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**Shellye A. Vardaman, Ph.D.**

**LIVED EXPERIENCES OF TRANSITIONS IN INTERNATIONAL NURSING  
STUDENTS**

**By**

**SHELLYE A. VARDAMAN**

**A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
College of Nursing**

**Beth Mastel-Smith, Ph.D., Committee Chair  
College of Nursing and Health Sciences**

**The University of Texas at Tyler  
May 2011**

The University of Texas at Tyler  
Tyler, Texas

This is to certify that the Doctoral Dissertation of

SHELLYE A. VARDAMAN

has been approved for the dissertation requirement on  
March 31, 2011  
for the Doctor of Philosophy degree

Approvals:



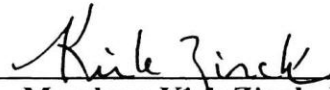
\_\_\_\_\_  
Dissertation Chair: Beth Mastel-Smith, Ph.D.



\_\_\_\_\_  
Member: Susan Yarbrough, Ph.D.



\_\_\_\_\_  
Member: Kathy Missildine, Ph.D.



\_\_\_\_\_  
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## Table of Contents

Abstract .....	vi
Overview of Study .....	7
Overall Purpose of Study .....	7
Introduction of Articles Appended.....	8
Evaluation of the Project .....	9
Recommendations Based on Findings .....	12
Results of Original Research in Manuscript Format .....	13
References .....	15
Manuscript 1 The Science of Transitions .....	17
Abstract .....	18
Aim.....	19
Transitions Theory .....	20
Developmental Transition .....	20
Situational Transition .....	20
Health-Illness Transition .....	21
Organizational Transition .....	21
Transition Conditions .....	22
Patterns of Response.....	24
Analysis of Situational Transitions Literature .....	26
Academic Transitions .....	26

Role Transitions.....	29
Relevance of Situational Transitions in Nursing.....	30
Conclusions.....	31
References.....	33
Manuscript 2 Lived experiences of international nursing students .....	37
Abstract .....	38
Transitions Theory .....	42
Purpose of the research study and Research Questions .....	44
Methods.....	44
Sample and Setting .....	45
Sample Demographics.....	46
Instruments .....	47
Procedures .....	47
Data Analysis .....	48
Findings.....	51
Meaning of studying nursing in the US.....	51
Expectations of coming to the US to study nursing .....	53
Planning prior to coming to US and college.....	55
Knowledge of US and nursing school prior to coming to US.....	57
Perception and interaction with the environment.....	58
Emotional Well-being.....	60

Physical Well-being.....	62
Well-being of interpersonal relationships.....	62
General Sense of Well-Being .....	65
Role Mastery.....	66
Discussion .....	66
Implications.....	69
Conclusions .....	71
References .....	73
Appendix A Detailed Research Procedure Protocol.....	82
Appendix B IRB Approval Letter.....	85
Appendix C IRB Consent Form.....	87
Appendix D External Auditor Letter .....	91
Appendix E Recruitment Brochure.....	92
Appendix F Permission to Use Copyrighted Materials .....	94
Biographical Sketch.....	96



## **List of Figures**

Figure 1 A Nursing Model of Transitions .....	78
Figure 2 Flowchart of Giorgi's Phenomenological Methodology .....	79

**List of Tables**

Table 1 Demographic Questionnaire .....80

Table 2 Interview Schedule .....81

## **Abstract**

### **LIVED EXPERIENCES OF TRANSITIONS IN INTERNATIONAL NURSING STUDENTS**

**Shellye A. Vardaman**

**Dissertation Chair: Beth Mastel-Smith, Ph.D.**

**The University of Texas at Tyler**

**May 2011**

Throughout life, individuals are faced with various transitions, and how they manage these transitions impacts the transition outcomes and actual or potential alterations in health. It is imperative that nurses have knowledge of the conditions and processes of transitions as well as possible effects on well-being. From this perspective, nurses are able to intercede and assist individuals to positive transitional outcomes. The purpose of this descriptive phenomenological study was to describe the transition experience of international nursing students studying in the United States. Ten international nursing students from eight different countries of origin were interviewed. Data were transcribed verbatim and coded for themes. Findings were listed in accordance with existing theory on transitions. Findings reinforce the unique transition experiences of international nursing students and draw attention to the need for nursing faculty to develop a curriculum structure that speaks to academic, language, pedagogical, clinical, social, and cultural needs of international nursing students.

## **Overview of Study**

Globalization eases world travel and communication. In the United States (US), cultural diversity is increasing at a rapid pace. As a result, new issues have developed including individuals experiencing a variety of transitions which affect their overall well-being. US college and university campuses are increasing in diversity with international students comprising 32.4% of students seeking a bachelor's degree. Further, the number of international students declaring health professions as their academic focus increased 4.3% during the 2006-2007 academic year (Institute of International Education, 2007). International nursing students are changing the makeup of the traditional classroom. The academic success of these students is important not only to the global nursing profession, but to the US economy.

## **Overall Purpose of Study**

The purpose of this study was to describe the lived experiences of transitions in international nursing students. No studies were located that considered transitions in international nursing students as a collective group or used all of the concepts represented in Transitions Theory (Schumacher & Meleis, 1994) as the foundation for research with this population. Previous studies examined specific ethnicities and individual theoretical concepts. As one example, noting that transition into a new culture is a source of stress, Ye (2006) focused on the need for social support for Chinese students studying in the US.

International nurse migration is escalating. Nurses migrate for a variety of reasons such as education or specialized training. Approximately 85% of working Filipino nurses are employed abroad (Mason, Leavitt, & Chafee, 2007). Foreign-born nurses comprised a significant portion (14%) of the US registered nurse (RN) labor force, in 2005 (Buerhaus, Auerbach & Staiger, 2007). Of this percentage, some foreign-born

RNs were educationally prepared in the US (Buerhaus et al., 2007). Given the current US nursing shortage, it is imperative to consider foreign-born nurses educated in the US as viable candidates to fill vacancies.

This study provides a description of transition experiences that informs the development of interventions for international nursing students. Interventions designed for international nursing students may also be applied to the migrating nurse population to promote smooth transitions to a new country and to international students in other disciplines.

This research study fills a void in the literature by identifying factors that affect transitions of students entering the US to attend college and nursing school. By describing the transitions that affect international nursing students, colleges and universities will have a better understanding of the needs of this population in order to provide the appropriate support to facilitate educational success.

### **Introduction of Articles Appended**

The State of Science manuscript titled *The Science of Transitions* and the research manuscript titled *Lived Experiences of Transitions in International Nursing Students* are presented in Appendices A and B respectively. The State of the Science manuscript describes previous literature related to transitions. The research manuscript reports the findings from this study.

Throughout life, individuals are faced with various transitions, and how they manage these transitions impacts the transition outcomes. The aim of the State of the Science manuscript is to describe Transition Theory (Schumacher & Meleis, 1994), the relevance situational transitions have for nursing, and the state of the science as it

pertains to situational transitions. Transitions are often linked with actual or potential alterations in health. It is therefore imperative that nurses have an understanding of the conditions and processes of transitions as well as possible effects on well-being. From this perspective, nurses are able to intercede and assist individuals to promote positive transitional outcomes.

A descriptive phenomenological methodology was utilized to illuminate the lived experience of transition in international nursing students. Using Giorgi's (1975) methodology, 10 international nursing students from eight different countries of origin were interviewed. Data were transcribed verbatim and coded for themes. Findings were organized in accordance with existing theory on transitions: meaning, expectations, planning, level of knowledge/skill, environment, emotional/physical well-being, well-being of interpersonal relationships, subjective sense of well-being, and role mastery (Schumacher & Meleis, 1994). This study provides information to faculty and educational environments as to how to support international nursing students in successfully completing their programs of study.

### **Evaluation of the Project**

The characteristics of the sample are seen as a strength of the study. This study included a diverse sample of international nursing students, including both male and female participants, enrolled in programs in five states. No previous literature cited such a diverse sample.

Participants were limited to individuals who had been in country between nine months and five years and possessed an F-1 student visa; therefore the number of eligible participants was limited. Approximately 310 students who were enrolled in a large

baccalaureate program in a Southern state recognized for a diverse student population were invited to participate. According to school records, 15 students were eligible based on visa status, but no records contained data about time in country. Six students from this university were enrolled in the study. No study participants were recruited from another baccalaureate nursing program in the same Southern city. The latter program offered only an accelerated second degree curriculum. While there were numerous international nursing students, it was likely they had been in country longer than five years.

Due to the small sample size and few variations in country of origin additional participants were desired. To obtain additional study participants a snowball sampling technique was utilized. As a result, four additional participants from other geographical areas were identified and included in the study.

Dependability, confirmability, and credibility of the findings were established by peer review, external auditing and triangulation (Creswell, 1998; Polit & Beck, 2008). An experienced qualitative researcher served as the peer reviewer and verified that the derived meaning units matched the interview transcripts through an examination of the written documents, transcripts, and questioning of the researcher (Creswell, 1998). The external audit and peer review and debriefing are considered techniques to ensure minimal researcher bias and research findings reflect the data (Kvale, 1996, 2003). Theory triangulation with previous research studies and Transitions Theory (Schumacher & Meleis, 1994) served as corroborating evidence in this study (Polit & Beck, 2008). Creswell (1998) recommended that qualitative researchers engage in at least two methods of verification. A study strength was the use of three of the recommended methods of verification (Creswell, 1998).

The findings must be viewed in light of several limitations. All but one participant had been in the US for at least four years, with no participant being in the US for less than three years. Greater variation in the length of time in country may have revealed different student experiences. The majority of participants described home environments in their country of origin as large, urban areas and only one participant described it as “not having running water” all year long and “electricity” that required “generators 24/7.” These native environments may have impacted expectations, perceptions, and interactions and is supported by participants’ expectations of being in a “city” when they came to the US, as explained in Appendix B. Interviews were conducted using various communication methods, i.e. face-to-face, online video conference, and telephone. The telephone interview did not allow the researcher to view body language and facial expressions that were seen in the face-to-face and Skype™ video interviews. The interviews conducted over the telephone and via Skype were not in controlled environments thus outside interruptions could not be prevented. For example, television noise and distractions from other people were noted. Finally, the review of literature was conducted *a priori* and does not follow traditional qualitative methodologies which state that “the fewer ideas or preconceived notions researchers have about the phenomenon under investigation, the less likely their biases will influence the research” (Streubert & Carpenter, 2011, p. 92).

Giorgi’s (1975) approach to phenomenological methodology was utilized. Giorgi (1997) posits that each individual is unique and does not experience phenomena in the exact way as another. Giorgi’s design places the responsibility of the validation of findings on the researcher rather than the study participant (Giorgi, 2006). Due to the



participants having diverse ethnic backgrounds, Giorgi considers it inappropriate for one participant to validate the findings of individuals who represent different experiences. Therefore, this was a fitting qualitative methodology for research with the international nursing student population.

### **Recommendations Based on Findings**

Findings revealed that only one of the international nursing students chose nursing as a major field of study prior to coming to the US. Therefore, there were no expectations or prior knowledge of nursing school before coming to the US. Findings also reveal that the transition process for international nursing students is more than just a “language issue.” Faculty need to be cognizant of this transition process and the needs of the international nursing student. As revealed in the data, international nursing students look to faculty as more than just instructors. They seek advice and guidance regarding academic issues as well as how to “survive here.” Faculty should avoid repeatedly utilizing international nursing students as examples in the classroom. These students are undergoing difficulties with “fitting in” and making examples of them for other students on a repeated basis makes the process more complex. Some international nursing students may not appear “different.” While appearance and accent may not suggest that the student is foreign, they are undergoing the transition process nonetheless. Faculty should assist these students in making transitions regardless of their appearance or language fluency.

As the number of international nursing students studying in the US continues to increase (Institute of International Education, 2007), it is imperative that faculty gain a better insight into the transition experiences of this student population. Strategies need to

be developed to assist international nursing students to successfully transition to life in the US and to the demands of nursing school. Study findings reinforce the unique transition experiences of international nursing students and draw attention to the need for nursing faculty to develop a curriculum structure that speaks to the academic, language, pedagogical, clinical, social, and cultural needs of international nursing students. Additionally, faculty needs to be aware of their perceptions of international nursing students.

### **Results of Original Research in Manuscript Format**

Findings from the qualitative analysis are reflective of Transitions Theory (Schumacher & Meleis, 1994) and support the use of this theory when exploring situational transitions. Therefore, this study serves as an impetus for the application of Transitions Theory (Schumacher & Meleis, 1994) by faculty and institutions when developing strategies to facilitate the integration of international nursing students into their programs.

This study is congruent with the Junious, Malecha, Tart, and Young (2010) study in that financial concerns are important to the international nursing student. Financial planning was an important area of planning for coming to the US and attending college. While this study found that language difficulties were important to study participants, it was not the primary challenge experienced by this sample contrary to previous findings (Abu-Saad & Kayser-Jones, 1981; Shakya & Horsfall, 2000). In contrast to the previous studies where faculty interaction was lacking (Abu-Saad & Kayser-Jones, 1981; Junious et al., 2010; Wang, Singh, Bird, & Ives, 2008), participants reported positive interactions with faculty members. Findings from this study also contradict findings of perceived

lack of cultural competency among faculty as described by Junious et al. (2010).

Participants expressed positive faculty interactions and failed to mention and define cultural competence. Findings in this study were similar to that of Sanner, Wilson and Samson (2002) in that social isolation, persistence despite perceived obstacles, and hard work were noted by the participants. This study revealed learning differences, obstacles, and the development of coping strategies that were also identified by Wang et al. (2008) to be integral to the transition process.

## References

- Abu-Saad, H., & Kayser-Jones, J. (1981). Foreign nursing students in the USA: Problems in their educational experiences. *Journal of Advanced Nursing*, 6, 397-403. doi:10.1111/j.1365-2648.1981.tb03240.x
- Buerhaus, P. I., Auerbach, D. I. & Staiger, D. O. (2007). Recent trends in the registered nurse labor market in the US: Short-run swings on top of long-term trends. *Nursing Economics*, 25(2), 59-66.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. T. Fischer, & E. L. Murray (Eds.), *Duquesne studies in phenomenological psychology* (Vol. 2, pp. 82-103). Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235. doi:10.1163/156916297X00103
- Giorgi, A. (2006). Difficulties encountered in the application of the phenomenological method in the social sciences. *Analise Psicologica*, 3(24), 353-361.
- Junious, D. L., Malecha, A., Tart, K., & Young, A. (2010). Stress and perceived faculty support among foreign-born baccalaureate nursing students. *Journal of Nursing Education*, 49(5), 261-270. doi: 10.3928/0148434-20100217-02
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Kvale, S. (2003). The psychoanalytical interview as inspiration for qualitative research. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design*. (pp. 275-297). Washington, DC: American Psychological Association.
- Institute of International Education (2009). *Open doors 2009: Report on international educational exchange*. Washington, DC: Author.
- Mason, D. J., Leavitt, J. K., Chaffee, M. W. (2007). *Policy & politics in nursing and health care*. St. Louis, MO: Elsevier.
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. (8<sup>th</sup> ed.). Philadelphia: Lippincott, Williams, & Wilkins.

