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**THE JOURNEY OF LATINAS IN UNDERGRADUATE SCHOOLS OF NURSING:
ROADBLOCKS AND BRIDGES**

A Dissertation Presented

by

MIGDALIA V. RIVERA GOBA

**Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of**

DOCTOR OF EDUCATION

September 2003

School of Education

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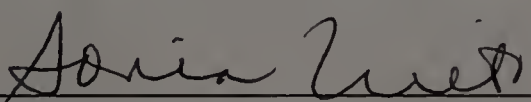
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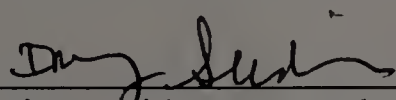
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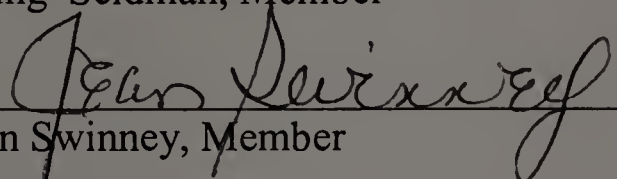
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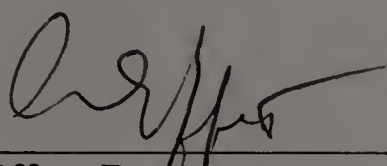
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DEDICATION

I dedicate this dissertation to my guys:

Tom, my wonderful husband and soul mate.

David, my son. Since your recent birth, my life has been overcome with joy.

In memory of my eldest son, José (Joey). In the words of John P. Kee, “Your legacy lives in me, your vision will never die for it lives deep inside of me.” As always, you continue to inspire me.

My love for my guys is eternal; you are the “wind beneath my wings.”

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I would also like to thank, Dr. Ildaura Murillo-Rohde or, as I affectionately call her, La Doctora (The Doctor). Quite possibly you are the first Hispanic nurse, the first

doctorally prepared Hispanic nurse, and the first Hispanic dean of a nursing school in the United States. You are also the founder of the National Association of Hispanic Nurses (NAHN). Doctora, you are a trailblazer. Gracias for paving the way for me. The greatest compliment you have paid me is when you said I was like you. Also from NAHN, Dr. Nena Peragallo and Dr. Mary Lou de Leon Siantz, thank you for the opportunities for growth within NAHN. From the National Institutes of Health Clinical Center, I would like to thank, Dr. Clare Hastings for her vision and for believing in me. Dr. Gwenyth Wallen, my buddy mentor, Thank you, I have learned so much from you. You've both been consistent in supporting my success. Dr. Connie Ulrich, thank you for your support.

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To protect anonymity I am unable to name some people; I am grateful for your support. God, thank you for the wonderful people you have provided to support me. Yes, God, I've finished!

ABSTRACT

THE JOURNEY OF LATINAS IN UNDERGRADUATE SCHOOLS OF NURSING: ROADBLOCKS AND BRIDGES

September 2003

MIGDALIA V. RIVERA GOBA, B.S., AMERICAN INTERNATIONAL COLLEGE

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Hispanics continue to be the fastest growing minority population in the United States. The most recent U.S. Census Bureau (2000) indicates that Hispanics comprise 35 million, or 12.5%, of the total population, up from 9.0% in 1990. Despite the significant increase in the Hispanic population, the number of Hispanic nurses does not reflect this increase. As the number of Hispanics continues to grow, there will be an increasing demand for culturally competent health care providers and healthcare services.

The primary purpose of this qualitative, in-depth phenomenological study was to understand the experiences of Latina nursing students in the United States in order to identify conditions that affect their educational experiences. Using an in-depth phenomenology approach, seventeen Latina nursing students and recently graduated nurses in Massachusetts and Connecticut were interviewed between 1999 – 2000. Participation in the study required that the participants self identify as Latina/Hispanic and be enrolled in an undergraduate nursing program. Data were obtained through three separate interviews, each with a different focus and each lasting ninety minutes. The interviews were conducted approximately a week apart. The first interview focused on

collecting historical and biographical data. The second interview focused on what was currently happening in the interviewee's life as a nursing student or recent graduate. The third interview explored on the meaning of the two previous interviews. Data was analyzed by crafting participant profiles and identifying thematic connections. A journey metaphor is being used to describe each participant's experiences. Along this journey, the themes are discussed as roadblocks and bridges, the obstacles and supports, experienced by the student nurse/nurses. The roadblocks or obstacles are marginalization and socioeconomic status. The bridges or supports are family, mentors, and perseverance. The participants' experiences provide important insights that may benefit schools of nursing and other disciplines concerned with nursing education.

Recommendations in three major areas are being made as a result of this study. These focus on K-12 education, nursing education, and future research. By presenting the recent educational experiences of Latina nursing students, this study has implications for future curriculum development and multicultural education within the nursing profession.

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CHAPTER 1

INTRODUCTION

It's a nice feeling to be able to know that I have a real chance of becoming a nurse.
Sephra

When I was a little girl, I remember walking into the hospital room where my younger sister- at that time, my only sister- was a patient. This was one of the many times my sister was hospitalized for a hearing problem. This time, though, it was a much more serious operation. Usually children could not visit, but this time was different. It was a holiday, and I was allowed to visit. My sister's head had a large white turban dressing. This had been a major operation and they had shaved off some of her hair in order to perform the surgery. When we arrived, my sister was in bed. The room was large with four hospital beds, two sets of beds facing each other. At the opposite side of the doorway was a big bay window. I watched the nurse in her white uniform as she took care of my sister. I looked up, walked towards the big bay window, and thought to myself, "When I grow up, I'm going to be a nurse and take care of people like she is taking care of my sister." I knew then I would become a nurse.

I enjoyed school because I loved learning, and I still love learning. Beginning early in my childhood, I received clear messages that education was important. I can vividly recall my mother constantly saying to me, "Tienes que educarte para que no tengas que trabajar tan fuerte como yo" (You have to become educated so that you do not have to work as hard as I do). Education was the answer to improving one's quality

of life and to becoming successful. These early messages were reinforced by a lifelong mentor and I believed them.

I graduated from high school with honors and as the mother of a two-year-old son. Nursing school was exciting and, at the same time, very challenging. A turning point in my own educational experience occurred in my graduate program. As a single mother of two boys (my son and my nephew), I was juggling raising children, working, and pursuing an advanced degree. One particular semester, I had received an extension for two papers due earlier in the semester. I was working on the papers when I received a call from the nurse at my nephew's school. I was informed that he was in her office experiencing severe pain. I immediately called his pediatrician and rushed him to the pediatrician's office. On my way there, with my little guy in the back seat holding his abdomen and in pain, all of a sudden I burst into tears and heard myself saying, "She's going to fail me." I realized that, although I was a licensed and practicing registered nurse, I feared failing the course. This was when I realized the effect that fear of failing may have on students, specifically high school students. I knew the statistics of dropout rates for Hispanics and I also had spoken to some of these students. But it wasn't until this point that I really understood it. Yet, unlike these students, I was already a college graduate. More important and urgent than my assignments was my nephew's health. My responsibility to him was greater than my fear of failing. I have not forgotten this experience. It was a powerful moment in my understanding of the educational journey encountered by some students. This experience resonates with the Latina nursing students in this study.

Statement of the Problem

Historically, nurses have been perceived as being nurturers and healers. Because of the nature of the profession, nurses care for those who are in need of returning to or of maintaining their optimum health status. Within our society, those in need of nursing care are also those who may be vulnerable. Minorities in general are a vulnerable population and rapidly growing in numbers. As a result, the nursing profession must rethink the care that is given to minority populations.

A well-documented shift is occurring in the population of the United States. Minorities are increasing in significant numbers, quickly becoming the emerging majority (U.S. Census Bureau, 2000). To illustrate the growth in the number of Hispanics, compare the findings of the 1990 and 2000 census. In 1990, Hispanics represented 2.2 million or 9% of the total population. The 2000 Bureau of Census reported that 35 million or 12.5 % of the total U.S. population are Hispanics. During this ten-year span, there was a significant increase in the number of Hispanic people, 3.5% or 12,951,759 (U.S. Census Bureau, 2000). According to the data on Hispanics provided by the Census Bureau (2000):

- In 2000, one person in eight was Hispanic.
- 44.7% of Hispanics reside in the West, followed by 33.2% in the South, 14.1% in the Northeast and 7.9% in the Midwest.
- Hispanics are more likely to live in inner cities.
- The Hispanic population tends to be younger in age than the general population.

Compared to non-Hispanic Whites:

- 27% of Hispanics had a less than a ninth grade education.
- Hispanics had lower high school graduation rates (6.4% compared to 60.3%), and a lower rate of receiving a bachelor's degree (10.6% compared to 28.1%).
- The unemployment rate for Hispanics is 6.8% compared to 3.4% of Whites.
- Hispanics are more likely than Whites to work in service occupations (33.2% compared to 14.0%), and less likely to be in professional or managerial occupations.
- In 1999, 23.3% of Hispanics made \$35,000 or more annually compared to 49.3% of Whites. Of those making \$50,000 or more, 9.6% were Hispanics compared to 27.4% of Whites.
- In 1999, 22.8% of Hispanics were living in poverty compared to 7.7% of Whites. Although Hispanic children comprise 16.2% of all children, they comprise 29.0% of children living in poverty.

Statistical data suggest that the number of Hispanics will continue to increase for at least the next 80 years (NCLR, 2001). These figures indicate that a significant number of people may require nursing care, and that nurses who are attuned to Hispanic patients are needed. Nursing remains a predominantly female and white profession. Minority nurses account for 14% of nurses (National Sample Survey of Registered Nurses, 2000). With these predictions, it is clear that if there is not an increase in the number of Hispanic students entering and graduating from schools of nursing, then the future is very bleak. The national nursing shortage and the problems related to diversity

in nursing will be both more dramatic and devastating. More Hispanic nurses means more nurses to provide care to Hispanic as well as non-Hispanic patients.

As previously stated, Hispanics account for 12.5% of the general population and yet only comprise 2.0% of the registered nurse population (National Sample Survey of Registered Nurses, 2000). The term Hispanic is used as an umbrella word to group together all native speakers of Spanish or those whose heritage is from Spanish-speaking countries. It is imperative to note that there are many subgroups among Hispanics. Each subgroup has its own country of origin, cultural traditions, and language dialect. In other words, although Hispanics are all grouped together, there is tremendous heterogeneity between and among the many subgroups. The Census Bureau lists 22 different Hispanic sub groups. The three largest are Mexicans, Puerto Ricans, and Cubans, respectively. Mexicans comprise the largest subgroup with 20,640,711 or 59% of the total Hispanic population. Puerto Ricans are the second largest Hispanic sub group, with a total population of 3,406,178 or 10% (excluding those in Puerto Rico). Cubans are the third largest group with a population of 1,241,685 or 4%. The term Spanish is sometimes used incorrectly to describe these individuals because Spanish is the native language of most Hispanics and Latinos (as).

An increase in the number of Hispanics in the United States indicates an increase in the number of people who are in need of culturally competent and culturally appropriate health care. Contemplate the findings of the 1996 National Sample Survey of Registered Nurses (NSSRN) by the U.S. Department of Health and Human Services Division of Nursing: approximately 90% of the total number of registered nurses were White, compared to about 72% of the total U.S. population. The 1996 survey further

illustrates that the total number of Hispanic nurses was 1.6%, whereas the total U.S. population of Hispanics was 10.6%. According to the National Sample Survey of Registered Nurse's (NSSRN) conducted in 2000, the number of minority nurses continues not to be reflective of the general population. The report states that there are 2.7 million nurses in the United States. Of these, 11% represented ethnic minority nurses (excluding males). When broken down further according to ethnicity the results are as follows: 4.9% are African American, 3.7% are Asian/Pacific Islander, 2.0% are Hispanic, and .5% are Native American/Alaskan Native. Consequently, at the present time there is an under-representation of minorities in nursing. To further illustrate this point, note that in 1996 there were 2.2 million nurses in the United States, and only 9.5% were ethnic minorities. Four years later this number increased by 0.5 million for a total of 2.7 million registered nurses. As is clear, the total number of ethnic minority nurses has increased by only 1.6% from 1996 to 2000. The minority group that saw the largest increase was African Americans, with an increase of 0.9%, followed by Hispanics at 0.4% and lastly, Asian/Pacific Islanders by 0.3%.

It is interesting to note that the NSSRN (2000) was the first time that the number of Hawaiian/Pacific Islander nurses was actually calculated. Also of importance is the fact that the percentage of American Indian/Alaskan Natives remained unchanged during the four-year survey. Specifically for the purposes of this study, it is significant to note that only 2.0% or 54,841 of the registered nurses in this country are Hispanics while the general population of Hispanics is 12.5%. As was true in the 1996 and the 2000 NSSRN, the growth in the number of Hispanic nurses does not reflect the growth of the general population of Hispanics. This is also true for African Americans. This

data raises at least two issues. First, although there is a steady change in the ethnic/racial makeup of the general population, the nursing profession does not reflect this change. The second issue concerns the lack of cultural competency within the profession.

There are at least two ways to increase the representation of minorities in nursing. One way is to prepare all nursing students to be culturally competent nurses, to provide quality health care to ethnically diverse clients. As stated by Torres:

It is expected that knowledge and awareness of the factors that influence the health and behavior of Hispanics will assist health care professionals to be more effective in their work. The fundamental assumption is that helpers can improve their effectiveness in the delivery of health care to Hispanics if appropriate attitudes, information, and self-understanding exist. (1996, p. x)

The second way is to increase the number of Hispanic nurses in the workforce. This intervention is the focus of this study. For some time I have had concerns about the small number of Hispanics entering nursing programs and the even smaller number of Hispanic nursing students who were actually graduating from schools of nursing. In clinical practice, I have witnessed patients receiving culturally incompetent care. For example, dietary instruction that nurses may give to Latinos. General dietary instruction is provided for nursing students, but the foods included in the teaching plan are not the foods that the Hispanic clients usually consume at home. Therefore, the teaching is ineffective because the foods of the client's culture are not taken into consideration. In another example, hair care for the Hispanic or African American client may be different in some instances from hair care for the white client. Hair care is addressed in teaching student nurses about personal hygiene, but such instruction is generally based only on the white client. This approach leaves nurses under prepared to

provide advice and care to clients whose hair texture may be different. Unfortunately, what often happens is that hair care for minorities may not be provided at all, or the nurse may wait for the family to provide this care. In both examples, it appears as if the nursing task is completed. Because the teaching and care are not based on the client's cultural needs, however, the end result may be ineffective. Yet many nurses may never question this method of teaching. Some nurses may not be aware that they are providing culturally incompetent care. Given the increasing Hispanic population and the dearth of nurses of Hispanic background, the focus of this study is on increasing the number of Hispanic nursing students by studying the conditions that bring them into or keep them out of, the profession.

The nursing profession is based on the belief that every patient should receive quality health care. But in order to provide quality health care, a wide variety of factors that impact a person's health, and sense of well being must also be addressed. One of those factors is a cultural identity. Culture is a vital component of a person's being and it influences each one's health status (Spector, 2000; Campinha-Bacote, 1999; Giger & Davidhizer, 1999). Culture shapes a person's perception of health and is related to health beliefs and practices. If a client's culture is not understood or valued by the health care provider, it is unlikely that he/she will receive culturally competent care. If the nursing profession is committed to delivering quality health care, culturally incompetent health care characterized by ignorance, racism, classism and language bias cannot be tolerated.

Statement of Purpose

The primary purpose of this study was to understand the experiences of Latina nursing students in the United States in order to identify conditions that affect their educational experience. To obtain the necessary data for this study, in-depth phenomenological interviewing was the qualitative research method used. Originally I had intended to interview fifteen female Puerto Rican students in nursing programs in Massachusetts and Connecticut. As a result of the limited number of Puerto Rican female nursing students available to participate in this study, the pool of participants was expanded to include Latina nursing students in general. The participants had to self identify as Latina/Hispanic and be enrolled in an undergraduate nursing program.

There are a variety of educational programs that offer a degree in nursing including diploma, associate, baccalaureate, second bachelor's, and RN to BS/BSN. The diploma program is a three-year, hospital-based program. This program does not offer a college degree and is the least available. The associate program is a two-year program at a community college. The baccalaureate program is a four-year program at a college or university. In the second bachelor's program, the student holds a bachelor's degree in another field and enters a nursing program to obtain a bachelor's degree in nursing; hence, it is a second degree. In the RN to BS/BSN program, students who opt to attend and successfully complete an associate degree or diploma program, plus other pre-requisites, can then enroll in an RN to BS/BSN program and complete the requirements to earn a baccalaureate degree. With the exception of the RN to BS/BSN student who is already licensed, all the graduates of the various programs take the same licensure examination. For a variety of reasons, including financial necessity and family

responsibilities, many minorities use the associate degree route to enter the nursing profession (Torres & Castillo, 1997). The baccalaureate-prepared nurse is considered the professional nurse.

Due to the limited pool of Latina undergraduate nursing students available for this study, the pool was expanded to include students who had graduated within the past year as well as pre-nursing students. Participants were obtained from various educational settings.

Research Questions

The following research questions guided this study:

- Question 1: What are participants' personal and educational experiences in schools of nursing?
- Question 2: What meaning do Hispanic nursing students make of their experiences?
- Question 3: Do participants share similar experiences that affect their personal and educational achievements?
- Question 4: What are the participants' suggestions for improving/strengthening nursing programs for Hispanic/Latina nursing students?
- Question 5: What does it mean to be a Hispanic/Latina nursing student attending a predominantly White school of nursing?

Definitions

Definitions for the terms cultural competent care, registered nurse, Hispanic, Latino (a) and racism are presented in this section. These terms were chosen because they are important to the study and may have meanings that some may find confusing. For example, sometimes it can be unclear as to who is a registered nurse because the term nurse is broadly interpreted. At various times, licensed practical nurse (LPN), certified nurses aide (CNA), and medical assistants (MA) have been classified as nurses.

Registered Nurse (RN):

RNs are graduates of Board approved schools of nursing and are licensed by the Board to practice professional nursing. RN's act within the scope of their education to provide direct and indirect nursing care, health maintenance, teaching, counseling, planning and restoration of optimal functioning and comfort, or the dignified death, of the people they serve. RNs hold ultimate responsibility for the quality of care they provide to patients or other health care consumers. (Massachusetts Board of Registration in Nursing [Retrieved 04/14/03])

Culturally Competent Care:

. . . the process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of a client (individual, family or community). Campinha-Bacote (1999)

Hispanic: From Merriam-Webster's Collegiate Dictionary: ". . . of, relating to, or being a person of Latin American descent living in the U.S." (2003, p. 589).

Latino(a): Merriam-Webster's Collegiate Dictionary defines this term as a person of Latin American origin living in the U.S. (2003, p.703). Nieto (1996) explains that the term Latino(a) not only identifies the Spanish heritage of Latin American and Caribbean heritage people, it also is understood to imply their African and Indigenous ancestry. As noted, Merriam-Webster's Collegiate Dictionary provides the same

definition for the terms Hispanic and Latino(a). For the purposes of this study, the terms are used interchangeably. Although I prefer the term Latino/a, because the term includes the African and indigenous ancestry, Hispanic is a more commonly used term.

Racism: According to Meyer Weinberg,

Racism is a system of privilege and penalty based on one's race. It consists of two facets: a belief in the inherent superiority of some people and inherent inferiority of others, and the acceptance of the way goods and services are distributed in accordance with these judgments. (1990, p. xiii)

Significance of the Study

This study is significant in at least three major ways. First, it may be the first in-depth phenomenological study conducted by a Puerto Rican/Latina nurse researcher interviewing Latina nursing students about their experiences in schools of nursing.

I was the first Latina to graduate from my undergraduate nursing program although I was not the first to begin the program. Another Latina had started the relatively new nursing program the year before and had failed. I was a young teen mom in nursing school and fearful that I would fail too. In my senior year, my best friend, an African-American student, and I were accused of cheating. The basis for this accusation was the fact that we were sitting next to each other during the exam and had both gotten the same questions wrong. We were in shock. When asked to explain how it was possible that we had gotten the same wrong answers, we explained that we had studied together. For the past three years, we had studied together and sat next to each other in class. We were allowed to remain in the program but the experience is still vivid and upsetting twenty years later. I didn't realize it then, but that experience was the beginning of what would lead to this study.

Having the study conducted by “an insider” allowed me to obtain information that “an outsider” might not have obtained. I am an insider because, like the participants, I not only know what it’s like to go to nursing school, I am also Latina. This allowed me to be seen by the participants as “one of them.” Information shared by the participants may be valuable in assisting other Latina nursing students. In addition, the study provides a vehicle for Latina students to have their voices heard. By having their voices heard, the silence that is the traditional experience of minorities is broken. A way to gain understanding of another’s experience is to ask questions. Although a valuable and essential tool when working with all populations, most minorities have not been asked about their experiences. Many of the participants said that this was the first time they had shared their stories. Furthermore, the participants in this study stated that they found the experience to be therapeutic. They also believed that, by sharing their stories, they were helping others. Doing so was tremendously important to them.

Second, this study is significant because it has implications for curriculum development and for the role of multicultural education within the nursing profession. As a result of the study, problems were identified and recommendations made that nursing programs can use to make improvements in educating and supporting Latina students. In the process, nursing programs will be able to increase the number of Hispanic nurses available to serve Hispanic and other communities. The proposed recommendations may also generate heretofore silenced discussions about diversity and race relations in the nursing profession.

Third, the documented experiences of Hispanic nursing students may be applicable to other minority groups. In other words, although Hispanics are the

identified group for the study, the findings might be appropriate to the educational success of other ethnic minorities pursuing a nursing degree in terms of either possible similarities among the various minority cultures and/or the shared experience of being a minority student in a White institution.

With the increasing number of racial minorities in the country, providing nursing care to culturally diverse clients and their families is an urgent necessity. Delivering culturally competent care is vital to the health of the United States. While many people can learn some cultural norms and traditions, learning about a cultural group by reading or listening to a presentation is very different from living the culture. When one has lived the cultural experience of a group, there is generally a deeper level of knowing and understanding. Therefore, having Hispanic nurses care for Hispanic clients could provide a great advantage in fostering a higher quality of care. According to Torres and Castillo (1997), more Hispanic nurses are needed to care for the specific health and cultural needs of Hispanic patients. Hispanic nurses can also serve as models to their non-Hispanic peers helping them to learn to deliver culturally relevant nursing care to Hispanic clients.

To have students of color enter and successfully complete a nursing program can do two things: it can encourage and support diversity in nursing, and it can increase the number of nurses of color in the profession. With the increasing numbers of Hispanics in general, an increase in the number of Hispanic nursing students should also be expected. Yet this is not the current situation. As the number of Hispanics in the United States continues to increase, the number entering schools of nursing has not increased significantly. The supply of Hispanic nurses graduating from nursing

programs is disproportionately low compared to the representation of Hispanics in the general population. As is evident by Hispanic nurses representing 2.0% of the profession and Hispanics representing 12.5 % of the total population (NSSRN, 2000; U.S. Census Bureau, 2000). If the desire of this nation is to have a healthy populace, this must be extended to include Hispanics. It is imperative to have the appropriate knowledge and resources and the increased representation of Hispanic nurses to provide care to Hispanic and other communities.

Limitations of the Study

The study has at least two limitations. First, it includes a small number of participants; I interviewed 17 participants for the study. It is possible that the small number of nursing students and nurses interviewed may influence the findings of the data collected. Nevertheless, the results of the study - detailing the often similar experiences of the participants - may provide useful information regarding the experiences of Hispanic students within schools of nursing. A second limitation is that the participants were from only two states, Massachusetts and Connecticut. Regional differences may impact the number of Hispanic nursing students available to interview.

Researcher's Interests and Bias

My interest and bias must be recognized. My personal and professional experiences frame who I am as a Puerto Rican/Latina/Hispanic nurse. My own experiences have made me empathetic to the experiences of the nursing students I interviewed. The same experiences must be acknowledged for bias. First, I can vividly

remember my experiences and challenges in both my baccalaureate and master's program in nursing. I have firsthand knowledge not only of what it means to be "the only one" but also of the loneliness of being an outsider which is associated with it. Second, my interest in multicultural education means that I believe culture is an important part of people's lives. For many minorities, their culture influences their lives in profound ways.

Chapter Summary

The purpose of this chapter was to present the situation of Hispanics within the nursing profession. With the significant increase in the Hispanic population, numbers of Hispanics in nursing programs should reflect this increase. Historically, this has not been the case and, at the present time, the number of Hispanics entering and graduating from nursing programs remains unchanged. Therefore, it is important to explore the experiences of Hispanic students who are currently in schools of nursing so that the conditions that support their success can be identified. This is the basis for this study. In the following chapter, the literature that undergirds the study is presented.

CHAPTER 2

REVIEW OF THE LITERATURE

In this chapter, the literature pertaining to the study is reviewed. The literature that supports this research focuses on three major areas: (1) the educational experiences of Latinos in the United States, (2) minorities in nursing and (3) multicultural education and its relevance to nursing. The first section addresses the experiences of Latinos in the U.S. educational system, with a focus on Latinos in higher education. In the second section, research on the experiences of Latinos in nursing is discussed. In this section, the racial and ethnic demographics of registered nurses in the United States are described and the impact of racism and cultural diversity in the field is discussed. Research with minority nursing students in general is limited. Most of the current research has been done with African American nursing students rather than with Latinos. Research concerning African Americans nursing students is included because a different racial/ethnic group may provide a lens for exploring the issue of Latinos in nursing. In the third section, a brief overview of the theory and practice of multicultural education is presented. Specifically the relationship of multicultural education to nursing education is explored.

The Educational Experiences of Latinos in the U.S.

The 2000 Census Bureau reported that 35 million, or 12.5 % of the total U.S. population, are Hispanics. Put another way, one in eight Americans are Hispanic (National Council of La Raza, 2001). Mexican Americans comprise the largest group of Hispanics/Latinos(as), followed by Puerto Ricans and Cubans. In addition,

Hispanics reside in every state. According to the U. S. Census Bureau (2000), the clustering of Hispanics regionally occurs in the ten states with the largest Hispanic populations: California, Texas, New York, Florida, Illinois, Arizona, New Jersey, New Mexico, Colorado, and Washington respectively.

Hispanics and K-12 Education

The under-representation of minorities (URM) in nursing can be attributed to various factors: an important factor is the high dropout rate of minority students from high school, in particular Hispanic students. According to the National Center For Education Statistics (NCES) 2000, the dropout rate for Hispanics is 27.8%, for African Americans it's 13.1%, and for Asian/ Pacific Islanders, the rate is 3.8%. Hispanics have the highest dropout rates among minorities. The drop out rate for Whites is 6.9%. Hispanics are therefore, almost four times as likely to dropout of school as Whites. In other words, over a fourth of all Hispanics are not completing high school. Clearly these figures are cause for concern.

Nieto (2000) reports that the high school dropout rates of Puerto Ricans have been documented since the 1960s. For Latinos, the rate in this study has varied from 40 to 80%. Mexicans and Puerto Ricans have the highest dropout rates of all Hispanics. Moreover, the high school dropout rate for Puerto Ricans is similar regardless of where they reside. Frau-Ramos and Nieto (1993) explored the factors contributing to the high school dropout rates of Latinos. They document a 72% dropout rate for Puerto Ricans in Holyoke, Massachusetts. In this study, Frau-Ramos and Nieto (1993) had a sample size of 207 students. Of these, 125 were from the 1990 graduating class (the total class

size was 273) and 82 were students who would have graduated in this cohort dropped out either in their junior or senior years. Data were collected by reviewing the students' school records and by interviewing a small group of students or dropouts. In this sample, twelve students were identified for telephone interviews. For both groups, those who had graduated and those who dropped out, Latinos comprised the majority of students, 71% and 49%, respectively. I will highlight some of the authors' findings:

- Students who graduated were twice as likely to live in from two-parent households as those who dropped out.
- Spanish was the primary language for both the students who graduated and those who did not.
- Students in mainstream programs were more likely to drop out than those in transitional bilingual programs.
- Over half (53%) of the students who dropped out said they did so in order to work.
- Whites were more likely than Latinos to be enrolled in advanced level courses.

Traditionally, the most common explanations researchers give for students dropping out of school focus on the student, the family and the culture and/or community. According to García (2001), factors associated with Hispanics not completing high school are socioeconomic status (SES), immigration status, having repeated a grade and poor English language skills. García further adds that these factors highlight the “characteristics of school dropouts” rather than the “schooling of the dropouts.” Put another way, it can be predicted who will not complete high school requirements by looking for these “characteristics.” Yet this is an incomplete picture

because what must also be looked at are the school experiences of those who are dropping out. The factors that García highlights are an example of looking only at one piece of the puzzle instead of the whole picture. Students may be automatically doomed to failure by their teachers and administrators based on these characteristics.

Nieto (1993) suggests that rather than blaming the students and their living conditions, it would be more productive to evaluate the roadblocks/barriers that school policies produce. Tracking, curriculum, and pedagogy are some of the specific policies and practices that create barriers for students (Nieto, 1993). The first policy, tracking, is the mechanism whereby students of perceived similar abilities are grouped together. Initially this practice was meant to be helpful to students. Too often, however, students are placed in lower tracks and stay there with minimal possibility of moving up through the tracking system. The ineffectiveness of this practice is further evident in the fact that there are more Latino students in special education programs and fewer in gifted programs (Nieto, 1993; Cunningham, Callahan, Plucker, & Roberson, 1998).

A second policy that creates barriers is the classroom/school curriculum (Nieto, 1993). The messages that students get at home and at school regarding language and culture may conflict. Another concern is that Latinos are absent as subjects from most school curricula. When they are included, they are usually presented in stereotypical ways (Nieto, 1993). Either way, the messages are negative. Yet another concern within the curriculum is when teachers believe they have to “water down” (Nieto, 1993, p. 247) the curriculum to help the students. This, in fact, hurts the students because it sends them message that they are unable to handle the work.

In pedagogy, a third policy, problems arise when the teaching techniques used by the teacher are in conflict with the learning styles of Latino students (Nieto, 1993; Padilla, 1997). A study by Darder and Upshur (1993) was designed to identify factors that would lead to educational success for Latinos. Data were gathered on 135 students by conducting interviews, distributing questionnaires, and observing in classrooms. Findings from the interviews indicate that Latino students preferred learning in the context of activity groups and from teachers who communicated with them in a personable way. Another serious issue of pedagogy occurs when teachers rush through the content because they have to cover a certain amount of content within a specified time period. In other words, covering the lesson plans becomes more important to the teacher than student engagement with the content. A “stagnant and uninspiring” (p. 249) pedagogy does not support academic success because it may lead to alienation of students (Nieto, 1993).

Incorporating positive messages about the ethnicity of minority students helps to support student success. Studies have indicated that there is a relationship between positive ethnic identity and how it influences a sense of self. Lorenzo-Hernandez (1998) conducted a study of 207 students who were attending a community college in New York City. Three instruments were administered: one each on value orientation, ethnic identity and self-esteem. Of the 207 participants, 171 identified as Hispanics, 31 identified as African Americans, and 5 did not report ethnicity. Findings suggested that ethnic identity was related to self-esteem in particular for Dominicans, Puerto Ricans, and African Americans. That is, the more minority students identify with their ethnic groups, the higher their self-esteem.

Driscoll (1999) analyzed the data of the National Educational Longitudinal Study of 1988 (NECS: 88) to determine if there was a difference between immigrant generation and dropout among Hispanics. The sample consisted of Hispanic eighth grade students. Students were reinterviewed in 1990, 1992, and 1994. The author found a number of family resources-including income, parental human capital, and English proficiency-were associated with successful achievement. In addition, the author found that being a male, increased family income, size of family and/or past academic success protect students from dropping out of high school. These attributes are similar to those other authors have found. But, as García (2001) points out, defining the “characteristics of the dropout” does not necessarily help to eliminate the dropout rate.

Although Hispanics are the focus of the study reported in this dissertation, other minorities also experience challenges and problems in their educational experiences. For example, Newman, Meyers, Newman, Lohman, and Smith (2000) looked at the transition from high school to college for low-income African Americans. In this study, 22 African American students were interviewed and asked about their transition to ninth grade. Family kinship was perceived as important in providing emotional support and stability for the Black students. Yet, there emerged an incongruent pattern of values between the educational and the family systems. The family system emphasized communal relationships whereas the school system valued individualism. This incongruence may cause the student to feel split between two systems that have different values. Hispanics may similarly experience incongruence between the family and the educational value systems (García, 2001; Nieto, 1993). Thus, students may develop two ways of being depending on their environment at any given time. That is,

they may be expected to demonstrate one set of behaviors at home and a different set at school. Constantly going between these family and school value systems can be stressful and, therefore, difficult to manage.

The high dropout rate for Hispanics is not a new phenomenon. Although there are many Hispanics who do not graduate from high school, many do. Nevertheless, roadblocks at the elementary and secondary levels decrease the likelihood of student success for minorities in general and Latinos in particular (Gándara, 2001; NCLR, 2001).

