personal life changes through new experiences is but the beginning of change. Students must participate in the continuous process of critical reflection, critical self-reflection and critical disclosure to determine the impact of any new experience on their own life. The environment between educator and student must allow for these three specific elements to provide the possibility for optimal potential for each student. The work of these noted theorists guided this study.

Culture has a major role in all areas of academia, medicine and the overall provision or delivery of human healthcare. MU, ranked 50th in the nation of all schools offering nursing degrees, consistently explores for creative and responsible methods to respond to the changing face of America through curriculum planning and development (Missouri Board of Nursing, 2011). The University's College of Nursing, in particular, has been examining cultural competence, developing curriculum, participating in research and adapting to the impact of culture for more than half a century (Carlson, 2013). Understanding the nuances of culture and mastery of communication techniques to build relationships across cultures are integral to success in the classroom and treatment room (McLaughlin, 2013). The use of relevant data sources in providing culturally competent

care is prominent among the five competencies for cultural competency in baccalaureate education required by the AACN (2008).

As early as 1953, anthropologist Margaret Mead warned of the necessity "to humanize the westerner's approach to other cultures" (p. 258). Though her own nursing career began in the 1950s, it was 1991 before Leininger's theory of cultural care diversity (1976) was merged with her theory of universality (1981). Since 1991, Leininger's model of the combined theories has been used in a wide range of nursing specialties and across cultural groups to educate and provide care. She posited that "culture is the specific pattern of behavior that distinguishes any society from others and gives meaning to human expressions of care" (1991, p. 3). The model remains a major nursing guide for assessing, planning, implementing and evaluating care of people from diverse cultural backgrounds. Carey (2011) noted that the model described "educators and health care providers as seeing themselves becoming rather than being culturally competent" (p. 203). She added that "competence is a process constructed of cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire" (p. 203). According to Campinha-Bacote (1998) cultural competence is a process. She said that nursing must continuously strive to effectively work within the cultural context of others.

The AACN (2008) defined cultural competence as "the attitudes, knowledge and skills necessary for providing quality care to diverse populations" (p. 8). Further, the AACN (2008) document provided to all schools of nursing included from Giger et al. (2007)

Competence is an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose

worldview is different from one's own. Cultural competence includes having general

cultural as well as cultural-specific information so the health care provider knows what

questions to ask (p. 100).

The five specific, measurable competencies AACN (2001, 2008) identified as the

key elements essential for baccalaureate nursing graduates to provide culturally competent

care are:

Competency 1: Apply knowledge of social and cultural facts that affect

nursing and health care across multiple contexts,

Competency 2: Use relevant data sources and best evidence in

providing culturally competent care,

Competency 3: Promote achievement of safe and quality outcomes of

care for diverse populations,

Competency 4: Advocate for social justice, including commitment to

the health of vulnerable populations and the elimination of health disparities,

and

Competency 5: Participate in continuous cultural competent

development (2001, p. 12, 2008, p. 2).

The ABSN program at MU is designed to provide opportunities for attaining in-

depth cultural knowledge, increased awareness and holistic understanding to meet the

AACN objective.   Practice opportunities focusing on each competency are scheduled in

laboratory discussions and experiential exercises. Additionally, all ABSN program

students engage with and practice nursing interventions with culturally diverse populations

throughout the metropolitan area. Practice areas with diverse populations include in-patient

hospitals, out-patient clinics, private and public schools, community centers, the YMCA, physicians' offices and private residences.

Study outcomes focused on adults in higher education iterate that culturally competent, well-adjusted adult students function more effectively and feel more satisfaction (Han, 1997; Hannigan, 1990). Critical questions, therefore, are how do adult students in an ABSN program think and feel about their experiences and how do they think and feel about their individual level of preparation to serve in a diverse population? This study will explore the lived experiences of participants.

Problem Statement

Since 2001, the AACN has required that cultural competence be measureable in all nursing programs. As indicated earlier, this is significant considering the number of international students enrolling in nursing programs, and more specifically accelerated nursing programs. Despite the cultural competence requirement, we know little of international students' experiences in accelerated programs. Hence, it is unclear how AACN's requirement impacts international students.

The international and foreign-born students who enroll in a comprehensive program expect their year's study to culminate in a college degree, state licensure and a level of skill and competency for employment as a professional nurse. While comprehensive nursing programs have been in existence 44 years and a review of literature reveals over 3,000 articles on inter- or trans-cultural interaction with adult students in higher education, in comparison, there are few articles relating to international nursing students and none to international and foreign-born students enrolled in an accelerated, second degree

baccalaureate nursing program (ABSN). Thus, research is needed to understand this population of students in such programs.

Purpose

The primary purpose of this study was to examine the experiences of international and foreign-born adult students in an accelerated nursing program. The qualitative design provided rich individual descriptions as each participant had an opportunity to lead a discussion of personal insight, revelation, and transformation through sharing their perception of the one year experience.

The goals of this research were to understand the following:

a. an international or foreign-born student's life experience in a one-year accelerated nursing program,

b. how the international or foreign-born student perceived the experience, and

c. how the international or foreign-born student described transformation as a result of participating in a one-year accelerated nursing program.

Additional study objectives included understanding the participant's current status, plans for future nursing practice, background data, and the influence of prior experience on the participant's year at the nursing school.

Research Questions

The main research question was**:**

What were the experiences of international and foreign-born students in an accelerated baccalaureate nursing program (ABSN)?

Significant sub-questions were:

a. What were the transformative experiences of international or foreign-born students in an accelerated baccalaureate nursing program (ABSN)?

b. What was the role of culture in the international and foreign-born student's one-year accelerated baccalaureate nursing program (ABSN) experience?

c. How did the international and foreign-born student describe their own cultural competence following the one-year accelerated baccalaureate nursing program (ABSN) experience?

Significance of the Study

The significance of the study was apparent. Due to the AACN (2008) mandate, nursing schools nationwide are continually perusing the literature for guidance to maximize cultural development. The framework and use of grounded theory in this study provided an opportunity for insight that based on a review of the literature had not been reported or known to have been formally documented. The study outcomes will make a significant and lasting contribution to the body of knowledge in this meaningful area of healthcare. Also due to the application of Transcultural, Andragogy, Humanism and Transformative theories, the study will make a contribution to many areas in adult and nursing education.

Researcher Perspective

The study was initiated based on the researcher's professional nursing educator role which provides the opportunity to witness and experience the levels of complexity related to myriad changes in the student and patient population. The ABSN at MU brings together adult students from different communities, cities, states and countries to work together to meet personal and program objectives. Accomplished students in many specialties are often challenged by close personal interactions with people from a different culture.

Andragogy, "the art and science of helping adults learn" (Knowles, 1970, p. 114) and transformative learning (Mezirow, 1990), labeled "the very core of adult development," (p. 198) are the primary principles modeled by the researcher to help nursing students in the development of knowledge, skills and attitudes to engage with and care for diverse populations as well as interact with others. My experiences in the ABSN program created the desire to develop a qualitative study that would document the descriptions and provide analysis of the students' varied, lived experiences.

Scope of the Study

The scope of this study was limited to the investigation of students' beliefs, thought, feelings and behaviors focusing on exposure and practice of intercultural interactions. The research did not examine educators or their method of teaching, materials or time invested in intercultural competence. The sample population included international and foreign-born students currently enrolled in a one-year accelerated baccalaureate nursing program (ABSN) at Midwestern University, Saint Louis, Missouri.

Delimitations

Limiting the sample population to international and foreign-born students currently enrolled in the program was a delimitation to this study. Another delimitation was that only one program within a university or college served as the context for the study.

Methods

This study used a basic qualitative design to explore how adult international and foreign-born students experienced the accelerated baccalaureate nursing program (ABSN). An important philosophical belief regarding qualitative research, according to Merriam (2009), related to the perspective that "research focused on discovery, insight

andunderstanding from the perspectives of those being studied offers the greatest promise of making a difference in people's lives" (p. 1). Therefore, as the philosophy mirrored my intent and desire to understand the phenomena from the context of the lived experience, a qualitative approach was best suited for the investigation.

Multiple theories which greatly influence the discipline of nursing and are known to the participants were used for the framework. Theories selected for this study were Transcultural, Andragogy, Humanism, and Transformative Theory. Theories are discussed in depth in Chapter 2.

Definition of Terms

Accelerated Baccalaureate Nursing Program	A second degree baccalaureate-level nursing Program at Midwestern University (MU) abbreviated as ABSN for the purpose of this study.
Accelerated BSN	Is designed to meet objectives in a shorter time frame than the traditional Bachelor of Science Degree in Nursing program, usually through a combination of bridge/transition courses (AACN, 1992).
Adult	Adults are individuals who become capable of providing for themselves and exercise a much greater role in the making of their own choices.
Andragogy	Andragogy is the art and science of helping adults learn" (Knowles, 1970, p. 114).

Attitude   Attitude is an expression of favor or disfavor toward

a person, place, thing or event.

Behaviors   Behaviors are "activities designed to occur during

the teaching-learning process to support the students

in reaching their goals" (Dawson, 1997, p. 5)

Beliefs   Beliefs are what one accepts as truths. Beliefs are

learned values and behaviors held by adult students

that affect the educational process.

BSN   Bachelor of Science Degree in Nursing

Critical Reflection   Assessment of the validity of the presuppositions of

one's meaning perspectives, and examination of

their sources and consequences (Mezirow, 1990).

Cultural Competence   "The ability to value diversity, assess self, manage

the dynamics of difference, acquire cultural

knowledge, and adapt to diversity and the cultural

context of individuals and communities served"

(Cultural Competence Project, University of

Michigan, 2012, p. 1).

Experience   Experience comprises knowledge of or skill of

something or some event gained through

involvement in or exposure to that thing or event.

Feelings   Feelings are the emotional perspective(s) of the

adult student.

Foreign Student	A non-citizen student enrolled at an institution of education outside their home country but who has not necessarily crossed a border to study (UNESCO, 2006).
Foreign-Born Student	Includes anyone who was not a U. S. citizen at birth. This includes those who indicate they were a U. S. citizen by naturalization or not a U. S. citizen. Persons born abroad of American parents or born in Puerto Rico or other U. S. Island areas are not considered foreign born (U. S. Census, 2011).
International Student	A student who has left his or her country, or territory of origin and moved to another country or territory with the singular objective of studying (UNESCO, 2006).
NCLEX	National Council of State Board of Nursing Licensing Examination (NCSBN, 2012).
Tegrity	Tegrity lecture capture software enables instructors to record and index their presentation in the classroom for later review by students (SLU Education Services, 2014).
TOEFL	Test of English as a Foreign Language (TOEFL) is an exam required by most US and Canadian universities to prove English proficiency, especially

	in international students coming from countries where English is not the native language. It measures your listening, reading, speaking and writing skills to perform academic tasks in English. (Educational Testing Service, 2012).
Transformational Learning	"Revising or developing new beliefs to replace old beliefs or assumptions through the process of critical reflection" (Mezirow, 1990, p. 198).
Trust	Trust is when a person has confidence that what another person says is true.
Values	Values are a broad preference concerning appropriate courses of action or outcomes.

Chapter Summary

This study sought to report the experiences of international and foreign-born students enrolled in an accelerated baccalaureate nursing program (ABSN) in the Midwest. While much has been written about nursing programs, including accelerated nursing programs; a review of the literature revealed few studies on the international or foreign-born nursing student and none on the international or foreign born student in an accelerated/second degree program for the Bachelor of Science Degree in Nursing. This chapter has outlined the study purpose of reporting and exploring the meaning of the individual student experience to the student including how the experience may have transformed the student and what effect culture had on the overall experience. Additionally, this chapter introduced some of the theory used in teaching and learning the

art and science of nursing as well as defined the specific language of this study. The

factors that framed this proposal are reviewed in Chapter Two. Chapter Three will detail

the methods used to answer the research questions.

Chapter 2: Review of the Literature

The purpose of this study was to document the experiences and report the thoughts and feelings of international and foreign-born students in a one-year accelerated baccalaureate nursing program (ABSN). Upon successful completion, the program graduate will be awarded a Bachelor of Science Degree in Nursing and be qualified for state-governed examinations for licensure. With positive examination results, the program graduate can begin practice as a licensed professional nurse.

This chapter is divided into five major sections for discussion of the literature: International and Foreign-Born Students in Higher Education, Experiences of the International and Foreign-Born Student, Accelerated Programs in American Higher Education, Accelerated Nursing Programs, and Learning Theories in Adult Education. Two Nursing Theories are discussed immediately following the Adult Education Theories. Review of the literature on international and foreign-born students introduced the international and foreign-born students seeking life change through nursing higher education and examined the history of providing higher education to international students. Experiences of the international and foreign-born student included a review of the literature on adaptation and adjustment during the higher education experience of the international and foreign-born students in America. The discussion on accelerated programs and accelerated nursing programs consisted of historical data and current trends according to the literature. The final topic of this chapter, reviewed adult education learning theories, focused specifically on the principles of Andragogy, Humanism, and Transformative theories as well as the Trans-cultural and Interpersonal Relationship theories specific to Nursing. In addition to the provision of available information, this review iterated the

significance of the study by exposing the void in research on international and foreign-born adult students enrolled in specialized nursing education in America.

International and Foreign-Born Students in Higher Education

Adding 21 billion dollars to the national U. S. economy annually, education of the international student has evolved into a competitive enterprise that increasingly has the attention of higher education and the federal government (Altbach, 2004). The study site has welcomed international and foreign-born students for decades and the inclusion of foreign faculty and staff adds to the overall sense of social justice and dignity of all human beings to the university environment.

Annually, studies are commissioned, data collected and studied and reports are published by the U. S. government as well as individual institutions regarding international students to answer myriad questions relating to the who, why, what, where, and how issues: (a) who is the international student, (b) why choose America, (c) what areas of study interest the international student, (d) where are the most popular choices to live and attend school, and (d) how does the international student choose the school and how long does the international student stay in America. These issues will be explored in the next few pages.

Who is the International Student?

The international student is an adult seeking access to U.S. higher education opportunities. In this era of globalization, some researchers (Bevis, 2002; Chow, 2011) suggest the answer to 'who' is anyone who can arrange financing while others point to a wider and more complex or ambiguous causality; such as, add to educational foundation, preparation to be of service in homeland, new experiences, a better life or escape a

troubling environment, political unrest, natural disaster or any combination of these factors

(Glazier & Kenschaft, 2002; Iverson & Chou, 2010).

Who also includes immigrants who become citizens through naturalization or who

apply for citizenship. This category may include the spouses, children, and extended

family members of military or other expatriates living abroad for service and employment.

According to the U. S. Census Bureau (2013), the largest foreign-born population in the

world is in the United States.

Why America?

According to U. S. government representatives, like Assistant Secretary of State

Ann Stock, America is chosen by international students for pursuit of higher education

opportunities "because of the excellence and diversity of our colleges and universities,"

(Stock, 2013, p. 1). She adds, "Young people who study abroad gain the global skills

necessary to create solutions to 21st Century challenges; in turn, international students

globalize our campuses and communities" (p. 1). The major features of size, diversity,

flexibility and accessibility of the American system are discussed and illustrated in

statistics and records across the country's higher education institutions (Dunnett, 2013,

Stock, 2013).

A world-wide shortage of nurses and the American recruitment of foreign nurses in

early1990 resulted in an increase of international and foreign-born adults choosing the U.S.

for work and study. Technology and global marketing have continued to introduce career

opportunities in nursing that heretofore were known only to those working in the

profession; opportunities such as flexible hours, autonomy, employment security and

world-wide travel (Zyberg & Berry, 2005). Satisfying work tops the list in studies related

to motivation for pursuing higher education in nursing (Bye, Pushkar, & Conway, 2007;

Miles, Ruckaby, & Pollard, 2007).   The Migration Policy Institute's (MPI) most current

data (2010) indicates that 15% of the 2.7 million nurses employed in the U.S. are foreign-

born.

What and Where do the International Students Choose to Study?

The most current statistics provided by the Institute of International Education

indicate California and New York top the most sought location list; and, Business and

Engineering are the top fields of study. The Midwest state of Illinois is among the top five

host states according to the Institute Press Release (2013).

The MU annual report (2013), published by the study site, revealed that nursing is

the most popular undergraduate major at 43%. Additional data included 90 countries are

represented in the annual university-wide enrollment. Statistical data reported by the

AACN, the national governing body for the nursing profession, indicated diversity for 2013

with the following information. The data collected from all U. S. universities and colleges

does not indicate citizenship status. The total numbers of students enrolled included

international and foreign-born students. (See Table 1 below.)

Table 2.1

Nursing Students at the Baccalaureate Program Level by Ethnicity in 2013

Ethnicity	Percent
White	65.2%
Black	10.0%
Hispanic	6.7%
Native American	0.5%
Asian	6.4%
Pacific Islander	0.5%
Two or More Races	1.8%
Unknown	7.8%

Choosing the School and Length of Stay

The questions of how students choose and how long they stay in the USA revealed uniquely individual responses. According to IIE (2013), however, choosing the school may include very personal reasons. For example, some international students may have visited in America; others may have family or friends in America and, then, there is mass media marketing. Many American schools have campuses in international locations. Some of the offered programs require the student to attend the American campus at various points in the program design. Other American schools have representatives in local offices all over the world who regularly conduct informational sessions introducing their school and may provide forgiveness grants to the most qualified students. With the advent of the World-Wide-Web, prospective students can readily compare between the American schools for the most valued philosophy, schedule, size or any other factor of personal significance.

Over the years, international and foreign-born MU students have reported that their decision for a specific nursing program was based on a combination of factors. Among them were reputation of school generally based on information from online research, length of program, tuition cost and additional fees, distance to and cost of travel to home of origin, size of city, climate, proximity of campus to practice areas, need for private transportation, lodging availability, and the personal connection by an international counselor. An attractive feature at MU for some students is the inclusion of an admissions specialist who monitors the individualized details of the international student's admission (MU Undergraduate Catalog, 2010).   The Office of International Services is the liaison between all international students and scholars at the university and the Department of Homeland Security, the Department of State and other organizations involved in international cultural exchange. Additionally, the International Student and Scholar Services Office (2010)

provides orientation; immigration regulation advising and workshops; visa and

passport information; city and shopping tours; student health insurance

applications; social and cross-cultural activities, and counseling on socio-

cultural matters. The office seeks to promote international understanding

through international education and socio-cultural integration among

American students, foreign students, faculty, staff and the St. Louis community

 (p. 5).

Further, advisors are available to provide information related to scholarships and how to

obtain a Social Security Number and seek employment. Current information is posted and

updated on the school's website, Facebook, Twitter, Welbo and Renren for the student to

access. Additionally, handbooks addressing a multitude of topics of interest are provided

in the initial admission packet (MU International Services, 2014).

Length of Stay for international and foreign-born health care workers in the United

States is an ongoing debatable topic according to the U. S. Bureau of Labor Statistics

(2014). While visa extensions and immigration may be topics of discussion or

investigation for committees or board rooms, the Migration Policy Institute (MPI) reported

in 2010 that 16 % of all civilian employees in healthcare occupations were foreign born.

One out of every five (22 %) were in nursing or other specialty areas of health care support

and 27 % or one-quarter of all physicians and surgeons were foreign born.

Upon admission to MU, documents in conjunction with an F-1 non-immigrant visa

are issued to cover the entire length of the student's program. However, international

students may stay in the USA up to 60 days after completion of their university program.

Numerous options for extended stay are available for the international student to

investigate, including a one-year Optional Practical Training extension period to work in the study area. Students may request renewal of the student visa as well as obtain information related to immigration at any time during their year of study.

Through the Years

Albeit gradual, as early as the 1800s, the United States was noticed for its innovative approach to acquisition of higher education. By the mid-1900s with the establishment of the Institute for International Exchange (IIE) to centralize higher education exchange programs, America's reputation as a global leader in higher education, particularly creative curriculum design, was solidified (Bevis & Lucas, 2007). America became "increasingly irresistible to hopeful immigrants, students and visitors from every region of the world" (Bevis & Lucas, 2007, p. 58).

World War II interrupted the historically steady flow of international students enrolled in American higher education institutions. However, the post-war climate created recognition of new and different higher educational requirements and opportunities. The federal government became more actively involved in the international education exchange program as the need for people to have the ability to work across international borders to meet economic and societal demands became apparent (Rudolph, 1990). The Fulbright Act of 1946 was the first formal post-war federal mandate involving higher education, and addressed shared needs with other countries and governments by identifying priorities and establishing methods to work together. The Fulbright Program is currently the largest U. S. Program promoting educational exchanges (Bevis & Lucas, 2007). A year earlier, in 1945, The United Nations Educational, Scientific and Cultural Organization (UNESCO) was formed with an international membership of 37 countries. The UNESCO mission includes

the promotion of human rights, democracy, peace and justice as well as the promotion of higher education (UNESCO, 2006).

In 1961, the U. S. State Department became the custodian of a newly federally created operation, the Bureau of Educational and Cultural Affairs (ECA). The function of this governmental branch is to foster "mutual understanding, international education and cultural exchange, and leadership development…to reflect the diversity of the United States and global society" (U. S. Department of State, 2010, p. 2). In the adoption of the Mutual Educational and Cultural Exchange Act, the federal government's purpose was:

> to enable the Government of the United States to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchange; to strengthen the ties which unite us with other nations, and the contributions being made toward a peaceful and more fruitful life for people throughout the world; to promote international cooperation for educational and cultural advancement; and thus, to assist in the development of friendly, sympathetic and peaceful relations between the United States and the other countries of the world
> (U. S. Department of State, 2010, Sec. 2451).

The 1960s also included expansion into Africa, Asia and Latin America of the 60-year old Institute of International Exchange (IIE) to bring students to the United States (Bevis & Lucas, 2007). By 1962, the United States was the number one host to international students. Other nations engaged in equally active marketing campaigns and noting increased levels of international student enrollment were France, the USSR, the United Kingdom, and Germany, in that order (McMahon, 1992).

The steady influx of students from abroad that began in the 1960s generated many changes in educational institutions' administrative practices and policies. According to the IIE, among the most immediate challenges for institutions was the ability to ensure correct translation of transcripts and the availability of advisors and financial support for the students. Additionally, Bevis & Lucas (2007) document increases in employment of practitioners by universities and colleges that continued throughout the next decades to address the needs of foreign students.

The latter part of the twentieth century was replete with legislative changes, such as the development of homeland security, that impact the enrollment of international students by limiting the number of foreigners arriving and staying in the U. S. The attacks on America of September 11, 2001, do account for many changes in the complexion of college campuses yet today due to increased restrictions on foreigners seeking permission to work or study in the United States.   However, the importance of the international student on American campuses must not be underestimated as they have made measurable contributions toward easing of world problems and tensions (Beavis & Lucas, 2007). Neither can the reality of an annual budgetary infusion of billions of dollars into the U. S. economy be ignored (Altbach, 2004). The 2011 Institute of International Education (IIE) annual report indicated that international and foreign born students continue to select the "U.S. as the destination of choice for the vast majority of respondents worldwide, with three-quarters (75 %) of prospective students reporting the U.S. as their top choice" (p.3) While acknowledging that transition to an American college or university may be initially overwhelming for an international student due to major cultural and social changes, Sanner,

Wilson & Samdon (2002) profile the international nursing student, specifically, as "…

willing to make necessary adjustments to reach their personal goals" (p. 212).

Experiences of the International and Foreign-Born Student

Review of the literature revealed numerous qualitative and quantitative studies on

traditional and accelerated baccalaureate nursing programs and students in the U. S.,

including some international and foreign-born students enrolled in some of the programs.

However, no studies were discovered on international and foreign-born students enrolled in

an accelerated baccalaureate nursing program.   International and foreign-born students

enrolled in American university and college baccalaureate nursing programs are frequently

characterized as highly motivated, goal oriented, persistent and hardworking (Choi, 2008;

Sanner, et al, 2002). Three major themes influencing the experiences of the students are

language, culture and nursing practice (Davis & Nichols, 2001; Sanner, et al, 2002; Zhou,

et al (2011). The following sections provide expanded focus on the pronounced and

recurring themes identified by the international and foreign-born students.

Issues and Needs

The learning styles, comprehension ability and the coping and adaptation skills of

each student are among those repeatedly identified as major factors in the international and

foreign-born student's success (Harvey, Robinson, & Frohman, 2013). Silverman &

Casazza (2000) iterate that "individuals bring many different qualities to the learning

environment" (p. 18) as well as characteristics developed from diverse backgrounds and

experiences (Robinson, 1992). Studying in the United States can be a fulfilling experience

and contribute to lasting friendships, respect and the easing of work problems and tensions

for foreign-born students, according to Clarke (1970). Reminding us that the experience is

not only academic, Pascarella & Trenzini (2005) discussed multiple areas affecting these

students during transformation in college: psychosocial change, attitudes and values, moral

development, educational attainment, cognitive skills and intellectual growth among others

(Anderson, et al., 2009; Galloway &Jenkins, 2005; Trice & Yoo, 2007). An international

or foreign born student's personal experience, therefore, can be a daunting, anxiety creating

experience (Yakushko, Davidson, & Sandford-Martens, 2008). Acceptance by the faculty,

classmates and the educational institution was a primary need expressed by international

nursing students (Junious, Malecha, Tart, & Young, 2010). At the same time, the

researchers frequently heard language issues, stereotyping, discrimination and cultural

incompetence identified as perceived barriers to acceptance and inclusion.

Language

"Language and culture go hand in hand with learning," according to Starr, (2009, p.

484). Nurses and students depend on both verbal and non-verbal cues to learn or confirm

the reality of the patient's experience. When this element is compromised through lack of

proficiency with language, patient care may, likewise, be compromised. Many

international students have only a conversational mastery of English versus the level of

proficiency that the highly technical science of nursing requires (Cummins, 1991; Guhde,

2003). Further, the distinctly scripted English language in nursing and medicine, in

general, can be especially challenging to those students who may speak as many as six

languages with English as only one of those and not the dominant language (Davis &

Nichols, 2002).

Identity development is directly linked to language proficiency; therefore, failure to

develop fluency in English can negatively impact the development and success of the non-

Western student (Le Ha, 2009). Wong (1991) also included language deficiency as a

potential obstacle to the international students' academic success, including failure, and

social interactions (Starr, 2009; Stewart, 2005; and Sayles et al, 2003). When the language

of instruction is not the native language students may "experience difficulty with a variety

of related issues, such as understanding slang, writing papers, becoming familiar with the

host country culture, and making friends" (Terkla, Roscoe, & Etish-Andrews, 2007, p. 4).

Kim (as cited by Han, 1997) noted that better host language competency translated not only

to less discomfort for the international student, but was perhaps the most important of all

competencies (Kim, 1988). Graham (1981) added that language was not only the tool of

communication but the source of the feeling of belonging.

Culture

Despite the body of literature exploring the impact of culture and cultural

competence on the student experience, no one curricular approach or educational strategy

for teaching cultural content was defined as superior. Cultural awareness rather than

cultural competency may be a more reasonable goal for the international student

(Campinha-Bacote, 2008; Carey, 2011). Yet, Leininger (1991) implored nurses to

understand that culture defined a specific and distinguishing pattern of behavior and, as

such, has a profound impact on all areas of the nurse-patient relationship. As all healthcare

professionals, nursing students must learn to include the role of culture if the mutual goal

of optimum health was to be reached by their patients (Munoz, DoBroka, & Mohammad,

2008).