- Sanner, S., Wilson, A. H., & Samson, L. F. (2002). The experiences of international nursing students in a baccalaureate nursing program. *Journal of Professional Nursing, 18*(4), 206-213. doi:10.1053/jpnu.2002.127943
- Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A central concept in nursing. *IMAGE: Journal of Nursing Scholarship, 26*(2), 119-127. doi:10.1111/j.1547-5069.1994.tb00929.x
- Shakya, A., & Horsfall, J. M. (2000). ESL undergraduate nursing students in Australia: Some experiences. *Nursing and Health Sciences, 2*, 163-171. doi:10.1046/j.1442-2018.2000.00050.x
- Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. (5<sup>th</sup> ed.). Philadelphia: Lippincott, Williams & Wilkins.
- Wang, C., Singh, C., Bird, B., & Ives, G. (2008). The learning experiences of Taiwanese nursing students studying in Australia. *Journal of Transcultural Nursing, 19*(2), 140-50. doi:10.1177/1043659607312968
- Ye, J. (2006). An examination of acculturative stress, interpersonal social support, and use of online ethnic social groups among Chinese international students. *The Howard Journal of Communication, 17*, 1-20.

## **Manuscript 1**

### **The Science of Transitions**

## **Abstract**

Throughout life individuals are faced with various transitions, and how they manage these transitions impacts the transition outcomes. The aim of this paper is to describe Transition Theory (Schumacher & Meleis, 1994), the relevance that situational transitions have for nursing, and the state of the science as it pertains to situational transitions.

Transitions are often linked with actual or potential alterations in health. It is therefore imperative that nurses have a complete understanding of the conditions and processes of transitions as well as possible effects on well-being. From this perspective, nurses are able to intercede and assist individuals to achieve positive transitional outcomes.

## **Keywords**

transitions, Meleis, state of the science, situational transitions

## The Science of Transitions

As human beings, we are constantly faced with changes. However, how one transitions through these changes may lead to successful or unsuccessful outcomes. Four types of transitions have been defined (developmental, situational, health-illness, and organizational) (Meleis, Sawyer, Im, Messias, & Schumacher, 2003; Schumacher & Meleis, 1994). While there are various types of transitions, there are also varying definitions of transition. According to Taber's Cyclopedic Medical Dictionary (2008), transition is defined as "a passage from one state or position to another . . . . Transitions often require adaptation within the person, the group, or the environment" (p. 2360). Chick & Meleis (1986) define transition as "a passage from one life phase, condition, or status to another . . . transition refers to both the process and the outcome of complex person-environment interactions" (p. 239). Thus the process of transition is as important as the outcome of the experience (Meleis, 2010). It is vital to note that this passage or transition may encompass more than one individual (i.e. group or organization). Some key considerations in transitions theory include the type of transition, the transition conditions, and the patterns of response and outcomes (Schumacher & Meleis, 1994).

### **Aim**

The aim of this paper is to review the state of the science as it pertains to situational transitions including the relevance of situational transitions to nursing, transition conditions, patterns of response or outcomes, and types of transitions. In addition, this paper correlates the current transitions literature to Transitions Theory (Schumacher & Meleis, 1994).



## **Transitions Theory**

### **Developmental Transition**

The first type of transition is known as a developmental transition (Schumacher & Meleis, 1994). These transitions “are complex and dynamic phenomena involving a predictable series of biologically determined stages of growth and normatively governed psychosocial maturations” (Meleis, 2010, p. 87). Developmental transitions are seen as stages or progressions in life. For example, parenthood is a developmental transition that has benefited from a good deal of research. The majority of research on developmental transitions has looked specifically at individuals (Meleis, 2010). Other studies focused on relationships as they relate to developmental transitions, such as motherhood or empty-nesters (Schumacher & Meleis, 1994).

### **Situational Transition**

The second type of transition is known as a situational transition (Schumacher & Meleis, 1994). Meleis (2010) found that this type of transition is activated by events that require extraordinary, geographic and / or relationship changes. Examples of situational transitions include immigration, death of a spouse, relocation to unfamiliar settings, and education (Meleis & Trangenstein, 1994). Role changes have been heavily studied as situational transitions. For example, the changes experienced when one moves from the role of health care assistant to student nurse (Brennan & McSherry, 2007), and the newly graduated nurse to the workplace represent situational transitions (Duchscher, 2009). Changes in relationships may be due to immigration, changes in schools, or workplace. Relationship changes are because of changes in the situation.

### **Health-Illness Transition**

The third type of transition is considered a health–illness transition (Schumacher & Meleis, 1994). This type of transition is possibly the most studied in nursing research (Meleis, 2010). Health–illness transitions are propagated by a change in health status and/or change in situation or environment due to health alterations (Meleis, 2010). Examples of this type of transition include advanced cancers, post-operative recovery, chronic illness, and paralysis. Transitions within the health care system, such as discharge from hospital to rehabilitation center, are also seen as health-illness transitions (Meleis, 2010).

### **Organizational Transition**

The fourth type of transition identified in the theoretical framework is known as an organizational transition (Schumacher & Meleis, 1994). This type of transition is not viewed at the individual but at the systems (i.e. group or environment) level. These transitions are produced by modifications in guidelines, management, and procedures in the organization (Meleis, 2010). An organizational transition that is likely to garner future research is that of healthcare reform.

It is important to note that the types of transitions are not independent of each other. It is possible that transitions build from one another and that simultaneous or concurrent transitions may occur (Schumacher & Meleis, 1994). For example an individual may graduate from college, get married, obtain a new job, and move to a new city in a very short timeframe. This integrates simultaneously occurring developmental and situational transitions. Therefore, it is possible to experience more than one transition at any given time as well as more than one type of transition (Schumacher &

Meleis, 1994). When multiple transitions take place concurrently the complexity of managing them increases (Kaiser, Kaiser & Barry, 2009).

### **Transition Conditions**

Transitions occur when one's existing reality is disturbed, causing a required or preferred change that results in the need to create a new reality (Kralik, Visentin & van Loon, 2006). Changes in reality may include a role change as the result of a new job, an educational change due to progression of grade levels, and relationship changes due to immigration to a new country. The transition process is affected by both personal and environmental factors (Meleis, 2010). Transition conditions (*meanings, expectations, level of knowledge and skills, environment, planning, and emotional/physical well-being*) affect the process and outcome of transitions as situations are navigated (Schumacher & Meleis, 1994).

**Meaning.** The first of these conditions is meaning. Meaning is “subjective appraisal of an anticipated or experienced transition and evaluation of its likely effect on one's life” (Meleis, 2010, p. 43). Meaning allows one to understand the importance of the transition from the perspective of the entity experiencing it. Pregnant women may attend parenting classes based on the likelihood that it will be beneficial to first-time mothers (Kaiser et al., 2009).

**Expectations.** Expectations are viewed as subjective phenomena influenced by past experiences (Schumacher & Meleis, 1994). “People undergoing transitions may or may not know what to expect and their expectations may or may not be realistic” (Meleis, 2010, p. 43). It was noted that nurses who “float” amid units in a hospital, an example of

an organizational transition, find it difficult to acclimate to unit managers' expectations (Rich, 2010).

**Level of knowledge and skills.** It is necessary to assess prior level of knowledge before the transition experience (Schumacher & Meleis, 1994). The person undergoing transition must be aware of what knowledge and skills are required for the transition. Preparation prior to the transition is viewed as beneficial. It is helpful to determine what strategies are requisite to navigate the transition (Meleis, 2010). Xu (2008) found that international nurses' level of proficiency of English was correlated to the level of difficulty in adaptation in English-speaking countries.

**Environment.** The community conditions include social support from family, friends, mentors, and/or role models (Meleis et al., 2000). Societal conditions include cultural beliefs and attitudes, socioeconomic status, and awareness of socio-cultural context by all involved parties (Meleis et al., 2003). Therefore, transition can be effectively managed through teamwork, partnerships, effective communication, and support (Meleis, 2010). For example, Korean culture dictates women to put the needs of their family before their own; thus, it was found that the menopausal transition for Korean women was virtually unrecognized by their culture (Im & Meleis, 1999).

**Planning.** This involves anticipatory efforts prior to a transition (Schumacher & Meleis, 1994). Identification of possible problems, concerns, and issues that may surface during a transition will aid in the success of the transition. It is important to identify key people involved in the transition, including the entity undergoing transition and support persons because identification of these individuals promotes effective communication which is of utmost importance (Meleis, 2010). Planning and education in anticipation of

discharge was found to assist in post hospital transition for medical-surgical patients (Weiss, et al., 2007).

**Emotional/Physical Well-being.** Transitions may be stressful and impact emotional and/or physical well-being (Schumacher & Meleis, 1994). Types of emotional responses occurring during transitions include anxiety, insecurity, frustration, depression, apprehension, ambivalence, loneliness, role conflict, and low self-esteem. In contrast, self-confidence and pride were emotional indicators of positive transition experiences for “float” nurses (Rich, 2010).

It is possible for physical discomfort or illness to occur during the course of a transition which complicates the assimilation of new information (Meleis, 2010). While developmental transitions are the type most commonly affiliated with physical changes, environmental issues such as temperature, weather patterns, and allergens can influence well-being during transition (Meleis, 2010). A health-illness transition due to Alzheimer’s disease results in declines in cognition, behavior, and emotions which may alter emotional and physical well-being (Kelley & Lakin, 1988). Another example of physical well-being related to a transition is that of cardiac patients who define wellness as weight reduction and the ability to perform aerobic exercise without cardiac symptoms when transitioning to cardiac rehabilitation following an acute cardiac event (Dracup, Meleis, Baker & Edlefsen, 2010).

### **Patterns of Response**

Patterns of response are indicators of healthy transitions (Schumacher & Meleis, 1994) and emphasize the process of transition. The important steps of assessment and evaluation are conducted throughout the course of transition and not merely at its

conclusion. Three indicators are pertinent to all types of transitions. These include the *subjective sense of well-being*, *role mastery*, and the *well-being of relationships* (Schumacher & Meleis, 1994).

**Subjective Sense of Well-being.** The subjective sense of well-being includes effective coping mechanisms, the ability to manage one's emotions, maintenance of personal dignity, integrity, and quality of life (Schumacher & Meleis, 1994). Growth, liberation, increased self-esteem, and empowerment may also occur and are indicators of successful transitional outcomes (Meleis, 2010). For example, international nurses perceive they have been integrated into their new work environment when they feel valued and respected by co-workers (Xu, 2008).

**Role Mastery.** Role mastery, which indicates successful transition at both the organizational and individual levels, denotes achievement of skilled role performance as well as comfort with required behaviors in a new situation (Schumacher & Meleis, 1994). Competence, which is measured by knowledge, cognitive skills, decision-making, and psychomotor skills, is an important component of role mastery (Meleis, 2010). An excellent example of role mastery was illustrated by Swedish nursing students who acknowledged increased confidence in their ability to identify patient needs, a required role performance of nurses, the longer they were in school (Fagerberg & Ekman, 1998).

**Well-being of Interpersonal Relationships.** The well-being of interpersonal relationships is a key indicator of successful transitions. This denotes integration with broader social networks as well as the community (Schumacher & Meleis, 1994) and is also crucial in the prevention of social isolation. Building relationships with peers provides social support for individuals in new work relationships. These relationships

help during times of increased stress and anxiety (Levin, 2010). As previously noted, effective communication is key to successful relationship transitions (Meleis, 2010). Communication is needed to socialize with others and to fulfill other patterns of response. For example, role mastery is difficult if successful communication does not exist in the workplace. Lack of communication and support from preceptors was cited as leading to uncertainty in nursing students (Fagerberg & Ekman, 1998).

### **Analysis of Situational Transitions Literature**

This section presents an analysis of the current transitions literature, evaluates findings, and discusses applicability of Transitions Theory (Schumacher & Meleis, 1994) to routine situational transitions. Routine situational transitions include academic and role transitions.

Databases searched included “PsychInfo”, “SAGE Fulltext”, “Science Direct”, “CINAHL”, “Blackwell Synergy”, and “Google Scholar”. Keywords searched included “transition”, “situational transition”, “international student”, and “international nursing student”. Most literature reviewed utilized qualitative methodologies (Duchscher, 2009; Kaiser et al., 2009; Kralick et al., 2006; Reybold & Alamia, 2008; Sterling-Turner & Jordan, 2007), two studies were mixed methods (Barber & Olsen, 2004; Kenyon & Koerner, 2009), one quantitative (Vasalampi, Salmela-Aro, & Nurmi, 2010), and one case study (Levin, 2010). Literature came primarily from the discipline of psychology with the exception of role transition of nurses (Duchscher, 2009) coming from nursing.

#### **Academic Transitions**

Academic transitions include grade school progression, post-school environments, entering college, and faculty transitions. School transitions create outcomes in areas of

motivation, self-esteem and subjective well-being of adolescents (Barber & Olsen, 2004; Kenyon & Koerner, 2009; Vasalampi et al., 2010). Expectations or goals were found to be important transition conditions in studies focused on academic transitions, whether or not Transitions Theory (Schumacher & Meleis, 1994) was used to guide the studies. For example, as children age, parental expectations change; it is important that the child be aware of the parents' expectations to ensure that conflict does not ensue (Kenyon & Koerner, 2009). Students who have specific goals regarding their academic success tended to be more intrinsically motivated resulting in positive outcomes such as increased self-esteem and well-being (Vasalampi et al., 2010). The authors concluded that adolescents benefitted from educational programs that matched their level of knowledge and skills, as well as their expectations (Vasalampi et al., 2010). These findings support Transitions Theory (Schumacher & Meleis, 1994) in that the two conditions, level of knowledge and skill and expectations, are important to positive transition outcomes.

The well-being of interpersonal relationships was found to play a large role in the outcomes of transitions. Support from key individuals such as teachers and preceptors as well as socialization to the school environment impact the academic, personal, and interpersonal functioning of students (Barber & Olsen, 2004; Fagerberg & Ekman, 1998).

