UNDERSTANDING THE REENTRY EXPERIENCES

OF IMMIGRANT NURSES IN THE U.S.

A QUALITATIVE CASE STUDY

by

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ABSTRACT

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Labor market projections see a growing need for nurses to satisfy demand in the U.S. health care sector into the next few decades. It is assumed that this demand will be met in part by immigrant nurses who received their nursing education outside the United States. Like many immigrants to the United States, internationally educated nurses face a number of challenges that make it difficult for them to obtain a nursing license and practice nursing in a U.S. health care setting. Learning to surmount these barriers represents a learning and a coping process.

This qualitative case study was designed to explore how a sample of internationally educated nurses learned to reenter the nursing profession in the U.S. The participants consisted of alumni of a retraining program for internationally trained health care professionals housed in a community college in the Northeastern United States. The primary sources of data came from semi-structured interviews consisting of questions about their experiences pursuing reentry into the nursing profession.

The study's major findings included the following: (1) Participants described being dissatisfied with their initial employment upon immigrating to the United States. (2) Participants reported that the language barrier and the nursing certification process, including the licensure exam, were major challenges to reentering the profession. (3) Participants reported that the most important things they learned were the difference

between nursing practice in their countries of origin and in the U.S., and professional skills, including National Council Licensure Examination (NCLEX) test-taking skills. (4) Participants reported that they learned in both informal and formal methods. (5) Participants reported that having a positive attitude, support from others, and time management enabled their learning, while gaps in their practice hindered it.

The findings of the study suggest that the participants learned to surmount the barriers they faced through a learning process characterized by increasing professional autonomy and self-directedness, as well as critical reflection on prior education and training. This process is facilitated by educators who are able to both help them develop professional autonomy and provide emotional support along what is a difficult and prolonged journey toward RN licensure.

DEDICATION

This dissertation is dedicated in memory of Sherlin Nair (1977-2018). You were my first friend at Teachers College, and graduating is bittersweet without you here. May you rest in peace, my friend.

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N. I. K.

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Chapter I

INTRODUCTION

Overview

The first chapter serves as an introduction and background to this study of how internationally educated nurses learn to reenter the profession after immigrating to the United States. It provides a background to the topic, and then discusses the problem, purpose, methodological approach of the study. It then continues with a discussion of the assumptions underlying the study, its design, anticipated outcomes, rationale and significance, and the researcher's perspective. At the end of this chapter is a glossary of definitions of specialized terms that appear within the text of the study.

Background

Despite decades-long political struggles over immigration policy, the United States remains a magnet for immigrants from across the world. According to the Department of Homeland Security's Office of Immigration Statistics (2015), since 2005 there have been over one million new Legal Permanent Residents in the U.S. every year, with the exception of 2013. Immigrants have long played a central role in the American national narrative, which held that their deliverance from oppression and poverty presented them with opportunities to start their lives over and thrive economically in a land of opportunity.

Whether or not this narrative reflects a realistic picture is debatable, but it persists well into the 21st century. Yet in the modern era, much about the country's makeup and economic landscape has changed dramatically, as has the demographic makeup of the country's immigrant population. From 1880 to 1930, 28 million people immigrated to the United States, most of whom were from Southern or Eastern Europe and either Catholic or Jewish (Martin, 2011). Most of them were farmers and laborers, and came from rural areas. The end of this era of immigration was brought on by a combination of national origin laws restricting entry to the U.S., prolonged economic distress of the Great Depression, and World War II. After the passing of the landmark Immigration Act of 1965, the doors to immigration were once again opened, in an effort to import foreign labor to make up for shortages in the U.S. economy.

As a result, the demographics of immigration have changed dramatically, admitting a far more diverse influx of people from all over the world, many of whom come from professional and middle-class backgrounds (Gap Min, 1999; Zong & Batalova, 2016). According to the U.S Department of Labor's Bureau of Labor Statistics (2016), 16.9% of the American workforce is made up of immigrants, comprising about 27 million authorized and unauthorized workers. According to a study done by the Migration Policy Institute, roughly 28% of the county's 34,200,000 foreign-born residents over the age of 25 possess at least a bachelor's degree (McHugh & Morawski, 2015). The percentage of immigrants over the age of 25 with undergraduate and graduate degrees has risen steadily since 1960 (Krogstad & Radford, 2018).

Although today's immigrants might seem more equipped to integrate into the American labor force, a high level of education and experience from outside the country is hardly a guarantee of professional, well-paid employment in the labor market. Many skilled immigrants in the U.S. in the contemporary period find themselves underemployed—that is, they work in jobs requiring less education and experience than the people doing them possess. Indeed, underemployment, which may imply informal

employment, over-qualification, temporary employment, or employment in a field outside of one's training, among immigrant populations in the U.S. and other advanced industrial economies has increased (Baum & Mitchell, 2008). In the case of highly skilled immigrants in the global labor market, previous education and experience diminish in labor market value when they cross international borders (Carneiro, Fortuna, & Varejão, 2012). This phenomenon is often called "deskilling" or "deprofessionalization."

One such highly skilled group to whom the phenomenon of deskilling occurs is nurses. Internationally educated nurses (herein referred to as IENs) must go through a number of bureaucratic procedures before they are allowed to practice in the U.S. and, as the next section will show, often experience unique challenges in the reintegration process that act as barriers to their ability to practice. The next section will briefly discuss the history of internationally educated nurses in the U.S.

Internationally Educated Nurses in the U.S.

Prior to 1965, most of the IENs in the United States were in the country on exchange programs for training purposes, mostly from Scandinavian countries and Great Britain, and returned home once their training was completed (Brush & Berger, 2002). The presence of internationally trained nurses (IENs) in the United States dramatically increased as a result of the 1965 Immigration Act. After 1965, internationally educated nurses were given the ability to obtain temporary work visas to work in the U.S., with most applicants coming from the Philippines (Brush, 2010). Later changes to immigration law in the 1970s allowed internationally educated nurses as well as other immigrants to obtain permanent positions.

As the need for more internationally educated nurses in the U.S. grew in the 1980s, so too did the range of legal avenues for them to work in the country. The Immigration Nursing Relief Act of 1989 made it easier for nurses working on temporary work visas (known as H-1 visas) to adjust their status to Permanent Resident, as long as they had

resided in the U.S. for at least three years (H.R. 1507, Immigration Nursing Relief Act of 1989); it did so through the creation of the H-1A visa, which was the first U.S. visa specifically for internationally educated nurses. The creation of the H-1B visa a year later gave internationally educated nurses another avenue; however, not many nurses came into the country this way. The H-1B visa was created for bachelor's degree holders in positions requiring at least a bachelor's degree, but at the time most nursing positions did not require a bachelor's degree (Masselink & Jones 2014).

Since the passing of the Immigration Nursing Relief Act of 1989, opportunities for internationally educated nurses to enter and work in the U.S. have expanded or contracted according to economic and political changes affecting the country and its relationships with its neighbors. The H-1A visa program ended in 1995 (Cortes & Pan, 2015). After a short period of decline due to economic recession in the early 1990s, immigration of internationally educated nurses rose again as a result of the signing of the North American Free Trade Agreement (NAFTA). In addition to reshaping the trade relationship between the U.S., Mexico, and Canada, NAFTA also saw the creation of the T-N (Trade-NAFTA) visa, which, according to Section 8 CFR § 214.6, allowed professionals with bachelor's degrees from a wide range of fields, including Registered Nurses, to enter the United States to "engage in business activities at a professional level" (North American Free Trade Agreement, p. 414). These additional avenues facilitated an increase in the number of internationally educated nurses in the U.S., but this was short-lived. The attacks of September 11, 2001, and their far-reaching impact on the country's laws, in addition to an economic recession, resulted in a tightening of immigration opportunities for internationally educated nurses (Masselink & Jones 2014).

According to the National Nursing Workforce Survey, as of 2017, nursing was the largest profession within the U.S. health care system. There were nearly 4.7 million active Registered Nurse license holders (herein referred to as "RNs") and nearly 1 million

Licensed Practical Nurse (herein referred to as "LPNs") license holders in the U.S. and its territories (Smiley et al., 2018).

Despite this number, the United States experiences nurse shortages. Notwithstanding the challenges posed by strict immigration policies, it addresses shortages in its nursing workforce with nurses trained overseas. As of 2016, internationally educated registered nurses constituted around 15% of the total number of RNs in the U.S. health care workforce (Hohn, Witte, Lowry, & Fernández-Pena, 2016), but this percentage is expected to grow due to the aging population in the United States and the coming retirements of an also-aging population of native-born RNs. Given these projected trends and anticipated needs within the U.S. health care system, understanding how internationally-educated nurses learn how to integrate into the profession in the U.S. is a matter of importance to a variety of stakeholders.

The urgency of understanding the experiences of immigrants in the U.S., both documented and undocumented, has arguably become greater since the 2016 presidential election. The election of Donald J. Trump to the White House has had profound impact on the public discourse and policy debates surrounding immigration. With this election, the Trump administration has pursued executive actions that prevent certain immigrants, particularly from Muslim-majority countries, from entering the country, citing alleged national security and economic threats to native-born citizens; after several years of court battles and three iterations of the ban, the U.S. Supreme Court upheld a version of the third attempt in June of 2018 (American Civil Liberties Union, 2018). The administration has also threatened to pursue increased deportation of undocumented immigrants, casting uncertainty on the lives that millions of people and their families have built in the U.S. As for documented immigrants, as of 2019 his administration has suggested a move toward being in favor of a higher level of legal immigration (Radnofsky, 2019); however, it has also made moves to restrict it, as evidenced by the announcement that it will close all

foreign offices of Citizenship and Immigration Services (USCIS) (Sacchetti & Miroff, 2019), so its position remains unknown as of the time of publication of this dissertation.

Notwithstanding this recent rhetorical shift, since taking office the administration has signified that restricting immigration is one its main priorities. These recent debates on immigration as an area of policy in the United States have opened up questions about the place of immigrants in the economic, cultural, social, and educational landscape of the country. Against the backdrop of increasing nativism informing public policy and the attendant uncertain future for noncitizens, in addition to the projected need for immigrant nurses and other professionals in the near future, the questions that this study sought to address become more consequential.

Research Problem

As Berry (2001) writes, "neither the immigrants nor the larger society seems to find a structural match that allows immigrants to contribute and gain from their expertise" (p. 628). This is intended as a general statement, but it pertains to the case of IENs specifically. However, the "lack of structural match" seems to be slowly changing in the U.S., as some states have adopted transition programs to connect internationally educated nurses with employers and focused professional training on helping them become licensed and integrated into the profession. This is in line with a nationwide trend toward transition programs to help adult learners with skills deficits transition into higher education programs that grant degrees or certificates (Rutschow & Crary-Ross, 2014). There is scant research on the effectiveness of these programs, though to the extent that there has been, Karmelita (2018) argues, the perspectives of adult learners in studies of them are often absent.

As a result of a relative lack of public investment in addressing the issue, many skilled immigrants become marginalized in the labor force, making it difficult for them to

employ their skills and experience in a professional setting. This is what is often referred to as "deskilling" or "deprofessionalization." This phenomenon affects internationally educated nurses who, upon arriving in new countries, find that they are unable to use the skills and expertise they have acquired in their countries of origin (O'Brien, 2007).

Chapter II is a review of the wide range of literature that describes and conceptualizes this challenge, devoting focused attention on its relevance in the context of the nursing profession. The literature also reveals that we know far less about how nurses overcome these obstacles and become licensed as nurses—in other words, we have not paid sufficient attention to how this population learns to reenter the profession. This problem exists within the nursing field but also in other fields. Skilled immigrants have been labeled the "Forgotten Minority" as a result of the lack of attention paid to them in the industrial and organizational psychology literature (Binggeli, Dietz, & Krings, 2013). For deskilled nurses to learn how to transition from low-wage labor to licensure in a new country context requires a learning process. As Fernandez-Pena (2011) points out, internationally trained nurses have unique needs that aren't addressed by many nurse pipeline programs aimed at minority nurses.

Some nurses make the transition and build the professional careers they desire, while others languish in low-wage employment that does not allow them to make use of their education and training. While we know a great deal about the barriers to professional employment they must surmount, we do not know very much about how they learn to surmount those barriers, nor do we know enough about how they manage the life transition that this process represents. While there are programs offered to internationally educated immigrants designed to "bridge" the gap between their educational and professional credentials and the skills they need to develop in order to build careers in the U.S., their number is few because, according to a report by the Migration Policy Institute, they are costly and challenging to scale and customize to individuals' needs (Batalova & Fix, 2018). This is especially true in the case of

internationally trained nurses. According to Xu and He (2012), in the U.S. such programs for nurses are not very well developed, due to "a lack of recognition of their importance, lack of funding and standardization, and decentralized regulation in nursing" (p. 216).

The relative lack of educational options available to internationally educated immigrants in general, and nurses in particular, represents an unexplored area of adult education, both in literature and in practice. This study looked at the experiences of internationally-trained nurses who have, by their own estimation, surmounted the barriers they initially faced to reentering the nursing field, and was informed by their perception of how they learned to do so, as well as what factors they saw as either helping or hindering their learning. The experiences of internationally educated nurses present a particularly salient example of this predicament, as they face "significant challenges in adapting their practice to the host country" (Xiao, Willis, & Jeffers, 2014, p. 641).

Research Purpose and Questions

This study sought to understand how a sample of 19 internationally educated and trained immigrant nurses learned how to reenter the nursing profession in the United States. It examined the experiences of alumni of a training program for internationally educated nurses, focusing on how they learned to reenter the profession and how they coped with the transition that this required them to undertake. By understanding more about what and how they learned to reenter the nursing profession, we can understand how to better support this often-ignored segment of the population and inform the work of adult education practitioners who design training programs to serve them. In order to carry out this purpose, the following research questions were asked:

(1) How did internationally educated nurses describe the experience of coming to the United States?