Hispanics in Higher Education

According to the NCES (2000), 64.1% of Hispanics completed their high school education. For those students who graduate from high school, another set of roadblocks often occurs as they pursue higher education. Understanding the barriers is an important step in eliminating them.

For example, Latinos comprise the largest population in California but they are the least educated (Gándara, 2001; NCLR 2001; U.S. Bureau of the Census, 2000). In 1997, the University of California (UC) Latino Eligibility Task Force conducted a survey regarding the myths that affect Hispanics in higher education (García, 2001).

Here are some of the myths regarding Latinos that this task force found:

- Hispanic families and students do not aspire to higher education: The survey findings indicate otherwise. That is, Hispanic parents express great interest in higher education. Of those surveyed, over 85% agreed or strongly agreed that

systems should be put in place to ensure that Hispanics were being admitted to college at the same rates as other groups.

- Hispanic females are not encouraged to attend higher education. The survey found that 94% of Hispanics surveyed not only agreed or strongly agreed that married women have the right to continue their education but more than 81% also agreed that it is acceptable for women to earn as much as their husbands.
- Many Hispanic students who attend a community college then transfer into a four-year college or university. In 1998 at the University of California, only 2% of Hispanic students transferred from a two-year to a four-year college (García, 2001).

These myths illustrate the misconceptions that exist regarding Latinos and higher education. If teachers and guidance counselors, for example, believe that Latinos do not aspire to go to college, this will affect whether students are encouraged to pursue a college education.

It is possible that same-group role models and mentors can help students face this as well as other challenges. Campbell and Davis (1996) describe the importance of minority nursing students seeing minority people in a variety of roles. All students should have the opportunity to see minority faculty in leadership roles, not just in the role of service provider. An example comes from the research of Hess and Leal (1997), who analyzed the dataset of the Council of Urban Boards of Education (CUBE). The dataset consisted of a 62-city compilation. The authors found that the presence of minority teachers in secondary schools has a positive correlation with the matriculation of minority students into college. That is, the more minority teachers in the schools, the

higher the number of students of all backgrounds who enrolled in college. This suggests that minority teachers can have a positive impact on both minority and non-minority students.

The Educational Experiences of Latinos in Nursing

The literature on Latinos in nursing is scarce. Part of the explanation for this is undoubtedly the small number of Latinos within the profession. In order to understand the present situation, it is necessary to go back in history. A comparison of the status of minority nurses is essential in evaluating the trends. For instance, the National Sample Survey of Registered Nurses (NSSRN) of March 2000 is not significantly different than the 1996 survey. In 1996 there were 2.2 million nurses in the United States. Of these approximately 14% were different from the traditional population of White females. Broken down further, the numbers for 1996 are as follows: males 4-5%, African American 4%, Asian/Pacific Islander 3.4%, Hispanic 1.6%, and Native American/Alaskan Native 0.5%. Throughout the same time period, the U.S. population had been steadily increasing (U. S. Census Bureau, 2000). The 1996 NSSRN further illustrates that the total number of Hispanic nurses was 1.6%, whereas the total U.S. population of Hispanics was 10.6%.

According to the March 2000 NSSRN report, there are 2.7 million nurses in the United States, an increase of 0.5 million nurses in a four-year span. Of these, 11% represented ethnic minority nurses. When broken down further according to ethnicity, the results are as follows: African American 4.9%, Asian/Pacific Islander 3.7%, Hispanic 2.0%, and Native American/Alaskan Native 0.5%. The total number of ethnic

minority nurses increased only by 1.6% from 1996 to 2000. The minority group that saw the largest increase was African Americans, with an increase of 0.9%, followed by Hispanics at 0.4% and lastly, Asian/Pacific Islanders by 0.3%. Yet this slight increase is not significant in relation to the demand for registered nurses in general and minority nurses in particular. Also of note is the fact that the percentage of American Indian/Alaskan Natives remained unchanged during the four-year survey.

Obviously, the number of Hispanic nurses does not reflect the general population of Hispanics. This is also the case with African Americans. Another point to consider is the regional location of the majority of Hispanic nurses. The majority of Hispanic nurses are located in the western and southern regions of the United States, reflecting the large population of Mexican Americans who reside in these areas.

More recent data of the NSSRN (2000) indicate that of the 54,861 Hispanic nurses, 50,264 have received undergraduate degrees, with the majority receiving an associate's degree (23,643 or 43.1%), followed by those with baccalaureate degrees (19,883 or 36.2%) and diploma graduates (6,483 or 11.8%). There are 4,597 ((8.4%) Hispanic nurses with advanced degrees. Of these, more than 90% of them have a Master's.

At the state level, Simons surveyed senior nursing students in Massachusetts (Board of Registration in Nursing [BORN], 2002). The purpose of the study was to provide a description of the characteristics of the nursing students entering the workforce. The total number of students graduating, 2171, was based on 2001 data. Students were enrolled in a variety of programs, which included registered nursing, practical nursing, and generic masters. Specific areas addressed in the study included

entry-level program, career and educational aspirations, and perceptions of their first jobs. The surveys were randomly sent to fifteen Board of Registration in Nursing approved programs, which then distributed them to their students. In total, 600 surveys were sent and 453 were returned. Of the total sample, 13 of the respondents were Hispanic. Of these, 5 were in a licensed practical nursing program, 7 were in a diploma or associate degree program, and 1 was in a baccalaureate program. These figures once again underscore the small number of Hispanic nursing students graduating from schools of nursing.

In another study, Coffman, Rosenoff, and Grumbach (2001) addressed nursing and general educational achievement in the state of California. The authors chose California because of the total population size and because it is racially and ethnically diverse. Their study compiled data using three data sources: the 1996 NSSRN, the 1999 U. S. Bureau of the Census Current Population Survey (CPC), and California Postsecondary Education Committee (CPEC). The NSSRN provided nursing demographics, the CPC provided data on the educational attainment rates, and the data from the CPEC provided information on the college degrees awarded in 1998. Their findings indicate that in California Latinos account for 28% of all working adults, but only 5% of registered nurses. In other words, being the state with the largest Latino population in the United States does not ensure adequate representation of Latinos in nursing.

At least two issues are raised as the result of review of the data. First, although there has been a steady change in the racial/ethnic makeup of the general population in the United States, the nursing profession does not reflect this change. Second is the

issue of cultural competency or, in most instances, the lack of cultural competency within the profession. Cultural competency is addressed later in the chapter.

Questions arise regarding why nursing schools are not aggressively attempting to recruit and retain minority students in their programs (Brink, 1994). The challenges experienced by many students in nursing programs include lack of accessibility, financial aid and other kinds of support (Castiglia, 1997). Also there may be additional barriers that can explain the low number of minority students in nursing programs.

Barriers to the success of nursing students fall into three major categories: institutional, economic, and personal (Campbell & Davis, 1996). Institutional factors include faculty commitment and the extent to which minority students can identify with majority institutions. Economic factors consist mainly of the financial resources necessary to pursue higher education. Personal factors may include inadequate academic preparation for higher education and a lack of adequate emotional support (Campbell & Davis, 1996; Villarruel, Canales, & Torres, 2001; Sadlacek, 1999; Grumbach, Coffman, Rosenoff, & Muñoz, 2001). According to Castiglia (1997), factors inhibiting minority members from attaining a career in nursing include inadequate preparation, especially in the sciences; financial costs and the actual and projected decrease in financial aid; inadequate career counseling; and more and better recruitment strategies by professionals in other disciplines.

Commitment from both minority and White faculty members is needed to promote minority student success. When there are low enrollment periods, institutions are more likely to seek out minority students. Institutions will then create opportunities for the non-traditional students, particularly in the form of financial support. When

enrollments increase, funding decreases. This causes a downward spiral in the number of minority students pursuing a college education (Castiglia, 1997).

Campbell (Campbell & Davis, 1996) described her own experiences in attending a nursing program in a historically Black institution. Students were nurtured by the faculty and repeatedly told that they were special. The institution fostered a sense of cooperation instead of competition; this resulted in the students supporting one another in their studies. For example, whoever understood the subject matter in a course would share it with others so that they all understood it. She also explains that this is not the common experience of most Black students today. Campbell and Davis (1996) further conclude that one of the most important roles of a minority faculty member is to serve as a model of competence. Minority students don't often see minority faculty within institutions of higher learning. When they do, they feel a sense of pride and want to succeed. Seeing minority faculty, therefore, influences minority students positively.

In another study, Buchanan (1995) administered a questionnaire to a group of African American and European American nursing students, asking the question: "Of what benefit would an African American nurse educator be to you as a student at this university?" The results showed that there was a real need among the African American students to have an instructor of the same race and culture. The African American students also perceived the African American faculty as people they could relate to for a personal relationship, understanding, counseling, acceptance, and assurance. In contrast, none of the responses from the European American students implied a need to identify with an African American instructor in roles similar to those expressed by the African American students.

In order to understand the underrepresentation of minority (URM) student enrollment in health professions, Grumbach, Coffman, Rosenoff, and Muñoz (2001) analyzed the data patterns of various professions from 1990-2000. The URMs for this study were African Americans, Latinos, and Native Americans. One of the professions included in the study was nursing. The data were obtained from the American Association of Colleges of Nursing (AACN). Because AACN only gathers information on the baccalaureate level and higher levels of nursing, data were unavailable for associate and diploma programs. From 1991-1999, the number of URMs increased by 48%, from 11,661 to 17,303. During this same time period, non-URM enrollment increased by 5 % from 89,800 to 93,883. This latter figure includes the decrease in the number of non-URM that occurred in the mid 1990's.

Villarruel, Canales and Torres (2001) conducted a project in which six focus groups were used to gather data on the educational mobility of Hispanic nurses. Four of the groups consisted of students who had obtained an associate's degree in nursing and then had completed a baccalaureate program. The other two focus groups consisted of nurses who were masters prepared. The findings were divided into two categories, barriers and bridges. The barriers experienced by the participants were financial, institutional, and cultural. The financial barriers were the cost of attending a nursing school, in particular the baccalaureate program. Because the costs were prohibitive, the participants had attended a community college. The institutional barriers they experienced were perceived discrimination, unsupportive faculty, and lack of advising. For some participants, their culture and family were also barriers to their educations. This was evident, for example, when traditional gender roles existed. Also, accents and

English as a second language were barriers. The bridges were institutional, family, and personal factors. The institutional supports were flexible educational programs and the availability of financial aid. Although for some participants, family was a barrier, for others, family members provided support. Lastly, personal factors were the participants' own aspirations.

Culturally Competent Nursing

Culture denotes a shared communication system; similarities in physical and social environment; common beliefs, values, traditions, and worldview; and similarities in lifestyle, attitudes, and behaviors (Freeman, 2003). Providing culturally competent care is a way in which to improve the quality of care delivered to clients whose cultures differ from the mainstream. Cultural competency is an ongoing process that benefits everyone. In this process, patients and their families receive high quality care and nurses provide high quality nursing care.

Campinha-Bacote's (1999) Culturally Competency Model of Care consists of five components: cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire. Cultural awareness includes becoming sensitive to other cultural/ethnic groups by examining the nurses' own biases and prejudice. Cultural knowledge means that the nurse explores the educational foundation of various cultures. Cultural skill is focused on learning how to conduct a cultural assessment. Cultural encounters provides the opportunity for nurses to actually engage in cross-cultural interactions. The last component, cultural desire, addresses the motivation of health care providers to "want to" engage in the process of cultural competence. By becoming

culturally competent, the nursing profession in general and nurses themselves improve the quality of care provided to everyone.

Schools of nursing must prepare their students to meet the challenges of the changing U.S. demographics. With the racial minorities increasing in number, providing nursing care to culturally diverse clients and their families is an urgent necessity. While many people can learn some norms and traditions of cultures different from their own, learning about a culture by reading or listening to a presentation is very different from living as an integral part of the culture. When one has lived the cultural experience of a group, there is generally a deeper level of knowing and understanding. Few people outside a cultural group have this kind of experience. Thus, increasing racial diversity within American society requires the preparation of minority nurses to assist in articulating and understanding the cultural and health care needs of minority clients as well as to care for them (Rosella, Regan-Kubinski, & Albrecht, 1994).

The Expert Panel on Culturally Competent Nursing Care of the American Academy of Nursing (AAN) in 1992 presented principles to be used in preparing nursing graduates who are sensitive to cultural diversity:

- A nurse must learn to appreciate intergroup and intragroup cultural diversity and commonalities in racial/ethnic minority populations.
- A nurse must understand how social structural factors shape health behaviors and practices in racial/ethnic minorities to avoid “blaming the victim.”
- A nurse must understand the dynamics and challenges inherent in biculturalism and bilingualism where groups may live and function in two cultures.

- Nurses must confront their own ethnocentrism and racism, build and structure (specific bone structure), skin color (tone and hair follicles).
- Nurses must begin rehearsing, practicing, and evaluating service provided to cross-cultural populations through specific opportunities and options provided.

Although these guidelines were developed ten years ago, they have not been integrated into the vast majority of nursing curricula.

The cultural phenomena discussed by Giger and Davidhizar (1999) and by Spector (2000) may be beneficial in providing care to various cultural groups. Davidhizar and Giger (2001) define cultural competency as the ability to care for patients in a sensitive and appropriate manner, and they identify six cultural factors that have implications for health care. These factors are communication, space, social organization, time, environmental control, and biological variations. Giger and Davidhizar applied the cultural factors they have identified to Mexican-Americans. Because Mexican-Americans are currently the largest Hispanic group in the United States, it is common to see the literature focusing on this group. Communication refers to verbal and nonverbal language and silence. Language differences create barriers in the communication process between the client and caregiver. The use of effective interpreters is one method that can be used to overcome this barrier. Space refers to how people feel about the physical distance or space around them. Four space zones have been identified by Giger and Davidhizar (1999); these ranging from the intimate zone-which extends up to one and one half feet-to public distance-which extends to twelve feet or more. Culture determines one's comfort level with personal space.

Social organization refers to the family unit and the social organizations (ethnic and religious) with which the family identifies. Time can be past, present or future orientated and varies among cultures. Environmental control refers to the ability of a cultural group to control nature or direct environmental factors. Examples of environmental controls include traditional healers and folk medicine. Biological variations refers to how members of a cultural group may differ biologically from members of other cultural groups. Examples of biological variations include body build and structure (specifically bone structure), skin color (tone and hair follicles), enzymatic and genetic variations (response to drug therapy), susceptibility to disease (increase in morbidity in certain groups), and nutritional variations (hot and cold therapy used by Hispanics).

The cultural factors identified by Giger and Davidhizar (1999) provide guidance in planning a cultural assessment. On the other hand, caution must be used to avoid further stereotyping cultural groups by assuming that all people of a specific cultural group are the same. In other words, there are similarities and differences among as well as between members of all cultures.

A common practice in teaching cultural competence to nursing students is to focus only on cultural beliefs, values, and practices rather than on issues of bias related to race, gender, class or sexual orientation (Abrums & Leppa, 2001).

Racism in the Nursing Profession

The profile of nursing continues to be more monolithic than diverse (Trossman, 1998). Historically, Whites have been granted certain privileges based solely on their

race and ethnicity (McIntosh, 1989). Minorities do not have access to the same resources and equitable treatment. Education is one of these. Although education is made available to everyone, the quality of education varies from neighborhood to neighborhood and from community to community according to factors such as ethnicity and socioeconomic resources. Since racism exists in the general population, it also exists in the profession of nursing. Malone (1997) states that like the United States itself, nursing as an institution has systematically denied access to people of color. Spratlen (1998) defines racism as the pattern and practice of systematic oppression and exploitation of one racial group by another operating at both the individual and institutional level. Racism is based on prejudice (judgments of others before the facts) and power (the ability to carry out the power). According to Barbee (1993),

Black, Latina, Asian, and Native American nurses are acutely and chronically aware of racism in the profession and in health care generally. They spend much time and energy combating racism in the profession, while Euro-American nurses spend as much time and energy denying that racism exists.

Black nurses and, for that matter, all minority nurses are marginalized within nursing, the so-called "caring" profession (Barbee, 1993). Furthermore, Barbee (1993) states that the low number of Blacks in nursing and the near nonexistence of the contributions of Black nurses in textbooks are due to racial bias. Addressing the low numbers of minority nurses and nursing students could be a way to begin a dialogue on racism.

In a study by Barbee and Gibson (2001), Black and White students were asked what factors they attributed to the "dismal number of non-whites" (p. 243) in nursing. The responses obtained from each set of respondents differed. The three reasons given by Black students were (1) a lack of recruitment of non-White students, (2) subtle or not

so subtle racism towards non-White students, and (3) non-Whites, in particular Blacks, being seen as “not bright enough” enough to succeed in nursing school. In contrast, three reasons given by the White students were: (1) non-White students can not afford nursing school, (2) non-White students are not academically prepared to do well in nursing school, and (3) non-White students do better in lower level nursing positions. As Barbee and Gibson (2001) point out, these comments reflect the degree to which institutional racism affects nursing education and nursing students.

Hagey and MacKay (2000) proposed a study that explored racism within the nursing school curriculum. The study was supported by the curriculum committee within a school of nursing. A goal was to develop a tool that would measure the changes that occurred in integrating antiracism into the curriculum. Data were gathered by conducting focus groups and by open interviews with students, faculty, preceptors, and staff. Although the study included interviewing faculty, staff, and preceptors, most of whom “avoided” (p. 47) being interviewed. Forty students and one staff person participated in the open interviews. A total of nine focus groups were conducted, eight student focus groups with five students in each group and another focus group of one staff person and one faculty member. The findings indicate that the students did identify racism. The authors abandoned their original intent to measure change because of the faculty’s discomfort with the research. Instead of participating directly in the research, faculty were going to be invited to attend development workshops.

Malone (1997) states that within the nursing profession the gatekeepers are faculty and nursing administrators and that the gatekeepers are more likely to be culturally blind than destructive. She defines cultural blindness as the condition that

acknowledges only the values and norms established by the dominant culture as relevant and appropriate. Akin to cultural blindness is color blindness. Malone states that nursing faculty or administrators may enthusiastically announce that they see no difference between an American of European descent and an American of African or Asian descent. Color blindness is thought by some to be a positive indicator of cultural sensitivity. Although the expressed intent of color blindness is to be sensitive, the opposite usually happens, i.e., color blindness results in culturally insensitivity since it ignores the fact that people's experiences and values may be different due to their racial/ethnic backgrounds.

Part of the reason often cited for the high dropout rate among Hispanics is the minimal inclusion of students of color in a positive manner in the curriculum. This lack of representation or misrepresentation of minorities may influence the extent to which they identify with schools and learning. Continuously being bombarded by negative images or by feeling ignored can be detrimental to a student's success in school. The student alone, therefore, is not responsible for his/her lack of progress. In the case of Hispanic students, it is imperative that they receive positive messages and images to enhance and support their learning. In other words, it is important to nurture the educational experiences of all students. Multicultural education can help to equalize the status of teachers and students by fostering mutual respect and understanding.

Multicultural Education and Nursing

Increased knowledge as well as an understanding and acceptance of various ethnic cultures is essential in education; these can be developed through a multicultural

perspective. Embracing multicultural education is a shift from the norm of educating from a Eurocentric perspective because it provides opportunities for people of different cultures to learn about each other and themselves. Using a multicultural approach to education serves to make every student equally important since one group is not the sole focus of study. According to Banks (1995), a major goal of multicultural education is to reform schools-as well as other educational institutions-and to provide all students with educational equality regardless of their diverse racial, ethnic and social class backgrounds. Consequently, Banks (1995) has developed five dimensions of multicultural education: content integration, knowledge construction, prejudice reduction, equity pedagogy, and empowering school culture. What follows is a brief description of each of these dimensions, with their implications for nursing.

The first dimension, content integration, deals with the extent to which teachers integrate the subject area to include a variety of cultures. This also is the most common perception of the definition of multicultural education. The second dimension, knowledge construction, refers to the extent to which teachers are able to help students understand how knowledge is created and affected by the racial, ethnic and social class position of people. The third component, prejudice reduction, describes racial attitudes and how students can be helped to develop a just attitude. The fourth component, equity pedagogy, occurs when teachers provide opportunities that support the educational achievement of students from diverse racial, ethnic and social class groups. The last dimension, empowering school culture, describes restructuring the organization of the school in order for all students, despite their race, ethnicity or income level, to experience educational equality and cultural empowerment.

Most of the levels of multicultural education described by Banks (1995) are missing in schools of nursing. Many schools do incorporate a course on diversity within the nursing curriculum, but often this is the only course that addresses culture. Instead of being a thread that is woven throughout the whole curriculum, cultural diversity, sensitivity and competency are restricted to the one course. A single course in cultural diversity does not provide the necessary skills to nursing students to enable them to provide culturally competent care. Rather, competent nursing care emerges gradually over time as nurses learn to function effectively within cultures different from their own (Ferguson, 1997). Having cultural information will not alone insure that a nurse becomes culturally competent (Ferguson, 1997). Although mandating a course on cultural diversity is an important first step in understanding cultures other than one's own, it does not make for a culturally competent nurse.

Addressing the concept of culture is important but, alas, basic nursing education does not usually include information relevant to minority populations. According to Drevadahl in (2001) nursing curriculums included courses on diversity, multiculturalism, cultural competence, cross-cultural, or transcultural nursing. Yet race, which underlies many of the topics, is not directly addressed. She states further that while multiculturalism does serve a role in the nursing curricula, emphasizing only cultural diversity may prohibit nurses from addressing their own racism.

A multicultural approach is intimidating for many people because it is generally easier to rely on what one already knows than to learn something new. The discomfort White people experience can be due to a reluctance to confront or acknowledge their privilege. Vaughan (1997) recounts her experience at a conference she attended in 1994

at which 85% of the attendees were Black, 5% were other minorities, and 10% were White. The first day she felt supercharged with energy, eager to learn. By the fourth day she was feeling some discomfort. When Vaughan consulted a colleague regarding her ever-increasing feelings of anxiety, her colleague told her she was experiencing what it was like to be a minority. Vaughan dealt with her feelings by choosing to take time off from the conference to spend time with another White colleague. She was aware that, once she left the conference, she would return to her culture of dominance, a choice that minorities do not have.

A multicultural perspective means accepting that a variety of cultures exist and understanding that each may have beliefs and traditions that differ from one another. This means that people from various cultures ideally can learn to coexist by valuing both the differences and similarities among them. Yet it is unrealistic to presume that there will not be feelings of apprehension in this process. Understanding and valuing cultural diversity suggests that everyone should be valued for the strengths they possess. A multicultural outlook further implies that there is a view of the world other than the dominant view. One of the advantages of multicultural education is that it includes in the curriculum people who might not ordinarily be included. It also provides teachers with the opportunity to continue learning (Nieto, 1996; Banks, 1995). Multicultural education can provide a context whereby students will experience educational equality (Banks, 1995). The under-representation of minorities, in general, and of Hispanics, in particular, is clearly documented. The available literature has identified factors contributing to the disparity of Hispanics within the profession. The lack of multicultural education is one of these factors. The goal of antiracism education is to

understand individual and group experiences within institutional and power structures (Moodley, 1995). A multicultural, anti-racist perspective within nursing would also support the concept of educational equality described by Banks (1995).

Nieto (1993) offers another model of multicultural education. The four components of the model are 1) tolerance, 2) acceptance, 3) respect, and 4) affirmation, solidarity, and critique. Tolerance is the lowest level of the multicultural education model. Practicing tolerance in the classroom means that differences are endured but not embraced. An example of tolerance in the curriculum would be having special programs during Hispanic Heritage Month and encouraging students to attend a function celebrating diversity. The second level in this model is acceptance. As the name indicates, in this level schools appear to accept minorities in more visible ways. For example, students may be required to take a course on diversity in nursing or attend workshops on diversity. The third level of the model is respect. Here, the traditional school policy of tracking is eliminated from elementary and secondary schools and the curriculum includes topics such as racism, sexism, and other forms of discrimination. Incorporating these topics into the nursing curriculum would benefit both students and faculty. Shaha (1998) adds that instead of focusing on racism, many nurses and nurse educators address the culturally different client. The final and highest step in the model of multicultural education is affirmation, solidarity, and critique (Nieto, 1993). At this level, students, parents and teachers work at building relationships with one another based on affirmation and solidarity. The curriculum incorporates the experiences and backgrounds of all students. Students are not passive learners and are encouraged to critique the content being taught them. A significant attribute of this level is that

teachers have high expectations of all students. In the case of nursing, this could mean that all students would have similar opportunities like those described by Campbell (Campbell & Davis, 1996) where minority students are supported to achieve success.

It is essential that nursing education embrace the concepts of multicultural education because, as of now, a culturally diverse approach is lacking in much of nursing education. For example, faculties in most nursing programs are predominantly White and students are taught how to provide nursing care from only one perspective. Nursing education is multifaceted and has the potential to provide various learning opportunities to nursing students, including culturally competent care.

Castiglia (1997) conveys that a major problem in nursing education is the small number of minority nursing faculty. She suggests that to improve recruitment efforts dramatically, it is imperative to reflect the cultural diversity of society within the nursing population. Yet health care agency recruiters often select nurses who appear similar to them instead of considering their patient population's preferences or needs as the first priority (Torres & Castillo, 1997).

To see teachers in the role of learners is a great model for students. For nursing students, seeing nursing faculty as learners is important because it provides students with the opportunity to see teachers in another capacity other than that of authority figures. It also provides the faculty and students an opportunity to learn from each other. Role models of different backgrounds and, in particular, minority faculty would provide an opportunity for all students to begin rethinking their attitudes about cultures different from their own. It would encourage and support a multicultural perspective as an alternative point of view. It is at this point that genuine change can occur.

It is essential that a multicultural perspective, which includes a focus on racism, be included in nursing programs. If educators do not provide all nursing students with an opportunity to develop a multicultural perspective, that is, to view nursing and patients from a broader perspective than just a Eurocentric one, then we have shortchanged them in their education.

Cohen, Gabriel, and Terrell (2002) suggest four practical reasons for increasing diversity within the workforce. These suggestions could be applied to a variety of health professions, including nursing. The four components are 1) advancing cultural competency, 2) increasing access to underserved populations, 3) strengthening the research agenda, and 4) increasing minority leaders who can serve as executives and policy makers. Having Hispanic nurses available to provide care to Hispanic clients is a great advantage in fostering a higher quality of care. More Hispanic nurses are needed to care for the specific health and cultural needs of Hispanic patients. Hispanic nurses can also teach non-Hispanic nurses about delivering culturally relevant nursing care to Hispanic clients. In order for this to happen, there must be Hispanic nurse leaders who are making decisions about the research agenda and policy for Hispanic health.

Chapter Summary

In this chapter, I reviewed the literature relevant to the study. This review included the sociodemographic data on Hispanics within the general population and nursing, the status of Hispanics in higher education and multicultural education

One reason for doing this study was to explore how schools of nursing might create a more welcoming environment for students of all backgrounds, including

Hispanics. The capability of the nursing profession to meet the health care needs of America's increasing racial diversity is dependent on its capacity to embrace people from diverse cultural groups entering the profession (Crow, 1993). A vicious cycle is created when the hard question of the small number of minorities in nursing is not addressed. Although faculty members of diverse backgrounds are needed to recruit and teach a varied student body, and increasing the number of students of diverse backgrounds helps to assure a more diverse faculty for the future, the obstacles presented by nursing programs and institutions prevent minority students from pursuing graduate degrees (Trossman, 1998). One way in which this dilemma can be addressed is by exploring the experiences of students of diverse backgrounds in schools of nursing. In the following chapter, the description of the design of this study is elaborated.

CHAPTER 3

METHODOLOGY

My doctoral program included several courses on qualitative research. One particular course called "In-Depth Phenomenology," was taught by Professor Irv Seidman (Seidman, 1998). The purpose of the course is to guide students through the process of phenomenological research. I enjoyed the course immensely and every week I left the class eager to apply the concepts discussed. For the major course project, students were to use the phenomenological interviewing approach with three participants. This was an opportunity to practice and strengthen the skills necessary to conduct effective interviews. My enthusiasm for the class project paved the way for a pilot study that in turn led to this dissertation study.

The purpose of this chapter is threefold. First, I begin with a brief overview of qualitative research and phenomenology. Secondly, I describe the approach taken for this study. Lastly, I provide an overview of the pilot study.

Qualitative Research: Phenomenology

Qualitative research has a focus on process and the telling of stories is a meaning-making process (Seidman, 1998). Further, according to Denzin and Lincoln:

Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matters... this means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of meanings people bring to them. (1994, p. 2)

Qualitative research uses a paradigm that is different from quantitative research. “A paradigm is a set of basic beliefs crafted together by concepts that orients thinking and leads the research” (Bodgan & Biklen, 1992; Guba & Lincoln, 1994).

Phenomenology is one method for obtaining data in qualitative research and it is the method used for this study. Simply stated, phenomenology is the study of phenomena, how people experience or perceive a thing. Phenomenological research is used to answer questions of meaning. This method of gathering data is most useful when the goal is to understand an experience as it is understood by those who experience it (Cohen, Kahn, & Steeves, 2000; Seidman, 1999). Hermeneutic phenomenological method is synonymous with phenomenology. Hermeneutic refers to the interpretation that accompanies the description of phenomenology. Hermeneutic phenomenology studies how people interpret their lives and the meaning they make of that experience. Research in phenomenology strives to understand the meaning of events and interactions by the people in a particular situation (Bodgan & Biklen, 1992).

A basic premise of hermeneutic phenomenological methodology is that people feel compelled to try to make sense of their experiences. According to Kahn (2000, p. 59), “In general people try to reach this understanding by interpreting their lives as they occur by treating them as narratives that are unfolding” (Kahn, 2000, p. 59). Kahn (2000) goes on to state that people begin by trying to figure things out for themselves and then tell others, including family and friends. Then, finally, the researcher is told about the experiences. Although this may be true in general, this was not the case for many of the participants in my study. In a number of instances, I was the first person with whom they had shared their stories-either in part or in their entirety.

Phenomenology is not new in nursing. Each patient is unique and can only answer for him/herself what his or her needs are. For instance, Cohen, Kahn, and Steeves (2000), state that the nature of this methodology makes it well suited for research that looks at nursing care. They go on to say that how patients describe their experiences can help identify how to best meet their needs: "Only patients can reveal the meaning they create, and nurses cannot assume they understand a patient's perspective" (Cohen, 2000, p. 4). This study did not look at patient care directly, yet the same may be true for Hispanic nursing students. Thus, in order to understand the meaning Hispanic nursing students' make of their experiences, they must be asked directly.

Because phenomenological research is focused on the meaning people make of their experiences, in-depth phenomenological interviewing is one way to collect the data for research that uses life history interviewing and in-depth interviewing (Seidman, 1998). As Seidman indicates (1998) the researcher aim is to have the participant "reconstruct" (p. 74) his/her experience. In-depth phenomenological interviewing consists of a three-step system (Seidman, 1998). The first interview is focused on life history. The second interview concerns the details of the experience, and the third interview is focused on the reflection of meaning.

According to Cohen, Kahn and Steeves (2000), data analysis is not a separate step after the data have been collected. Rather, analysis begins during the interviews when researchers are actively involved in listening and thinking about the meaning of what the participant has said. This leads into a more careful analysis in which transcripts are thoroughly read as the researcher becomes increasingly immersed in the

data. Cohen, Kahn and Steeves (2000) also describe a three-phase approach to data analysis. In the first phase, essential characteristics from the data are identified. This is the coding of the data. In the second phase, data are transformed or reduced. Here, the researcher has to decide which data are significant and which are not. Reducing the data is similar to editing; the editor or researcher has to decide what to keep and what to discard. The third phase is thematic analysis. This is the phase where the researcher sees themes begin to emerge. After reaching a general understanding of the text, the researcher underlines particular significant phrases.

Huberman and Mills (1994) describe the process of analysis similarly to Cohen, Kahn and Steeves (2000). They name the components of analysis as data reduction, data display, and conclusion drawing and verification. They believe that analysis takes place before data are collected, during the design and planning stage, during the collection process, and after the data collection.

In the hermeneutic study, data analysis is carried out in three inter-related processes: thematic analysis, analysis of exemplars, and search for paradigm cases (Benner, 1994). The first process, thematic analysis, includes all types of data collection. In this particular study, it is the interviews. In order to arrive at a global analysis, the data were read several times. This led to the narrowing of categories, the identifying of themes. In the second process, the analysis of exemplars, the analyzed event encompasses the individual situation of the participant, which may include her concerns and actions. It is from this analysis that stories or vignettes, i.e., exemplars, are formed. In the last process, paradigm cases, the patterns that emerge from the analysis lead to the meaning-making.

Approach to this Study

As a result of my course work in the doctoral program, I became very interested in conducting qualitative research. It seemed to be a good fit with the type of research I was interested in pursuing. Throughout the interviews I conducted with Hispanic nursing students, I felt it was a privilege to be able to listen to their stories. It was humbling to me to listen as the women shared very personal parts of their lives. The nature of qualitative research lends itself to interacting with participants. Consequently, I had to balance the interaction carefully so as to not influence what participants said. Interviewing was a mechanism for obtaining data directly from those living the experience and provided a way to get at the specific data I was researching. For these reasons, qualitative research was the appropriate approach for framing the design of this particular study.