Studies have shown that transition planning is important to individuals with emotional and behavioral disorders throughout the lifespan (Sterling-Turner & Jordan, 2007; Wood & Cronin, 1999). When individuals with emotional and behavioral disorders such as autism experienced academic transitions such as transitioning from one grade to another or post-school to society, additional services assisted in successful transition (Sterling-Turner & Jordan, 2007; Wood & Cronin, 1999). These individuals



display problems with communication and socialization, and need the familiarity of routine in their everyday lives. Transitions lead to changes in those routines and can affect emotional well-being, such as anxiety, hostility, and irritability for these individuals (Sterling-Turner & Jordan, 2007; Wood & Cronin, 1999). Planning may ease the transition process and should begin at least a year before the transition is to occur if possible. A transition specialist, the individual and key people must be involved in planning the transition (Wood & Cronin, 1999). It is important to alter the environment to decrease the perception of change, when possible, to ease the individual into transition.

Kenyon and Koerner (2009) address the expectations of both students transitioning to college and their parents. Autonomy is a concept students experience as they embark on adulthood. Parents, too, undergo transitions as offspring leave home. For most students, college transition involved a large degree of independence that had never-before been experienced. The student had to assume more responsibility in finances, decision-making, and emotional autonomy. Those who studied at a distance left behind parents, family, and friends. They had to rebuild their social network (Kenyon & Koerner, 2009). Many had false expectations about social relationships, different expectations from reality, did not adequately plan, and/or possess the needed knowledge or skills to successfully transition to college life. Some did not achieve grades they had expected. Others found that it was more difficult than expected to live on their own. Some even planned to leave college and return home to their parents (Kenyon & Koerner, 2009). Because these students had not sufficiently planned for the transition to college life, had unrealistic expectations, did not plan or have knowledge and

skills needed and were unprepared for restructuring their support network, many experienced unsuccessful transitions.

Academic transitions are experienced by faculty (Reybold & Alamia, 2008) as well as students (Barber & Olsen, 2004; Kenyon & Koerner, 2009; Vasalampi et al., 2010). These transitions impact their professional identity and well-being. Faculty transitions, whether positive or negative, cause professional conflict and changes in perceived well-being. Academic transitions lead to personal, psychological, and social patterns of response. For example, faculty members looked to the tenure and promotion process as a sign of professional achievement while comparing their experiences with those of colleagues (Reybold & Alamia, 2008). Faculty members see the tenure and promotion process as a measure of role mastery directly relating to the transition pattern of response. When they do not achieve the role mastery, it can lead to negative sense of well-being.

These studies dealing with academic transitions note that transitions conditions (level of knowledge or skill, planning, expectations) and patterns of response (well-being of interpersonal relationships, sense of well-being) are factors that influence the outcomes of situational transitions.

### **Role Transitions**

Role changes lead to stress, new responsibilities, and demands (Duchscher, 2009; Levin, 2010). One such change is the transition from student to new graduate nurse (NG). It is noted that NGs experience things such as “role performance stress, moral distress, discouragement and disillusionment” during the first months of transition to professional nurse (Duchscher, 2009, p. 1104). Transition shock occurs when those

undergoing the transition move from a familiar role to that of a less familiar one. It is important to note that for NGs there is a discrepancy between the transition conditions from the practice setting to the academic environment. Poor preparation and planning are associated with worse patterns of response or outcomes (Duchscher, 2009). Physical well-being was noted to decrease as result of the role transition in that new nurses reported sleep disturbances and exhaustion because “dreams about work” resulted in poor sleep quality (Duchscher, 2009, p. 1108).

Executives are not immune to the effects of role transitions. In fact, research suggests that role transitions are one of the most taxing and traumatic life experiences for this group of individuals (Levin, 2010). The expectations of co-workers and supervisors place much stress on the individual. One study suggests that role clarification to determine the level of knowledge and skills needed to transition to the new role, as well as self-efficacy with the necessary knowledge and skills, and social acceptances by peers are important conditions in successful transitioning (Levin, 2010). There is added difficulty if the executive is undergoing simultaneous transitions. If the executive is transitioning to a new role and a new organization, there is the additional stress of learning the culture and dynamics of the new organization (Levin, 2010).

### **Relevance of Situational Transitions in Nursing**

Situational transitions, whether because of immigration, education, role, or relationship lead to holistic changes for the individual experiencing the transition. According to Meleis and Trangenstein (1994), “the concept of transition may be thought of as being congruent with or related to such concepts as adaptation, self-care, unitary human development, expanding consciousness, and human becoming” (p. 255).

Nursing's focus is to maintain or enhance holistic health (Meleis, 2010). Therefore, in order to provide appropriate care, it is imperative that nurses understand situational transitions and their impact on an individual's health.

Globalization and technology have increased the number of situational transitions by easing world travel and communication. It also leads to the development of new issues. For example, because jobs have been outsourced to other countries or because technology has changed the way work is done, employees may experience a situational transition such as job loss. Displaced workers must locate a new place of employment and perhaps learn new skills, both of which require transitions.

Because transitions are often linked to actual or potential alterations in health, it is crucial for nurses to have an understanding of transition conditions and processes as well as possible effects on well-being. With this knowledge, nurses may intercede and assist individuals towards positive transitional outcomes (Kaiser et al., 2009).

### **Conclusions**

The Transitions Theory posited by Schumacher & Meleis (1994) appears to be supported by the findings suggested via review of literature. The transition conditions and patterns of response and outcomes are noted to be consistent with this theory throughout various situational transitions.

The review of literature on transitions demonstrates that there are many types of situational transitions. Analysis of the studies reviewed revealed that findings support concepts represented in Transitions Theory (Schumacher & Meleis, 1994). A holistic picture of transition experiences is missing from the literature as evidenced by no studies being located that considered all of the transition conditions and patterns of response.

Future research must include all of the concepts of this theory when studying situational transitions and should examine whether other situational transitions support Transition Theory (Schumacher & Meleis, 1994). With transitions having potential effects on health, nurses must understand the conditions and processes of transitions. This understanding will allow nurses the opportunity to intervene and aid those undergoing transitions to have successful patterns of response. Analysis of the studies reviewed directly relates the Transitions Theory (Schumacher & Meleis, 1994). Therefore, future research needs to include all of the concepts of this theory when studying situational transitions.

## References

- Barber, B. K., & Olsen, J. A. (2004). Assessing the transitions to middle and high school. *Journal of Adolescent Research, 19*(1), 3-30. doi: 10.1177/0743558403258113
- Brennan, G., & McSherry, R. (2007). Exploring the transition and professional socialization from health care assistant to student nurse. *Nurse Education in Practice, 7*(4), 206-214. doi:10.1016/j.nepr.2006.08.006
- Chick, N., & Meleis, A. I. (1986). Transitions: A nursing concern. [Electronic Version] In P.L. Chinn (Ed.). (1986). *Nursing Research Methodology*, (pp. 237-257). Boulder, CO: Aspen Publication.
- Dracup, K., Meleis, A. I., Baker, K., & Edlefsen, P. (2010). Family-focused cardiac rehabilitation: A role supplementation program for cardiac patients and spouses. In A. I. Meleis (Ed.). *Transitions theory: middle-range and situation-specific theories in nursing research and practice* (pp. 563-571). New York: Springer.
- Duchscher, J. E. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing, 65*(5), 1103-1113. doi: 10.1111/j.1365-2648.2008.04898.x
- Fagerberg, I., & Ekman, S. (1998). Swedish nursing students' transition into nursing during education. *Western Journal of Nursing Research, 20*(5), 602-620. doi: 10.1177/019394599802000507
- Im, E. O., & Meleis, A. I. (1999). A situation-specific theory of Korean immigrant women's menopausal transition. *Journal of Nursing Scholarship, 31*(4), 333-338. doi:10.1111/j.1547-5069.1999.tb00513.x

- Kaiser, M. M., Kaiser, K. L., & Berry, T. L. (2009). Health effects of life transitions for women and children: A research model for public and community health nursing. *Public Health Nursing, 26*(4), 370-379. doi: 10.1111/j.1525-1446.2009.00792.x
- Kelly, L. S., & Lakin, J. A. (1988). Role supplementation as a nursing intervention for Alzheimer's disease: A case study. *Public Health Nursing, 5*(3), 146-152.
- Kenyon, D. B., & Koerner, S. S. (2009). Examining emerging-adults' and parents' expectations about autonomy during the transition to college. *Journal of Adolescent Research, 24*(3), 293-320. doi: 10.1177/0743558409333021
- Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal of Advanced Nursing, 55*(3), 320-329. doi: 10.1111/j.1365-2648.2006.03899.x
- Levin, I. M. (2010). New leader assimilation process: Accelerating new role-related transitions. *Consulting Psychology Journal: Practice and Research, 62*(1), 56-72. doi:10.1037/a0018630
- Meleis, A. I. (Ed.) (2010). *Transitions theory: Middle-range and situation-specific theories in nursing research and practice*. New York: Springer.
- Meleis, A. I., Sawyer, L. M., Im, E., Messias, D. K. H., & Schumacher, K. (2003). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12-28.
- Meleis, A. I., & Trangenstein, P. A. (1994). Facilitating transitions: Redefinition of the nursing mission. *Nursing Outlook, 42*(6), 255-259. doi:10.1016/0029-6554(94)90045-0
- Rich, V. L. (2010). On becoming a flexible pool nurse: Expansion of the Meleis transition framework. In A. I. Meleis (Ed.). *Transitions theory: Middle-range and*

- situation-specific theories in nursing research and practice* (pp. 423-430). New York: Springer.
- Reybold, L. E., & Alamia, J. J. (2008). Academic transitions in education: a developmental perspective of women faculty experiences. *Journal of Career Development, 35*(2), 107-128. doi: 10.1177/0894845308325644
- Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A central concept in nursing. *IMAGE: Journal of Nursing Scholarship, 26*(2), 119-127. doi:10.1111/j.1547-5069.1994.tb00929.x
- Sterling-Turner, H. E., & Jordan, S. S. (2007). Interventions addressing transition difficulties for individuals with autism. *Psychology in the schools, 44*(7), 681-690. doi: 10.1002/pits.20257
- Transition. (2008). In D. Venes (Ed.), *Taber's cyclopedic medical dictionary (21 ed., p. 2360)*. Philadelphia, PA: F.A. Davis.
- Vasalampi, K., Salmela-Aro, K., & Nurmi, J. E. (2010). Education-related goal appraisals and self-esteem during the transition to secondary education: A longitudinal study. *International Journal of Behavioral Development, 1*-10. doi: 10.1177/0165025409359888
- Weiss, M., Piacentine, L. B., Lokken, L., Ancona, J., Archer, J., Gresser, S., Holmes, S. B., Toman, S., Toy, A., & Vega-Stromberg, T. (2007). Perceived readiness for hospital discharge in adult medical-surgical patients. *Clinical Nurse Specialist, 21*(1), 31-42. doi:10.1097/00002800-200701000-00008



Wood, S. J., & Cronin, M. E. (1999). Students with emotional/behavioral disorders and transition planning: What the follow-up studies tell us. *Psychology in the Schools*, 36(4), 327-345.

Xu, Y. (2008). Facilitating adaptation of international nurses: Need for an evidenced-based transition and integration program. *Home Health Care Management and Practice*, 20(2), 199-202. doi: 10.1177/1084822307309064

## **Manuscript 2**

### **Lived Experiences of Transitions in International Nursing Students**

## **Abstract**

Purpose: The purpose of this study was to describe the transition experience of international nursing students studying in the United States. Methods: Using Giorgi's descriptive phenomenological methodology, 10 international nursing students from eight different countries of origin were interviewed. Data were transcribed verbatim and coded for themes. Results: Findings were listed in accordance with existing theory on transitions: meaning, expectations, planning, level of knowledge/skill, environment, emotional/physical well-being, well-being of interpersonal relationships, subjective sense of well-being, and role mastery. Discussion: Findings reinforce the unique transition experiences of international nursing students and demonstrate the need for a curriculum structure that meets the academic, language, pedagogical, clinical, social, and cultural needs of international nursing students.

## **Keywords**

international nursing students; transitions; qualitative analysis; Giorgi; descriptive phenomenology

## Lived Experiences of Transitions in International Nursing Students

Globalization eases world travel and communication. In the United States (US), cultural diversity is increasing at a rapid pace. As a result, new issues have developed. Across college and university campuses in the US, international students are increasingly diverse. During the 2008-2009 academic years, the number of international students enrolled in US higher education increased by 8% over the previous academic year comprising 32.4% of students seeking a bachelor's degree and represents the largest number of international students enrolled in US higher education to date (Institute of International Education, 2009). The academic years 2006-2007 and 2007-2008 reported growth of 3% and 7% respectively. The number of first-time international student enrollees escalated by 16% in 2008 following 10% increases in 2005 and 2006. Since 2004, the number of international students newly enrolled in undergraduate education has increased by 37%. The numbers of international students declaring health professions as their academic focus increased by 20.2% in 2008 over the previous academic year and comprised 5.2% of the health professions majors (Institute of International Education, 2009). Nursing is one of the health professions included in this category, but the actual number of international nursing students was not delineated in the data.

International nursing students are changing the makeup of the traditional classroom. As the diversity of the classroom is changing, literature has shown that international students have additional needs that must be addressed to aid in their academic success. The academic success of these students is important not only to the global nursing profession, but to the US economy. Many barriers to academic success have been identified in the international student population in general. These barriers

include cultural differences (Abu-Saad & Kayser-Jones, 1981; Junious, Malecha, Tart & Young, 2010; Poyrazli & Kavanaugh, 2006) , communication issues (Abu-Saad & Kayser-Jones, 1981; Junious et al., 2010; Poyrazli & Grahame, 2007; Poyrazli & Kavanaugh, 2006; Sanner, Wilson & Samson, 2002; Shakya & Horsfall, 2000; Wang, Singh, Bird, & Ives, 2008; Ying, 2003), differences in learning and teaching styles (Ladd & Ruby, 1999; Wang et al., 2008), differences in time perception (Ladd & Ruby, 1999), plagiarism issues (Ladd & Ruby, 1999), and need for support services (Abu-Saad & Kayser-Jones, 1981; Junious et al., 2010; Ladd & Ruby, 1999; Poyrazli & Grahame, 2007; Poyrazli & Kavanaugh, 2006; Shakya & Horsfall, 2000; Wang et al., 2008; Ying, 2003). These studies demonstrate the spectrum of challenges international students encounter, but methodological issues limit their generalizability. All studies were limited in regard to the population studied. For example, samples included foreign-born undergraduate nursing students, some of whom were naturalized citizens (Junious et al., 2010), foreign nursing students from various types of nursing programs (Abu-Saad & Kayser-Jones, 1981), non-nursing samples (Ladd & Ruby, 1999; Poyrazli & Grahame, 2007; Poyrazli & Kavanaugh, 2006; Ying, 2003), or studies of only one cultural group (Sanner et al., 2002; Shakya & Horsfall, 2000; Wang et al., 2008).