While international students anticipated a new and different culture in the U. S.,

they are rarely prepared for the varying cultures in their own classrooms as adults from all

over the U. S., representing the myriad cultures of their own regions and life experiences,

become their classmates. The overall result is the international and foreign-born students

are learning to identify and relate to the nuances of the cultures of both the Americans and

the diversified patient population they are serving. However, following an extensive study,

Han (1997) iterated that an international study experience is a very powerful tool in the

attainment of success in the present interrelated world; adding that facing intercultural

challenges is a "significant way to achieve psychological growth" (p. 31).

Adjustment

Caligiuri (2000) posited that the individual factors of personality, self-monitoring

and self-efficacy were important predictors of cross-cultural adjustment. Among the

extensive discussions and descriptions relating to intercultural adjustments, Kim (1995)

impressed that it is a complex and dynamic process. Success is attributed to personal

strengths and coping mechanisms in multiple studies; specifically determination, and self-

motivation (Amaro et al, 2006; Garnder, 2005; Sanner et al., 2002; Taxis, 2006; Villarruel

et al, 2001). Four key factors that impact the foreign-born students are noted by Parker &

McEvoy (1993); they are individual-related, organization-related, work-related, and

situation-related. Individual factors included personality and age. On the other hand,

training and social support were organization-related factors. Table 2 provides a complete

list of all Parker & McEvoy's factors.

Table 2.2

Model of Intercultural Adjustment

Factors	Description
Individual-related	Organization/Class culture Training Social support

	Logical help
	Organization/Class Size
	Network
	Stereotypes
Organization-related	
	Personality
	Gender
	Age
	Self-efficacy
	Relation skill
	Perception skills
	Motivation
	Communication skills
	Host language competence
	Prior experience
Work-related	Knowledge of work
	Role clarity
	Work experience
	Technical ability
Situation related	
	Location
	Family/spouse adjustment
	Cultural distance
	Organizational socialization

Following personal interviews and the review of studies by numerous others, Han

(1997) concluded that "culture adaptation and adjustment have been related to the

international student's cross-cultural effectiveness;" that is, "those who were well adjusted

felt more satisfaction and functioned more effectively" (p. 3). Further, Han added that

competence and personal development were the expected outcomes as the international

student adjusted and blended all of the interrelated elements of culture, language and

academia (KaiKai, 1992; Kauffmann, et al.1992; and Kraft, et al (1993).

Challenges were not barriers but obstacles to be overcome. This section has

demonstrated both the value and necessity for the inclusion of the international and foreign-

born student in the profession. Diversity in nursing is a positive and meaningful response to caring for a diverse population.

<div align="center">**Accelerated Programs in Higher Education**</div>

The fastest growing transformation at colleges and universities is two-fold: first, the growth of adult education; and second, the incorporation of accelerated program designs across the majority of disciplines (Kasworm, 2001; Raines, 2011; Wlodkowski, 2003). During the past two decades, non-traditional universities have attracted adult students by offering the accelerated learning program designs. However, the National Center for Education Statistics (2012) for the years 2001-2004 indicated that most accelerated programs were currently in traditional institutions and working adults were the primary population. According to one longitudinal study, 13 % of all adults enrolled in higher education were enrolled in accelerated programs. Further, the study predicted that within the next 10 years, which is now, 25% of all adult students will be enrolled in an accelerated program (Aslanian, 2001).

The accelerated learning program, while appearing as the preferential choice by students of all ages, was not without controversy due, in part, to multiple challenges to the basic, fundamental academic structure of American higher education. Some critics contended that accelerated courses were inferior and without question sacrificed breadth and depth (Raines, 2011; Shafer, 1995; Traub, 1997; Wolfe, 1998). Wlodkowski (2003) noted that some categories affected by accelerated learning programs that remained agenda items for resolution by some institutions were full-time faculty, tenure, and the semester system or the number of clock hours of instruction. However, despite criticism at any level, he reported that numerous study outcomes revealed adult learning in accelerated

courses was better or comparable to that of younger students learning in conventional courses.

By definition, an accelerated learning program was structured to take less time than conventional programs; that is, for example, 20 hours of class time versus 45 hours of class time and, additionally, programs designed for five weeks duration versus 16 weeks duration for a complete course (Wlodkowski, 2003). Accelerated course designs may also include weekend and evening classes as well as workplace experiences (Scott & Conrad, 1992). To answer the query regarding adult learners in accelerated programs graduating sooner than peers in conventional programs, Wlodkowski, Mauldin & Gahn (2001) reported that "26 % of adult learners in a private college accelerated program graduated after three years in comparison to 18% in a public college conventional or traditional college" (p. 3). Outcomes of a longitudinal study by Kasworm (2001) indicated unanimous support of an accelerated design by 20 adult participants. The participants' comments were representative of those reported throughout my examination of the literature and that were characterized by Wlodkowski & Kasworm (2003, p. 19) as:

    a.   an instructional program that was accessible, relevant and predictable;

    b.   a degree structure that pushed them through to completion of the degree; and

    c.   a program that connected them to fellow students in a caring community.

Additionally, the following strategies outlined by Wlodkowski & Kasworm (2003) were repeatedly referenced by adult learners as major factors in the successful navigation of accelerated degree programs (Kasworm 2001; Root, 1999). Wlodkowski & Kasworm (2003, p. 19) outlined:

    a.   highly detailed degree plans,

b.   structured daily lives,

c.   prioritization for use of limited time,

d.   unstinting class preparation, and

e.   adoption of coping attitudes expressed in the phrase, "I can do anything for five weeks."

Although accelerated programs appear to be an accepted and integral component of higher education curricula across the country, Wlodkowski & Kasworm (2003) contended that their book is the first extensive discussion or collection of reference data. They concluded with the challenge to educators to expand the body of research and judiciously participate in the provision of accelerated programs to adult learners in higher education.

Accelerated Nursing Programs

The American Colleges of Nursing (AACN) described the current state of baccalaureate accelerated nursing programs across the United States as proliferating. The past 15 years have seen program offerings grow from 31 accelerated baccalaureate programs to the present number of 230 out of the 569 schools offering traditional nursing program; 33 more were in the planning stages. Additionally, both master and doctoral programs were offered by more than one-fourth of American universities (AACN, 2013).

Predictions by the U. S. Bureau of Labor Statistics (2014) warned that "close to 600,000 new nurses or nurse replacements will be needed by the year 2018" (p. 1). Consequently, schools across the country were exploring methods to prepare competent nurses while maintaining the integrity and quality of the nursing education. The population of adults interested in acquiring a second degree in the field of nursing has proven to be the

perfect match for the degreed adult student and the higher education second degree nursing program.

The accelerated nursing programs were designed to attract nursing students and to take advantage of the prior learning and life experience of the undergraduate student from other disciplines. The ABSN degree program enabled students with degrees in other fields to complete the nursing curriculum in 3 semesters at MU. Some programs across the U. S. require three semesters and one summer term of full-time study. The two curricula designs compare to the five semester curriculum required for traditional students. A comparison study of traditional and accelerated baccalaureate nursing graduates (Bentley, 2006) revealed that

> There was no significance found in the success on the NCLEX-RN of the
>
> traditional and the accelerated degree students, the accelerated students did
>
> have a higher pass rate than the traditional students. Students in the accelerated
>
> program are more mature and function at a higher level in the clinical setting.
>
> The study did reveal that the accelerated students were more successful than the
>
> traditional students on the psychiatric HESI, the Exit HESI, and the pediatric HESI
>
> (p. 68S).

Bentley (2006) reported that "the results corroborate the findings of previous studies for the traditional students and indicate that it is possible to predict the success of accelerated degree nursing students in a baccalaureate degree nursing program" (p. 68S).

Though accelerated programs have proven to produce highly qualified nurses, according to the AACN, the governing board acknowledged that programs do present some unique challenges to nursing education; as an example, balancing curriculum requirements

with available hours and establishing required courses that realistically flow together. The

Research and Data Services Center of AACN does conduct ongoing research and regularly

provides strategies and shared experiences via online bulletins to members through

inclusion of member interview responses. Across the country from Alabama to Missouri

and New York to California, deans, administrators, and program directors described the

overall positive impact of including the accelerated nursing program to their curriculum

(AACN, 2013). The consensus was that accelerated students are bright, inquisitive and

sophisticated consumers of higher education who actively pursue learning opportunities

The AACN (2013) documented that graduates of accelerated baccalaureate nursing

programs "are prized by nurse employers who value the many layers of skill and education

these graduates bring to the workplace" (p. 1). Brewer, et al. (2009) concluded that the

accelerated nursing graduate has "high potential for contributing to the profession and

patient care" (p. 13). Addressing the work of Bentley (2006), the extensive Brewer study

(2009) recognized it as the first published indication that there were significant differences

in the accelerated and traditional program graduates.

　　　　Despite accolades, various study outcomes indicated that "Accelerated BSN

programs are definitely not for every nursing student. For those who have the right balance

of intellectual ability, time management skills, personal support and emotional fortitude,

accelerated programs can be the ideal entry into practice" (Meyer, Hoover & Maposa,

2004, p. 6). Additionally, for the student with a prior degree, the accelerated program is the

quickest route to becoming a registered nurse. Meyer, et al. (2004) included a valuable and

important warning that "accelerated does not mean abbreviated" (p. 5). A detailed

description of the study site accelerated nursing program is discussed in Chapter 3.

This section has provided an overview of the impact accelerated programs has had on higher education during a very brief time span. While preferred by many older adults who have specific goals for specific timeframes, administrators, educators and learners were determining that the accelerated approach was not a one size fits all and that the tried and true methods of well-developed curriculum offered over a standardized timetable remained the most appropriate option for many new and returning adult learners. Research on this major change in the American education system was currently at a minimum albeit those researchers who have focused on this area continued to challenge fellow educators to share concrete data. According to the AACN (2013) nursing is one higher education area that consistently reports that a high percentage of enrolled learners are meeting program objectives and experiencing success upon graduation from accelerated programs at all educational levels.

Theories of Adult Learning

Thousands of publications have discussed adult education in the pursuit of answers to what it is, who teaches it, where it is taught, who studies it or how it differs from any other learning process. While there is no single theory of learning that can be applied to all adults, adult learning theory, most often categorized in the four orientations of behaviorist, cognitive, humanist, and social and situational, has heretofore been described as a process that creates change within the individual or a process to infuse change into an organization (Merriam & Caffarella, 1999; Brookfield, 2005). Though the range of adult education learning theories has expanded, the label as either mechanistic or organismic remains undisputed (Merriam, Caffarella, & Baumgartner, 2007). There are six original schools or systems of philosophy in the field of adult education. They are: liberal, progressive,

behaviorist, humanistic, radical and analytic. An added seventh is post modernism (Elias & Merriam, 2005). The following discussion presents the three adult education theories as well as two nursing theories selected for this study.

Andragogy

The term and concept of andragogy, originally formulated by German teacher Alexander Kapp in 1833, was first heard in America following educator Eduard Lindeman's1925 trip to Germany. In recalling his experience, Lindeman (1926) described adult education as "a new technique of learning … a process by which the adult learns to become aware of and to evaluate his experience" (p. 3). He wrote that discussion is the method for teaching adults which is different from the teaching of children.

Borrowing the term years later, Knowles (1970) added to the interpretation with his own meaning based on years of experience in adult education (Henschke & Cooper, 2006). The American version of andragogy, defined in about 1966, by Knowles (1970) as "the art and science of helping adults learn" (p. 114) became more popular with his introduction of a process design rather than a content design. In the publication, *The Modern Practice of Adult Education: Andragogy vs. Pedagogy*, Knowles (1970) concluded that adult learners are self-directing, their experience is a learning resource, their learning needs are focused on their social roles and their time perspective is one of immediate application. Additionally, the learning processes adults want to be actively and interactively involved in are: establishing a climate conducive to learning, cooperative planning, diagnosing their needs, setting objectives, designing the sequence, conducting the activities and evaluating student progress. Knowles (1980) believed that the objective of adult education is to satisfy the specific needs of individuals, institutions and society. He again stated that

"education of adults is different from education of children in theory and practice. …adult

learners possess personal histories which define their identities and serve as a resource …

.upon which new learning can be applied" (Knowles, 1980, p. 45). Over time, Knowles

refined his assumptions underlying andragogy and proposed six principles about adult

learners and how they approach education (Knowles, Holton, &Swanson, 1998). The

principles (Knowles et al. (2005), each to be defined by the learner, are based on the

learner's:

    1) Need to know,

    2) Self concept.

    3) Prior experience.

    4) Readiness.

    5) Orientation.

    6) Motivation (p. 148).

The application of the theory of andragogy (Knowles, 1980-2005), in this study, provided a

certain and individualized foundation for a year of growth and change. Two of the most

meaningful principles of andragogy that helped the students were: first, to develop trust

and respect between the student and educator; and, second, to develop trust and respect

between the student and peers (pp. 44-45). The use of the six principles (Knowles et al.,

2005) communicated respect to the adult learner from the teacher.

      Educators, according to Houle (1996), "should involve learners in as many aspects

of their education as possible and in the creation of a climate in which they can most

fruitfully learn" (p. 30). Henschke (1998), a committed adult educator, advocate for

andragogy and former student of Knowles, offered that andragogy becomes a way of being

or an attitude of mind. He suggested that if not modeled or exemplified by the educator, andragogy is not what was being taught. A concerted effort to practice the principles of andragogy is observable at the study site. Consistent with the model was the establishment of a psychological setting where students were mutually respectful, collaborative, mutually truthful, supportive, open, authentic and humane. Brookfield (1984) agreed that it is the interpersonal experience and the analysis of the experience that occurred during discussion that separated adult education from all others.

With respect and admiration for the adult entering the nursing profession, the nursing program curriculum was designed with the attitude and belief that a self-directed, goal oriented, authentic person was seeking to gain knowledge and experience to serve in an honorable endeavor. Knowles' (1990) theory of andragogy supports the design of the program and encourages as well as guides the educator and student to participate in a fulfilling and rewarding relationship of shared interests and objectives. Described as the art and science of helping adults learn, andragogy is a distinct theory of recognition and validation of the adult. Nursing educators, students and professional nurses are committed to fostering independence and desire for learning in patients and families as they validate them as competent, capable adults. While there may be detractors of this theory as in all theories, the tenets of this theory included in this summation are valued in nursing.

Transformative Theory

Integral to the study site's philosophical approach to help adults learn are these core concepts outlined by Mezirow (1991) in the Transformative Learning Theory. They are:

    a.   progressively decrease the student's dependence on the educator;

b. help the student understand how to use learning resources –
    especially the experience of others, including the educator and how
    to engage others in reciprocal learning relationships;

c. assist the student to define his/her learning needs – both in terms of
    immediate awareness and understand the cultural and psychological
    assumptions influencing his/her perceptions of needs;

d. assist students to assume increasing responsibility for defining their
    learning objective, planning their own learning program and
    evaluating their program; organize what is to be learned in
    relationship to his/her current personal problems, concerns and
    levels of understanding;

e. foster learning decision making – select student-relevant learning
    experiences which request choosing, expand the student's range of
    options, facilitate taking the perspectives of others who have
    alternative ways of understanding;

f. encourage the use of criteria for judging which are increasingly
    inclusive and differentiating in awareness, self-reflexive and
    integrative of experience;

g. foster a self-corrective reflexive approach to learning – to typifying
    and labeling, to perspective taking and choosing, and to habits of
    learning and learning relationships;

h. facilitate problem posing and problem solving, including problems
    associated with the implementation of individual and collective

actions; recognition of relationship between personal problems and

public issues;

i.   reinforce the self-concept of the student as a learner and doer by

providing for progressive mastery; a supportive climate with

feedback to encourage provisional efforts to change and to take

risks; avoidance of competitive judgment of performance;

appropriate use of mutual support groups;

j.   emphasize experiential, participative and projective instructional

methods; appropriate use of modeling and learning contracts; and

k.   make the moral distinction between helping the student understand

his/her full range of choices and how to improve the quality of

choosing vs.encouraging the student to make a specific choice. (pp.

21-22)

In addition to these core concepts, Mezirow (1991) asserted that the theory of

transformative learning, posited by Freire (1970) as consciousness-raising, was a

significant key in the understanding of adult learning and development of adult education.

Stages or phases of transformative learning described by Mezirow (1990) and others

Brookfield (1983) and Keane (1987), among them, included the stage of uncertainty, this

stage involved critical self-examination, questioning and evaluation; the stage of search for

meaning, this important stage involved making sense of the reality of life experiences; the

stage of self-recognition, a stage based on beliefs and established patterns; and the stage of

integration, the stage where new beliefs, perceptions and interpretations were assimilated

into present thought to create change (Keane, 1987). Therefore, Mezirow's theory,

grounded in cognitive and developmental psychology, provided for reflection and dialogue

to aid in the organization and assimilation of new data for the learner who is the nursing

student or the patient. Through reflection and discussion, perspectives are constructed and

meaning is made of experiences. According to Mezirow (1991), transformative learning

represented the very core of adult development. (pp. 198-201). Additionally, recognition,

understanding and utilization of tools suggested in Mezirow's Transformative Theory

(1991) served to empower the adult to make sense of experiences. Making sense or

perspective transformation, according to Mezirow, is the organization of a great deal of

information within our internal and external environments. Mezirow suggested the use of

reflection, critical reflection and critical self-reflection to successfully assimilate new

information into an established set of beliefs, values and assumptions. He asserted that the

outcome of transformative learning reflects individuals who are more inclusive in their

perceptions, able to differentiate its various aspects, open to other points of view and able

to integrate differing dimensions of the experiences.

This theory which relied on reflective thought, learning and communication is an

important tool in the medical profession. Authentic self-examination is vital to the success

of both the student and the patient. While not the only theory, Mezirow's approach is a

dependable and respected approach to the important relationship between nurse and patient.

Humanism

Within this backdrop of trust and self-direction, the theoretical approach of Carl

Rogers joined that of Knowles and Mezirow to serve as guides to foster a sense of

confidence and high-level professionalism through knowledge acquisition. Multiple

components of the Philosophy of Humanism attributed to Rogers (1961) are closely related

to those of Andragogy and Knowles (1980). Rogers' (1994) theory posits that answers lie

within each human being, and consequently, the adult student is defined as a sufficient self-

directed learner.

The Humanistic philosophy, developed by Rogers and Maslow, empowers the

educator and learner. Humanism was based on the philosophical premise that dignity and

autonomy of human beings is sacred (Elias & Merriam, 2005; Rogers, 1961).

Unconditional positive regard and belief that "all people have the internal resources

required for personal growth" (Rogers, 1961, pp. 283-84) served to validate and dignify the

learner at all ages. Rogers (1946) and Maslow (1946) understood that when choice was

heard and supported, desire and passion to reach the goal followed.

Rogers (1961) resisted the teacher-centered approach as the most effective or

desired method of learning. Rather, he believed that all people have an instinctive desire to

know, to experience and to reach their full potential, a process called then and now, self-

actualization (Crooks & Stein, 1991). Expanding on that interpretation, Smith (1999)

added that learning was not lifeless, sterile or futile but ideally learning came from

insatiable curiosity and discovery. It came when the experience of the learner was

reflective of the learner's interest and need.

Emphasizing the student or learner-centered education, Rogers (1994) contended

that the humanistic education was much more than learning style, needs and interests but,

indeed, "the starting point and guiding principles of the entire educational process" (p.

126). That is, through humanistic education, "a society of self-actualizing or fully

functioning, thinking, feeling, and active individuals will result…" (p. 126). Rogers' focus

was on the complete individual, the whole person. This interpretation meant to him that

"emotions, attitudes, and physical aspects were as important as intellectual development" (pp. 124-126). The philosophy of Humanism was observable in the therapeutic communication techniques taught and used internationally in nursing practice today.

Humanism was a good fit in the relationship of nurse educator and learner as well as the important relationship between professional nurse and patient. A major goal of humanism, according to Zinn (1990) is to develop people open to change and continued learning, a characteristic vital to both the nursing student and the patient. Nursing expects the learner to be self-directed, highly motivated, and responsible.   The curriculum relies on the teaching methods most closely associated with the Humanistic theory; that is experiential, group tasks, group discussion, team teaching, and the discovery method.

Nursing Theories

Two nursing theories were important to the conduct of this study as they are vital to the professional nursing profession and are at the foundation of the practices in the MU ABSN. The significant influence of the theories designed and developed by Peplau and Leininger will be discovered in the following pages.

Theory of Interpersonal Relations

Reported to be the first published nursing theorist since Florence Nightingale, Peplau began her career in 1931 (Calloway, 2002). Her initial book, *Theory of Interpersonal Relations*, written in 1948, published in 1952 and again in 1988, emphasized her belief that the nurse-client relationship was the foundation of nursing practice (Black, 2013).   According to Marriner-Tomey &Alligood (2002) she was influenced by Sullivan, Rogers, Maslow, and others to consider nursing as a significant interpersonal process. With her original writing, she became "the first nurse author to use theory from other scientific

fields to develop a theory of nursing" (Marriner-Tomey &Alligood, 2002, p. 24). Her book reportedly transformed nursing from a group of skilled workers to a profession (Callaway, 2002). A prolific writer, excerpts from her books, articles and papers are consistently used to define the theoretical foundations of nursing. Peplau's (Doona, 1982) premise that the nurse does not perform therapy on the patient but rather the nurse is the therapy heralded a shift in nursing practice from "doing to a patient to being with a patient" (p. 9). She believed that man is an organism who strives to reduce tension generated by needs and through the development of therapeutic interpersonal relationships, the nurse can attain the common goal established by the patient and the nurse through a series of sequential, systematic steps. This principle of the therapeutic working relationship is used throughout the nursing world today to achieve successful outcomes in the care of all patients.

Evolving over time, the phases of Peplau's early theory, outlined in O'Toole & Welt (1989) and others, currently taught and used are orientation or introduction which involves the nurse engaging the patient in the treatment, answering questions, providing explanations, and becoming known to the patient; working phase in which the common goal is fulfilled through joint, cooperative action of the nurse and patient; and, the termination phase at which time the nurse and patient move apart and ideally the patient moves forward independent of the nurse (Howk, C. 1998; O'Toole & Welt, 1989; Peplau, 1997). Acknowledged as the mother of psychiatric nursing, although she worked in many areas during her long professional career, Peplau was instrumental in the development of specific professional language or communication techniques in the care and treatment of those patients diagnosed with mental illness. Professor of nursing at Rutger's University College of Nursing for 20 years, President of the American Nurses' Association for two

years and two additional years as Vice President, and active duty military service were among her many accomplishments throughout a storied professional career.

Peplau's influence is widely recognized in the concept of the nurse-patient working relationship in patient interaction. Nursing is viewed as an interpersonal process due to her inspired teaching of the importance of the relationship between two or more people working toward a common goal. The common goal provides the incentive for the therapeutic process in which the nurse and patient respect each other as individuals both of them learning and growing as a result of the interaction. According to the Theory of Interpersonal Relations (Peplau, 1997), an individual learns when she or he selects stimuli in the environment and then reacts to these stimuli. Critics contend that not all people have the ability to identify or relate to need, stimuli, or the environment. Nonetheless, nursing worldwide continues to embrace the Peplau vision to promote humane, individualized nursing intervention.

Trans-Cultural 'Culture Care' Theory

During every healthcare encounter, the culture of the patient and provider impacts all components of the nursing intervention and is often a predictor of future outcomes. Students are required to work toward mastery of therapeutic communication techniques for developing and maintaining working relationships and cultural competence with each patient. Cultural competence, used interchangeably with cultural interaction throughout the study, is integral to nursing success.

As early as the 1950's, Leininger, as other nursing educators, had become aware of a missing link in the understanding of cultural knowledge in nursing practice. Therefore, educating culturally sensitive graduates presented a major challenge. (Halloran, 2006;

Leininger, 1991). Recognizing that behavior had a cultural basis, Leininger began to incorporate ideas in nursing education to respond to the many variations in a patient's care that relate to culture. The concepts she initially developed became known as Trans-Cultural Nursing Theory and have been in continuous use in the promotion of understanding and provision of support for the patient and nurse to improve patient compliance, healing and wellness (Andrews & Boyle, 2002; George, 2002).

Leininger (1995) defined Trans-Cultural Theory as:

A substantive area of study and practice focused on comparative cultural care (caring) values, beliefs and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promotion of health or well-being or to help people to face unfavorable human conditions, illness or death in culturally meaningful ways (p. 58).

Writing about culturally congruent care (Leininger, 1991), she added:

Together the nurse and the client creatively design a new or different care lifestyle for the health or well-being of the client. This mode requires the use of both generic and professional knowledge and ways to fit such diverse ideas into nursing care actions and goals. Care knowledge and skill are often re-patterned for the best interest of the clients…Thus all care modalities require co-participation of the nurse and clients working together to identify, plan, implement and evaluate each caring mode for culturally congruent nursing care.

These modes can stimulate nurses to design nursing actions and

decisions using new knowledge and culturally based ways to provide

meaningful and satisfying holistic care to individuals, group or

institutions (p. 44).

Leininger changed the face and focus of nursing practice in helping to raise

awareness of diversity and the real need for a framework to promote and provide positive

health care for all mankind. This theory as well as any "critical theory is not dominated by

a single model" (Campesino, 2006, p. 299). This researcher and adult educator relies on

the basic tenets first expressed by Leininger (2001) to address diversity with the realization

that individualization is the key to successful outcomes. Leininger's theory, along with

others, is a useful tool to open dialogue in this major area of adult nursing education.

Transcultural nursing or the culture care theory developed by Leininger (1991) reminds

healthcare professionals to value the human being as a nuance of uniqueness and

similarities as are revealed in the interaction processes. Preparation of the educator to

model and demonstrate is the beginning step of the culture care theory. As the educator

exposes the theory change evolves leading to mastery of knowledge and skills, influence of

feelings, values, attitudes and beliefs about others. All components are integral to the

educator's and learner's success. Leininger adds that transcultural, as it relates to nursing,

is a study of cultures to understand similarities (culture universal) and differences (culture

specific) across human groups. Adding to the theoretical underpinnings, Han (1997) states

that intercultural competence includes " the ability to handle psychological stress, the

ability to effectively communicate, the ability to establish interpersonal relationships, the

ability to have cross-cultural awareness, and the ability to have cultural empathy" (p. 8).

Culture care theory opens the door for understanding. Leininger's theory provides guidance to examine and explore differences and similarities. With understanding comes the possibility for optimum care, acceptance and change. In this era of globalization, understanding and being responsive to the culture of patients and families translates to success. To date, there are no known detractors in the use of Leininger's approach.

Chapter Summary

This chapter has detailed the investigation of the literature to answer the research questions. In light of the significant void in the literature relating to the international and foreign-born students in U. S. accelerated nursing programs, the chapter provided a description of the student population, historical data relating to the student population, and in-depth data on the theorists and education and nursing theories selected for the study.