According to Seidman (1998), at the root of in-depth interviewing is an interest in understanding the meaning people make of their experience. In this particular study, I thought that phenomenology would provide an understanding of what Latina nursing students lived through in their nursing programs and the meaning derived from their experiences.

Participants

The participants for this study were seventeen female Hispanic nursing students. Most of the participants I interviewed were currently in a program that led to either an associate degree or to a baccalaureate degree. Three had graduated from nursing programs within the past year. I obtained participants by informally speaking with

nursing faculty in various institutions and asking if they knew of potential participants. If they did, I asked them to contact the student and ask if she would be interested in speaking with me about my study. Most potential participants were identified in this way in the beginning. Later, others were obtained by means of the students themselves speaking with other students. Gate-keeping from most faculty and administrators was challenging and produced only one participant. When gate-keeping was not an issue, accessing potential participants was much easier. In this latter case, two faculty members (one White and one minority) provided four names of potential participants. In addition, one administrator did not have any Hispanics in her program but sent information that she thought would be helpful for the study.

Once a potential participant was identified, the person was contacted by telephone and provided with information regarding the study. If she expressed an interest in participating in the study, an appointment was scheduled. At the meeting, she was provided with a written informed consent form (see Appendix A and B) and any additional questions were answered. If she chose to sign the consent form, the interview process began.

Once I made telephone contact, all the participants agreed to meet with me. Two who had originally scheduled an appointment were not able to keep the appointment. One student was not at home for our scheduled appointment and I made several attempts to reach her by telephone until I was finally able to speak with her. The other student called me to cancel and another appointment was scheduled. When I called the day before to remind her about the appointment (as I did with all the appointments), I was not able to reach her. I tried again on the day of our appointment

and she said she had to cancel. Although both these women expressed their interest in participating in the study, other factors (family and work schedules) prevented them from doing so.

Anonymity is extremely important to maintain and I worked very hard to respect each person's anonymity. Concealing names, locations and other identifying information protects participants from harm as a result of taking part in the study (Patton, 1990). In one situation, I was at a professional meeting where I saw one of the participants. She introduced a faculty member to me and told her she was in my study. The faculty member wanted to engage me in a discussion about the student's involvement in the study. She was surprised when I informed her that I could not discuss those taking part in my study. To provide anonymity, pseudonyms were used to identify the women both in the written dissertation and in presenting the study in other venues. The participants were asked to come up with pseudonym for themselves. The majority selected names that had a significant meaning for them.

Each participant was asked to sign a consent form. The consent form provided an agreement between each person and me. They were aware that they could withdraw from the study at any time. They were also informed that within seventy-two hours of an interview they could contact me and ask me to omit particular things they had shared with me and I would honor their requests. Neither of these options was used by anyone. All of them remained in the study and no one contacted me to omit any data.

Data Collection

Data for this study were collected by conducting individual interviews. Interviewing is an excellent way of obtaining the participant's perspective. "Interviewing is one of the most powerful ways we use to try to understand our fellow 'human beings' (Fontana & Frey, 1994, p. 361). The interview is a "purposeful conversation" between those engaged in the interviewing process (Bogdan & Biklen, 1992). By obtaining data via interviews using the participants' words, the researcher is then able to develop insight into their worldview (Bogdan & Biklen, 1992). Asking questions and eliciting answers is much harder to do than it appears (Fontana & Frey, 1994). Interviewing may appear to be simply a dialogue between the participant and the researcher. Yet the questions must be carefully constructed to elicit the study data. The tool or instrument used in the interviewing process is the interviewer; I became the instrument used to collect data (Fontana & Frey, 1994; Seidman, 1998).

Unstructured interviewing uses a broad set of interview questions. Using the unstructured form of interviewing, I asked three questions worded so that the participant could begin at any point she wanted and share whatever she deemed to be important or simply just whatever she wanted to share. I would have to redirect the questions at times whenever a participant would veer from the topic. Redirection occurred only after sufficient time had passed and I determined that no new information was forthcoming. The following is a description of the interview's focus as described by Seidman (1998) and how it related specifically to this study.

Interview 1

This interview focused on collecting historical and biographical data. The focus was on how the student came to decide on a career in nursing. Thus the inquiry was presented as, "Tell me as much as possible about yourself until you became a nursing student." The interviewees were encouraged to share any stories they wished. They were encouraged to share information from the time they were born until the time they began nursing school. Some began talking about their lives at an early age, while others started with something that was significant to them, such as descriptions of their families or a particular life event.

Interview 2

This interview focused on the present, that is, on what was currently happening in the interviewee's life as a nursing student or recent graduate. The inquiry's focus was, "What is (or was) it like for you to be in your nursing program?" The interviewees were encouraged to share their experiences with peers, faculty, and clients. As in the first interview, the students were able to start at any point in their nursing school experience. Some began at the beginning of their enrollment in the nursing program, while others started with a particular event that they felt was particularly important.

Interview 3

The final interview focused on exploring the meaning of the two previous interviews. The inquiry began as, "You have been sharing how you came to decide to

become a registered nurse. You have also shared what it is like to be a Latina in your nursing program. What does this mean to you?"

In the process of making this meaning, the participants made intellectual and emotional connections to their lives and their nursing programs (Seidman, 1998). Table 1 lists each of the three interview inquiries and the research question it addresses.

Table 1

Methods Summary Table

INTERVIEW	RESEARCH QUESTIONS
1. Tell me as much as possible about yourself until you became a nursing student	3: Do participants share similar experiences that affect their personal and educational achievements?
2. What is (or was) it like for you to be in your nursing program?	1: What are participants' personal and educational experiences in schools of nursing? 3: Do participants share similar experiences that affect their personal and educational achievements? 4: What are the participants' suggestions for improving/strengthening nursing programs for Hispanic/Latina nursing students?
3. You have been sharing how you came to decide to become a registered nurse. You have also shared what it is like to be a Latina in your nursing program. What does this mean to you?	2: What meaning do Hispanic nursing students make of their experience? 4: What are the participants' suggestions for improving/strengthening nursing programs for Hispanic/Latina nursing students? 5: What does it mean to be a Hispanic/Latina nursing student attending a predominantly White school of nursing?

The interview process began primarily in English as the students had to be fluent speakers of English in order to enter a nursing program. It was beneficial for them that I was both bilingual and bicultural. This allowed and encouraged those who were more comfortable speaking in Spanish do so if they chose. Even if the participants preferred to speak in English or spoke primarily English, at times they used a word or phrase in Spanish that was particularly significant to the interview. Translation occurred from Spanish to English as needed.

Each participant was interviewed individually using the above-mentioned scenarios. Interviews were designed to last ninety minutes each, as is the practice with in-depth phenomenological interviewing. They were spaced approximately a week apart. According to Seidman (1998), it is important to space interviews at least three days apart in order to allow the participant to reflect on the preceding interview. Consequently, the interviews were completed over a three- to four-week period and were conducted wherever it was most convenient for each participant. Each decided where she wanted to be interviewed. Usually the interviews were held in her home but other places included a private conference room and my home.

I choose to tape record the interviews. By tape-recording the interview dialogue, I was also able to concentrate, listening to what the participant was saying instead of trying to write down everything she shared. All the interviews were then transcribed verbatim. According to Seidman (1999), data can be analyzed and shared in two ways: first, by developing participant profiles, and secondly, by determining topics that might lead to thematic connections.

Data Analysis

The steps to analyzing data included reduction of text and crafting the participant profiles (Seidman, 1998). The first step in analyzing the data was to mark passages about the study that I found interesting. Marked passages included words, phrases, issues and concerns that the participants used or referred to repeatedly. Thus began the process of reducing the text. Marking the passages is an essential step for

both developing profiles and making thematic connections. After initially reducing the text, I was able to create the participant profiles.

Crafting a profile of a participant's experience is an effective way of sharing interview data (Seidman, 1998). The profile is a story crafted by the interviewer using the interviewee's words. Seidman (1998, p.102) states, "...a profile has a beginning, a middle, and an end, as well as some sense of conflict and resolution." The passages were marked and labeled and, finally, condensed into a single transcript. At this point, I reread the transcript and the task of selecting the most powerful passages began. The last phase in developing the participant profile was to create the narrative. In Chapter 4, the profiles of three participants (Ashley, Aida Rosa, and Mary) are presented. These particular participant stories were chosen because they met the criteria described by Seidman (1999). That is, they are stories that have a beginning, a middle, and an end.

A second method of analyzing or sharing the interviews was categorizing the data. That is, "The researcher then searches for connecting threads and patterns among the excerpts within the categories and connections between the various categories that might be called themes" (Seidman, 1998, p. 107). The beginning process of marking the passages is similar to that of creating a profile. I marked the most interesting passages and then labeled and coded excerpts. The next step in categorizing the data was to file the excerpts and then reread each file. At this point, the data were used to compare the connections among the participants. I generated themes from the transcripts by picking out words, phrases, issues and concerns that they used or referred to repeatedly. A detailed description of the themes is presented in Chapter 5. It is

noteworthy that the themes that surfaced in this study were also present in the pilot study.

Another step in the process of analyzing the data is the researcher's interpretation of the participant profiles and thematic connections. Based on this interpretation of the data, I drew implications and made recommendations.

My goal in this study was to have a better understanding of Latina students' educational experiences in schools of nursing. The experiences of those who took part in this in-depth phenomenological study were filtered through the interviewer. I made every attempt to ensure that it is the students' own perceptions and experiences that are presented in this study.

Pilot Study

As part of my coursework in the course that I mentioned at the beginning of this chapter, I was interested in exploring what it was like to be a Puerto Rican student in a nursing program in order to identify those conditions that supported their success. The primary purpose of the pilot study (Rivera Goba, 1999) was to document the experiences of a small group of Hispanic nursing students and to highlight some of the challenges they faced in entering the profession. I conducted a pilot study with two Puerto Rican nursing students using in-depth phenomenological interviewing. There was initially a third participant but after the first interview, time constraints prevented her from participating in further interviews.

The pilot study was an exploratory study because I interviewed only two women for this project. The results of the study helped, however, demonstrate why a more

extensive study designed to illustrate the importance of increasing the number of Hispanics in the nursing profession was necessary. The experience of doing the pilot study was meaningful for two major reasons. It provided me, a beginning researcher, with the opportunity to try doing in-depth interviewing with a small number of participants and, as a result, I gained confidence in using the in-depth interviewing technique. Secondly, I asked the same three questions in the dissertation study as I had in the pilot study. Data were also analyzed using the same methods. Therefore, I also gained experience in analyzing data.

The participants in the pilot study were Maria and Irene. Although different in some respects, they also shared some commonalities. In this section, I give a brief overview of the participants and the themes that emerged from the interviews.

- Maria received her primary and secondary education in the United States. She was in her late 30's. Maria was living with her common-law husband and her two school-age children from a previous marriage in an apartment building. She was enrolled in an associate's degree program and was returning to school after several years. Maria opted for an associate's degree program because she wanted to obtain a degree in a short time, begin to work, and, ultimately continue her education to obtain a baccalaureate degree. Finances were very limited and this was causing difficulties within the family. Although Maria didn't have any family close by, she longed to be with her "own kind." It is interesting to note that she chose not to live in close proximity to her family. Her sister, her closest relative, lived several

hours away by car. Maria and her family were one of only two minority families in town and the only Hispanic family.

- Irene was a senior in nursing school. She too had received her primary and secondary education in the United States. Irene was single, had no children and, after graduating from high school, opted to attend a small private college in her hometown to pursue a baccalaureate degree in nursing.

During her freshman and sophomore years, she lived at home. Since her junior year, she had been living on campus. It was interesting that although Irene lived on campus, all three of our sessions took place in her parents' home. Her parents were proud of her and supportive of her educational endeavors. The family had bought a house four years earlier; prior to this they had lived in the projects. Irene felt responsible for helping other family members pursue their education. She had a strong sense of being Puerto Rican and it was important to her not to forget who she is and where she came from.

In the pilot study, both participants spoke of similar experiences. The themes that emerged were: marginalization in their nursing program; centrality of family to their lives; and barriers they encountered in attempting to complete their education.

Marginalization

Both Maria and Irene expressed feeling isolated from their peers and the nursing faculty. They often made statements such as "There is no one to talk to" and "No one ... understands what I'm going through" -referring to their minority status in the program.

These statements were often associated with particular incidents that had racist overtones. For instance, Irene described her experience in nursing school in this way:

There's nobody else. I'm the only Puerto Rican there. There was another Puerto Rican lady and two more Blacks but they failed out junior year. [Interviewer: How does it feel to be the only Puerto Rican in the program?] It feels good and bad. I'm trying to go past the stereotypes and the misconceptions of Puerto Rican and that's good. But it's bad in another way because mucha gente no se da cuenta {still many people don't realize} or they don't want to admit to themselves hay todavía mucha {there is still a lot} prejudice y racismo que existe {and racism that exists}. That's evident in a few of my classes. Half the time ellos no se dan de cuenta {they don't realize} of what they are saying. There was this girl (referring to another nursing student) who had gone to a bar and a drunk man confused her with someone else and he was going to lend her money and she was playing along. Then the girl felt sorry for him so she couldn't do it. I was the only Puerto Rican at the table and this was my clinical group and everyone else was White. Entonces {then} I said, "Aw man, I would have took it." This other girl said, "Of course you would, look at the color of your skin." I looked at her like, "Oh man, she didn't say that." Even if you think that, you don't say that. Everyone was looking at me like, Irene is going to hit her and I didn't. I just kept eating. The girl who said it just kept eating like nothing.

Other statements implied that these students were on their own and that, as a result, they had to be strong mentally because being "floja de mente" [mentally weak] would have not allowed them to survive. As Irene said, "You have to be strong and fight for what you believe is right and what you want because, if you don't, nobody is going to do it for you." If Maria had not been strong, she asserts, "I wouldn't be here talking to you because I would have given up a long time ago."

According to the interviewees, having Puerto Rican nursing faculty members and Puerto Rican peers in their programs would have decreased their feelings of isolation. Both participants stated that having a Latino/a professor would have "made things easier" since "she would understand me." Irene stated further, "The Latina

professor would understand this and not look at me automatically like I'm stupid and think I'm not telling the truth or slacking."

The marginalization experienced by both participants created challenges for both of them in their nursing school experiences. Yet the women overcame the obstacles they encountered and were determined to become registered nurses.

Centrality of Family

For many non-Hispanics, one's culture is not recognized as a strength (de Leon Siantz, 1996). Fostering a sense of community and supporting one another is beneficial and strengthens everyone. For example, according to de Leon Siantz (1996), "They don't understand being Hispanic as providing emotional security, a sense of belonging, shared values of kinship, a sense of "somos hermanas" (we are sisters), common family experiences, and a sense of satisfaction with life" (de Leon Siantz, 1996). "La familia (the family) is another factor that provides a strong social and psychological foundation for Hispanic nurses" (de Leon Siantz, 1996, p. 168). For the participants in my pilot study, fostering a sense of community and supporting one another they felt was beneficial and strengthened everyone. In general, togetherness and solidarity, instead of individuality and competition, are valued within the Hispanic culture (de Leon Siantz, 1996). Family involvement meant that sometimes, Irene would miss school when a relative was severely ill. She did not think the faculty understood when she missed class in order to visit her cousin who was very ill after the family had been informed that he would die. On the other hand, although Maria stated that family was important to her, her actions were in conflict with her words. Maria suggested a global approach

to the concept of family, "It's important for me to be around Puerto Ricans but I know I don't want to be close to my family. My family can be other Puerto Ricans." This seemed to be due to serious problems with her family, to which Maria made some reference during the interviews. Maria expressed sadness and longing to be among other Puerto Ricans.

Irene is a positive role model for others in her family. She explains, "My family has supported me all the way through school. They are proud of me. When I graduate, I'll be the first one in my family to graduate from college. So everyone looks up to me."

Barriers to Education

Minority students experience many barriers-or roadblocks-in their education. Two of the major barriers to education identified by the students in my initial study were their socioeconomic class and the lack of cultural sensitivity on the part of faculty members and other students. Both of these barriers were of concern to the participants during their entire nursing school experiences.

For both women, the barrier of socioeconomic status meant they had to work and go to school at the same time. Irene described her financial situation in this way:

I've had good and bad experiences. I had to work two jobs. I can't say nursing is easy because it isn't. No es fácil [it's not easy]. I had to work two part-time jobs and go to school. After the accident [car accident she had], I didn't have a car. I lost my job so I didn't have any money.

Maria spoke about the various responsibilities she had to juggle, "There's always a lot going on in my life. I'm still a mother, I have a partner, I'm a nursing student, and I work."

Both participants were able to discuss the barriers they experienced. Irene described some of the obstacles she had encountered, stating, "I've experienced many barriers in my education. Sometimes it's things outside of school such as family issues but sometimes it's because of the way the professors think and how they treat you." Additionally Maria found that, although she was doing very well academically, there were others barriers to her education: "It was hard finding a nursing school for many reasons. I think the geographic area had a lot to do with it. The Whiteness had also to do with it. My aggressiveness probably turned off a lot of people." She further added, "For \$12,000 a year [for tuition] I expect access."

Irene described a meeting she had with a professor to review her clinical evaluation:

During my evaluation, she said to me, "I don't know, but just because you are able to speak Spanish doesn't mean that you are going to make it and everyone is going to come to you with a job because it's not like that." I looked at her and told her that I didn't act or think that because I spoke another language that I would get a job right away. I was shocked because I didn't act that way. I just signed my evaluation and left. I didn't disrespect her.

Both Maria and Irene felt that the fact that I was Puerto Rican and a nurse was helpful.

As Irene put it:

There are no Latino professors. That's the thing too. We Latinos can make a difference in higher education. If there are more of us as educators, then people will change their way of thinking.... I guess it's not happening because people are dropping out of high school or not finishing college. But now, I'm helping you out and you're helping me out; we're helping each other. But we're also helping people we don't even know. That will make the difference.

This mini-research project consisted of a very small sample. But, in spite of the fact that only two women were interviewed, their experiences provided important insights concerning nursing education. The results of this pilot study reinforced my belief that changes are necessary in nursing education to meet the needs of Puerto Rican and other Hispanic nursing students.

Conducting the interviews for this particular study and having the privilege to hear the stories of these two women was both fascinating and difficult for me. The in-depth approach of the study was essential in order to obtain the kind of data that I needed. The format allowed me to document the experiences of two Hispanic nursing students and highlight some of the challenges they have faced in pursuing the nursing profession. As a result, I was able to generate recommendations for further study. This pilot study also underscored for me the fact that it is only when a certain amount of discomfort is felt within the nursing profession by non-minorities that the necessary steps needed to promote change can occur.

Chapter Summary

In this chapter the step-by-step approach in conducting my pilot study was described. The methodology and design guiding the study were presented. A summary of it was also presented and this provides a glimpse into the direction my dissertation study would take. The results of the pilot study provide the impetus for a longer study.

CHAPTER 4

THE PARTICIPANTS

She [the professor] just kept going through my clinical paperwork. She said I did very well in clinical. And [then] out of nowhere she looks up at me over the top of her glasses and she says, "Spanish students are known not to do very well in this program." And I just wanted to die. And I looked at her and said, "Well gee, Karen, I just hope I don't become a statistic." She didn't answer... I felt for a second, well not for a second but just for a little while, that I was in a cage and I was trapped and there was no way out. I felt like [I was being] suffocated, like oh, my God, my destiny has already been decided for me. (Elizabeth)

The above interaction occurred between Elizabeth, a Hispanic nursing student, and Karen, her professor in a four-year program. This was an end of semester meeting that took place two weeks before graduation. The purpose of the meeting was to evaluate Elizabeth in the clinical setting. At this time Elizabeth also turned in her final clinical paper. A week later, Karen called to inform Elizabeth that she had failed the course. Consequently, Elizabeth would not be graduating with a nursing degree. Through the interviews, Elizabeth and the other participants were able to share their stories.

The key players in a qualitative research study are the participants. It is through their willingness to share the stories of their experiences that we are able to gain a deeper understanding of the overall picture and the problems inherent in it. The crafting of participant profile is yet another way to present data collected by interviews. It provides another rich method of storytelling, this one crafted by the interviewer.

I had met previously a few of the participants in my study but the vast majority of them were unknown to me. I was amazed by and, at the same time, appreciative of the openness with which they shared their stories and their lives with me, a stranger. A

common thread among these women was their desire to impact positively the lives of others. They believed that by sharing their stories with others through me via this dissertation, they would help others. Their sense of selflessness is evident in the stories they told me and the amount of time that they gave up in order to participate in the study. All of the women were extremely busy people, juggling multiple tasks. Their responsibilities included attending school and completing assignments, working at salaried jobs in order to pay for school and for survival, and tending to the needs of their families. Some were married (with or without children), others were single parents, and still others were responsible for assisting other family members, mainly their own parents. Each of these remarkable women provided valuable data, sometimes in the midst of their own tears.

The focus of this chapter is twofold. First, I will provide a brief description of each participant interviewed for this study. Secondly, I will present the profile of three of them, Ashley, Aida Rosa, and Mary. Participant profiles were developed with these particular participants because their stories met the criteria necessary for creating a profile. That is, that the participants shared a story from beginning through to the end, ending with a clear outcome (Seidman, 1998). In this chapter you will begin to get to know the key players of this study.

Brief Description of Participants

All the participants self-identified as Hispanic/Latina. Of the 17 total, 10 were Puerto Rican, 2 were Dominican, 1 was Guatemalan, 1 was Puerto Rican/Middle Eastern, 1 was Puerto Rican/White, 1 was Costa Rican/French Canadian, and 1 was

Puerto Rican/Italian (see Figure 1). The participants ranged in age from 19 to 46. Ten participants attended a baccalaureate nursing program, six attended an associate nursing program and one attended a diploma nursing program (see Figure 2). Eight of the participants were seniors, three were sophomores, three were recent graduates two were juniors, and one was a freshman (see Figure 3).

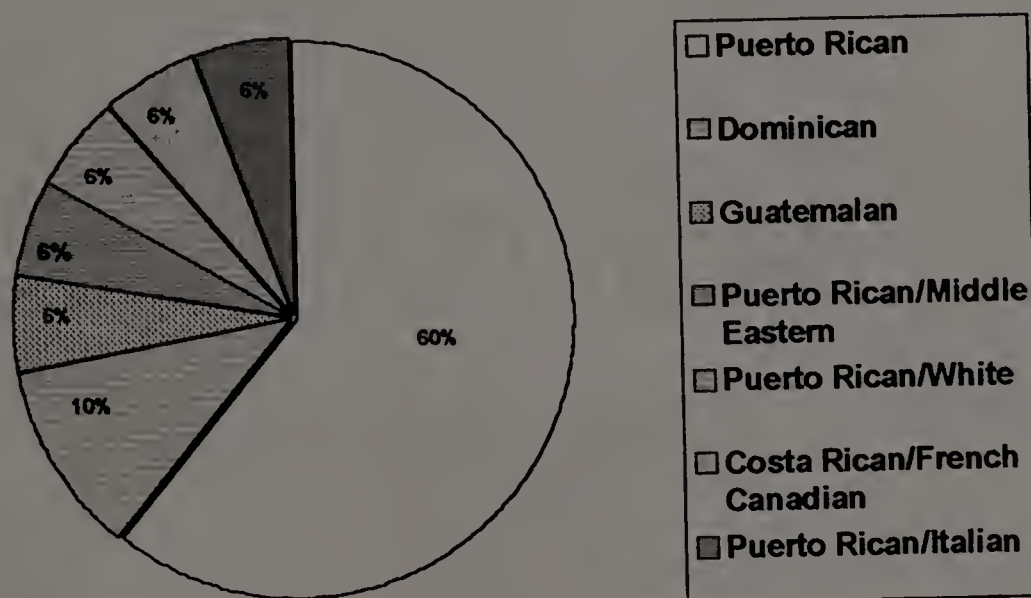


Figure 1. Participants by Ethnicity

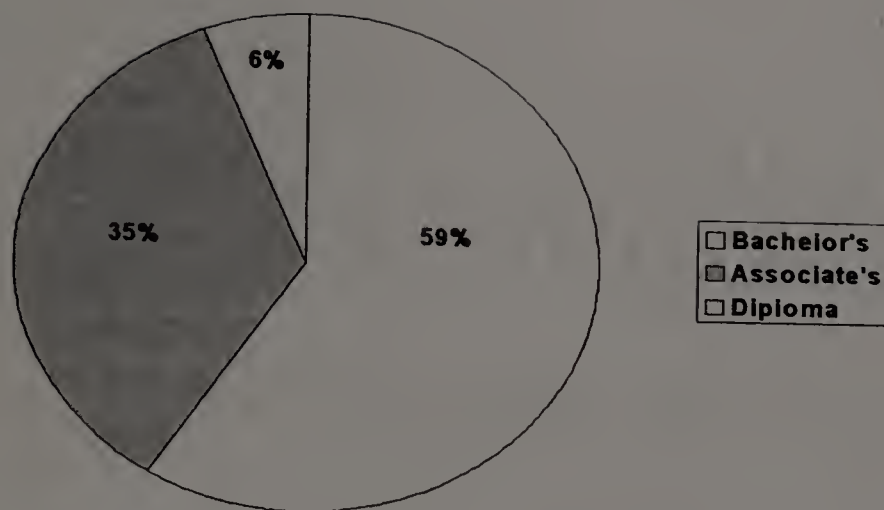


Figure 2. Types of nursing program

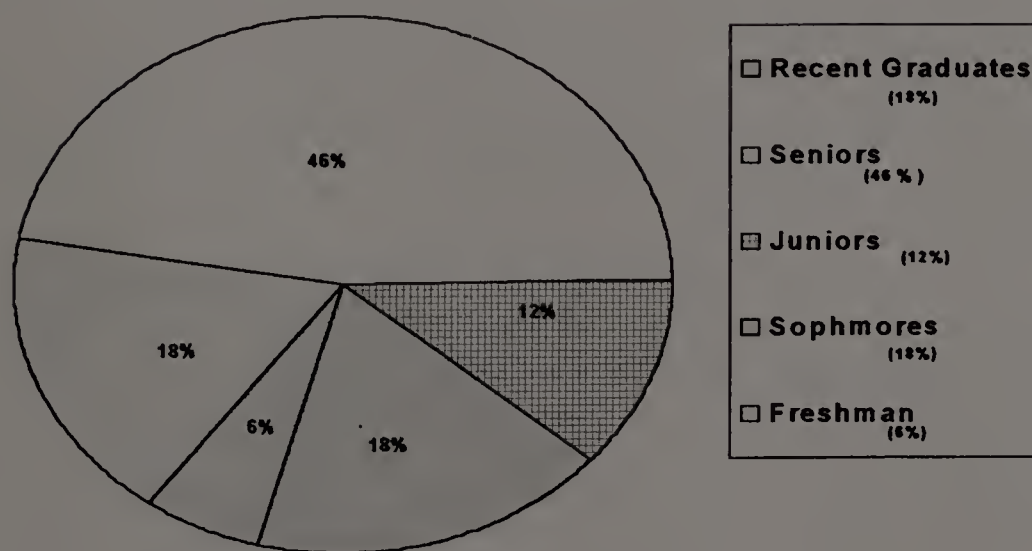


Figure 3. Participants by nursing level

The participants shared some commonalities. For example, at the time they were enrolled in a nursing program, 16 of the 17 were full-time students including the two who just had graduated within the past year. One participant had graduated three years previously and was currently taking the prerequisites for a bachelor's degree on a part-time basis. With one exception, the participants worked during the time they attended school, from a few hours to 40 hours per week.

- Maritza was 24 years old, Puerto Rican and single. She was a full-time senior attending Ryantown Community College. Maritza worked 24 hours weekly during the weekend. She lived at home with her family and is the oldest of three children. Maritza was responsible for paying the mortgage. Maritza had a history of a chronic childhood illness which was under control and had not interfered with her ability to meet the requirements of the nursing program. While in nursing school, Maritza was in an accident which eventually resulted in her having to withdraw from school for the remainder of the academic year. This was devastating to her. She returned to school and was determined to finish the school year. Maritza was born in Puerto Rico and came to the United States at the age of 12. During the first interview, Maritza was very quiet and shy. By the second interview she became more talkative. The interviews were held in her home with her family in the next room. They were friendly and careful not to interfere with the interviews.
- Thalia was 24 years old, Puerto Rican, and a single mother of two young daughters. She was a full-time senior at Ryantown Community College. She lived with her daughters in an apartment building and worked part-time. The

interviews were held in her apartment and when her daughters arrived home, Thalia was happy to see them. She is the oldest of three children. Growing up, Thalia was responsible for helping to care for her younger siblings because her parents divorced and her mother worked. By the time she was 10 years old, she was cooking and cleaning for the family. By the time she was 12 she was also cooking for extended family members.

- Elizabeth was 22 years old, Dominican and single. She was a full-time student at Forest College, a four year institution where she was a senior. Elizabeth also worked 40 hours per week. She is the youngest of three children. She did not have any children and was responsible for helping her parents. Two of the three interviews were held at her home and her family was interested in knowing what I was doing. Her father arrived in the United States in 1979; her mother and brother came shortly afterwards. Elizabeth and her sister were the last ones from the immediate family to arrive in the United States in the early 1980's when they arrived as young children.
- Kathy was 22 years old, Dominican and single. She was a full-time student at Humble University where she was a senior. Kathy participated in the work-study program at the university as a way to defray school expenses. She enjoyed participating in a variety of school activities. She lived on campus in a dorm. Kathy is the oldest of four children. By the age of 10, she was responsible for helping her parents take care of her siblings because they worked 2-3 jobs. In addition, she contributed to the family by cooking and cleaning. Kathy was born in the Dominican Republic and came to the United States at the age of 5.

- Avenitza was 21 years old, Puerto Rican/Middle Eastern and single. She was a full-time student at Humble University where she was a senior. She also worked part-time. Avenitza lived on the university campus until her senior year when she returned home to live. Avenitza is the younger of two children and has a “deep connection” with her mother and sister. Her father was Puerto Rican; he died when she was a teenager. Her mother is Middle Eastern.
- Sephra was 19 years old, Guatemalan and single. She was a full-time student at a Fields University where she was a sophomore. She participated in the work-study program where she worked 20-22 hours per week. She lived on the university campus. Both her parents were born in Guatemala. She was born in the United States, the second of three children.
- Danielle was 19 years old, Costa Rican/French Canadian and single. She was a full-time student at Fields University where she was a sophomore. Danielle lived on the campus and worked 14 hours on the weekends at a small business in her hometown. Initially, Danielle did not want to go away to college, but her parents encouraged her to do so. Her father is Costa Rican and her mother is French Canadian. She is the older of two children.
- Cristina was in her 30's, Puerto Rican and married. She was a part-time student at Forest College where she was a sophomore. Cristina worked full-time and juggled her school schedule around her work schedule. She had two older children who lived at home. She comes from a large family of nine children and is one of the younger ones. Religion plays a major role in her life.

- Ivette was 34 years old, Puerto Rican and married. She was a full-time student at Seasons College, a four year private institution, where she was a junior. She had two associate degrees and had decided to pursue a bachelor's degree in nursing because she didn't want a third associate degree. Ivette decreased the number of hours she worked to 20 hours a week working as a medical assistant in a hospital. She was very busy as she juggled school, work and caring for her three children. Ivette married at 16 years old, dropped out of school when she was a junior in high school and returned to school a year later at her mother's insistence. She was married and pregnant at the time. She is the oldest of six children. Because her mother worked, Ivette helped care for her younger siblings by starting dinner and bathing the younger children.
- Erika was 33 years old, Puerto Rican and married. She was a full-time sophomore at Forest College and was transferring to Seasons College because she believed she would receive more support there and a better education. Changing schools meant that she would graduate a year later. In addition to going to school and working, she was raising four children (three biological children and the youngest, a nephew). Erika is the older of two children from the marriage between her mother and father. Her father has a total of fifteen children, only one of whom she knows.
- Isabel was 28 years old, Puerto Rican and married. She was a full-time student at Ryantown Community College where she was a freshman. Isabel worked in a local hospital. She is the second of three children.

- Zulma was 28 years old, Puerto Rican and married. She graduated from nursing school in 1999. Zulma is the mother of a young daughter. She is the oldest of three children. Born in the United States, Zulma was six years old her family returned to Puerto Rico to live and then returned back to the United States when she was 12 or 13 years old.
- Magdalena was 25 years old, Puerto Rican and married. She graduated from Benton Nursing School in 1998. Magdalena worked part-time as a registered nurse in a community clinic. She started nursing school at Season College but after a year she withdrew because she wasn't ready to go to college. She returned to school a few years later and successfully completed the program. She is the second of three children. She has an infant and, whenever he woke up during the interviews, she would grin from ear to ear.
- Luz was 19 years old, Puerto Rican/Italian and single. She was a full-time student at Fields University where she was a sophomore. Luz worked while going to school. Her father is Puerto Rican and her mother is Italian.