(2) What challenges did they face to reentering the nursing profession?

(3) What and how did they learn to overcome these challenges?

(4) What factors helped or hindered their learning?

The majority of the data that address these four research questions were gathered through in-depth interviews with alumni of a nonprofit program designed to help internationally educated health care workers find work in the health care field in the U.S. The interview questions asked the participants to reflect on their experiences coming to the U.S, as well as their experiences in learning how to become licensed as Registered Nurses (RNs) in the U.S. They also tried to capture factors that the participants perceived as either facilitating or hindering their learning.

The conceptual framework for the study consists of four interrelated categories that are aligned with the research questions. Under each category are descriptors representing potential responses from participants. These potential responses were developed after a review of the literature, as well as through the researcher's experiences teaching immigrants with internationally obtained training and university degrees. The framework was then modified according to the themes that emerged from the data. A narrative description of the conceptual framework, as well as a flow chart that visually represents it, can be found at the end of Chapter II.

Methodological Approach

This interpretive case study was designed to explore how a sample of 19 internationally educated nurses learned to overcome the challenges they experience in reentering the nursing field in the United States. In doing so, it also sought to understand the context and character of those challenges, as well as any contextual factors that either helped or hindered their learning. As a qualitative case study, data collection was obtained through three methods. The first was a demographic questionnaire to gather data on the participants' backgrounds. The second was in-depth interviews, which aimed to

elicit the participants' perspectives on their experiences learning to reenter the nursing profession after a period of underemployment or unemployment as immigrants to the U.S. Those interviews were then coded and analyzed for emergent themes. Finally, the study used document analysis to provide a validity check on the participants' recollections about their learning, as well as to serve as a reference point for analysis and discussion of the NCLEX preparation program they participated in.

Assumptions

As the researcher conceived the study, certain assumptions featured prominently in its trajectory. First, the researcher assumed that the internationally educated nurses in the study came to the United States with hopes of improving their lives and practicing the profession for which they had trained in their home countries. Second, the researcher assumed that these internationally educated nurses face unique barriers to entering the profession that native-born nurses do not experience, resulting in their becoming deprofessionalized in the workforce. In this context, "marginalized" means that, despite their internationally obtained higher education and professional credentials, they find that they face additional, complex challenges to entering their professions, including communication difficulty, deskilling, and discrimination. This results in a period of either unemployment or underemployment in jobs that do not require the advanced education and training they possess. Additionally, it was assumed that these internationally educated nurses had experienced a transition from a position of marginalization to one of integration into the nursing profession, and that transition is stressful and involves a coping process. Furthermore, an internationally-trained nurse's learning how to enter the nursing profession in the U.S., as well as how he or she manages the transition, is influenced by both internal and external factors, which can be understood through participants' narratives. Finally, the researcher designed the study with the assumption

that participants would be able to articulate and reflect on their experiences of learning how to build professional careers in the U.S.

Research Design Overview

This was a qualitative interpretive case study focusing primarily on interviews intended to articulate the experiences of the research participants. The participants being interviewed were 19 alumni of the Center for International Nurses (a pseudonym), which is housed within a community college in the Northeastern U.S. The program, which has locations in multiple U.S. cities, is designed to serve internationally educated health care workers seeking to re-enter the health care field with test preparation, English as a Second Language classes, and professional skills training. The interview questions posed to them aimed to address the study's research questions. Criteria for participation included Center for International Nurses alumni who have finished their NCLEX Preparation Course. Additionally, having been Center for International Nurses trainees, the participants were assumed to have met the organization's criteria for eligibility to access the program's services. At the time that he or she begins the program, the participant must have met the following criteria:

    (1)   Nursing degree or higher from a non-U.S. institution

    (2)   Authorization to work in the U.S.

Outcomes

The researcher anticipated that this research would provide data on how the internationally educated nurses in the study learned to overcome the barriers they faced to reentering the nursing profession in the U.S., a topic of interest to the field of Adult Learning. Although there is ample literature relating to the experiences of internationally

educated nurses in a global health care job market context, including the barriers to entry and associated challenges they face, studies exploring how this population learns to reenter the profession, in particular how they learn to overcome these challenges and what factors might help or hinder their learning, are few. The researcher anticipated that the study would reveal and contextualize the formal and informal learning processes that these internationally educated nurses underwent as they transitioned into the nursing profession. It is hoped that the study's findings will be useful for adult education practitioners, educational organizations, health care organizations, and policymakers interested in addressing the barriers that internationally educated nurses face as they reenter the nursing profession in the U.S.

Rationale and Significance

The rationale for this study was to address an area of adult education research with consequences that affect a sizeable number of people in the U.S. as well as other nations. Not only is the U.S. increasingly reliant on the utilization of internationally educated nurses to fill nursing shortages in the country, the "pull" factor engendered by this reliance has shaped the structure of nursing programs overseas (Gabriel, 2013). Eager to send nurses to work abroad in hopes of gaining remittances, some countries have incorporated the NCLEX, the exam used by the U.S. and Canada to grant nursing licenses, into their nursing education infrastructure (Cabanda, 2015). However, as the literature shows, the transition is not always a smooth one, and nurses as well as other skilled immigrants may find themselves underemployed in low-wage jobs that do not require the level of education and experience that they possess.

There is considerable literature covering the difficulties that internationally trained nurses face on the job. These difficulties stem not only from linguistic differences, but also cultural ones, especially those related to the workplace (Moyce, Lash, & de Leon

Siantz, 2016). However, there are few studies that look at the lived experiences of deskilled nurses and the learning process that describes how they transition into the nursing profession in the U.S. Furthermore, the amount of resources available to internationally educated nurses to support their learning is inadequate relative to need (Rosenkoetter, Nardi, & Bowcutt, 2017). The global phenomenon of nursing migration, combined with the paucity of resources devoted to the needs of the immigrant nurses, suggests a need to create educational opportunities that target the barriers they face (Hall, Lalonge, Strudwick, & McDonald, 2015) In light of these deficits in data and resources, understanding what and how the nurses learn to integrate into the nursing profession can inform the design of future educational programs that serve this population in both higher education and workplace settings.

There is a broader significance to the study that has relevance to the larger context of the U.S. and the future of its health care system. First, the imperative to understand how underemployed internationally educated nurses learn to become recertified is especially crucial in light of the forthcoming demand for nurses in the U.S. The demographics of the U.S. population are changing, too, and workplaces are increasingly in greater need of people with skill sets that facilitate effective cross-cultural cooperation and communication. This is especially true for the nursing profession, where a lack of cultural competence and sensitivity can negatively affect patients' outcomes, especially for foreign-born patients (Vidaeff, Kerrigan, & Monga, 2015).

Finally, there is the imperative to add to the body of knowledge about the transitions and learning experiences of immigrant adults, and in particular nurses, in the United States. It is indeed surprising that this issue has not attracted the attention of U.S. researchers to a larger extent, as the deskilling on the basis of foreign credentials affects over one million people and continues to grow (Batalova, Fix, & Bachmeier, 2016; Batalova, Fix, & Creticos, 2008). This study aimed to gain a deeper understanding of the experiences of a segment of this population—internationally trained nurses—as well as

how they learned to reenter their profession after a period of deprofessionalization and underemployment.

Researcher's Perspective

The researcher has a decade of experience as a teacher of immigrant adults and other English language learners in the United States and overseas. He currently teaches writing for English as a Second Language (ESL) students at a community college in New York City. His students are immigrant adults from a wide range of ages and backgrounds, some of whom have aspirations to become nurses. He also has members of his extended family who are medically trained professionals who have experienced deprofessionalization upon immigrating to the U.S. Therefore, his academic, professional, and personal backgrounds have strongly influenced this choice of dissertation topic.

A major influence on the conception of this research was the researcher's personal experience of teaching and getting to know immigrant adults in community college and other educational contexts who had left professional employment in their countries of origin to start over in the United States. Listening to them talk about their professional struggles interspersed with often personal anecdotes encouraged him to take an academic interest in the phenomenon of immigrant underemployment, and made him more interested in what he learned was an immense amount of talent, competence, intelligence, education, and above all human energy lying dormant when it could be employed in productive directions.

Summing up, the researcher believes that this research will have both academic and practical applications. As a doctoral candidate in Adult Learning and Leadership, he was interested in advancing research in an area that he feels has not received sufficient attention in the field. He felt that it was a topic worthy of much greater focus for

researchers whose work imbues them with the belief that educational research should benefit people who must struggle to escape from the margins of society. As an educator of immigrant adults, he was interested in understanding how to help them use their skills and experiences to pursue upward economic mobility and more prosperous lives for themselves and their families, as well as achieve greater self-confidence and integration into American society.

Definitions

Certified Nursing Assistant (CNA): A CNA helps patients with activities of daily living and other health care needs under the direct supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) ("Certified Nursing Assistant Guide," n.d.).

Committee on Graduates of Foreign Nursing Schools (CGFNS). U.S.-based credentialing body that assesses and validates nursing credentials obtained in countries other than the U.S.

Enrolled Nurse: (UK) See "Licensed Practical Nurse."

Internationally Educated Nurse (IEN): A nurse educated outside of North America in a predominantly non-English-speaking country and who is either a non-native English speaker or speaks a non–North American type of English (Lum, Dowedoff, Bradley, Kerekes, & Valeo, 2015). For purposes of this study, an IEN may or may not possess a U.S. nursing license.

Licensed Practical Nurse (LPN): A nurse directly involved in providing basic patient care and ensuring that patients are comfortable and well cared for. There will be times when an LPN administers certain medications and performs other duties, such as taking blood pressure, inserting catheters, and recording other vital

signs ("Licensed Practical Nurse Guide, n.d.). Also known in some states as Licensed Vocational Nurse (LVN).

National Council Licensure Examination (NCLEX): Examination for the licensing of nurses in the U.S. and Canada. There are separate tests for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs). In this study, "NCLEX" is used to refer to the exam for Registered Nurses.

National Council of State Boards of Nursing (NCSBN): Non-profit organization of nursing regulatory bodies in all 50 U.S. states as well as U.S. territories. The NCSBN develops and administers the NCLEX exam.

Patient Care Associate (PCA): Mainly focused on working closely with patients, in conjunction with nurses. PCTs, sometimes referred to as nursing assistants, help perform basic care for patients, such as assisting them in using the restroom, serving meals, or changing bedding. They may also monitor vital signs and provide emotional support to patients and families.

Registered Nurse (RN): A registered nurse administers hands-on patient care in a variety of settings, including hospitals, medical offices, nursing homes, and other facilities. They work with physicians and other members of the health care team to provide the best course of treatment possible. They also help to educate patients and their families about health issues ("Registered Nurse Guide," n.d.).

Chapter II

LITERATURE REVIEW

Introduction and Rationale for Topics

The following literature addressing the purpose and context of this case study surveys three areas most relevant to understanding the experiences of immigrant nurses as they learn to reenter the nursing profession in the United States. These areas will cover key themes that contextualize the study and the questions it sought to address, as well as underscore the salient issues influencing learning in light of what the study found. They also informed the study's conceptual framework at the end of this chapter, providing a theoretical structure for the methodology that follows in Chapter III.

The first facet of the literature review, underemployment, is important because it provides a framework for understanding not just the critical issues surrounding the concept of underemployment, but also for understanding how individuals think about and react to being underemployed. The concept has attracted the attention of a number of disciplines, such as organizational psychology, economics, sociology, human resource management, and public policy (Feldman, 2011). One reason for this is that it represents a complex problem involving a range of human and institutional responses. The participants in the proposed study will be formerly underemployed skilled immigrant adults, and the study is intended to generate a deeper understanding of how participants describe underemployment, as well as their experiences in transitioning out of underemployment. Although underemployment might immediately be recognized as an

economic indicator indicating asymmetry between credentials and employment, we may also see it as a socially relevant indicator affecting how humans think, act, and learn in adulthood.

This section also covers the antecedents of underemployment of skilled immigrant adults in countries with advanced industrial economies. This is a key area of focus because the research questions in the study were intended to explore how skilled immigrants experience underemployment in the labor market, as well as how they learn to overcome it. Underemployment is a form of marginalization. Marginalization describes the effect of the numerous disadvantages that skilled immigrants may experience as both jobseekers and as members of a society that is unfamiliar to them.

Common disadvantages that contribute to an immigrant's marginalization are language proficiency, degrees and experience that are devalued in the U.S. labor market, lack of social and job networks, lack of information about the U.S. job market, and lack of cultural knowledge (Carneiro et al., 2012; Chiswick & Miller, 2009). Also, immigrants tend to concentrate by ethnic group in certain industries, as co-ethnic networks are often the primary source of information about the job market (Bohon, 2010). There may be additional structural barriers to regulated professionals, such as union regulations, citizenship requirements, and occupational licensing (Chiswick & Miller, 2009). Combined, these disadvantages make it difficult for immigrants, even educated ones, to find professional employment; to do so often requires learning how to navigate the complexities of surmounting these disadvantages.

As this study focuses on the experiences of a sample of 19 internationally educated and trained nurses in the United States, part of the section is a review of literature related to immigrants in the nursing profession. The literature shows that internationally educated nurses face similar learning and career-building challenges as other immigrant professionals, such as deskilling and cultural unfamiliarity, and lack of English proficiency; however, they also must confront added barriers to reentry to the nursing

field that are specific to the profession and the wider context of the health care profession. The section discusses these barriers, along with the regulatory framework in which these barriers are erected.