Analysis of the nursing literature revealed few studies using the concept “transition” in reference to the international nursing student population. Current literature focused on “experiences,” “learning experiences,” “difficulties,” “perceived stress,” and faculty support (Junious et al., 2010; Sanner et al., 2002; Shakya & Horsfall, 2000; Abu-Saad & Kayser-Jones, 1981; Wang et al., 2008). Sanner et. al (2002) considered the adjustment and perceptions of this population. While studies examined

the educational experiences of foreign nursing students, inclusion criteria were inconsistent or considered students from a single country of origin. The practicality of providing services to international students based upon ethnicity or country of origin is not economically feasible; thus, if similarities exist amongst all international nursing students, there is greater potential for appropriate services to be provided. In addition to different conceptual approaches, these studies focused on individual aspects of transition, but did not seek to capture the full essence of the experience. Finally, no studies utilized Transitions Theory (Schumacher & Meleis, 1994) as the foundation for the research.

International students have different learning needs, more obstacles to overcome, and require additional coping strategies compared to their non-international classmates (Sanner et al, 2002; Wang et al., 2008). Shakya & Horsfall (2000) stated that lack of orientation and host ethnocentrism were challenges for international nursing students. Language difficulties, whether actual or perceived, were reported (Shakya & Horsfall, 2000; Abu-Saad & Kayser-Jones, 1981). A recurring theme was the need for faculty support (Abu-Saad & Kayser-Jones, 1981; Junious et al., 2010; Wang, et al., 2008). Additionally, Junious et al. (2010) reported that international nursing students perceived a lack of cultural competence among faculty. None of the studies located focused on describing the transition experience holistically. The findings gathered pieces of the transition experiences, but do not provide a full description of the transition experience of leaving one's home country to study nursing in the US.

This research study fills a void in the literature by identifying factors that affect student transitions to the US, college and nursing school. Because there is no literature that describes the transition experiences of the international nursing student population, it

was necessary to employ a descriptive phenomenological methodology. By describing the transitions that affect international nursing students, colleges and universities will have a better insight into needs of this population and can more effectively support these students.

### **Transitions Theory**

Transitions occur when one's existing reality is disturbed, causing a required or preferred change that results in the need to create a new reality (Kralik, Visentin & van Loon, 2006). Transitions theory, as shown in Figure 1, includes six conditions (*meanings, expectations, level of knowledge and skills, environment, planning, and emotional/physical well-being*) that affect the process and outcome of transitions as situations are navigated (Schumacher & Meleis, 1994).

**Transition Conditions.** Meaning is “subjective appraisal of an anticipated or experienced transition and evaluation of its likely effect on one’s life” (Meleis, 2010, p. 43). Meaning allows one to understand the importance of the transition from the perspective of the entity experiencing it. Expectations are viewed as subjective phenomena that are influenced by past experiences. “People undergoing transitions may or may not know what to expect and their expectations may or may not be realistic” (Meleis, 2010, p. 43). It is necessary to assess prior level of knowledge before the transition experience. The person undergoing transition must be aware of what knowledge and skills are required for the transition. Preparation prior to the transition is viewed as beneficial. It is helpful to determine what strategies are requisite to navigate the transition (Meleis, 2010). The environment is seen as both community and society. Community conditions include social support from family, friends, mentors, and/or role

models (Schumacher & Meleis, 1994). Societal conditions include cultural beliefs and attitudes, socioeconomic status, and awareness of socio-cultural context by all involved parties. Therefore, the transition can be effectively managed through teamwork, partnerships, effective communication, and support (Meleis, 2010). Planning involves anticipatory efforts prior to a transition and aids in successful outcomes (Schumacher & Meleis, 1994). Identification of possible problems, concerns, and issues that may surface during a transition is part of effective planning. It is important to identify key people involved in the transition, including the person undergoing transition and support persons. Transitions are considered to be stressful and can affect emotional and physical well-being and result in illness (Schumacher & Meleis, 1994). While developmental transitions are the type most commonly affiliated with physical changes, environmental issues such as temperature, weather patterns, and allergens can influence well-being during transition.

**Patterns of response or outcomes.** Patterns of response are indicators of healthy transitions (Schumacher & Meleis, 1994) and emphasize the process of transition. The important steps of assessment and evaluation are conducted throughout the course of transition and not merely at its conclusion. There are three indicators of healthy transitions (*subjective sense of well-being, role mastery, well-being of relationships*) noted to be pertinent to all types of transitions (Schumacher & Meleis, 1994). Subjective sense of well-being includes effective coping mechanisms, the ability to manage one's emotions, maintenance of personal dignity, integrity, and quality of life (Schumacher & Meleis, 1994). Role mastery indicates successful transition of both the organizational and individual levels, denotes achievement of skilled role performance as well as comfort



with required behaviors in a new situation (Schumacher & Meleis, 1994). Well-being of interpersonal relationships denotes integration with broader social networks as well as the community and is crucial in the prevention of social isolation.

### **Purpose of the Research Study and Research Questions**

The purpose of this study was to describe the transition experiences of international nursing students using Transitions Theory (Schumacher & Meleis, 1994) as the basis for the investigation.

The research questions were:

- (1) What transitions do international nursing students face when they study in the US?
- (2) What are international nursing students' lived experiences of transitions?

### **Methods**

A descriptive phenomenological design was used to uncover the lived experiences of transitions in international nursing students. The purpose of phenomenological description is to provide a reliable insight into the experience of the phenomenon under investigation (Churchill & Wertz, 2001). "Furthermore, it is this lived experience that gives meaning to each individual's perception of a particular phenomenon and is influenced by everything internal and external to the individual" (Streubert and Carpenter, 2011, p. 74).

Giorgi's (1975) approach to phenomenological methodology, which he employed to study individual learning styles, was utilized. Giorgi (1997) posits that each individual is unique and does not experience phenomena in the exact way as another. Giorgi's design places the responsibility for the validation of findings on the researcher rather than

the study participant (Giorgi, 2006). Due to the participants' diverse ethnic backgrounds in this study, it was inappropriate to ask one participant to validate the findings of individuals who represent different lived experiences. Therefore, this was a fitting qualitative research methodology for the international nursing student population.

Many educational studies have used Giorgi's (1975) descriptive phenomenological methodology (Hodge, Tannehill, & Kluge, 2003; Mansour & Porter, 2008; Olive, 2008; Van der Mescht, 2004). It has also been used in nursing research (Costello-Nickitas, 1994; Hudacek, 2008; Mansour & Porter, 2008; Santopinto, 1989; Williamson, Cook, Salmeron, & Burton, 2010).

### **Sample and Setting**

The study sample included individuals recruited via face-to-face presentations by the researcher plus snowball sampling. Initially, students were recruited from a large baccalaureate program in a Southern state. According to US News & World Report (2010), this university ranks high among state and national schools with the most diverse student populations. Approximately 310 students from this university were invited to participate. According to school records, 15 students were eligible based on visa status. Six students from this university were enrolled in the study. Similar recruitment techniques were conducted at another baccalaureate nursing program in the same southern city; however, no study participants were recruited from this school. The program offered only an accelerated second baccalaureate degree curriculum. While there were numerous international nursing students, it was likely they had been in country longer than five years (an eligibility criterion).

Snowball sampling enlists others who might be aware of potential participants who “are difficult to locate” (Streubert & Carpenter, 2011, p. 29) and was implemented to increase the number of participants to ensure data saturation, meaning no new information was forthcoming (Kvale, 1996; Polit & Beck, 2008; Streubert and Carpenter, 2011). Four additional participants were recruited through snowball techniques.

Inclusion criteria were declaration of nursing as undergraduate major, F-1 student visa status, and time in the US from nine months to five years. This ensured that the population was comprised of truly international students, not students with different ethnic backgrounds who considered themselves international, but not declared so by the university. The inclusion criteria also ensured that students had been in country long enough to have experienced a depth and variety of transitions, and had had an opportunity to reflect on the process (Creswell, 1998). However, the criteria limited the period so that students had not been in the US so long that they had forgotten the transitions experienced. Validation of the findings through data source triangulation was achieved by including students from various backgrounds (Polit & Beck, 2008). This purposive heterogeneous sample consisted of 10 participants (Creswell, 2009; Kvale, 1996). The researcher sought a heterogeneous sample to ensure that as many ethnicities were represented as possible.

### **Sample Demographics**

The sample consisted of 10 international nursing students enrolled in undergraduate baccalaureate programs in the US, nine female and one male participant. The participants were from the countries of Vietnam ( $n=3$ ), China ( $n=1$ ), Nepal ( $n=1$ ), South Korea ( $n=1$ ), Columbia ( $n=1$ ), St. Lucia ( $n=1$ ), Rwanda ( $n=1$ ), and Nigeria ( $n=1$ ).

They represented undergraduate programs located in Alabama, California, Louisiana, Oklahoma, and Texas. The age of the participants ranged from 21-32 years with the median age being 24.6 years. The participants spoke an average of three languages fluently with one participant citing fluency in nine languages. Participants had been in the US an average of 4.3 years. One participant was married with a child and spouse living in the US.

### **Instruments**

The researcher administered a demographic questionnaire (Table 1) and a semi-structured interview schedule (Table 2). The semi-structured interview schedule was based on Transition Theory (Schumacher & Meleis, 1994) and specifically reflects the six transition conditions and three patterns of response or outcomes.

### **Procedures**

The study was approved by appropriate university Institutional Review Boards. A presentation was given to possible study participants before, during a break, or after a scheduled lecture as pre-arranged with the course faculty. This presentation provided potential participants with information regarding the study, the types of data that were to be collected, data collection methods, and approximate time required to complete the interview process. The presentation included potential risks and benefits to the participant, as well as potential benefits to the population as a whole. Interested individuals were asked to meet the researcher in a designated area during break or after class. At that time, the informed consent was obtained, questions were answered, and eligibility was established. If the eligibility criteria were met, an appointment was arranged at a time and location convenient for the student.

Snowball sampling allowed four additional participants to be included in the study. These interviews were conducted face-to-face ( $n=1$ ), via Skype™ ( $n=2$ ), or by telephone ( $n=1$ ). Those conducted via Skype video chat allowed the participant and interviewer to visually interact during the interviews. Informed consent was obtained from all participants prior to the interviews. All interviews were digitally recorded for transcription. The interviews took between 22 and 57 minutes to complete.

### **Data Analysis**

Giorgi's (1975) phenomenological approach was utilized for data analysis. The steps to his approach are noted in the following paragraphs and are illustrated in Figure 2.

Prior to initiating data analysis, the researcher utilized phenomenological reduction to remain as unbiased or neutral as possible when conducting the research and analyzing data (Giorgi, 2006). Giorgi (1994) advises, "Nothing can be accomplished without subjectivity, so its elimination is not the solution. Rather how the subject is present is what matters and objectivity itself is an achievement of subjectivity" (p. 205). Giorgi (2006) therefore calls on the researcher to describe previous pre-study experiences that could impact the research findings. In the case of this study, the researcher had previously witnessed poor academic outcomes of international nursing students. Many were unsuccessful in nursing undergraduate programs despite meeting admission criteria and having had high performance in general studies. These experiences served as an impetus for the research. Prior to data collection, the researcher reflected on her perceptions of the students' experiences as well as her preconceptions related to Transitions Theory (Schumacher & Meleis, 1994) and journaled about these issues. These steps increased confirmability and authenticity of the study by ensuring that

personal biases and perspectives were acknowledged and that the data resulted from the participants' voices (Polit & Beck, 2008).

The first step in Giorgi's method is to "read the entire description in order to get a general sense of the whole statement" (Giorgi, 1985, p. 10). Therefore, all of the interviews were conducted before data analysis began.

The second step in this approach is the identification of meaning units for each participant from the data (Giorgi, 1985). The subjects' own words were used to "tease out the essential meaning of the experiential descriptions" (Giorgi, 1985, p. 65). "Meaning units do not actually exist in the raw text; they are constituted perceptually by the researcher who actively searches for emerging meaning" (Santopinto, 1989, p. 31). During the identification of meaning units, some appeared to have defined subcategories. Common meaning units were identified for each participant and then compared to those of others. Finally, the researcher questioned meaning units for redundancies, clarification, or explanation by linking them to each other and to the whole (Burns & Grove, 2004).

Next, in order to discover the meaning of the phenomenon, the researcher reflected on the meaning units and attempted to derive the essence of the experience for each subject. This was done by systematic review of each meaning unit and categorical definition in the researcher's own words (Burns and Grove, 2004; De Castro, 2003; Ganeson & Ehrich, 2009).

The final step in Giorgi's approach is to formalize a continuous report of the phenomenon across subjects through combination of insights (Burns & Grove, 2004;

Ganeson & Ehrich, 2009). This description captures the broadest or most general meaning of the phenomenon being studied (Santopinto, 1989).

Validation of findings occurred through a variety of processes. During the interviews, the researcher made detailed notes. Following the interview, the researcher repeated the notes to the participant. This provided the participant the opportunity to verify, correct any misunderstandings, clarify verbiage, and add additional information.

Giorgi (1975) states that the researcher has access to all of the data, whereas a single participant would only have access to their individual data. He therefore does not call for a return to the participants to validate research conclusions (Giorgi, 2006). This is important in this study because international nursing students from different countries of origin were interviewed and found to have varied experiences. Including participants from varied backgrounds and countries of origin represented a form of data source triangulation aiding the validity of the study by providing multiple perspectives on the phenomenon (Polit & Beck, 2008). Giorgi (2006) states research is conducted to provide an understanding of the phenomena to the discipline rather than to the individual.

Dependability, confirmability, and credibility of the findings were established by peer review, external auditing and triangulation (Creswell, 1998; Polit & Beck, 2008). The external auditor had no connection to or familiarity with the research study, as suggested by Creswell (1998). The external auditor who is experienced nursing faculty at an institution not affiliated with the researcher or study participants examined the overall study including data collection, transcription, and thematic conclusions to determine if they were supported by the data and linkage to theory. An experienced qualitative researcher served as the peer reviewer and verified that the derived meaning units

matched the interview transcripts through an examination of the written documents, transcripts, and questioning of the researcher (Creswell, 2009; 1998). The external audit and peer review and debriefing are considered techniques to ensure minimal researcher bias and research findings reflect the data (Creswell, 2009; Kvale, 1996, 2003).