Ashley, Aida Rosa, and Mary are introduced at the beginning of their profile.

Participant Profiles

Profiles were developed on three of the 17 participants. These three were selected because the flow and content of the interviews had the components that according to Seidman (1998) are necessary for a profile (a beginning, middle, and end). Secondly, the backgrounds of Ashley, Aida Rosa, and Mary were reflective of the

participants in general. These characteristics included marital status, socioeconomic class, and type of nursing program in which they were enrolled.

There is a specific sequence and order to the story in each profile. The sequence is directly related to the question that was asked at the beginning of each interview. The profiles were developed using the following order:

1. historical information about the family
2. the process of enrolling in nursing school
3. experiences in their nursing program
4. understanding their experiences

In their words, Ashley, Aida Rosa, and Mary tell their story.

Ashley

Everything I said was true and how things happened to me was true. It just has be said. It was like therapeutic for me. It had to be said. I sat down and talked to Robert and right away he told me, "Are you going to tell the truth about your life or are you going to lie like you always do?" Not lie but fudge it. I was, like, "I'm going to tell the truth. I'm going to tell everything."

Brief Description. Ashley was 28 years old, Puerto Rican, single and the mother of a school-aged son. The interviews occurred in her home in the afternoon. When her son arrived home from school, her face would light up. Ashley was a senior nursing student at Ryantown Community College, attending the program full-time. In addition to her educational responsibilities, Ashley also worked two double weekend shifts. Her live-in fiancée was supportive and contributed to managing the household. Although Ashley had this support, she felt she was primarily responsible for the household and she found it challenging to juggle the roles of parent, partner, student and employee.

Her son was proud that his mom was going to college. She is the oldest of three children and has a strong connection with her siblings. She also has a strong connection to Ryantown. Upon graduating from the nursing program, Ashley hopes to obtain employment in the town.

Ashley's Story.

My mother and father met when they were 15 and they were forced to marry because my mom got pregnant with me. And my mother thought my father was way older; she thought he was 25 because he looked older. I guess they moved to Ferryland and there were a lot of problems. I have a younger brother. I'm 9 years older than him. And I have a younger sister. I'm the oldest.

Sometimes my father, without being mean will compare us [the two sisters]. And I tell my father "Don't ever compare me and my sister because that's what we got all our lives." They always used to compare us to each another, and I always felt lacking because my sister was a tomboy and she was tough. She got what she wanted because she went after it. I was the smart one and I was going to do all the good things for the family. I always felt like I was lacking and she always felt she was lacking. But we didn't know until one day we were sat down and talked about it and what our father used to tell us, "Oh, your sister's the tough one and she'll get through everything, but you're softer and you don't have any common sense." He would tell me, "You're book smart. She's the one with the common sense" and stuff like that. We were both resentful about it.

My mother and father expected more from me because I was the oldest. I guess they pinned their hopes on me a lot. I disappointed them a lot when we were moved to Oceanstate. I dropped out of school when I was 16. I moved out when I was 15 and I didn't talk to my father and went through all that. But, I moved back in.

[Describing the effects of a sexual abuse incident] It was a babysitter that used to watch us. I never told my parents. My sister told my parents and they asked me. I told them, "It's a lie" because I didn't want them to feel like it was their fault because I blamed them. I still can't talk to my mother or my father about it. I was only 4 and my sister was 3 and I remember details. I don't care what people say, that kids don't remember. They remember and I always felt shame that I didn't protect my sister because she was younger than me. When you have an experience like that, it's like you have a sixth sense, you can always tell when a person is an abuser. You feel the hair sticking up. You can always

feel that or you can always feel when a person, a child has been abused. It's like a sixth sense. It's like you can feel it and sometimes you wish you could shut it off but you can't.

I resented my mom for a long time because of what she took from my father. I thought it was her fault. She could leave him because my father was abusive in the beginning. My father used to hit my mom. He stopped hitting on her as soon as my brother was born. And it was you know, it's her fault deep down. I know it's her fault because she let him do this and she's going back to him. But, she was young and trapped. Her family was living in Tower City and she was living here. She called her father and he said, "That's your husband. You have to go back to him. You can't leave your husband." That's how my mother grew up in that environment with my grandfather. My grandfather cheated on his wife. My grandmother accepted it. He wasn't there and she stood home cooking and taking care of the kids. She had eight kids. He thought [womanizing] was okay. He grew up in that type of environment.

I thought it was okay growing up too because my mom accepted it. I thought it was okay until I saw something different. was, like, "This isn't okay. I don't want it for myself." I was going in that same cycle when I was, a teenager and early 20's, and I was like, "I don't want this for myself."

My father was-or-is a womanizer. My mother and father aren't divorced but they aren't living together. My father is in jail. I love my father. I know his faults but I love him. Sometimes he wasn't around but I knew where to contact him. He wasn't the greatest father but he tried his hardest. He still tries to control my life but I don't let him.

My father was selling drugs but everybody benefitted, and everybody kind of advised him. My grandmother turned her back on what he's doing but accepted the money. And my other family, everybody, even me, accepted the money. When he got busted, he was a big kingpin. My father, he was hardly making ends meet. They knew he was going to get busted pretty soon because my father used to brag, tell everybody his business. People were taping his conversation. He used to own his own business but he couldn't let go of the dark side. He loved it. He just loved being "the man." That's what he was. But [the family] said when he gets out of jail, of course he's going to go [to Oceanstate] and they're going to help him. But if he starts with drugs again, then that's it. We're not going to tolerate that. I know he's spent 13 years of his life in jail, but he needs to start a new life.

As soon as my father was incarcerated, we all found ourselves. My father-we love him-but he's such a suffocating personality. He ruled

the roost. He was it. You did what he said. As soon as he got incarcerated, we all found our independence and found out we're strong too.

Everybody was scared of my father. He's like 6'7" and huge. I know he loved us but some of the things he would say in front of our friends to embarrass us. He always hugged us. He always kissed us. He had such a nice personality if he just would stay on the straight and narrow. My father could have been anything he wanted to be if he just had an education. He just influenced people. You hear my father talking, he can influence anyone to think his way. I'd say he's brainwashing these people. He has a presence about him but it's always steered in the wrong direction, all the time. He likes to live the risky life but I love him.

I think my mom wants to divorce him. Robert [her fiancé] told me, "Your mother's not divorcing your father. As soon as your father is out; they're going to get back together. She's just waiting for him." Deep down inside I hope she never goes back to him because he's no good for her. He's going to do the same thing. My father says, "Oh, I'm going to go out and find a young girl and have more kids." I [said], "Good, I'll have more brothers and sisters. Go right ahead. You think you're bothering me. No way! I'd love to have more brothers and sisters. Go right ahead. I want you to be happy." I tell him, "I don't want you with Mami. You can't make her happy." He says, "I'll always love your mother." I'm like, "Yeah, I know, but you're not good for her." I hope he does find somebody and have more kids and leave my mom alone. Sometimes I just think I'm the mom.

I consider my family really close and they're the most important part of my life before anything. The constant in my life was my grandmother. She was a constant and I loved her. I get my idea about family from her because her house was an open door. Anybody who needed a place came in. I'm not trying to say we were a perfect family because we weren't. My grandmother was always there. It didn't matter if I was living in the streets or living in a friend's house. She was always there. She would always track me down and make sure I was all right. If I needed money to eat, she was always there for me no matter what I did or who I was seeing or whatever everybody thought was wrong. She never judged me like everybody else did. She just loved us.

I grew up in Ferryland; I mean traveling all over. That's how we were gypsies. My grandmother used to move to Oceanstate and back and forth to Tower City. My father is the oldest. He would just pick up and we went right where my grandmother went.

I loved school in Ferryland. I was a straight "A" student and I loved it. I loved school and learning. The teachers were great. I loved school, being in school. When I went to Oceanstate, I didn't like school at all. I still had "A's" in my class but it was so different, hostile towards us. The teachers were hostile. The students were hostile. I never got into a fight until I moved to Oceanstate. I got into actual fist fights all the time cause I had to protect myself. These girls were trying to jump us because we were Puerto Ricans.

I started junior high there [Oceanstate]. I think 8th or 9th grade. Then I went to high school. I dropped out in the beginning of my 10th or 11th grade, I don't really remember. I dropped out. I didn't drop out because of the tension. I dropped out because I wanted to hang out, that's it. That was the whole reason. I just wanted to hang out. My parents didn't know I'd dropped out for the longest [time] until the teachers came. It had to be six months. I'd erase messages and tore up the letters. Then somebody came to my house and my mom was home. She was sick that day. My mom tried to get me back in school and then she left me there [at the school]. She's like, "When do you want to go back to school?" I really wanted to go back to school. So I waited and waited and they had me waiting for three hours. I just left and never went back.

I dropped out of school to just have fun. But you know the real reason behind it was one teacher. I never failed a class. I always got "A's." This English teacher saw me and he told me I was failing the class. It just sickened me. It made me sick and I dropped out. I let that one person have so much influence in my life. I always remember him saying, "You're not going to pass this class. You're not smart enough to pass this class." I always remember thinking, "I'm smart enough."

I knew I had to get my GED because I wanted to. I wasn't going anywhere without it. I wanted to get my GED because eventually I wanted to go [on] to school. And I can't say I always wanted to be a nurse. When I was living in Ferryland, I wanted to be a doctor, because I had good grades. I wanted to be a doctor and I wanted to take care of people because I always took care of people in my family. I knew from the start I was to get my GED because, without it, I wasn't going to get anywhere. And we [referring to her and her fiancé, Robert] went to vacation in Oceanstate. His friend was talking to me and I remember her saying, "My mother's a nurse. You should be a nurse." And Robert was telling me, "If you want to be a nurse, you should go to school and be a nurse because you're such a good person. You care about people."

Even when I had a job, it was one day at a time, living paycheck to paycheck and thinking, "I can live the rest of my life like this. Why do I need any more education? I don't need it. I'm making enough money. I

work overtime." Yeah, I was working 24 hours overtime to get a paycheck, and I was killing myself but I wasn't thinking that way. I have every other weekend off and I work 24 hours overtime and I get a big paycheck. For nothing because you're not appreciated.

I didn't think I was smart enough. It took me meeting Robert. He said, "You know, you're really smart, and you're always complaining about your job. You're stuck here. You say you want to be a nurse. Why don't you just go to the college and talk to somebody about it first?" I procrastinated all the time. In my mind I was not smart enough to do this. "I'm really not smart enough to do this." I went and talked to somebody. I enrolled and I took nutrition, sociology, English and psychology. The guy was asking me, "Are you sure you want those classes?" I wanted to apply like within a year to a nursing program. I [signed up for the classes] and I was like, "Oh my God! What did I get into?" I didn't know anything. My English sucks. My writing sucks. I had to write a paper for psych, for soc, and for English. I had never touched a computer and it was a computer-based nutrition course.

I got through it with a lot of crying and a lot of support. But I got through my first semester and just kept on taking classes and taking classes. I knew how to study so I knew that, if I study, as long as you put your all into it and you study, you're going to get good grades. And that's what I did. I felt like I was neglecting Jason [her son] and I had this guilt on me. My mom was there and Robert was there. They were great about it, and [so was] my sister. "I have to study. I can't go out. I can't do this. I have to study now." It was always studying and that's what I did until I applied and they accepted me.

[I chose this nursing school] because it was close. When I first applied to the program, I drove illegally. Before I met Robert, I didn't have a license. I had a car and drove illegally. Robert [said], "You need to get your license. You're going to college." So, I went and got my license. [Interviewer: What kept you from taking the test?] Failing. Then I'd have to go again and face that police officer, that tall police officer, again, sitting in the car, in a small, little car with him. I felt intimidated and I failed that test. I went to driving school for a refresher course and they took me. I know I failed that test. I got nervous. He told me to take a right and I took a left. I went around the corner. But, I got my license! And now I'm a careful, cautious driver because I don't want to lose it. I've been driving since [age] 16. I got [my license] when I was 26 or 27.

I feel like an outsider [in my nursing program]. I try not to because I'm a very friendly person and I had to get over my shyness. I just talk a lot but I just feel like an outsider because of who I am. I don't know how to explain it. I don't think they intentionally make me feel that way-or

want to make me feel that way-but some of the staff, they do. We have a nursing club where all the minorities are in. I didn't go to the nursing club because I wanted to do it on my own. Well, you can't do it on your own. [The nursing faculty] said, "If you don't take it, we're not going to help you anymore." Not really in those words, but that's what they meant. I was the only Hispanic girl or Hispanic person in Course 1. They divide the class and I'm the only Hispanic person in Course 2 now because of that. I'm not part of that program but I didn't like the girls not having a choice to go where they wanted to go. I just didn't like that you don't have a choice. Everybody has a choice in life.

Well, I hate going back to Course 1 but when they would talk about culture I would feel like it was all aimed at me because I was the only person there to represent any of the minority cultures. So, I felt really out of place. The stereotypic things that the instructor would say-they made me feel out of place, like I shouldn't even be there. I didn't belong there.

But when we did culture, I would get so upset in class. I would open my mouth and I felt like I was going nowhere, like, "What the hell am I doing here?" I think I grew. I knew my limitations. When I went into Course 1, I said, "I'm going to fight tooth and nail. I'm going to fight, fight, fight, fight!" But there's sometimes when you're talking to a wall. You're not getting anywhere. There are some people you can't change. You can't change people unless they're willing to listen and willing to learn. People aren't going to agree with you just because you put your opinion out there. Everybody has a right to their own opinion.

Some people forget I'm Puerto Rican. At work one day there was a comment passed. They think all the Puerto Rican girls are the hardest workers. I think that the hardest workers are the hardest workers. It doesn't matter your race. [The person who made the comment], "Oh, I didn't mean that Ashley, I forgot." Forget what? I think everybody should be treated as an individual, a unique person. But in this world it will never be that way. I don't care what anybody says. It'll never be that way.

I was in [clinical] at Specialty Hospital. One of the kids-he was Puerto Rican- and he had just gotten out of surgery. One of my peers told the instructor, in closed conference, that the child didn't want to eat breakfast. She said, "Oh, that's because Puerto Ricans don't eat the same thing for breakfast." I was, like, "Excuse me, I'm Puerto Rican and I eat the same thing. I eat cereal. I eat eggs." She said, "Oh, no, Puerto Ricans don't like eggs." She looked at me and said, "Well that's because you're Americanized." I [said], "Isn't Puerto Rico part of America?" I felt very offended. Everything I said she kept on blasting away, "No, no, you don't know." That's my culture, I know! I might not be really ingrained in

everything and I don't speak Spanish. Because I don't speak Spanish, they think, "She's not a real Puerto Rican." That's how they feel about me. "Oh she doesn't know anything." You know, and I said, "I'm sorry. He was in pain. He didn't want to eat at that time."

I know people need a background on other races, but the best way to do it is to get yourself involved. We're not different. We're people. To get yourself involved, do some community work and learn first hand.

When they teach cultural sensitivity, some of the things they say, I don't think they really understand how they're being. It's hurtful sometimes the things they say and how they are stereotyping. I experienced that in Course 1. I talked to some of the girls and I warned them. Sometimes I felt uncomfortable in the class sometimes when they brought up cultural stuff like how Puerto Ricans act. And they're so stringent and rigid. These girls are going to go out there and be like, "Oh my God! I'm scared of these people." [Hispanics] are very vocal but they're really nice and they're always trying to feed you. Of course, I always try to feed people too. I don't get close to anybody unless they're my family or friend. Of course they find it strange. I see a friend of mine and I kiss them and hug them. They find that strange, too, but I don't do that to everybody. I'm not going to go up and kiss you when I first meet you.

And then another time in class, they gave out these handouts about Russians, Puerto Ricans, African Americans, and Indians. In one it said Puerto Rican women or Hispanic women tolerate their men cheating. How the women in Hispanic culture were always there when the individual is having a baby, how they're comforting and protecting her, and how the men are out drinking. In my family, my father cheated but when somebody's having a baby-or there was a function where the family had to be together- they were always there. They also said the man names the child. The woman has no say in it. I was, like, "Oh my God! I didn't know that." Every time they said something, I'm raising my hand, "Hey, look at me over here." Every time they'd say something about Puerto Ricans the instructor would look at me. I'm, like, "Yeah, I'm Puerto Rican. What do you want me to say, make a comment?" She was like, "Oh, do you have anything to say about that? Do you disagree?" I felt like I was singled out a lot in that class.

I knew that the only point that was going to stick in somebody's head [was about being pregnant], and, of course, it did. They were talking about maternity and one of the girls said, "Well, maybe that's because Puerto Ricans go out drinking and boozing and womanizing when the woman's having the baby." That really hurt my feelings. I really felt bad about that. This is the picture they have of us, of our men out there selling

drugs and doing all the bad stuff and the women staying home and taking it all. I didn't like that picture because I experienced that picture and I know for a fact that it's not always like that for Hispanics.

I'm talking about this and I'm getting upset. My body's shaking. I'm getting pissed off. I wanted to wring that instructor's neck. I think it was how the teacher brought it out and how she agreed with every point in the book. A book is just for reference; you can't believe everything you read in a book. You don't believe everything you see on TV. I don't want people to think that Hispanics or Latinos are all like my family.

Well, if they said something that I didn't agree with about Hispanics or African Americans, I would say something. Excuse me, I would put my two cents in. I was just brushed aside like I don't know anything. Oh, I'm an Americanized Puerto Rican. Not in that tone but in that sweet, sugary tone, "Oh, you've been here so long, Ashley, so you really don't know. You're not in touch, in tune, with your culture." I don't know anything. She knew more than me because she'd read all these books.

I understand [Spanish] and I communicate as best as I can. I understand and I always listen to everybody around me. It's just, I can't speak it. My sister just learned how to speak it hanging out, you know, in the street and stuff. She learned and my brother learned to speak it. People say I'm stuck up. I don't want to be Puerto Rican. I'm trying to pass as White. I hate it. I would love to say, "I speak fluent Spanish," because every time I go for an interview its like, "Oh, you speak Spanish." "No, I don't. I understand it." "Oh, you're lying. How can you just understand it? You're trying to pass." I say, "No, pass for what? Human?"

In clinical too they would group everybody in one lump, like in all African American families the woman is the leader of the family. Every family is different, its own entity. You can't think like that. Have that as a reference and use it as a reference. But to go in there and say I'm not talking to you because I know African American women run the household.

We were talking [in class] about welfare reform and how welfare is kicking these women off but not supplying day care for them so they can work. And if they make too much they don't have no sliding scale or anything for them. [A student] said, "Well, why should we take care of them?" I said, "Well, you know what? It's our duty to take care of people that need our help. Wouldn't you want somebody to help you when you're in need of help?" And she said, "I'm never going to need help." I said, "Well, lady, one day you're going to need help, and somebody just like

you is going to feel that way. You have to put yourself in other people's shoes." The instructor looked at her and told her, "Everybody once in their life is going to need help. That's why we're out there. That's why we're nurses, we're patient advocates. We're out there to help people, to find them programs to help them if they can't help themselves." The student said, "I'm tired of them f-----g the Medicaid system. I'm paying for those people to get free health care." The instructor said, "Yes, but what type of health care do they get with people with attitudes like you're having right now?"

[Nursing school is] not friendly to a single mom. You do community [clinical] all weird hours. I sometimes have to leave my son here by himself for two, three hours and I'm calling here scared wondering, "What is he getting into?" I trust him but is somebody trying to break in the house? So, I'm nervous. He knows not to pick up the phone unless he hears my voice. I'm [thinking], "What the hell am I doing? I'm leaving my son by himself for three hours and I'm neglecting him." So, I felt a lot of pressure there. I work every other weekend, so I would work a double [shift].

I just went in my room and I cried and cried and cried. I was, like, "I didn't want to finish. I wanted just to drop out. I don't want my son to suffer because I'm in school or because we have to have community seminars to talk about our community experience when the instructor shows up an hour late and my son's by himself. It's supposed to be from 2:00 to 5:00 and the instructor shows up at 3:00. I feel like, "Okay, am I not important here? My son's at home. I could have been at home an hour with him."

When I applied to the nursing program, they didn't say you need a computer. The first semester I was in the computer lab maybe 6, 7, 8 hours a week or more. I got one in January. I had to get one. It was like tons of stuff I had to do on the computer. If you can't afford a computer, you're in big trouble. The computer lab closes and on holidays it's not open. The instructor e-mails you over the weekend.

Like in psych, I have to get casual clothes. I have jeans and I have real dressy clothes. I have nothing in between. So, I had to buy like four or five pants and shirts, casual to wear for psych, because you can't wear uniforms. That was a bite in my check, too. I had to buy shoes because I wanted shoes that didn't make any noise. They didn't tell me that in the beginning of the first semester, "You're going to have to buy clothes for psych if you don't have any casual clothes."

I feel like I'm not pulling my own weight in the family. Robert is so understanding. He's said, "No, two years. This is your second year."

You're almost done. Don't worry about it." I always supported myself. I go to work and I feel like I'm not pulling my own weight at home because every time there's something new that's coming up that I have to buy something for school here I go spending more money. I have to either buy this or send my car payment. I feel like sometimes I can't even buy groceries. Robert was, like, "Don't worry about it. I got groceries." But I'm living here too. I feel like I'm not contributing to the family. I'm not doing anything. I'm here mooching off, going to school. That's how I feel.

It was twice during that semester that I wanted to quit, maybe because I felt like an outsider and maybe because of the pressures of certain instructors. Why the hell am I putting myself through this? And then I was thinking, "I'm not letting anybody make me quit. I'm staying here. That's it. They're going to have to push me out." I wanted it bad. I wanted it and I had the motivation. Something was holding me back; and what was holding me back was my self-doubt. I didn't realize that until I remembered [the English teacher in high school]. I kept on saying I wasn't smart enough and then it clicked. It was that same episode that day that I decided I wasn't going back to school; I was never going back because I didn't want to fail the class. I always remembered the teacher and I always wondered why I remembered the teacher; and I always remembered what he said to me. But it didn't click until now.

[If could change something in the program] I think that would be the way the staff [is] always trying to include the minorities. You're trying to include us so much you're making us outsiders. Don't include us. We belong here. We are here because we're smart enough to be here. We worked hard to get here. We're part of this nursing program. You're being too friendly, just doing too much. You're trying to include us by saying, "You can come an hour ahead for the exam." Why are you giving me special treatment? Are you saying I'm stupid and I need an extra hour? People resent it when you're giving other people special treatment.

They could have said the whole class can come ahead. You know, you try to make things easier for us and you're just making it harder because you're giving us this special treatment. Everybody else [is saying], "Well, we need it too."

I know I'm going to be a great nurse. I love the contact with the people. They love me and every time I go from one patient to another, there's always a nurse or doctor or someone will come up to my instructor and say nice things about me. I'm not going to let anything hold me back. I let my own fears hold me back so long.

They don't know what I been through. I would never go back and try to change anything, all my struggles in life. I don't tell them what type of struggles because it's really none of their business and I don't want them to look down at me or feel pity for me. Because they can take it either way. So, I always give them a facade. Like, "Okay, my family's close." They don't know the real me and I'm not going to show them the real me because I don't want them to know the real me. It's hard because sometimes I feel that I'm lying to them or hiding something from them.

Nobody knows my father is in jail. I just say, "He's away." I just don't tell anybody anything really personal. Only my family and close friends know. Sometimes I feel like I'm playing a juggling game. I'm this person at home but in school I'm hunky dory. I'm not telling them the real story of my past. I'm a different person now and I don't want them to read into anything either and hold that against me. I grew up in an environment that had a lot of drugs and a lot of illegal activity and I was part of that environment. I didn't participate. Well, I did but I didn't. I didn't sell drugs or anything like that. But I didn't say, "You know what? I'm calling the cops on you." I didn't stand up and say, "This is wrong."

The first day after the interview you warned me I might like relive it. As I was speaking, as I was telling my life story, I was reliving it. I was seeing pictures. Then at night I couldn't sleep because I was thinking, "Did I share too much? I shouldn't have said that about my father. I shouldn't have said that about my mom." I felt guilty about my mom and stuff like that, stuff like when I was talking about school. I really don't like talking behind people's back. I was like, "Maybe I was too hard on that professor." Not regretting it but feeling bad that I said that. And I kept on thinking about my father and my mom, thinking that I should appreciate them.

When I talk about my family, I just want to cry. I can't explain the love because when I'm with them, I feel like I'm glowing, like they're enveloping me. I'm safe. Even though they're really crazy, I just feel safe. I'm not involved in the chaos or a family argument. I look at them and I smile. They're always going to be like this but they're my family and I love them.

I felt guilty talking about my family. And I was like, "Yeah, my family's dysfunctional. Everybody's family is dysfunctional but you know what? They love me. They love me for who I am, whatever I want to do." They were teenagers when they had me. They didn't know any better. My family means everything to me and I felt like I was not portraying them in the right light. Family is the most important thing in my life and I got that from my father and mom. I felt like I've lived life and I've experienced life. I got it from them because they're all fighters. Even though they

fight sometimes for the wrong thing, most of the time for the wrong thing, they're fighters. I haven't met anybody in my family that's not a fighter. They're always fighting. They get knocked down and they get up and dust themselves off and keep going. Sometimes we don't talk because we have different views. Like my father's not talking to me still, but that bothers me. He wouldn't call me until I wrote him two or three letters. He's upset because I won't move to Oceanstate when he comes out of jail. I'm supposed to pick up everything and leave. He wants all of us out there so he can control us. I told him, "No." I was, like, "I'm sorry. I'm living my life." Everything I said was true and how things happened to me was true. It just has to be said. It was like therapeutic for me. It had to be said. I sat down and talked to Robert and right away he asked me, "Are you going to tell the truth about your life or are you going to lie like you always do?" Not lie but fudge it. I was, like, "I'm going to tell the truth. I'm going to tell everything."

I sat down and he was, like, "What's wrong." [I said] "I think I talked bad about my father and I really didn't appreciate my mom." And he's, like, "Well what did you say? You know you just said the truth. You're telling the truth instead of fudging it and giving a picture of a hunky dory life and a loving family." My family is so happy I'm in the program. I can't wait till I graduate. My son is so proud of me and it makes me feel good. It makes me proud that my honey [son] looks up to me.

I want to be involved in my community, definitely in Ryantown. I don't speak Spanish but I understand it. I want to be involved with my community, helping teenage girls with their self-esteem. I want to volunteer and find a niche somewhere where I can help people in the community, in my community, right here in Ryantown because they need us. They need more nurses that are Hispanic. I just want to help Hispanic women. I think they get the bum rap. They have so many things against them. First of all, they're women. Second, they're Hispanic.

If you think you can be a nurse or whatever, you can do it. If I'm doing it and I'm going to get it done, anybody out there can do it. They just need somebody to talk to somebody that thinks they're important and they can do it. They just get stopped. They get in a rut and they think they're never going to do anything with their lives.

I feel calm and I feel at peace. I say I feel guilty but everything I said is true. I love my family. I just feel at peace. I feel whole. After the third interview, I feel okay about myself. I really do.

Aida Rosa

Sometimes I get upset. I get frustrated and I get so mad. On the flip side of that, you know, I think that I'm going to have a larger impact. I can really make a difference. I know I can make a difference. I have to kind of keep some kind of sanity or strength. I just have to keep my focus knowing that I am going to make an impact. I am going to finish what I set out to do. I can achieve it. And it doesn't matter what anybody thinks because I know that I can do it. I mean, some days it's harder to think that than others, but I think that when it really comes down to it, I know I have the inner strength that I can finish it. I've gotten this far. I didn't think that I was even going to go to college when I was in high school. This is my second time around, so I know I can finish it.

Brief Description. Aida Rosa was 25 years old, single and multiracial, Puerto Rican/White. Her father is Puerto Rican and her mother is White. After earning a bachelor's degree and holding various positions, she decided to return to school to pursue a career in nursing. Aida Rosa was a senior nursing student at Humble University where she attended the nursing program full-time. She was not working while attending school but has worked since she was 13. Aida Rosa was living with her mother while she was in nursing school. She is the oldest of three children and has a strong sense of family.

Aida Rosa's Story.

My mom comes from a White, middle-class family, three daughters and a stay at home mom and her father had a restaurant. My mom came from what people would think of as the typical White, all-American family. My father, his family came from Puerto Rico. His mom got remarried when she was really young. He has ten brothers and sisters. Some, I think five, were blood brothers and sisters and the rest were step and some were half but they were all brothers and sisters. I just looked at it like they are either his brother or his sister. I never thought of it like half or step because it was never really discussed like that. They came from a very, very poor background. They tried to move up but never seemed to be able to get up and get off welfare.

I didn't get black curly hair or darker skin like my dad. People perceive me as White and I'm treated as I'm White unless they know my dad or they know something about my family. Sometimes I feel like I'm like betraying the other side of me by not coming out and saying something. A lot of people, especially in the program I'm in now, tend to say a lot of things that they wouldn't say if they knew my whole family situation.

One time I was in second grade and I went over my friend's house. I came home and I go, "Mom, I ate over her house and everybody got their own steak. Everybody in the family got their own steak." I couldn't believe it because in my family there was one steak and my father would get like three quarters of it. Then the quarter left we would all split. Me and my brothers used to make jokes that they were cut into such tiny pieces to make it look like we had a lot. If you joke about it, it doesn't hurt as much. So it was like that growing up but I didn't know any different.

After my parents were divorced, things were really bad. We were in a lot of debt and we used to get baskets from the Helping Hand Society. On one hand, we were like, "We don't need a basket from the Helping Hand Society, we're fine." But then we'd open the basket and we're like, "Wow! We have food and, look, we have shampoo." Things that people just don't think about. We'd have shampoo and lotion. I was like, "Wow! We have lotion." I was so excited. So, in looking at my education and everything that followed, I always come from that point.

My experience in the medical field comes from a lot of times where we didn't have insurance at all. I used to always have ear infections. I remember going to school and my mom would have to pick me up. It was always funny the way we were treated when we went with my mom and when we went with my dad. It was like two different types of treatment. When my mom took us to the doctors, we went in and people were very friendly; we were going to get everything taken care of. The doctor was always really concerned about explaining everything to her in detail. It was a very pleasant experience. Every time we would go with my dad, who is friendly and talks to everybody, we were waiting forever. Then, when we got in, it was, "Okay this is what she has, this is what you get, and that's it." Not really explaining anything and not really talking about other issues. My mom usually was the person who would take us. I don't know if that's the reason or not, but it was always like that. We were always doing something, either jumping off something, building something, or falling on something. If my dad took us to the emergency room, there was always a question of abuse. It was always, "Who did this to you?"

He [paternal grandfather] would say to me, "You don't know how to take care of your money. Look what you've done to your mother." He was always blaming us for everything. I'm, like, "I work my butt off. I ride my bicycle to teach dancing so I can take dancing. I try to do whatever I can to not burden my mom." What he really thought was that every ever since my dad left, everything was now on me. I was 13. What else do you want me to do? I work full-time in a factory in the summer. I ride my bicycle to dance lessons; I teach so I can take my lessons. I'm doing everything I possibly can do for myself. I figured in my mind at least if I took care of myself that she wouldn't have to pay for me as much. So, I thought that would be a way of helping. I'm 13. I'm not going to be able to pay the mortgage. I don't know what he really expected. I think he just didn't have any other way to vent anger so it just ended up coming out on me. I just remember fighting with him a lot about different issues.

Up until the time I was 13, I basically lived a hunky dory [life] compared to what I saw after I was 13. Maybe my dad would threaten to run our bikes if we left them in the driveway, but we had bikes. There was a lot of violence. There were a lot of drugs. There was a lot of alcohol [in her father's family].

I think a lot of students of color, we're treated as differently. I think it's fake. I think what they're addressing is fake. They'll talk about diversity and, every time an issue comes up, they will always want to know your opinion. But they don't really want to know. It's more of going through the motions. A lot of the professors, they think, "Oh, everybody is treated the same here and we're doing really good about diversity." But they're not.

When I was on the pediatrics unit, [the nurses] didn't spend a lot of time in the room. They'll say during report to me, "Well, I don't speak Spanish, and the mom's only Spanish-speaking and so I feel so bad because I can't really communicate." I'm thinking, "So, you don't go in the room?" You can do a lot with body language. My Spanish is not great. It's not great at all. But I can understand them and they can understand me. It might not be good grammar. It might be "Spanglish." It might not be correct, but I can do it. And I will stay in that room.

The nurses walked into a patient's room and they said, "She doesn't speak English." The nurse then told her to feed her baby. She put the bottle in the mouth. The baby wasn't sucking so she gave the baby the binky. I said, "Let's go back in when it's time for her to feed and see what happens." We went in and the mom put the tip of the nipple in, but she wasn't putting the whole nipple in. So I said, "Oh, no. You can put the whole nipple in the baby's mouth." And I told her to stroke the baby's

cheek if he's not sucking and just little things. It was her first baby. They just weren't taking the time. That made me so mad. It would have taken all day to get an interpreter there. They weren't spending any time with her. I tried to tell the nurse, "Mom *does* understand, but you have to spend time with her." The nurse ended up saying, "Oh, Aida Rosa, I'm so glad that you're here because then you can do all the teaching with her today." I said, "Well that's great for me because then I'd have the opportunity to teach. I'd have the opportunity to work with someone I really like. But what about when I'm not here?"