Nancy Schlossberg's transition theory (1981, 1984; Anderson et al., 2012) is the second piece of the literature review, as it provides a portion of the theoretical foundation for the study. The researcher was primarily interested in exploring the nature of how immigrants make transitions from underemployment to professional employment: what affects how they transition, and how they cope with the difficulties associated with major disruptions in their lives. Her theory has been widely applied to adults making major transitions in a variety of contexts, as will be shown later in this chapter, and is a useful framework that is both theoretically sound and useful for practitioners. The conceptual framework reflects what Schlossberg argues are the fundamental factors in an adult's transition and helped the researcher gain valuable insight into the experiences of the study's participants.

The third major area of literature is adult learning theory, which encompasses informal, formal, and nonformal learning, experiential learning, and self-directed learning. The overarching aim of the study is to explore how 19 internationally educated nurses learned to reenter the nursing profession in the United States. These areas of adult learning offer a lens through which to view the learning of the nurses that participated in the study, a lens that helps to situate the participants' experiences into a theoretical context based on the work of previous studies. The choice of these areas of adult learning literature was based on the assumption that the internationally educated nurses participating in the study would learn to reenter the nursing profession through a variety of methods, which would include learning both in and outside formal classroom settings.

The literature from all three areas found in this chapter was found using library databases made available by both Columbia University and the City University of New York, such as ProQuest, ScienceDirect, Wiley Online Library, Sage Journals, APA

PsychNet, and EBSCO Host. The researcher also utilized internet search engines, such as Google scholar and Google Books. Included in this review are journal articles, books, magazine articles, anthologies, and reports by nonprofit organizations and government agencies. The researcher also located literature through the bibliographies of books and articles found through catalogue searches. Search terms included *adult learning*, *experiential learning*, *underemployment*, *immigrant nurses*, *internationally educated nurses*, *deskilling*, *career development*, *transition theory*, and *experiential learning*.

Topic I: Underemployment

Underemployment is primarily an economic concept, though its precise definition varies depending on the context in which it is used. But generally, it is used to describe a situation in which an individual's education level and skills exceed what is required for the job (Khan & Morrow, 1991); it might also be defined as the condition of people "working in inferior, lesser, or lower quality jobs relative to some standard" (Bolino & Feldman, 2000, p. 889). The "standard" to which that definition refers is contextually variable; it depends on the discipline examining the issue. For example, in economics that standard is tied to wages, and it relates to workers' position within the context of a labor market. But underemployment is of concern to fields other than economics; what follows is a review of the relevant literature that discusses underemployment and the theoretical approaches that have been employed from numerous disciplines. Taken together, the literature paints a picture of a phenomenon that, despite receiving relatively scant attention, represents an economic as well as a social problem.

Before discussing theoretical approaches to understanding underemployment, it is important first to outline its causes. Feldman's (1996) model details antecedents of underemployment, which hypothesize about what makes individuals more likely to be underemployed and demonstrate the concept's intersection with disciplines outside

economics. The first factor is the *economic:* economic conditions, at the macro- level but also at the industry and firm levels, create mismatches between workers' skill levels and the jobs they occupy. Examples might include recession or depression at the macro level, or de-industrialization at the industry level, both of which might lead to skilled workers taking unskilled jobs. The second factor is *job characteristics*, which refers to the level of essentiality of a job title. The third factor is *career history*, which signifies that a person's job history, which may include layoffs or extended periods of unemployment, is a contributor to underemployment. There is also *job search strategies*, which refers to the ways in which people look for and find work, with certain characteristics such as job search intensity and coping activity (amenability to retraining and relocating) being of particular importance. The fourth factor is *demographics*, which has an impact on underemployment irrespective of the previous categories. Members of certain minority groups, marked by such characteristics as age, race, gender, and ethnicity, are more likely to be underemployed.

The antecedents described above provide some context for approaching underemployment in a theoretical way. However, as Luksyte and Spitzmueller (2011) state, underemployment research has largely been atheoretical due to disagreement over what the construct should look like. But since Feldman's (1996) article, more scholars have integrated theory from behavioral science. The following sections will briefly review the angles from which underemployment has been explored from noneconomic perspectives. It will describe the major theoretical areas at which underemployment intersects with the study of human behavior, giving insights into what this primarily economic phenomenon means for individuals and their families and communities.

Objective and Subjective Underemployment

The distinction drawn between *objective* underemployment (being employed in a job that requires fewer qualifications than one possesses) and *subjective*

underemployment (the feeling that one is overqualified for a job) (Khan & Morrow 1991) underscores the interdisciplinary utility of underemployment as a concept to be studied, as well as its potential to be viewed through the lens of different research paradigms. Objective underemployment can be measured objectively and operationalized accordingly; for example, Kalleberg and Sorensen (1974) measured the effect of what they referred to as "overtraining" on job dissatisfaction, operationalizing overtraining among workers as the "discrepancies between their educational attainments and the education needed for their jobs" (p. 215). The Labor Utilization Framework (LUF) is also an example of objective measurement of underemployment, assigning workers into one of four categories of worker utilization (Sullivan & Hauser, 1978), with unemployment being the lowest and skill mismatch being the highest. This framework has been used to more accurately measure the correlations between underemployment and workplace related phenomena such as job dissatisfaction and racial and gender inequality (Tipps & Gordon, 1985).

Subjective underemployment as a concept is concerned with exploring how people think and feel about underemployment, and how those thoughts and feelings affect their behavior in reaction to their position (Feldman, 2011). As opposed to objective underemployment, which measures underemployment primarily by measurable indicators such as education and wage rates, subjective underemployment is understood to be the product of individuals' perceptions of underemployment. Objective measures of underemployment sometimes do not correspond with subjective ones, as people's experiences can create a subjective reality different from the one that emerges from objective measures (Stofferahn, 2000). Erdogan and Bauer (2011) have argued that perceptions are more accurate than objective measures as predictors of factors such as job attitudes and behaviors because they are a more of a reflection of the worker's lived experience.

The concept has the potential to further our understanding of not just the feelings of people that they are overqualified for the jobs they do, but also to understand the responses of organizations and policymakers who address underemployment (Erdogan & Bauer, 2011). It is important to understand how, and to what extent, objective underemployment and subjective underemployment are linked, and to understand the different ways that underemployed workers react differently to being underemployed (Brown & Pintaldi, 2006). The following section describes how subjective and objective approaches to underemployment have been used to study underemployed immigrants.

Underemployment of Skilled Immigrants

To describe an immigrant as "skilled" is to describe his or her educational background, particularly with respect to higher education, and work experience. Under the heading of marginalization, this section will discuss the various ways in which skilled immigrants are at a disadvantage in finding employment congruent with their educational and work experience. It groups the indicators of marginalization into three categories: (1) Deskilling, (2) Discrimination, and (3) Lack of Social Capital. These categories were chosen because they emerged most frequently from studies of the experiences of skilled immigrants in the labor markets of developing countries, mostly in the U.S. and Canada. As this study intends to understand how skilled immigrants describe the experience of being underemployed in the labor force, as well as how they learn to remove themselves from the margins, it is important to first understand how marginalization has been manifest in people's lives.

Deskilling. One prominent facet contributing to the marginalization of skilled immigrants is the phenomenon known as "deskilling." The term requires some clarification, as it has taken on different meanings depending on the context in which it is used. When first coined, the term referred to the effects on workers brought on by technological innovations in the workplace; Braverman's (1974) seminal work, *Labor*

and Monopoly Capital: The Degradation of Work in the Twentieth Century, described the phenomenon as part of a process of worker degradation under a capitalist system that pursues the goals of efficiency and profit above all else. His Marxist analysis of the utility of technology in a capitalist economy described deskilling as a method of controlling, de-intellectualizing, and routinizing work in pursuit of higher productivity gains.

The term's definition has over the decades evolved to take additional meaning. Today it also refers to something akin to de-professionalization, where a worker's education, skills, and experience become devalued in the labor market for reasons apart from technological advances, forcing the worker to take low wage jobs requiring little education or experience. These reasons have much to do with an economic, social, and political landscape being reshaped under globalization. They also, it should be noted, illuminate the disconnect between a global competition to attract human capital from overseas and the "brain waste" that results from people not being able to employ their capital once they immigrate. This disconnect is emblematic of Brodies's (2004) observation that while globalization breaks down certain borders, it erects others in their place. The border here is erected through valuation of certain kinds of education and training, and the devaluation of others. Therefore, this section will discuss the marginalization of skilled immigrants that results from the devaluation of their skills in a labor market shaped by neoliberal global forces. And with deskilling comes additional forms of marginalization, which will be detailed in subsequent subsections of this literature review.

The issue of "deskilling," or "deprofessionalization" (used interchangeably here), among immigrants may be a symptom of neoliberal globalization, but the forms it takes may demonstrate an uneasy encounter between free movement of labor in a globalized world and local economies unprepared or unwilling to adapt to the changes the former brings. The literature shows that in both the U.S. and Canada, deskilling comprises various explicit and implicit processes that devalue the human capital of skilled

immigrants. This section will include discussions of the following: (1) de-credentialing, which implies the reduction in value of a skilled immigrant's educational and professional credentials obtained overseas in the host country's labor market; and (2) employment discrimination, which may include discrimination on the basis of race, ethnicity, religion, national origin, or accent.

De-credentialing may be looked at through either a micro lens, which focuses on individual struggles for official recognition by a gateway entity such as a government, a professional licensing body, or an individual employer, or through a macro lens, which would focus on more systematic barriers, such as policy related to recognition of foreign credentials (Basran & Zong, 1998). It is useful to take both approaches into account. First, doing so gives a more comprehensive picture of how de-credentialization takes place. In trying to understand this phenomenon, it is essential to know which policies and organizations result in a systematic devaluation of immigrants' human capital, but also to know how individual actors respond, as well as the outcomes of individual responses.

Employment discrimination. Another widely researched area pertaining to the employment outcomes of skilled immigrants is discrimination based on race, national origin, religion, gender, and accent. As this subsection will show, discrimination against immigrants contributes to their underemployment and thus to their marginalization in the workforce. This area of literature demonstrates that there is a structural component to immigrant marginalization stemming from the assumptions and biases of employers in advanced industrial countries; in other words, marginalization is the result of widely implemented practices that systematically disadvantage skilled immigrants. Therefore, it is important to understand how this discrimination is manifest in the lives of skilled immigrants, and how it influences their behavior and their learning vis-à-vis the job market.

Employment discrimination is a concept that requires some unpacking, particularly when it is used in the context of the modern workforce. In the U.S. of the 19th century,

employment discrimination was unambiguous and explicit, with job announcements stating preferences for, or discouragement of, people of certain ethnic and religious backgrounds. With weak labor laws and open racial prejudice in society, discrimination by employers on the basis of race, national origin, and religion was tolerated by the legal system. The advent of the 1964 Civil Rights Acts Act, however, gave the federal government of the United States the power to regulate discrimination in the workplace for the first time. Title VII of the Civil Rights Act prohibits an employer's ability to "discriminate against any individual with respect to his compensation, terms, conditions or privileges of employment, because of such individual's race, color, religion, sex or national origin" (Civil Rights Act of 1964). Although mandated by law, Title VII really did not have legal "teeth"; the first improvement came with the 1972 Equal Employment Opportunity Act, which gave the Equal Employment Opportunity Commission (EEOC) the right to sue employers if the commission was not able to reach an agreement accepted by the employer and the complainant (eeoc.gov, 2017). The Civil Rights Act was amended in 1991 to authorize trials and monetary damages to individuals whose employers were found to have violated the Act's terms, and this was when employers began to take employment discrimination more seriously (Garcia, 2016).

Today, discrimination still exists in the workforce, even though the practice is illegal. In a modern work context, discriminatory practices are more ambiguous, particularly with respect to skilled immigrants (Essess, Bennett-AbuAyash, & Lapshina, 2014). Essess et al. stress the importance of differentiating between *prejudice* and *discrimination*, where prejudice implies an attitude, and discrimination a behavior. The link between the two is not direct; rather, it is influenced by context. Furthermore, the ambiguity of discrimination can be seen in "gray areas" that employment discrimination laws either do not cover, or do not cover in explicit ways. Some of these ambiguous areas of discrimination have been explored in relation to the experiences of skilled immigrants in the workforce, both at work and during the hiring process.

Discrimination against skilled immigrants in the workplace has been explored by numerous studies done in the U.S. and Canada. Identifying discriminatory behavior against immigrants in the hiring process can be a challenging task because it is difficult to show definitively that bias is influencing people's judgments when they pass over an immigrant for a native-born applicant. The practice of discrimination against skilled immigrants often has roots in non-recognition of their prior learning, resulting in a devaluation of foreign credentials. Therefore, it is fair to ask whether foreign credentials are devalued because of a concern that they represent a lower threshold, or because discrimination is at play. The ambiguity of foreign credentials (i.e., the difficulty in determining the extent of their alignment with in-country training) may be a confounding factor in determining the nature of the bias. The studies discussed in this section demonstrate that discrimination does play a role in how foreign credentials are valued.

Much of the research on deskilling of, and discrimination against, skilled immigrants has taken place in Canada, with little taking place in the U.S. One reason for this may be the different sets of policies that immigrants encounter in the respective countries. Canada operates on a "points system"; the system grants visas based on a combination of what it views to be human capital indicators transferrable to the Canadian labor market, such as educational attainment, English (or French) language proficiency, and work experience. Those who are granted a Canadian visa have the right to live in Canada and to seek, attain, and quit a job with the same freedom as Canadian citizens. This, however, is not necessarily reflective of what immigrants to Canada actually face upon arrival. While the Canadian government allows immigrants in based on its assessment of their skills and experience, professional standards and regulations are largely determined by individual provinces, employers, and associations (Somerville & Walsworth, 2009). The lack of alignment between federal and provincial governments ensures that the value of a person's credentials and experience will vary depending on where he or she seeks employment.