Theory triangulation with previous research studies and Transitions Theory (Schumacher & Meleis, 1994) serve as corroborating evidence in this study (Polit & Beck, 2008). Kvale (1996) states, “theoretical interpretations are validated by a community of researchers” (p. 218). Triangulation, external auditing, and peer review/debriefing all validated that the study findings support the theory from which the interview schedule was developed (Kvale, 1996). Creswell (1998) recommended that qualitative researchers engage in at least two methods of verification. This study employed three of the recommended methods of verification (Creswell, 1998). According to Finlay (2009), “a phenomenological method is sound if it links appropriately to some phenomenological philosophy or theory, and if its claims about method are justified and consistent” (p. 8).

## **Findings**

Findings from study are discussed based upon Transitions Theory (Figure 1) (Schumacher & Meleis, 1994). Patterns and themes that emerged are presented for each question related to transitions conditions and patterns of response.

### **Meaning of studying nursing in the US**

Study participants described the meaning of studying nursing in the US as a way to help others while attaining a globally respected degree. They also mentioned that the



degree would provide them with the ability to have a good paying, stable job immediately after graduation with an option for future educational advancement.

**Help others.** Study participants felt that that studying nursing meant “having the chance to help people in so many ways” and it is “like a personal ministry.” One participant observed that fellow countrymen received “less care than they should” from American nurses because of the language barrier. These observations alerted her to the importance of nursing in her country. Another participant from “a developing country” said that studying nursing in the US is important because it will allow her to “educate the community” when she returns home where there is limited access to healthcare.

**Respected.** The study participants stated that “it’s good to have a degree from the US.” They described the US as having “better education” than other countries and that possessing a degree from the US would give them a “better future.” One participant specifically mentioned the “accreditation” of US programs that provided recognition on a “worldwide basis.” Study participants noted that their family members agreed that a US degree would allow them a “better future.”

**Stepping stone.** To many of the study participants, a US nursing degree would act like a “stepping stone” towards their goals and dreams. One participant noted, “I couldn’t go back home with a nursing degree and actually make it, so that’s why I said it is a stepping stone to where I want to eventually go.” Another participant stated, “Anything you want to do, you can do it with nursing.” Other participants listed a degree in nursing from the US as a “means to an end.” Several participants mentioned desires of furthering their education after their bachelor’s degree was complete.

**Job placement, stability, and good pay.** Many of the study participants discussed the financial meaning of the nursing profession. They stated that the ability to “set up a career almost instantly after school” was important to them. Others described it as having “good money.” Another participant described nursing as ensuring that she did not “end up four years in school and at the end of the day not able to get a job because of my background” and that nursing was a job that one could attain “irrespective of your accent or your culture or your origin.” “It’s a very stable job.”

**Higher status of nursing.** Study participants noted that the scope and practice of nursing is “different” in US than in their home countries. Nursing in the participants’ home countries is described as “very low expectation job.” Several of the participants described nurses in the US to be “something like doctors” in their home countries. One study participant described it as “we can do more things as a nurse in here.” It was mentioned by participants that the nursing profession garners more “respect” in the US than in other countries. One study participant mentioned that her parents initially objected to her choice of nursing as a major, but agreed after she explained the role differences between the US and her home country.

### **Expectations of coming to the US to study nursing**

Most of the study participants did not originally choose nursing as their major of study prior to coming to the US. Many of the study participants had chosen majors in the sciences (biology, chemistry). Others chose business, computer science, and banking. Expectations of coming to the US were centered on getting a degree in the US where technology, facilities, and resources were abundant.

**Nursing school not in expectations.** Most participants stated that they had no expectations of nursing school prior to coming to the US because nursing was not their first major field of study. Several of the participants described having aspirations to study the “medical field” or to be a “medical doctor.” They found that nursing was the “closest” major offered at their school. Others changed their majors to nursing based upon job availability and salaries.

**Previous experiences with nursing.** Some participants described their experience with nursing as the basis for their expectations of the profession. One participant described “volunteering at a nursing home” while in high school as the reason she wanted to become a nurse. Another discussed patient interactions experienced at a family members’ hospital in her home country.

**Big city living.** Many of the study participants stated they expected to be in a “big city” and that “I was kind of imagining like a city life . . . just like from the media.” Some stated that because they were in a smaller city than they had expected, it was “less fun” and their expectations “went down.” Another described it as causing a “limited lifestyle.” Study participants described “little towns” as not conducive to “a lot of interaction” with people of similar age and culture.

**Culture.** Study participants had different cultural expectations. Some participants expected to see “brighter people” while another expected that “everybody [in the US] was going to be White.” One participant expected to “meet a lot of American friends.” Another expected that the US would be “different from home.”

## **Planning prior to coming to US and college**

Even though most study participants did not plan on nursing as their major field of study prior to coming to the US, they planned on seeking education. Financial planning, English preparation, interaction with study abroad counselors and recruiters, and Visa application were activities that were sought as preparation for coming to the US and attending college.

**Financial planning.** Study participants reported that financial planning was an important part of their preparation for attending college in the US. Family was the primary responsible party for financial planning and support. Some discussed “sacrifices” that were made on their behalf to allow them the opportunity to study in the US. One participant discussed applying for “student loans” to ensure educational opportunities in the US. While another described the process of choosing where to study based upon the “money” she was given in the form of an “out of state fee waiver” which led to decreased spending “out of my pocket.” One participant stated that “financial stability” was important “mentally.”

**English preparation.** Study participants stressed the importance of English skills prior to coming to the US. They described intensive study of the English language in their home country. Even participants who stated that they have used English “since middle school” described the need to better their language fluency. Study participants stated that they studied for English examinations, such as “TOEFL [Test of English as a Foreign Language].” They utilized resources such as “tutors” and made friends with native English-speaking individuals, such as “American friends, and Canadian, Australian” who helped them to “speak.” Other methods to improve language skills

included listening to American “pop music” and watching “movies” and television programs. Participants described not being able to communicate with others in English as “a big problem” and emphasized that communication was an essential requirement in order to “survive here.”

**Recruiters and counselors.** A few study participants mentioned that they “don’t do it by ourselves” when choosing where to attend college. They attended a “recruitment or a conference about study abroad” in their home country where “schools from America and from other countries” provided information regarding educational opportunities. The “study abroad counselor” was available to answer questions regarding various opportunities. Another study participant mentioned discussing “scholarship opportunities” with recruiters as an important part of planning to come college in the US.

**Visas.** As previously described in the inclusion criteria, all study participants were required to have F-1 Visas. However, various visas were used to allow entry to the US. “I came in with a Visa, a B-1 or B-2 [visitor/tourist]” because it was difficult to obtain a student Visa in her home country explained one student. After attending a US community college, she “changed status.” The processes of obtaining a student Visa “required a lot of things, but thank God I made the requirements.” She “planned on going to school” but knew that changing to a student Visa would be “easier . . . once I get here” than to stay in her home country and “be hoping one day I’ll be given a student Visa.” Another participant stated that the F-1 Visa that allowed study in the US “is already expire in 2009” preventing re-entry to the US if the student returned home during nursing school. The participant stated that “if I ever go back to my country I have to apply for another Visa.” This re-application process was described as “sometime . . . so

difficult,” that renewal of a Visa was not guaranteed, and that officials can “fail you without any reason.”

### **Knowledge of US and nursing school prior to coming to US**

Because nursing school was not a chosen path for many of the study participants prior to coming to the US, these individuals had little prior knowledge of nursing school. Even the one participant who had declared nursing as a field of study, stated that she had “no idea” or prior knowledge of nursing school. For many of the students, family members or “relatives” living in the US provided them with knowledge about the country. One participant stated that “I had friends who already came here to study” and they provided a “general idea” of college life in the US. Several participants mentioned that they had been to the US “many times” prior to coming for school. Numerous students stated their knowledge of the US came from “movies” and “the media.” The US was described as the “land of opportunity” and offers better technology, resources, education, and facilities than their native countries.

**Educational system.** Many study participants stated that the US has the “best system”, “a very good educational system.” One participant stated that a lot of the programs are recognized “on a worldwide basis.”

**Facilities/Technology.** Many participants also believed that the US was “a modern country with a lot of technologies.” The US was described by participants as having better study environments, “internet,” “funding,” and “equipment.” One stated that “my sister told me that the US has a lot of facilities for you to study with internet connection.” Another participant said facilities such as local churches provide necessities, such as food, for people who could not afford them. The participant stated

that these “facilities” decreased “worry” and allowed more time for study. One participant stated that “being in the US you have access to a lot of things, the computer, the internet, the library system, the support system, even the government is giving out funds.”

**Opportunity.** Participants described the US as the “land of opportunity.” Many felt that if “you really do work hard,” you can achieve success in the US. They also stated that this is “the main thing a lot of people and me are attracted to.” Another participant described it as “once you do your part, there is opportunity waiting for you” and that “you can be whoever you want to be.” Still another participant stated that “this is the place that you can be able to make anything happen.” Another stated that the US is “very organized” and has “no corruption,” characteristics that help to ensure educational opportunities.

### **Perception and interaction with the environment**

Participants were asked to describe their perceptions and interaction of the environment of both the US and nursing school.

**Perceptions.** Students described their perceptions of the US as “competitive,” yet “orderly” environment that is “different” from their home countries. Two participants noted that they consciously keep an open-mind so that they are “not allowing my perception of the US to taint anything.” One participant who discussed the importance of maintaining an open-mind stated, “I think that . . . being able to embrace whatever it is and experiences, then you’re able to grow from that.”

As far as perception of the US educational environment, one study participant observed that “[Americans] could do a whole lot better, especially given the resources

that [Americans] have.” The participant also stated that “a lot more people could go to school and they have means to, they just don’t realize how lucky they are to have been born with all of these opportunities they don’t take advantage of.” Another had no perceptions of nursing school prior to coming, but once in the US visited “a lot of blogs” that provided insight into nursing in America. The “blogs” were written by international students and nurses in America. The bloggers were “complaining where it’s [nursing and nursing school] hard.” The blogs were described as a “community” where they “share information” and “some problems.”

**Interactions.** When asked about interactions with the environment, those interviewed considered the environment and people to be synonymous. Participants described a range of interactions with Americans. Through their interactions with the US environment, some found that their perceptions tended to be somewhat skewed in that American people as a whole are “more polite” than originally perceived. Other participants noted that the American people tended to be “closed-minded” about people who were different. They cited incidences of discrimination, disrespect, stereotyping, and “segregation.” One participant noted that the discrimination was not necessarily racially motivated, but that the local people were not accepting of “outsiders.” “They tend to give people from outside an even harder time because they don’t understand . . . They don’t attempt to.” Another participant described discrimination and “segregation” related to “skin color” and “accent.” The participant stated that “accent” resulted in more discrimination than “skin color.” One participant said that it was important to not be “too different” noting that “I tried to change myself.” One believed that her ability to “acculturate” was a “smoother” experience than others’ because of “a lot of friends”



provided “support.” The environment was described by another very “positively”; “loved it [US] just like my country.”

The environment of nursing school, as experienced by the participants, was described to differ from perceptions gained from others after coming to the US. Study participants described interaction with the nursing school environment to be “hard,” “heavy,” “challenging,” and “time consuming” like they expected, but that the people they interacted with in nursing school were generally better than those in the overall US environment. Participants described their interactions with the nursing school environment as “home away from home,” “fair,” and “the best thing that ever happened to me in the US academically.” One participant positively noted the contribution of “student life services” to her success. Another stated that despite hearing from others that nursing school prevented a “life” outside of school, this individual’s experience was that “if you study hard, you will get through it but there’s a way to enjoy life even when you’re in nursing school.”

### **Emotional Well-being**

When asked to describe their emotional state since coming to the US and nursing school, various emotional issues were delineated. They described themselves as missing family and familiar surroundings, being homesick, and having difficulty coping. Participants noted that at times they felt left out, but seemed to be better when they had “friends around” them. One participant noted that emotional issues led to seeking help from a professional “counselor.”

**Since coming to US.** Study participants described their emotions as being a “very long process” and as a “roller coaster.” They stated that when they first arrived in the

US, they became “homesick.” One participant noted “sometimes, I definitely miss home, I miss my people, I miss the food, the culture, the familiarity.” Study participants noted that it was “very hard to cope with many issues.” They stated that they faced issues that other students did not have to contend with, “like being away from your family, being away from everybody, not having the money to pay for tuition.” Emotionally, they described themselves as “depressed,” and “anxious.” Participants noted that they were better able to cope the longer they were in the US.

**Since nursing school.** Since beginning nursing school, many of the study participants noted that emotions centered on education rather than missing family and friends. Participants noted that nursing school was “challenging,” “stressful” and anxiety-producing and they feared being unsuccessful. However, they expressed that nursing school was also empowering because it allowed them the opportunity to “think” and “act as a nurse” by applying their knowledge and by “doing something.” Study participants listed self-esteem issues surrounding language and grades, whether achieving high or low grades, as an emotional issue in nursing school. One participant described how instructors would call on her in class because she was a strong student. The participant noted that it required “balance” to remain “humble” when instructors made an example of her. One student stated that the progression to nursing school from general studies “started kicking me.” The participant noted the need “to change a lot . . . my whole style, how I live, how I study, how I used to sleep, everything like that and emotionally it was getting more frustrating, stressful.”

## **Physical Well-being**

Participants described an overall increase in their health since coming to the US. Other than an increase in overall health, change in weight was a primary finding.

**Since coming to US.** Physically, participants expressed that overall their level of health had increased since coming to the US. They described less “sinus” problems and being “less sick”. Weight change, both increases and decreases, was the most common physical change mentioned since coming to the US. Fluctuations in weight were attributed to dietary differences and food availability compared with their home countries. Participants said that there is not “enough nutrition” and less “healthy food” in the US. One participant said that the ease of transportation in the US led to less walking, and in turn less exercise.

**Since nursing school.** Since starting nursing school, changes in weight affected participants as well. They reported that this is due to poor eating, stress, and lack of time. Some participants described their physical health “is going down” since beginning nursing school. Participants added this was because they “didn’t eat right” and “didn’t exercise right.” Other study participants stated that symptoms of “IBS [Irritable Bowel Syndrome] decreased” since starting nursing school but recognized incidences of increased anxiety, “like before the tests,” when “IBS kicked in.”

## **Well-being of interpersonal relationships**

Study participants were asked to describe their interpersonal relationships with family, friends, classmates, and instructors since coming to the US.

**Family.** Study participants negatively described their relationships with family members as more distant. This was because of less interaction attributed to time and

financial constraints. One participant described the relationship with family as “not been as smooth as I would expect.” Many participants stated that they have “not been home since I’ve been here.” Others stated that “it’s not easy to go back”, “plane fare is expensive,” and that returning home is a distraction. One participant stated that “I want to get a degree before I go back to the country.” Lack of interaction made one “feel like I’m not a member of the family because I don’t really know what is going on there.” Many participants stated that the frequency of their conversations with family decreased significantly the longer they had been in the US. “I talk to my family every other week, they call me, but like in the beginning we had a conversation like sometimes once a week, twice a week, but as time goes by, now it’s like every other week, sometimes once in a month.”