Remember when I was telling you that it would be different if we had clinical instructors of color? I think maybe that's why. It would be a different type of teaching. It would be a different kind of training for people in just being more sensitive. There's plenty of diversity in the hospital, but the people who are treating people are not diverse, and they're crying out that people need to be more sensitive, but they're not teaching them that. There's a difference between telling somebody there is diversity and to be teaching somebody how to be.

I thought, "Wow! It would be easier if I had a clinical instructor who was Latino or African American that would have some sort of clue about how it feels when people say things." So many Latino people don't even realize how great they are, or how great their culture is, or how diverse and how wonderful it is because of the way people have treated them for so long.

All I know is, after I graduate I just want to go to Puerto Rico for a little while. Just like a half a year maybe. Just learn my language and I think I'll be able to do much better. Now I can do a little bit, but I'll be able to do much more after that. That's really important to me to do after I graduate. To learn Spanish, if I can work there that's great too. I feel like something is missing, I feel that there is a part of me that's missing.

Sometimes I get upset. I get frustrated and I get so mad. On the flip side of that, you know, I think that I'm going to have a larger impact. I can really make a difference. I know I can make a difference. I have to kind of keep some kind of sanity or strength. I just have to keep my focus knowing that I am going to make an impact. I am going to finish what I set out to do. I can achieve it. And it doesn't matter what anybody thinks because I know that I can do it. I mean, some days it's harder to think that than others, but I think that when it really comes down to it, I know I have the inner strength that I can finish it. I've gotten this far. I didn't think that I was even going to go to college when I was in high school. This is my second time around, so I know I can finish it.

I really believe (this is going to sound crazy) but I really believe that I was meant to do this. I used to pray to God every day, "You can do whatever you want with me. I want to do this, so just let me get through school, just send me wherever you need to send me and I'll do that." That's all I've wanted to do for years. So, I really feel like that I was meant to do it.

I felt supported by Professor Johnson. I mean, her class was very supportive especially when we are having discussions, us offering information and her offering information. What I really liked was that she would ask questions of people in the class about what they thought about it. Like, if you know Marie's from China and we're talking about China, she's going to ask her. It's not like this is the way it is and that's it. I felt in other classes we talk about cultural issues, just say one or two words. For example, when we were talking about OB and the professor was talking about breast-feeding, she was like, "Some of the Latino population would breast and bottle feed." Well, a lot of White people do that too. So, what's that supposed to mean?

I don't mean to be mean about it but, if they are going to have somebody White doing cultural diversity in a community class, how's that going to work? Because they're going to address it like everybody else addresses it. It's going to be like an addendum to the paragraph that means nothing.

One of the reasons why I picked [this] university is because, well, not only for financial reasons, but because I thought it was a diverse place. I was accepted and you know everybody's overjoyed. I'm going to be a nurse and this is what I want to do. Everything was going presumably well. I get in and the first day in class I just notice that there is not too many people of color there. Not at all.

It all started because one of my classmates who is from Nigeria said, "How come everybody blames everything on Africa? You blame AIDS on Africa, you blame all diseases as originating from Africa. Why use that? I live in Africa and even in our pathophysiology class, our teacher misquoted the statistic as being 50% of all people in Africa have AIDS instead of saying 50% of all cases are found there." One student said, "Oh, that's because in Africa and Asia people live in close proximity to animals and the virus mutates." I love the way he [Nigerian classmate] puts things because he's very matter-of-fact but kind of slick about it. So, it's not like coming right out and saying, "Boom!" in your face, this is how ridiculous you are. He said, "That's funny because I live in Africa and the only time I see animals is at a zoo." He said, "You people live with cats, dogs, ferrets, birds, rabbits. So, if that's your theory, that's wrong."

Our teacher had just asked, "Well, have you ever been to Africa?" And then, that was a question, a simple nice question, not threatening. Have you ever been to Africa? [The student responded], "Well, no." [The professor said], "Well, then how would you know that all the people who live in Africa live in close proximity [to animals]?"

I'm thinking, "Am I going to be speaking up all in the class." Then it started, the things that were said about the teacher. You have to stick up for what you believe in but then it's like you're arguing with your classmates all of the time. You have to decide to get yourself through it and then do what you want afterwards and try to make a difference or do you try to make a difference along the way? For me it was hard because it was, "I'm proud of who I am. Do I want to argue it out all class long and how much of a difference am I going to make with these people who are already in their late 20's, early 30's, early 40's that still think like this?" That was hard for me. At the first class, I was like, "Oh God! Lord help me because I don't know what is going to happen because I know that I'm not going to be able to hold my tongue for long." So people started attacking the teacher. It's my only teacher of color that understands anything about anything. It is someone that you don't have to explain everything to. Someone that is just, like, "Okay, I understand."

Dealing being in class yourself, but also hearing things that were said about your teacher, especially when that's the only great professor that's really helped and mentored you. And they're going to go to the dean [about Professor Johnson]. Then you worry about what's going to happen. Then you think about the program. There's not that much diversity in the field or in the professors. When you have a great one, they're already trying to bring that one down. If you don't do anything about it, that's not good for me. Faculty that would say, "Oh, isn't that program great? There is a lot of diversity in that program." And I'm, like, "Not in the program I'm in if we are talking about the same program." There is not a lot of diversity and they think there is diversity. I'm saying, "No there's not a lot of diversity and there are a lot of issues." They were kind of caught off guard because I don't think they expected that to be said. That scares me because that's not the only instance that it's happened in. In our pediatric rotation, a little boy was taken into the pediatric ICU and the student who was observing that day had said, "Yeah, they were all taking precautions for hepatitis." One of the other students, who wasn't observing but was just in our post-conference, asked, "Well what was the child's last name?" Right then and there I knew exactly where the conversation was going. I just knew it. Who cares what his last name is? What does that have to do with anything? I knew what the next question was going to be. The boy's last name was Gonzalez. So the student said, "Well, maybe because he's Hispanic." I asked, "What does that have to do with anything?" He said, "Well, because that's a

high-risk population and they have high rates of hepatitis." But the way he said it was that we all have hepatitis. I'm not an overly sensitive person but I said, "Gee, that's funny because I don't have hepatitis! Nobody in my family has hepatitis and none of my friends have hepatitis." I mean maybe people that are living in poverty might be high-risk. Or people that work in hospitals are at high risk. Now I'm thinking about my classmates and how this is going to affect their nursing care.

I responded to it but the teacher never really addressed that. You know what I mean, there is not any backup. It's funny because when I was in community class with Professor Johnson, she would throw it back at us and ask us questions and then say what she thought. She would back it up with something or encourage us to speak about things and then she would follow up.

When we are assigned patients, it was funny because a lot of times they would put students of color with patients of color which I like to do that. I like to work with them because I know that they are going to get good care. But I've been thinking about that lately and I'm, like, "Well, that's great, but I already know how to communicate with people of color and my fellow classmates don't. So what do they think they are going to do when they graduate?"

I think that, for students, they're not exposed enough to people of color. Then when the teacher tries to expose them to that, especially if they're of color, it's a problem. They think that they can run to the dean. I was walking up to class and a student said, "Yeah, the only class that I have a problem with is Professor Johnson's." And I said, "Oh, really? That's funny because that's one class I don't have a problem in. That I enjoy." She said, and this is verbatim, "Yeah, well I don't know how she, a Black woman, could come into a class of White, middle-class people and talk to us like that." I said, "Oh, really? That's funny because not all of us are White and definitely not all of us are middle-class."

Right then and there, that was another clue; they don't even see us. They can't even see beyond that because they're all White and they're all middle-class. You've got to be kidding me. That statement made me think, "You have a problem with the teacher because she's Black and why is she all of a sudden a Black teacher? You didn't get the whole point of the class."

When we were filling out the evaluations, everybody was talking in the classroom. You know, when you do the evaluations usually the classroom is really quiet and you fill them out and leave. Everybody was talking about it. Everybody was talking about Professor Johnson.

Everybody was talking about issues. Everybody was saying that she's a racist and she's condescending. It was making me sick. It was literally making me sick that they can't deal with people of color at all on any level, especially from the level of a professor. That's really sad. But I know exactly what it's going to be, and that's hard. There are three of us that don't feel that way and there are 17 or 18 that feel that way. Literally the whole class feels that Professor Johnson is a racist. And do you want to know what cracks me up is that we did papers for that class, two big projects and we had a mid-term. We didn't have a final. She didn't give us pop quizzes. Nothing like that. Her lectures were very straightforward. If you read the notes and did the test on the CD Rom, you would do fine. You would do great. So, as far as class material goes, that was the most straightforward class. In none of her classes did we talk about stupid stuff all class long. For example, in another class we were talking about feeding and fed each other pudding to see what it felt like- for three hours. Then on the test there would be these crazy questions and the whole curve of the test would be so low. So, I'm like, "Why don't you complain about that?" Why don't you complain about something else like why the questions were ridiculous and the class average is 78?" But it doesn't make sense to complain about a teacher who gives us two projects, plenty of time to do them in, and a mid-term, that's a decent mid-term with questions that are applicable. You're going to complain because you think she's racist and she's condescending to you. You can't take the teacher asking you if you've ever been to Africa. They're not going to address that. I can address it but when it comes down to it, I don't know what they're going to do about it. What are they really going to do about it?

From what I hear, the evaluations are the biggest thing. If everybody is going to give this teacher a bad evaluation, then I'm afraid. If it wasn't for her, I never would have found my way. I would have never had the confidence to get through it. I would have never been able to see things for what they were and to feel okay with it. It would have taken me maybe a longer time to do it or I would've been so dissatisfied and not have followed through with other things that I could have done.

Then they attacked Professor Johnson, literally. I've never, ever, experienced anything like that in my life. They are grown people and the things they said were terrible. I've never had to fill out an evaluation with a whole class full of people yapping about nothing because when it comes down to it, it was nothing to do with her teaching skills. It has nothing to do with her grading system. She waited; everything was due later in the semester because she knew we had a lot of things in the beginning of the semester. Do you think any other teacher would do that for us? I really don't think so because everybody obviously thinks that their class is really important. Which I understand, but she was sensitive to that need. She

gave us that opportunity. It's not her teaching and it's not her grading. But, [they say] she's racist.

I totally understood everything she was saying; and all the people of color in the class knew exactly what she was saying and didn't take offence to it. [The others] all got bent out of shape about it. Then all the comments started coming out. It's something that doesn't connect. And it's only one teacher, the only one teacher we had of color. One. They're making judgments on her race as opposed to her teaching skills.

When I was in our community class doing projects, and our community was an African American community, it was funny because I ended up doing a lot of the work. It was adjacent to where I grew up so I had a lot of friends living in that area and people that I work with lived in that area. I knew a lot of the people in the community. So, it was very easy for me. I would just walk around. I feel very comfortable in doing that and it's not a problem. They [the other students] didn't feel comfortable doing it. They said, "Well, Aida Rosa, you feel more comfortable here. It's closer to your community. So, do you mind doing that?" And I said, "Well, no. Actually I've already done more than a billion shares of my part. I think that's the point of this project-to get you to do it."

If there were more people of color in our classes in general, I think there'd be more sharing. It would just bring so much more to the class. It would bring different experiences. It's hard because I don't like to talk in class all the time because there's nobody in the class that's going to understand. I started out in the front, chit chatting, and now I'm in the back. Just let me get my information, let me take my notes, let me do what I got to do, and get out.

I never looked at it like a heavy load until I started talking to you because it wears you down little by little. It's not like all of a sudden something is in your face. It's more like something that happens little by little, that just eats at you from the inside out. Sometimes I get stomach aches at school. Over the years I've thought I've become more accustomed to feeling like that. Then when you get older, you think, "Yeah, I'll be more immune to it and it won't bother me as much." Otherwise what am I going to do, cry all of the time and be disappointed? That wouldn't help me. If I was disappointed and just gave up, that wouldn't help anybody. That wouldn't help me. That wouldn't help the nursing profession.

You always want to do good in school. It's not like I want to walk around saying, "Humble University is a terrible place and I haven't learned anything and there's no diversity and that's terrible." That's

where my degree is going to come from. Of course, I want my degree to mean something.

I wish there were more teachers of color and I wish there were more students of color. It would make such a better class. It really bothers me because we're going to be working with a lot of people. We're going to be working with all types of people. If you're not able to do that in your classroom, then how are you going to be able to do that out in the real world? I'm sorry, as a nurse, that's your job. To me that's your job. It's being able to work with someone who is Jewish, someone who is Puerto Rican, someone who is African American, someone who is Muslim, someone who is Jehovah's Witness. I mean you have to be able to do that objectively. Everybody's screaming diversity but they're screaming about something that's not even there. People either feel uncomfortable and they don't know how to address it or they just feel uncomfortable and don't even want to attempt to address it or they just don't really care. Maybe they have that racist mentality.

So, I've done that whole fight. I thought I wouldn't have to fight the fight in nursing school. I am the way I am because I know people who are very aware and I tend to surround myself, with people who are aware. Especially nurses, I thought they are a breed that should be above this. I look at my class, "This is really sick. These are all nursing students who are going to think that. I never thought that I would have to fight the fight in a nursing class." I really didn't. That's why I'm so surprised. I think I've been thinking about that, too. I never thought I'd have to do that in a nursing class.

The whole family is in there [in a patient's hospital room] and that should be good. You should be happy the patient has family support in there, like the baby that I was working with. He had a Wilms tumor and they thought that there were other masses in the kidney. His mom had just moved from Puerto Rico with his dad. Their family was living thirty miles away so the whole family came after work. And the nurse asked the same question, "Are you the dad?" He said, "No, I'm the uncle." Then she asked another male, "Are you the dad?" He said, "No, no, no. I'm her brother-in-law." Then she asked someone, "Are you the dad?" He said, "No." I was wondering, "Why are you going around the room? Address the whole family." The uncle was really, more, head of the family and really advocating for her. But the nurse kept looking for the dad. I wanted to say that the dad wasn't in the room. But I couldn't say that because she was an older nurse and I didn't want to be disrespectful. When the patient was being discharged, the nurse kept saying, "You need to eat when you go home. Mangia, mangia." I'm, like, "They're not Italian!"

I really want to be a nurse. I really want to be a good nurse. I don't want to be a mediocre nurse. I want to be a great nurse. I've learned great things about myself. It made me the person I am. I think when I become a nurse, I'll have that. I'll be able to see someone that went through abuse and be able to understand it on a different level. I think it will make me a better nurse, more aware of other things than just, you know, what meets the eye. I don't think God would give me something that I can't handle. I think it's meant to be for some reason.

You can really see a lot of racism. Part of that is my fault for not being as aware. Because I thought, and I know, that this is wrong because there's so much racism out there. I thought it would be easier at Humble University because people are people no matter where you go. They just may have better ways of hiding it. What's going to happen with the next Latina or the next African American student? Who are they going to have to mentor them? To introduce them to the right people? Or just knowing that somebody's there, in case something comes up, you can talk to them about it. Just knowing that there are people there that if I had a problem, I could go talk to them and they would understand. That's scary to me. I know that I can get through it but what's going to happen to another student. I think it would be harder for someone who is the only Latina. [Referring to faculty of color] I think I would like to have someone to be able to run things by. Or they could offer more. Especially if my clinical instructor was Latina. I could say things to her and she probably would understand more. I mean there just are not a lot of instructors of color anyway, especially in the clinical field. I don't really understand that.

Mary

I got into the nursing program. When I got into the nursing program, it was like ecstasy. My first day of class, I look around and said, "Okay, I'm the only Hispanic. There's one Black. The rest are White. That's okay. That's fine. I fit in. I speak English well and I hold myself well. I'm poised. I have intelligence. I can get through with this." I have one professor come in and he, Steve, was my first semester advisor. He was talking about how many people he thought would make it in the class. He says, "I'm going to tell you right now, we probably will not have 100% graduation." Then he started explaining how we had to maintain a certain grade point average to stay in the class. Well, when he gets up there and he says, "I can see a few people in this class that I can tell you right now are not going to make it. And the reason why I say that is because of past experiences." He looks me straight in the face and doesn't take his eyes off of me and he says to me, "We've had Hispanic people in the program before, and, for some reason, I don't know why it is but Hispanic people

just don't make it in nursing." I was devastated. I felt that all eyes were on me. I felt that this guy targeted me from the very beginning. I wanted to just get up from there and run away.... You haven't even given me a chance...I made it a goal to prove him wrong.

Brief Description. Mary was 46 years old, Puerto Rican, married and the mother of two grown children. She graduated in 1996 from Gaylor Community College and was taking the prerequisites for a bachelor's degree in nursing on a part-time basis. Mary was working full-time as a registered nurse in an administrative position. She was born in Puerto Rico and arrived in the United States when she was four years old. She has eight siblings and is the fifth child. Due to family circumstances, Mary helped her mother significantly in maintaining the household. Her sense of family is strong.

Mary's Story.

My father was a little bit unique with Puerto Ricans. My father came to the U.S. before my mom did. When my father came to the U.S., my mom was pregnant with me. I was one of nine children and the youngest born in Puerto Rico. So, when my father met me, I was almost 4 years old when I came to the U.S. I returned to Puerto Rico for a visit when I was fourteen. My father came to the U.S. to make a living for us. He was in the military too and, you know, he came to Summerville and he got a job as a welder. He took a boarding room with an American family in Summerville. This Italian guy basically befriended my father; in a sense he became a sponsor for my father.

This guy tried to help my father. He said to him, "You've got to give up your culture and learn the American culture so that your children and your family will be able to fit in and be able to succeed here." My father listened to what he said. This man helped my father get into our first home. We never lived in an apartment. We lived there until I was 9 years old. Then from there we moved to the bigger house where my mom presently lives.

My father was an alcoholic. He was physically abusive to my mother and verbally abusive to us children. You had that as kind of another thing against you because now your self-esteem is really low. I always wanted to be somebody that was a care giver. I was a care giver at

home with my brothers and sisters. Being a middle child and the oldest daughter, I was basically forced to be a care giver.

I love my mom with all my heart and soul because I know that she did the best that she could, but life was just so chaotic. My father never called out sick a day in his life, never a day in his life. He'd go to work sick-get up at 4:00 in the morning every day, wait for his friend to pick him up, go to work, and come back home. Monday through Thursday my father would come in from work and sit down. He had his supper and watched the news at 5:00. After the news he read his newspaper. After his newspaper he'd take a shower and go to bed. That was my father's routine. The only time my father would tell us to be quiet was if the news was on and we got a little bit loud or got into an argument. My father would go, "Shhh!" And let me tell you [that you] could hear a pin drop cause none of us would say a word. We respected that father-we were fearful of our father. But Friday afternoon at 3:00 my father was a Jekyll and Hyde. My father would get out at 3:00 in the afternoon from work. He would get home sometimes at 5:00, 5:30, and 6:00. His friends would still sit in front of the house. You could see them in the car drinking. Those men did not know I hated them because they didn't know what was going to come when those doors closed. Sometimes I used to see my father come in and go around and close all the shades on the windows. That's when I knew the beatings were coming. I can remember at 9 years old pleading with my mom to leave him and telling her, "Mom, don't take this abuse. Let's go. Let's go talk to the priest and ask them if they can they can let us live in the convent or something. Let's ask them if we can live in the rectory. We can live under a tree as long as we're out of here." I'd say, "Mom, I don't care where we go. We can carve a hole in a tree and live in a tree trunk because I remember the woman who lived in a tree with a whole bunch of kids. Remember? The woman in the shoe. We can do that. It doesn't matter as long as we get out of this hell hole that we're in."

It was hurtful to see my mom walking around for weeks and weeks and weeks with a black eye. Once that black eye would be healing, she'd get another one. To see my mom pregnant and my father punch her from one room to another, it was something that I couldn't stand. I felt that my mom didn't deserve it and that we didn't deserve it. When my older brothers got to be about 16, 17, years old, or even 15 maybe, they started stepping in and telling my father, "No more." It became a war between my father and my brothers. So now he probably wasn't hitting my mom anymore but they were fighting. You see what I'm saying? Then I was saying to myself, "Oh, my God! What are we coming to here?" You read in the Bible, "Honor your father and mother", but my brothers were hitting my father. I used to pray for my brothers and say, "God, we're just protecting mom. Don't punish them for it." I don't think that He did. But

there are memories. [crying] I was ashamed of our family and it hurt for a long, long, long, long time.

I had a lot of responsibilities at home. I was the person that had to clean the house and had to cook and do the laundry and had to take care of the younger children. Four younger than me and four older than me. I had a whole lot of responsibility because my mom was unable to continue with all the burden that she had. I felt that I had to take over for her and be the mom. My sisters and brothers do say to me, "You were our role model. You were the one that was our disciplinarian. You were the one that kept telling us, 'you're going to go to school'."

My mom recognizes that and I don't blame my parents. I did for a long time. I was bitter for a long time because I felt that I didn't have a childhood. But now, the older I get, I realize they did the best that they knew how. I can't dwell on it. I just have to focus on today and be the best that I can be today.

My friends would put pressure on me and say, "Can't you just get out for a little while?" I would say to my mom, "If I get all my work done-if I get everything done-can I go out for a little while?" She would say, "Yes." I would hurry up. I'd get up at 4:00 in the morning. Get breakfast ready so that when they got up they had that porridge waiting there for them and get the house cleaned up and do all my chores. At 12 o'clock I'd already have them beans [laughs] boiling so that when she came home, the beans were going, the rice was going, all she had to do was fry up the pork chops or whatever else had to be cooked. The house was spic and span clean. She said to me, "Okay, you can go out for an hour."

Then I went out and I went into my friend's house, I used to see that peacefulness. I used to see the mother and the father, the interaction that they had and the way that the mother interacted with her children. She had time to listen to the kids. She had time to give that gentle redirection. I was, like, [whispers] "When I grow up, I want to be just like this. I want to be just like that lady. I want to be just like Mrs. Crystal." I used to go to my friend's house. I used to love to go in her house because her house was so beautiful. The furniture was beautiful. Everything looked clean. The father would come home from work and kiss the mother and kiss the children. It was like a real Leave-It-To-Beaver story. I would love to go over to my friend's house. I embedded it in my mind and say, "When I grow up, that's what I'm going to have." Those people became my role models and little did they know that they were.

I don't know what my father's way of thinking was, but my father, for some reason, hated, and I have to use the word hated because that's

really what I felt, my father hated the five children that were born in Puerto Rico. My father was abusive and he was more verbally abusive. If my brothers would bring home a friend from school-and my parents owned a big Victorian home-well a two family and if my father saw that my brothers brought friends home and they went to the attic to their room, my father would call my brothers a faggot. Because my father couldn't understand why my brothers allowed their friends to go to their room with them not realizing that that's what kids do. So there was a lot of verbal abuse in that sense.

For my younger brother and sisters, he would, every single day-Monday through Friday-bring them candy. My younger brother and sisters would go in and he would say, "Reach in my pocket." He was a real father to them. They would reach in his pocket and they would find lifesavers or a pack of gum. It was always something. He would get it out of the machines at work and put four things in there. He would come home from work. My mom would serve him his dinner. He would take my younger brothers and sisters and he would sit them on each side of his lap. He would take and cut up his meat and his meal. He would take a bite and he would give her [younger sister] a bite. Then the other two would come he would sit one at the table, one at the other end of the table and he would give them a bite and he would take a bite. I don't know why I did it but I would always sit at the other end of the table and watch it. I didn't have enough sense to say [to myself], "Don't sit there and look at it." It would hurt me so much because I wanted so badly for my father to say, "Come," but he never did. That's why I say that my father just hated us. And I don't know why. Even at that age I was grateful that at least he loved my younger brothers and sisters because I loved them that much. That gave me like a sense of peace.

I remember one day he had given my sister, the one that I'm six years older than, a pack of lifesavers. I went into the room and I said quietly to her, "Can I have a lifesaver?" And she said to me, "No." She stood there and she's like, "No, you can't have one of my lifesavers." She caused an uproar. My father came. I felt so crushed by it. They get candy every single week. He never brings me a d-----n thing. I looked at her and I said, "I hope you f-----g choke on that lifesaver!" and I walked away. She freaking chokes on the lifesaver [laughs]. I kid you not. She choked on the lifesaver. I remember my mother going over, lifting her by her heel, and hitting her on the back, and the lifesaver popped out. I never asked my sister again [laughs].

My brothers were physically abused by my father in the sense that when they tried to protect my mother, he would fight with them. And sometimes, a lot of times, my father would end up being the loser. Then, when my brothers weren't home, I would be the target. When my oldest

brother got his license, my four older brothers decided they were going to take a trip for Thanksgiving to visit my aunt and my cousins. I'm sure that they were seeking to have a sense of extended family. My oldest brother, a month before they had planned the trip, was teaching me how to fight. He was telling me, "You get bottles, get sticks, get anything you have to get to protect yourself because you are going to be the oldest one in the family. You've got to protect the others and you've got to protect Mami." I said, "Okay, I can do it." They're teaching me, "Now you've got to be tough." It was Thanksgiving and I was a nervous wreck. I remember that I wanted to make it as perfect as I could for my brothers and sisters. I was cooking the Thanksgiving dinner and I remember that I got up early to stuff the turkey. My mom was helping us cook. I can remember that, as soon as my father got up already we could see that within a short period of time he was already starting to drink. I could see the nervousness in my mom because my mom would give us a lot of eye signals. Go, get out of here or be quiet. We learned a lot of body language and eye signals. She was already giving me this message and I knew that he was going to hit. I tried to make it be very upbeat and be as good as possible. But I was also afraid if I was too upbeat that I was going to be targeted. We started setting the table as the day went on, it must have been about 3, 4 o'clock in the afternoon. We started early in the morning. I said to my sisters and my little brother, "You've got to go and take your bath and get nice and dressed up. And then we're going to sit at the table and say grace and we're going to have our meal." Of course, my father came over and instead of having a nice meal with us, he started looking for an argument with my mother. I don't even know how the argument started but I remember that the table was all set. He had my mom like cornered in our living room, and he was punching my mom. I stood up and I started swearing at him and punched him in his back. I said to him, "You son of a b---h! Don't be hitting my mother. You want to fight, come on! Come fight me." [cries] I was maybe 11. Everything that was on the table my father wore. I remember that we had made the beans [laughs]. He wore the beans, the rice. I ripped off turkey, everything I could possibly throw. I remember also that I always had strategic things. I had a club here and a Coke bottle and stuff like that in case I needed a weapon. I ran out of things to throw at him. He was like a bull charging after me. He kept dodging and stuff but at least I took him off my mother. My sisters couldn't understand. I would say to them, "You guys, instead of jumping up and down and screaming, run for help." They would stay there and start screaming. I had to start telling them, "You can't just sit there screaming. You got to run for help." I remember my sisters jumping up and down and screaming. I ran out of things to throw at him. Then we were downstairs and I ran upstairs. (This is awful to say but, being a welder, he had made a machete. One day he was filing the machete and he told my mother that he was going to slice us up like pigs one day. I said to myself, "The first chance you get, you've got to take that machete and hide

it from him. And that's what I did. He was drunk at the time. On the weekdays when he wasn't, he had the machete. I remember one time I took it and I hid it in my room under the mattress.) So now when I threw everything at him, I'm yelling at my sisters, "Call the police! Call the police!" I ran upstairs, but I'm knocking downstairs and I'm closing the door to give myself time to run away from him because he's faster than I am. When I got upstairs, I locked the door upstairs and I ran into my room with that machete. I could hear him, knocking that door down. Then, somehow, he put his fist through-you know how the doors have the blades in the middle? He was able to break the panel in the middle. He broke that panel in the middle and now he's looking for the lock. I knew that I was dead. What I did was, I took the machete and I started hitting his hand with the machete. I can still vividly remember hitting that vein and I remember the blood squirting out. When I hit the vein and I saw the blood squirting out, I panicked. I stepped back and I stopped what I was doing, so it allowed him to open the door. What he did was, he had this thick leather belt. At that point he just took the belt and started hitting me. I got down and he was hitting me until he was satisfied or tired, and then he went away. You know what was ironic? That whenever he hit anybody, then he would calm down. He wouldn't have that sense of anger anymore. He would go to sleep until the next day. When he went and laid down, I knew that there wouldn't be any more problems.

At that time the police had to come every week. They would say to him, "Hello, Mr. Rodriguez, how you doing tonight? Why don't you come for a ride with us?" They'd take him around the corner [laughs]. Only if they absolutely, positively saw that he was physically entwined with one of my brothers or actually in the physical battle, they take him overnight. For us it was like a glory because it was a chance for us to get a good night's sleep.

When I was fourteen years old, I had my first job, I couldn't understand how my father couldn't understand that I would rush home from school not even grab a bite to eat. I would literally change my clothes and run because I had to run to get to work on time- and work until 9:00 in the evening, including Saturdays. And run at 9:00 at night because I was afraid because now, by the time I'm 14, the White middle-class people started moving out and the poorer class started moving in and a lot of them were Blacks. I was afraid, you know, because of the fears that your own parents put in you. I would literally take a deep breath and run from work to my home. I would run until I knew that I was within earshot, that if I had to scream my brothers could hear me screaming for help. On Fridays and Saturday nights my father would be sitting out on that porch and say that I was coming from a cabaret. In the beginning I didn't even understand what he was talking about because I was so sheltered in that sense. My mom would be upset because of what he was

saying. I'd say to myself, "Now, our neighbors are hearing him because he's out on the porch saying this so that's another strike against you because the neighbors are probably saying if your own father is saying that, then that's what you must be doing." I felt more ashamed.

We went to a private parochial school up until 8th grade. Needless to say, going to a school with nuns is very difficult and being a minority because they have their ways of really trying to help you but, in a sense, it's also very detrimental. I'll start off by saying that the way that my name was spelled was on my birth certificate was [different from how the nuns spelled it, so they changed it]. I learned at a very early age that there were a lot of things about me per se, that was not acceptable to the American way. Being in a Catholic school, you have a mother who is not really bilingual. The nuns would try to explain to your parents, "Don't speak to your children in Spanish at home." They didn't accept the Spanish language of the home. When you went to school, you had to automatically kind of interpret the English. You had to accept the American way no matter what. If you did something that was in some way diverse, then it was not acceptable.

My dad had a college education. I don't know if it was an associate's degree. I don't think it was bachelor's. But I know he did have some college education. He took several courses and he did go to college because of the GI bill. I think that my father-number one we were afraid to ask him for help and number two, he wasn't supportive-so that if you asked for help and said you didn't know something, then you were wrong because you should know it because that's what you're in school for. I don't think it was the same for the younger kids because as the younger kids came up, they had us. The younger kids would ask us for help. They didn't have to go to him. We didn't go to him mostly because we were afraid to ask him for help.

My mother only had a third grade education. So my mom was the first one to really be down on herself. She always felt that she couldn't really give a whole lot of advice because she didn't have a whole lot of education. And even at 9 years old, I can remember always saying to my mom, "But mom, you're perfect. For somebody with just a 3rd grade education, you are a very intelligent woman. Don't be so down on yourself."

My father in the beginning would tell us, "You got to do good in school." But eventually my father allowed alcohol to overcome him, then it got to the point where he lost everything. He lost the control of being the head of the household.

I started off going to a vocational school [for high school]. I didn't do well. I had my interview with my counselor and he said, "Well what do you want to be?" and I said, "I want to be a nurse." And he said, "Well, you can't be that." I was like, "Why?" He said, "Because your grades aren't good enough." I said, "Well, I want to be a teacher." He said, "Well you can't be that either." I said, "Well, what can I be?" I went down as far as wanting to be a hairdresser and that still wasn't good enough. So he says to me, "You could get into cooking." I was really disappointed because I felt like I've done cooking at home since I was 9 years old (laughs) and I certainly don't want to do cooking for a living. I had to really resolve myself to that because I had no choice because society said to me, "This is what you will do." So I was, like, "Okay." For awhile there I got very disappointed; I felt that there was really no hope for me. I'm already cooking so why go to school?

At the age of 15, I met my husband and we started dating each other. Of course, that was another struggle, but we continued on. He became something that was meaningful to me in life finally, and somebody that finally said to me, "You are somebody and you are important and you can do anything you want to do." He said to me, "Stay in school and do as good as you can do, and I will try to help you if I can."

But then about almost a year after we were dating each other, he was called to go to Vietnam. I was crushed and devastated because I felt the only support system I had was being taken away. So, shortly after he went into the service, I quit school. And mom didn't seem to mind. My mom always harped on us that you had to succeed but when I left school, she never said a word to me. She never asked me why I quit school. I came home one day and told her, "I quit school. I'm not going any more." I was almost depressed. I stayed home and did absolutely nothing. But I would think and I would say, "What am I going to do with my life? I just can't be a nobody." I stayed like that the whole two years that he was gone in the military.