The U.S. context is somewhat different. In the U.S., skilled immigrants seeking Legal Permanent Resident (LPR) status are selected based on labor market needs of employers, and the majority of skilled immigrants obtain sponsorship from an employer before coming to the country. They enjoy the same rights as U.S. citizen employees with respect to seeking, acquiring, and leaving their jobs. Therefore, the issue of foreign credentialing as a means for facilitating discrimination is less well known (Somerville & Walsworth, 2009). But this only tells part of the story. Employment sponsorship is only one way for an immigrant to enter the U.S. There are other ways for a skilled immigrant to obtain a visa, such as through family reunification, asylum, or the diversity lottery. Therefore, there are skilled immigrants in the U.S. who find themselves in the same position as skilled immigrants in Canada—with the right to seek and obtain a job, but also similar difficulties in breaking into the professional job market, including discrimination on the basis of foreign credentials.

In addition to foreign credentialing, discrimination against skilled immigrants is manifest in other, more ambiguous, areas, one of which is accent discrimination. According to Gluszek and Dovidio (2010), accent is a "manner of pronunciation with other linguistic levels of analysis (grammatical, syntactical, morphological and lexical) more or less comparable with the standard language" 9P. 215). This means that "accent" is distinct from "language fluency." Accent, independent of considerations of language fluency, plays an important part in how people socially evaluate others; possession of a foreign-sounding accent is an indicator that determines how a person is evaluated relative to the dominant social group, particularly with respect to socioeconomic status (Cargile, 2000). Kinzer, Duboux, and Spelke (2007) have shown that preference for one's own accent begins to take shape as early as five months old.

Bias and discrimination against people with foreign-sounding accents has been noted in linguistics, sociological, psychological, and organizational literatures. Yet there seems to be a hierarchy of "foreignness," which denotes how people of various accents

are evaluated. Cargile, Maeda, Rodriguez, and Rich (2010) asked American participants to rate speakers of various accents on their foreignness and status, including native speakers. Not surprisingly, they rated native speakers as "least foreign." But among foreign-accented speakers, participants rated the accented English of Asian-language speakers as "most foreign" and that of Western European-language speakers (German) as "least foreign," with Latin American-language speakers in between. This may suggest a racialized conception of "foreignness"; Cargile et al. point out that these evaluations of "foreignness" were also largely (but not entirely) linked with participants evaluations of "status." Among foreign-accented speakers of English, German-accented speakers were seen as having the most status, while Vietnamese were seen as having the least.

Perceptions of characteristics such as "foreignness" and "status" are just perceptions; however, they may also lead to discriminatory intentions and behavior. Accent discrimination is also tied to ethnic and racial bias based on studies dating back to the 1970s. In Kalin and Rayko's (1978) study, 203 English-Canadian students were asked to rate the suitability of ten potential job candidates for four jobs of varying social status. Five of the candidates had Canadian accents, while the other five had foreign ones. The results showed that the participants rated the Canadian accented candidates as more suitable for jobs of higher social status, and foreign-accented candidates more suitable for jobs of lower social status. De La Zerda and Hopper (1979) asked 67 experienced job interviewers to rate potential job candidates, and they rated people with Mexican accents as having lower status than people with native accents.

Such findings continue until the present time. Hosoda, Nguyen, and Stone-Romero's (2012) study of Hispanic applicants to software engineering jobs showed that Mexican-Spanish accented applicants were viewed as less competent that American-accented ones. Timming (2016) found that a sample of managerial participants discriminated against speakers of Mexican-, Indian-, and Chinese-accented English, rating them as more hirable for "non-customer facing jobs" than for "customer-facing"

jobs. It also found that British-accented speakers of English were rated higher on "customer-facing jobs"; taken together, this study affirms the fundamental hypothesis of accent prestige theory (Giles 1970), which suggests that people use accent to judge others' characteristics and that there is a hierarchy of accents that are judged according to how similar they are to the native accent. These studies are consistent with Lippi-Green's (1997) claim that accent discrimination is stronger when applied to people of darker complexion who come from nations of lower socioeconomic status. What is most striking about the phenomenon of accent discrimination is that, unlike racial or religious discrimination, it occupies a legal gray area. According to Garcia (2016), the framers of Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination in many forms, did not extend protections to accent, even though it may constitute an "immutable characteristic" that would warrant such protection.

Discrimination against skilled immigrants in the labor market may also take on a gendered character. Writing about African immigrants to Canada, Creese and Weebe (2009) write that in Canada, credential recognition is a part of a gendered deskilling process that constructs these immigrants as low-skilled labor, despite higher education credentials obtained in Africa. From credential recognition emerges a constellation of processes that institutionalizes discrimination and channels people into low-wage gendered work. Examples they cite of this are: gatekeeping activities of professions that do not provide a "ladder" for immigrants to convert their foreign credentials into locally-accepted ones; immigrant settlement agencies charged with aiding integration that steer people into low-wage work; discrimination on the basis of foreign-sounding accents and lack of specifically Canadian work experience; all of these taken together demonstrate discrimination at institutional and governmental levels, making it more likely that skilled immigrants will find themselves in the same position as low-skilled immigrants with respect to their position in the labor market. Lopez's (2012) study of highly skilled immigrant women in the U.S., controlling for numerous "disadvantages" that could

explain wage disparity without the element of discrimination, such as level of assimilation and visa status, showed that highly skilled immigrant women experience a "double earnings penalty" on account of their gender and nativity.

A similar phenomenon was found in a study of Asian women in the United States. Purkayastha (2005) found that Asian immigrant women in the U.S. experience a "cumulative disadvantage" in the labor market. The study interviewed highly skilled Indian women married to highly skilled men, and it showed that encountering discrimination was a critical part of understanding their career-rebuilding experiences. The cumulative disadvantage is the result of discrimination built into the complex interaction of immigration laws, social network dynamics, credential devaluation, and household dynamics, which converge to marginalize women in the labor force in the short and long terms. In addition to encountering glass ceilings and other forms of discrimination in workplaces dominated by native men, highly skilled women often must take on the burden of paid work and care work, which makes a reentry into their career fields even more difficult.

Studies have also looked at specific professions and explored systemic barriers based on discrimination against immigrants. There is a tendency to look at immigrant difference as deficiency, rather than as a source of strength, and this hinders the Canadian education system's efforts to integrate immigrant teachers (Schmidt, 2010; Schmidt & Block, 2010; Schmidt, Young, & Mandzuk, 2010). Chaze and George's (2013) study of foreign trained engineers revealed that many of the participants had experienced discrimination on the basis of their lack of local work experience, despite the fact that engineering principles and practices are not unique to any one country. They write that despite Canada's official policy of prioritizing immigrants with educational and professional credentials, people with this profile continue to be discriminated against. These are just two studies, but they are representative of a wider trend in developed

nations of discrimination experienced by skilled immigrants in the professional job market.

Lack of social capital. The theory of *social capital* has been widely employed to examine the economic, social, and educational mobility of various groups, including immigrants. Before examining the literature, the concept underpinning the theory bearing the same name should be clarified and defined. "Social capital" is a widely employed term that has been defined in numerous ways since it was first conceptualized, although Portes (1998) argues that the definition put forth by one of its original theorists, Pierre Bourdieu (1986), is perhaps the most theoretically sound: "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition" (p. 248). Although it can be applied widely, it has primarily been conceptualized as a concept used to analyze economic outcomes of individuals. However, Portes (1998) points out that while Bourdieu conceptualizes outcomes of social capital as economic in nature, the processes that accompany its accumulation and deployment cannot simply be reduced to economic exchange. This subsection will discuss how the concept of social capital has been used to examine the experiences of adult immigrants, and show its importance as a factor in the marginalization of skilled immigrants.

There have been numerous studies looking at the relationship between social capital, employment, and educational outcomes in immigrants. At this point it is difficult to claim that high levels of social capital are associated with positive employment outcomes. Tegegne (2015) found that high social capital has little to no effect on employment outcomes for Hispanic immigrants, and that it may have a detrimental effect on Asian and White immigrants; the reason for this is that these immigrant social networks are closed and insular, and while they may make it likely for someone to move from unemployment to employment, the scope of opportunities for good paying jobs with prospects for advancement is low. Here, it is not necessarily the existence of social

networks that contributes to positive outcomes, but also their diversity and openness. Chaumba and Nackerud (2013) found that, among Zimbabwean immigrants to the U.S., underemployment was higher among Zimbabweans with social networks characterized by low levels of ethnic, educational, occupational, and gender diversity. This group was much more likely to go into elder care, an industry toward which many Zimbabwean immigrants gravitate. These findings coincided with Sanders, Nee, and Sernau's (2002) findings that suggested reliance on ethnic ties made it more likely that Asian immigrants would not branch out of their ethnic economies. Given these data, it is clear that social capital in and of itself is not necessarily deterministic of an immigrant's ability to improve his or her educational and economic mobility. Other factors, such as the likelihood that those networks will allow them to branch out of their ethnic groups, seem to play important roles as well.

What also seems an important factor in the social capital equation is how a person learns to leverage what capital he or she does possess, as well as how he or she learns how to accumulate more. In the context of immigrant communities in the U.S., English language acquisition is an important element of this, and the relationship between social capital and language acquisition has been studied in the context of both its economic and noneconomic utilities. What is often referred to as "linguistic" social capital is the idea that language proficiency is an economic and noneconomic asset that can be leveraged for an individual's benefit, much in the same way that other forms of capital operate. Nawyn, Gjokaj, Agbényiga, and Grace (2012) studied Burmese and Burundian refugees in Michigan and found that a lack of English language skills contributed to these refugees' isolation within the host community, producing a sense of uncertainty and anxiety, and preventing economic mobility.

The connection has also been made in the area of adult literacy and numeracy. Balatti, Black, and Faulk (2007), using a set of 12 social capital indicators based on the Australian Bureau of Statistics (ABS) framework, studied the usefulness of employing

social capital-supporting pedagogical practices in an adult literacy classroom. To identify the effect of these practices, they measured a change in aspects of interaction with the participants' social networks, such as in levels of trust, or in how participants sought support from members of their social network. Their findings suggested that membership in adult literacy and numeracy classes served to generate increased social capital, largely as a result of pedagogical approaches specifically intended to strengthen students' in-class networks amongst themselves and between themselves and their teachers. Borrowing and adapting Schein's (1993) metaphor of the "practice field," which describes a kind of space apart from an organization in which employees are free to explore new ways of thinking and should feel free to make mistakes, Balatti et al. (2007) argue that a "practice field" serves as a two-way bridge between course material (as well as the knowledge, confidence, and other assets gained within) and the students' wider social networks as well as new networks that were previously inaccessible. They argue that the two-way flow of "traffic" on the bridge, so to speak, builds social capital that can be used to join new and more diverse networks outside of the classroom.

Studying social capital in the context of learning is important, according to Field (2005), because it takes into account the complex social interactions that are embedded in the learning process, whereas other learning lenses focus on either the micro or the macro aspects of learning. Also, Field notes that learning and social capital can sometimes form a "virtuous circle" (p. 101), as the two can substitute for one another and they can cut across one another; however, he argues that, since the relationship between learning and social capital is highly context-dependent, a more "differentiated" understanding of the construct is needed, as opposed to the "univocal" one that does not take contextual differences into account (p. 101).

Related to social capital, especially where learning is concerned, is *cultural capital*, which is similar to the "social" variety in that it can be exchanged for economic capital (Bourdieu, 1986). When applied to an educational context, Janis (2013) describes it as

"the access to the knowledge of English, academic culture, and social relations that contribute to a 'student' identity in addition to other identities held by adult immigrant students" (p. 151). Becker (2011) looked at the experiences of ESL students through Bourdieu's cultural capital lens, focusing specifically on Bourdieu's construct of *habitus*, which, in an academic context, she describes as "the socially conditioned behaviors and perceptions that tacitly affect students' decision-making processes and their academic mobility," (p. 16). Becker was interested specifically in how adult immigrant students transitioned from noncredit ESL classes to credit programs, using a California community college as the site for her study. Her study consisted of semi-structured interviews with 17 students of diverse socioeconomic and ethnic backgrounds who had enrolled in a two-semester ESL bridge program, after having completed the highest level of noncredit ESL at the college. Learners with high cultural capital brought into the classroom advantages such as advanced degrees from their countries of origin, more financial security, and professional experience; learners with low cultural capital, on the other hand, brought financial trouble and difficult work histories.

Using Schlossberg's (1989) concepts of *marginality* and *mattering*, Becker (2011) looked at the extent to which a participant's cultural capital can describe his or her relationship to the community college in which the study took place. What the analysis suggested was that high levels of cultural capital derived in the immigrants' countries of origin correlated with a closer relationship to the institution; that is, their capital can be employed in the service of accessing resources and services in the institution, using them to gain mobility and advantages within the system, while lower levels of cultural capital tended to result in greater feelings of marginality or alienation from it. Essentially, immigrants who were marginalized academically in their homelands were more likely to be marginalized in a formal education setting, irrespective of their level of English fluency. Becker attributed this relationship to the cause-and-effect relationship between immigrant learners' cultural capital and their *habitus*. Having achieved high

pre-migration levels of *cultural capital* enabled learners to develop the kinds of *habitus* necessary to re-calibrate their learner identities, which had been knocked off course by the revelation that they would have to work to recapture the positions, prestige, and respect they had left behind when they emigrated. However, Becker points out that, through "knowledge acquisition and reflective strategies" (p. 23), immigrants with low cultural capital can change their *habitus*, becoming more resilient in the face of the challenges associated with their cultural capital deficits.