Acknowledging that each student brings uniquely individual factors to the learning environment, the chapter also introduced theories incorporated in the curriculum at Midwestern University (MU) to facilitate the educational experience of all students, including the international and foreign-born students. It is believed that knowledge and application of strong theoretical principles is the foundation of the site's successful adult education program and its longevity is a testimony to those principles.

Chapter 3: Methodology

The purpose of this qualitative study was to create a detailed descriptive report of the experiences of international and foreign born adult students in an accelerated baccalaureate nursing program (ABSN) at a Midwestern University. Based on university enrollment data, the one-year baccalaureate degree program has proven consistently appealing to international and foreign born students. The study focus embodied an essential philosophical principle concerning qualitative research that, according to Merriam (2009), included the understanding that life is created as people interrelate within their worlds. Further, it emphasized the individual student's participation in and willingness to report self-reflective evaluation. The qualitative researcher views reality as "holistic, multi-dimensional, and ever-changing; it is not a single, fixed objective phenomenon waiting to be discovered, observed, and measured" (Merriam, 1998, p. 202). The reason for selecting this study topic was to examine and present outcomes that would identify and relay the international and foreign born student's perceptions and feelings about their reality, their experiences, and their ability to adapt to, work with, and serve the diverse population of our modern times.

The researcher investigated the following research questions.

a. What were the experiences of international and foreign born students in the accelerated baccalaureate nursing program (ABSN)?

b. What was the role of culture in the international and foreign born student's experience?

c. What was the role of culture in the international and foreign born student's success that results in program completion and passing grades?

    d.   What was the role of culture in the international and foreign born student's

        decision for future practice?

    e.   What were the transformative experiences of international or foreign born

        students?

The methods chapter is presented in five sections. Section topics are Research Design,

Participants, Procedures, Data Collection and Data Analysis.

Description of the Accelerated Baccalaureate Nursing Program

According to the school's website, the accelerated program (ABSN) is a one-year

program to prepare students for the National Council Licensure Examination (NCLEX). It

is a focused, three semester program for students with bachelor's degrees in other fields or

77 credits from a Midwestern university. Course work, resulting in 54 credit hours, covers

patient care for many populations, health assessment and promotion, clinical concepts and

pathophysiology (MU, 2014).

The mission statement of the School of Nursing iterates the creation of a student-

centered environment that recognizes and actively addresses the diverse learning needs of

students and an academic climate that promotes intellectual inquiry among faculty and

students. Further, information documents note that the mission includes the education of

the whole person - mind, heart and spirit. The program seeks to develop nursing as a

profession through teaching, research, practice and service in ways consistent with the

Catholic, Jesuit values of the University (MU, 2014).

Research Design

A qualitative approach was selected to explore the participants' perspective

regarding their experiences and what the experiences meant to them; that is, what changes

came about in their life because of the experience specifically in regard to intercultural competence and interaction in diverse populations. Merriam (2002) posits that "all qualitative research is characterized by the search for meaning and understanding, the researcher as the primary instrument of data collection and analysis, an inductive investigative strategy and a richly descriptive end product" (p. 6). Understanding how students are making sense of and constructing their lives within the nursing experience will contribute significantly to understanding the developing students' knowledge, skills and attitudes to engage with and care for diverse populations. The study was conducted with an *emic* or insider view as the researcher has access and interaction with the accelerated program in general and some of the participants specifically. To address bias and subjectivity, self-review and self-evaluation was consistently employed throughout the research process including memos and notes that were a part of the review process with a doctoral student colleague.

Participants

Participants included in this study belong to a large group consisting of 61 American, international and foreign-born students enrolled in the May 2014-May 2015 accelerated baccalaureate nursing program (ABSN) at Midwestern University (MU). The study participants were the nine enrolled international or foreign-born adult students who volunteered to participate by sharing their experiences during their program year. There were six females; three married and three single and, three males; one married and two single in the study category enrolled in this class. Ages range from 21 to 40 years of age. Countries represented include Cameroon, Canada, China, Ghana, India, Nigeria and the Philippines.

Course objectives and content are the same for the international and foreign-born student participants as for their American-born peers. All students work to meet objectives that include understanding the disease process, understanding myriad treatment modalities and therapies, mastery of complex equipment and machinery, instigating, building and maintaining effective working relationships with patients, families, and peers through development of therapeutic communication, use and writing of research, leadership of peers, patients and family groups, autonomous or independent responsibility and development of high-level professionalism. Multiple methods and venues are used to support the extensive program; examples include lecture in small classrooms and large conference rooms, interactive or experiential discussions in large and small groups and classrooms, laboratory environments with access to simulation, electronic and other technological devices, and areas hospitals to interact with and provide care to in- and out-patients and families.

Sampling

The purposefully selected students ensured that all international and foreign-born enrollees in the accelerated baccalaureate nursing program are invited to participate. The use of purposeful, non-probability sampling is the method of choice for most qualitative research (Merriam, 2009). Additionally, Berg (2004) posits that this sampling method is appropriate when researchers "want to ensure that certain types of individuals or persons displaying certain attributes are included in the study" (p. 36). The study site has confirmed that all students have met the course admission criteria, which is:

    a.   a Baccalaureate or higher degree;

    b.   a grade point average of 3.0 on a 4.0 system in previous college work; and

    c.   successful completion of the following general requirements or comparable courses: Chemistry (3 credit hours), Human Anatomy and Physiology (6-8 credit hours), Microbiology (3 credit hours), Inferential and Descriptive Statistics (3 credit hours), Theology or Religion (3 credit hours), Ethics (3 credit hours), Social-Behavioral Sciences (3 credit hours) and Human Growth and Development through the Life Span (3 credit hours).

Additionally, current American and foreign-born traditional program students, who have a minimum of junior level standing and interest in completing the Bachelor of Science degree in Nursing through the accelerated option, may also be admitted to the ABSN. Minimum criteria for admission to the accelerated option through transfer include:

    a.   completion of at least 77 semester hours, including all general education courses required for the four-year baccalaureate option (except Nutrition), prior to enrolling in the accelerated option courses;

    b.   a cumulative GPA of a least 3.2, with at least a 'C' in all required courses;

    c.   demonstrated ability to successfully carry and complete a college course load of at least 15 credit hours or more per semester;

    d.   letters which attest to the applicant's academic ability and potential for success in the accelerated option from two (2) faculty members;

    e.   a letter describing nursing and qualities possessed by the applicant which relate to professional nursing; and

    f.   an interview with the coordinator of the ABSN.

Procedures

Following committee concurrence with the study proposal, final confirmation of the study site principals was obtained. Consent from the participating institutions' IRB was requested. Detailed informed consent forms (See Appendix C), outlining the study purpose, responsibilities, benefits, risks, timeline, voluntary participation and use and storage of recorded and written data were prepared for the participant volunteers.

Upon IRB approval, the existence of a study and the possibility of study participation were announced first in a classroom followed by a personal electronic mail (e-mail) to each international and foreign-born student. See Appendix D for the invitation e-mail. The classroom announcement explained that permission had been granted for a voluntary participation study to focus on the year's ABSN experiences of the international and foreign-born students. The personal electronic message explained the study intention in detail and invited the student's voluntary participation. The plan for a brief meeting, to be scheduled as soon as possible, was included in the email. The email requested the international and foreign-born student's response by return email. A follow-up email announcing the brief meeting time to provide more information was sent to each student irrespective of receipt of the students' response regarding interest. The brief informal meeting was scheduled just prior to one class that all international and foreign-born students were required to attend. The meeting included revisiting the reason for the study and, again, extended the invitation for voluntary participation. An overview of the time anticipated for participation and the type and amount of involvement projected for participation was discussed. A consent form was provided to each student. Any student,

who did not attend the morning meeting, received a follow-up email to share the information from the brief morning meeting and to forward a consent form for review.

The international and foreign-born students had been identified by department administrative staff from the demographic information forms completed by each ABSN student upon admission. E-mail addresses were obtained through the nursing school's Blackboard software that includes a communication tool to allow instructors and students to have direct communication.

A personal meeting time for a one-on-one one-hour interview was arranged with each participant either at the time of the brief informational meeting or by follow-up phone call, email or personal visit in the School of Nursing. At the time of scheduling the individual meeting, the student was reminded of the details documented on the previously provided consent form, and received a brief reminder overview of the study purpose as well as additional examples of questions that will be posed in the future recorded personal interview. Students were invited to bring a reflective journal of their program experience to the personal interview if they had created and maintained a journal and if a journal was considered helpful to the student. Journal entries could be included in the study outcomes with the student's approval. Students were reminded that participation was voluntary and they could withdraw at any time without penalty. The amount of time involved was also reiterated. Additionally, participants were told that participation was not related to the program grade. Participants were reminded that there was no compensation for participation. Though the researcher is a member of the program faculty, the researcher was not an instructor for all of the participants and did not grade or has not graded all of the participants in their individual course work.

Signed consent forms were received at the beginning of the personal interview meeting and retained by the researcher. A brief demographic questionnaire was obtained on each participant (See Appendix B). The questionnaire included Gender, Race, Age and Date of Birth, Home of Origin, Length of time of U. S. residency, and prior higher education experience. Participants were informed that their name or the name of any faculty would not appear anywhere in the study. Any reference in the writing or publication of the study to a particular participant, student or faculty, would be by an assigned participant number.   The researcher invited questions or comments via telephone and e-mail communications as well as personal appointment throughout the interactive process.

Human Subject Protection

The study design was aimed at collecting data on adult study participants. The research topic is irrelevant to children. The research will contribute to generalizable knowledge and will be a benefit to others.

Participation in the research involved no more than minimal risk. The psychological risk may include anxiety or emotional distress in the reflective summation of the year's experience. The research provided no direct benefits to research participants other than the opportunity to express their own perspectives.

To maintain confidentiality of private information in accordance with CITI guidelines, all data was stored in a password-protected database. Coding data was stored in a separate locked drawer. There were no images; however, there was provision for images to be stored in a secured cabinet.

Data Collection

Data was collected from individual, personal interviews that began a week prior to program completion. Merriam (2009) concluded that interviews are the best approach to answer research questions when opinions or values of participants are sought. Therefore, the primary tool selected for the data collection for this study was the semi-structured personal interview between the participant and the researcher. Pre-determined open ended interview questions were developed (see Appendix A) to ensure all participants were afforded equal opportunity for discovery and comparison; however, in keeping with the principles of a semi-structured interview, flexibility, spontaneity and creativity were afforded to both the researcher and participant during the interview (Flick, 2006; Merriam, 2009; Seidman, 2006). The types of questions included the categories of experience and behavior, opinion and values, feeling, knowledge, sensory, and demographic (Patton, 2002). As indicated in Appendix A, information obtained included what brought the participants to the U.S., how they selected a particular program, and about adapting to the program. An audio recording device was used to verify the transcribed data using pre-determined transcription rules.

Data Sources

The specific data sources used in the study to answer the research question included:

- personal interviews, which Corbin & Strauss (1990) suggested to gain insights through discovering meaning and improving our comprehension of the whole,
- journal entry reminisces, which Mezirow (1990) described journal entries as integral to understanding self through critical reflection. He added the belief that

individuals often arrive at a "more inclusive, differentiated, permeable and integrated perspective" (p. 14) through reflection on and reassessment of their life situation, and

- memoranda kept throughout the study period by the researcher in relation to questions and answers from the participants as well as observations noted during personal interviews. Field notes and memoranda are key to the development of grounded theory (Charmaz, 2010; Corbin & Strauss, 1990).

Measures

In order to address intercultural competence at any time during the interview, the Cross Cultural Competence Project at the University of Michigan (2012) definition was selected and was used to establish an understanding of the study definition for intercultural competence. This definition mirrors the desired attributes for healthcare professionals and, specifically, for nurses who include relational skills among the primary, prioritized practice objectives in patient intervention (McLaughlin, 2013). Intercultural competence (University of Michigan, 2012) is:

a. the ability to value diversity,

b. the ability to self-assess,

c. the ability to manage the dynamics of difference,

d. the ability to acquire cultural knowledge, and

e. The ability to adapt to diversity and the cultural contexts of individuals and communities served (p. 1).

Data Analysis

The data analysis was ongoing and began immediately with data collection as suggested by Corbin & Strauss (1990), who described data collection and analysis as interrelated. Simultaneous analysis was important as data gained from any one interview served to guide future interviews (Charmaz, 2010; Huberman & Miles, 1994). Memos were developed following each recorded interview to use for the analysis and storage of the data notes prior to the availability of the typed transcription and before the next scheduled interview. Immediate analysis provided insight and identification of key ideas as well as the development of patterns.

Grounded theory, a systematic methodology involving the discovery of theory through the analysis of data (Charmaz, 2010; Corbin & Strauss, 1990) was used to reveal meaning in this study. The use of this methodology was to develop theory through an iterative process of data analysis and theoretical analysis with verification of hypotheses throughout the study (Strauss & Corbin, 1994). First, open and axial coding was utilized on the individual transcriptions. According to Strauss & Corbin (1998), open coding is "the analytic process through which concepts are identified and their properties and dimensions are discovered in the data" (p. 101). In addition, axial coding is defined as "a process so named because coding occurs around the axis of categories or themes, linking them at the level of their properties and dimensions" (p. 123). Potential categories and sub-categories were identified. "Categories provide information as to the when, where, why, who, how and with what consequences" (p. 125). Properties of the categories focused on examination of the details while dimensions included the specificity of the occurrence to reveal the depth of meaning and consequence to the participant.

A code book was developed as well as a file for each participant. The participant's transcribed interview was assessed line-by-line, compared and confirmed to match the codebook entries and placed in the file. Each participant's data was identified by the participant's number, shown in parenthesis, followed by the line number from the individual transcribed interview and included in the codebook. The emerging themes from the recorded, transcribed individual interviews included the thoughts, beliefs and feelings of the participants relating to the impact of culture in the classroom and the hospital, specifically regarding the people, language, and teaching methods. Themes also focused on the thoughts, beliefs and feelings of the participants relating to their perception of their ability to cope and adapt, their attained level of competence, and their perception relating to their own transformation.   All nine participants answered all of the discussion questions. An example of the codebook using the data provided by a participant is provided in Appendix F.

The participants' responses indicated that the one year enrollment in the ABSN was a challenging, yet gratifying, year of experiences too varied to predict and near impossible to recall or retell with mere words in one interview. Each participant reported positive growth, enormous change, and individually described incomprehensible skill development. Knowledge acquisition and astonishment at what and how much they had learned and how much they could do were obvious during the interviews and in the analysis of the data. The ABSN design required self-reflection, evaluation and sharing. This concept of the design was an aid mentioned by each one of the participants. Additionally, Tegrity, the university's software program that enabled instructors to record their presentation in the classroom for later review by students was the most valuable aid to

the participants' mastery of each course's theoretical component. Each participant spoke of

the importance of having the application available for listening and reviewing no matter

where they were and the value of choosing a desired speed to help them better understand

the English speaking lecturer. Their individual perceptions included the belief that they

were prepared for licensure as registered professional nurses and that they were indeed

competent to be employed in a beginning staff level nursing position in any medical

environment in the U.S., the home of origin, or any continent or country where they might

choose to reside. All of the participants mentioned or pointed to their individual GPA as

affirmation of their belief.

Reliability/Dependability/Auditability

Attention to this process ensured consistent data collection methods over time

(Miles & Huberman, 1994). Ongoing descriptions of my intention and what is transpiring

or about to transpire was described to each participant. Additionally, a doctoral student

colleague, Susan Lundry, coded three participant interviews. This action was to affirm the

trustworthiness of the selected coding process. The additional review increased reliability

by providing a clear study result. When compared, the colleague coding and researcher

coding produced like outcomes indicating no researcher bias in the coding of the interview

data.

Triangulation

Triangulation in any qualitative research provides a more substantive picture of

reality (Berg, 2006). Accordingly, the use of a participant written reflective journal entries

of any portion of the year's experience was incorporated in the study design. However, no

participant brought a journal to the individual interview session. Participants did reminisce

about specific entries in their journal. Comments from researcher field notes and memorandum are included to add depth and detail to the transcribed interviews in the final summation. The doctoral student colleague, Susan Lundry, has reviewed the documents and has participated in discussions with the researcher related to data in the researcher field notes and memorandum.

Limitations

Examining only one program at one school may be considered a limitation in the study design. Additionally, conducting only one interview per participant may be considered a limitation. Further, a potential limitation in the study was that participants may not have answered with candor to present themselves more favorably to the investigator.

Chapter Summary

This study was designed to present a detailed description of the experiences of international and foreign- born students in an accelerated baccalaureate nursing program (ABSN) at a Midwestern university. Chapter 3 has detailed the methodology selected to obtain the first-person reflections of the study participants. The qualitative method ensured that the student's perceptions were reported according to their individual beliefs. Using the analysis model developed by Corbin & Strauss (1990) ensured a rich and detailed recounting of the student's views would be documented. Discovering the students' beliefs was a valuable source for deeper understanding of the translation, processing and use of cultural data. Outcomes will be meaningful to nursing and higher education. The following chapters also include discussion of the interview responses.

Chapter 4: Results

Knowledge is power

Francis Bacon

The purpose of this qualitative study was to explore the perceptions of international and foreign-born students during their one-year enrollment in an accelerated baccalaureate nursing program (ABSN). The one assumption at the outset of the study was that the international and foreign-born students enrolled in the program were competent, educated adults, capable of and expected to succeed in the ABSN program. In this chapter, background information on the participants is presented. In addition, results from the study journal and themes from the interviews are discussed.

Participants

There were nine study participants. The participants were the entire international and foreign-born student population in the ABSN class of 2014-2015. Eight of the participants graduated in May 2015 and one participant graduated in August 2015 following the successful completion of one remaining required assignment. One participant was enrolled in the ABSN class of 2013-2014 but did not graduate until successful completion of a course during the ABSN 2014-2015 program year.

Demographics   A review of information obtained in the demographic survey is provided in the following table. A descriptive overview follows the table.

Table 4.1

Demographics

Demographic	Female	Male

Country of Origin

Cameroon		1
Canada	1	
China	1	
Ghana	1	
India	1	
Nigeria	2	1
Philippines		1

Age

20-24	1	1
25-29	3	
30-34	2	
35-39		1
40-44		1

Level of Education

Bachelor Level (4-Year Program)	5	2
Master's Level	1	
Doctorial Level		1

How Long Speaking English

0-10 years	2	
11-20 years	2	1
21-30 years	2	2

Length of Stay in USA

0-4 years	2	1
5-9 years	2	2
10-14 years		
15-19 years	2	

Family Members in USA

Yes	5	1
No	1	2

Reason for choosing the Midwest School	Number of Participants
Following family member	1
Previously attended	2
Proximity to family	3
Readily accepted from out-of-state	2
School reputation	1

Table 4.1, demonstrates the cultural breakdown of 2 Asian, 5 African, and 2 Indian participants. Additionally the table indicates the age range as 20-34 for females and 20-44 for male participants. Interestingly half of the participants were married. One female and one male participant had children. The highest degree earned among the participants was a doctorate.

In addition to the basic demographic questions, participants were asked about their English speaking skills, their time in the United States, any family in the states, and their reason for choosing the program. Only two of the participants had been speaking English

more than 20 years. Two female participants reported residing in the USA for less than 1

year up to 4 years. At least two male participants indicated residing in the USA between 5-

9 years.

Research Questions

The study's main research question was what are the experiences of international

and foreign-born students in an accelerated baccalaureate nursing program (ABSN)? There

were three focused sub-questions to provide inclusion and depth to the students' reflective

considerations.

    a. What were the transformative experiences of international or foreign-born

        students in an accelerated baccalaureate nursing program (ABSN)?

    b. What was the role of culture in the international and foreign-born student's one-

        year accelerated baccalaureate nursing program (ABSN) experience?

    c. How did the international and foreign-born student describe their own cultural

        competence following the one-year accelerated baccalaureate nursing program

        (ABSN) experience?

Study Journal Results

A journal, developed by the researcher, was an important organizational tool for

review and reference prior to each interview. Reference to and use of the journal helped to

individualize, add or reframe the language of the interview questions without changing the

intent of the question. This method of journaling procedure is in keeping with the principles

of a semi-structured interview which ensures flexibility, spontaneity and creativity for both

the researcher and participant during the interview (Merriam, 2009). A key observation

included in the journal entries was the repeated theme that it is not only how the

participants describe their own beliefs and perceptions influencing their experiences, but how the ABSN program has influenced their perceptions and impacted who they have become.

A journal memo following the third interview addressed the animation and delight expressed by the participants to have the opportunity to reflect and discuss the year's work. At the conclusion of the nine interviews, a follow-up journal note describes the participants' verbal exclamation relating to the benefit of reflecting and discussing the year's experiences.

Interview Results

The verbatim responses to the interview questions are included in this document (Appendix E) in the order of their relationship to the research question and sub-questions. The guide for interview questions (Appendix A) designed as a reference for use in the individual interviews was just that, a guide. The interviews were conducted in a motivational interviewing style with the use of therapeutic communication language to promote rapport, acceptance and inclusiveness through conversation.

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Themes and Categories

</div>

Three major themes emerged which explained the participants' transformational experiences: (a) the role of culture, (b) cultural competence, and (c) transformation. In addition, two categories were identified during the coding process: the participant and culture. The category of participant included the sub-categories of coping, competence, and transformation. These sub-categories described the thoughts, beliefs and feelings of the participants as they described evolving during their entire ABSN experience. This included perceptions of their own nursing presence and skill level in this country and their

evaluation of their professional place in the world. Properties included the classroom and

hospital while negative to positive examined the experiential dimensions. The category of

culture, including the sub-categories of language, people, and methods, described the

participant's perception of the reality lived in the classroom and hospital during the one-

year ABSN program. Further, coping, competence and transformation were identified as

sub-categories of the second category of participant. The two required locations each

participant frequented during the one-year program were identified as properties and the

dimensions, again, were negative to positive on a continuum as described by the

participant.

Code Book Format An example of the format used to code participant data follows. A

completed example using the data provided by one participant is at Appendix F.

Table 4.2

Code Book Format

Category	Sub-Category	Properties	Dimensions	Example
Culture	Methods	Classroom Hospital	Negative- Positive	Example
Culture	People	Classroom Hospital	Negative- Positive	Example
Culture	Language	Classroom Hospital	Negative- Positive	Example
Participant	Coping	Classroom Hospital	Negative- Positive	Example
Participant	Competence	Classroom Hospital	Negative- Postive	Example
Participant	Transformation		Negative- Positive	Example

Role of Culture

The role of culture is recognized in the nursing program at MU generally as the beliefs and behaviors that influence the ability of the student to acquire and assimilate information (Hofstede, 1997) and work effectively in and with diversity, where diversity means any belief other than one's own belief. Culture has a major role in the mission of the MU education where students work toward a common goal of making the world a better place, seeking justice and serving the most vulnerable. The mission is to become agents of change to bring about a more just, humane world (Traub, 2002).

Culture played an important role in the lives of the participants. Although some participants expressed initial thoughts and feelings of frustration or decreased confidence relating to various areas regarding culture, they, in their own way and time came to the same conclusion as Freire (1973), who stated "culture is all human creation" (p.47). As an example, Participant 2 said

> I had never met people from rural areas before and that was really different
>
> for me; that's when I understood that to really be effective, I had to learn about the
>
> total person, his beliefs and perceptions. I then knew culture is everything, culture is
>
> all.

Four participants reported the culture at MU as similar or the same as their previous U.S. experience in higher education. The theatre seating for theory sessions, as an example, was a norm as was the use of technology and multiple large screens. Although anticipated, the simulation laboratory in the School of Nursing was a new experience as was the hospital where students were active caregivers to hospitalized in-patients. Five participants had specific comments relating to comparison to the role of culture at MU versus previous educational experiences. Examples from three participants included, first, Participant 6 who

addressed the informality of the teaching/learning environment in the classroom and

hospital, stating, "In my country, the professor is in the position of authority…I can never

address you by your first name … I can't come to your office to discuss anything ." Even

though Participant 3 had attended college in the U.S. there were extreme differences in the

homeland described as, "In America autonomy is very important, patients, like students,

have rights. In my country, there is hierarchy, patients do what they are told, and they do

not ask questions; neither do students."   Along those same lines, Participant 7 described a

feeling of "casual." At MU students can bring food to the classroom, wear shorts, and

address the professor by his or her first name.

Culture was indeed a dominant factor in the one-year ABSN experience for the

international and foreign-born students. By October, the program mid-point, the

participants described realizing their own level of skill and ability was not inferior to that of

their American peers. Upon program completion, each participant appeared to look at

culture through a broader lens. "You have to be nonjudgmental," according to Participant

9. The participants expressed pride in relating to their individual culture, home,

upbringing, family, and traditions. Likewise, they recognized that a broad array of cultural

experiences awaited in the world of nursing as a result of the courses they took in the

ABSN program.

Sub-Category: People. The international and foreign-born students shared

instances relating to people and culture. This included the properties of faculty, staff, and

students in the classroom and patients, staff, and physicians in the hospital. Understanding

different people and culture appears to have helped the participants to maneuver more

readily and successfully with all people in their new world of nursing. Participant 4 stated

"I wish I had had this open mind in the beginning, the acceptance that everyone had their own culture and that difference is wonderful and expected."

Discussing dimensions, all nine of the participants described positive interactions with patients in the hospital. Seven participants indicated they did not have any negative feelings or disturbing issues with faculty or hospital nursing preceptors while six reported not having any issues with peers. Participants 1 and 9 reflected the view of the majority in discussing interactions with patients. Participant 1 said, "I always felt like when we see patients from a different culture or from a different background; they were more comfortable around me just because they know that I'm also from a different culture." Participant 9 stated, "I appreciate the different cultures and different people around me. I like to ask and point it out and appreciate it and think about it." Participant 7 talked about mutual respect and regard for all people throughout the ABSN. Sharing a comment specifically relating to patients she said, "I had a couple of patients who adored me a lot; one in particular who told her son, I was her nurse and the best. I felt good."

In the discussion about peers, Participant 3 said the only issue she experienced was "when people (her peers) talk about joke, that's a cultural difference, I don't get it. I understand each word but I cannot relate to why they say something." Some issues had to do with accent. For example, referring to the stadium-seat classroom environment of 61 students, Participant 4, who has spoken English "since birth," described initial difficulty being understood by peers and faculty. Therefore, her interaction was hampered with both. She explained,

> At first I felt like I wanted to make friends and stuff like that but then I was
>
> drawn back because when you talk to someone and they say I don't understand

what you just said, it breaks my heart and I feel like oh, what did I say, why doesn't

she understand?

That example was with peers but also there were a few experiences with some faculty.

There were several occasions when I had to give an answer to a question. It was

correct but the lecturer could not understand what I was saying so she kept like

'sorry what did you say, can you say that again?' and then all attention was drawn

towards you, and it just put me back into my shell (Par 4).

The participant also shared that in addition to having an accent different from the lecturer

and her peers, she realized that she spoke very softly. She went on to discuss the steps she

took to create what she described as "excellent relationships" with peers and faculty, which

resulted in a positive resolution for her. She said

I began to see that the more I loosened up, the more I felt better about myself,

and the more I felt better about the program and everything…so I was able to

kind of get acquainted with all the classmates I had been seeing for a long time,

and we could sit outside and talk, and it made everything so light. Then when I

went to my clinical, went to psych rotations, having my practicum at SLU hospital,

my whole life changed. I cannot believe how much I have improved, though it may

seem like a little to some people, I think it was so huge, it was a breakthrough.