**Friends.** Relationships with friends included both friends from the study participants’ home countries and friends in the US. All study participants described a change in relationship with friends in their home country. They described their relationships with friends as “strained,” growing apart, and having less interaction than when they were in their home country. The participants stated that like family, they “don’t keep in touch much” the longer they are in the US. Several participants cited “losing friends.” One described relationships with friends as “just dying off.” Another stated “we don’t really talk except when big things happen.” Technology such as “email,” “cell phones,” and social networking sites like “Facebook,” “MSN,” “Yahoo,” “MySpace,” and “Skype” were noted as a means of communication with friends in their home countries. Participants noted that they find it difficult, and have a “very, very hard time” making new friends in the US outside of the school environment. Participants

described making friends as “time consuming” and “if we don’t have time to communicate I don’t know you that much; I don’t think I can be a friend with you.” Another participant stated she would meet new people and “hang out,” but “like I felt there was something missing and then I related them to my friends” back in her home country and realized the relationships were different.

**Classmates.** Study participants described various relationships with classmates. Some were less social and more academic in nature, not “close relationships,” while others reported relationships were “like a little family.” In general, these relationships tended to be that of acquaintances with a reciprocal relationship in that they are “willing to help each other”. Study participants noted that they have a closer relationship with classmates who are from their same home country. One participant described the only “close relationship” with a classmate was that of a fellow countryman. They also described smaller groups, “like factions,” or “clichés, associated with cohorts and clinical groups facilitated relationships with classmates.

**Instructors.** Students described relationships with instructors to be positive, “helpful,” and “fantastic.” Instructors were noted to be approachable, accommodating, “accepting,” “nice,” and “friendly.” Several study participants mentioned that instructors served multiple roles as their advisor and counselor. One participant described seeking information from faculty regarding changes in study habits, lifestyle, and “how to survive here.” They tried to “absorb a lot of information” from instructors. Some participants mentioned that their relationships took time to develop because of a difference in instructor/student relationships from their home countries and familiarity with language/culture. Several participants noted that in their cultures “we didn’t really

interact with our teachers.” Another study participant appreciated the instructors’ willingness to “repeat material” when there was difficulty due to language. Another reported that interaction with faculty was limited because of a sense of lacking English fluency. The participant was self-conscious of language ability and did not want to bring this to the instructor’s attention.

### **General Sense of Well-Being**

Study participants were asked to describe their general sense of well-being since coming to the US. For all participants, coming to the US positively impacted their sense of well-being.

**Independent/Mature.** Participants described the experience of coming to the US as causing them to become “more independent” and “mature.” One participant stated “I know how to take care of myself, how to make myself not get sick, and how to save money.” Another cited a greater understanding of the “sacrifices” her parents had to make for her and developed a “greater appreciation” for them. Another described thinking “as an adult” and being “more mature” now that she had developed coping skills.

**Increased responsibility and decision making.** Study participants stated that coming to the US required management of increased responsibilities and necessitated greater decision making abilities. This required participants to “deal with other responsibilities.” One participant discussed membership in student organizations that helped to develop “leadership skills.” Another participant described herself as “more responsible and caring”; stating that she shows more financial responsibility “because I care more about my parents.”

**Culturally competent.** Several participants said their interactions with “other cultures” have led them to become more “culturally competent.” One participant stated that this understanding will allow her to “educate” fellow countrymen. Another discussed dealing with “different cultures, different languages, different people.” One student described growing up “in a whole different environment” and stated that the “exposure” to another culture “changed my way of thinking.”

### **Role Mastery**

Participants were asked to describe their progress towards becoming a nurse. All participants voiced that they are making positive strides to becoming a nurse. Clinical/hands on experiences increased their knowledge and allowed them to “act more like a nurse”. While course content was not described as becoming easier, participants noted that mastery seemed to be “getting easier” as they progressed through the program due to changes in study habits, problem solving skills, and adaptation to testing. Several study participants pointed out that taking “multiple choice” question tests was new for them. One participant stated that it was commonplace to have “essay” questions in her home country. “Multiple choice” tests with each question having “four right answers” was difficult for those not accustomed to this format. Despite having to adapt to new types of testing, participants have been successful in their nursing courses. One participant mentioned having to “drop” a course; another had to retake a course due to the impact a “death” of a family member had on her ability to meet course requirements.

### **Discussion**

Findings revealed that international nursing students did not choose nursing as a major field of study prior to coming to the US. Therefore, there were no expectations or

prior knowledge of nursing school before coming to the US. Nursing was not a respected career choice in the home countries of many study participants. The participants equated nursing practice in the US to that of “doctors” in their home countries. In addition to the higher status of nursing in the US compared to their home countries, job stability attracted these students to the profession.

Findings are reflective of Transitions Theory (Schumacher & Meleis, 1994) and support the use of this theory when exploring situational transitions. Therefore, this study serves as an exemplar for the application of Transitions Theory (Schumacher & Meleis, 1994) for international nursing students in the US.

This study is congruent with the findings of Junious et al. (2010), in that financial concerns are important to the international nursing student. Financial planning was an important consideration for coming to the US and going to college. While this study found that language was indeed an issue of importance to study participants, it was not the primary challenge experienced. This finding contrasts with findings reported in previous literature on foreign nursing students (Abu-Saad & Kayser-Jones, 1981; Shakya & Horsfall, 2000). In addition, previous studies reported faculty interaction was lacking (Abu-Saad & Kayser-Jones, 1981; Junious et al., 2010; Wang, et al., 2008), whereas these participants reported positive interactions with faculty members. Findings in this study were similar to that of Sanner et al. (2002) in that social isolation, persistence despite perceived obstacles, and hard work were noted by the participants. This study revealed learning differences, obstacles, and the development of coping strategies that were similar to those identified by Wang et al. (2008) and considered to be integral to the transition process. Findings from this study contradict findings of perceived lack of



cultural competency among faculty as described by Junious et al. (2010). Participants expressed positive faculty interactions and failed to mention or describe a lack of cultural competence.

The findings must be viewed in light of several limitations. All but one participant had been in the US for at least four years, with no participant being in the US for less than three years. More variation in the length of time students had been in the US may have revealed different experiences. The majority of participants described home environments in their country of origin as large, urban areas and only one participant described it as “not having running water” all year long and “electricity” required “generators 24/7.” These factors may have impacted expectations, perceptions, and interactions. Interviews were conducted using a variety of communication methods. Originally, plans were to conduct all interviews in the traditional face-to-face format. However, in order to obtain an adequate sample, online video conferencing and telephone interviews were also conducted. The interview conducted over the telephone did not allow the researcher to view body language and facial expressions that were seen in the face-to-face and Skype video interviews. In addition, the interviews conducted over the phone and via Skype were not in controlled environments thus preventing outside interruptions from occurring. For example, television noise and distractions from other people were noted. Finally, the review of literature was conducted *a priori*, not following traditional qualitative methodologies which state that “the fewer ideas or preconceived notions researchers have about the phenomenon under investigation, the less likely their biases will influence the research” (Streubert & Carpenter, 2011, p. 92).

## **Implications**

Findings from this study pose implications for faculty and staff, Schools of Nursing, colleges and universities, as well as future research. Findings related to international nursing students' transitions may benefit international students as a whole.

The transition process for international nursing students is more than just a "language issue." To promote successful academic outcomes, faculty need to be cognizant of the multifaceted transition process and needs of the international nursing student. Students appreciated the willingness of instructors to take additional time to clarify content when language was problematic. As revealed in the data, these students look to faculty as more than just instructors. They seek advice and guidance regarding how to "survive here." Even when international students excel, faculty need to be cautious of repeatedly utilizing them as examples in the classroom. These students are undergoing difficulties with "fitting in" and making repeated examples of them for other students only complicates the process. Some international nursing students may not appear "different." While appearance and accent may not suggest that the student is foreign, they are still undergoing the transition process. Faculty should know the identity of international students and assist them in making transitions regardless of their appearance or language fluency.

Students noted that "multiple choice" testing was an unfamiliar format when compared to methods of evaluation in their home countries. "Hands on" learning was cited as a desired learning methodology. Faculty need to be aware that students from various cultures learn differently. Students' testing experiences were also dissimilar to methods commonly used in the US thus creating potential barriers to success. Faculty

must consider various methods of teaching and evaluation when assessing competencies in this population. In addition, test taking and study skills workshops may be beneficial to international nursing students to prepare them for this type of testing.

This study revealed the need for social support in this student population. Participants observed that relationships with other international students were “closer” than with other classmates. Schools of Nursing, other university departments and services may create mentoring programs for new international students. Matching new students with successful international students who are progressing through the curriculum might foster increased social support.

Moreover, if left to individual faculty, changes and adaptation will be inconsistent and minimal at best. Universities, colleges, and nursing programs can make significant contributions to the education of international students by implementing a coordinated and structured support program to meet the needs of these transitioning students. This program might begin with a student orientation program. Similarly, faculty development on transitions experienced by international students could be incorporated into new faculty orientation.

Role models need to be available for international students. Colleges and universities need to ensure that faculty and staff are diverse. International students need to see that there are role models who have similar backgrounds as themselves. These educational institutions need a designated diversity champion or someone who ensures that colleges and universities are accountable to the inclusion of all students (Stinson, 2008).

Future research must consider the key players involved in the transition. It is imperative that faculty perceptions of international students be identified to obtain their views of the concepts facing international nursing students experiencing transition. The use of Transitions Theory (Schumacher & Meleis, 1994) in this study has demonstrated its applicability for this population and situational transitions. Other studies dealing with international student experiences may benefit from the use of this theory.

Quantitative studies were found in literature review to be few in number with the international student population. Perhaps this is due to the lack of recognition of concepts that define the transition experiences of the population. Now that this study has defined the concepts of the lived experience of transitions of international nursing students, future research can look at quantitative analysis of such concepts. There are existing instruments to measure some of these concepts, while others are in need of development and testing.

### **Conclusions**

With international students comprising 32.4% of students seeking a bachelor's degree in the US, it is necessary for educators to respond to the needs of this population (Institute of International Education, 2009). Nursing faculty are in a unique position to respond to these needs to international nursing students and others because of their holistic focus. With nursing educators caring for the well-being and providing support for international nursing students as they transition, other academic areas can use this to foster successful transitions for their students.

The academic success of international students is important to the global nursing profession. Retention programs are in place in many universities to assist students from

disadvantaged backgrounds; however, these programs often focus on the American student population rather than that of the international student. As the numbers of international nursing students studying in the US continue to increase, it is imperative that faculty gain better insight into the transition experiences of this population. It is crucial that nursing faculty develop programs to promote international nursing students' success. Strategies to assist international nursing students to successfully transition to the US and nursing school may promote academic success. These findings reinforce the unique transition experiences of international nursing students and draw attention to the need for nursing faculty to develop a curriculum structure that speaks to academic, language, pedagogical, clinical, social, and cultural needs of international nursing students. Faculty must be introspective and aware of their perceptions of international nursing students. It is imperative that faculty be willing to embrace these students and provide support to enable them to make successful transitions.

## References

- Abu-Saad, H., & Kayser-Jones, J. (1981). Foreign nursing students in the USA: Problems in their educational experiences. *Journal of Advanced Nursing*, 6, 397-403.  
doi:10.1111/j.1365-2648.1981.tb03240.x
- Burns, N., & Grove, S. K. (2004). *The practice of nursing research: Conduct, critique, and utilization*. (5<sup>th</sup> ed.). Philadelphia: Elsevier.
- Churchill, S. D., & Wertz, F. J. (2001). An introduction to phenomenological research in psychology. In K. J. Schneider, J. F. T. Bugental, & J. F. Pierson (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research, and practice*. (pp. 247-259). Thousand Oaks, CA: Sage.
- Costello-Nickitas, D. M. (1994). Choosing life goals: a phenomenological study. *Nursing Science Quarterly*, 7(2), 87-92. doi:10.1177/089431849400700209
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- De Castro, A. (2003). Introduction to Giorgi's existential phenomenological research method. *Psicología desde el Caribe. Universidad del Norte*, 11, 45-56.
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3(1), 6-25.
- Ganeson, K., & Ehrich, L. C. (2009). Transition into high school: A phenomenological study. *Educational Philosophy and Theory*, 41(1), 60-78. doi:10.1111/j.1469-5812.2008.00476.x

- Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. T. Fischer, & E. L. Murray (Eds.), *Duquesne studies in phenomenological psychology* (Vol. 2, pp. 82-103). Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1985). Sketch of a psychological phenomenological method. In A. Giorgi (Ed.), *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1994). A phenomenological perspective on certain qualitative research methods. *Journal of Phenomenological Psychology*, 25(2), 190-220.  
doi:10.1163/156916294X00034
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235. doi:10.1163/156916297X00103
- Giorgi, A. (2006). Difficulties encountered in the application of the phenomenological method in the social sciences. *Analise Psicologica*, 3(24), 353-361.
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design*. (pp. 243-273). Washington, DC: American Psychological Association.
- Hodge, S., Tannehill, D., & Kluge, M. (2003). Exploring the meaning of practicum experiences for PETE students. *Adapted Physical Activity Quarterly*, 20(4), 381.