Morrice (2013) has also looked at social capital as it relates to immigrant educational mobility, also employing Bourdieu's constructs of *capital* (social and cultural) and *habitus*, to examine the experience of refugee adults in higher education in the United Kingdom. Her study consisted of four case studies of four individual refugees who had participated in a program designed to help refugee adults to access higher education in British universities. The four participants were selected because they had been able to access higher education after participating in the program, whereas many of the 40 overall participants in the program never did make the transition to higher education. *Habitus* was an important feature in the lives of the refugee students that she studied, as it shaped and framed how they thought of themselves as they adjusted to life in their new country. For some of them, one kind of habitus came into collision with another kind, producing a kind of conflict. Even though it only looked at four subjects, this study tells us that part of immigrant learning is the imperative to reconcile what might seem like contradictory identities, or to accept that one's assumptions about one's identity will be unexpectedly challenged in the course of acculturating or settling into a new culture.

There are limitations to the theory of social capital that complicate our understanding of its ability to adequately describe the experiences of adult immigrant learners. Somers (2005) argues that social capital has become a "social auxiliary" to the market, and been employed to represent a takeover of democratic practice by the forces

of privatization in the context of hegemonic neoliberalism (p. 235). Essentially, it reduces human relationships to business transactions. This can be seen as a political critique. But Somers also makes an intellectual critique, stemming from the conceptualizing of the complexity of human beings and their relationship to their social environments as a form of capital. The term "capital," in the economic sense, can be understood as inputs to be used for the purpose of creating wealth and adding value. It is something one can possess and measure. Social capital resists such actualization, and is thus criticized for being difficult to measure accurately. As Somers points out, it resists a common definition because it has been employed to fill a multiplicity of intellectual and political needs, which are sometimes contradictory. Because it has been employed so widely and conceptualized with such elasticity, its value as a heuristic may be compromised (Portes, 1998). Thus, we can say that social capital, while useful for understanding a person's learning to bridge the gap between relationships and economic mobility, tells us little about the non-economic returns to that kind of learning.

Effects of Underemployment

It has long been known that work is a significant factor in individuals' lives, affecting areas such as self-esteem, community engagement, and identity formation (Erikson, 1959; Jahoda, 1981). More recently, researchers have shown interest in how a person's employment status may affect his or her physical and mental health, as well as attitude toward work (Anderson & Winefield, 2011). While far more scholarly attention is paid to unemployment, there has been some notable research particularly on the effects of underemployment on individuals.

Underemployment has been linked to negative health outcomes in individuals. Cassidy and Wright's (2008) study of recent college graduates showed a prevalence of negative health behaviors among the underemployed as compared with graduates with a desired job, with both groups having reported similar health behaviors in the year before

they graduated. They also found that underemployment correlates with low perceived social support. Dooley and Prause (1998) found that favorable job change led to less binge drinking of alcohol, while underemployment may lead to symptoms of alcoholism.

Morrice's (2012) study of refugees in the U.K. revealed that underemployment can lead to negative perspective changes that are both deep and enduring. In research conducted between 2005 and 2010, she combined longitudinal and life history approaches to study the experiences of 10 English-speaking refugees from Iraq, Ethiopia, Iran, and Zimbabwe between the ages of 24 and 48. They were asked a series of broad, open-ended questions about their life stories before and after arriving in the U.K., with the intent of uncovering the nature of their learning as a result of their life transitions. Though the participants in the studies had different backgrounds and experiences and expectations of life in the U.K., they all had been professionals (except for one university student) in their countries of origin, but they were now employed in positions requiring few skills and paying low wages.

Morrice's (2012) findings showed transformations in their meaning perspectives that were causing them psychological harm and facilitating a descent into despair. This was in part catalyzed by the loss of respect and professional identity associated with their refugee status. In their countries of origin, they had earned respect as a result of their successes in the realms of educational and professional achievement. In the U.K. context, they learned that the achievements that had informed their sense of identity in their countries of origin had no "exchange value" (p. 263). This is where the category of "learning who and what they are not" comes into view. Having to live off welfare state benefits as well as working "underground" in the informal economy rendered them almost invisible in society; it also provoked a significant "unlearning" (p. 265) of who they were as people, as professionals, as providers, and as participants in society.

Internationally Educated Nurses and Underemployment

While internationally educated immigrants face significant barriers in re-entering various professions, the nursing profession is one in which these barriers may have significant implications for the political economy of the United States and, in particular, its health care system. There has been an increasing demand for licensed nurses in the United States, as the shortage of RNs is expected to number around 260,000 by the year 2025 (Buerhaus, Auerbach, & Staiger, 2009).

The demand has been increasingly met by internationally educated nurses and is expected to continue to do so (Wolcott, Llamado, & Mace, 2013). Therefore, it is important to understand how this transition takes place: the regulatory requirements and how they are met, the educational benchmarks and how they are achieved, and the variables that affect outcomes in these areas. What follows is a review of literature on the reentry and integration experiences of internationally educated nurses in the U.S. It describes the regulatory framework that IENs face, as well as studies that have explored the reentry challenges that IENs face not only within this framework, but also as a result of various economic, social, and organizational factors that affect their perceived professional readiness to work as nurses in the U.S. health care system.

Regulatory framework. As is the case with many professions, an internationally educated nurse cannot automatically obtain a license to be a registered nurse upon immigrating to the U.S. There are a number of requirements that he or she must meet in order to be eligible for licensure. First of all, he or she must have graduated from a nursing program comparable to a board-approved pre-licensure program, which must be verified and approved by the state's Board of Nursing. This validation process is conducted via the Commission on Graduates of Foreign Nursing Schools (CGFNS), a non-profit organization. As part of the validation process, an internationally educated nurse must also take an English language exam as well as an exam known as the CGFNS Qualifying Exam that tests them on general nursing knowledge.

In addition, he or she must self-disclose licensure in their country of origin, substance abuse disorder diagnoses, criminal history, and any actions taken against their licensure. They must also provide fingerprints. If he or she meets all of the requirements, CGFNS gives the individual permission to take the National Council Licensure Examination (NCLEX), a computer-adaptive, multiple choice test that assesses knowledge of four areas of the profession: (1) safe and effective care environment; (2) health promotion and maintenance; (3) psychosocial integrity; and (4) physiological integrity. This exam is offered in the U.S., but applicants may also take the exam internationally in the Philippines, India, Mexico, Japan, Taiwan, Hong Kong, the UK, Germany, and Australia (National Council of State Boards of Nursing, 2015).

Barriers to reentry. Studies have shown that internationally educated nurses in the United States confront many of the same challenges that other internationally educated immigrants do, despite the documented, ever-increasing need for their profession-specific skill sets. The list of bureaucratic procedures required to obtain licensure only tells a part of the story of how internationally educated nurses reenter the nursing profession in the U.S. In addition to meeting these criteria, nurses face additional challenges impeding their integration into the profession.

Communication. Internationally educated nurses have been shown to struggle with the destination country's language, and this can erect a barrier to their reentry into the nursing profession. Communication difficulties have been cited in a number of studies going back decades as the top difficulty that IENs face in attempting to reenter the nursing profession in their destination countries (Spangler, 1992; Xu, 2007). In particular, lack of language proficiency can act as a barrier at all stages of an IEN's transition into the profession, from attaining a nursing license to finding a nursing position and providing quality care to patients (Hall et al., 2015).

In addition, it can hinder nurses' ability to advocate for themselves in the workplace, or advocate on behalf of their patients. In a study performed in the UK, it was

shown that many internationally educated nurses there struggled with writing and understanding, even if they were technically fluent with respect to speaking (Buchan, 2003). The problem has been shown to be more complex than simply a question of fluency or lack of fluency; the nursing field's lexicon contains culturally specific expressions and professional acronyms, which puts IENs at a disadvantage (Neiterman & Bourgeault, 2013). Misunderstandings rooted in the social-cultural aspects of communication can contribute to difficulties in nurse-patient relationships (Staples 2015). Lastly, communication difficulties have been shown to cause emotional distress and frustration among IENs transitioning into nursing practice (Takeno, 2010).

Discrimination. As with many other immigrants, existing literature shows that internationally educated nurses face discrimination (Kingma, 2006; Walani, 2015) on the basis of numerous characteristics, including their national origin, their accent, and their race. In this context, discrimination means simply the "unequal treatment of persons or groups" (Pager & Shepherd 2008, p. 182). This unequal treatment can be manifested in myriad ways in the context of reentry into the nursing profession. A review of five studies related to discrimination against IENs in Canada, the U.K., and the U.S. found that in each country IENs face discrimination in the form of disrespect and emotional abuse from colleagues and patients (Walani, 2015). IENs have reported that they felt scapegoated due to their struggles with language and communication (Xu, Gutierrez, & Kim, 2008), and that they have been discriminated against when going up for promotion (Batnizky & McDowell, 2011).

Deskilling. Like other internationally educated immigrants, internationally educated Registered Nurses have been shown to experience deskilling in the context of the health care labor pool in developed countries (Batnitzky & McDowell, 2011; Salami, Meherali, & Covell, 2017). As a result, internationally educated Registered Nurses who possess not only licensure but also college degrees find themselves working as care workers or in positions that do not require the advanced training they possess

(Wojczewski et al., 2015). This downward mobility can be attributed to multiple other barriers that make it difficult for them to gain licensure as RNs, including lack of language proficiency, inaccurate knowledge of educational opportunities that train them for advancement, and family responsibilities (Salami et al., 2017). This last barrier is important to consider in the context of the gendered nature of care work, including nursing, as women still make up the vast majority of internationally educated nurses in the U.S. and other developed countries; as internationally educated nurses often take responsibility for the economic well-being of their families, they often do so in the midst of cultural pressure to maintain a familial caretaker role. This added responsibility makes it difficult for them to devote the necessary time and energy to studying.

Taking into account the difficulties that IENs face in reentering the profession, Lin (2014) created a model trajectory of the transitions of international nurses based on her work with nurses from the Philippines. The stage-based, linear model is separated into three distinct parts of the nurses' trajectory: pre-arrival, early adaptation, and late adaptation. At each stage, a nurse confronts a different set of challenges. In the Pre-Arrival stage, the nurses decide to leave the Philippines through what they see as unscrupulous recruitment agencies, encountering uncertainty about life in the U.S. upon arrival. In the Early Adaptation stage, nurses experience professional integration problems such as language barriers, confusion about their roles as nurses in their new positions, and adjusting to the legal context of U.S. health care. In the Late Adaptation stage, the nurses adjust to life as nurses in the U.S., encountering new sets of problems such as discrimination at the workplace and stress management. However, in this last stage, they also experience role acceptance and increased confidence in their abilities.

Given the difficulties described above, it can be assumed that internationally educated nurses, as deskilled immigrant professionals, face special challenges in building professional careers that native-born nurses either do not face, or face less frequently. For any internationally educated immigrant adult, whether he or she is a nurse or another type

of professional, overcoming initial marginalization in the labor market in a new country represents a learning process and a significant life transition. They must undergo a socio-cultural shift in order to function effectively within the host society and navigate the labor market, often with few resources available to assist them (Novak & Chen, 2012). This is often called "resocialization," which Neiterman and Bourgeault (2015) define as "modifications made to the approach to professional work and professional identity" that are formed along the lines of "the intersection of professional identity with wider cultural norms and ideologies" (pp. 74-75). Regarding the situation of internationally educated nurses, they must adapt their approach to the profession and their professional identity to accommodate their new countries' health care norms and prevailing ideologies that govern practice (Neiterman & Bourgeault, 2015).

The learning process also, however, may involve "psychological, mental and behavioral preparation for living with instability" and for developing a self-concept that sees oneself as a "renewable, exchangeable, and updateable resources rather than as a human being with unique experiences, hopes, wishes and dreams" (Hart, 2012, p. 87). Baltodano et al. (2007) call this "learning in reverse" (p. 111), whereby immigrants learn to restrict their expectations and come to grips with the marginalization they experience and the feelings of loss engendered by their marginalized status. This particular aspect of the learning process is especially salient with respect to the position of nurses within the global economy. Finding themselves caught between a country of origin that relies on their labor for remittances and a host country whose use for them may be fleeting or subject to economic or political circumstances that can change at any time (Ortiga, 2014), this may be seen as another manifestation of marginalization, as global nurses must confront instability and the supremacy of global economic forces beyond their control as a normal component of their professional and personal lives.

Thus, the transition between a position of marginalization and integration in the nursing profession also represents a process of learning, wherein assumptions are

re-evaluated and sometimes discarded. Parkes (1971) calls these types of transitions "Psychosocial Transitions," defining them as "major changes in life space which are lasting in their effects, which take place over a relatively short period of time and which affect large areas of the assumptive world" (p. 93). This is similar to what Mezirow (1978) describes as a "disorienting dilemma," which is a catalyst for transformative learning. Leaving one's country and settling in a new one such as the U.S., and rebuilding a professional career despite myriad barriers in one's way—with all of the attendant uncertainties and stressors—no doubt meet these criteria. Schlossberg (1981, 1984; Anderson et al., 2012) developed a model for explaining what facilitates or impedes people's ability to cope with these kinds of transitions, in order to help practitioners support adults going through them. Understanding adult transitions, as well as how people learn from and cope with them, is crucial to understanding how nurses learn to surmount the barriers they face and reenter the nursing profession.