It made me see some deeper meanings to things I never thought, oh I just felt

like I just wanted it one way I was used to, so I became more open minded. My

perception towards things changed. It's been mixed feelings all along, but for

now, I'm enjoying every bit of it. We communicate, different classmates, oh we

can hang out here, let's do this together. I just feel like there's some stuff I

needed to balance. Just because I came into an accelerated program just fresh

from my country, so having to balance that out, and then my academics, it was

really a big struggle for me (Par 4).

An example relating to culture and people from Participant 6, a male participant,

who had resided in several foreign countries before moving to Missouri, included his

surprise at the casual interactions by peers. He explained that in his country, at his age in

the "over 34 category," the mood would first be assessed before greeting a peer or

colleague. He shared that "people don't just walk up and talk to you." Therefore, he

believed peers at MU were insensitive when he first arrived. "I had to understand this

cultural difference in the people" (Par 6). Participant 9 related that although she "felt

misunderstood or judged by faculty" in the beginning stages of the ABSN, she came to

know that she was not only "understood" but valued. Eventually all of the participants

included thoughts in their interview to indicate that they understood that culture is more

than a label indicating difference but as Participant 2 said, trying to recall an idea from a

theory discussion, "culture is the totality of each living creature, it is the color of life."

Participant 1 shared from a conversation with a fellow student, "I wouldn't have known if

he didn't tell me. I think other cultures are actually more similar than we think they are."

Participant 3 included "I just found the similarity. The patients want to get respect, they

want understanding, comfort, how are you today, they just hope that nurse care about them

no matter where they come from and that's the same from xx or from America."

Participant 4, "First I think that we have so much similarity even though you think

we're different, from different places but then you come to realize there are similarities,

more than you think." Participant 5, "I have interacted with people from different cultures. I

came here and there are a lot of intelligent patients and so on. So while interacting I also get to learn their own culture, just from discussing with them." Participant 8, "Human beings are the same, but then we have differences that shape our personalities, that shape our thinking, our perception about things, and that leads to differences, but if that background, if that foundation is not there, with us being raised in different places, there wouldn't have been any difference."

   Sub-Category: Coping. The data indicated that an initial feeling of difference; that is a feeling of not belonging or not being included, was disturbing and disconcerting to two of the participants while seven of the participants described feelings of acceptance. Two participants described a general feeling of disconnection and one of the two participants described experiencing anxiety when they first started the program. Participant 4 described feeling anxious in class when either wanting to speak because of knowing the answer or being expected to speak as a group member because of difference in accent in comparison to all other students. "Though it's English…it's a different accent… So it took me a while to adjust to that and then to try to communicate with people." Participant 8, a female, whose family is also in Missouri, recalled from a very early memory that when a particular course responsibility included forming a group or team, there was a distinct feeling of not belonging. "You can actually see people don't want you to be in their group…." Participant 8 said to cope with the negative feelings; groups or teams were formed only with other international students followed by privately relying on deep faith.

   What helped me first of all … was my spiritual life, because that is where I kind

   of get my balance and I read the Bible, going through all the petitions that apply

to what I'm doing right now, and the promises in there and I use that to comfort myself.

The sense of belonging and maintaining personal relationships were described as key ingredients to the adaptation and overall feelings of satisfaction with self and with their role in the ABSN program by all of the participants. Participant 3 further expressed "friends are what helped me most, friends from all over in study groups. It's very important, as a group, we can support each other."

Sub-Category: Methods. Some of the teaching methods used in the ABSN program required specific adjustments for the participants. For example, those participants that recently arrived in the U.S. experienced more difficulty adapting to the personal or individual responsibilities that are part of the ABSN program than the six who had attended U.S. colleges for prior higher education degrees.   The idea of a self-directed program design within many of the nursing specialties was a novel approach reported by all of the participants but especially to those without prior experience in U.S. academia. Examples that represented a marked difference in methodology from homeland higher education experiences and the ABSN included participant responsibility for obtaining individual course materials and aids, the use of slides, online interaction, and computerized reporting, One participant reported that when completing college in 2006, she had no knowledge about computers. However, she bought one before she came to the U.S. and began practicing on it. Since she is not a fast typist, she moves at her own pace.

All of the participants relied on the software program, Tegrity, to master the theoretical component of all the ABSN courses, which they all accomplished. Discussing gratitude for the program, Participant 6 a male participant, who was working two jobs in

addition to the ABSN program, said, "Tegrity is the way I learned. Tegrity is how I am

still here." Tegrity helped the participants keep up with ABSN responsibilities in the event

of class absence. Participant 8, who is a slow typist as well as a participant who relied on

time at home for reading comprehension, also related that

> I don't know what I would've done if Tegrity is not there, because the whole
>
> program is at a fast pace. …I get home and back to Tegrity and that is when
>
> I take my time to really listen to it, because in the class it goes fast for me, and
>
> some of the lecturers, they talk so fast it's hard for me to get all the stuff.

> The expectation for participants to share opinions, participate in open discussions

and assume leadership roles was also a different experience in teaching/learning methods.

Participant 6 said, "I can't just talk and express my opinion" in class in my country.

Participant 3, a female who accompanied her spouse to the U.S., added

> A huge cultural difference is that here your teachers are expecting to have dialogue
>
> with you back and forth and the Doctor is expecting you to have an opinion, an
>
> answer … never in my country … they have a very strong hierarchy system.

Cultural Competence

> Another theme that emerged was cultural competence. The definition of cultural

competence used in the study is that from the Cross Cultural Competence Project from

2012, p. 1). "The ability to value diversity, assess self, manage the dynamics of difference,

acquire cultural knowledge, and adapt to diversity and the cultural context of individuals

and communities served." As with the sub-category of coping, cultural competence was

examined by identifying the participants' thoughts, feelings, and beliefs in regard to

experiences in the classroom and hospital; and, from the dimensional view of negative to

positive. All nine participants described themselves as being competent to provide care to all populations. Describing knowledge as power; that is the power to use their knowledge to self-assess, to relate to their own reality, relate to their skills and ability and to assess characteristics in others, they were unanimous in their belief that they were culturally competent. The participants described themselves as having an open mind with both a desire to learn from and serve all mankind. They believed that their determined practice of being present to each patient and family member was the key to their success. Further, they pointed to their mastery of therapeutic communication techniques as valuable to every nurse-patient encounter. One participant stated, "I think what the patient hears is the sincerity in your voice. We as humans can differentiate just trying to check off a list and sincerity regardless of the language" (Par 4).

All of the participants attested to the consistent use of self-evaluation even if not required by a particular course. In reflecting on level of competence, Participant 2, who has lived in the U.S. more than 20 years, felt culturally competent. He went on to say that he values people more and even their culture and background. He has become more accepting of other people's culture. He is more open minded than he used to be. He tries not to offend people. He believes to do that requires being "good at assessing yourself and how you're interacting with people." He has also "learned to adapt to other people and be more accepting of them." In the program, he said, culture is discussed a lot, "and in some of the practices that (other) people do, like with food and with death, and I think I really learned a lot about cultural knowledge." Another participant, 5, who received an advance degree in the U.S. before admission to the ABSN, added, "I make sure that I understand my own culture is different from the person I want to serve, so I need to know those

differences. That will guide me in how to better serve the person." Participant 7 believed

in the U.S. that it was important to be culturally competent and, therefore, she has acquired

knowledge and is culturally competent. Interestingly, she has cared for many people from

different cultures while in the ABSN program. She went on to explain we (international

students) are very used to diversity, every culture has their own rules and I have mine. I

think the way I think is different from the patient that I'll be caring for, so what I'm

thinking is that I cannot put my rules on their rules, so I think whatever I'm thinking, it is

limited to me. When I'm caring for different people, I always make sure their own needs

and cares have been met…I always ask if I don't know"

Transformation

The final theme was transformation. The participants believed that the entire year

brought significant and lasting positive change in their lives from both a personal and

professional definition. In essence, they experienced transformation. Seven of the nine

participants described total transformation; that is, change in beliefs and thinking,

discarding of old patterns, and revolutionary acquisition of knowledge.   Two of the

participants talked about positive growth and change without using the specific descriptor

of transformation. Attesting to real life change due to the totality of experiences in the

ABSN, the participants shared their individualized beliefs and feelings of being

transformed not only by one experience but by the entire one-year ABSN experience.

Many spoke passionately about the depth and richness of the unexpected change that they

experienced. Participant 2 stated,

> I do feel transformed. When I moved here I had so many assumptions of other
>
> people that were different from me, and these assumptions really affected my

confidence, my self-esteem, how I see myself but as I went through the program,

I met a lot of people and most of my assumptions were wrong, and I guess I had

a very negative view of things before but now it's very positive.

Participant 3 chose the word transformed because "the most important change is I know

what I want. Yeah, it used to be I really don't know what I want. But now when I want one

thing, I know why I want it. I can make a rationale and say I want this because." For

Participant 4, the entire year was transformational,

Yeah, like I tell people, it may just be one year for you …, just trying to get

through the nursing program. For me it's been one year of transformation. I

think I feel, I feel more, I don't know, would I say I feel more alive? Yeah,

that's pretty much the way, because I have this feeling, I can't really put to

words.

Similar to Participant 4, Participant 5 indicated his mind was opened as a result of his

training.

Yes without any doubt, the training here has opened up my mind. I can

express myself more than I could do. If you would have asked me from

the beginning, I would say if someone is sick, she is a sick patient. But

now, I understand that the patient is not just a physical body that is filling

the space. The family, friends, the environment, their culture and beliefs,

have to be taken into consideration.

Participant 6 experienced transformation in the way he sees things.

I have experienced a lot of transformation in the way I see things today.

I believe my cultural heritage, I call it, has been modified to my personal

taste now. I try to take responsibility for what I should take responsibility for,

and just everything. I'm being more real to myself, I tell myself the truth in

terms of, I assess my strengths, not just doing it because everybody else is

doing it, but assess my strengths and tell myself what are my capabilities and

my abilities and being able to achieve whatever goal I'm setting for myself.

I have a new perspective, yeah.

Participant 7 went from being childish to having more confidence, which she described as

transformational. She is "totally different…" She described another transformation that

she experienced. "The other transformation is that I can be myself in a different situation

with different people, I can be myself. Now I think that I can do that … build the rapport

between me and them with our relationships."

Two participants discussed positive change without describing transformation

per se. Participant 1, who has in the U.S. most of her life, stated, "I'm much more

knowledgeable, not just book knowledge, but I am more open about people. I now

have confidence whereas in the beginning I was reserved and shy." Participant 9 confided

that while "I do not define myself as totally transformed, I believe that I am a work in

progress and that I am a different and better person than when I came here."

Due to the feeling of success and transformation from the ABSN experience, all

nine participants have future plans for advanced education as well as unbridled enthusiasm

for graduation day and completion of the licensure examination. Participants 1, 2, 4, 7, 8

and 9 expect to be admitted to a Nurse Practitioner program within a year, Participant 3

within two years, Participant 5 looks forward to an advanced degree to work in research in

oncology or genetic disorders within two years. Participant 6 will finish a master's degree

in Health Administration in St. Louis within one year. All nine participants plan to stay in the United States for the near future. Three participants intend to return to their home country to work in their specialty within five years. Eight participants have the permanent resident status to stay and work in the USA. One participant has made application for permanent residency and Saint Louis University Hospital is sponsoring the participant's application. Two participants experienced personal losses due to death of a family member in their home country during the year. Delayed graduation of thee months was necessitated for one of those participants.

Chapter Summary

This chapter provided a review of the study's findings. The outcomes do attest to the determination, dedication, and the coping skills of the participants to adapt to and appropriately respond in culturally diverse situations in all venues. Further, outcomes point to the successful development of cultural competence during the one year ABSN program. The findings indicate that the one year ABSN program resulted in extensive positive personal change, also described as transformation by seven of the participants. An important finding was that as the participants mastered the intricacies of professional nursing, they became seriously intent on pursuing advanced degrees in various nursing specialties.

The themes, categories and sub-categories were identified based on specific directives by Corbin & Strauss (1990) and reflected the areas most important to the participants and most important to define the answer to the study questions. Sub-categories, properties and dimensions were included in the description of the selected categories.

Chapter Five explains the significance of the findings and how they support the literature. In addition, the need and recommendations for additional research is discussed.

Chapter Five: Discussion and Conclusion

We are more alike, my friend, than we are unalike.

Maya Angelou

The purpose of this study was to examine the experiences of international and foreign-born adult students in a one-year accelerated baccalaureate nursing program (ABSN). The study provided information regarding the lived experience of the currently enrolled students. There were nine participants in the study.

Adult learning theories were used to relate to the foundational basis of the one-year program experience. The theoretical framework for this study was based on a synthesis of Andragogy (Knowles, 1970, 1980, 1990); Humanism (Rogers, 1961, 1964, 1994); and Transformative Learning (Mezirow, 1990, 1991) along with the inclusion of two Nursing Theories: Interpersonal Relations (Peplau, 1948, 1952, 1988, 1997) and Transcultural Care (Leninger, 1991, 1995). Each of these theories includes the philosophical assertion that the adult learner is self-directed, goal directed, and capable of self recognition through self examination and reflective thought willingly shared.

The findings seem to suggest that for the participants in the study to attain success in and satisfactory completion of the one-year ABSN program at MU with the possibility of experiencing the state of transformation, they had to be goal directed and capable of self recognition through self examination and willing to share the outcome of reflective thought. The one-year program provided the theoretical data and opportunity for the experience to culminate in successful program completion and graduation for the study participants, who are international or foreign-born adult student, who demonstrated commitment, perseverance, and the ability to translate theory to action.

The main question was: What were the experiences of international and foreign-born students in an accelerated baccalaureate nursing program (ABSN)? The sub- questions were:

    a. What were the transformative experiences of international or foreign-born students in an accelerated baccalaureate nursing program (ABSN)?

    b. What was the role of culture in the international and foreign-born student's one-year accelerated baccalaureate nursing program (ABSN) experience?

    c. How did the international and foreign-born student describe their own cultural competence following the one-year accelerated baccalaureate nursing program (ABSN) experience?

To answer the research questions, one-on-one interviews were conducted. The interviews revealed the participants' thoughts, beliefs, and feelings relating to coping, competence, and transformation as well as specific information about people, language, the environment and teaching methods relating to culture.

Adult Learning Theories

As indicated earlier, three major theories – andragogy, transformational learning, and humanism were used as the framework for the study. Additionally two nursing theories were included during the planning and designing stages of the study. In this next section, I discuss the findings and how they support or contradict the literature. The interview results aligned well with the theoretical literature used to guide the study.

Knowles purported six assumptions of andragogy (Knowles, Holton, & Swanson, 2005, p. 148). The assumptions are based on the learner's self-defined need to know, their

self-concept, prior experience, readiness and the motivation for change. The participants

were all graduates from baccalaureate or higher degree programs in either the United States

or in their home country which addresses the prior experience of higher education achieved

by each of the participants. Knowles considers prior experience an assumption of

andragogy (Knowles, Holton, & Swanson, 2005, p. 148). According to the requests for

admission, entrance examinations, transcript records, and letters of recommendation, the

participants were assessed as competent adult learners with a desire to become licensed

professional nurses or as Participant 9 recalled during the interview,

> I was working as a Certified Nursing Assistant and attending community
>
> college to complete the pre-requisite courses to become a nurse. I began
>
> an online search for a reputable accelerated program, found this one, and
>
> was accepted …my goal is to be a family nurse practitioner.

Similar to Participant 9, all of the participants spoke about their initial long range plans

when they decided and applied to the ABSN. Now as successful candidates for graduation,

their goals or desires are more clearly defined. The participants demonstrated the sixth of

Knowles' assumptions, the motivation for change as they persevered to completion of the

ABSN program.

Six of the eleven core concepts developed by Mezirow (1991) are compatible with

and directly related to the ascribed principles of andragogy. However, the following five

concepts are not present verbatim in MU's ABSN program design but are either included in

part or are considerations in the individualized teaching-learning approaches in the ABSN

program. The concepts were considered during the design of the study and in the interview

discussions, they are:

a. Help the student understand how to use learning resources – especially the experience of others, including the educator and how to engage others in reciprocal learning relationships.

b. Encourage the use of criteria for judging which are increasingly inclusive and differentiating in awareness, self-reflective and integrative of experience.

c. Facilitate problem posing and problem solving, including problems associated with the implementation of individual and collective actions; recognition of relationship between personal problems and public issues.

d. Emphasize experiential, participative and projective instructional methods; appropriate use of modeling and learning contracts.

e. Make the moral distinction between helping the student understand his/her full range of choices and how to improve the quality of choosing vs. encouraging the student to make a specific choice.

Seven participants described a high level of awareness and feelings of personal transformation while one participant talked of still becoming transformed from the acquisition of knowledge and the lived experiences of the ABSN program when she said, "I do not define myself as totally transformed, I believe that I am a work in progress and that I am a different and better person than when I came here" (Par 9) and another, Participant 1, said she was "more knowledgeable" and "more confident."

The ABSN program emphasizes the adult student, learner-centered education, a primary contention of Rogers' (1994) humanism theory. Further, his belief that all people have an instinctive desire to know, to experience and to reach their full potential are beliefs incorporated in the ABSN program design. A primary philosophical thread in the ABSN

program is that the adult learner seeking change through nursing education is responding to

an internal desire to learn and serve mankind. This belief mirrors that of Rogers, who as

early as the 1960s, posited that answers lie within each human being, and consequently, the

adult student is defined as a sufficient self-directed learner (Rogers, 1994).

   All of the participants described knowing that nursing is what they wanted to do

before the first day of the ABSN program. Participant 4 said,

> I want to be a geriatric nurse, taking care of geriatric patients. I believe
>
> in that way I can make up for what I wasn't able to do for my dad, I can
>
> do for others. I mean then that way I think I'll get some consolation.

As the other participants, Participant 4 exhibited the desire to know, to experience and to

reach her own full potential, characteristics that according to Rogers' theory, mirror

humanism.

   One of the two nursing theories considered in the study design was the Theory of

Interpersonal Relations developed by Peplau in 1948, expanded in 1952 (Peplau, 1952) and

refined in follow-up publications (Peplau, 1988). In essence Peplau's theory describes the

building and maintenance of a therapeutic working relationship between the nurse and

patient as the primary conduit to the successful outcome of the patient's total experience

and movement on the wellness continuum. She believed that the use of specific

professional language or communication techniques serves to include, encourage, and

empower the patient to a higher level of understanding and involvement in their

individualized need and eventual outcome (Peplau, 1997). Understanding this important

concept, Participant 4, who plans to return to her home country as a Nurse Practitioner to

serve the geriatric population, seemed to understand this concept when she said, "I think

what the patient hears is the sincerity in your voice. We as humans can differentiate just trying to check off a list and sincerity regardless of the language." Communication is how nurses build and maintain therapeutic working relationships. Nursing continues to be viewed as an interpersonal process due to Peplau's teaching of the importance of the relationship between two or more people working toward a common goal.

The study participants expressed appreciation for and recognition of the value of mastery of the therapeutic techniques that define the professional language used in the nursing profession. Further, they described their own efforts, eventual success and ongoing commitment to building relationships to work successfully with patients. The participants recounted individual stories of medical staff observed having difficulties with patients because of personal failure to develop working relationships or to respect individual patients through use of appropriate therapeutic professional language. Participant 7 told an example of a hospitalized elderly patient who was a retired nurse now diagnosed with dementia that complicated her care for multiple physical problems. The patient persisted in pulling out her intravenous (IV) line and her naso-gastric (NG) tube. The nurse scolded her and noisily moved equipment around before leaving the room. The participant used her empathic and therapeutic communication skills to try to calm the patient and explain to her the timeframe the interventions needed to be in place. The patient allowed the participant to reinsert the NG tube and call the special unit to insert a new IV line. The participant went on to indicate it was a touchy situation for her because the patient realized she was trying to help her. The nurse was trying to help her, too, however, she did not have the right communication. How you communicate to a patient is important to Participant 7.

Trans-cultural 'Culture Care' was developed and published by Leininger in 1995; however, the concepts, in part, were defined and practiced throughout her early nursing career and in use by her and others as early as the 1950s. Leininger's intention relates to providing culture-specific and universal nursing care practices in culturally meaningful ways. That is, all care modalities require cooperation of the nurse and patient working together for culturally congruent nursing care. The nurse, therefore, is prepared to design and provide meaningful and satisfying holistic care to whoever presents for care and treatment. Leininger believed that all healthcare professionals must value the human being as a nuance of uniqueness and similarities as are revealed in the interactive or relationship building process. Leininger suggested that with understanding comes recognition of similarities and differences. Recognizing this era of globalization, the nurse's responsiveness to the culture of patients is a primary way of obtaining success (Leininger, 1991).

The participants believed that they were graduating from the one-year ABSN program as a culturally competent adult learner prepared and ready to work with diverse populations anywhere in the United States as an entry-level staff nurse. Cultural competence appeared to be an important skill to each participant in discussion about their one-year ABSN experience.

Experiences of International Students

The study results supported findings from prior studies relating to international students enrolled in higher education programs in the United States. There were no studies found relating to international or foreign born students in an accelerated one-year baccalaureate nursing program. However, numerous studies explored questions relating to

the international and foreign-born student population in traditional nursing programs as well as other specialty programs throughout the United States.

In a study conducted by Choi (2008) and a prior one by Sanner, Wilson, & Samson (2002), outcomes revealed that international and foreign-born students enrolled in American university and college baccalaureate nursing programs are frequently characterized as highly motivated, goal oriented, persistent and hardworking.

Eight of the study participants affirmed that they had received passing grades in the final semester of the ABSN program and would be graduating. Performing at or beyond standard as the passing grade indicates includes the presumption that the student was goal oriented and persistent. Likewise, to complete the demands of the program successfully with a passing grade demonstrates that the student remained motivated.   In studies by Davis & Nichols (2001), Sanner, Wilson, & Samson (2002), and Chow (2011), three major themes – language, culture, and nursing practice - were shown to influence the experience of international and foreign-born students enrolled in American higher education programs. The themes were discussed by participants as barriers to learning or challenges to the participant's level of success at times. Participants described language challenges as rapid speech, pronunciation differences and differences in terms or labels of common items between the English taught in the participants' home of origin and the Midwest higher education programs. Topics of specific challenge relating to culture were noted by three participants who had only recently arrived in the United States for enrollment. Culture issues related to the informality of the relationship between the adult learners and the professors, informality of the dress of the study participants' American peers, and the overall initial sense of feeling different in every way. Differences described in nursing

practice for adult learners were primarily the protocols stemming from learner-centered, self-directed, autonomous, and independence versus the hierarchy, structured, and controlled higher education environments of participants' home countries. Culture differences relating to nursing practice in the care and treatment of patients included the high level of dignity and control afforded the patients in the United States, specifically taught in the ABSN program, contrasted to the traditional or normal hierarchical approach employed in each of the homes of origin. An additional cultural difference in patient care included the amount of information and teaching provided to the patient and family by the healthcare team versus that provided in the homes of origin.

Coping, adaptation skills, and learning styles were identified as major factors in the international and foreign-born student's success in a Harvey, Robinson, & Frohman (2013) study as well as that of Silverman & Casazza (2000) that highlighted the reality of individuals bringing many different qualities and characteristics to the American learning environment from their diverse backgrounds and experiences. While all nine study participants experienced extraordinary success (i.e., graduating), the three who arrived from the home of origin right at or near the time of enrollment did experience more difficulty adapting and only described total satisfaction and happiness after the Christmas holiday or early January; that is, the beginning of month nine of the 12-month program. This is not to imply that the three participants were dissatisfied or totally unhappy at all times during the nine month period. As Yakushko, Davidson, & Sandford-Martens (2008) described that an international or foreign-born student's personal experience can be a daunting, anxiety creating experience. Junious, Malecha, Tart, & Young (2010) noted that acceptance by faculty and classmates was a primary need of the international and foreign-

born student to aid in their coping ability. This study aligned with their assessment. When

the study participants felt a part of the group or team, their experience was consistently

discussed as more positive. When feeling different, isolated or not chosen, the participants

described a negative experience. This further contributes to similar findings by KaiKai,

(1992), Kauffmann, Martin, Weaver, Weaver (1992), and Harvey, Robinson, Frohman

(2013). Discussion relating to the three sub-categories of people, language, and coping

follows.

Sub-category: People

     Two of the participants described feelings of isolation and being ostracized from

inclusion by American peers in the classroom during the outset of the ABSN program

which is designed on the principle of andragogy, including self-direction and autonomous

responsibility; that is, among the students' responsibility is the freedom to meet, select and

form small working groups based on syllabus notations regarding the course organizational

format. This format is in direct contrast to the experience in all levels of education in the

home of origin. This format was agreeable for most of the participants and actually

anticipated by six of the participants due to attending baccalaureate and higher level

programs in the U. S. Seven participants expressed thoughts, beliefs, and feelings of being

no different from their American peers, who also come from many states, many cultures in

the U.S. One participant discussed feelings of being misunderstood on occasion in the

classroom by faculty and with one hospital staff.

     The study participants' reactions aligned with prior research by Junious, Malecha,

Tart, & Young (2010) who noted that acceptance by the faculty and classmates was a

primary need of the international and foreign-born student to aid in their coping ability.

Sub-Category: Language

All of the participants voiced at least one experience during their ABSN year that gave them pause relating to language. While the participants did persist to success with passing course grades to be followed by graduation and the awarding of the BSN degree, their expressions regarding this topic is in alignment with the research.

Several researchers (Sayles et al., 2003; Starr, 2009; Stewart, 2005; Wong, 1991) support the notion of language deficiency as a potential obstacle to the international students' academic success, including failure, and social interactions. Also language was described as problematic to the international or foreign born student by Terkla, Roscoe, & Etish-Andrews (2007) "when the language of instruction is not the native language" students may "experience difficulty with a variety of related issues, such as understanding slang, writing papers, becoming familiar with the host country culture, and making friends" (p. 4). Further, Kim (as cited by Han, 1997) suggested that better host language competency translates not only to less discomfort for the international student, but is perhaps the most important of all competencies. This study iterated Graham's (1981) belief that language is not only the tool of communication but the source of the feeling of belonging.

Sub-Category: Coping

Personal strength is the key to coping and adaptation for many international or foreign-born students. Amaro et al. (2006), Gardner (2005), Sanner et al. (2002), Taxis (2006) & Villarruel et al. (2001) concluded that success can be attributed to individual personal strengths in areas of determination, and motivation. Four key factors that impact

the foreign-born students were noted by Parker & McEvoy (1993); they are individual-related, organization-related, work-related, and situation-related. Individual factors include personality and age. On the other hand, training and social support are organization-related factors. Han (1997) concluded that "culture adaptation and adjustment have been related to the international student's cross-cultural effectiveness;" that is, "those who were well adjusted felt more satisfaction and functioned more effectively" (p. 3). Further, Han added that competence and personal development are the expected outcomes as the international student adjusts and blends all of the interrelated elements of culture, language and academia (KaiKai, 1992; Robinson, 1992; Kauffmann, et al.1992; and Kraft, et al. (1993).