- Hudacek, S. S. (2008). Dimensions of caring: A qualitative analysis of nurses' stories. *Journal of Nursing Education, 47*(3), 124-129. doi:10.3928/01484834-20080301-04
- Junious, D. L., Malecha, A., Tart, K., & Young, A. (2010). Stress and perceived faculty support among foreign-born baccalaureate nursing students. *Journal of Nursing Education, 49*(5), 261-270. doi: 10.3928/0148434-20100217-02
- Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal of Advanced Nursing, 55*(3), 320-329. doi: 10.1111/j.1365-2648.2006.03899.x
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Kvale, S. (2003). The psychoanalytical interview as inspiration for qualitative research. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design*. (pp. 275-297). Washington, DC: American Psychological Association.
- Institute of International Education (2009). *Open doors 2009: Report on international educational exchange*. Washington, DC: Author.
- Ladd, P. D., & Ruby, R. (1999). Learning style and adjustment issues of international students. *Journal of Education for Business, 74*(6), 363-367. doi:10.1080/08832329909601712
- Mansour, T. B., & Porter, E. J. (2008). Educators' experience of teaching nursing research to undergraduates. *Western Journal of Nursing Research, 30*(7), 888-904. doi:10.1177/0193945907312975



- Meleis, A. I. (Ed.) (2010). *Transitions theory: Middle-range and situation-specific theories in nursing research and practice*. New York: Springer.
- Olive, T. (2008). Desire for higher education in first-generation Hispanic college students enrolled in an academic support program: A phenomenological analysis. *Journal of Phenomenological Psychology, 39*(1), 81-110. doi: 10.1163/156916208X311638
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: generating and assessing evidence for nursing practice*. (8<sup>th</sup> ed.). Philadelphia: Lippincott, Williams, & Wilkins.
- Poyrazli, S., & Grahame, K. M. (2007). Barriers to adjustment: needs of international students within a semi-urban campus community. *Journal of Instructional Psychology, 34*(1), 28-45.
- Poyrazli, S., & Kavanaugh, P. (2006). Marital status, ethnicity, academic achievement, and adjustment strains: The case of graduate international students. *College Student Journal, 40*(4), 767-780.
- Santopinto, M. D. A. (1989). The relentless drive to be ever thinner: A study using the phenomenological method. *Nursing Science Quarterly, 2*, 29-36. doi: 10.1177/08943184900200110
- Sanner, S., Wilson, A. H., & Samson, L. F. (2002). The experiences of international nursing students in a baccalaureate nursing program. *Journal of Professional Nursing, 18*(4), 206-213. doi:10.1053/jpnu.2002.127943
- Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A central concept in nursing. *IMAGE: Journal of Nursing Scholarship, 26*(2), 119-127. doi:10.1111/j.1547-5069.1994.tb00929.x

- Shakya, A., & Horsfall, J. M. (2000). ESL undergraduate nursing students in Australia: Some experiences. *Nursing and Health Sciences*, 2, 163-171. doi:10.1046/j.1442-2018.2000.00050.x
- Stinson, S. (2008, Summer). Nursing school diversity directors: What do they do and what difference are they making? *MinorityNurse*.  
<http://www.minoritynurse.com/nursing-school-diversity-directors/nursing-school-diversity-directors-what-do-they-do-and-what-diffe>
- Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. (5<sup>th</sup> ed.). Philadelphia: Lippincott, Williams & Wilkins.
- US News and World Report. (2010). *Best colleges 2011*. Retrieved from  
<http://colleges.usnews.rankingsandreviews.com/best-colleges/national-campus-ethnic-diversity>
- Van der Mescht, H. (2004). Phenomenology in education: A case study in educational leadership. *The Indo-Pacific Journal of Phenomenology*, 4(1), 1-16.
- Wang, C., Singh, C., Bird, B., & Ives, G. (2008). The learning experiences of Taiwanese nursing students studying in Australia. *Journal of Transcultural Nursing*, 19(2), 140-50. doi:10.1177/1043659607312968
- Williamson, M. L., Clark, L., Salmeron, L., & Burton, D. (2010). Retaining nursing faculty beyond retirement age. *Nurse Educator*, 35(4), 152-155.  
doi: 10.1097/NNE.0b013e3181e33982
- Ying, Y. (2003). Academic achievement and quality of overseas study among Taiwanese students in the United States. *College Student Journal*, 37(3), 470.

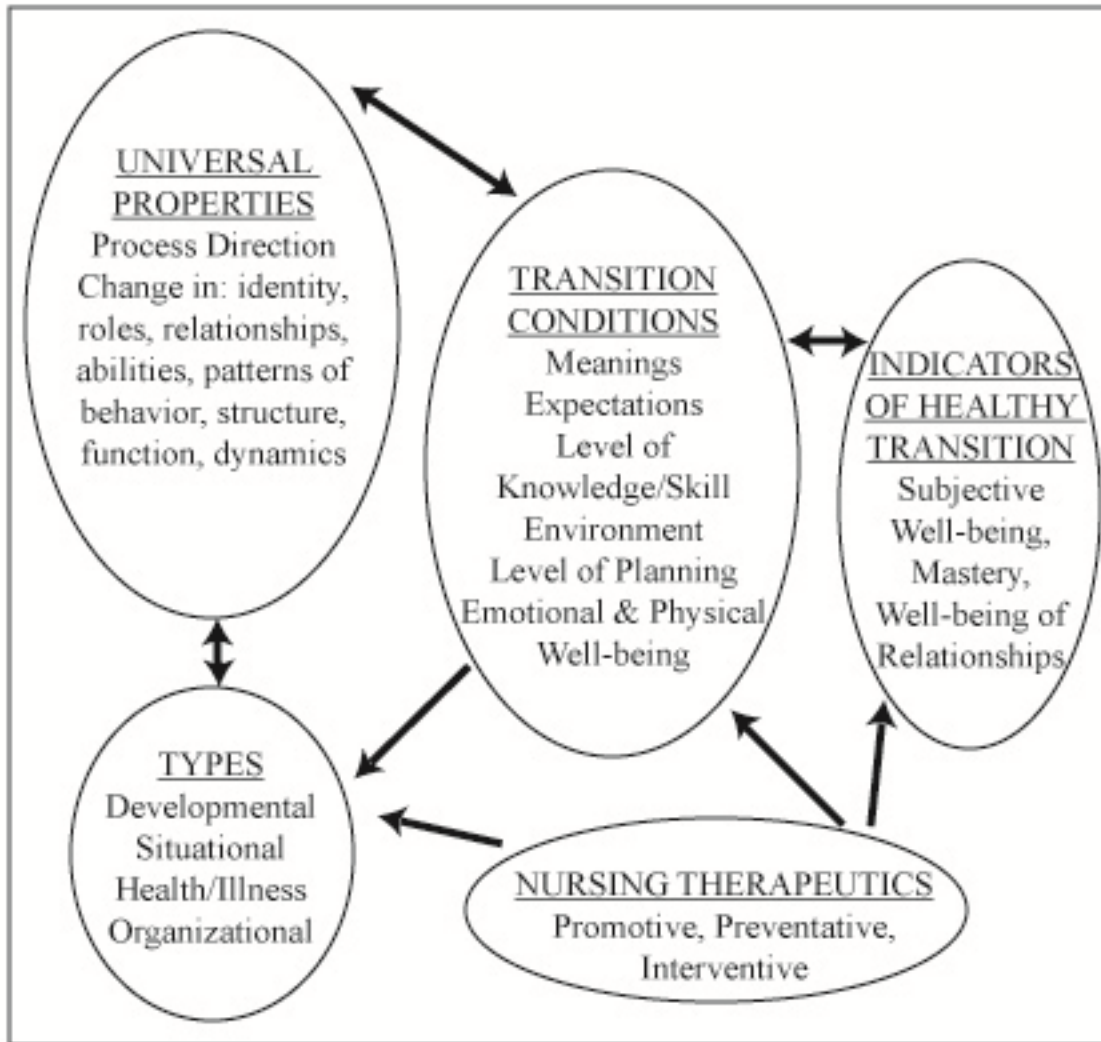


Figure 1. A Nursing Model of Transitions. Adapted from “Transitions: A Central Concept in Nursing,” by K. L. Schumacher, & A. I Meleis, 1994, *IMAGE: Journal of Nursing Scholarship*, 26(2), p. 125. Copyright 1994 by Sigma Theta Tau, International.

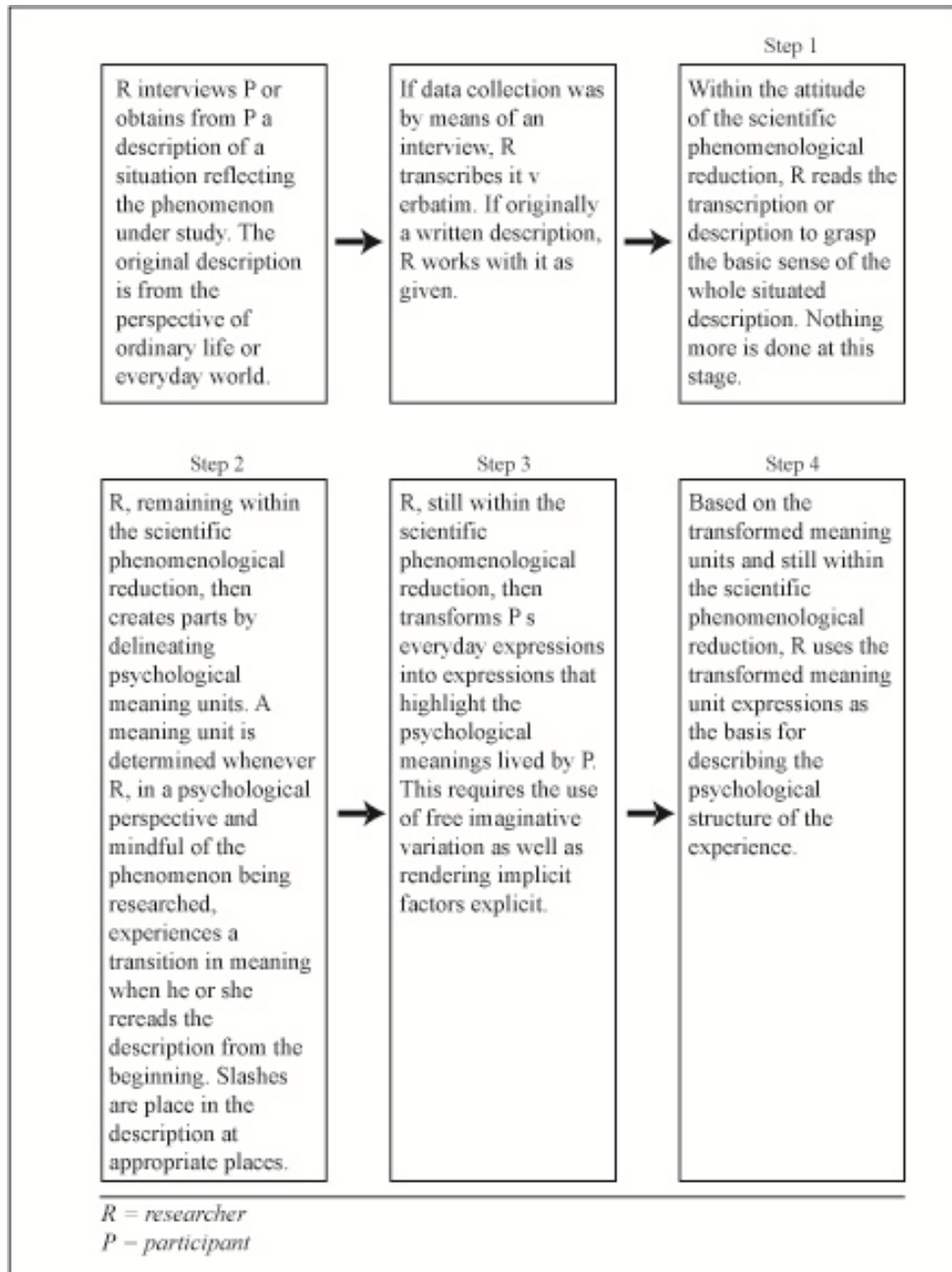


Figure 2. Flowchart of Giorgi's phenomenological methodology. Adapted from "The Descriptive Phenomenological Psychological Method" by A. P. Giorgi, & B. M. Giorgi, 2003. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*, p. 254. Copyright 2003 by the American Psychological Association.

Table 1

*Demographic Questionnaire*

---

1. What is your age?
  2. What is your gender (male or female)?
  3. What is your home country?
  4. How long have you been in the United States?
  5. Describe your previous educational experiences.
  6. What is your primary (native) language?
  7. Are you fluent in any other languages? If so, describe.
  8. How do you fund your tuition?
  9. How do you fund your living expenses?
  10. Do you have a job?
-

Table 2

*Interview Schedule*

Condition/Pattern of Response	Interview Question
Meaning	What does it mean to be studying nursing in the United States?
Expectations	What were your expectations of coming to the United States to study nursing?
Planning	How did you prepare for coming to the United States and going to college?
Level of Knowledge/Skill	Before coming to the US, what did you know about the United States and nursing school?
Environment	Describe your perception and interaction with the environment (of the United States and nursing school).
Emotional/Physical Well-being	Describe your emotional state of being since coming to the US and nursing school.  Describe your physical state of being since coming to the US and nursing school.
Well-being of Interpersonal Relationships	Tell me about your relationships with family, friends, classmates, and instructors since coming to the United States.
Subjective Sense of Well-being	Tell me about your general state of being since you have been in the United States.
Role Mastery	How would you describe your progress towards becoming a nurse?

Note. 'State' is defined as 'a condition or mode of being.' Conditions/Patterns of Response were adapted from "Transitions: A Central Concept in Nursing," by K. L. Schumacher, & A. I Meleis, 1994, *IMAGE: Journal of Nursing Scholarship*, 26(2), p. 125. Copyright 1994 by Sigma Theta Tau, International.

## **Appendix A**

### **Detailed Research Procedure Protocol**

Approval for this study was granted by The University of Texas at Tyler Institutional Review Board (IRB). The study received an expedited review.

#### **Method of Sampling**

A purposive, heterogeneous sample was sought for the study. A heterogeneous sampling was desired to ensure data source triangulation. It was preferred that the participants represented varying countries of origin and both genders. This provided various perspectives of the phenomena under investigation. Recruitment of participants from various countries of origin generated findings that are more likely to be transferable to other international student populations.

#### **Method of Sample Recruitment and Person Responsible for Recruitment**

Initially a presentation was given to possible study participants enrolled at a large baccalaureate program in a Southern state before, during a break, or after a scheduled lecture as pre-arranged with the course faculty. This 5-10 minute presentation provided potential participants with information regarding the study, the types of data that were to be collected, the methods of data collection, and approximate time to complete the study. The presentation included potential risks and benefits to the participant, as well as potential benefits to the population as a whole. Interested individuals were asked to meet the researcher in a designated area during the break or after class to discuss interest in participation. Additional participants were also recruited via snowball sampling.

## **Appendix A (Continued)**

Recruitment brochures (Appendix E) were given to interested individuals. Those recruited by snowball sampling received the study information in electronic format via email. Recruitment brochures were given to all interested parties.

### **Informed Consent**

Following the above presentation, the informed consent was obtained, any questions answered, and eligibility established .

### **Data Collection Procedures**

A demographic questionnaire and a semi-structured interview schedule were utilized to obtain information from the study participants. The demographic questionnaire included information such as age, sex, marital status, country of origin, length of time in country, previous education, primary language, fluency in other languages, and financial information (i.e. funding for school and living expenses). The semi-structured interview schedule was utilized to gather the qualitative data from the study participants. Interviews were one-on-one with the researcher and participant. The interviews took between 22 and 57 minutes to complete. They were conducted at a time and location convenient to the participant. All interviews were digitally recorded for transcription.

### **Confidentiality of the Data**

Confidentiality of the data was ensured. Only the researcher had access to the data. Any emails received from the participants went to the researcher's email address



## **Appendix A (Continued)**

which is password protected. Information was reported in aggregate. Participants were not identified by name.