The next section of this literature review will take a further look at transitions experienced by various subcategories of adults in transition. It will review studies that analyze adult transitions using Schlossberg's transition theory (1981, 1984; Anderson et al., 2012), providing further context to the already-reviewed literature on underemployment and the experiences of internationally educated nurses. Schlossberg's theory is key to this study because the participants have experienced a significant transition, and the theory helps to understand how the participants coped with the changes that it brought to their lives.

Topic II: Schlossberg's Transition Theory

Introduction

This section will discuss Schlossberg's transition theory (1981, 1984), which informed the present study's conceptual framework, as well as prior research that has

used it as a conceptual framework. The concept of 'transition' is particularly

consequential for this study because it represents a focal point of learning, of how people

learn to respond to major life changes. Transition may be defined as a "discontinuity in a

person's life space" (Hopson, 1981a), which can cause stress and require a coping

process. Schlossberg's theoretical framework sees transition as "any event or non-event

that results in changed relationships, routines, assumptions, and roles" (Anderson,

Goodman, & Schlossberg, 2012, p. 39). A transition presents difficulties along with the

opportunities for growth and change in adults (Anderson et al., 2012). Understanding the

nature of a person's transition experience may help practitioners who work with this

population learn from their experience and develop more effective coping strategies.

Overview of Schlossberg's Theory

Transition theory is concerned with understanding how people respond to changes

in their lives. According to Schlossberg (1981), as people experience and cope with

change, the changes "often result in new networks of relationships, new behaviors and

new self-perceptions" (p. 2). But transition does not imply merely the ambiguous idea of

change; in Schlossberg's view, it is also concerned with how an individual sees and

experiences change. Hopson (1981b) notes the importance of this nuance of definition, as

it captures an essential phenomenological component and "operationally defines it as

requiring new behaviors as well as personal awareness" (p. 37). And there is also a high

degree of variability in how people experience and cope, with predictably different

outcomes. Some of this variability is influenced by the scope and dimensions of the

change. Sargeant and Schlossberg (1988) write that "the more the event alters an adult's

role, routines, assumptions and relationships, the more he or she will be affected by the

transition" (p. 7).

Although it is perhaps a somewhat ambiguous term, "affected" implies that the

person experiencing transition is also undergoing a learning process. Transition often

influences a person to explore new ways of thinking, which results in a deeper learning about himself or herself. It "requires letting go of aspects of the self, letting go of former roles, and learning new roles" (Anderson et al., 2012, p. 30). It is a long process with roles for both emotion and reflection (Hudson, 1999), the latter of which has long been seen as a critical component in adult learning (Merriam, Caffarella, & Baumgartner, 2007, p. 189). Ultimately it can be seen as providing a context for growth and transformation (Anderson et al., 2012), which implies a change not only in behavior but also how a person sees the world and his or her place within it.

Schlossberg's transition theory aims to help scholars and practitioners understand the relevant issues facing adults in transition. More specifically, it "provides insights into factors related to the transition, the individual, and the environment that are likely to determine the degree of impact a given transition will have at a particular time" (Evans, Forney, Guido, Patton, & Renn, 2010, pp. 212-213). There are three major components to the transition model: (1) Approaching Transitions; (2) Taking Stock of Coping Resources; and (3) Taking Charge: Strengthening Resources.

The "Approaching Transitions" part of the model "identifies the nature of the transitions and provides an understanding of which perspective is best to deal with it" (Anderson et al., 2012, p. 38). There three types of transition: *anticipated*, *unanticipated*, and *nonevents*. *Anticipated* transitions are those that the individual expects to happen in the course of what he or she considers to be normal life, such as getting married or having a child. Since they are anticipated, they often provide space for preparation and considered decision-making. *Unanticipated* transitions are those that are neither predicted nor expected, and thus take on different meanings vis-à-vis a person's resources for coping. Fouad and Bynner (2008) write that in these kinds of transitions, individuals have less time to prepare, and thus the range of decisions is constrained. *Nonevents* are anticipated transitions that end up not occurring (such as not being able to have children or not getting married), which may also require their own form of coping. How a person

reacts and moves through the transition often depends on whether or not he or she is moving in, through, or out of the transition (Anderson et al., 2012). Each stage brings with it different concerns and challenges.

In the "Taking Stock of Resources" part of the model, Anderson et al. (2012) see four key components (called the 4S system) related to the ability of an individual to cope with transition, each of which can contain variables that act as assets or liabilities for coping. An individual is perceived to be better able to cope when he or she has a higher assets-to-liabilities ratio. The four components are: (1) Situation, (2) Self, (3) Supports, and (4) Strategies. Each of the components has dimensions that provide breadth and description of how an individual's particular circumstances may vary.

Situation refers to the context in which a transition takes place. According to Anderson et al. (2012), this varies according to what sets off the transition (*trigger*), how it relates to one's social clock (*timing*), what aspects are within the individual's ability to control (*control*), whether it involves a role change (*role change*), whether it is permanent or temporary (*duration*), prior experience with a similar kind of transition (*previous experience*), the stress impact resulting from the transition (*stress*), and how the individual views the transition (*assessment*). These variables are what differentiates one individual's situation from another's.

Self refers to person's individual traits that affect how he or she will react to a transition. Although Anderson et al. (2012) acknowledge that the "self" is a complex concept, they offer ten aspects of the self that research has shown to be particularly salient with respect to a person's ability to cope with transition: (1) Socioeconomic status, (2) Gender and sexual orientation, (3) Age/Stage of life, (4) State of health, (5) Ethnicity and culture, (6) Psychological resources, (7) Ego development, (8) Outlook (optimism and self-efficacy), (9) Commitment and values, and (10) Spirituality and resilience. As with all of the components of 4S, each of these can represent assets or liabilities, depending on the individual involved.

Support is the nature of help an individual receives in the service of coping with the stresses of transition. Anderson et al. (2012) describe this component as being comprised of four types: (1) Intimate relationships, which involve "trust, support, understanding and the sharing of confidences" (p. 84); (2) Family units; (3) Networks of Friends; and (4) Institutional/Community, which describes the involvement of organizations involved in helping people cope with their transitions. These four types of support can be crucial to a person's transition process because they help marshal the resources necessary to cope, as well as provide honest feedback on a person's strategies and actions.

Strategies are the plans of action that people use in order to cope with the stress of transition. Coping is a natural response to events that cause disruptions in one's psychological equanimity, such as the death of a loved one or the diagnosis of a terminal illness. Lazarus and Folkman (1984) define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). How a person copes with stress is the critical indicator for how he or she adapts to life's challenges (Lazarus, 1980). In Schlossberg's model, which is informed by the work of Pearlin and Schooler (1978), Lazarus (1980), and Lazarus and Folkman (1984), individuals choose from among four distinct coping mechanisms: (1) information seeking, (2) direct action, (3) inhibition of action, and (4) intrapsychic behavior, which refers to the mindsets of the individuals. Anderson et al. (2012) point out that effective copers utilize a number of mechanisms rather than just one, underscoring the dynamic and fluid nature of the process.

Schlossberg's Theory in Research

We can see Schlossberg's Transition Theory operationalized in research examining the transitions of various categories of adult learner, which provides some insight into

what it can reveal about an individual's experiences of transition. Using the theory as a framework, Karmelita's (2018) qualitative study found that adults enrolled in a higher education transition program identified the relationships formed with fellow program participants as a key factor in helping them through the transition. Also employed in this study was Cross's (1991) classification of barriers, which categorizes three major barriers to participation in education: *dispositional* barriers, which refer to an individual's self-concept and personal beliefs preventing him or her from participation; *situational* barriers, which refer to aspects of an individual's personal, work, and family life that hinder participation in learning; and *institutional* barriers, referring to educational and other institutional practices and procedures that hinder participation. A key finding was that dispositional barriers (akin to the "Self" in Schlossberg's model) were more salient as hindrances to learning than were situational or institutional barriers. The themes that emerged from the study revealed that participants perceived dispositional factors to be the most consequential in both hindering their participation at the outset and instilling them with self-confidence at the end of the transition program.
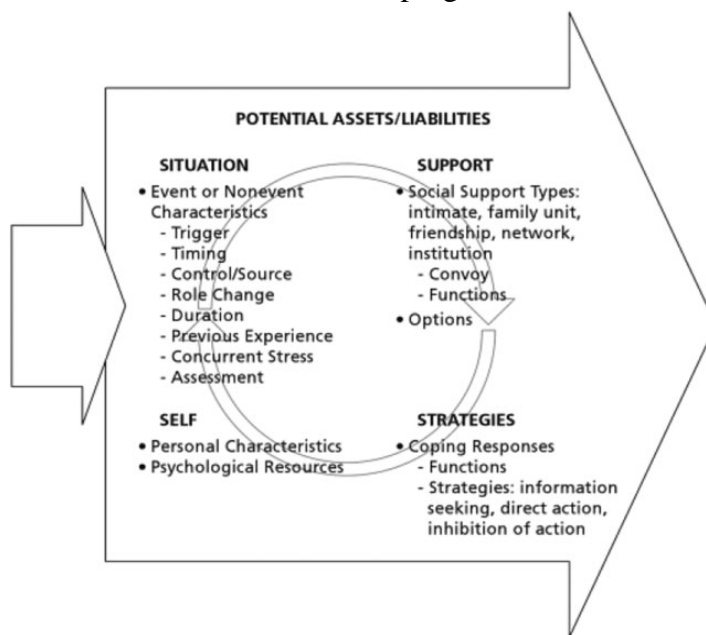
Figure 1. Schlossberg's 4S System. Source: Anderson et al. (2012, p. 62)

Schlossberg's theory has also been employed to study the transition experiences of military veterans. Military veterans transitioning to college and community college face different challenges than those of traditional students, and those can be captured by looking at their experiences through Schlossberg's 4S system (Ryan, Carlstrom, Hughey, & Harris, 2014). For military veterans, enrolling in higher education represents both a "moving in" and a "moving out"; for example, a veteran may move into education, while at the same time moving out of active duty in the military (DiRamio, Ackerman, & Mitchell, 2008), and with each stage of transition come both unique strengths (such as maturity gained from military service) and unique challenges (shedding their role as active soldiers) that traditional students do not encounter. As they move through the transition, support underpinned by awareness of these unique challenges becomes a prominent component of understanding their needs as adult learners (Anderson & Goodman, 2014). This can aid schools and other educational institutions in addressing these needs and helping facilitate their transitions. However, Griffin and Gilbert (2015) caution, "Institutions cannot assume that all veterans need the same support or resources" (p. 95).

Schlossberg's theory has also been applied to better understand students transitioning in the nursing field. Wall, Fetherson, and Browne's (2018) study of Enrolled Nurses training to become Registered Nurses revealed that Schlossberg's framework presented opportunities for educators to better understand and respond to the learning needs of the nursing students. These needs varied according to what stage the students were in, and were both academic and nonacademic. In a study of students pursuing nursing as a second career, De la Cruz, Farr, Klakovich, and Esslinger (2013) applied a program modeled on Schlossberg's theory to socialize non-nurse students into the nursing profession, including its body of knowledge, specialized skills, and values. It was found that the program helped educators time interventions related to the socialization of students into the field.

Although Schlossberg's theory has been widely applied to various populations, its validity as a theory has come under scrutiny. Although Evans et al., (2010) praise the theory for its inclusiveness of individual and cultural difference, as well as Schlossberg's integration of various theoretical strains of thought, they see the theory as lacking the capability to measure what it proposes to measure. In particular, its "lack of formal assessment tools" (p. 225) calls into question its ability to describe transition in the way Schlossberg claims it does. To address this issue, Evans et al. call for more qualitative research using the theory to give a picture of the holistic experiences of individuals in transition.

Suitability of Schlossberg's Model to Immigrant Transitions

Schlossberg's theory has been applied to the study of various populations of adults undergoing major life transitions. As has been discussed above, her theory has been employed to look at the experiences of military members transitioning into civilian life (Anderson & Goodman, 2014; DiRamio et al., 2008; Greer, 2017; Ryan et al., 2011), adults facing career transitions (De la Cruz et al., 2013), older adults transitioning out of work and into retirement (Goodman & Anderson, 2012; Goodman & Pappas, 2000), and students in higher education (Champagne & Petitpas, 1989; McGill & Lazarowicz, 2012). The flexibility of the theory allows it to be applied to many different kinds of transitions. There is also abundant literature on the experience of immigrants and their transition to life in the United States, though these studies do not use Schlossberg's framework. However, as this section will demonstrate, their findings suggest that Schlossberg's framework may be a useful tool for looking at and understanding how they have coped with the various stresses that accompany building a new life in an unfamiliar country.

In a study of newly arrived Chinese immigrants in the Flushing neighborhood of Queens, NY, Liu (2017) found that a combination of factors related to human and social capital affected labor market transitions. In particular, a person's social ties facilitated the

finding of a first job, but thereafter social ties became less important and people found work through employment agencies. This proved true for both educated and uneducated participants in the study, all of whom found finding well-paid work in Flushing difficult, but for different reasons. Although the author used a human and social capital framework to look at labor market transitions, these concepts may not be comprehensive enough to fully explain the nature of these transitions. Specifically, they do not address the emotional dimension of transition, nor do they take into account a person's coping responses. Schlossberg's emphasis on understanding a person's coping provides a more holistic approach to understanding these kinds of transitions.