Although the study participants described a generalized inability to imagine the amount of adjustment affiliated with a one-year ABSN program, they all made it clear in their individual interview and essay responses that they were determined to succeed and they succeeded. Their individual realization of both their personal and professional goal proved their point.

Competence

Learning styles and comprehension ability are repeatedly identified as major factors in the international and foreign-born student's success (Harvey, Robinson, & Frohman, 2013). Silverman & Casazza (2000) iterate that "individuals bring many different qualities to the learning environment" (p. 18) as well as characteristics developed from diverse backgrounds and experiences. Studying in the United States can be a fulfilling experience and contribute to lasting friendships, respect and the easing of work problems and tensions for foreign-born students, according to Clarke (1970).

Each participant assessed, believed and described their present status in all experiential environments as culturally competent. They reported their task completion skill level and they believed that they are individually emotionally and intellectually prepared to be effective licensed professional nurses in an entry level nursing position.

Transformation

According to Mezirow (1991), transformative learning represents the very core of adult development. (pp. 198-201). The theory of transformative learning, posited by Freire (1970) as consciousness-raising, is a significant key in the understanding of adult learning and development of adult education. Stages or phases of transformative learning described by Mezirow (1990) and others, Brookfield (1983) and Keane (1987) among them, include the stage of uncertainty, this stage involves critical self-examination, questioning and evaluation; the stage of search for meaning, this important stage involves making sense of the reality of life experiences; the stage of self-recognition, a stage based on beliefs and established patterns; and the stage of integration, the stage where new beliefs, perceptions and interpretations are assimilated into present thought to create change (Keane, 1987).

With visible exuberance, all of the participants described their perception of positive changes that they were still experiencing from their one-year ABSN program. Seven participants enthusiastically described various details or examples of their transformation while one participant just as passionately declared that she was still in the state of becoming transformed through knowledge and experience. Another participant described knowing how much she had changed in level of confidence, in particular. All of the interview responses reflect alignment with the literature on transformation. Reminding us that the experience is not only academic, Pascarella & Trenzini (2005) discuss multiple

areas affecting these students during transformation in college: psychosocial change, attitudes and values, moral development, educational attainment, cognitive skills and intellectual growth among others (Anderson, et al., 2009; Galloway & Jenkins, 2005; Trice & Yoo, 2007).

Answering the Research Questions

The study's main question was what are the experiences of international and foreign-born students in an accelerated baccalaureate nursing program (ABSN)?   The experiences of the participants were as many and varied as the individuals themselves. The responses indicated that these nine participants, adult learners, were first of all, authentic; that is, their desire and resolve upon admission to become professional nurses remained the driving force to reach goal. They, indeed, met their goal of receiving the degree of Bachelor of Science in Nursing. Additionally, the responses of the participants revealed

a.   their strong sense of self direction,

b. their meaningful inclusion of past experience,

c. their determination to gain knowledge and experience,

d. their passion for expanding their life through knowledge,

e. their ability to accept responsibility for autonomous holistic assessment and intervention,

f. their consistent work ethic to reach mastery,

g. their resilience to overcome challenges or barriers, and

h. their ability to learn and translate that learning into right personal and professional action in relationships with patients, patient families, peers, supervisors, administrators, physicians, and members of academia.

The following is a consolidated overview of the participants' responses to the sub-questions.

Sub-question 1

What were the transformative experiences of international or foreign-born students in an (ABSN)? The participants described transformative experiences as those life changing experiences that taught them a new way of knowing, understanding and practicing self-awareness, a new language of interacting with human beings to develop and maintain therapeutic relationships, a new and holistic understanding of the human mind and body, and new theory and hands-on skills that reflect both the art and science that is professional nursing.

Sub-question 2

What was the role of culture in the international and foreign-born student's one-year accelerated baccalaureate nursing program (ABSN) experience? The role of culture, particularly the language, in the classroom for the international and foreign born students in this study was particularly anxiety creating and disconcerting for the three students who had only recently arrived in the United States. Again, this emotional reaction aligns with prior research on   international and foreign-born students in American higher education programs. The six remaining international or foreign born students described their own cultural diversity as being no different to the apparent diversity in all of the American students who had come from various parts of America to the Midwestern state for the ABSN program. The remaining six participants described no negative impact related to culture. Culture in student and patient relationships in the hospital or clinic environment presented no measurable problems for the study participants.

Culture awareness is identified as a priority in every relationship in the human existence and, as such, understanding of difference is integral to the success of every nurse-patient interaction. In the ABSN program, it is imperative that all students relate to the reality of the cultural difference in every human life. It is imperative that all students understand that no two people despite gender, race, nationality, or even when siblings raised by the same parents in the same home are culturally alike at the time of any nurse-patient interaction. The expectation for the role of culture as a working nursing tool in the experience of the international and foreign-born student in the ABSN program is the same as for every nursing student; that is, to learn to be fully present to each human encountered while a student performing in the role of a professional nurse. This focused interaction provides the opportunity to assess, relate, and respond to any existing cultural difference.

Sub-question 3

How did the international and foreign born student describe their own cultural competence following the one-year accelerated baccalaureate nursing program (ABSN) experience? The participants in this study described their own cultural competence as capable to highly capable to successfully engage with any human from any culture who has the ability to speak the same language or has the skill to draw pictures or make hand signs using universal symbols. The participants unanimously described the belief that humans are more alike than different in the environment of a nurse-patient relationship.

Implications for Practice

Several recommendations to the ABSN program guidelines emerged. They include:

a.   Encouraging faculty to ensure that there is recognition of international and foreign-born students enrolled in the ABSN program in the initial course introductions.

b. Encouraging the faculty to assess and ensure that there is inclusion of the international and foreign born students in initial course interaction; e.g., when small work groups are being formed.

c. Encouraging the faculty to address the known diversity in speech and language, specifically pronunciations, by the international and foreign-born students.

d. Encouraging the designation of one faculty member as mentor or adviser for all international and foreign-born students for the entire academic year.

e. Considering the establishment of a brief weekly group meeting with the mentor or adviser for all international and foreign-born students to exchange information and obtain answers to specific questions relating to the ABSN program experiences.

f. Considering an end-of-year program review by individual interview, such as in the format of the study, to provide a format to share the experiences of the international and foreign-born students.   This interview process, using reflective examination, would serve to dignify and validate the international and foreign-born students' success in the ABSN program in a foreign country. The interview outcomes could be a comparative tool used for a long term examination of program and student status.

Strengths of the Study

The primary strength of this study was the use of a qualitative design. This approach was selected as the most appropriate to explore the participants' perspective regarding their experiences and what the experiences meant to them. Understanding how students are making sense of and constructing their lives within the nursing experience will contribute significantly to understanding the developing students' knowledge, skills and attitudes to engage with and care for diverse populations. Merriam (2002) posited that "all qualitative research is characterized by the search for meaning and understanding, the researcher as the primary instrument of data collection and analysis, an inductive investigative strategy and a richly descriptive end product" (p. 6).

Next, the use of purposefully selected students was an additional strength of this study. This sampling will ensure that all international and foreign-born enrollees in the ABSN are invited to participate. The use of purposeful, non-probability sampling is the method of choice for most qualitative research (Merriam, 2009). Additionally, Berg (2004) posited that this sampling method is appropriate when researchers "want to ensure that certain types of individuals or persons displaying certain attributes are included in the study" (p. 36).

An additional strength of this study was the prevention of bias and subjectivity through the use of notes and memos to inform the researcher and a doctoral student colleague who did review and code three complete transcribed interviews for comparison in addition to discussions specifically related to the researcher notes and memos.

Recommendation for Future Studies

Although the AACN is currently reporting that there are multiple programs in the U.S. offering 12-month ABSN programs, the identity of those programs was not discovered. Consequently, a comparison study with another program may not be a viable recommendation. However, creating a method for collection of data over time for a comparative study within this college could be a valuable tool for the college and the program. Further, a comparison study between the international and foreign-born students and the American students in the same program would be an informative study. This study raises awareness regarding the importance of the human factor of caring in all disciplines. Adult educators can further explore the experiences of international and foreign-born students in other accelerated programs and regular degree programs. For example, are the barriers perceived by the participants in this study similar to those in graduate programs? Future studies by those in the disciplines of education and culture would add significantly toward filling the present void in the literature on international and foreign born students.

Conclusion

In conclusion, this study highlighted the presence and successes of international and foreign-born students in a one-year AACN approved accelerated nursing program at the baccalaureate level. Through personal interviews, the study participants permitted the close inspection of their years' experiences based on reflective recall. As evidenced by their graduation with a Bachelor of Science in Nursing Degree, the participants passed all of their courses despite early challenges related to culture and language differences or any difficulties understanding or performing the extensive program demands. These participants described themselves as culturally competent and transformed in direct

response to the one-year program that is the College of Nursing's accelerated baccalaureate

nursing program (ABSN). The findings from the study might help other international

students not only completing an accelerated nursing program but other accelerated

programs in general.

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Appendix A: Guide for Interview Questions

The Experience of International and Foreign-born Students
in an Accelerated Nursing Program

<u>Background</u>

1. Where is or was home?

2. How long have you spoken English?

<u>Plan & Expectation</u>

3. How did you make the decision to come to this program for nursing?

4. You are in the accelerated nursing program here. What is your goal and how do you see it coming true for you?

<u>Culture Difference & Challenges</u>

5. What are some of the cultural differences you have experienced during this program?

6. Is there a very best experience?

7. Is there a difficult experience that stands out to you?

8. What are some of the challenges you had concerning intercultural interactions in your practice environment, like with individual patients and families, or with working colleagues?

9. What did you learn from interacting with people from different culture?

10. What effect has the program had on your personal relationships; e.g., your family?

<u>Dealing with New Culture (Solution)</u>

11. What has helped you most during your time in this program?

12. Is there a particular incident that proved to be a turning point in your experience?

13. Talk about your own transformation from your experience.

14. How do you think of your own cultural competence now?

15. What may have helped you more throughout your program?

Use this definition or any part of it if the participant requests elaboration on the definition of cultural competence: (a) the ability to value diversity, (b) the ability to self assess, (c) the ability to manage the dynamics of difference, (d) the ability to acquire cultural knowledge, and (e) the ability to adapt to diversity and the cultural context of individuals and communities served (University of Michigan, 2012, p. 1).
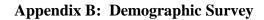
16. How does that compare with the beginning of the program?

17. What is the status of your goal right now?

Next Step or Future

18. How are you planning for your future?

19. How does the immediate future look to you?

Other

20. When you agreed to be in the study, what was the one thing you wanted to be certain to share about your year's experiences?

Appendix B: Demographic Survey

University of Missouri St. Louis

Division of Leadership and Policy Studies
One University Boulevard
St. Louis, Missouri 63121-4499
Office: 269 Marillac Hall

EXPERIENCES OF INTERNATIONAL AND FOREIGN-BORN STUDENTS IN AN
ACCELERATED PROGRAM

Demographic Survey

1. PARTICIPANT
2. AGE
3. PRESENT DEGREE
4. COUNTRY OF ORIGIN
5. WHAT LANGUAGE SPOKEN AT HOME
6. HOW LONG IN USA
7. HOW LONG SPEAKING ENGLISH
8. WHAT COUNTRIES DID YOU LIVE IN BEFORE USA
9. ANY PREVIOUS INTERNATIONAL EXPERIENCE
10. DO YOU HAVE FAMILY MEMBERS IN USA

Appendix C: Informed Consent

Department of Educational Leadership and Policy Studies

8001 Natural Bridge Road
St. Louis, Missouri 63121-4499
Telephone: 314-516-5303
Fax: 314-516-4232
E-mail: EPIsaac@umsl.edu

Informed Consent for Participation in Research Activities

The Experiences of International and Foreign-Born Students in an Accelerated Nursing Program

Participant _____   HSC Approval Number _____

Principal Investigator __Myrna True_____   PI's Phone Number 618-604-7715_____

1. You are invited to participate in a research study conducted by Myrna True, Doctoral Candidate, and Dr. Paulette Isaac-Savage, Associate Provost. The purpose of this research is to explore the experiences of international and foreign-born students who are currently enrolled in an accelerated, second degree baccalaureate nursing program.

2   a) Your participation will involve completing one in-depth recorded interview. The interview will last approximately two hours. You will be asked about your experiences in the accelerated nursing program in four major areas: plan and expectation, cultural differences and challenges, dealing with new cultures, and your future.
Approximately 15 may be involved in this research to be conducted at my campus office.

   b) The amount of time involved in your participation will be approximately two hours.

3. There are no known risks associated with this research.

4. There are no benefits to you; however, you may gain a better understanding about yourself and others that you work with and serve on a daily basis.

5. Your participation is voluntary and you may choose not to participate in this research study or withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or withdraw.

6. We will do everything we can to protect your privacy. As part of this effort, neither your name nor any faculty member's name, will be revealed in any publication that may result from this study. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection) that would lead to disclosure of your data as well as any other information collected by the researcher. All notes and recordings will remain locked in a file cabinet located in the primary investigator's office.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Myrna True at 618-604-7715 or Dr. Paulette Isaac-Savage at 314-516-5303. You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research, at 314-516-5899.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I hereby consent to my participation in the research described above.

Participant's Signature   Date

Signature of Investigator or Designee   Date

Appendix D: Invitation Message

Greetings,

As a doctoral candidate at University of Missouri-St. Louis, I am conducting a research study about the experiences of international and foreign-born students in an accelerated nursing program. Seeking a second degree is certainly an admirable feat. I believe that your participation will provide valuable information to our worlds of education and healthcare. I hope that a look back at your year with an opportunity to have your experiences heard and documented will also be gratifying to you.

Participation is entirely voluntary and has no affect on your scholastic standing in any way at Midwestern University School of Nursing (MUSON). Your identity will remain confidential in the study data and in any publication. Participation will require only one recorded personal interview which will last approximately 2 hours with me in my MUSON office or a place convenient for you that we can arrange. A copy of the consent form is attached for your review as you make your decision. An example of the questions we will discuss are included. I will have a copy of the consent form for both of us to sign prior to the interview.

Please let me know if you are interested.

Thank you.

Sincerely,

Myrna True MSN APRN BC
Email: trueml@xxx.edu
Phone: 314-977-8900 Cell: 618-604-7715 FAX: 618-632-1023

Appendix E: Participant Responses

Research Question 1. What are the experiences of international and foreign-born students in an Accelerated Option Nursing Program (ABSN)?

To answer this question, responses from all of 20 of the interview questions and the ensuing discussion with the researcher were analyzed. Examples from the interview guidelines relating to plans and expectations with a specific focus on a particular research question are included here with the participant (Par) number identifying the participant response.

Interview Question #3 "*How did you make the decision to come to this program for nursing?"* Three participants chose the program from online information advertising ABSN program completion in 12 months. Specific answers from the conversational dialogue are: "I Googled nursing programs online, and MU happened to be the shortest one I found" (Par 1), "MU had the program that finishes in one year" (Par 7), and "I chose MU for the one year program" (Par 9). Four participants based their choice for this program on specific learned information: "I did my research online, found MU, and got in" (Par 2), "Had nursing in home country and wanted to improve myself while in St. Louis" (Par 3), "I learned that the program here at MU was ranked higher than others. I opted for the higher ranked program" (Par 6), and "I'm in U.S. with husband's work and right now people are getting into the nursing field back home. It's one profession I can continue doing back home" (Par 8). Two participants described referral connections:"My father studied in the U.S. and on his recommendation for MU, I enrolled to do my master's in another discipline, but requested to make a switch to my real preference, nursing" (Par 4) and "MU

is the first U.S. university I ever heard of from a visiting professor at my school. I made the decision then (Par 5).

Interview Question #11: "*What has helped you most during your time in this program?*"

Six of the nine participants spoke specifically about the MU software program, Tegrity, as being the one thing that helped them most in the program. The responses include: "Since English is my second language, I think Tegrity really helped me a lot. I listened every day. It's helped me a lot during this program" (Par 3).

> Tegrity was one best thing this program has put together because not
>
> everything you say, the words I understand, but sometimes I would be
>
> like this English, we have to break down the English sometimes, that's
>
> one reason I don't like group work, because most of them, they read very
>
> fast, so when it's time to read it, they just say the answer, and you're still
>
> trying to read through, then it looks like oh, you don't know what you're
>
> doing. And you're not giving answers and it was meant to be group work,
>
> but if I have my own time I like to read it at my own pace so Tegrity has
>
> helped me to pick up the parts in class that I wasn't able to pick up (Par 4).

Tegrity was a very useful instrument, because when I don't get, understand a concept in class, for example, maybe it was, the lecturer was going very fast, I can listen to Tegrity and slow it down" (Par 5). "Tegrity was the only way I learned personally, because in class, like I said, I don't sleep…if you take Tegrity out of this program completely I would've failed a long time ago. Personally I wouldn't have made it" (Par 6).

> Tegrity is awesome. Tegrity helps a lot, because some days I wasn't able

to come to the class, just because of the pregnancy and health, and right

after baby as well. So Tegrity helped me a lot, because more, if I didn't

have Tegrity I wasn't able to understand the material, right? I had to read

through the book, and then study. But since I had Tegrity I was able to go

back and listen to the lecture and study by myself, so that was very helpful (Par 7).

>And, then, there is Tegrity. You know, it's even in the sense that I don't
>
>know what I would've done if Tegrity is not there, because the whole
>
>program is at a fast pace. It is so hard to sit in class from morning to
>
>evening and concentrate. Sometimes I sit, I'm in the class, but no, I just
>
>can't focus, I can't follow what you're saying. It's so hard I just can't
>
>concentrate, especially when you just had exams, and you need to sit
>
>there until evening for a lecture. I sit there, and I'm already thinking about
>
>the exams I wrote. You know, I'm already wiped out with it, it's so hard.

So Tegrity, I make notes, but not very much, but any time I leave the class, I get

home, my free time, I get back to Tegrity, and that is when I take my time to really

listen to it, because in the class it goes fast for me, and some of the lectures, they

talk so fast it's hard for me to get all the stuff. The Power Points they make for us,

that is also helpful, I always print those out (Par 8).

Five participants added that building relationships with a faculty member, peers,

hospital staff and patients from different cultures was a major benefit:

>Daily exposure to people of different cultures…I just try to observe
>
>how other people interact with each other. I guess I try to imitate that,
>
>and I guess just trying to be respectful and friendly. You know, I actually

try to be nonjudgmental, because in the past people have judged me for

my background, or my race I guess, and it wasn't a pleasant feeling, so

I don't want others to feel that way when they're interacting with me.

So whenever I speak to other people of different races, different

backgrounds, different cultures, I really try to make things as comfortable

as possible (Par 2).

"Yeah, my best help is to have friends from all over. We had study groups. It's very

important, as a group, we can support each other. It helps a lot during this time" (Par 3).

"Words of encouragement by some of my faculty really helped. Some people really kept

telling me to hold on and they believe in me, they think I can do it. That really helps me a

lot" (Par 6),

For me a faculty member who understood me as a person and understood

my situation and worked with me. I asked her, and she always supported me in any

situation. If I needed anything, I would just email and she reply to me right away.

It's not that wait for some time and then reply to me. She answers, if she doesn't

know, she will say okay, I will find it out, and email you back. She was awesome

about it (Par 7), and

"This program just gave me more experience with different cultures and backgrounds" (Par

9).

One participant described her spiritual life and religious faith as being integral to

her coping and learning throughout the year, stating

First of all, I would say my spiritual life, because that is where I kind

of get my balance, to get in a peaceful mind, to kind of settle down among

all that is going on, all of the craziness around me. Once I sit there and get

in touch with my supreme being, pray, meditate, and just cry out in my

prayers, it just settles my heart down and I get the courage that okay, you

can do this. I read the Bible, go through all the petitions that apply to what

I'm doing right now, and the promises in there and I use that to comfort

myself (Par 8).

Concluding that no particular tool or relationship helped most or more than any

other during the program year, the participant said,

I haven't had to do much adjustment once I moved here. All of the adjustment that I

had to do in North American schools, I did when I was younger. I mean, attending

this program hasn't really been a new culture for me, so I haven't needed help or

really had to adjust to anything" (Par 1).

Interview Question #15: "*What may have helped you more throughout your*

program?"

I'm not sure if there is anything that could've helped me more throughout

the program unless more on culture could have helped; like I would know

my culture, but if I was to take care of someone in a different culture, I

don't think I would know enough about that just from school, from the

curriculum, on how to take care of them. We did mention here and there

about like eating, like diet habits that they have or how they like to take

care of their loved one when they're about to die, or whatever it is, like

we'd mention it here and there, but I don't think we studied it enough for

me to feel competent enough to go in and actually know why they want,

or how they want certain things done (Par 1)

Mixing more with international students. You know, I think one of the

reasons why I thought MU wasn't as diverse, is because this campus is

kind of detached from the main campus. I think that's where most of the

international students are. I mean we can't just move the nursing school,

but I think MU does a good job with doing events for people with other

backgrounds, and promoting diversity, teaching about diversity, especially

in nursing school, it was really emphasized. So I think MU is doing a really good

job of helping people like me go through the programs, people from different

backgrounds (Par 2)

"Maybe the way the professor provides information on how to find resources if you don't

understand, that's a big thing to teach people how to improve, that's a big thing in this

program, how to find resources" (Par 3).

I think if I had been more open in the first instance, if I did not see those

differences, because the beginning was like having those differences

standing like, visualizing it now it stood like a big wall, which was blocking

everything, so I was just struggling over the block. So if I had just had an open

mind and felt like everyone was the same, and had not seen that difference from the

start, I think it would've helped me more (Par 4).

Have one mentor or a faculty member for all international students who

understands your heart. That you can say, I really need to tell someone

that this is not right, or this hurts me, or this is not good. So they can help

you put into English words that would not be offensive to another person.

That is one thing that most international students are afraid and they don't

want, so you may be trying to raise a complaint in a nice way, and then

for lack of adequate words they may misunderstand (Par 5).

It's very confusing when the topics do not correspond to any in your

background. An explanation about how detailed and important the

topic is could have helped me more. Nutrition and toys were particularly

difficult topics for me early in the program. I did not have a translation

for the names in either topic" (Par 6).

I don't know how to explain, but if we have more discussion with the entire class

about the international students being in the intense program and how difficult it is

for them, it should be very helpful. I had anxiety during the exams being around 60

people, and one hour to finish the exam. I was asking if I can get a separate room

for my exam, so it would be very helpful I guess for me to take the exam separately.

That could have helped me more (Par 7).

…sometimes I think with the peer side, we sometimes felt like it's always kind of

segregated when it comes to having friendship and having groupings like, the

faculty doesn't really list us into groups, like okay, you're from this number, this

person, that person go in this group. They don't do that for us and leave it up to us

to have our own groups. It's always like okay, I want to be with that person,

where's my friend, and it's funny, like just those of us in there with myself and my

two other friends, we just sit there, and they all just group up, and we just have to…

make our own group, you can actually see people don't want you to be in their

group. It did happen several times. Yeah, it did happen several times (Par 8).

"Nothing specific it is what it is" (Par 9).

Interview Question #10: "*What effect has the program had on your personal relationships; e.g., your family?*"   Committing to a one year program impacts the life of each participant in various ways. The primary focus of responses to this question was on relationships, including missing family events; however, one participant shared a profound cultural change in her family when she described her decision for enrollment in the one year program. Leaving home was definitely a culture change she said,

> When I came here and I didn't have any family here that was different for
>
> me and my family. A culture difference because not a lot of girls used to do that. I
>
> mean I'm sure there are now, but for my parents it's kind of a different idea, like
>
> oh, you're going to move out on your own, and live on your own, so I think that
>
> was different and a big effect. Also, I missed holidays with my family. I missed the
>
> year's main festival, like a Christmas, with my family because it's in October and I
>
> was here for school, so I did miss that because we don't get school days officially
>
> off for our holidays (Par 1).

A very personal and permanent effect was recounted by a participant, who said,

> Well, the program, as you know, it's very fast paced, very challenging,
>
> a lot of work, and I guess that really affected my relationship with my
>
> girlfriend, so we broke up last October. With my family, they're very
>
> understanding, very supportive, especially my mom and my sister (Par 2).

Empowered and more independent with knowledge and experience, a participant said,

> It affects my relationship with my family a lot. Now I start to speak up a lot. If I
>
> have anything I not agree, I will talk and share my thoughts with my family. They

are shocked, oh, is that to grow up. I used to very quiet, I don't say anything,

because I feel like that's not respect, but after this program, I think this program, the

people around me, you have to speak up and share your thoughts with your family

no matter what they are. I become more confident.I don't scare to speak with

people, you know, local. They may laugh at you because of your pronunciation but,

I won't say I don't care, but I don't really take it to heart. Once I speak, no matter

what, I try. We still keep the tradition, even though we have exam on the holiday,

we still like go find friends, eat traditional food, and we still keep that tradition.

The internet is good, so we can still leave message to call. 12 hour difference so the

morning, I call at 9:00, yeah (Par 3).

"Yes, the program has had an effect on my family. In terms of being in the program, my

family has actually called me, at first as many as four times a day. The calls have reduced

since then. Five are coming to the U.S. for my graduation" (Par 4.). Describing an ongoing

strong family bond, one participant said, "I almost see them every year, I went this year, I

went last year. My sister and my daughter, she misses me, so I get to call almost every day"

(Par 5). Due to unexpected personal and national crisis during the four years the

participant has been in USA, this one year still took a significant toll on family

relationships; the participant said,

I think it has completely destroyed everything. I feel like I don't really talk

to my parents anymore, with everything that happened … I've been here for like 4

years and things keep getting worse for them. I was once engaged to a girl to get

married, and … it was cancelled (Par 6).

A married participant said,

A lot. Before I got into the program I spent a lot of time with my husband,

we used to go out a lot for dinner and for movie, but being in this program

it's not easy for me to go out every week for movie. I have to spend like

2-3 hours if we go there, so, because I have to put more effort in the program since

English is a second language or I have to understand things if I don't, since I have

paid lots of money, I will say that again and again, but yeah, that's the one effect of

being in this program on relationship (Par 7).

Also, a married participant shared,

So it's, it's so much sacrifice you have to put in there, so much work. So it

affects, the whole one year is like, it feels like I don't have a friend. I can't get too

close to anybody, and people come up to me and just talk to me on a normal basis

because I'm always busy. You call me and I'm busy, and they're like sorry, we

have not called you but we know you are busy, that's why we have not called. But

sometimes, you are busy though, but sometimes I do feel lonely and I'm like my

gosh, I feel like I'm so lonely in this town, and there's a point where you are so

tired of studying you just need to talk, but I don't know who to even call… My

husband was understanding, he was very much supportive of whatever was going

on, like ever stress I went through, he felt it. No, he was very understanding. He

actually, he actually you know, even before I got here in America, he got to know

about the accelerated course. He knew that already, so when I got here it was okay,

this is what we have. . He knew it, and he was like I'm going to support you in

every way I can (Par 8).