### **Protection of Data**

The digital audio files and transcribed interviews were kept on a USB drive and secured in a fire-proof locked case at the researcher's home. The USB drive was backed up on an external hard drive at the researcher's home and password protected. Any hard copies, such as the informed consent, eligibility, and demographic surveys, were kept in a secure location at the researcher's home and only the researcher had access to the data.

## Appendix B

### IRB Approval Letter

The University of Texas at Tyler  
Institutional Review Board

September 24, 2010

Dear Ms. Vardaman:

Your request to conduct the study entitled **Lived Experiences of Transitions in International Nursing Students** is approved as an expedited study, IRB #F2010-06 by The University of Texas at Tyler Institutional Review Board. This approval includes written informed consent.

Please review the UT Tyler IRB Principal Investigator Responsibilities (in the IRB Handbook located at <http://www.uttyler.edu/research/humans.htm> and acknowledge your understanding of these responsibilities and the following through return of this email to the IRB Chair within one week after receipt of this approval letter:

- Prior to beginning this project, I acknowledge that any person working on any aspect of this project, including data entry, has a certificate on file with the UT Tyler IRB for human subjects training within the last 3 years
- This approval is for one year, as of the date of the approval letter
- Request for Continuing Review must be completed for projects extending past one year
- Prompt reporting to the UT Tyler IRB of any proposed changes to this research activity
- Prompt reporting to the UT Tyler IRB and academic department administration will be done of any unanticipated problems involving risks to subjects or others

## Appendix B (Continued)

- Suspension or termination of approval may be done if there is evidence of any serious or continuing noncompliance with Federal Regulations or any aberrations in original proposal.
- Any change in proposal procedures must be promptly reported to the IRB prior to implementing any changes except when necessary to eliminate apparent immediate hazards to the subject.

Best of luck in your research, and do not hesitate to contact me if you need any further assistance.

Sincerely,

*Gloria Duke, PhD, RN*

Gloria Duke, PhD, RN

Chair, UT Tyler IRB

## Appendix C

### IRB Consent Form

#### THE UNIVERSITY OF TEXAS AT TYLER

#### Informed Consent to Participate in Research

**IRB Approved: IRB # F2010-06**

1. Project Title: Describing the Lived Experiences of Transitions in International Nursing Students
2. Principal Investigator's Name: Shellye A. Vardaman
3. Participant's Name: \_\_\_\_\_

#### To the Participant:

You are being asked to take part in this study conducted by a University of Texas at Tyler (UT Tyler) student. This consent form explains why the research study is being performed and what your role will be if you choose to participate. This form also describes the possible risks connected with being in this study. After reviewing this information with the person responsible for your enrollment, you should be able to understand and make an informed decision on whether you want to take part in this study.

#### ***DESCRIPTION OF PROJECT:***

4. Purpose of the Study You are invited to participate in a research study that seeks to describe the experiences that international nursing students undergo when leaving their native country to study nursing in an American college or university. The study will provide information given by people from different cultures to include more than one point of view regarding the experiences.
5. Research Procedures You will be asked to complete a form that includes information regarding your major, your Visa status, and length of time in the United States. Your name and email address will be collected for scheduling of interviews. Interviews, approximately 1 to 1 ½ hours, will be scheduled at a time and location convenient to you. You will be contacted by email regarding where and when the interview will take place. Before the interview begins, you will be given a demographic form to complete. This form will not contain your name or email address. Once the interview has been conducted, your role in the study is complete.

## Appendix C (Continued)

6. Side Effects/Risks Possible side effects from participating in this study may be anxiety or uneasiness when providing information about your past experiences of coming to the United States to study nursing. The interview questions may make you feel uncomfortable. You may refuse to answer any question. If you feel tired or need a break during the interview or wish to reschedule the interview, please inform the interviewer. If you have any concerns after completing the interview, you are encouraged to contact the principal investigator. The principal investigators' contact information is located at the end of this form.

Any possible risks have been listed above, but please keep in mind that unpredicted risks may exist.

7. Potential Benefits Your participation in this study may help researchers describe experiences of international nursing students. This information may be used by colleges and universities to provide appropriate academic support for other international nursing students. There may be no direct benefits to you by participating in this study.

### **UNDERSTANDING OF PARTICIPANTS**

8. I have been given an opportunity to ask any questions concerning the procedures and interview involved and the investigator has been willing to answer my questions. The procedures and interview will be conducted Texas Woman's University as part of the project titled, numbered, and described above. I hereby authorize Shellye Vardaman, the principal investigator, and/or the investigator she/he may designate, to conduct the procedures and interviews.
9. I have been told and I understand that my participation in this study is strictly voluntary and that I may refuse to participate without any penalty or loss of benefits to me.
10. I have been told and I understand that I may withdraw my consent and stop my participation in this study at any time, and that such withdrawal of consent or discontinuation will involve no penalty or loss of benefits to me.

In addition, I understand the following:

- I will be informed of any new information or findings that may affect my willingness to continue participating in this study.

## Appendix C (Continued)

- The study may be changed or stopped at any time by the principal investigator or by The University of Texas at Tyler or Texas Woman's University.
- The principal investigator will gain my written consent for any changes that may affect me.

11. I have been assured that confidentiality will be preserved and that my name will not be revealed in any reports or publications resulting from this study without my expressed written consent, except that qualified investigators from the Department of Health and Human Services may review my records where appropriate and necessary.

I also understand that any personal health information or other information collected during this study may be shared with the following as long as no identifying information as to my name, address or other contact information is provided):

- Organization contributing money to be able to conduct this study
- Other researchers interested in combining your information with information from other studies
- Information shared through presentations or publications

I understand The UT Tyler Institutional Review Board (the group that ensures that research is done correctly and that measures are in place to protect the safety of research participants) may review documents that have my identifying information on them as part of their compliance and monitoring process. I also understand that any personal information revealed during this process will be kept strictly confidential.

I may cancel my permission at any time to share information collected from me by contacting the researcher named in this consent at the following address:

Shellye Vardaman  
The University of Texas at Tyler  
Institutional Review Board  
c/o Office of Sponsored Research  
3900 University Blvd  
Tyler, TX 75799

**Appendix C (Continued)**

12. I have been informed of the reasonably foreseeable risks associated with participation in this research project. I have been informed that should I suffer any injury as a result of participation in this project, I will be referred to the University of Texas Health Services which is a TWU Student Health Provider. I understand that my TWU student ID card will be needed to access the services. I understand, however, that in the absence of negligence on the part of The University of Texas at Tyler personnel, I cannot expect to receive any payment for medical expenses or any financial compensation for such injury.

13. I understand that I will not be charged for any costs involved in this project. For participation in this study, I will be given a \$5 gift card.

My insurer and/or I will be responsible for the cost of any supportive or treatment of any research-related complications or injuries.

I also understand that I will not be compensated for any patents or discoveries that may result from my participation in this research.

14. If I have any questions concerning my participation in this project, I shall contact Shellye Vardaman at (334) 372-2335. If I have any questions concerning my rights as a research subject, I shall contact Dr. Gloria Duke, Chair of the IRB, at (903) 566-7023. I understand that I may contact Dr. Duke with questions about research-related injuries.

**15. CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY**

Based upon the above, I consent to participate in the research study, including the demographic survey and interview. I give the principal investigator or study researcher permission to enroll me in this study. I have received a signed copy of this consent form.

_____	_____
Signature of Participant	Date
_____	_____
Signature of Person Responsible	Relationship to Participant
_____	_____
Witness	Witness

**Appendix D**  
**External Auditor Letter**



February 24, 2011

Mrs. Vardaman,

I appreciate the opportunity to review your study "The Lived Experience of Transitions in International Nursing Students" as an external auditor. I found that you utilized Giorgio's approach to phenomenology in a very effective manner which was well-suited to your topic and participant pool as described. Using the member check approach for validating the participants' responses was helpful in the clarification of the data, particularly since your participants were from various countries of origin. Your data collection techniques were very thorough. In reading the transcripts of your interviews, you were able to capture the participants' information in a fashion that supports Meleis' transition theory. After reviewing the interview schedule and the transcriptions of the data, your thematic conclusions appear to be congruent with the participants' perceptions of their lived experiences of transition. I enjoyed this introduction to your work, and I wish you well as you proceed with this endeavor.

A handwritten signature in black ink that reads "Cindy McCoy".

Cindy McCoy, RN, PhD, BC, CNE  
Associate Professor  
Auburn University at Montgomery



**Appendix E**  
**Recruitment Brochure**

**Importance of Study**

By describing the transitions that affect international nursing students, colleges and universities will have a better understanding of the needs of international nursing students and will be equipped to provide the appropriate faculty and academic support to facilitate educational success.



**Lived Experiences of International Nursing Students**



Shellye Vardaman, Principal Investigator

The University of Texas at Tyler  
Institutional Review Board  
c/o Office of Sponsored Research  
3900 University Blvd  
Tyler, TX 75799


Email: [svardaman@patriots.uttyler.edu](mailto:svardaman@patriots.uttyler.edu)  
Phone: (334) 372-2335

Shellye Vardaman, PhD(c), RN-BC, CNE

## Appendix E (Continued)

### About the Study

You are invited to participate in a research study that seeks to describe the experiences that international nursing students undergo when leaving their native country to study nursing in United States' colleges or universities. The study will provide information regarding the experiences faced by international nursing students.



### What You Will Do

### Thank You

This study has been approved by:

The University of Texas at Tyler  
Institutional Review Board  
c/o Office of Sponsored Research  
3900 University Blvd  
Tyler, TX 75799

## Appendix F

### Permission to Use Copyrighted Materials

02/28/11 1:54pm

Dear Shellye,

I respond to you on behalf of Dr. Meleis as she is currently traveling.

She gives you permission to use the Model of Transitions as a table in your work, however, please be sure to appropriately credit her work. Also, she would like to receive a copy of your work once you've completed it. You can send it to the address below in my signature. Please let me know if you need any further information.

Best,  
Caroline

*Caroline G. Glickman*

Associate Director, Office of the Dean  
University of Pennsylvania School of Nursing  
Claire M. Fagin Hall, 418 Curie Blvd.  
Claudia S. Heyman Dean's Suite #430  
Philadelphia, PA 19104-4217  
Direct: +1-215-898-2889  
Dean's Office: +1-215-898-8283  
Fax: +1-215-573-2114  
Email: [cgg@nursing.upenn.edu](mailto:cgg@nursing.upenn.edu)  
[www.nursing.upenn.edu](http://www.nursing.upenn.edu)

## Appendix F (Continued)

Dr. Giorgi,

My name is Shellye Vardaman. I am a PhD candidate in nursing from The University of Texas at Tyler. I am writing to request permission to use a previously published flowchart of your phenomenological methodology in my dissertation and perhaps in future research. My dissertation is entitled "The Lived Experiences of Transitions in international nursing students."

I have learned so much from your methodology while having to support its use in this study. I chose this methodology because I utilized a heterogeneous sample purposefully because I wanted perspectives from students from different countries of origin and studying in different places in the US. This methodology appealed to me because of the researcher's knowledge of seeing the whole picture rather than the members checks in which one random participant reviews the culmination of the findings for the whole. I thank you for this!

I have attached the flowchart that I am requesting to use and the APA citation for the original location of this copyrighted material.

I thank you, in advance, for your time and consideration.

Respectfully,

Shellye Vardaman  
334-372-2335  
swardaman@patriots.uttyler.edu

2/24/11 4:33pm

Dear Ms. Vardaman,

Yes, you can reproduce that flowchart so long as proper bibliographic credit is given

Amedeo Giorgi

---

## BIOGRAPHICAL SKETCH

---

NAME Shellye A. Vardaman			
INSTITUTION AND LOCATION	DEGREE	MM/YY	FIELD OF STUDY
The University of Alabama, Capstone College of Nursing, Tuscaloosa, Alabama	BSN	05/96	Nursing
Troy State University, Troy, Alabama	MSN	12/03	Nursing (Adult Health Education)
The University of Texas at Tyler, Tyler, Texas	Ph.D.	05/11	Nursing

### A. Personal Statement

The purpose of this study was to describe the lived experiences of transitions in international nursing students. This study provides a description of transition experiences that informs the development of interventions for international nursing students.

Interventions designed for international nursing students may be applied to the migrating nurse population to promote smooth transitions to a new country.

This research study offers to fill a void in the literature by identifying factors that affect student transitions to the U.S, college and nursing school. By describing the transitions that affect international nursing students, colleges and universities will have a better understanding of the needs of this population in order to provide the appropriate support to facilitate educational success.

With international students comprising 32.4% of students seeking a bachelor's degree, it is necessary for educators to spotlight the needs of this population (Institute of

International Education, 2009). Holistic care is a focus for nursing (Meleis, 2010). Individuals experience a variety of transitions that affect their overall well-being. The academic success of these students is important to the global nursing profession. As educators, successful transition of international nursing students with positive patterns of response and outcomes are sought.

## B. Position and Honors

### Positions and Employment

1996-2000 Staff Nurse, Flowers Hospital, Dothan, AL

1999-2001 Staff Nurse, Dothan Specialty Clinic, Dothan, AL

2001-2005 Lab Coordinator, School of Nursing, Troy, AL

2006-present Assistant Professor, School of Nursing, Troy, AL

### Other Experience and Professional Membership

1998-present Board Certification, Medical-Surgical Nursing, American Nurses Credentialing Center

2001-present Member, Sigma Theta Tau, International

2001-present Member, National League for Nursing

2008-present Certified Nurse Educator, National League for Nursing

2009-2011, Delegate, Sigma Theta Tau, International, Iota Theta Chapter

### Honors

2007 Who's Who

2010 Phi Kappa Phi

## C. Publications

Vardaman, S. A. (2010, Fall). A place for phenomenology in nursing education. *The Educator's Resource*, 9-10.

Vardaman, S., McCoy, C., Burns, D., Cleveland, K., Gardner, C.L., Johnson, K., Jones, S. & Renfro, K. (2008). "Troy Education in Aging Client Health (TEACH)". Submitted to the US Department of Health and Human Services Bureau of Health Professions Division of Nursing in the amount of \$418,281. (not funded).

Lemone, P. & Burke, K. (2008). *Medical surgical nursing: Critical thinking in client care*. (4<sup>th</sup> ed.). Upper Saddle River, NJ: Prentice Hall. Contributor for Classroom Response System (16 chapters).

Vardaman, D. L. & Vardaman, S. A. (2006). *Salary v. Overtime: What administrators should know about the Department of Labor's new tests*. Published in the Conference Proceedings 2006 Annual Meeting of the American Society of Business and Behavioral Sciences.