Amundson, Yeung, Sun, Chan, and Cheng's (2011) qualitative study of "successful" transitions of Chinese immigrants in Canada aimed at exploring characteristics that resulted in positive transitions. The descriptors "successful" and "positive" were based on participant self-perceptions; the study focused on these particular participants because they themselves had described their transitions as "positive" and considered themselves to be "successful" immigrants. Many of the participants focused on individual characteristics when discussing their transitions. They believed that their success derived from their individual initiative and the preparation they had done in China, with some help from an employment services organization. Their transitions were not easy. They spoke of hindrances that made transition more difficult, and those hindrances were sometimes individual in nature, too, such as lack of English language skills, as well as financial pressure. But just as often the hindrances came from the "Characteristics of Transition" and "Characteristics of Pre/Post Transition" buckets, such as lack of family networks in-country, employers' refusal to hire foreign workers, or accreditation issues. Overall, it seemed as though they were saying that their success came from their personal triumph (in Schlossberg's model, this would refer to "Self" and "Strategies") over their circumstances ("Situation" and "Support").

Serrata and Fischer's (2013) study of Latino immigrant adults in the U.S. showed a transition experience characterized by various liabilities in what in Schlossberg's model would be *Support* and *Situation*. The authors describe the participants' transition in terms of stage of displacement, with each stage representing different coping strategies. Shaping these coping strategies were factors congruent with transition described in Schlossberg's transition model. The grounded theory study of ten Latino immigrants ranging from age 23 to age 60 identified five distinct stages of displacement:

(1) *Seeking opportunities*, during which the participants came to the U.S. for the opportunities they believed the country would offer them. During this stage, several factors determined the character of this stage for the participants. A "good" transition was marked by financial means, a safe journey, and documentation (i.e., a green card) to facilitate travel. A "bad" transition was marked by discrimination, hardship, alienation, and boomerang experience (going back and forth between Mexico and the U.S.).

(2) *Emotional reactions* characterized the second stage. Participants felt fear, anxiety, and sadness, particularly those whose transitions were "bad." Much of this was related to separation from family, and from the sense of loss of leaving a former life behind.

(3) *Adjustment* was associated with three themes: assimilation to U.S. culture, maintenance of traditional culture, and role change. There was evidence of some tension between these three themes—while participants maintained traditional culture by respecting their elders, they also became less collectivistic, an indication of assimilation to American culture.

(4) *Rationalization* consisted of participants rationalizing the reasons for immigrating to the U.S.

(5) *Acknowledgement*, the final displacement stage, was an acceptance of the participants' new realities.

Serrata and Fischer's (2013) findings suggest that, for the participants in their study, what influences the experience of transition is a constellation of factors that contextualize the process. What their participants describe are transitions marked by variations in the areas that Schlossberg considers crucial to understanding a person's experience of transition. As they moved through the process of displacement, they confronted transition challenges that forced them to adopt coping strategies based on what could be seen as their 4S profile. For example, regarding *Self*, participants' statements brought forth themes related to socioeconomic status, culture, and outlook, which sometimes were seen as liabilities. Regarding *Situation*, they spoke of circumstances that prompted the migration as well as significant role changes, all of which were beyond their control. This study, like many others involving immigrants described in this chapter, examines transitions that are multidimensional and deep, even transformative, in nature.

The existing studies of immigrant adult transitions show that their transitions are complex processes with high levels of variability according to individuals' particular circumstances. They also show that transitions occur in stages, and that certain characteristics of the transition may be influential in shaping how an individual copes with the change. When immigrants transition into a new culture, they engage in "both "cultural shedding" and "cultural learning" (Berry, 2001, p. 621), suggesting that the process has the effect of changing attributes beyond merely behavior and into the territory of values and assumptions underpinning behavior; this recalls Sargeant and Schlossberg's (1988) observation that "the more the event alters an adult's role, routines, assumptions and relationships, the more he or she will be affected by the transition" (p. 7).

This subsection discussed the development of Schlossberg's Transition Theory and reviewed its use in helping us understand the experiences of adults undergoing life transitions. As adults experiencing multiple life transitions—the transition into a different

culture as well as a different professional context—the trajectories of internationally educated nurses and their reentry into the nursing profession in the United States provide an appropriate context in which to apply Schlossberg's theory. An understanding of the transition experiences of internationally educated nurses provides a context in which to better uncover not only what and how they learn to reenter the profession, but also the salient factors that help or hinder their learning.

Topic III: Adult Learning

Introduction

This section discusses informal, formal, and nonformal learning, experiential learning theory, and self-directed learning theory, all of which provide an important foundation for exploring how internationally educated nurses learn to surmount the barriers they face to enter the nursing profession in the U.S. The work discussed in this section will illuminate the work of selected theorists who have developed the theory, as well as studies that have operationalized it through research with adult learners. The section includes these theories because the researcher believes they best describe the learning that takes place among these internationally educated nurses in a community training program aimed at helping them become recertified as RNs in the United States.

Informal, Formal, and Nonformal Learning

Informal learning describes a method of learning that largely takes place outside of traditional classroom settings. It is "usually intentional but not highly structured" (Marsick & Watkins, 2001, p. 1) and requires action and reflection, is motivated by the intent to develop, and takes place outside the confines of a formal classroom (Tannenbaum, Beard, McNall, & Salas, 2010). It can involve a number of methods and strategies, such as self-directed learning, coaching, networking, and mentoring (Marsick

& Watkins, 2001). Regarding how informal learning is organized, Rogoff, Callanan, Gutierrez, and Erikson (2016) write: "It is nondidactic; embedded in meaningful activity; builds on the learner's initiative, interest, or choice (rather than resulting from external demands or requirements); and does not involve assessment external to the activity" (p. 358).

Informal learning can be distinguished from formal learning in the sense that the latter is highly centered on an instructor, connected to educational systems, and leads to a certification or some other validation credential (Eshach, 2007). Nonformal learning is similar to both formal and informal learning. It is similar to formal learning in the sense that it can take place through formal instruction (i.e., with a teacher or in a classroom), though it also shares with informal learning the lack of "formality" in the sense that it is not institutionalized learning and does not lead to a credential.

Experiential Learning

Considered a pragmatic approach to education, experiential learning as a theory is derived from the ideas of the educational philosopher John Dewey (1938). Dewey wrote that "all genuine education comes about through experience" but with the caveat that "not all experiences are genuinely or equally educative" (p. 13). Therefore, it becomes important to understand how, why, and under what circumstances experience can result in learning. This section will discuss experiential learning as a body of theory and research, with the intent of providing a context for understanding the kind of learning that the study seeks to explore in through the participants and how they perceive their experiences of transitioning from underemployment to professional employment. Since Dewey's time, contributions to our knowledge of how experience is transformed into education have come from various sources and disciplines. Therefore, the literature on experiential learning is too vast for a comprehensive review here; what follows is a review of the theoretical developments in experiential learning that the researcher

considered to be most potentially useful in providing a theoretical foundation for the study, as well as a review of literature that emphasizes the place of critical reflection on experience, in nursing as well as other contexts, as part of learning from experience.

      Theoretical development. Experiential learning describes a theory of adult learning that focuses on the interaction between the self and experience. In the education literature, Dewey (1938) is credited with being the first to discuss at length the interconnectedness of experience and learning. For learning to occur, he wrote in *Experience and Education*, two key things must be present. First is the idea of continuity: in other words, experience is not merely an event relevant to the present only. For learning to occur, a person must be able to connect that experience to the past as well as to the future. The other related concept is that of interaction. Interaction implies an engaging of the learner with the environment, a transaction between the internal and the external. These two ideas together form the roots of the pragmatist tradition of learning from experience. This strand of thinking will be the focus of this section.

      One of the most influential theorists to build upon Dewey's thinking on experiential learning was David Kolb (1984). He proposed a four-step learning cycle that conceptualizes how each step builds upon the previous one, how each experiential cycle builds upon a previous one, and how different learning styles are necessary for each stage. The first step is *concrete experience*. In Kolb's view, experience is concrete, an object of observation, from which a learner constructs meaning (hence the constructivist name). In order to make meaning from the experience, he or she must then use *reflective observation* in order to look at the experience from different perspectives. Third, he or she must engage in what Kolb calls abstract conceptualization—taking what is learned from reflective observation to create new and increasingly more complex ideas and concepts. Finally, the active *experimentation stage* has the learner developing problem-solving skills so that what he/she has learned can be put into practice. But only this particular cycle ends there—the process doesn't. Whatever action is taken as a result of

the cycle running its course produces a new concrete experience, which catalyzes a new cycle of learning.

Kolb's model of learning from experience asserts that going from one stage to another necessitates certain learning styles. As a result, from the model Kolb generated a Learning Style Inventory, which he has revised three times since its first inception in 1971. The Learning Style Inventory's objective is to help people identify the type of learning they are most oriented toward, and to place people in areas between the dialectical poles of active experimentation and reflective observation on the one hand, and between concrete experience and abstract conceptualization on the other. Each stage transition carries with it a certain kind of learning style. For example, if a learner were to be placed in the quadrant between *concrete experience* and *reflective observation*, that person could be seen as a *diverger*: a person who has strong imaginative abilities and is able to see things from multiple perspectives. The Inventory could help teachers learn what kind of learning style best suits both them and their students, prompting them to construct their learning environments accordingly.

But, like all models of learning, Kolb's model does not tell us the whole story. For example, it does not take either context or emotions into account, which opens it up to the critique of disregarding the interaction of the learner with his or her environment (Dewey's principle). A learner's context can include many important variables that will affect how he or she interacts with the environment. So, two teachers might learn something drastically different from similar experiences depending on the political, social, and cultural assumptions that inform how he or she makes meaning of the experience. Kolb's model, as well as its associated Learning Styles inventory, does not account for these very important differences in how people reflect and make meaning. This does not invalidate the model; rather, it should encourage practitioners to supplement their understanding of it by consulting work that has been done to explain the role of context, such as Jarvis (1987, 2001, 2006).

Jarvis's (1987, 2001, 2006) conception of experiential learning is also pragmatic in nature, but it emphasizes the role of a person's biographical and psychological histories into the model, specifically addressing the aforementioned lack of attention to context in Kolb's model. The role of personal biography is evident at the beginning stage of the learning process, in which an event that Jarvis (2006) calls a "disjuncture" happens when "our biological repertoire is no longer sufficient to cope automatically with our situation so that our unthinking harmony with our world is disturbed" (p. 9). His model shows how individuals respond to these disjunctures, which lead to three different outcomes: (1) *nonlearning*, which implies a rejection of a learning opportunity or non-response; (2) *non-reflective learning*, in which something such as a skill or a set of facts is learned but not contemplated or questioned; or (3) *reflective learning*, which involves reflection while the event is occurring as well as after.

Boud, Cohen, and Walker's (1985) work on experiential learning might be seen as *situative*, as opposed to Kolb's, which has often been described as a *constructivist* approach. Essentially, the situated view of experiential learning posits that an individual cannot be separated from the context in which he or she learns, and that individual differences in learners (such as history and emotions) make a difference in how they learn (as opposed to Kolb's view, which says that learners construct meaning based on experience). Boud et al.'s model keeps Kolb's emphasis on reflection, but they stress that reflection must include attending to the emotions generated by experience in order to be effective. Reflection is essential for learning from experience because "the capacity to reflect is developed to different stages in different people and may be this ability which characterizes those who learn effectively from experience" (p. 19). Reflection occurs as a result of normal occurrences of life, from events and experience that may be positive or negative, and is conceptualized as a kind of mental processing of the experience that leads to new learning.

In order for this to take place, the authors propose three stages. Their model, as well as the ideas that underpin it, describes the process the learner undergoes to undergo reflection in the service of learning. It contains three elements that comprise the reflective journey a learner will undertake: (1) *returning to experience*, in which the learner recalls, but does not interpret the meaning of, a critical experience; (2) *attending to feelings*, during which the learner not only concentrates on the positive aspects of the experience but also does "whatever needs to be done in order to remove impediments to a thorough examination of the experience" (Boud et al., 1985, p. 27); and 3) *re-evaluating experience*, when the learner, after making a reflective look back at the original experience, re-examines "experience in the light of the learner's intent, associating new knowledge with that which is already possessed, and integrating new knowledge into the learner's conceptual framework" (p. 27).

There are several elements that comprise the process toward effective re-evaluation of a learner's experience (Boud et al., 1985, pp. 31-34). The first, *association*, is linking ideas and feelings that were part of the original experience with what the learner already knows. The second is *integration*, where the learner incorporates the new knowledge into his or her thinking of the experience. Then, the *validation* process involves a critical examination of the new feelings and ideas to test for consistency with the learner's existing pre-conceptions. Finally, when *appropriation* occurs, the new knowledge becomes an integral part of the learner's body of knowledge and ideas—just as the stage's name suggests, he or she *appropriates* it. Finally, Boud et al. argue that reflection ought to make us "ready for new experience" (p. 34). It can also be linked to action, which can but does not have to be concrete—the learner "makes a commitment of some kind on the basis of his or her learning" (p. 35).

Boud et al.'s (1985) conception of reflection is focused primarily on helping people use their emotions to re-evaluate their experiences and generate new learning. According to Beard and Wilson (2002), in order for people to interpret experiences positively, and

thus learn effectively, they must have self-confidence, self-esteem, and support in what they are doing. They also say fear can manifest itself through perfectionism, anger, and aggression. These emotions can play a huge part in how a new teacher interprets an experience in the classroom. They suggest a number of interventions, such as journaling and reflecting on the meaning of "inner rules." In a broader sense, though, the purpose of the situative view of learning from experience, according to Fenwick (2003), is to get learners involved in a community of practice, which strengthens support and confidence among members, giving them greater reflective power in handling the complex emotions that can either impede or elevate learning.