This participant wanted to be on record with this statement,

> Well, thanks to my mom I was able to make it to my friend's wedding
> and be in it, but yeah, I missed birthdays and I missed group gatherings, that stuff,
> but it was all worth the sacrifice. I appreciate my mom more. I don't know, I'm just,
> I think graduating with a career, with a degree that you can actually do something
> with and take care of yourself and be independent is worth the sacrifice (Par 9).

Interview Question #20: "*What was the one thing you wanted to be certain to share about your year's experiences?*" Responding to this question with opinions and advice, participants were animated yet thoughtful.

> I think the clinical settings help so much. I think they actually teach us a
> little bit more than lecture, because it's just textbook, but when you go out
> in the real world you see how everyone does it, and how all the nurses
> interact, and I really, I really enjoyed knowing that all of the nurses were
> working as a team, because I was not expecting that (Par 1).
> I guess just the maturity, because after I finished my first degree, I thought
> okay, I'm working, I'm mature, I'm all that, but it turns out I'm not. There's still a
> lot of room for growth and learning, not just learning about nursing, but just
> exposing myself out there and learning about other people, and how to interact with
> them, and I think that really helped me, because like I said, I'm a really shy person,
> and talking is not really my forte, so I think nursing school this whole year really
> helped me, not only with learning about nursing in general, but just with
> communicating with people, interacting with other people, and absorbing other
> people's cultures (Par 2).

"My personal opinion thinks don't be shy and start talking to people, interact with the people from different cultures. If you come from different cultures, it doesn't mean anything, just talk and share with your experiences" (Par 3).

Yeah, I wanted to be able to express my feelings, how I felt during that first semester as my emotional frustration was going on and then especially the second semester because I believe we can help other international students who may be going through a lot of that, and having the department have something, just something as simple as having some counseling going on, letting them know that there are resources available, because they have this hurdle they have to pass through. So letting them know, oh, if you want some counseling and stuff like this you can, and giving them resources because I remember when I was going for public health for my master's, that they gave me email addresses of international students that are going to the program, so I was able to communicate with them. So if they can do that, it would mean a lot, because if I have an international student I understand where they're coming, I understand their frustration because I've been there. I can give them encouragement; I can talk to them, and give them something to look up to. I don't have anything better to tell anybody coming to this program, other than to tell them to put aside their fears, because we came into this program with the feeling of it's accelerated, it's going to be tough. Having that feeling you can't really focus on what's there, it might be simple, but it's already in your head that it's difficult. There's so much going on already, so the whole thing just stresses you out, but if you can have someone who helps you separate both, I think it's a huge help (Par 4).

"I think one is like creating a service where a faculty member or counselor helps all of the international students feel more positive. Yes, make them feel that they are supposed to be here, and feel at home" (Par 5) "The challenges and how my experience can help the incoming generations to get a better quality of education" (Par 6).

> We talked about everything, we talked a lot. The staff here is very helpful, and they always encourage you to see the staff if you have any difficulties, which is very nice. They are very nice about helping people. As we said, the program, it's initially intense, the summer semester. After that, we have a couple of days off in the program, so it is very nice. It's not that the program is intense, it's how you take it. Summer, for everybody, especially for me, it was very intense, because I never heard of a school that was Monday – Friday, 8-5:00 and then you study when you go home, and you study on Saturday and Sunday. So it's like all day the entire week you have to study (Par 7).

> Yeah. I don't know if I talked about computer knowledge, because back home, it might be changing now, because technology is really going higher. But when I got completed with my college back home, which was 2006, I had no idea about computer. I didn't have any computer, I didn't have a laptop. I didn't even have an email address. I remember my first email address, it was a friend who helped me set it up, just to have a few that were doing something with technology. After having that email address what are you going to do with it, because the communication is not through emails. So you go there and there's nothing in the inbox, so you don't get to talk to anybody through the emails. You don't even visit, we have, where we started from was to get like computer labs at various places, so you just go there,

and you pay, and it's all instruction, but right now you have people that, those who

have money have computer, laptops for their kids, but the majority of them have to

go to these computer labs where you pay for many an hour and sit there one hour

and browse, do whatever you do there and get out. If it's over you pay for another

set of hours and you sit there, and we have just a handful, compared to those who

have no idea about computer is, those who have no idea about. So to get over here,

this is somebody, I'm done with college, but my computer knowledge, like no,

literally nothing. Yeah, so that was a big challenge, because you have to go on there

and do certain things, and you just have no idea how to do it. I really didn't know

much about Power Points, and the typing to, that is why we don't do, trying to read

directly from my laptop and typing in class, I can't do it because typing,that's out of

the way because you realize how even kids over here can sit and be typing without

even looking at the keys and they know what they are doing. I can't do that. I try to

be fast, but I'm not fast enough where I can keep up in class. I'm not a fast typer so

that becomes a problem so I have to go at my own pace (Par 8).

I just wanted to be part of the study because I think a lot of times when people come

from foreign countries to the U.S., you struggle between trying to fit in but still

trying to please your parents, and still trying to please yourself and be successful,

and sometimes people get lost and end up assimilating too much in the environment

they're in, or they end up not accomplishing their goals, or they end up, you know,

screwing it up beca.e of so much pressure. So I just wanted to be a part of this

study as a success story, as like kind encouraging as like, kind of as an

encouragement to kind of show you can still be your own person and still

accomplish your goals your way, you can accomplish it your way, and I think that's

what I've done. After finishing at MU I just feel really proud (Par 9).

Sub Question a. **What are the transformative experiences of international or**

foreign-born students in an Accelerated Option Nursing Program (ABSN)?

To answer this question, the following specific interview questions were posed and

garnered responses of positive change. Five of the students expressed that they were totally

transformed from the year's experience and the remaining four described areas of

unbelievable positive grown and change without using the term transformation.

Interview Question #13: "*Talk about your own transformation from your*

experience."

I think that, again, culture, I don't know how it really got back to that, but I think

I'm much more, just like not knowledgeable as far as books go, but knowledge like

that with school and education, but I think I'm more open and I know more about

people in general, about different cultures, different backgrounds, whatever it is.

Even if they are just from America they still have their own stories, and I feel like

just listening to those stories I get much smarter, even if it's not just taking tasks

that are like book smart. So I think I'm much more open. I feel like now I have a

little more confidence when I'm interacting with people too. I feel like I can go up

to someone and start a conversation, because I feel like at the beginning of the

program I was more reserved. I like talking, but I wouldn't initiate the conversation.

I'd be the shy one who sits in the corner until someone approaches me and then I'd

have a conversation with them. But I think now I feel more confident going up to

someone and just talking to them (Par 1).

I do feel transformed. Like I said, when I moved here I had so many assumptions

of other people that were different for me, and these assumptions really affected

my confidence, my self-esteem, how I see myself, but as I went through the

program, you know, I met a lot of people, and most of my assumptions were wrong,

and like, I guess I had a very negative view of things before, but now it's very

positive. So I guess with being a good model, whenever I'm in clinical, I feel like

I'm an okay nurse. I don't feel like I'm all that, I don't feel like I administer top

quality care. Like I said, I doubt myself a lot, but then I've had so many patients

tell me that I was really great, I was really helpful, even though I thought I didn't

really do anything special. So I guess that's when I realized that I was being a good,

not role model, but I was being a good nurse to them, and I was really practicing the

stuff that I'm experiencing and learning even though I don't feel like I'm actually

doing it. But from people telling me these things kind of affirm that I am changing

for the better. I am maturing, and just learning a lot, experiencing a lot, and just

growing day by day (Par 2).

"I think the most important change to me is I know what I want. Yeah, it used to be I really

don't know what I want. But now when I want one thing, I know why I want it. I can make

a rationale and say I want this because…. Plus I'm still young. I still need years to practice

and learn, but at least I'm starting at a point" (Par 3).

When you come with that open mind, if you come with that genuineness,

you will be able to relate with the patient more, because you have to think

of the healing as a total package. I remember when I started to be able to

communicate more, being able to relate more with this patient, that neutral ground, that's the real person I am, because you have to be able to convey a real message, and not be like oh, it's time for your job, I have a Tylenol for you, this is what it is, this is what it does, but if you're able to form that communication, I think what the patient hears is kind of different, that sincerity in your voice, because we as humans, we can differentiate this talk, when you're just trying to check off a list, and when you're being sincere (Par 4).

I would say yes, without any doubt, because when I sit down now and I realize that I'm not only trained to go into the bedside and then assist the nurse, the training here has opened up my mind. I can express myself more than I could do before I came here. I still have that feeling, that I'm a new person now. If you would've asked me from the beginning, I would say okay, if someone sick she is the only patient, only she has needs, the patient. But now, I understand that the patient is not just a physical body that is filling the space. The family, friends, the environment, their culture and beliefs, have to be taken into consideration (Par 5).

Yeah, yeah, I mean yeah, this program, it's a wonderful program, I learned a lot. I have experienced a lot of transformation in the way I see things today. I believe my cultural heritage I call it, has been modified to my personal taste now. I try to take responsibilities for what I should take responsibilities for, and just everything. I'm being more real to myself, I tell myself the truth in terms of, I assess my strengths, not just doing it because everybody else is doing it, but assess my strengths, and tell myself what are my capabilities and my abilities, and being able to achieve whatever goal I'm setting for myself (Par 6).

Since I've studied one year nursing school, and before I wasn't sure would

I be able to work with the patients, or would I be able to work with the

different patients, with the different culture, and being in the hospital. But now I can

do it. If you don't adapt then you might not survive. So that's a different

transformation, believing and knowing. I think the other transformation is that I can

be myself in a different situation with different people, I can be myself (Par 7).

I am. Oh yeah. Right now I know a lot, I know so many things I didn't know

before. I think differently now, I look at things in a different way. I don't know, in a

way I'm also thinking, I'm also becoming, because I talk about certain things, and

my husband will be like wait, I didn't go to nursing school with you, you can't

bring your nursing here in the house, because I want things done in a certain way,

and he's not used to me, the change in thinking, the change in looking at things, and

I'm always cautious about certain things (Par 8).

I don't think I'm fully transformed, but I think I'm in the process. I think I

would call it a stepping stone towards my transformation. I mean I learned

a lot of things, but am I transformed? I don't know, because I feel like

transformed is like the end point, it's like reaching self-actualization and I

don't think I've reached that yet. I hope not, I hope I haven't reached that yet. I

think I'm still transforming, I think I'm still molding myself. I still know things

that I want to change, but I haven't. I still am learning ways to change, and learning

the experiences with people, how to be a better person, or a different person. So I

think I wouldn't want to say I'm transformed yet, but I am a transformed person

from the person I was in the past, but I'm still transforming (Par 9).

Interview Question #12: *"Is there a particular incident that proved to be a turning point in your experience?"*

I couldn't say that there was a specific turning point, but I enjoyed my interaction with people from different backgrounds. I can see how I could fit my culture into that question. I mean I definitely enjoyed my clinical experience and meeting different people from different backgrounds and learning about their culture was one of the things I also liked during my clinical experiences if there was any patient I had that was from a different culture, I'd always be like very keen on spending more time with them, and just like listening to their stories whenever I had down time (Par 1).

I guess the turning point was in my Med/Surg I clinical. I had a patient that, I think she really liked me, she was very thankful for the stuff I did for her, and that really boosted my confidence, because as I said, I'm really a shy person, and sometimes I think have a low self-esteem, and I do doubt myself quite a bit, but after that experience I thought hey, I'm actually good at this, I can do this, and then also another turning point was when I passed pharmacology, because yeah, I was having relationship problems, and it really affected my grades, but I passed it, and I thought to myself, hey, you know, I can go through this. It's hard work, but I can do it (Par 2).

After I failed my Pharmacology was a turning point. The first time I failed my Pharmacology I feel like something's not right about my study method, about the way I interact people, is my turning point. I start thinking about myself, like how can I improve, so I think that was a turning point for me. Study method I change a

lot, from what I used to be. First I took a holiday visit my mom for three months. Then when I came back I, yeah, I give up all my social life, I study every day. I start to make friends with my classmates. I didn't talk much during the last, but this time I talk, interact with my classmates, I feel like it's really helped me a lot. The study group is very important, so that, connect with people, that's my turning point. I start to talk to the professor, I start to learn from their opinion about myself, how can I improve. So yeah, I think that was a turning point for me, yeah, self-realization (Par 3).

It was during the spring, the Psych, I cannot put one incident because that would be a miracle to say just one instant, but especially when we had to write the reflection, you know, we don't have to say this is what I took L, this is what I answer and stuff like that. Writing the reflection was like self- evaluation, so it really helped me to evaluate myself. Oh, this is what you're doing, this is what you're not doing right, this is how you can improve yourself so you can touch the lives you see, so it's kind of grew over these few months. I was able to stay within me. I tried to incorporate what you told us, over and over again, it has to come from within. There's nothing that's right, there's nothing that's wrong, but how do you feel talking with this patient, what are you feeling when you're talking, so going home, thinking about all of those things, I tried to put myself, okay, what did I leave out when I was talking with L, what was going on, what did I think L was feeling. So it gives me this whole idea, this whole self awareness, I think I became more aware of myself. It made me more aware of my environment, more aware of people, and also in communication, I learned that sometimes you want to say a word, but what you say

doesn't reflect what you intend to say. So there's a whole lot, most I can normally put into words but I think using silence and showing empathy can be a better way to talk (Par 4).

Once I made it through summer I knew I could do it. Summer was really overwhelming, maybe some people might have seen it different but for me summer was a very heavy summer because everybody is new to the program. It's a lot of work, and in spring you have friends, you're used to the professors, and you are comfortable asking questions, okay, I didn't understand this. So when you're just starting, even if you have a question, to meet the professor after you kind of feel heavy (Par 5).

Yes, I would say that was my second semester. After the first semester when I saw my grades and realized I passed my classes I felt good. I know a lot of people failed the first semester, and I felt really good in the sense that despite all the challenges, all the shortcomings, I was able to make it. So that really gave me a sense of encouragement too, and I believed I could finish this (Par 6).

The turning point was the end of the first semester. The summer semester was so stressful with every single day 8-5:00, Monday through Friday, you have to be here, and then Saturday and Sunday you study. So Monday-Friday you start your school. So that was a very hard semester, it was very intense. You don't get to do anything, like social stuff. You don't get to do anything. I didn't enjoy any social life being in the summer semester, it was very intense, and it was very first time that you have so much load that you have to work on it. But when I got through the summer semester I realized I can do it and finish my degree (Par 7).

Yeah, I did have several things. Right from the beginning in summer, the instructor

I had for my health assessment, encouraged me very much. I remember we were

supposed to take a video of ourselves doing about three nursing skills, and I was

kind of worried about the whole thing but I went through it and she was like yeah,

you did good, you have it, you know what you're doing. She's like whenever I get

old you are going to take care of me, and she's not the only person I've heard that

from. Another faculty member has told me the same thing, and I'm like okay,

coming from you people it means so much. I never think I'm doing that much, or I

deserve like, okay, you really want me to be your nurse, are you serious? They are

like I'm not kidding you, we know you guys and we know the kind of hearts you

have and it's very much appreciated. I hear that from the lecturers and it's, I feel

happy to hear that, and it makes me feel okay, I can do it, you can be a good nurse

(Par 8).

A lot of turning points in my life have been based on relationships. In the nursing

program, a turning point was learning that things are not always as they seem. A

clinical working experience taught me to be more aware and conscious and

observant of my environment, and what's actually going on, just being more self-

aware and stuff. I don't know, maybe it made me less trusting of people in

relationships. I'm more skeptical but you can only pray to work in a good

environment, wherever you are (Par 9).

Sub Question b. What is the role of culture in the international and foreign-

born student's one year ABSN experience?

To answer this question, the direction of the semi-structured interview questions included the following group of 7 questions.

Interview Question #9: "*What did you learn from interacting with people from different cultures*?

I feel like a lot of different cultures outside of America are more similar than people would think they are, just because, I mean I was talking to one of our classmates and he said that, so he's from xx and he said there's a certain language that they speak in their region, and depending on the region you're from, and that's how my country is too. So I feel like a lot of cultures that are outside of America are almost very similar and some of the customs are also very similar. So they're actually not as different as somebody like, I didn't know, and I wouldn't have known if he didn't tell me. I think other cultures are actually more similar than we think they are (Par 1).

I guess one thing is, just even though we're all different we do have a lot of similarities and obviously we also have a lot of differences, especially with how we were brought up, like with values, and just like popular culture, like television, because sometimes, like in class we talk about shows and movies, and I'm not really familiar with them, or music, so I can't really relate to the topic that we're talking about. I guess also with tradition, like I remember with last Christmas, one of my classmates she was talking about socks and hanging them and putting stuff inside, I kind of know about it, but we don't really do that in my culture, well in my family, I guess some people do it, but I guess I'm not familiar with some of the practices that they do during holidays… I think everyone deserves a fair chance,

that we're in healthcare that we should really put the patients first, and going through the nursing program this whole entire year, I think my experience of interacting with other people – white people, black people, people from different countries, Midwest people, I think that really helped because I really want to help people, and I don't think being judgmental, having all of these preconceptions effects the way you administer care to people. Even these little things like talking to people I think really effects the patient outcomes, because I do think some nurses underestimate the value of that. They just get into the technicality of things, and they don't really, I think some nurses don't really address the concerns of people with regards to their culture, or I don't think some nurses are effective at talking to patients, because maybe they're different or I don't know. I think that this program, this intensive year, being in this nursing program, really helped me achieve, just improve myself in general, be more accepting, and I think it really is going to help my goal of helping people, and being accepting, understanding that we all have different backgrounds, we all look different. But that shouldn't be an obstacle when we're administering care that should definitely help us" (Par 2).

Honestly speaking I didn't find a lot of difference interacting with different cultures, because people want to get, expect understanding when they are sick. They are just, we are human, they want somebody to care for us and listen. I didn't find any difficulties in dealing with people from different cultures I just found the similarity. They want to get respect, they want to get understanding, comfort, how you are today, they just hope that nurse care about them, no matter where they come from, and that's the same from Asia, from America (Par 3).

First I think that we have so much similarity even though you think we're different, from different places, because you just think oh, I'm from xx, so there's nothing like it. There's nothing like the culture, there's nothing like the food, there's nothing like the perception, but then you come to realize once you talk to people that there are some similarities, more than you think, and you tend to learn other stuff too, where there are some obvious differences too, so you tend to learn different stuff (Par 4).

One thing is that, to develop the courage to leave and then group with different people. It is only here that I have interacted with people from different cultures. I came here and there are a lot of intelligent, good work, patients and so on. So while interacting I also get to learn their own culture, just from discussing with them. We're similar, but we're not the same (Par 5).

Personally, because of what I was going through I was looking out for what other challenges, people from other cultures were going through, and in general I felt like it was pretty much what the same of what I'm going through, the challenges of trying to be accepted into a new culture, new ways of life, learning the ways really fast, trying to set up a support system for yourself in a strange place. Some people do have, I mean, they don't struggle with that, they probably have like a better half, like family, your kids, your husband, your wife, or something to help you out. Some of us came in and were just all by ourselves, so that was a really big one. So some of them had seen a lot of challenges like myself (Par 6).

I've been living here for so many, I mean seven years, and I have studied culture in classes, so I would know certain things, but the things that I don't know how, let's

see how I can explain it…it's like I know different cultures have different rules and regulations that they follow. I have my own rules and regulations that I follow. But on the other hand I won't disrespect other cultures (Par 7).

Back home we have so many languages I don't understand. I just understand my own language, so it's just like being in America here, having different cultures, speaking different languages is the same thing, though, the same kind of things do happen over there with different languages, this tribe don't really want to mess with that tribe, so it's a feeling that goes on there, just like you're having here. But when you get to meet people from different languages you get to know more about them…Human beings are the same, but then we have differences. If you, every human being is the same, like system, body system is the same, but the interests is different. So you have different tastes, different perception about things, how you think about something wouldn't be the same way, like you see something right now, and I will perceive it a different way than you will perceive it. Our conclusion to things is definitely going to be different (Par 8).

I think observation is the biggest thing I've learned from the program, because most of the time I'm mostly asking or trying seeking or trying to know, and towards the end I noticed, maybe if I just wait five more minutes, maybe I'll get what I need, and you know, it happens, it does happen. So that's something I think I've learned (Par 9).

Interview Question #5: *"What are some of the cultural differences you have experienced during the program?"*

...one of the hospitals, I didn't know who this patient was, or if the other person was a nurse, I had no idea, I think it was like our first day there, and we were just kind of standing around looking for something to do. I kind of heard, overheard one of the patient care techs, or a nurse, being very rude to this elderly lady, I don't know what the problem, I had no background on this, I just kind of overheard her almost yelling at her, just being very rude, just unnecessarily rude. She could've said whatever she needed to say in a much nicer way, and it kind of upset me just because I've always been taught to respect elders' wishes, even if they're wrong, if you don't want to do it at least just nicely explain it to them, instead of yelling at them, just not be rude, which is weird, because when I see a person, for instance, if I was rude to someone my age, or if I saw a nurse be rude to someone her age, I don't think it would have upset me, I think I would've been fine with that because I would've been like they're the same age, they'll work it out, but just the fact that it was an older person and I've always been taught to respect my elders, just from my culture, it kind of upset me and I was kind of mad at that patient care tech or nurse or whoever it was, even though it wasn't my family member or my patient that she was doing it to. I was kind of hurt, and I mean I couldn't have gone into the patient's room, because it wasn't even my assignment, but yeah, it was kind of upsetting to me, which at that moment I thought why am I so upset, it wasn't my person. But I think just from the teaching, and my culture of knowing that you're supposed to respect your elders, it kind of upset me that she was being rude, and I was kind of mad at her for doing that just because I have that teaching and background and value (Par 1).

It's more diverse in xx, so coming here it wasn't as diverse. I mean there's not much difference I guess, there's just not that many people of other races, and I kind of wasn't used to that at first. I'm used to associating with xx, Caucasians, and xx and all that, so I guess that was one of the big differences (Par 2).

I found in America compared to where I come from, the patients know themselves better than the people come from xx, because in America autonomy is very important, so the nurse doesn't have to tell them what to do, they already know. In my previous working experience, we had to tell patients what to do and they don't ask questions, because of the hierarchy, they are afraid of doctor. They think that doctor is higher above them, so I think that is more about the culture (Par 3).

First in the classroom, their way of teaching was different where you had to have the slides going and you have to bring out your slide, it wasn't like that to us. It's that we have the blackboard and powerpoint, and then sometimes printed out and that which was handed over to us, not like you go to the computer and print it yourself. So we didn't do much of the go online yourself stuff. Instead we're working with physical materials. So that was one difference, which for me was, oh, this is comfortable, it was a welcome idea, trying to go to your computer, do stuff yourself, which it wasn't the case back home. That was nice. Then the accent, the American accent is different from my own accent. Though it's English, but it's different accent, and even the spelling, like we spell using the British spelling, like color, you spell it differently, there's no u. So it took me a while to adjust to that, and then to try to communicate with people. At first I felt like I wanted to

communicate, I wanted to be outspoken, make friends and stuff like that, but then I was drawn back, because when you talk to someone and they say I don't understand what you just said, it breaks my heart and I feel like oh, what did I say, why doesn't she understand? Or is she trying to mock me or something, and then I just felt like it's better to just be alone than to try to communicate with people and try to make friends with people. I'm that type of person who will always want to communicate in class, when the lecturer is talking, when there's a response question, because it's one easy way to learn, because whatever I discuss with you I cannot forget. It makes my reading less work. Instead of reading for 6 hours, and going back and forth. So there were several occasions when I had to give an answer to a question. It was correct, but the lecturer could not understand what I was saying, so they kept like, 'sorry what did you say, can you say that again?' and then all attention was drawn towards you, and then it just put me back into my shell. One time in the class I be like no, no more drama, just keep your mouth shut (Par 4).

Yeah, the accent has been a huge challenge as well. So the culture has played a big role. Yeah, a lot. The bigger challenge has been around culture and language. Unfamiliar names, different names, yeah the language has been challenging" (Par 5).

Culturally I think what we define as respect is different from what you all define as respect. Respect is like, like with the example you're pointing out means I can't call anybody elderly by their first name. It's something I struggle to get used to initially, because with their first name, when I know, I mean and then when you're in a position of authority as well I can't address you by your first name. So that

culturally wasn't really easy to get used to… It's rude to just talk when somebody

else is talking, even if it's your colleague or your mate, your age mate, your peers,

you don't just jump in and talk. You have to make an appropriate time to be able to

jump in. You can sense if the person is done talking then you start talking. Now

also when it's someone who's elderly or occupies a position of authority, you can't

just open your mouth and talk (Par 6).

Since I'm from a different culture, and it's the first place, the classroom, being in

the school, calling the professor by name. That's the first thing that comes to my

mind as the differences in the culture, calling by name, or like eating food in the

classroom, we don't do that in the classroom. Wearing short stuff, the clothes, the

different, different clothes in the classroom, because being in a high school we have

a uniform for it, but the college, everybody can wear the different stuff. So that's a

difference in our culture. So same as in your city, but different in the school,

because in the school we have to wear the uniform. But here it's different. So that's

a different, and the other thing is so when we go out, we don't drink, so when you

go out with your friend, you don't drink and the other people drink. So it's like, but

they are very, very helpful, if you don't drink they respect your culture, right?

That's a good thing that I like about it. They don't force you to do anything that you

don't do or you don't feel like to do (Par 7).

The only cultural difference I can think of right now is having to know all

types of diseases and medications that goes into it, because you know, back home

mostly they don't even tell you what you are diagnosed of, and maybe you are

misdiagnosed. Malaria is one that come on, you know, sickness that goes around. I

know we get misdiagnosed a lot of times. Somebody might be having something

serious going on, and when they give out the symptoms and it looks like malaria,

it's malaria and we treat you for malaria, and they keep on coming back. But they

don't really, I don't know if the equipment to test the person is not there. Nutrition

is always a problem because the food list right on there, you have no idea what type

of food they are talking about, what goes into that food, what kind of, how does it

fall and I get to know some of the stuff at my work place as a CNA in a nursing

home. So they come up, and it was a problem there too because I would serve

somebody and they ask me what is this? Really, I have no idea. I don't know. And

they tell me, go get me this. I don't know. That was a problem, and just you have to

answer questions about… And I guess one other challenge now that we might not

speak up might be also thinking about your accent, because mostly you speak up

and it's like huh, what did you say? You know, and it's kind of embarrassing to be

always be like huh, what did you say every time, like you have not heard me? I'm

thinking when we get here it's a whole new accent to us with the American English,

and our own is a whole new thing also today and I think we try as much as possible

to understand when they talk to us, so we expect like okay, if I can understand you

then you should also try and understand me, but I don't see the effort in that. If I'm

able to get here, go to school, and be able to succeed in it, it means I can hear what

is going on, I hear when you talk, but it is always hard to communicate because the

present, and I don't know, I can't say if, with some people it might be intentional

because it keeps on, like I don't understand you, I'm not getting what she's saying,

I just don't understand (Par 8).

I think, I just think it's different here culturally as far as how people interact with each other. I mean I felt in xxx people were more, or in the xxx area, were more obvious or more outspoken. I'm outspoken and I think that is different here, people are not as outspoken, or not always, so I think that is different. Just things I've observed in general. Like just in general, I don't know, and I think I also came to Missouri at a time when tensions were really high, and a lot of different cultural and racial tensions were high, so things were, it was just a different experience (Par 9).