As soon as he came back, he said to me, "You're going back to school." I was the happiest person in the world. I asked him, "Will you come with me?" He said, "Of course." Instead of going to the vocational school I said, "Maybe I can be a secretary." He said, "Okay, we're going to go and try for Hope School" which is a business school. We went and got signed into school. I stayed in school and I didn't do totally well but I did a lot better. And, lo and behold, I graduated and I graduated married. I was already a Mrs. and I was three months pregnant when I graduated from high school.

Remember when I told you I went back to Puerto Rico when I was 14 years old? Well, it wasn't a good experience. Number one, my uncles

and my cousins were not pleased with me because I didn't speak Spanish perfectly. They didn't understand and I couldn't explain to them that, you know, I didn't have Hispanic friends. I didn't have an extended family that could teach us to speak Spanish and understand Spanish. My mother is a very strong Catholic. Her only hope and her only means of support were the nuns and the priests. She tried her best to communicate with them. What the nuns and the priests told my mother to do, that's exactly what my mother did because she let them be her guide. They told her, "Don't speak to your children in Spanish at home." She would still speak to us in Spanish because, if she got upset with us that's what would kick out. It was easier for her. But my father was very strict and my father would say, "Don't speak Spanish in the house." My father would speak English to us. My mother would try her best to speak in English even though she didn't know how. So I only learned a few words here and there. The nuns and the priests told her that the only way we were going to succeed in America and the only way that we were going to succeed as Americans was to speak only English. [They said] that we could learn the second language later on as Spanish but they said, "You got to learn the English way because when they go to school, they're not going to have a Puerto Rican teacher there to explain to them what this means in English." My mom understood that and she wanted with all her heart for all her nine kids to succeed in the school system and to succeed in being someone who was progressive in life. She said, "This is what we've got to do for our children." And my father believed that philosophy too.

I wanted so bad to learn. I wanted so bad to be able to go to Puerto Rico and finally see that I had cousins and uncles and a grandmother because all of my friends would say, "I'm going to my Nana's house for supper" or "We're going to go have a spaghetti dinner at Nana's." I was, like, "Gee, I wish I could have a Nana and say I'm going to my Nana's for spaghetti." My grandmother [in {Puerto Rico}] said to me, "That uncle is coming and he's been in the U.S. all his life. He spent all his life in the military." I was happy. Finally he came in and I started speaking to him in English. I went and I gave a big hug. He kind of rejected me, and he said to me, "You're in Puerto Rico and you will speak Spanish while you are here. Don't speak to me in English."

I tried to go to the local stores and stuff and to get books on Spanish and learn Spanish. I took Spanish in school as a second language, as my foreign language. I started telling my mom to talk to me in Spanish. My husband's mother doesn't speak English, so I felt that that was a way for me [to learn]. Even though my mom didn't allow me to go to his house a lot, every chance I got to go there, I tried to absorb the Spanish because I knew that in the roots I had it because my mom spoke to us. It was just a matter of practicing it and just a matter of not being afraid if you used the wrong word. I went through the kidding where they joked at me and

laughed at me. Our family members would come from Puerto Rico. I would say the wrong word and they would laugh at me. But I didn't care. My goal then was to learn to speak Spanish and to learn that I'm Puerto Rican. I've got to be accepted by my people too.

Somebody had said to me that I was a "comemienda." I didn't know what that meant but I knew that it wasn't good because I could feel the animosity. I asked my mom what it meant, and my mom said, "I don't really know what it means." When I met my boyfriend, he was bicultural, so I asked him. He explained to me that it was that I thought that I was better than other people. I was devastated because I never felt that. So, I knew that my people didn't accept me because they felt that I felt that I was being something that I wasn't when they didn't understand where I was coming from.

[After graduating] I went to a job interview that to be a telephone operator. I felt that that was the best thing in the world. It gave me meaning. It gave me a feeling that I was somebody. I almost didn't make it because it was so intense, and there were tests that you had to take. One woman that was the instructor there she said to me, "You are going to make it." I cried every single day but she helped me get through it until I passed. When I did pass I felt like, "Gee! I succeeded in this." So, I became a telephone operator for approximately ten years, from 1972 to about 1984. Finally, the phone company had that big split, I was laid off. I thought, "This is it." I said to my husband, "You know the kids are a little bit older. I'm going to go back to school." I went to Northern Community College and I started taking prerequisites. I went into general studies. Deep down inside I said I wanted to be a nurse or I wanted to be a teacher but I was afraid of the rejection. I didn't dare say anything. So I started going into general studies but I knew what my goal was.

My husband had already had quite a few years, about ten years into a civil service position. I knew that it was a good job, good pay and everything. I said to him that I wanted to take the exam. I took the exam and I got a 95 on it. When I got it I was like, "Oh my God! I can't believe I got an 'A'! I really am smart. I got an 'A'." It was another success in my life. I'm not as dumb as people say I am. I really am smart. My husband said, "I told you." I got accepted in the position and within six months of being in there, I was promoted to supervisor. I was ecstatic. I felt like nothing can touch me. I'm making good money here. I've got a good paying job. I have clout. I can prove to my mother. I can show my father. I can show the whole world I am somebody. You were wrong and I knew it all along!

I also worked as a voucher counselor for a community based organization (CBO) which was also a very excellent experience. I learned

a little bit about my culture because working as a voucher counselor, I had a lot of Hispanic women that went in. I also worked with a lot of Hispanic women. As a matter of fact, we were all Puerto Rican. I didn't dare say to them, "I'm not bicultural" because I never had a Puerto Rican friend and didn't grow up with my grandparents, my aunts and uncles and a lot of extended family. I only had my brothers and sisters and my mother and father. So I don't know what we're all about. But I figured that I could just observe them quietly and learn. I would ask them a lot of questions.

One thing that I learned that was really excellent about Puerto Rican people is that we don't take any s--t from anybody and we think that family is the key. No matter how much you argue, no matter how much you don't get along, no matter how much they put you down it's all for your good. They do it because they want you to grow. And I was able to accept that. They accepted me because they felt, that I could be a role model for them because for some reason my personality was attractive to them. But I was afraid they were going to see me as a phony because they're thinking that I know everything they're saying. They would say things to me in Spanish and I would laugh but I would be a phony because I didn't understand what they meant. I decided to run away from that too, I resigned because I didn't want them to be disappointed in me.

At the CBO, one of the people that worked there, she would bring people to different places to learn about different jobs. What they wanted to do was to try to get these women off of welfare. I would say to her, "Can I go with you one day?" and she said, "Sure." I went and I talked with my boss and I kind of lied to him and said, "I would like to one day do her job but I really wanted to know what it was all about." We went to a nursing home, and she was trying to show that you can become a certified nurses assistant (CNA). This would give you a sense of belonging, give you money and get you off this d--n welfare. When I went up there, I just fell in love with it. I said, "I can do this." I quietly remembered the name of the place we went and I left there with the goal that I was going to call that place back. I called them and I made a deal with the person that hired there. I said to them, "I want to become a CNA." She says to me, "You know what? We're running a CNA program right now." I said, "How much will it cost me?". She said, "It'll cost you nothing. We'll pay you." I questioned, "Can I do this?" She said, "Sure." I was surprised to see that she was really interested in me. So then I went over and she said, "We have geriatrics and we have pediatrics. Why don't you come in one day and see what you would like better?" I went in and I spent the whole day in the geriatric unit and then another day in the pediatric unit. The kids were severely physically and mentally retarded. My heart just went out to them. I was, like, "I can really make a difference for these kids. Even if I just hold them and just give them the best care that I can possibly give them, I'm going to be somebody for

them." I told her that I wanted pediatrics and I got it. I passed the CNA program with flying colors. I was a CNA for a year. My supervisor in the CNA program told me, "You're so good. Why don't you go to nursing school? You should be a nurse." I said to her, "Do you really think I would pass? Do you really think I could go through a nursing program?" She said, "You could. You are just good. You were meant to be a nurse." I prayed and I said, "God, I'm leaving this in your hands. I don't want to be a failure but if it's something for me, lead me, let me do it."

I called Hilton Community College. I talked to them and I told them that I wanted to get in the program. They told me what I had to do. I had most of my prerequisites out of the way through Summerville Community College but I had to take an anatomy and physiology course. That was the hardest course I've ever taken. I think I got a "C-" or something. I got a letter from Hilton Community College; they sent me a letter telling me that I needed to pursue a different career because nursing wasn't for me. I was devastated. I cried. I mean I just felt, "How could they say that to me? I still got a 'C-.' I can take it again. Give me a chance. I really didn't know what I was getting into." I felt ashamed to tell anybody. I left the pediatric department because I didn't want to tell them that I failed. I went to a local nursing home. While I was there, I said to myself, "I'm not going to live a lie." I talked to one of the nurses and I told her what I had experienced at Hilton Community College. Then she says to me, "Try Gaylor Community College. It is a school that's a little bit more understanding. They're smaller school than Hilton Community College." She was an American woman but she says to me, "You know what? I find that at Hilton Community College, they're not as acceptable to minorities as other schools. I really hear a lot of negative things about Hilton Community College as far as minorities are concerned." I called up and I made an appointment to go see a counselor there [at Gaylor Community College]. That counselor started telling me to take the course of anatomy and physiology over again and that if I felt that I wasn't succeeding at it, I should go and get tutoring. I was, like, "Oh, I can get that?" They're like, "Yes, we have tutoring classes all over." I took this counselor and sensed that I was not going to let him go, because he was my source of information. So now I became really a pain because I was, like, "I need to do this. How do I get to this and what do I need to get here? I want to be a nurse and you've got to help me and tell me how to get there." He said, "Pass these courses. That's what you got to do." I said, "Okay, I'm going to pass them." I took the anatomy and physiology [course] again. I took everything that he told me. I worked so hard. If I got anything under a "B", I cried. Anything under a "B" was devastating for me. My kids and my husband knew it the minute I walked through the door. I felt if I got anything under a "B", I was a failure.

I got into the nursing program. When I got into the nursing program, it was like ecstasy. My first day of class, I look around and said okay, "I'm the only Hispanic. There's one Black. The rest are White. That's okay. That's fine. I fit in. I speak English well and I hold myself well. I'm poised. I have intelligence. I can get through with this." I have one professor come in and he, Steve, was my first semester advisor. He was talking about how many people he thought would make it in the class. He says, "I'm going to tell you right now, we probably will not have 100% graduation." Then he started explaining how we had to maintain a certain grade point average to stay in the class. Well, when he gets up there and he says, "I can see a few people in this class that I can tell you right now are not going to make it. And the reason why I say that is because of past experiences." He looks me straight in the face and doesn't take his eyes off of me and he says to me, "We've had Hispanic people in the program before, and, for some reason, I don't know why it is but Hispanic people just don't make it in nursing." I was devastated. I felt that all eyes were on me. I felt that this guy targeted me from the very beginning. I wanted to just get up from there and run away. But I said, "No way!" I looked at him and I thought to myself, why you son of a b---h, you don't know where I come from. You don't know who I am. You haven't even given me a chance." I didn't mention anything to anybody after that, but I made it a goal to prove him wrong.

I raised my hand and I asked him why it was that Hispanic people weren't making it? He explained that they had to get Hispanic people into the program because there weren't enough Hispanic nurses, not enough Hispanic people [getting] into meaningful jobs. He said that they went out into the community. They just grabbed people that were on welfare. They tried to get them into the program. He said they were calling them up because they weren't showing up. They couldn't get out of bed. They didn't have a babysitter. They didn't have transportation. He said, "So we got a bus and we started going to pick them up. We got them transportation. We got them babysitters." He said, "For some reason, they just didn't want it. They didn't work hard enough for it." Rather than me taking his word, I just figured that I would let it be a challenge to prove him wrong. At that point I had to prove to my entire class of all Whites that what he was saying was untrue.

I said, "Okay, he's giving me a message. I have to work hard." My very first exam, I got a 68 and I felt, "This is it. I'm proving him right." I called Steve and I told him I needed to talk to him. I had many excuses but no reasons. I went to talk to him and he asked me first of all, where I was from, and I told him Puerto Rico. He asked me, "Where were you educated?" I told him I went to the school system here. I told him that during that first period of that test, I still really didn't understand what they wanted and that I needed a little more guidance and understanding. Then I

explained to him that I had also just lost my brother from a sudden massive heart attack. He had never been diagnosed. Nobody in my family has ever been diagnosed with heart trouble. It was something that was very traumatic; he was the brother that I was most close to. I said that I didn't have a whole lot of time to concentrate on this work. He didn't give me the support that I looked for, the sensitivity, the passion, and the compassion that I really wanted. The other instructors were very kind to me. If I ever went to any of them [about] not understanding something, they never made me feel like, "This is a Puerto Rican who is just not going to get it." They explained it to me and made sure that I really understood it. But I also saw that they were like that with everybody else.

I worked even harder on my second test because I had to bring that test [grade] up. I started playing these games with myself saying, "You can do this. You can really play the game. It's all a game. You just have to stay a step ahead." That's what I did. I said to myself, "Mary, if you can get a '90' here, you can bring that grade up so that grade can now bring you up to a 'C+' and you can stay above it." Well, guess what? I got a 93 and let me tell you, girl, I came home and celebrated! I yelled! I screamed! I drove all the way home. It took me a half hour to drive home. I looked up at the sky. I didn't drive forward. I looked up at the sky and thanked God. I said, "You know what? You were on my side. You're the one. You've been telling me all along reach out and you would help me." I said, "Well, I'm reaching out to you [crying]. It's all up to you to help me." He held my hand the whole time (I'm crying because of the joy). I got anywhere from "80's" to "90's" the whole way through. I knew it was because of Him. And I have my husband and my children to thank. I did it! My mom is so proud of me [cries]. She says all the time, "Listen to your sister, Mary because she's smart." I did it. I think if there were ever times that I felt I just didn't want to go on for whatever reasons, I would remember the words he [faculty member, Steve] said and it would keep me going. Toward the end he apologized because he really felt that I wasn't going to make it.

One thing that I do know is that they [the faculty] let us know that the U.S. is becoming very diverse in culture. They said that it was really up to the students, once they graduated, to make sure that they became sensitive and took courses and that they learned about the different cultures and the different religions and the different beliefs that people have. To a certain extent I felt a little embarrassed because when they did speak of anything that had to do with Hispanics, a couple of professors would ask me if I agreed, or they would ask me if I had anything to add. I would always, of course, say no. That's where I think that it really became a motivational factor for me to say I really need to learn what my culture is all about because I really don't know.

I was the only Hispanic. There was one Black girl and Daniel was Filipino. Daniel and I became very good friends and we were partners in class. For some reason, Steve took a liking to Daniel. One thing that we found that was very funny was that he had offered Daniel a job. Steve was looking for someone who would come and mow his grass and do some little jobs around the house for him. Daniel had come up to me and told me that Steve had offered him that job. Daniel felt that it was demeaning to him. He had asked me what should he do because he didn't want to feel that now Steve was going to be upset with him and fail him because he knew that Steve had the power to do that as an instructor.

I said to him, "He has the power to give you a hard time but he doesn't have the power to fail you if you get the grades." I know that for a couple of weeks it was something that was very traumatizing to Daniel. Finally I said to Daniel, "Just go and tell him that you can't do it because, you have to baby-sit your child." He said, "It wouldn't be a lie because it's the truth." I said to Daniel, "He really likes, maybe he isn't prejudiced." But Daniel said to me, "Yeah, but why would he pick me out of everybody in the class? There were other males-maybe six males-in our class. Why not ask them if they wanted to go and do yard work?" Daniel was looking at it that Steve wanted to have this little Black boy in the yard doing his work. I didn't look at it that way. I just felt that maybe Steve liked Daniel and he wanted to help him out with a little extra money.

My first clinical experience was with Steve as the instructor. I remember that in spite, of everything, I was thinking I was trying to give him the benefit of the doubt. I still remember that I was feeling a little bad because the first clinical site that we had to go to was a nursing home that I already worked at as an aide. I had left work to go to school full-time but I had already worked there. The unit that he put us on was also a unit that I was very familiar with, and I was very familiar with the residents there.

Out of the eight in the class, Steve put all seven students in one unit and put me in a different unit. I couldn't understand why he put me in a different unit. My only thought was, number one, that he was trying to keep me away from the other nurses that already worked there because they were very friendly with me and they'd come over to me and, number two, because he knew I was familiar with all those residents. He probably figured it would interfere with his teaching. At the same time I couldn't help but feel bad because I felt isolated. I felt if he was teaching them something that I should know, I wasn't there because I was stuck away in this other wing that was nowhere in sight from the other class.

We had to get patients that needed assistance for everything-decreased mobility and had wounds. The patient that he gave me was an

individual that was basically independent-supervision for ambulation and supervision for everything. His issues were all psych issues. He had dementia. I don't even remember what other diagnoses he had. I think he had three diagnoses and they all were, I'm tempted to say, schizophrenia but I can't remember right off the top of my head exactly what they were. I tried to go to Steve and let him know that the person that he gave me was not somebody that I was going to do my first care plan on very easily. When I did my first care plan, I was very nervous. I would hear chatter with the other students. They were saying they knew somebody that went to the program and they had their care plan from last year. I didn't dare go up to them and say, "Gee, can I have a copy of that?" or "Can I borrow them?" Since they didn't offer it, I certainly didn't feel comfortable and to me it was, in a sense, cheating. I went out to one of the bookstores and found a big pink care plan book there. I bought it. I used as much as I could from that care plan. I remember that I got all the information that I could. One of the instructors had given me a guideline that I could use. I tried to use everything that I possibly could. Then I called my sister who's a nurse. We stayed on the phone. I read everything to her. She came over the following day and she looked at the care plan. She said, "This is excellent. You've got everything there. I really don't even think that you have to add anything."

So I turned in my care plan. It was the first care plan we turned in. I was very nervous. I couldn't wait for us to get it back because I knew that it was going to give me an idea of how I was doing. When he was giving all the care plans back, I waited for a few minutes and saw that everybody [else] got their care plans. I saw that a couple of the nurses I had worked with, they were right at the nurses' station too in the med room, they were peeking out and seeing if maybe I was going to go up to them and say, "I got my care plan and this is what I got." I don't think they were doing it maliciously. I think they were really interested in saying, "I know that you're going to succeed," because they pushed me to go into the nursing program.

Finally I said, "Steve, do you have my care plan?" He said, "Oh, yes I do." He had it like on top of a file cabinet; so obviously he had skipped mine and put it up there. He says, "I need to speak with you about this care plan." I remember that all my peers and staff they looked at me. They saw the fear in my eyes and I saw the fear in their eyes for me. Without them saying a word, they really supported me. I have to say that the class, we were very supportive of each other. We really became like a big family.

A couple of my friends, Daniel and a couple of my other friends, came up to me and he dismissed them. He told them to have a nice vacation because we were going for our Thanksgiving vacation at that

time. I stayed behind. I still remember my legs-my knees-started to shake and I became so nervous. My whole reaction was [fear] that my care plan was so bad. I remember they came over to me and said, "Call me later or I'll call you." I said, "Okay, okay, okay. Just get out of here." My heart was beating. I couldn't even hear anything really. Then he says to me, "I couldn't even correct this care plan. This is a care plan that should be by a [student] nurse who is in her fourth semester. This is not a care plan that has to do with wound care, with skin integrity, or with mobility. This is a care plan for a nurse who's in psych. You have not even begun that learning yet." I knew that I had already warned him about that. He said to me, "I don't know where you got this care plan from, but this care plan did not come from you." My first instinct was to feel embarrassed because he called me a liar and a cheat. In addition to feeling so horrible about what he was saying to me, I also became angry. At that point I didn't look at myself as a student. I saw that he was looking at me as a minority who was not going to make it in this world, in this program. I said to him, that I did not cheat, that I resented him calling me a cheater and that I did not get that care plan from anybody else. I worked very hard on that care plan and that I resented him calling me a liar. I said to him, "I'm going to tell you something right now. I pay for every single class that I have ever taken. I work hard for my money and I am not on welfare. I have no one to push me through this class. I told you that you gave me a resident who was only psych, and I'm going to tell you, I am not going to leave this here. I am going to take this further." Then he says, "I just couldn't correct it because I just don't know where you could have possibly gotten your information on this care plan." At that point I was very choked up but I said to myself, "You are not going to let this guy see you crying." So, thank God, I was able to hold my composure. , I said to him, "Steve, I am not a 17 year old kid just getting into college. I am an adult."

As we started walking, I realized that the other nurses that I worked with were listening to the conversation so he changed the conversation. He started asking me what I was going to do for Thanksgiving. I'm kind of shocked now because he went from one minute calling me a liar and a cheater to another minute asking me if I was going to have Thanksgiving dinner with my family. I tried my best to switch over the whole mood and the conversation and answer him courteously and I did. We started walking out and he said to me, "Have a nice Thanksgiving." I still wanted to still confront the issue but what he basically did was just dismiss it. He said good-bye to me. I remember that it was snowing. I got in my car and, thank God, the drive at that time was only like ten minutes away. It was maybe 3:00 in the afternoon. I knew there was nobody at home and I was going to be coming home alone. I drove as soon as I got in my car. When I knew that he wasn't anywhere he could see me, I broke down. I don't know how I made it home because I cried the whole way home. So here it was snowing on the

car, I'm full of tears, and I'm at the point that I'm talking to myself in the car. I can't believe that he called me a liar and a cheat. What have I done wrong? I still don't understand what I did wrong on the care plan because he told me he couldn't even correct it. I called my husband. He heard over the phone that I was so upset. He came home. Then I called my sister and she came over. My sister called my mother so, before you knew it, I had my three sisters and my husband here and my kids had come home from school. My daughter was at Hilton Community College in the LPN program. Everybody was home and I was just so devastated. I still don't understand what I had done wrong.

My sister kept saying, "He's just prejudiced. You shouldn't feel bad. Why are you crying? You should be mad. You go over there and you bring this to the department head and you put a lawsuit against him because he's discriminating against you. There is nothing wrong with that care plan. He's looking at you and saying this Puerto Rican woman is not going to have a perfect care plan on her own so she must have cheated." My mother said, "That's right. You go to that school and you tell them we want to go over there and we want to have a meeting!" So here we were and my husband says to me, "You didn't do anything wrong so why are you crying?" I said, "Because he made me feel like I've done something wrong. He made me feel like I cheated. I did cheat because I bought that care plan book. I did get some help on putting things in a care plan from that care plan book. But they didn't say that we couldn't do that." As a matter of fact, they encouraged us to that do that.

I couldn't wait to get back to school. When I did get back to class, I couldn't even look at anybody, as far as the professors were concerned, because now I felt that they were all targeting me. When the class was over I went up to Steve and I told him that I needed to talk to him. He said, "Okay," and he gave me an appointment. We had gotten out of class at 12:30 that day. He had given me the appointment for 1:30. I said, "Okay, I'll wait around." So I waited around. I went up to him and told him that I couldn't work on my next care plan until he told me what I had done wrong on my [first] care plan. I let him know several [other] things. I let him know, first of all, that he had humiliated me, not only in front of my peers, but in front of people that knew me from my community and people that knew me from my work. I went on to tell him that he was discriminating against me. I repeated again to him that I think that he's looking at me like somebody is helping me. I wanted to let him know that I didn't have anyone [helping me] and that the only ones that I did have were people like him, my advisor and my teacher. I let him know that if I was going to pay him my out of my hard-earned money to get myself through that program, I was not going to just stand by and let him continue discriminating against me. He said that he was not discriminating against me. He tried to assure me that he was not prejudiced. He just said that

there was absolutely nothing wrong with the care plan. He said to me, "That's the whole problem. There was not one thing wrong with that care plan. In all the years that I have been a teacher, and it's been many years, I have never had a care plan where I can't find one thing wrong with it." I said to him, "You gave me a patient who was fairly easy, and, yes, we haven't gotten to psych yet. But common sense is going to tell you if the guy doesn't have a wound, Steve, I can't make it up. The guy didn't have anything in his care plan or in his treatment or in his meds that would indicate that this is a problem. I can't make it up. Is that what you wanted me to do?" He said, "No."

I had brought that care plan book with me and I showed him that I had used that care plan book. I said to him, "If using this care plan book to help me pick and choose sentences and words that I can use to phrase here was wrong, then you're right. I did cheat because this is the book that I used to help me." In the end he listened to me but, at the same time, he didn't listen to me. He didn't really accept defeat. He didn't apologize to me for his statements. So, even to this day, I still have the care plan and don't have a grade on it. There isn't a mark on it. As far as I'm concerned, it's an "A+". I let him know before I left there that I did not have any reservations whatsoever about taking this to the dean and to the administrator of the program. Every time he came to teach a class, every time I had to be around him, I felt butterflies in my stomach, a little bit nervous about him.

Towards my last semester, I had a 3.83 grade point average. I made the Dean's List. I became the class representative for the nursing program. I was very popular in the class. I saw that Steve always kept an eye on me. I had to prove to him that we Hispanics are just like everybody else. The last semester when we took our finals, I did really well. I got a high 90. He was coming from the advisors room and I was leaving. He side stepped and I stepped out. I purposely kept stepping in front of him. I was like challenging him. I purposely kept standing in front of him to make him look at me and make him say something to me. He looked up at me and said, "Congratulations." He gave me a hug and said, "I'm sorry." That's when I said to him, "Steve, I just want to let you know, if you get anything out of this, the only thing I hope is that you don't make judgments on other people before you give them a chance to prove themselves. Stop telling your story about the people that aren't making it. Let this be the story that you are going to tell now, that there are Hispanic people in your class who have made it and have made it with a high grade point average." The day of graduation was the best day of my life!

I wonder sometimes if [furthering her education] is really worth it at this point, since I'm going on 47 years old. Then I turn around and say,

"Yeah, it is worth it. It's worth it because I still want to be that role model to my children." I still emphasize to them how important education is. To me education is the key to success. It doesn't have to be a whole lot of education. I do feel proud a lot of times when I hear my kids saying, "I want to be just like my mom" or "I want to do this because my mom can do it." No matter what age we are, we need to continue to always keep in mind that in order for us to succeed as Hispanics, we have to be those role models. Whether it's your own kids or whether it's somebody else's kids.

To summarize what we've talked about in the last three interviews: I started off sharing my childhood with you. Some of it was very sad and some of it was very painful. And a lot of it was very joyous too. I shared it with you so that we can understand that everyone has struggles. I shared my struggles and I know that in the interviews that you're doing, there's a tremendous amount of people who probably have had much harder struggles. Their struggles are probably much sadder and some of them are probably even violent. Maybe this kind of balances it all.

I shared with you because I want to make the point about education, which is something that I feel is very important to succeed in those struggles. It helps us to reach success. If we turned and looked at how we're brought up and the struggles that we go through in our childhood and in everyday life, be they very, very difficult or be they easy it's still going to help you succeed in life, to help you gain your goal in life. You could probably use it [the struggles] to your benefit rather than let it hinder you.

In my struggles I have found that I have a very supportive family. I feel that I'm very blessed with that. I feel that I'm very blessed with the fact that, so far, everything I've asked God for He's given to me. I have a wonderful husband. My children turned out to be very productive. They're law-abiding. All of that has helped make life easier for me and has helped me basically appreciate what I have. Let every experience that you go through, be it positive or negative, always help you to obtain your goals. That way you always have something that you're going to reach for.

One day whether it be through writing a book, joining committees or just talking to people one-on-one, I want to make a difference for our people. I want to be able to share my experiences. If they were to ask me, "How did you succeed in getting the home that you have? How did you succeed in getting the job that you have?" I would be more than willing, happy to share my experiences with them if it's going to help them. You're the best person that you could have on your side but you're also you're worst enemy.

My experience through nursing school-I have to say that it's been very exciting. It has been a long process to get to where I wanted to be. My goal, once I get my BSN, and even if I can go for my master's (I would love to do that) is to one day go into research and research why is it that Puerto Rican people tend to have diabetes. By the age of 50, hopefully, I can have my master's degree. Then I would like to start taking trips to Puerto Rico every year or every six months and really start learning about the people. I play with the fact that maybe one day I may have to do a dissertation. I'm very proud of you. I really am. I never even knew you, but you're Puerto Rican and that's all that matters.

Chapter Summary

In summary, the participant profiles provide a snapshot view into the lives of Ashley, Aida Rosa, and Mary. Many of the struggles that they encountered took extraordinary courage to overcome. And they overcame them. Their unwillingness to give up was instrumental in their achieving their goals. Oftentimes, they felt that in order to continue successfully, they had to "fight." It is ironic, and also sad, that the participants felt the need to "fight" in order to enter the nursing profession. If other Hispanic nursing students have experiences, similar to these participants, this may indicate why such a small number of Hispanics are entering the profession. Clearly a lot of work needs to be done to break down the types of roadblocks these students are experiencing. Each profile had a different perspective yet, in the end, the message was the same-that of encouragement and determination. The courage of these three women is reflective of all the participants interviewed for this study. In the next chapter, data analysis, I will describe the themes that emerged from the data collected via the interviews.

CHAPTER 5

DATA ANALYSIS

I feel like I've been fed to the wolves and I have to find a way out. (Isabel)

The above quote is Isabel's response to the focus question of the second interview, "What is it like for you to be in your nursing program." Although after her statement Isabel laughed, it was clear that it was a nervous laugh-not because she viewed the situation as humorous. This powerful statement is reflective of the importance in understanding the meaning that some Hispanic nursing students make of their experiences in nursing school. Data, such as Isabel's statement, were gathered by interviewing participants. Once the data were collected, analysis began and that is the focus of this chapter.

The analysis of data consisted of sifting through and condensing over 3000 pages of transcriptions of the interviews. I decided to analyze the data myself instead of using a program because, although time consuming, it was beneficial and more appropriate for this study. I wanted to make sure that I did not miss key patterns. The method used for analyzing (as described in Chapter 3) was reducing the text (Seidman, 1998; Patton, 2002). Analyzing the data in this way allowed me to go back continually to review the transcripts and condense the data. It was my responsibility to identify the patterns that emerged from the interviews. These steps led to the identification and clarification of themes. Theme building, like the participant profiles, is another way to share the rich data collected from the stories of the participants.

In Chapter 4 three participants' stories were developed into lengthy, albeit edited, profiles. These profiles told the stories in their own words from beginning to end. In this chapter the voices of the other participants are heard through the themes that emerged. Although general themes emerged that connected their experiences, each woman had a unique experience to share.

Themes

As I reviewed the data, it became clear to me that going through nursing school was a journey. Therefore, I have chosen to use the journey metaphor to describe the participants' experiences. In general, when on a journey, a person begins their travels at one point of the road and continues until the final destination is reached. Sometimes the journey is smooth but usually it has some bumps along the way. These points along the journey may be roadblocks or bridges, that is, they may obstruct or facilitate the way. In this study, roadblocks and bridges are the words I use to describe the supports and obstacles experienced by the student nurses/nurses. Using these words, builds upon the research done by Villarruel, Canales, and Torres (2001). The bridges, or the smoother paths along the journey, were positive supports that provided guidance and direction. The bridges were helpful and essential for them to complete their journey. Another important purpose of a bridge is its ability to connect two places that otherwise might never meet (Nieto, 1999). Entering the nursing profession is a prime example of a bridge as a connector. In Chapters 1 and 2, I discussed the small number of Hispanics who enter the nursing profession. In this case, bridges could be used to begin to connect Hispanics and nursing, with the intent of meeting the needs of both sides. That

is, increasing the number of Hispanic nurses by eliminating barriers and decreasing the under-representation of minority nurses that exists in the profession. The roadblocks, on the other hand, were the obstacles along the journey, the negative experiences, hinder or stop the participant's journey. On the journey through nursing school, many participants encountered both bridges and roadblocks.

The diagram in Figure 4 illustrates the participants in the middle of the circle. The themes generated from the data are presented using symbols portraying roadblocks and bridges and are randomly placed around the participants. Within the diagram, some of the symbols used to depict the roadblocks and bridges are blank. This is intentional as there could be more themes that either did not surface or were not identified or they may represent changes in those already identified. It's also quite possible that some of the bridges and roadblocks overlap each other. The journey to becoming a registered nurse is not linear. On the contrary, the roadblocks and bridges create back and forth movement between participants' and their nursing schools.