Interview Question # 8: "What are some of the challenges you had concerning intercultural interactions in your practice environment?" Acknowledging challenges, one participant said,

I guess the only difficult challenges I would have still, to this day, would be people who don't know about my culture or have prejudice against a culture and then would put that on me." "I feel like sometimes, even educated, like people who have PhD's still, I mean some people are very smart intellectually, and they still lack knowledge when it comes to different cultures and they would make judgments or pass comments, or just, I mean they're just prejudice against a certain culture for whatever reason. They just don't have enough information or they'll just make assumptions about a certain culture. So I mean I guess that would be my difficulty, I wouldn't have a problem with it, but I can see how some people might feel upset or sad. I've kind of gotten over it. I don't feel bad if someone makes ignorant comments or something, I kind of laugh it off, but I can see how other people might, especially if they just came from that country or that culture, I can see how that would (Par 1).

I think I speak good English, but sometimes I feel like I'm saying some words wrong, or I'm saying it funny or I don't get, because you know there's proper English, there's slang, sometimes I have to look up something to get the meaning of it, and I guess with interacting with patients, they say so many things and I just don't know what to see and yeah, mm hmm, okay, I just go like that. So I guess even though I'm okay with English I still feel like there's a little bit of a language barrier (Par 2).

Yeah, the challenge here is to advise doctor your opinion, I find that's challenge, because you really have to know your staff really, really well, and you have to offer doctors some replies. I think that's one of the challenges…To say something, advice or something, even though small things you have to like don't expect them to answer all the questions, you have to know something, he's expecting you to advise him. That's a big challenge" (Par 3).

"I had a couple of cultural differences in the hospital, like sometimes we talk about food and they'll be like oh, we eat this, we eat that. I met a woman, where was she from, xx, and we were talking about using coconut milk. It was like we cook rice with coconut milk, and I felt it was something they were not used to and she was like oh, we do that too. Do you put bay leaf? And I was like yeah. Then my preceptor, which was an American, I think she's a Caucasian, she got interested, and she wanted to learn the food. Then I knew, it's not all the, because when it comes to my kind of food, I just believe, x doesn't know about this, she might be like what kind of smell is this? I come to understand that some people really love the x dishes, like in my church, it's kind of an international church, so I see them, each time we have a celebration where there's food, you see them go to the x food and they take part of it, and oh, they really like it. So she wanted me to give the

recipe of how we cook it and I did. She said she liked it. I've had a couple of patients who tell me like I don't understand what you said, or tell me what did you say, can you repeat that again? So I go back and then I repeat myself. Oh, I was saying this medication is for this. Then I also make sure they are clear, are you clear, do you understand what I just said, because if you don't, I have to repeat myself. I know it was important to do that (Par 4).

"Yes, I was expecting something like that, but I have not had that" (Par 5).

It took time to teach myself into trying to speak in a way that Americans can understand. When I got here I pronounced water, and people were like what? So I realized you can't just keep saying water, the t and d are silent, so yeah, it took me a while to understand that. Likewise, a lot of things in general I think once you understand certain things like what era does the person you're dealing with belong too. I believe like most, we love the older folks, the elderly folks are a little bit concerned about being a little bit more decent, but there's a lot, you have to protect their privacy and all that. While the younger generation tends to be more relaxed about it, should I bring this male nursing student in, it's all right, bring him in, but if you're talking about elderly lady from a specified era, from probably way back in the 70's, she will definitely not want you, not because she don't like you because you're black or because you're white, just, it doesn't matter where you're from, it's just the gender. If I'm a woman I don't want you as a man coming to tend to me… Honestly my country has the same thing. As a woman, the woman wouldn't be comfortable letting a man…it's the age" (Par 6).

Right, because some people who have dementia, if you ask them or you say something to them, they might not get things in the first place, or like first choice.

You have to repeat certain things or ask certain things a couple of times to get the one answer, and it's like you have to be more careful what you're asking. It's not like you can just say like 2-3 lines of sentence to get only this much answer, short answer, just so you can ask those questions, just the answer you want (Par 7). From the beginning, this science itself is not in my vocabulary, just doing science and went right into nursing school, went into accelerated option too, with a fast paced, that was a challenge there. So it was so hard to hear some of the medical terminology's going around. I remember when we were doing like Pharmacology, the instructor would ask with every kind of disease you're going to talk about and she would ask oh, who has heard about having this kind of disease before or has a family member who has this, and you see around the class, you have a couple of them raising their hands, and okay, can you talk to us about it, and they talk about the disease, they talk about the medication, that goes on there, and like they already know something about it, and I sit there like okay…Sometimes I don't even know the disease they are talking about, I never heard it before, and now I'm here and I have to study with somebody who already knows something about it, and medications that goes on with it, and I don't know the medications. Like I said before, we don't really go into details with diseases, and even if you have it, back home, the education with your disease and how you are going to treat it and what is going to happen, the prognosis on it, it doesn't happen. So you might have it but you might not know a lot about it, so many of them, they were so new to me, I had no idea, so it was a big challenge having to know, I'm hearing a lot medical terminologies I have no idea about… It makes you feel like they have an upper

hand on you because okay, we are not coming from the same label, so then I need to work harder to get to pass the class or to get to my level (Par 8).

I just felt so misunderstood, personality wise, and part of my personality has to do with my culture. I just felt over, I felt judged, and I felt misunderstood, and I don't know, I think when someone judges you or misunderstands you based on your personality, I think it has a lot to do with culture and how you're raised. So I guess it's not so much that I got probation for wearing my xx, it's that I got probation for one thing, and a whole assumption was made about my person and I felt misunderstood and over judged…However, she turned out to be one of the teachers that I loved the most, and who like understood me, who gave me a chance, and so I think that was really special, and I think she has a lot of cultural competence, and I think she has a lot of mercy for people and understanding who they are and stuff, and I appreciated that, and that's why that comment always resonated with me, because I felt like she understood me, and she made an attempt and an effort to understand me (Par 9).

Interview Question # 6: *"Is there a specific best experience?"*

I don't know, I think just in general, when I see the different, when we see different patients, and when they are from a different culture or from a different background, I felt like they almost, they were more comfortable around me just because they know that I'm also from a different culture. I did notice that. I remember we were at SLU Hospital, I believe it was SLU Hospital, where there was a patient who didn't speak English at all, and I think her husband, or whoever, spoke a little bit of English, just broken English, and they would refuse a lot of the student nurses. Of

course the nurses would have to go in and give them their meds, but they refused a

lot of student nurses, and I didn't even know, because it wasn't one of my patients,

but I kind of just walked in with the vitals cart, because one of the nurses needed

vitals, so I just walked in,and although other student nurses were like we're not

supposed to go to that room, and they just let me in and take her vitals. So I felt like

that was just because I was from a different culture too, so they were a little more

comfortable around me maybe (Par 1).

Being wrong was one of the very best experiences for this next participant.

When I first started clinical, like I said, I dealt with people from the country, from

rural areas, and the first thing I thought was they're going to be racist. I guess it's

just me, I have a lot of assumptions, but they were actually really friendly and it

was really nice taking care of them. My assumptions were all wrong (Par 2).

My patient, she had cancer, and she talked about leaving you and she talked about

after death to me. She's a Christian, but at first she didn't talk to me because she

thinks I'm xx, I think so, but maybe not that, but still, I'm very young the first day,

but after I take care of her, I didn't talk too much, I just spend time with her, and

didn't talk company. Then the second day she start talking about you know, my

view, my after death and something. I feel very happy that she tried to talk to me.

The first time she don't talk to me, and she know where I come from. But my

second day she talks and was sharing (Par 3).

Yes, because I went to see C all of the time, talk with her, go to her room,

and just try to bring out, talk to her, I never thought we had this special connection

or she felt what we were doing, though I was trying to practice my communication

skills, but then I also have this intention of trying to make an impact, but I never felt like she had any of that impact. I never felt that, but then the day we wanted to go, I just found myself talking to C, telling how appreciative I was of the experience so far, and how this has helped me to improve. I understood that when I was saying the truth that is what it was, because I have grown, from the first day I came in, not sure if I could be in this place, like if that first day there was an option to choose somewhere else, I think I would've gone for that option, because I was so scared. I have never worked with the psychiatric patients all my life. I've always seen them from a distance, because in my country, though we have a few hospitals for psych patients, maybe one or two, but most of the population, they are locked up at home. You see some wandering around the streets but they are let alone. So I have that perception going still fresh in my mind, and just because of the effect from the drugs they take, making them walk in the way, make me even feel scared, and I was like oh my gosh, I'm not sure I can be here. The best way was to always express myself, because it's one thing I like to do is just tell it the way it is, because that's the only way you can get help. It's the only way you can get explanation, because that explanation will help you to grow, will help you understand better something you never did, which you really did a good job of explaining to me what these patients have, what we're going to be doing, and how it was going to be. So that helped me to have an open mind the first day we had to work with the patients. Okay, let me see if what M said was true. I admittedly, when I started to interact with the patients, I felt the need to do more, I felt the need to talk to M, because I was like oh, this is a new experience, the programs, they had the different things, so

it made me, I grew up, like if you go to the first conversation I had with L, which was my draft process, I had all the questions in my head, like ask this, ask this, but after I talked with you, because I watch you, the way you talk, because if I see things I like I always think how do I want to incorporate this into my own being. So I think when am I going to be good like M? When am I going to talk like that? But over the time we spent there, I found myself not as professional as you are, but I've improved in the way I communicate with people, and also it helped me to understand that self-awareness was good, having to evaluate yourself and know how am I doing, how is this feeling, what do I feel now, try to understand that part of it. So when I was talking to C, I was able to relate that I'm going for that, I'm going for that, they've been of so much help, wanting to talk to us, and it's helped me to grow, and having her appreciate me at the end, was just overwhelming. I told her okay, it's going to be the last day, I'll miss you, just be good, take your medications. If you have any complaints talk to the nurses and stuff, and then she was like you know what? I'm gonna walk with you, and everywhere I went to, C was by my side, and then L came, I was like L, today is going to be my last day, I can't believe how much I've come with you guys, I'm going to miss everyone here. I was like no, I hope I can look forward to seeing you, and then my heart just broke. I couldn't stand it anymore, so then I went to D. D, I'm gonna miss you. She's like what are you talking about? I said today is going to be my last day in the unit. She's like that's sad. Then D has never been frowning faces at me, and then she was frowning. I didn't know what to say to her, I just walked away, and then she came and was like can I get a hug at least. My whole day was just filled with emotions

and I felt that that was how I wanted, that was what I wanted to do. I never knew I was able to do that, but this is what I wanted to, I want to touch lives, I want to be able to touch lives, because I remember when we had those 1001 questions and there was nobody to explain to us. My father went for an impression and came back, no one to talk to us. My father's behaving funny, you went to the doctor, there's no one to give you an explanation. You have these medical questions, now I see something I'll be like oh, my dad must've been going through this, but no one was able to talk to us. Sometimes you just need someone to say I'm here for you. It means a lot, and I know that (Par 4).

Yes I did. It was at DP, the patient asked me, where are you from? I told her and she said why did you decide to do nursing? I said I like it. Why don't you do as most of your brother's come and just drive a taxi and get money…I said no, I'm trying to distinguish myself from that group. That was my first time, I didn't know they had that kind of stereotype way of looking at things, everybody will go the same direction. I told her the most important thing is you are able to have something to do and get money if you can, then go to school. It was plain to me. She had believed all from my country would drive a taxi" (Par 5).

Honestly, I can't relate to that. My experience in America is pretty tough, tougher than I thought it was going to be, too challenging. Probably I can't remember because of the struggle I face, but if I would pick something I would say the simplicity that comes with life. I see the average American, I don't think takes things as serious as we take them, in terms of like the average, I'm a xx, I already hold two degrees in my country. I particularly take care of my family,

these things we take so serious. You look at yourself at a certain age. If by that age

you haven't achieved that, if your parents can't brag about you being their son,

being able to do these things, you're a failure. If by the age of 30 we cannot call you

and tell you to please give us X amount of dollars to do this project, you are a

failure, so that is a lot of pressure on us. In America I still see parents reaching out

to their 40 year old children and help them out, financially and otherwise. So that

experience is something I really, I mean I envy the Americans like wow, this is

simple. We take things way too seriously, achievement. These landmarks we set

for ourselves. In America it's no big deal, I call it simplicity of American culture."

Adding, "I've seen several times patients I've taken care of go behind to speak

highly of the quality of care they've got and then at the end of the day they were

surprised to see this xx rise to the challenge and actually do quite well, and for one

that I can be able to make someone feel this way was really wonderful, and at the

same time knowing that I'm appreciated that much, that I was able to do for them

was appreciated that much. Yeah, that was an experience I think I hold close to my

heart (Par 6).

I wouldn't say very, very best, but I would say it was like a good experience being

in the program, because it was an intense program. We had to be there like for 13

hours on our legs in each shift right? So I would say it was a good experience as a

student nurse being on the floor. It was hard work, I guess that is the reason that you

learn ten different things. You don't have just one thing you have to worry about,

that's what you have to finish, but you finish it with the patient. So the

responsibility you have is to finish it. It's not that we are here for one day and finish

and go home, it wasn't like that. You got to learn something from it. I guess I would

say it was a good experience… Adding… Oh my gosh. I had a couple of patients

who adored me a lot, because, so the patient who was an African American lady,

she was about 60 years old, should I say what problem she had? We had to put an

NG tube on her, and she was agitated a lot, because she had high sugar and high

blood pressure and all those problems. She was transferred to our floor from the

ER. So my preceptor tried to put an NG tube, because we got the order for it, right?

So she tried one time putting NG tube in, so the patient didn't like it. So one time

she just took it out, and so now we had to put it in because it was required for us to

do it. So the preceptor gave her a little harsh word because she pulled it out, and my

preceptor wanted her to keep it in, because we wanted to keep things out of her

stomach. But because she was confused she didn't know what she was doing. So

that's why she was pulling things out. So we tried, so I tried again, but she didn't

want to do. She didn't want anything on her, no NG tube, no IV, so that's the reason

we had to put the NG tube and the IV now, because she pulled out both. So that's a

problem now because my preceptor used a harsh word and she didn't like it. So the

patient was saying, you should be human, you should treat us like a human, because

you're not treating me like a human. I feel so bad because I knew what was right

and what was wrong. I feel so bad for her, so when she wasn't there I tried to

explain to her look, because I knew that she was confused, and she might not

understand everything I was saying, but still I wanted to explain her as I my best.

So I told her look, we are trying to help you out because you have so much stuff in

your stomach. If we don't pull stuff out from your stomach, you'll be eating more

and you'll be confused and all the problems that you're going to have. So she
agreed with me, and then we tried to put the NG tube in, she let us do it, and then
we put the new IV in, she let us do it. I tried but I wasn't successful. My preceptor
tried, but she wasn't successful, so we had to call the person from the CC unit, and
he put the IV in, but I put the NG tube in. Now she kept it for some time, and she
had a back and forth with my preceptor. So I said look, we are trying to help you
out. She said no, you are trying to help me out, not your nurse. I was like okay. So I
guess, that was touchy for me, because she knew I was trying to help her out,
however, my nurse was trying to help her out but I guess the communication…You
know how important the communication is. So like after, for some time, around
6:30 or 6:00, shifts were ending, her son got there and she introduced me to her son
saying okay, she's my nurse and all that, she introduced me as the primary nurse. I
don't know should I feel okay or should I feel bad, I didn't know (Par 7).

I had this patient and we kind of got really connected, even after they were
discharged, but I guess it's also because the patient and the husband, including, I
think their friends were into this missionary work, so they started doing, the country
they used to visit a lot is xx and they have a lot of xx friends that go to other xx
countries. So they are already exposed to the culture and know people on a personal
basis, so there was that connection right there, having to know okay, I'm from xx,
xx we got really connected with that, and I had, in taking care of the patient to show
so much appreciated for that, and she wanted the relationship to continue even after
she was discharged, and they were still getting back to me after that, so that was a
good experience there (Par 8).

I can't think of an experience that was tied to a patient or anything that was super culture, but I do remember an experience I had with (faculty) where I just felt like she understood me as a whole. Like I just understood like, she made a comment like you know, some people don't understand your personality but I get it, and it just made me feel like she was an open person, someone who understood people from all walks of life. I think that was like great (Par 9).

Interview Question #7: *"Is there a difficult experience that stands out to you?"*

I don't think as much anymore, just because I've been here for so long. I mean I think when I was younger it was more difficult. Now I've adjusted to both cultures, it's not as bad or difficult anymore… one of the most difficult struggles this year was people not knowing how to pronounce my name correctly, and most of them would try and ask me a couple of times, and I would tell them. There were people who would ask me all day and they would still spell it wrong when they wrote it on the board, and actually, there was a teacher who, so there are 2-3 students with the same last name in our program, and during this year a teacher switched up mine and another student's grade for a test, because both of our last names are the same. So not just my first name, but my last name too (Par 1).

"…with regards to culture I don't think I really had a difficult experience" (Par 2).

Yeah, when people talk about joke, that's a cultural difference, I don't get it. They think it's a joke but I don't get it. I understand each word but I cannot relate to why they say something… Difficulty with patients, yeah, a lot of difficulty I think. Yeah, the autonomy, I always say that, the independent thing because I always want to help them a lot. I should encourage them to independence, but where I come from

we're always trained to help people do everything. We don't treat people very

independent, we do everything for them. So I have to adjust myself. Okay, this

thing they have to do themselves at home, so I should stop and encourage them. I

can't do everything for them. But I have to stop and think, it doesn't come

automatic….In my culture family bonding is very strong. Like a patient, I won't say

most of the people, but some of the people don't have the right to say they're

opinion. They have to talk to everybody and come up with solution. But here I

found the patient has the right to say what I want if I am sick (Par 3).

The most difficult experience was this one we went like in a group, and then each

explained what are the symptoms, what it could lead to and stuff like that. So I

have this all listed out, which were correct answers, and I felt this need to say it's

just like everyone else was saying it, so when it got to our group I decided to say

oh, we have this answer and we have that, but just because that patient, you'll want

to speak again, so that shaky voice, you're tense and all that, I try to say the answer,

and then my lecturer was like what did you say? She kept coming closer, each time

I say it again, she'd be like what did you say? And she kept coming closer, and the

whole class was on me, everyone was looking at me. Then after class, I'm giggling,

laughing, small talk… I just cried. I didn't even know what I was doing. I began to

question myself, is this what you really want to do? But I know the feeling is

different once I'm in the hospital, I know I love this place, this is where I want to

work. There was just so much going on. Maybe if I had some counseling or

something it would've helped, I don't know. I knew I needed medical attention, but

I didn't, because then I could no longer concentrate, I could no longer read, I could

stay there for four hours, and then I'm just reading two lines, and not getting anything from it. Then I was able to count my pulse and it was like 140-150, and my blood pressure was just 140-150, I was shaking physically, I couldn't do nothing. I knew I was getting out of control. I went to the hospital and then the doctor was like have you ever had panic attacks? I had to go through a lot of questions, and I was like no, this feeling is different. This is what I've been going through, especially, I always want to put my best into whatever I do, so once I'm not getting the grades I want, which I think is just human, then I begin to feel so discouraged, and the whole thing just comes back afresh, and the whole frustration and everything. So my doctor was like okay, we're going to give you some Ativan, okay, you go take it. Then I found out the Ativan was making me too sleepy. I was taking ½ a pill, so she was like okay, take a quarter, and then after two weeks I just, then I just stayed off of it because then I was trying to practice on myself, therapeutic communications, and looking at non-pharmacological ways to reduce stress. Because of that, not being able to participate in class, just alone, I spend more time reading and less time sleeping, so when I get to the exam I just black out, because sometimes I'm in this department at 3:30 in the morning, I get a taxi from my house, and then I'm here 3:30-4:00, and then I read until 8:00, and this is me who slept like 12 in the night, or 1. So I basically am not getting enough sleep, and then when I do all this reading, because there's only so much your brain can take. So when I get into the exam hall, I just black out. Sometimes when I go to my mentor, because she teaches one of the classes, I'll be like I'm so surprised on my grade, and she would be like do you think you didn't know the content? Then she

brings out my sheet and I be like did I pick this answer, what on earth makes me

pick this answer? Just then I knew something was going on, so then I tried to sleep

more. I did less reading, I slept more, and the time when I felt like my body wanted

to read, I just do a lot of reading at that point, maybe 3 hours reading, little bit little,

I began to regain my strength, so I just stayed off the med because I don't want to

be used to, because I was scared when he wanted to give me this med I was like no,

that's part of my medical record, I don't want that (Par 4).

The first time to speak to patients there was a huge issue of accent. Then I, it

worried me and I had to think about this, okay, I have to speak more slowly. They

are not understanding me. If they don't understand me what am I going to do? I feel

bad about it (Par 5).

A preceptor during my last clinical experience was very, very knowledgeable,

intelligent, but for some odd reasons wasn't able to put the whole person into

perspective when she was addressing certain things with me. That kind of really

attacked my self-esteem, and I saw that affect the whole of my performance during

my last clinical experience. It was a big challenge because I had this person not

being able to, first off, just like something you are very experienced at doing, like

assessing the patient before you begin to draw expectations or a plan or whatever

you want to see from this person. I'm not trying to say I blame the preceptor, it just

all about probably, some people need to be, you took the classes from the teacher,

so you learned all this before, so when you're talking with someone you should

show respect, some understanding because you assess first. I think this person

didn't do that, and at that point in time of my life I was having so much on my plate

that every little thing burst my bubble, and I felt like it affected me a lot, my self-

esteem was down. I felt like okay, so he didn't believe in me, wouldn't let me do

anything, was always there let me see, like simple skills that everybody should be

able to do, she wouldn't let me do it. I saw myself taking a lot of steps back, like

okay, even when she said I want to let you do more, I was struggling to come back

from that and take charge. By the time the faculty advisor called me about you need

to take charge, but I can't start argument, culture comes in. I believe Americans

would be more outspoken to what the problem was. I wasn't. But this preceptor is

wonderful, she's smart, like super smart. But the things she does that make me feel

like I don't know anything. If she would just trust me a little bit to do, it's just a

pill, I can pop a pill, I've seen the dosage is correct, let me do it. I don't know what

perception you have about me. It made me feel like, is it because I'm xx you think I

don't know anything or what? Like I'm not going to kill the patient, you give me

the pills, you give them to the patient, and you're right there, like did you, and you

actually take it from me and give it to the patient. It's just a pill. So those really,

really were moments in my experience I didn't like. I was wondering if there was a

way there could be some kind of seminar for preceptors. Do's and don'ts, things

you don't do no matter what. Things you want to make, if you are concerned, how

to correct them, because you want to show self confidence in them, not reduce it.

Telling them, with everything you think you know, they actually need to be on your

own independence and trying to establish that. If you don't make me feel like you

believe a little bit in me, I begin to doubt myself. Just like doing my clinical

experience with you at the outpatient center, it was positive talk all the time, you are

this, you highlight the good things, and encourage us for the direction, you can do this, your patient likes you a lot. Keep doing this, keep doing this…make sure you do this more, and you're done with the negative things really fast, and you go after the positive things. When you leave at the end of the day you feel like yes, I'm getting it, yes, I'm doing well, yes, I'm growing. But my experience wasn't really that, it affected me. In the whole program, that was my lowest point (Par 6).

So the worst experience was … in the fall semester with a clinical instructor. At the end of the day we had to submit our care plans, and the very next day she graded the care plan. She said you guys can pick up your care plan from x. So everybody went there and I was next to get my care plan, and x said you guys don't have anything here. We were like we are supposed to have something here because our clinical instructor dropped something for us. She was like no, you don't have anything. So we had our next and last clinical to finish, on a Saturday. So everybody was asking, and she was like you guys, I haven't graded them because I wanted to grade them in front of you. So after we had finished our 7:30 and she started to grade our care plan right there to each individual person and see each person one by one, and I was the last one. So we were supposed to finish our shift at 7:00 p.m. on the last day of clinical, and I was at x, and they had a circle system right, certain time, different day they stop the circle system and we park our car in the garage. So I was out of clinical at 9:00 p.m. They didn't have any circle service. There was only last shuttle going there, and I was so scared, because it was the winter time and it was so dark about there, and I don't know much about the area, so it was the last shuttle system going there, and I asked if there was more coming

after you, and he said no, because that was the last one. So I was lucky to get it,

otherwise I have to walk like two miles from there in the night time to get my car.

So that was the worst experience (Par 7).

"No, I don't really have a difficult experience standing out" (Par 8).

I just felt so misunderstood, personality wise, and part of my personality has to do

with my culture. I just felt over, I felt judged, and I felt misunderstood, and I don't

know, I think when someone judges you or misunderstands you based on your

personality, I think it has a lot to do with culture and how you're raised. So I guess

it's not so much that I got probation, it's that I got probation for one thing, and a

whole assumption was made about my person and I felt misunderstood and over

judged. So that's probably more what I meant (Par 9).

Interview Question #14: "*How do you think of your own cultural competence*

now?"

Well obviously, just from school, we've been trained to follow certain protocols

and do certain things in certain ways. I'll be willing to go up and do whatever the

case is, and I'm not afraid to touch them, talk to them…I wouldn't even think of it.

I would probably just do and be the same and act the same way (Par 1).

After first inquiring: Is it okay if I go point by point? So (a) The ability to value

diversity. I guess before I moved here I thought I valued diversity, but I guess I was

just valuing minorities, and not Caucasians, but now I feel like I value everyone

more and what they bring to the table, like their culture, their background, so I think

I've become more accepting of other people's cultures. (b) The ability to self assess

– Like I said, just interacting with other people, I became more sensitive, I became

more open minded, and I just want to please people basically. I don't want to offend

them or whatever, so in order to do that you have to really be good at assessing

yourself and how you're talking to people, how you're interacting with them and

stuff. (c) The ability to manage the dynamics of difference. I guess I've really

improved on that, because like I said, when I moved here I thought it wasn't really

diverse, and because of that I was kind of like, I guess isolating myself from other

people. But as I interact with them over the past couple of months, I became more

comfortable with them. The differences, kind of, didn't matter to me anymore.

Yeah, we're all different but that shouldn't really matter how you treat people. I

mean it should matter that you respect their culture and all that, but that shouldn't

mean that you know, like what I was doing, I was isolating myself. I guess I was, I

don't know how to say it…like sometimes I feel like they're different, like

ethnocentric, ethnocentrism or whatever. So I think I've learned to adapt to other

people and be more accepting of them.   (d) The ability to talk about cultural

knowledge. I think in nursing school they talk about culture a lot, and in some of

the practices that other people do, like with food and with death, and I think I really

learned a lot about just cultural knowledge. (e) Ability to adapt to diversity in

culture context and individuals – I guess just clinical, with interacting with different

patients, it really helped me adapt to other people, other people with different

cultural backgrounds, and like I said, I wasn't really used to interacting with people

from the country, and I had negative assumptions of them, just talking to them

more. I learned to adapt to the way they talk, and I mean they don't talk different,

they may just have an accent or something. But yeah, I don't know how to say

it…they are different from me, and I had negative assumption, and just talking to

them really helped me be more accepting, and be more comfortable (Par 2).

Also answering a-e in order,

I think it comes to observation, because I left my home so early at age 14,

I have sensitivity about observation. In xx, it's a multi-cultural country, so they,

like train you to be sensitive to multiple people around you. Yeah, I always think,

I've always, the first thing is I don't know their culture, so I will stop and look. I

think that's a self-assess, because I don't put any judgment before I do it, I want to

see and ask and find out before I go and approach to the others. Does that count as

self-assess? I think there are so many good resources for people that are from

different cultures. You just make friends, talk to them, they will let you know. For

e, the participant nodding, answered, Respect (Par 3).

I think I have, coming from what I've experienced coming from a different cultural

background, I became more observant, especially in the US, to different people

from different cultures and different parts of the world. So I'm more aware of when

I see a patient to okay, once the patient, sometimes you can identify different

cultures from their look, just like I'm black. You can identify patients from their

accent, so it makes you aware that oh, there's a culture difference here, how do I

meet this patients needs according to their culture. We might not know all about

their culture, but at least we can be sensitive to that culture. So like I can, what does

that mean to the patient, it might mean something different to me? So I'm not going

to say, because this patient is looking at me straight in the eye, they're rude, or

because this patient is looking away, there's something wrong. Probably it's not

culturally right for them. So it's something I'm more aware of now, and then I'm more aware of the fact that there are resources that can help us have information about different cultures. For b: "I always, since the psych rotation, I've always done that, anything, like even though I'm just asleep on my bed, I try to do self-awareness, what have I done here today? What was the impact I made? I was trying to say this to this person, did I say something wrong? Did I think this person understood what I was trying to say? Did this person understand I didn't mean any harm, but I was just trying to be this person or explain this thing, so I was trying to do that, especially when once during my practicum for instance, after I go to see this patient and help them, it gives me that time to interact with them. So that free time when I have to put maybe my charts together, looking at the information, and interactions we have, I've been with that patient, so I've been able to get to know, what can I do differently the next time I'm there? Does this patient really have something I need to look into, the way they want things done? It's not all about where you are from, sometimes it's the way you want things to be done is just different. For c: Yeah, the ability to manage it is what I just said, like having to go to this patient, when you admit them for the first time you're definitely going to interact with them, and having to do the charts, you look at what is on their file, I look at what they want so that you will be able to serve the patient's needs better, so I try to check all that to make sure, you're not just going to give them meds, I don't want to be that nurse that will just go in and give meds." For d: Yeah, I found like when I was supposed to meet with new N and H, we were having like Indian buffet, because we wanted to explore other cultures too. None of us was from there, but we

just wanted to explore, so I always like to do that, and also, if I go and I see

something from a different culture, I now take more interest than I used to. Before I

just think oh, Chinese, and that's about it, I just knew Chinese is different, England

is different, German is different. But now I'm like oh, what are they doing? I want

to know, so I use internet, any publication I see. Now I take particular interest in

that, because it now has more meaning to me, because anything I think about is how

it's going to be helpful to me when I get in a hospital environment, when I see

patients, how useful is this to me. For e. Like I said, just to be culturally sensitive,

because I cannot say I'm culturally competent, because you don't know all about

this culture, so as nurses we always want to be culturally competent so we can meet

the needs of other patients, but sometimes it's not possible. Once you're culturally

sensitive you can know that there is something that needs to be done. This patient

wants this done this way, this patient, some just want their privacy, not that they're

shutting you out of their room, maybe that's just the way they feel bad about

themselves and their situation. Some of them want you to be there, just be there,

they don't really want to talk to you, but just be there. A whole lot is going on, a

whole lot of healing is going on, or someone cares, someone understands. So being

culturally sensitive, it helps you understand patients and the best way to serve them,

because sometimes it's not all about the rules, all about I've given morning meds,

he has meds by 10, the next ones are at 2, it's not all about that. But trying to

understand the patient, sometimes that patient might be diagnosed wrongly.

Sometimes the medication, maybe the side effect of the medication is outweighing

the benefit. If you as a nurse observe the changes that are occurring in that patient,

and report it to the healthcare provider, the doctors who are not always there

anyway. You are there, you are the nurse who sees everything, change might never

be done that patient might never recover, so that's how I see it (Par 4).

Acknowledging cultural competence, Participant 5 states, "I would say it is

fantastic, even before coming here. I was inspired in another program,   So when I

came here I expected many people from different cultures and there were. Now I

have all the continental knowledge in front of me. The participant acknowledges his

ability to self assess, stating, Yes, I make sure I understand my own culture is

different from the person I want to serve, so I need to know those differences. That

will guide me in how to better serve the person. Next, managing the dynamics of

difference: Yeah. I will say when I feel that, work on that aspect, trying to manage

that it makes a difference, the cultural diversity. I still feel that I need to work more

on that when I work in the field. Regarding acquiring cultural knowledge, I'm

working on that now, say okay, I'm in the USA permanent, to acquire the culture so

that I don't become a victim of cultural shock. (laugh) Everything I see I will ask to

understand, what is the meaning? I don't want to be challenged again. I want to

gain the customs I see in America; I'm trying to be part of the system. Regarding

the ability to adapt to diversity, Yes, and I'm really working on that. When I first

came, when I first joined this program, when I first came to America, I was just too

close to myself, I didn't see, I didn't have any friends around me. They would have

reminded me that at one point we would have to change the time one hour ahead or

one hour behind, I would just stay in my room, get up, go to class, come back. So

one morning we're at a class, and there was nobody. I sat in the class for one hour

and when I decided to go people were then coming. I said okay, did they change the

class time? They looked at me like a crazy person. Because I did not interact with

you, at least I would have heard about the time difference. (laughing) Yeah (Par 5).

My personal belief in my ability. I think I am able to value it because for one, I

come from a different cultural background from most of the people in the United

States. Initially, before I got into this program, I was more or less like wishing

everybody had to conform to just one world heritage culturally, so that everybody

can have a fair equal playing ground to pursue whatever dreams, but today I'm like

no, it's really, really good so that, I feel like it strikes a balance in the world where

some people are here, some are there, it gives you understanding and it gives you, I

mean I love the beauty in it, different culture, different expectations. I wouldn't

change a thing in terms of things that I know. It looks like some people are at a

disadvantage for certain things, but at the same time you look and you see strengths

in wherever things are lacking. Personally I don't have your accent, but I have

mine, and I can tell you how much I've grown to appreciate my accent today, which

is one of the challenges I had in the program. I can speak for hour, and I was not

comfortable because I knew I had an accent, and I say had, not because I don't

believe I have an accent anymore, but when people look at me I tell them you have

an accent, I don't have an accent. If you think I have an accent, you have an accent,

because I'm comfortable where I'm from, you are comfortable where you're from.?

The ability to self-assess? So yeah, I believe I should be able to give a lecture on

that. Like I said today I know my strengths, today I'm able to relate to my strengths,

I'm able to relate to, instead of mine, I'm able to relate to the challenges I know I

am facing that could really be obstacles and challenges, not because just, everybody has challenges, but which ones are the ones I have the potential to bring me down and get me depressed and alter my functionality in life." The ability to manage the dynamics of difference? "Initially the challenge because everything I see or I could relate to was different to me – people, the color of their skin, the food, the air I'm breathing, everything. The way we were being taught in class was different, the way people communicated was different. The teacher called me by my first name, I wasn't expecting to do the same to her, and call her by her first name. All those differences, I, it was really a lot to be, it became a challenge to understand it, but with time, we learn to relate to the dynamics and begin to feel comfortable calling people by their first names, begin to feel comfortable understanding that we need to put in extra time than the average student, they don't have the kind of challenges we have. If they put in two hours studying, we have to put in four because of the challenges we have, because of that dynamics and difference of culture, whatever you want to call it." Your ability to acquire cultural knowledge? "That was also embedded in one of the courses we took in nursing school. Yeah, I think not just myself, but everybody was taught how to first of all assess every patient we meet or encounter, and find out what is different about them before we begin to develop a plan on how to care for them." Finally, the ability to adapt to the diversity and the cultural context of the individuals that you're working with and that you're serving? The participant answered "Yes" (Par 6).

Again from a-e responding with positive "yes" answers, "I guess, I mean we are very used to diversity, because I've been living here in a diverse culture, right, so I

always value diversity, because I'm from a different culture so I can relate to that."

Self-assessing? "Yeah. So like I said, every culture has their own rules and

regulations I have mine. I think the way I think, it's different from the patient that

I'll be caring for, so what I'm thinking is I cannot put my rules on their rules, so I

think whatever I'm thinking, it's limited to me, so when I'm caring for different

people, I always make sure their own needs and cares have been met. I always try

to learn different culture, by asking questions if I don't know, and since I've studied

culture, I know a little bit about the culture, and since being, I mean since living in

this country for a long time, I know how culture works a little bit, not a lot, but I

always ask if I don't know stuff. I am culturally competent. If someone's not, then

it might not work being in a hospital environment, or any other medical field, since

we have all different cultures, we have to be culturally competent. I have seen

many people from different cultures, I have many friends who are (Par 7).

One participant: At times answering only with a "yes" and other times expanding

the discussion, "I do think I have, I do already have the ability to value the diversity

because yeah, America right now, it's a diverse country right now. You can't say

it's this type of people or that type, it's all mixed up… Yeah, and self-assessment is

also something we've really gone through, especially with psychology course, you

have to assess yourself, as a nurse in your culture and get to know how you're going

to work with this patient who is also having a different culture, and the priority

there is to assess the patient, so you take that into consideration" (Par 8).

I think I value diversity because there's not, I don't just look at a person and just

assume you're this. When I read someone's last name I'm quick to ask them what

country are you from, or what origin is that from, because I'm interested to know, the people around me, to know how they came here, to know why they came here, and just to think wow, their ancestors are the reason why they're here, so I value diversity and I appreciate the different cultures and different people around me and I like to ask and point it out and appreciate it and think about it. I think being diverse, you have to be non-judgmental, you have to be accepting of people for their flaws, and for their goodness. Like I,I don't know, I guess this is how I was in high school, I was friends with everybody – gothic people, punk people, preppy people, sports people, I was friends with everybody, even people who didn't speak English, they spoke Spanish, I would speak my little Spanish to them, they loved me. I mean like it's just accepting people just with their flaws and who they are, with their positive-ness and negative-ness and everything. …Color never fit in. I don't think color ever fit in my life until I moved to like this area, and I don't think it even still fits, but it's something I consider now, more than ever, because growing up in xx I grew up around mostly white people and xx people, and even now, if you see messages of people who know I'm coming back their mom's are like can I cook for you? Everyone wants me to go and eat with them and their families. I just grew up with everyone just accepted everyone and we're all so different, and you know, different. Everyone appreciated each other's cultures, we would hang out, so I don't think race ever played, and then in xx, the xx area, it's mixed. I think what allows us to be diverse is experiences that we choose and allow ourselves to take in life. Like I think why I'm so accepting is that I was always the kid who spoke to strangers, and was so nice to them, even growing up, like I was never, I had friends

from all walks of life. I just allowed myself to get to learn their perspectives, get to

know where they were coming from, you know? … I think I have the ability to self

assess, but by force, because growing up, especially with foreign parents, you're

always critically judged. You're always critically like why aren't you like this

person, compared, you know, so many times you're always figuring out, thinking

about ways to improve or ways to like what's flawed or what needs to be fixed and

stuff. You have to always look into yourself, and always assess yourself, and see

how I can improve, how I can be better. So I think that ability was kind of like

forced on me… I think we all naturally have that ability to develop cultural

knowledge, because like for example, moving from one state to another, I always

used the terminology y'all, and stuff like that. Then moving to Missouri, I just

started using the word, like hella, and I never used to use that word but I know I got

it from the culture of the xx area, and even like, for example, T is like where did I

get that word from? I'm like you got it from me. So I think we absorb cultural

experiences and we gain cultural knowledge through those experiences, just based

on how much you're aware and you pay attention and how many people you

interact with. …Regarding the dynamics of difference, the participant said, "Well, I

don't know. I think I just, I still view them the same, because if they're so different

from me and I haven't experienced that then that's something I'm curious about. So

when I see a patient that's different from me or like this, like for example there was

this one patient there that was like wasting away, I've never seen track lines on

anybody, you know, and you know, I just wanted to understand her, on her terms,

whatever she chose to express to me, whenever she called me in and just being

there, I just wanted to understand her, and I think she appreciated that. I just don't

ever want to come off like, people I don't even know will come and just start to

spill their guts out to me because I'm just, I don't want to judge (Par 9).

Interview Question #16: *"How does that compare with the beginning of the*

program?"

"I don't really know how to answer that, to compare. I am more outgoing" (Par 1).

"I'm less afraid of other people… I think I really became more accepting" (Par 2).

 "Now I feel like we are mutually equal. I think I'm improving also, if I'm self improving,

also interaction with others is also improved, so that's what I think" (Par 3).

> There's no way it's compared. The beginning of the program I knew I wanted to be
>
> in the medical field, but having the skills, having the knowledge, having that open
>
> mind, I have that empathy towards helping people, but not in any way close to what
>
> I understand now. I'm able to relate to the challenges, I'm able to do that now. I
>
> can tell when I'm ready for something (Par 4).

Referring to the positives of more exposure, the participant stated, "Right…ability to see

and interact with many more people, many more cultures… that's a difference between

then and now" (Par 5). "As I told you, it's a total transformation. I cannot compare where

I'm coming from with where I am now" (Par 6). "Since we had all the clinicals and

preceptors, we got to see more people and get to interact with the many people, so I think

that's a difference between then and now" (Par 7).

> Yeah, there is a difference, because, and I can see the difference, because I was
>
> already working with patients before getting into the program. The way I kind of
>
> integrated the behavior and attitude of the patient when I was working as a CNA

and the way I look at things now has really changed, because right now I can

actually understand why the reason behind the patient actually behaving that way,

but before you think oh, she's just trying to be a difficult one, and it gets to you

when it comes to that, and you try to also behave differently, because the person is

trying to make a difficult day for you (Par 8).

This program just gave me more experience with different cultures and

backgrounds, so I guess that could be considered strengthening it. But as far as, just

gave me more experience I think, and I think with more experience I think that's

more strengthening your cultural competence (Par 9).

**Sub Question c. What is the role of culture, if any, in the international and

foreign-born students' decision for future practice?**

The following specific interview questions included these examples:

Interview Questions 17 and 19: *"What is the status of your goal right now? and

"How does the immediate future look to you?"*

Finding a job in St. Louis and taking the NCLEX and all that. Well the immediate

would just be, I guess, just working at the hospital as a nurse, and I'm excited to do

it, to be out on my own. Pass the NCLEX I mean job and NCLEX are kind of

what's on my plate right now" (Par 1).

Okay, well I'm just waiting to start my job at Deaconess, so I'm really excited

about that. Right now, I'm just relaxing. I'm just happy I was able to finish the

program. I think I'm in a good spot right now. I think it's looking good. I'm really

excited (Par 2).

"NCLEX and then looking for a job. It's a challenge to be international, if you want to stay here, challenge" (Par 3).

"Right now I'm trying to study for my NCLEX. I registered for the Kaplan. I hope to get a job and start working for the one year I can work" (Par 4).

"Take the NCLEX and then accept a position and just hope the right position is offered" (Par 5).

"I can probably graduate in August. Take the NCLEX and then accept a position" (Par 6).

"Apply for an NCLEX date and begin to apply for positions in geriatrics or OB/GYN" (Par 7).

"Take the NCLEX and work" (Par 8).

> The status of my goal right now is first the NCLEX. Take six months off and relaxing, paying off some loans and debt, and improving my credit a little, building my credit, and you know, then hopefully starting a new journey, like within a year (Par 9).

> **Interview Question #18**: *"How are you planning for your future?"*

"I really want to get into a nurse practitioner program, and I would really like to do family nurse practitioning. I will start looking into NP programs" (Par 1).

"I do plan on going to grad school and doing my NP" (Par 2).

"Yeah, I hope nursing practitioner. For our future we are planning on going back to xxx. I don't worry about finding a job in xxx" (Par 3).

"I want to go into the master's program" (Par 4).

"My plan is, once I get settled and get a job with nursing, develop some experience, 2-3 years, I would like to do research in oncology or genetic disorders" (Par 5).

"I think I will do my master's in health management at Webster" (Par 6).

"I really want to pursue my education in master's degree. I am really interested in

Geriatrics and Women's Health" (Par 7).

"I've been thinking of anesthetics right now, but I'm also thinking of family nursing for

advanced practice. I'm planning on setting up my own clinic back home" (Par 8).

"Family nurse practitioner program online at Georgetown University within the year" (Par

9).

Appendix F: Code Book Example

Interview: Codebook Example for A Participant-Culture/Methods

Category	Sub-Category	Properties	Dimensions	Example
Culture	Methods	Classroom	Negative-Positive	L218-224 Their way of teaching was different where you had to have the slides going and you have to bring out your slide. We have the Blackboard and if we have Power Point, it is printed out and handed to us not like you go to the computer and print it yourself. We didn't do much of the go online yourself stuff. It was a welcome idea, trying to go to your computer, do stuff yourself, which it wasn't the case back home. That was nice.

L 659-666 One best thing this program has put together, the Tegrity, because not everything you say, the words I understand, but sometimes I would be like this English, we have to break down the English sometimes, that's one reason I don't like group work, because most of them, they read very fast, so when it's time to read it, they just say the answer, and you're still trying to read through, then it looks like oh, you don't know what you're doing. And you're not giving answers and it was meant to be group work, but if I have my own time I like to read it at my own pace so Tegrity has helped me to pick up the parts in class that I wasn't able to pick up.

L433-435 Self awareness was good, having to evaluate yourself and know how am I doing, how is this feeling, what do I feel now, try to understand that part of it. |
| | | Hospital | | No experience to compare. |

Analysis of A Participant Interview - Culture/Methods

In analyzing the Culture/Methods Section, it is noted that Questions 5, cultural differences experienced, and Question 11, what helped me most, were posed and answered by the participant.

The participant discussed the difference in her home country where materials are printed and provided to the higher education student in contrast to the ABSN program where responsibility for obtaining all materials is solely on the student. When acquainted with the routine, the participant recalled this as a positive experience.

The participant rated the Tegrity Lecture Capture software as important to her successful experience. The participants recalled the availability of Tegrity as a positive experience while she discussed the rapid speech and fast pace of group work a negative experience.

The participant rated the reflective thought process of self-evaluation through journaling a positive experience.

Interview: Codebook Example for A Participant – Culture/People

Category	Sub-Category	Properties	Dimensions	Example
Culture	People	Classroom	Negative-Positive	L286-288 In Communications Lab I felt like the people within my group of 8 were more welcoming towards me and we were able to really communicate. But outside of that, being in the whole classroom of 70 I felt isolated.
				L330-331 It took me a while to get used to people, but I just thought you know what, everyone's the same.
				L334-336 In the Spring, my whole life changed. I became more open and it made everything so light.
		Hospital		L378-380 The patients here in the Midwest are from everywhere. I have had patients from Sudan, Cameroon, and many different places. I have had many good experiences with the people in the hospital.
				L 408-409 I found myself talking to the patient, telling how appreciative I was of the experience.
				L681-685 I had a couple of cultural differences in the hospital, like sometimes we talk about food and they'll be like oh, we eat this, we eat that. I met a woman, where was she from, Philippine, and we were talking about using coconut milk. It was like we cook rice with coconut milk, and I felt it was something they were not used to and she was like oh, we do that too. Do you put bay leaf? And I was like yeah.

Analysis of A Participant Interview - Culture/People

In analyzing the Culture/People Section, it is noted that responses to the following questions were included in the discussion: Questions 3, decision to come, Question 5, cultural differences, Question 6, best experience, Question 7, difficult experience, Question 8,challenges, Question 9, learn from people from different culture, and Question 12, turning point.

In the classroom environment, the participant described feeling isolated in large groups of people, a negative experience, but more positive in some small groups. Not until the spring, beginning of the 9th month, did the participant rate the experience with people in general as positive.

In the hospital environment, the participant reported only positive experiences.

Interview: Codebook Example for A Participant – Culture/Language

Category	Sub-Category	Properties	Dimensions	Example
Culture	Language	Classroom	Negative-Positive	L225-230 The American accent is different from my own accent. Though it's English but it's different accent, and even the spelling, like we spell using the British spelling, like color. You spell it differently, there is no u. So it took me a while to adjust to that, and then to try to communicate with people. L231-234 At first I wanted to communicate, I wanted to be outspoken, make friends and stuff like that but then I was drawn back because when you talk to someone and they say I don't understand what you just said, it breaks my heart.

L235-236 Why doesn't she understand? Or is she trying to mock me or something. And then I just rather be alone than to try to communicate with people and try to make friends with people.

L307-310 I felt like any word that comes out of my mouth is going to be wrong. It made things really bad for me, like it made my accent worse, and then because having this tension going in your mind, and then you/re trying to speak, and your voice is so shaky, and people can hardly hear you, and even hearing yourself you'd be like
 am I the one talking, it was really hard.

Hospital

L351-354 I've come to understand that everybody has an accent, just like the British lady who comes and speaks, it will be different from your own accent. Mine will be different.   The only thing we have to see, you have to be audible when you speak and be confident of who you are and what you're saying. I think that is the most important part of it.

L512-518 When I started to be able to communicate more, being able to relate more with the patients, that's the real person I am. I think what the patient hears is the sincerity in your voice. We as humans can differentiate just trying to check off a list and sincerity regardless of the language.

Analysis of A Participant Interview - Culture/Language

In analyzing the Culture/Language Section, it is noted that responses to Questions 5, 6, and 7 relating to cultural differences, best experience, and difficult experiences were included in the participant's response.

In the classroom environment the participant's experiences were negative for 9 months. The classroom environment relating to language was positive for 3 months.

In the hospital environment the participant describes only positive experiences.

Interview: Codebook Example for A Participant - Participant/Coping

Category	Sub-Category	Properties	Dimensions	Example
Participant	Coping	Classroom	Negative-Positive	L 163-164 This is actually the first time I had to be on my own, this is the first time I had to be, oh, you have to fend for yourself, not in terms of money wise, but just decision making, and having someone to fall back on. I missed my family a lot.
				L346-347 I came into an accelerated program just fresh from my country, so having to balance that out, and then my academics, it was really a big struggle for me.
				L 306-310 I was kind of isolated, I felt like any word that comes out of my mouth is going to be wrong. It made things really bad for me, like it made my accent worse, and then because having this tension going in your mind, and then you're trying to speak, and your voice is so shaky, and people can hardly hear you, and even hearing yourself you'd be like am I the one talking, because so much is going on just inside of you, so it was really hard.
				L 643-648 I spend more time reading and less time sleeping, so when I get to the exam I just black out, because sometimes I'm in this department at

	3:30 in the morning, I get a taxi from my house, and then I'm here 3:30-4:00, and then I read until 8:00, and this is me who slept like 12 in the night, or 1. So I basically am not getting enough sleep, and then when I do all this reading, because there's only so much your brain can take. So when I get into the exam hall, I just black out.
Hospital	L336-338 I was able to develop my courage to some extent, and then I went to my clinical, went to psych rotations, having my practicum at SLU, my whole life changed this spring.
	L 945-947 So if I had just had an open mind and felt like everyone was the same, and had not seen that difference from the start, I think it would've helped me more.

Analysis of A Participant Interview - Participant/Coping

In analyzing the Participant/Coping Section, it is noted that the participant's

responses included Questions 7, 10, and 12 relating to difficult experiences, effect on

family, and a turning point.

In the classroom, the participant reports negative reactions from May to January.

In the hospital, the participant reports positive reactions from January to May.

Interview: Codebook Example for A Participant - Participant/Competence

Category	Sub-Category	Properties	Dimensions	Example
Participant	Competence	Hospital	Negative-Positive	L432-435 I found myself not as professional as you are, but I've improved in the way I communicate with people, and also it helped me to understand that self awareness was good, having to evaluate yourself and know how am I doing, how is this feeling, what do I feel now, try to understand that part of it. So when I was talking to C, I was able to relate that I'm going for that, I'm going for that.
				L 494-499 But if you come with that open mind, if you come with that genuineness, you will be able to relate with the patient more, and I think will be able to form that therapeutic communication, which will help you to make your nursing diagnosis that they know, okay, apart from this thing we are looking at medically, maybe this patient has some other stuff going on that needs to be addressed, because you have to think of the healing as a total package.
				L446-449 My whole day was just filled with emotions and I felt that that was how I wanted, that was what I wanted to do. I never knew I was able to do that, but this is what I wanted, I want to touch lives, I want to be able to touch lives.
				L 748-753 First I think that we have so much similarity even though you think we're different, from different places, because you just think oh, I'm from xxx, so there's nothing like it. There's nothing like the culture, there's nothing like the food, there's nothing like the perception, but then you come

| | | | | to realize once you talk to people that there are some similarities, more than you think, and you tend to learn other stuff too, where there are some obvious differences too, so you tend to learn different stuff. |

Analysis of A Participant Interview - Participant/Competence

In analyzing the Participant/Coping Section, it is noted that the participant's responses included Questions 14 and 15 relating to level of cultural competence and specific help of value.

The participant reports positive responses in all environments from January to May.

Interview: Codebook Example for A Participant 4- Participant/Transformation

Category	Sub-Category	Properties	Dimensions	Example
Participant	Transforma-tion	Hospital	Negative-Positive	L471-473 If I am to talk about my experience so far I could write a whole book, because I believe it has helped me to change, it has really helped me to change.
				L534-537 I pray to God that I don't want to change my perception, because we all can never be strong all through our lives. Some point in time we need care, and I think it's just only rational for you to, especially with this kind of profession, just to be able to give your soul, your heart into it.
				L559-562 Yeah, like I tell people, it may just be a one year for you guys, just trying to get through the nursing program. For me it's been one year of transformation. I think I feel, I feel more, I don't know, would I say I feel more alive? Yeah, that's pretty much

the way, because I have this feeling, I can't really put to words.

L 719-723 it's been all transformation all along, and I'm so used to my new self. I'm so happy with who I am now, and I felt only if I was this person when I started the program then I would've done better than what I did and what I achieved, but so far I still give thanks to God, because I believe this is a new me which I never knew existed, and my perception, my sisters call me and they're like you've changed. It's like yeah.

L927-934 There's no way it's compared. The beginning of the program I knew I wanted to be in the medical field, but having the skills, having the knowledge, having that open mind, I have that empathy towards helping people, but not in any way close to what I understand now, because now I know the true meaning of what I really felt in my mind, what I really wanted. Because it's not all about I want to be a doctor, I feel I have to be a doctor, but having the self awareness, having to reconcile with who you are really, it's a different thing which I've come to understand as the program goes on. As I told you, it's a total transformation. I cannot compare where I'm coming from with where I am now.

Analysis of A Participant Interview - Participant/Transformation

In analyzing the Participant/Transformation Section, it is noted that the participant's responses included Questions 13, 14, and 16 relating to personal transformation from the ABSN program experience.

The participant reports positive responses in all environments from January to May.