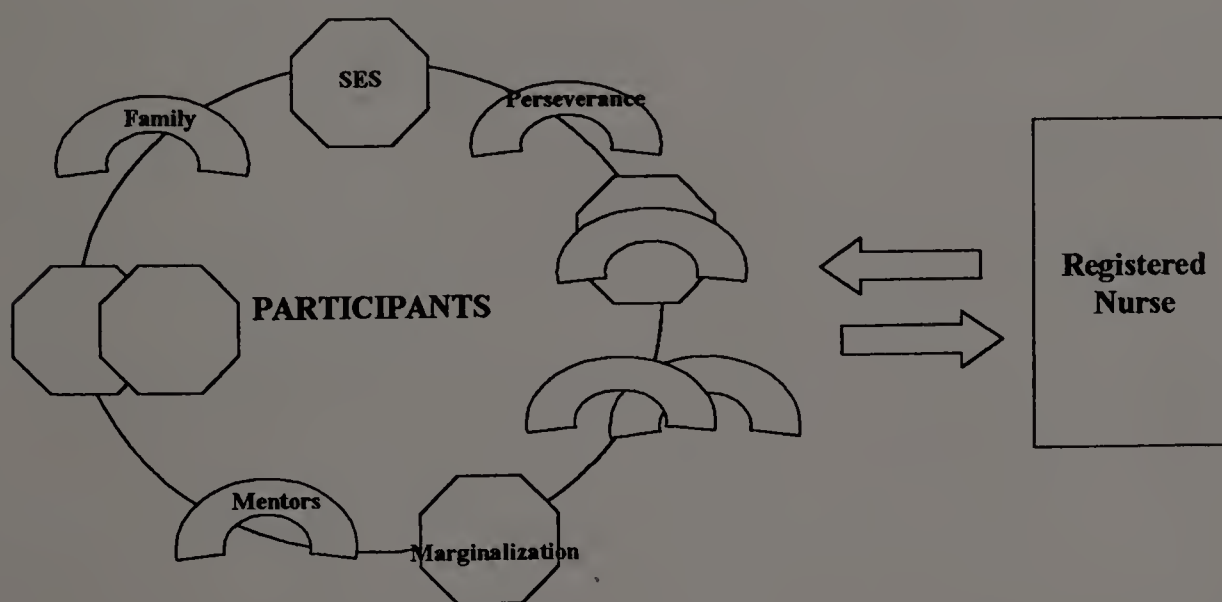


Figure 4. The Journey

In Chapter 3, I wrote about a pilot study that I had conducted with two participants using the phenomenological method of interviewing (Rivera Goba, 1998). Three central themes emerged through the analysis of the pilot study: marginalization, centrality of family, and barriers to education (Rivera Goba, 1998). As I analyzed the data for the dissertation study, these same themes were prevalent. That is, the experiences of the Hispanic nursing students in the pilot study were similar to those of the participants for the present study. The nursing students of these two studies, however, did not know one another.

In addition to the three themes already identified, other themes were generated by key words and phrases used by several participants. The themes will also be discussed as roadblocks and bridges. The roadblocks they encountered on their journeys were 1) marginalization and 2) socioeconomic status. Also on this journey they traveled across the bridges of 1) family, 2) mentors, and 3) perseverance. For the purposes of this discussion, the roadblocks and bridges are presented in a linear manner. In reality, the roadblocks and bridges were evident throughout their journeys and appeared in a variety of ways.

Roadblock #1: Marginalization

In reviewing the data, it was clear that marginalization played a major role in the challenges experienced by the participants. This is not to negate the positive experiences that the students had. Unfortunately, however, there were more negative than positive experiences. The interviewees had been holding in most of what they shared; this study allowed them to tell their stories.

All the participants talked about how much they "loved" school, a love that began early on. In secondary school, they took an interest in the sciences and did well academically, some graduating with honors. As Elizabeth said, "I did very well in high school. I got a couple of honors and graduated with a 3 point something. I was always questioning my teachers. I just wanted to know more." Ivette, Mary, and Ashley, who left school during high school, all returned to finish. A few participants were pregnant during high school. Yet, pregnancy didn't stop them from continuing to get an education. Thalia, for example, ranked twelfth in her graduating class.

In spite of loving school, all the participants experienced marginalization throughout their schooling. Often they felt isolated and were treated as if they lacked knowledge and/or ability. As a result of marginalization, some expressed being unhappy or disappointed during their nursing programs. On the one hand, Maritza said she hated the profession. But as she continued speaking, what came through was the frustration she experienced in her program. She ended by saying how much she loved the patients:

And, to be honest with you, I just hate it [nursing]. I wanted to be a nurse so bad. But now that I'm in it, I hate it. I don't know if it's the teachers or what it is, but I hate it. I don't care if I hate it or not, this is something that I've always wanted. I love working with patients. It's so rewarding when you can do something for them and they thank you at the end of the shift.

The ambivalence felt by Maritza about the profession of nursing is alarming. Maritza, like the other participants, decided to continue pursuing a nursing degree despite her ambivalent feelings.

A variety of factors impacted the students in school. At times, the relationship with a teacher would influence how well or poorly they did. At other times, home life

influenced how the women I interviewed perceived the educational system. Teachers sometimes indicated to the students that they didn't care whether or not the students succeeded. Isabel described her high school teachers in this way, "They didn't care. They didn't care if I skipped school. They didn't care if I studied." For some this also happened in nursing school, in particular in cases where students were told to withdraw from school. This was the case for Elizabeth. In her junior year, she was not doing well in two of her nursing classes. She was afraid that she was going to fail and she turned to Emma, her nursing advisor, for help. When Elizabeth spoke to her about her situation, Emma recommended that she drop out of the nursing program. Elizabeth decided to stay in the program. At the end of the semester, she discovered that 19 other students had failed these same two classes. The courses were offered for free during the summer and Elizabeth passed them both. Elizabeth was the only student being advised to withdraw from the nursing program.

Some of the women said that their teachers didn't say their name correctly. Magdalena, for example, had to wait four years before the teachers were finally able to pronounce her name correctly, "A lot of teachers and a lot of the people in my home room in my first semester of high school didn't remember [how to pronounce] my name. By 12th grade, they called me by my right name." Ivette had a similar experience in college,

My first name is a little bit difficult for a lot of people. I figure after being with someone for four years, at that point it's unacceptable that they don't know your name. So, hopefully, by that point [graduation], she'll get it straight. They [faculty members] all tend to call me by my middle name or by my last name. I don't know if it's a common practice.

Five of the seventeen participants, or about one in three, had aspired to become physicians. For those who initially had wanted to become doctors, there was a sense that they couldn't achieve this goal. Some entered a pre-med program or were taking prerequisites for the program, found the courses too challenging, and changed their majors. Others were told to "take a step down and try nursing" first. One participant had gone through a program where they spent time during the summer following health care providers, in her case a doctor. This sparked her desire to become a doctor. The goal of the program was achieved but then, after she left the program, she felt, "I can't do it" and so, decided to be a nurse instead. These participants did not believe they could become physicians. Except for the student who did the internship, none of the other participants had personally known a doctor or spent time with one other than as patients.

Simply being Hispanic marginalized the participants, whether because of cultural skills such as language, or physical appearance, or even just their names. Culture framed the world-view of the participants, from cultural norms to identity, in both their personal lives and their educational settings. Culture was viewed by them in a variety of ways: food, celebrations, family beliefs and values, and language skills. Culture influences both professional and personal actions. Because there is pressure for minorities to assimilate, recognizing culture as a strength has been overlooked by many non-Hispanics (Campinha-Bacote, 1998; de Leon Siantz, 1996). There are some who believe that being Hispanic is a disadvantage. Yet this was not the view of the women in this study. As Isabel puts it,

I always thought there was nothing wrong with it, being Hispanic. My mom...made us learn to read and write in Spanish and understand it and

that was basically it. [In school] you were another Hispanic person and they [the teachers] were just trying to push you along through the system. People say it's a benefit to be Puerto Rican. It's a benefit to have two languages. But then they put you down all the time because of who you are.

The women spoke about noticing the obvious physical differences between themselves and Whites. Some of them were dark-skinned and/or had dark hair. They were often asked where they were from. Others were light-skinned and their White peers didn't know they were Hispanic. The pressure to blend in was strong and some participants tried hard to change their physical appearance in order to fit in. For example, Avenitza said,

And it was tough for me when I started to realize that I really I didn't connect with these people because I had a different experience. My appearance is different, my attitude is different. I tried to like do my hair a certain way and look a certain way, but that didn't work for me. I tried bangs, just the certain look that I could never achieve.... Well, of course, you want to fit in with White people! Looking back at it, that is basically what I was doing. I always really tried to fit in.

Sometimes, other Hispanics misunderstood the participants' intentions. This was extremely difficult for them because they were trying to overcome Hispanic stereotypes, yet some of their Hispanic peers saw it differently. Thalia summed it up in this manner, "Especially it is hard when your culture calls you a sell-out and a wannabe. You're a wannabe White girl! Oh I heard that so much in high school! And it hurt so much, but I got over it!" Kathy said she had similar experiences while she was in college.

None of the women themselves saw being Hispanic as being a hindrance. On the contrary, being Hispanic can be another way to connect with Hispanic clients. Being Hispanic for these nursing students meant a desire to work with Hispanic communities. They believed that being able to identify with their patients as Hispanics

would have a direct positive correlation with patients' health outcomes. As Kathy said, "I honestly tell you if I have a person of color talking to me about some type of prevention, I would be more apt to actually listen to them because this person must really care because he's from my background." Thalia expressed one of the reasons she went into nursing, "I think my being a Puerto Rican nurse will help them [patients]. If I have a Puerto Rican patient, she's going to feel more comfortable with me because I speak her language. I hope she'll feel more comfortable with me."

For most participants, their feelings of isolation were evident in during their time in nursing school. They believed that sometimes they received treatment different their peers. At other times, they were pleased to have someone with whom they could share similarities. Sometimes this was as simple as a classmate eating the same types of food.

Interactions with faculty members could be challenging and more often than not were roadblocks. These Hispanic students felt as if the things that mattered to them the most, for example, family, were perceived by others to be a hindrance. At times, family became a priority when there was a sick family member and the student had to miss clinical. This created difficulties. As Elizabeth put it,

The most helpful thing would be for the instructor to understand where I'm coming from and tell me that it's okay to miss clinical instead of biting my head off because I have to miss it. You have the whole, entire semester to make it up. In the perfect scenario my instructor would say, "Its okay. I understand. Go on with what you have to do." My parents are much more important to me than school could ever be. So, even though school is going to be my future, those are my parents.

The women did agree that the clinical experience was an important part of their education.

Some interviewees reported that at other times felt that they had to work "extra hard to prove myself." Kathy, who describes herself as a hard worker, further elaborated,

I feel that if I'm not going to hand in a paper on time, because of whatever issues I might have, I have to explain myself double because it would be looked upon as, "You're just being lazy and you don't want to do it." Instead, I feel that some students can get away with just saying, "Well, I couldn't do it. Can I have until next time?" In my case I would have to explain in depth in order for me to keep my professors happy and to keep myself from getting a bad grade.

Not only was there a sense of being on guard with the faculty but also with other students. They felt there was not equal treatment within a class. For example, one Hispanic student took the medicine calculation exam and failed it by only one question. The correct answer was on her work sheet, but she transferred the wrong answer onto her answer sheet. Kathy said that she heard some people say they got answers wrong on the answer sheets although they were right on the worksheets, and when they explained this to the professor they were given the extra points. Kathy, on the other hand, got angry and felt frustrated because when she went to the professor, she was told by the professor, "You'll try next time. I know you'll do well."

Feelings of isolation usually arose from being the only Hispanic in a class or in a section of the class. Avenitza described her sense of pride at being in a nursing program but also explained the challenges it created,

I'm proud to be a Latina and to have made it to this point. There are so many people out there who don't go to college and it's a big accomplishment.... I'm the only Latina on my unit. The only one which is kind of sad. We have a lot of Latino patients. I really connect with them and I feel like I understand them and they understand me. Even though I'm not bilingual that doesn't mean I'm not Latina. I mean the next step I need to take to feel absolutely comfortable is to be bilingual. As a person of color coming into a predominately Caucasian nursing

program, it's tough because you do feel alone. And you hope that people are welcoming and want to help you and give you all the information you need.

The participants felt that racism and prejudice also existed in their nursing programs. Some used the word racism to describe what happened to them. Others didn't use the word racism, but would describe an incident that had racial undertones. Still others would not want to use the word racism because they perceived the term to be political and didn't see themselves as political. Instead, they would simply describe the situation. Magdalena describes the questioning she received based on her appearance,

Dozens of times by the staff, families, and doctors in the hospital, I would be asked, "Are you Spanish?" "Are you a nurse?" "Are you an aide?" I still hear that now.... I was actually asked, "Are you Puerto Rican like your friend?" From their point of view, I was very light for a Spanish person. My friend spoke with an accent and she looked Spanish [was dark-skinned].

The misconception that all Hispanics are dark-skinned and speak with an accent still persists. Color continues to be used to identify ethnicity and, hence, culture.

All participant described a situation where a minority person had experienced racism within her program. Sometimes the participants spoke of themselves and, at other times the incidences involved others. In Cristina's case, the other minority student was a relative attending another nursing school. In this scenario, the role of family is also highlighted,

My sister-in-law had a very negative experience in her nursing program at Summerville Community College. They [the faculty] were very prejudice against her. Her advisor and others [faculty] told her the program wasn't for her. She wasn't going to make it. She was fortunate that she had family and professional family members that were supporting her and she was always calling us. To me, her experience was my experience. But she hung in there and I give her a lot of credit

for it. She made it. The students there just didn't associate with her so she was alone...Her whole two years were very rough for her. Being told more than once, "You shouldn't be in this program."

As each of the women talked about her experience in higher education in general- and the nursing program in particular-the challenges were, at times, overwhelming but each kept pushing forward. Each obstacle encountered became another step toward reaching the end goal. Although each had her own story, there were similarities among their stories. They found nursing school to be challenging and frustrating at the same time. As Isabel stated, "We're always trying to prove ourselves to our professors-to everybody-that we're intelligent human beings." The theme of "proving oneself" was a consistent one. They felt that, as minorities, they had to work harder than their non-minority peers. For some, their bad experiences began from the very beginning of nursing school. For others, the negative occurrences began even before they were accepted into a nursing program. Kathy told me that it took her a year before she was able to connect to someone in the nursing program just to find out about the program. She would call and leave messages but received no return calls.

Some admitted they were having academic difficulties. For those in programs in which there were other Latino and African American students who were not doing well, it was very stressful to see their classmates failing programs. Even though they were excited about being in nursing school, seeing others failing only served to put more pressure on them, as a reminder that it could happen to them. Some reported physical symptoms-such as anxiety attacks and nausea regardless of how prepared they were to take course exams. Magdalena exhibited physical symptoms and stated, "Being a

Spanish nursing student alone was pressure. Failing wasn't an option for me. It was a struggle. And I did it!"

Elizabeth shared her experience within the program. She acknowledged that some of the courses were challenging and she continued,

It's been like hell! Nursing school has been by far-not that I've had really had tough experiences-but it's definitely been by far the most challenging, the most difficult, and the most stressful, the most aggravating, and did I say the hardest? It's definitely been the hardest experience in my life. The school [college] I would have no problem recommending just because it's a nice small school. But as far as the nursing program, I'd never. If anyone ever asked me, I'd be like, "No, stay away! Go to so and so. Just don't go there."

Sometime participants such as Avenitza didn't feel that they were part of the program.

Instead she said, "I kind of feel like I am just sitting looking in sometimes." Even

students who did well academically had challenges. For Kathy,

I don't really like the Humble University nursing program as a whole. No, I don't like it at all. I don't like many of the professors. There are no professors of color. I feel like the professors are hypocritical. I feel like they just throw around the word "diversity" here and there so they can look good and I don't like that. I personally don't feel like I'm getting the best education there and I don't know whether it's me, because of the perception that I have of the program, or, if it's the quality [of the program].

For some, the negative comments and experiences began even before they entered the nursing program, from not getting a return call to being discouraged from attending the program. Avenitza said,

I first went the summer before my freshman year to talk with the dean. She was real rude. I think she started my dislike for the program because she was like, "Well, if you don't think you can hack this program, then you had better get out and go find a different major!"

According to everyone I interviewed, the dropout rate for the class (i.e., senior or junior) was significant. They openly discussed the number of students they knew of who had failed or dropped out of their classes. Based on their accounts, the dropout rates ranged from 27% to 37%. In Ivette's junior class, for example 27 students enrolled on the first day of the semester. By the end of the academic year, the class had lost 10 students. They saw most of the other minorities in their classes failing the programs.

Some participants felt that the only reason they received assistance from faculty was because the White students also needed help but that if it had been only the minority students who needed help, there would have been no help available to them. Luz felt nursing school was "a battle" and "evil." Like most of the others, she felt that she had had far more negative than positive experiences at the school of nursing. For Luz, two faculty members supported her: her advisor, who's Hispanic, and a second faculty member, who's White. Before she had these supports, however, Luz, described a negative occurrence on the first day of class,

The first day of class the [chemistry] teacher said after the first test, one quarter of the class would drop. After the second test, only 50% would be remaining. He said, "This is purposely designed as a weed out course to get rid of all the people that won't make it." Those were his first words in class in my first year of nursing school.

Elizabeth described how things altered during her junior and senior years in nursing school. During her first two years, she did well in her courses. Then things changed. The roadblocks were constant. It is clear that there were many challenges she had to face and battles she had to fight. In the end, because of her persistence and belief in herself, Elizabeth triumphed.

In interviews, the women also shared the experiences both good and bad that they had with their nursing peers. Kathy explained that she thought she was perceived as non-threatening by her peers and therefore, got along with the Whites in her class, "A lot of people perceive people of color as loud and very outspoken. I am small, and may be seen as a fragile, weak, quiet [person] who always smiles. It's because I have this appearance that I am non-threatening." As a result of her appearance, Kathy thought it made it easier for White students and faculty members to get along with her. Sephra's example is different but also addresses peer relationships. On the first day of class, she was interrogated about where she was from and then asked about her language skills and if she understood English.

The minority nursing students, didn't in general tend to interact with their White classmates either socially or academically. There were some exceptions. Magdalena observed, "No one wanted to study with us. I think they thought we were dumb! When we became more independent [during clinical], no one would pick the Spanish clients. When there were parties, we were asked to bring the Spanish rice."

Roadblock 2: Socioeconomic Status (SES)

Of the 17 participants, 11 would be considered working class. This information was obtained through proxy measure, based on the comments made by the participants. SES has implications for a variety of factors influencing their education. For some, the decision about which type of nursing program to go into was based on various factors, including the cost of schooling, the location, and the accessibility of a car. The latter reasons were why Maritza, who graduated in the top 50 of her high school class,

decided on the local community college rather than a four-year college. She didn't have a car and the community college was "up the street" so she could take public transportation.

Financial status was also critical in determining the extent to which the participants had to work. Most worked while in college and some worked while in high school. Working was a necessary for most to obtain an education. The money they earned wasn't spending money but the money needed to survive. Some reported that nursing faculty members often suggested that they either decrease their work hours or stop working altogether. This, unfortunately, was not an option for most. The participants worked for two main reasons, (1) to help cover the costs of going to school and (2) to take care of their living expenses so that they could remain in school. They understood that they were privileged to be able to go to college. For some, like Isabel, cost influenced the type of nursing program she chose to attend. She couldn't afford to enroll in a baccalaureate program so she opted for a community college program. Isabel said, "Honestly I can't afford a bachelor's degree program right now. I would never be able to afford it versus an associate's degree." Only two of the students were told about financial aid before starting college. Once in college, most thought loans were the only way to finance their educations. Elizabeth talks about why she took out loans,

I never wanted to pressure my parents into it [paying for college] because they could only do what they could do. I just wasn't going to go there. I owe a lot of money but, I mean, you can't get anything if you don't get into a little bit of debt.... But my family has done a lot for me. I spend \$600-\$700 a semester on books. That's what they get for me. Something is something. I haven't had to pay a substantial amount of money up front. I just work real hard all year to save what I need to pay to get into school

the following year. And the rest are loans. Without interest I'm in debt \$27,000. With interest I'm in debt \$40,000.

Nearly everyone felt responsible for paying their own tuition and not asking their families to help cover this cost. At a minimum, they worked to cover their expenses. At times, some of them would lie and tell their families they didn't need any money when, in reality, they were broke but didn't want their parents to be burdened. The participants worked from a few hours to forty hours per week. Some had one regular job while others had multiple small jobs.

Working was part of the norm for some of the high school students who worked not to obtain extra spending money, but to take care of themselves and not be a burden to their families. Kathy, for instance, was an assistant manager of a supermarket while in high school. Maritza also began working during high school so that she could go to the prom and not have to ask her parents for money. She said, "Being middle class, we never have enough money to get whatever we want. The dress is expensive and the ring is expensive. Even the prom tickets are expensive. So, I decided to do it all myself." She also paid for her own education because she did not want to risk having to stop her education in the event that someone else unexpectedly could not pay for it. As she said, "Well, it's just that if you depend on other people, sometimes your dream might not come true." Because nearly all these teenagers had to work, they were not able to take part in other activities such as sports. It was a major responsibility for a 13 or 14 year old to work contribute to the family's finances.

While in college, the responsibilities did not lessen, but rather shifted, because the money was now going toward their training. In some instances, their responsibilities became even greater. Maritza explained, "It's not just the mortgage;

I'm also paying for school. I have to pay the gas and other bills. My mother pays the regular bills, I pay the rest." Elizabeth said,

Second semester junior year, I was just stressed out. Those were really tough classes that semester and I was still working 40 hours a week. And there was nothing I could do about that. I went to school almost every day. After I had clinical and class, I had to go to work and on weekends I had to work so it was tough. Every week I have to make the same exact amount of money because if I'm off one week, then I'm screwed.

Feelings of isolation, unsupportive faculty, the need to work long hours, racism, being ostracized by peers, family illness and/or responsibilities, stereotyping, attacks on their self-esteem, personal doubts and fears, and ambivalence regarding their goals were the obstacles on their journey in nursing school. The participants encountered roadblocks, but they also experienced bridges.

Bridge #1: Family

Family was important to all those interviewed in this study. Their families included both immediate and extended family members. In particular, they spoke about their parents, grandmothers, and siblings. Most had extended family members while others, like Mary, did not. When they spoke about their family, their tears would sometimes flow, and, at other times, they would smile. Most spoke fondly of their family members, using words such as "love" and "close" to describe their relationships. Family provided support in a variety of ways as needed. When the students were having difficulty in school, they could turn to their families for guidance, comfort and encouragement.

For various reasons not all the biological parents of my interviewees were able to care for their children. Some of the women were raised by their grandmothers for

short or extended periods of time. Some, such as Erika and Kathy, called their grandmothers "Mom." In this, they were similar to families in Hidalgo's (2000) research.

The importance of family in general and of the role of grandmothers in particular was described by Ivette,

If you are not familiar with the culture, you wouldn't understand a lot of the behaviors. If I have an exam and I have a sick child at home, I'm not going because to me my child comes first. I have to make sure that that child is well. Is it the same for everybody? I don't know. I know in my culture, family takes precedence over anything. The President could be coming to your house and if grandma falls sick, you dump the President and go see grandma. Having those strong ties, sometimes it's difficult to explain that to other people.

In general, the mother/daughter relationships of those in this study were stronger than the father/daughter ones. In a study of high school girls, Rolón (2000) found that although both parents were instrumental in supporting the educational success of the participants, their mothers played a major role. This finding is relevant to this study because it shows that although most of the participants did have family support, the type and extent of the support varied. For most, the support came from their mothers and/or grandmothers. Some had difficult relationships with their fathers. In the case of Avenitza and Erika, their fathers were not supportive. In Avenitza's case, her father thought she would be pregnant by age 16 and told her so.

Despite the difficult relationships with their fathers for some, this was not the case for all of them. In Kathy's case, the opposite was true; she was closer to her father and had to work at becoming closer to her mother, "I'm really close to my dad. After I started college, I got closer to my mom. I wasn't that close to my mom. She's quiet. My dad is the mushy type and he's hugging and kissing and always talking." On the

other hand, Thalia had just developed a stronger relationship with her father recently. She said, "And this year, he said, 'I love you'." She learned from her childhood relationship with her father to show her children that she loves them, "It makes me feel good that my kids know I love them. The kids went to the doctor's office and the doctor asked, 'Why are you so happy?' and they said, 'Because I love my mom and my mom loves me'." As a result, some of the participants also learned from their own experiences how to parent their own children.

Some participants had been functioning in the role of an adult in their families since childhood. This influenced the relationships they had with their siblings and other family members. The adult role involved variably being responsible for cooking, cleaning and/or caring for younger children. They generally became the caregivers within their families because their parents were working outside the home. From as early as the age of 10, they learned how to take care of others by cooking for the younger siblings and sometimes other family members. This was expected of them and it took priority over playing. Some of these women described their role as that of being a "second mom" to their siblings. Kathy, like others, is clear on how this directly impacted her decision to become a nurse, "The reason why I chose nursing is because I've always been the caregiver in my family." Or, as Luz stated, "I always used to be the helper. Like when my brother would lose his *bobo* [pacifier], my mom would make me go find it. I would always find it. I've always had that role." Thalia, who also cooked from the age of 10 for her siblings, was influenced differently,

I have always wanted to take care of my parents and grandparents. I'm who I am because of them.... My grandmother said over and over, "You're meant to do this. This is your destiny. This is what God put you on earth for, to take care of others."

Family responsibility and loyalty also frequently included caring for the children of other family members. Erika assumed the full-time care of her sister's child,

With him, it was so hard in the beginning because I had enrolled in school. In August I got custody of him and I was starting school in September. At the time I didn't have to worry about babysitting, I didn't have to worry about diapers, none of that. I had found a good, reliable sitter who used to take care of my own son when I started working. I'm happy with him [referring to her nephew]. But it was hard in the beginning because we had to all adjust. We had to move and all our savings were gone. And even still now it's kind of hard getting back on track.

Family also played a key role in the messages received regarding school. Some of the messages were positive but others were not. The positive messages encouraged participants to stay in school and receive an education. For Ivette, who dropped out of school in her junior year in high school and wasn't sure if she'd go back, it was her mother who said, "Oh, yes, you are!" and she did. In contrast, Mary, whose mother had "harped" on the children to succeed, "never said a word" when Mary left school. In most cases, the parents themselves had not graduated from high school; several had only attended elementary school. Consequently, these parents were unable to help their children with their homework once they had reached a certain level in school. Only three parents who had attended college, two had undergraduate degrees and the third didn't finish college. Maritza's mother only went to 9th grade, but when Maritza was in 11th grade her mom obtained her GED. This inspired Maritza, "...it made me feel like I had to keep going...." Other parents-such as Magdalena-shared with their daughters their regrets at not finishing college. Her mother said to Magdalena, "That's something you don't want to feel." And Magdalena believed her.

A number of the students did turn to their families for support while in nursing school. Kathy, a Dean's List student, found nursing school difficult and turned to her parents often for encouragement,

I'm not as stressed throughout the process. I would call home and if I would cry my dad would say 'Don't worry about it. You're going to do fine. You're going to make it.' There's no one in the program who's going to help you, because the support is really not there.

School and culture clashed in other ways as well. Ivette describes a time when her mother had to meet with the teacher to discuss Ivette's progress,

When we got to the conference, the teacher told her, "She disrespects me because she never looks at me when I talk to her. When I try to give her any direction she always looks down." Then I had to say this is what I was taught at home. So then my mother understood. Okay, it isn't that she's being disrespectful. It's just at home she's not allowed because at the house it's a sign of confrontation if you look up. If you look them straight in the face or straight in the eyes that meant that you were challenging them in some way. I don't know why but that's what they thought. That's what I was taught. To this day, sometimes I tend to forget every now and then. In the Anglo way it's okay. In the Hispanic culture it's not.

Family, as I have mentioned before, was a central focus of all the participants' lives. Throughout the interviews, the love and interdependence they felt for their immediate and extended families were clear. Although most of them spoke about the extended family, however, this was not the case, or norm, for all them. Extended family members, in particular grandmothers, also served the role of service provider to her family (Hidalgo, 2000).

During the interviews they very often spoke about close family relationships. For many Hispanics this experience of the close-knit extended family may be true, but this may is not the case for all Hispanics. Clearly not everyone experiences cultural norms in the same way or at the same stage in life. For example, Mary explained,

If I had to go to the hospital, it was just me and my mother. I wish I had a bunch of people that were there. To me it's beautiful and it's my own desire to have that extended family. So, when I went to the hospital, or now that I'm a nurse and I see Hispanic people-and a lot of people who go with them-I don't look at it anymore and say, "D--n, the whole family had to come." I look at it and say, "Isn't it wonderful that she has such a supportive family that really loves her?" I find that's really true in the Hispanic community. I'm looking at my own small, little world here and I'm saying, "Gee, we're the only Puerto Rican family that doesn't have a whole lot of people that love us and care for us. If something happens to us, we only have each other" [mother, brothers and sisters].

Interpreting for family members began early for some of these women. Often they played a key role in assisting family members, in particular their parents, to communicate with others, as interpreters for parents who spoke limited English. This usually meant accompanying the parents to their varied appointments. Erika, however, was the only one who spoke about having to miss school in order to accompany her mother to appointments. Erika and her sister would "fight" over who had to go with their mother to an appointment, "I used to hate it when [my mom] had appointments because one of us had to go. And it would get to the point where she would make us both of us miss [school]. We just loved school."

For those in the study who spoke Spanish well, there was a sense of pride in being bilingual. Maritza's comment represents what other bilingual participants expressed, "I'm very proud of my two languages. I really am." For others, not being bilingual was a source of pain. It not only impacted their ability to communicate within their families but it also influenced how they were perceived by others and by themselves. Seven of those I interviewed did not speak Spanish fluently. Six of these had plans for learning Spanish after graduating from nursing school. Most of those who couldn't speak Spanish fluently were able to understand it when it was spoken. A few

parents believed that it was in the child's best interest to learn English so that they would succeed in the United States. A common example was described by Sephra when she visited Guatemala,

I remember that it was hard to have a conversation with my cousins. We really couldn't understand each other. We would do more gestures. If she wanted to ask me if I was hungry, I understood, but to talk back, I couldn't. She would ask me, "Oh, are you hungry?" And I would say, "Sí", and that's it.

For those who spoke Spanish, they were discouraged from speaking it among themselves at school. Magdalena explained,

We were told by the nursing instructors that it was rude to speak Spanish. The [White] students would go and tell one of the instructors. I got that too at my first job. We weren't allowed to talk in Spanish. I asked, "Why not? It's my native tongue. But it's okay for me to interpret for you?" So I said, "I'm not going to interpret anymore" and I didn't.

Danielle, who wasn't fluent in Spanish, had a different perspective, "I honestly wish I had been brought up to be bilingual. It makes me feel so bad." Avenitza adds to this, "My family is very Americanized. None of my cousins speak Spanish. That's embarrassing and I am ashamed of it. I wish I was bilingual. It is a good asset and I think that it brings you closer to your culture."

Bridge #2: Perseverance

In spite of the many aforementioned roadblocks faced by the student nurses during their journeys, they persevered. Perseverance was a key driving force for all of them. Regardless of the roadblocks in their way, they figured out strategies to overcome them. It was their overall desire to succeed or the frustration resulting from the obstacles that they encountered that influenced them and fueled their determination.

Whichever methods they used, the outcome was the same; they did whatever was necessary to achieve their goals. In other words, overcoming roadblocks was a major factor in what kept the participants going, just as much as their desire to achieve the goal. Their personal experiences were at the root of both their desire and frustration.

Elizabeth explained it in this way,

I want to travel around the world and help people that are less fortunate. Some of the financial things I've gone through-my family has gone through-has made me work harder to make sure that I don't have to go through that or that my kids don't have to go through that. For example, I want my child to be able to go to college and not have to worry about getting out of school and owing their whole life. I've always worked hard. I try to work extra hard to try to make it. I didn't want to just live the rest of my life off a high school education.

Stated another way, Elizabeth said,

It makes me proud though to think that I've made it. If you see Latina girl and a White girl walking together, the first thing you're going to think about is, "I bet the White girl is going to make it and the Spanish girl is not." You start reading statistics and you start thinking Latinas always end up on welfare. They end up having 20 kids by the time they're 10. I'm exaggerating, but they may never make it out of poverty. So, those kinds of things kept me going. I have to do this. I want to be able to look back and know I did something.

Their desire to persevere began a long time before nursing school. At fifteen, Erika made the decision to protect herself from her father. He had slapped her because she had told him not to give her clothes to his girlfriend. Her father was also wanted by the police,

The next day, instead of going to school, I just went to a park and was walking. A lot of things were going through my head. I just kept walking and finally I saw a precinct. I walked in there and I told him [a policeman] my story. That day they picked him up.... I was scared. I wanted to run away. I had a lot of mixed feelings. And when I thought of going to the precinct, I was kind of happy because we'd get him out of our lives and I wouldn't have to worry about it.

Participants repeatedly stated feeling comfortable sharing with me, even sharing things that were hard to talk about. After my first interview, I began bringing tissues with me because it was not uncommon for them to cry during the interview session. Some, such as Luz, were surprised that they cried,

[crying] I had no idea that I would even like shed one tear. I wasn't thinking about any of that. I usually don't cry in front of other people. I had never associated so many things at one time about my own life.

All the participants had educational and career aspirations beyond the current degree they were seeking. For those obtaining an associate's degree, they planned to pursue a bachelor's degree. Nine of the seventeen participants expressed a desire to obtain a master's degree. As Magdalena said, "You don't see Maria Rodriguez teaching the renal system. Maybe I'll get my master's and teach nursing." She went on to say,

My personal accomplishment is that I attained one of the most important things I've done in my life besides my family and the birth of my son. I'm Hispanic and I happen to be in a position that is predominantly White. And the meaning that I get out of that, it's hard to just describe it in words. It's that powerful and that meaningful to me. It's something that no one can take away from me. Even if I stop being an actual clinical nurse, that feeling will always be there. It's something no one can take away from me.

They also persevered in order to improve the quality of their lives. Working hard was understood to be a means to an end. In Erika's words,

I think it was more because I wanted a better life. I didn't want to always need money or always had to look to someone else for money. Everyone in my family, they're either on welfare or they had families living together because they couldn't afford apartments. I didn't want that. I always thought if I finish school, I'll get paid better and I'll be able to live better. Everyone in my family was always stressed about something and depressed and I didn't want that. It hurt me to see them that way.... I'll be doing what I want to do, what I always wanted to do. This is good for my kids too.

Bridge #3: Mentors

Having role models proved to be a positive experience for the interviewees. Role modeling and mentoring were circular, on-going processes. The student nurses benefited from having role models, and the process will continue as they serve as role models and/or mentors to others. They used the terms "role models" and "mentors" interchangeably during the interviews. According to Lovell Banks (1995), however, the terms have different meanings. The term role model is "soft" and refers to a role that others imitate. In contrast, the term mentor has a "strong" significance. In the mentoring relationship, there is an intellectual component and, therefore, is not based solely on imitating behavior. I suspect that there were times when the women used the term role model when they actually meant mentor. Therefore, I'm using the term mentor in this context to describe the bridge that supported their success in nursing school.

The participants clearly remembered their mentors. They spoke of (1) the mentors they had, (2) the mentors they wished they had, and (3) being mentors to others. Role models and mentors included family members, again mainly parents and grandmothers, an Hispanic advisor and Hispanic peers.

Parents were the key role models. Frequently the women spoke of wanting to imitate their parents' behavior. For example, they viewed their parents' determination to provide and/or support opportunities for their children worthy of imitation. Conversely, there were those parents' whose behavior served as a model the participants did not want to imitate, such as being on welfare.

Cycles of role modeling and mentoring were described through the interviews. Thalia, for example, first described her grandmother as her role model. She subsequently described how important it was for her to be a role model for her two daughters, "I want my kids to be good and to do good." Here, I suspect, she means mentoring as well but uses the term role model to indicate both functions. Her desire to be a mentor, moreover, does not end with her children. She plans to continue it with other Hispanics, "If I can make it as a single parent and I'm Puerto Rican and I made it in the nursing program, they can too." Consequently, Thalia had agreed to mentor an incoming Puerto Rican student.

There were a small number of participants who had a Latina classmate. Their mentors became the other Latina students in their classes. They engaged in activities which enabled them to share knowledge and experiences, for instance, studying and eating together. They supported each other when they did well on exams as well as when they didn't. They also supported each other when they felt that no one else in the program was doing so. Having each other not only provided them with support, it also served to inspire them. These mentors were particularly important because, as one person observed, within the institution they were used to seeing minorities serving only in janitorial capacities not in professional roles.

According to the participants, minority faculty members could make a big difference in mentoring minority students. Kathy's said,

I think that having more faculty of color would strengthen the program. I think that it would help because they would serve as role models. How many role models do we really have on this campus who are Hispanics or Black or another race that's not the majority? How many?

Others echoed Kathy's theory that increasing the numbers of minority faculty members would do at least two things: provide role models and mentors to students and increase the critical mass of minority faculty. The importance of minority faculty is evident from the comments about them made in the interviews. They felt that minority faculty members not only served as mentors, but they could also enhance students' ethnic pride. It made a difference for students to have a minority faculty member in their programs.

As Danielle said,

Rosa has been the only Hispanic advisor/teacher that I've dealt with on campus. She has been the nicest, most personable [person]. You're not scared to go and talk to her. I'm not anxious about what I'm supposed to say or how I'm supposed to act. She's just really nice. I would love to have more Hispanic teachers or advisors, teaching assistants, or anything.... I can't explain why they are that way. It's just always been my experience. So I would like to have more, Hispanic teachers, more Hispanic advisors. I've had nothing but good experiences with them. I've had a lot of very frustrating experiences with other professors.

The two other participants who attended Fields University expressed similar feelings.

Sephra recounts her interaction with an Hispanic advisor,

When I spoke to her for the first time last year, I thought, "Wow! She's Hispanic." I thought that was great! She graduated from nursing [school]. I saw the diplomas on her wall. I was very happy and proud; she was from a Latin background. She had achieved this goal and it motivated me to want to do that also. She helped me a lot. She's very understanding, caring and kind. She wants to help you to go through the nursing program.

Of the seventeen participants, only three had Hispanic advisors. All three spoke of the significant role this professor played in supporting their success. During their initial encounter, Rosa, her Hispanic advisor, became a role model for Sephra. Rosa didn't stay in that position of a role model; she rapidly became a mentor. Sephra became her protégé. Sephra told me that Rosa helped her get through the nursing

program. This demonstrates that in the role modeling and mentoring processes, the relationship usually starts in the imitating-or role model-phase and progress into the intellectual-or mentoring phase. People use the term role model when the outcome, mentoring, is actually the end result. As you will recall, Aida Rosa, in Chapter 4, shared how helpful she found it to have a minority faculty member mentor her.

In contrast, other students lamented the fact that they had not found anyone to support them in their nursing programs. As Avenitza lamented when I interviewed her,

I thank God I met you. I remember telling you how thankful I was to have met you, but I feel it was too late in the game. I just don't have a connection with the faculty and I feel that they just don't understand me. I feel a special connection to you because you seem to have a lot of heart. I think that you show that in all that you do. I can't find that from any of my professors. I think you are also willing to work with people of color; you want to work with them so that's a good thing. Well, of course, you can relate more; we share similar backgrounds and we share somewhat similar experiences.

Although she felt that "it was too late in the game," she, along with the others, thought it important to share their experiences of feeling unsupported in hopes that others could benefit. Sharing their stories was their contribution to mentoring others they didn't know. Sephra said,

I haven't had any black or Latina or Latino professors.... To me, as a person, I think I'm different in that if someone says something hurtful or something that's not right, or makes me feel like I don't belong in this program, I'll take it hard but that'll actually turn more into energy, more fuel to prove them wrong. But then I think about what if it had been someone else and they're actually discouraged [the student] from continuing on. I think that's real bad. I feel that's wrong. I really wish other people wouldn't be like that, but unfortunately that's who you have to deal with. I think that's why it's important for me to have Latino mentors just to see that we can do it.

For others, the interactions with faculty members weren't positive and, based on their own disappointment, they gave suggestions of what would make a difference within a program. Luz made a suggestion echoed by a number of the others, "I would definitely change the faculty. I would make sure that it was more multicultural, [to include] Puerto Ricans and other minorities." Sephra put it this way,

Sometimes I wonder if we had a Latina or Latino professor, would everyone be as attentive? If she had an accent, I wonder what they would think. I would sit in the front of the class. I was thinking, at least for me, if I see another Latino or Latina or Black professor, for some reason, I feel a little connection or understanding. They understand. Maybe they've gone through the same question, questioning within their minds about where they stand in the social scale of the university. You know I feel that connection. I feel that they may understand me as a student better than a White professor. I would be more motivated. I'd be more interested because I'd feel proud. I feel pride if there's a Latina or Latino actually in charge of a class. It's like, "Wow! They did it!" I know that it must have been harder before, so they've gone through a lot and they're strong. They have to have a strong character and great understanding of themselves and of other people. I think I would be more motivated if there was more diversity within the staff, the whole faculty of the university"

Kathy saw the role of minority faculty as demonstrating care for diverse population when she said,

How are we going to make the faculty sensitive towards understanding people of color and [also make] the students sensitive if you always have White professors? Honestly, many people in our faculty would feel somewhat uncomfortable having someone like Professor Johnson as a faculty member with them. Let me tell you, I think the majority of faculty in the schools of nursing would. And the reason is because she's a strong woman of color who voices her opinions and who has all those degrees, even more than them. They would feel intimidated because they would see someone smarter and more outspoken and someone who's not going to take any of the crap in this program. The White professors think they're better than anyone else. I say this not just to say it but because I see it in their attitudes.

The participants felt consistently that mentoring was important to them and to others. In addition to the rigorous nursing curriculum, they felt they had other

challenges to overcome. Pursuing a nursing degree also meant breaking through the perceived stereotypes surrounding Hispanics. A mentor would begin to cut through these stereotypes as Isabel stated,

I think that if one young Hispanic girl sees me, a Hispanic girl whose goal is to become a nurse, [she'll think] that if I could do it, she can do it. You know what I mean? Even if it's just one out of a million, it's still one life that's been changed. She doesn't have to choose getting pregnant because when people see a Hispanic girl, that's what they think.

Luz further explained,

Because that's how it is when Puerto Ricans see other Puerto Ricans or Hispanics. Sometimes they just get happy for anyone in an upper level position. It just makes them happy. It either makes them happy because they see their own kind up there or because they realize that they can get there. It gives them hope. So, I think I'll be glad once I'm there.

Mentoring was very important to the participants because they wanted to succeed; they didn't want to let their families down. Magdalena was a role model for her sister who decided to enroll in nursing school too. Sephra further said,

I think people can be role models without even knowing it. You could be seen as a role model because you're going out and you're interviewing all these people. You're going to achieve something. You're achieving something for yourself. Someone else may want to do that and see you as a role model.

Chapter Summary

In this chapter, I started out with the idea of a journey as a metaphor to describe the experiences "along the road" in the education of Latina nursing students and nurses. On their journeys, there were the "roadblocks" and the "bridges." Marginalization and socioeconomic status were the major roadblocks in the way along with many subsets of these two basic concepts. Family, perseverance, and mentors provided the bridges

necessary to get over the “roadblocks” in order to continue with the journey. These themes provide insight into what the participants identified as the primary obstacles and support systems they experienced in going through nursing school.

At the end of their journeys, they all wanted to become good nurses. To them this meant providing high quality care to all their clients and the clients’ families. They also wanted to be valued and respected within the nursing profession. And, finally, they wanted to make a difference-as role models and mentors-in the lives of others.

CHAPTER 6

DISCUSSION, FINDINGS, AND RECOMMENDATIONS

From my point of view [sighs], there are not a lot of Hispanics, Puerto Ricans or Latina nurses. I mean, it's just like there's none at all. And if there are [Hispanic nurses], I don't know where they are. I really don't know where they are. We need to get the message across that we need more [Hispanic nurses]. I don't care if it's females or males, but we need more people representing us in the community. We need more people like you. We also need [more Hispanic nurses] in the hospitals and the community settings. (Maritza)

Promoting the presence of Hispanics within the array of nursing roles benefits everyone. For Maritza, (quoted above) this issue was particularly significant because approximately two-thirds of the residents of her town were Hispanic. She was amazed that her nursing class was not reflective of the community as she was one of only two Hispanics. Maritza's experience is not uncommon. This example demonstrates the disparity that exists between the number of Hispanics in a community and the number of Hispanic nurses available to that community, and it clearly demonstrates the need for this study. The final chapter includes an overview of the study and recommendations derived from the data.

Findings

The following research questions guided this study:

1. What are participants' personal and educational experiences in schools of nursing?
2. What meaning do Hispanic nursing students make of their experiences?

3. Do participants share similar experiences that affect their personal and educational achievements?
4. What are the participants' suggestions for improving/strengthening nursing programs for Hispanic/Latina nursing students?
5. What does it mean to be a Hispanic/Latina nursing student attending a predominantly White school of nursing?

Data collection was accomplished by interviewing participants; five clear themes emerged from the data. These themes were analyzed by using the framework of a journey, divided into roadblocks and bridges.

My long-standing interest in exploring the experiences of Hispanic nursing students led to this study. The overall purpose of the study was to understand the meaning that nursing students make of their educational experiences. A total of 17 participants were interviewed using in-depth phenomenology (Seidman, 1998). Of these, 14 were Latina/Hispanic nursing students and 3 had recently graduated from nursing school. All openly and willingly shared their individual stories, providing the depth and breadth of this dissertation. These women were resilient, strong, and courageous- necessary characteristics as they often had to fight for the right to succeed. They agreed to participate in this study despite the fact that their participation would in no way benefit them directly. At times, their descriptions of the realities of their lives left me speechless. Having to make sacrifices along the way, they worked hard to achieve their personal goals. For them, becoming registered nurses was more than a goal; it was a dream come true. By the end, the women shared with me that they had

indeed benefited from the opportunity of participating in this study. As Kathy said about being interviewed,

I just let go and that's different. It's a good feeling because I actually let everything out. Things I've held back and things that happened to me. You just let these things out that you probably never told anyone because either you had no one to say it to, or if you said it to someone, they really didn't care. When you leave, I feel very comfortable with everything I've said to you. I don't feel that you're going to judge me because of what I said. I don't feel that you're going to think of me differently and that's a major issue for me. I really don't talk about myself because I don't like people to judge me because of the life I've had and because of my family. I think that's been the most wonderful thing. We'd stop the interview and I'd feel very comfortable with everything I'd said. I'm really happy that I did it.

Their interviews provide important insights that may benefit nursing programs and those concerned with the improvement and the greater inclusiveness of schools of nursing.

Roadblock #1: Marginalization

Marginalization emerged as the major obstacle in nursing education for the Hispanic students. For some of the nursing students, their marginalization seemed to be a constant and frustrating roadblock on their journeys. For others, this roadblock was more like a rollercoaster ride, sometimes up and sometimes down. They described their marginalization in a multitude of ways. Sometimes marginalization was described as how the participant felt, such as feeling isolated and/or discriminated against. At other times, students were marginalized because of how they looked or sounded, i.e., because of their skin color or because they had an accent.

Roadblock 2: Socioeconomic Status (SES)

As I stated in Chapter 5, the majority of the participants would be considered working class. To get through school, all but one had to work from a few to 40 hours per week. A select few were able to cut back their work hours as the demands of nursing school increased, but this was not an option for everyone. It was extremely challenging, but most managed to juggle working and going to school. If they had stopped working, or decreased their hours of work, many of them would have been unable to pursue an education. Thus, it was for many a no-win situation. In the long run, these women felt that obtaining their nursing licenses would significantly improve their socioeconomic status and so they persevered.

Bridge #1: Family

Family was a central part of the nursing students' lives and their family responsibilities influenced the decisions they made. At times these responsibilities conflicted with the nursing program's schedule, such as when family emergencies arose. Family members for the most part supported the participants and those who did so in a variety of ways. Specifically mothers, grandmothers, and their own children played a key supportive role in their lives.

Bridge #2: Perseverance

Perseverance was a strong motivating force for all of the participants. Whenever a "roadblock" was placed in their way, they managed to overcome it. Occasionally the "roadblock" would be so overwhelming that the student might think

about ending her journey, i.e., dropping out of nursing school. Fortunately, this thought never lasted long for anyone and she would then do whatever was necessary to continue on her journey.

Bridge #3: Mentors

The participants used the terms role models and mentors interchangeably. They wanted to be mentored and desired to be mentors. Repeatedly they shared how important it was to help other Hispanics along the journey. Not all the participants had role models or mentors but all valued the opportunity to have Hispanic role models and mentors. This is yet another reason why it is necessary to increase the number of Hispanics in nursing. Role models and mentors included family members, mainly parents and grandmothers, a Hispanic advisor and Hispanic peers.

Understanding the significant experiences of this small number of Hispanic nurse, as described to me during their interviews, is the key to understanding the importance of the “roadblocks” and “bridges” described in this study. Once the nature of the “roadblocks” is understood, the process of addressing the problems can begin. Based on these findings, the following recommendations are proposed in three major areas: K-12 education, nursing education, and future research.

Recommendations

K-12 Education

The dropout rate among Hispanic high school youths remains high. A major concern identified by educators (Nieto, 1995; Romo & Falbo, 1996; Garcia, 2001) is the high number of minority students who do not make it to graduation. Approximately a third of all Hispanic youths are not completing their high school education. This alarming figure impacts everyone and demands immediate attention and intervention. High dropout rates, poor academic preparation, inadequate resources in underserved communities, and low expectations of Hispanic students by teachers, contribute to the small pool of Hispanics who ultimately achieve professional careers and can serve as role models to others. Needless to say, if Hispanic students are not completing high school, they will not be entering schools of nursing or any other professional schools. This results in an extremely small number of Hispanic nurses to serve as role models and mentors for minority students, and an even smaller pool of nurses prepared to become faculty in schools of nursing. I recommend, therefore, that K-12 educators consider developing partnerships with students' family members and later on with nursing schools.

Recommendation #1: K-12 Educators Can Use Family Resources. The effects of dropping out of school begin right away and may last a lifetime. Because the participants identified their parents (particularly mothers and grandmothers) as role models and mentors, K-12 educators should think creatively about how to use these women to support their children in school. The financial resources of schools are often

limited or unavailable. In these circumstances, K-12 educators may have to seek alternative and creative ways to involve the students' support system. For example, schools can request that members of students' families become involved with classroom or school activities. This could help students to see adults other than teachers participating and engaged in their education. It could also help the teachers by providing key supporters in their classrooms as well as within their schools. Organizing this type of partnership would initially create more work for the teachers and administrators but the potential benefits could prove to be extraordinary. An added benefit could be that students and parents may begin to use resources that they did not know were available to them. Another potential benefit might be that, as a result of being involved in the educational experience of their children, parents who do not hold a high school degree might opt to pursue one. Families can also help teach educators about their cultural values and experiences and even about the kinds of biases they face, in school and within the community.

In educational programs, teachers or faculty members play the central role in students' academic progress. The interactions between a student and teacher can be either positive or negative. In general, students are perceived by others to be ultimately responsible for their educational success. But students are not alone on their educational journeys. Faculty members directly or indirectly influence the success of their students.

Recommendation #2: K-12 Educators and Schools of Nursing Can Develop Partnerships. Programs that connect students in elementary and/or secondary schools with schools of nursing would benefit both institutions. I would suggest developing

programs and activities to bring these groups together on a regular basis. For example, a nursing program could “adopt” a classroom or school for a year. The possibility for role modeling and mentoring would benefit all involved. Moreover, it is likely to lead to more people having an interest in pursuing a career in nursing. The focus of this partnership would be to provide learning experiences for all students. Although nursing students could meet their requirements for clinical in this setting, this would not be the main reason for developing the partnership. Rather, the partnership would provide both K-12 students and nursing students’ with meaningful learning experiences.

Nursing Education

In the literature, the National Sample Survey of Registered Nurses data clearly illustrates the current under-representation of minorities in general and of Hispanics in particular within the nursing profession. At the same time, the Hispanic population continues to grow. The discrepancy between the number of Hispanic nurses (2%) and the number of Hispanics in the general population in the United States (12.5%) is significant.

The following recommendations are intended to be beneficial to schools of nursing in recruiting, retaining, and educating Hispanics and other minority students. In other words, these recommendations may be used to develop programs and services, which support student success. Increasing the number of Hispanic nurses will help to meet the needs of Hispanic communities and will also provide support and role models for Hispanic nursing students. A goal should be that what happened to Magdalena on her first nursing position does not happen to anyone else. As Magdalena said, “There

were no Spanish nurses. I was referred to as 'La Latina.' They had never seen a Spanish nurse! And that amazes me!"

Recommendation #1: Schools of Nursing Need to Demonstrate a Commitment to Cultural Diversity. Nursing continues to be a predominantly White and predominantly female profession. Commitment to both cultural diversity and to Latino student success, which must include supportive learning opportunities, are critical in nursing education. New policies reflecting a sincere commitment to diversity must be demonstrated in action-orientated approaches that occur over time. During an interview with Dr. Carla Serlin, past director of the American Nurses Association Ethnic/Racial Minority Fellowship Programs, Trossman (1998) reports that a common pitfall that occurs when employers approach the topic of diversity is that they hold lunch-time presentations on diversity for a couple of hours during which people may feel uncomfortable but then are able to go home and shake off their discomfort. She raises a thought-provoking question: "Why assume people can learn and understand all about cultural difference in one lunch-time session when people have a lifetime of ingrained values and beliefs?"

In addition to talking about the importance of cultural diversity within nursing, effective action must follow. Commitment to enhancing a culturally diverse and competent work force must be pervasive in the nursing education community and not the sole responsibility of minority faculty (Tanner, 1996). This would mean bringing in experts to address concepts such as racism and to teach everyone how it affects all of us. To foster genuine understanding and growth, the discussions would have to provide opportunities for White faculty and staff members to accept potentially painful truths.

A major factor in the retention of minority students is faculty commitment. Torres and Castillo (1997) state-as my interviewee confirmed-that the factors that promote success in the education, career development, and mobility of Hispanic nurses include mentoring, networking, and role modeling. There must be a commitment to recruit not only minority students into both schools of nursing but faculty as well. It should no longer be acceptable to state, "We tried but couldn't find any." This statement serves only to further illustrate the lack of knowledge and sensitivity in nursing programs. In an interview with Dr. Betty Smith Williams, immediate past president of the National Black Nurses Association, (Trossman, 1998) reports that the small number of master's-and doctoral-level-prepared nurses is indicative of the self-fulfilling prophecy that if people can not see themselves in certain roles, they will not seek those roles. Thus, it follows that if they do not see others like themselves, people with whom they can identify, in professional roles, they find it much harder to see themselves in these roles. One suggestion I would make in the recruitment process is that minorities be paired in their programs in order to enable them to support each other's progress. That is, recruit minority students in pairs instead of creating a situation where someone is the only minority student within the program. In addition, incorporating minority students' viewpoints and perspectives into both the curriculum and the classroom is essential in providing an open forum to encourage dialogue. All students need to feel that their ideas and opinions are heard, understood, and valued.

Supportive learning opportunities are essential for all students. This includes having the faculty becoming comfortable with their own understanding of ethnic diversity which, in turn, could open the way for support White students to explore their

own feelings. The nursing profession needs to understand that each of us has our own culture. Culture is not something that only minorities have. As Isabel stated,

We had to do a self-evaluation [for clinical]. I wrote that I needed to learn more cultural understanding. My professor said, "Why would you say such a thing? You are very cultural." And I said, "I'm cultural to my culture. I'm not cultural to your culture, the American culture, the dominant culture."

It is impossible to value another person's ethnic/cultural identity if individuals do not value their own. This process must originate within the individual. For schools of nursing, this means shifting from its Eurocentric perspective to an inclusive perspective that benefits everyone. Tanner (1996) suggests that cultural-brokering between faculty and students and between nurses and clients requires an understanding of one's own culture. To be able to acknowledge and value one's own cultural identity can then enable individuals to understand other viewpoints and perspectives.

Recommendation 2: Schools of Nursing Need to Provide Access to Hispanics.

Improving access by decreasing the roadblocks to nursing schools would further increase the number of Latinos who enter the profession of nursing. It is imperative to, assess and critique the curriculum, the philosophy of the school, and the attitudes of the faculty, staff, and administrators towards diversity and multicultural education. It is imperative, likewise, to examine the privilege that predominantly White faculty members possess. Whites have privileges that non-Whites do not, most of them are so basic and accepted that Whites do not consciously think about them (McIntosh, 1989). Nursing, because it is predominantly White and predominantly female could be viewed as a profession of privilege. That is, non-minorities need not question whether they can pursue a career in nursing knowing many of their colleagues will be of their same race.

The changing demographics are a reality. The increase in the number of Hispanics in primary and secondary schools is a reality. The necessity to increase the number of Hispanic nurses needed to provide nursing care to Hispanic clients and their families is also a reality. Knowing these facts, nursing schools have a societal mandate and a moral obligation to recruit and retain as well as to encourage and support the success of Hispanics in their programs.

In addition to providing access for students to become registered nurses, I also propose that career mobility be encouraged and supported for already qualified Hispanic registered nurses who wish to pursue RN-BS and/or graduate degrees. Making such programs accessible and doable for nurses in the workforce would support their career mobility. The recommendations made so far underscore the importance of the process of supporting mobility with the end result of promoting leadership opportunities for Hispanic nurses within the profession of nursing.

Recommendation #3: There is a Need for Latino/Hispanic Role Models and Mentors in Schools of Nursing. The research I've read and the interviews I conducted all emphasize the need for minority students to see minorities in the role of professional nurses. It is easy to understand the need that minority students have for role models when we realize that there are few Hispanics who enter the nursing programs, and even fewer who complete them. In my career I have observed the lack of minorities among both nursing students and nursing educators. Minority nurses and nursing educators could serve as role models for other students as well. A number of the women I interviewed mentioned this over and over; they felt it was not only important for recruiting and in the classroom but also in graduate programs and on the job.

Role models and mentors are essential and in some instances, can be critical for the success of minority students. In general, White students have plenty of role models but this is not the case for minorities. A study by Zirkel (2002) found that minority students who had a same-race-and-gender-matched role models did better academically than those who did not. Mentors can fill a variety of roles, including liaison, tutor, and supplier of information. As a Puerto Rican nurse, I also choose to serve as a role model and mentor for Latino students. I understand that I can be a role model and mentor to other students as well but in a different way since people share many commonalities that people share beyond their ethnicity or race.

Further Research

The review of literature revealed that research on Hispanic/Latino nursing students has been very limited. There is unlimited opportunity to conduct research. Such research is both timely and necessary.

Recommendation #1: Research that Explores the Significance of Concordance Between Participants and Interviewers

Racial/ethnic concordance refers to the process by which patients and clinicians are matched according to their race/ethnicity (Diversity Rx, 2001; Saha, S., Komaromy, M., Koepsell, T. D., & Bindman, A. B., 1999). More research for example, about, how trust can be achieved between students and faculty or researcher and participant would be useful to determine its significance in the case of research regarding Hispanic nursing students and researchers. In this study, trust influenced the extent to which the participants were willing to share. Some participants openly stated that the reason they

shared as much of the information as they did was because I was Hispanic. Lack of trust can easily become a roadblock for achieving academic success, not just in nursing school, but also in elementary and secondary school. Issues relating to a lack of trust can severely influence the results of a study. On this subject, Kathy said,

Honestly, it's been very comfortable. I would feel uncomfortable if you were a White person because I'd feel like I'm disclosing my background, my private life. It's really weird because I feel like you're one of me and, therefore, it's easy just to tell you these things because you've actually experienced some of that stuff. In my mind, I feel like you'll understand or you already know what I'm saying. When I can't explain it any further, you know what I'm saying.

Consequently, it would be beneficial to conduct studies that investigate how trust impacts studies involving Hispanic nursing students and non-Hispanic researchers. The findings of these studies would create an understanding of the role that race/ethnicity play in the interactions between students and researchers.

Recommendation #2: Additional Research with Hispanic/Latino Nurses

All of the data presented here clearly demonstrate the need to increase the number of Hispanic nurses. This study has identified the various roadblocks and bridges that the participants described through their experiences. It is likely that other Hispanic nursing students may have had similar experiences. In order to investigate this further, studies are needed with both undergraduate and graduate Hispanic nursing students. Only by interviewing Hispanic nursing students can we better understand their experiences and the ultimate impact on the nursing profession.

Recommendation #3: Research Using In-depth Phenomenology to Study Other Ethnic Minorities

Future research with other ethnic minorities is also needed to see how the findings of this study are the same and how they differ for others groups. At times, minorities may share similar experiences in nursing school. Conducting further research in these areas would provide guidance to those responsible for supporting minority students in their nursing programs. This is important because oftentimes-different minorities are grouped together as if they were all the same. As the NSSRN (2000) has illustrated, not all minority nurses are under-represented. For example, Asian/Pacific Islanders are not under-represented within nursing. If minorities are all grouped together, however, this is not evident.

Final Note

Conducting the interviews for this particular study-being privileged to hear the stories of these women-was both fascinating and difficult for me. The in-depth approach of the study was essential to obtain the kind of data required to get a full account of each individual's experiences. The interview format allowed me to explore the purpose of this study because I was able to document the experiences of 17 Latina nursing students and newly graduated nurses, highlight some of the "roadblocks" they faced and the "bridges" they crossed in their journeys into the nursing profession. As a result, I was able to generate recommendations for implementation and for further study.

Since its inception, the nursing profession has strived to provide care to those most in need. The ability of a profession to continue in this belief that all patients

deserve quality care is admirable but a shift must occur from providing nursing care to minority groups to providing culturally competent care to all those being served. It is imperative that nursing education and practice change along with the changing demographics of the United States. Increased educational opportunities for Hispanics, leading to an increase in Hispanic nurses, will enhance the delivery of quality of care provided to all clients, including Hispanics.

As Sephra concluded,

I've been thinking that I'm helping Migdalia. I hope it helps you with your dissertation and that makes me happy. You're writing this for other people, like other Latina students that are going through nursing. I really do hope it helps them.

I hope so, too.

APPENDIX A

CONSENT FORM

My name is Migdalia V. Rivera Goba. I am a registered nurse and a doctoral student in the Cultural Diversity Curriculum Reform program at the University of Massachusetts in Amherst. A requirement for obtaining a doctoral degree is the writing of a dissertation. The topic of my dissertation is Puerto Rican nursing student's experiences in schools of nursing. Consequently, to gather this information, I will be conducting interviews with Puerto Rican nursing students who are currently in an associate or baccalaureate degree program. It is my intent that as a result of this study, recommendations can be provided to nursing programs.

You are being asked to participate in the study. The study will consist of three separate interviews that will last ninety minutes. The interviews are intended to occur over a three to four week period. The first interview question will ask, "Tell me as much as possible about yourself until you became a nursing student." The second interview question will ask, "What is it like for you to be in your nursing program?" The third interview question will ask, "You have been sharing how you came to decide to become a registered nurse. You have also shared what it is like to be a Puerto Rican in your nursing program. What does this mean to you?" The interviews will be tape-recorded and will stay in my possession.

It is my intent that the tapes from the interviews will not be shared with anyone. The two exceptions to this will be that (1) if required, the chairperson of my doctoral committee may have access to the tapes and (2) if a transcriber is hired to transcribe the tapes the person will have access to the tapes. The tapes will be stored and secured in a locked file cabinet.

The participant has the right to ask me questions related to the research being conducted. The participant has the right to contact me within three days of an interview, requesting that specific information shared with me be omitted from the data. The participant also has the right to terminate her participation in this study at any point during the interviewing process. The participant further has the right to review the tapes. At the request of the participant, I will make a copy of the tape-recorded data for her. Additionally the participant will also receive a copy of this consent form.

The participants' name will not be used in the writing up or sharing of research data. Instead I will use a pseudonym when referring to the participant and to the institution she is affiliated with.

The results of this study will be shared during my dissertation process and, where appropriate, in relation to discussions which address nurses and student nurses' experiences (such as conferences, classes, and publications).

It is the participant's choice to be involved in this study. Participation in this study will in no way affect the student's progress in nursing school. The participant further understands that she will not be financially compensated for her involvement in this

research. The participant has the right after thoroughly reading the consent form to choose whether or not to participate in this study.

I thank you for considering participating in this study. Please feel free to reach me as needed at 413-253-0422.

Signature of the Participant

Date

Signature of Interviewer

Date

APPENDIX B

REVISED CONSENT FORM

My name is Migdalia V. Rivera Goba. I am a registered nurse and a doctoral student in the Cultural Diversity Curriculum Reform program at the University of Massachusetts in Amherst. A requirement for obtaining a doctoral degree is the writing of a dissertation. The topic of my dissertation is Hispanic/Latina nursing student's experiences in schools of nursing. Consequently, to gather this information, I will be conducting interviews with Hispanic/Latina nursing students who are currently in an associate or baccalaureate degree program. It is my intent that as a result of this study, recommendations can be provided to nursing programs.

You are being asked to participate in the study. The study will consist of three separate interviews that will last ninety minutes. The interviews are intended to occur over a three to four week period. The first interview question will ask, "Tell me as much as possible about yourself until you became a nursing student." The second interview question will ask, "What is it like for you to be in your nursing program?" The third interview question will ask, "You have been sharing how you came to decide to become a registered nurse. You have also shared what it is like to be a Hispanic/Latina in your nursing program. What does this mean to you?" The interviews will be tape-recorded and will stay in my possession.

It is my intent that the tapes from the interviews will not be shared with anyone. The two exceptions to this will be that (1) if required, the chairperson of my doctoral committee may have access to the tapes and (2) if a transcriber is hired to transcribe the tapes the person will have access to the tapes. The tapes will be stored and secured in a locked file cabinet.

The participant has the right to ask me questions related to the research being conducted. The participant has the right to contact me within three days of an interview, requesting that specific information shared with me be omitted from the data. The participant also has the right to terminate her participation in this study at any point during the interviewing process. The participant further has the right to review the tapes. At the request of the participant, I will make a copy of the tape-recorded data for her. Additionally the participant will also receive a copy of this consent form.

The participants' name will not be used in the writing up or sharing of research data. Instead I will use a pseudonym when referring to the participant and to the institution she is affiliated with.

The results of this study will be shared during my dissertation process and, where appropriate, in relation to discussions which address nurses and student nurses' experiences (such as conferences, classes, and publications).

It is the participant's choice to be involved in this study. Participation in this study will in no way affect the student's progress in nursing school. The participant further understands that she will not be financially compensated for her involvement in this

research. The participant has the right after thoroughly reading the consent form to choose whether or not to participate in this study.

I thank you for considering participating in this study. Please feel free to reach me as needed at 413-253-0422.

Signature of the Participant

Date

Signature of Interviewer

Date

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