Schön's (1987) contribution to experiential learning also has reflection at the forefront. His model conceptualizes learning from experience as a function of what a learner does when his or her "knowledge-in-action" is challenged by unexpected events or outcomes; that is, the model describes how the learner responds to "surprises" that force him or her to re-think assumptions about what had been perceived as accepted knowledge. This all happens in an *action-present*, and the process is what Schön calls "reflection-in-action" (p. 26). There is also reflection-on-action, which happens after the event in question and is a complementary process to reflection in action. Reflection-on-action involves "thinking back to what we have done in order to discover how our knowing in action may have contributed to an unexpected outcome" (p. 26).

Schön's (1987) model is intended to foster *professional artistry*, a type of professional competence, through reflection-in-action in practitioners. He defines professional competence as being of two types: *technical rationality* and *professional artistry*. Technical rationality serves to guide the practitioner through "rule-governed inquiry" (p. 34); that is, it assumes that problems that arise in the course of professional practice are addressed in ways prescribed by a pre-existing body of professional knowledge and norms. Professional artistry, on the other hand, is a *creativity* interwoven with the technical rationality and all of its rules, theories, guidelines, and expectations of

how *knowledge-in-action* is expressed and applied. In Schön's view, it is through professional artistry that we "learn new ways of using *kinds* [italics his] of competences we already possess" (p. 32). This is where reflection-in-action promotes learning.

Therefore, according to Schön (1987), professionals must learn how to integrate both technical rationality and artistry into their thinking on how to solve ill-defined, complex problems at work. One area of work where such problems often present themselves is health care, where on the one hand, there is an almost endless scientific literature on how to treat patients, yet on the other, problems arising from specific context within the practice of medicine and nursing arise that cannot be addressed by simply "looking it up." Kinsella (2010) has argued that Schön's theoretical contributions should be integrated into an epistemology that helps health care professionals navigate complex situations.

Critical reflection and experiential learning. We can see theoretical precepts of experiential learning operationalized in studies of the experiences of adult learners in various formal and informal settings. Studies emphasizing the role of reflection in the transformation of experience into learning demonstrate that it has wide applicability in helping adult learners critically examine their assumptions and catalyze cognitive and behavioral changes. It also has applicability in helping learners develop autonomy as well as the capability to adapt to changing circumstances in their personal and professional lives. What follows is a review of studies exploring the use of reflective practices as a means of helping adults learn from their experiences.

The development of learner autonomy is a central feature of how reflective practices can leverage experience into learning that catalyzes higher-order thinking. One such practice is journal-keeping, the act of reflecting on, processing, and writing about their experience with a critical and analytical lens. According to Boud (2001), a journal is "the place where the events and experiences are recorded, as well as the forum in which they are processed and re-formed" (pp. 10-11), which leads to new learning. Chaloner

(2006) found that using a personal journal allows learners to "construct a memory of the learning experience and how it can be applied to the workplace using a personal narrative" (p. 22). That study, which looked at 100 non-native English speakers participating in a four-week English for Communication training program related to their jobs at an airline manufacturer, found that keeping the journal allowed participants to construct individual learning goals. Vinjamuri, Warde, and Kolb (2017) found that social work graduate students who kept a reflective journal as they studied research methods moved toward both greater empowerment and autonomy vis-à-vis their learning.

Reflective practices also play a key role in how adults learn to cope effectively with stressful experiences. Lapina's (2018) review of reflection facilitates a reciprocal relationship between coping strategies and learning. In a study of 825 hospital patients in Denmark experiencing either ischaemic heart disease or heart failure, it was found that a regime of reflective coping strategies and practices resulted in greater adherence to cardiac rehabilitation therapy (Lynggaard, Nielsen, Zwisler, Taylor, & May, 2017). The positive effects on coping observed in the study's results were seen particularly strong in participants from low-income and low-education households.

Reflection as a strategy to learn from experience has been shown to have utility in helping adult learners develop emotional resilience in response to challenging situational circumstances. Proost (2012) found that through reflective practices incorporating Kolb's (2001) learning cycle, new teachers showed lower levels of emotional exhaustion and a higher ability to engage in "confrontation with unmet expectations" (p. 11), with "unmet expectations" being the difference between what teachers experienced on the job and what they believed they would experience.

Critical reflection and nursing education. Critical reflection on experience, as a learning method, is used in nursing education to promote the transformation of experiential into practical knowledge (Tashiro, Shimpuku, Naruse, Maftuhah, & Matsutani, 2013). It has become an integral part of nursing education at both the initial

and continuing education levels (Snyder, 2014). As Price (2004) points out, in practice nurses "deal with illness rather than disease—they work with the perceptions of others and the ways in which they ascribe meaning" (p. 46) to the problems they encounter in patients. Critical reflection is a method of practice in the nursing field that makes a connection between theory and practice and has the practitioner think about and consider the meaning of his or her experiences (Jasper, 2003).

In the nursing field, reflective practice is the "ability to examine one's actions and experiences" in the service of "developing their practice and enhancing clinical knowledge" (Caldwell & Grobbel, 2013, p. 319). Numerous studies since the 1990s have demonstrated the utility of the use of reflective practices in nursing education. Chong's (2009) study of 98 nursing students found reflective practices to be of value in their decision-making, development of autonomy, and ability to view practical practices from other angles. Reflective practices have also been shown to enhance emotional intelligence, (O'Donovan, 2006), promote feelings of cultural humility (Schuessler, Wilder, & Byrd, 2012), increase positive feelings about the care of elderly patients (Truemann, 2017), and advance greater ability for self-evaluation among nursing students (Kuiper, Murdock, & Grant, 2010).

While reflective practice has become more prevalent in the field of nursing, there are some potential hazards. As Price (2004) points out, there are important and highly consequential differences between nursing academic inquiry and nursing practice. Some of these distinctions involve who participates; academic inquiry is individualized and inquisitive, while practice is collaborative and collegial. But other distinctions involve the level of toleration of risk; academic inquiry encourages risk-taking, while practice focuses above all on patient safety. Taylor (2003) argues that discussions of reflective practice should adopt a more critical stance in order to "acknowledge the ways in which reflective accounts construct the worlds of practice" (p. 244).

Self-Directed Learning

Self-directed learning has been described as a "study form in which individuals have primary responsibility for planning, implementing, and even evaluating the effort" (Hiemstra, 1994, p. 9). Early work by Knowles (1975) and Tough (1967, 1971) established that adults are deliberate in their learning, proposing theories as to the manner in which this learning takes place. Their early writings formed a theoretical foundation upon which later researchers would construct and test out more comprehensive frameworks. Along the way, the assumptions put forth by Knowles and Tough would be called into question, providing space for ever more expansive thinking about how, why, and to what extent adults assert independence in pursuit of learning.

Candy's (1991) work sought to make a taxonomy of self-directed learning by conceptualizing it as both a goal and a process. As a goal, self-directed learning can be seen as personal autonomy, which may refer to one of two definitions. He defines it as "either a broad disposition toward thinking and acting autonomously in all situations (self-determination) or, more narrowly, an inclination to exert control over one's learning endeavors (self-management)" (p. 101). Self-directed learning can also be seen as self-management, which is the ability to "exert a degree of control over aspects of his or her learning situation" (pp. 20-21). That is, it is the ability to organize and manage oneself within the environment that learning takes place in. This could mean, for example, the ability to manage one's time in pursuit of learning, or to make's one's own decisions about learning. As a process, Candy wrote that many authors see it as a "method of organizing instruction" (p. 7). But he subdivided the concept of self-directed learning as a process into two categories: *learner-control of instruction* and *autodidaxy*. Here, the distinction refers to the setting in which learning takes place. "Learner control of instruction" refers to learning that takes place in formal settings, where learners plan, control, organize and evaluate their learning. *Autodidaxy*, on the other hand, occurs in the context of learning projects outside the confines of formal learning environments. For

both concepts of learner control and autodidaxy, Candy uses a continuum of self-direction, with "Exercise of Learner Control" at one end and "Exercise of Teacher Control" at the other (p. 9). Like a seesaw, as one end of the continuum goes up, the other goes down, and vice-versa.

Interactive self-directed learning. One of the most common critiques of Knowles and Tough was that their respective conceptions of self-directed learning painted an incomplete picture of the directionality of learning. Whereas their models were linear, relying on distinct "steps" that learners autonomously pass through on their way to their self-determined goals, later theorists argued that self-directed learning was more of an interactive process, in which multiple factors interact to produce a process characterized by self-direction.

Spear's (1988) model of self-directed learning was based on his earlier work (Spear & Mocker, 1984) in which 158 adult learners who had not completed high school were asked about how they pursued learning projects. The study asked the question: "How do self-directed learners get started on, and then pursue their learning if (1) they are not aware of the specifics to be learned, and (2) they have no plan for engaging in the learning process?" (p. 3). From their work, they argued that what they called the "Organizing Circumstance," puts environmental circumstances in the center of the process of self-directed learning. Therefore, self-directed learners are constrained by the choices that their environment provides or permits, and thus directs their learning according to these constraints. The model (Spear, 1988) presents the "Organizing Circumstance" as three components: opportunities people encounter in their environment, past or new knowledge, and chance occurrences. Learning is then guided by "clusters" of these components. The model is interactive in that it conceptualizes how learning is influenced by these environmental factors, which may or may not be related to each other.

Brockett and Hiemstra's (1991) "interactive" model of Self-Directed Learning was developed to encompass the view that self-direction is both a process and an attribute. As a process, the learner "assumes primary responsibility for planning, implementing and evaluating" their learning (p. 24). As a goal, self-directed learning describes "the learner's desire or preference for assuming responsibility for learning" (p. 24). The Personal Responsibility Orientation (PRO) model acknowledges both the learner's responsibility for learning as well as the social context in which the learning takes place and by which it is shaped. While the model focuses on the learner as a unique individual agent, it also acknowledges that contextual factors in the social and learning environments can affect the self-directed learning process.

Self-directed learning in nursing education. Self-directed learning, as both goal and process, has become an established and central feature of nursing education. For many years, didactic methods of teaching predominated, but the field has grown to understand that facilitating self-directed learning is necessary to prepare new nurses for a dynamic and complex field in which they must exercise independent judgment and adapt to change (O'Shea, 2003). Cadorin, Suter, Saiani, Williamson, and Palese (2011) discuss the increasing utilization of technology as well as the responsibility of nursing in health care contexts as evidence that nurses need to be more self-directed. According to Ramprogus (1988), nursing students need to "learn how to learn."

In understanding how self-directed learning takes place, we must also remember that people are individuals with their own proclivities and assumptions about learning, and that these are shaped by myriad personal characteristics. Therefore, it is considered useful for adult learning researchers to understand a learner's "readiness" for self-directed learning. Wiley (1983) described readiness for self-directed learning as "the degree the individual possesses the attitudes, abilities and personality characteristics necessary for self-directed learning" (p. 182). Guglielmino (1977) developed what she

called the Self-Directed Learning Readiness Scale (SDLRS) as a way to understand self-directed learners as well as the attributes that give them this designation.

Nursing education researchers have since been interested in measuring nursing students' readiness for self-directed learning. One of the earliest works was Wiley's (1983) study of 104 pre-nursing students. The treatment group was given a process-oriented independent learning project, while the control group was not. Placement in groups was determined by asking the students preference questions according to Ginther's (1974) *Reaction to Statements*, an instrument designed to measure preference for learning structure, as well as Guglielmino's SDLRS. It found that students who indicated low preference for structure in learning benefitted the most from a self-directed learning project, while those who indicated a high preference for structure benefitted the least. This suggests that readiness can be predictive of a student's experience with a self-directed learning activity. Subsequent studies using Guglielmino's scale found similar results, although some have called the validity of the instrument into question, notably Candy (1991), citing its questionable validity and reliability.

Fisher, King, and Tague (2001) developed a self-directed learning readiness scale designed specifically for nursing education. In developing it, they sought to address the concerns raised about Guglielmino's scale, while producing usable diagnostic data to be used by nursing educators in assessing a nurse's or nursing student's readiness for self-directed learning. Using the Delphi technique of assembling a panel of experts, they asked 11 nursing education experts to examine construct and content validity. Initial results derived from using the scale to measure the readiness of 201 undergraduate nursing students showed homogeneity and validity in the findings. This scale has since been used to assess readiness for self-directed learning in nursing students in various countries.

Reviewing where self-directed learning-focused studies of nursing education have been done around the world is important for this this study. The theory itself has been

accused of being embedded with bias in favor of the kind of individualism that permeates the educational discourse in Western societies; the idea that the "self" bears responsibility for education is a culturally Western assumption, and in other cultures this responsibility might be seen in more collective, as opposed to individualistic, terms (Frambach, Driessen, Chan, & van der Vleuten, 2012). Therefore, the fact that all of study's participants are all immigrants to the United States makes these critiques of self-directed learning more salient.

A review of nursing education studies from multiple corners of the world suggests that self-directed learning, and readiness for it, has some cross-cultural applicability and utility for achieving learner goals. A study of nursing students in Turkey found a positive correlation between readiness for self-directed learning and high achievement in their nursing program (Avdal, 2012). A study of Sri Lankan nurses found that their readiness for self-directed learning, scored according to Fisher's scale, was correlated with both language self-efficacy and motivation (Samarasooryiya, Park, Yoon, Oh, & Baek, 2019). In the Tianjin province of China, Luo, Zhang, Zhang, and Liu (2019) found that readiness for self-directed learning and learning attitudes were linked with increased problem-solving ability in nursing students. Klunklin, Viseskul, Sripusanapan, and Turale, (2010) found similar correlations with nursing students in Thailand, "where didactic and lecture-driven methods are beginning to transform into student-centered methods" (p. 177), along with correlations between high readiness for self-directed learning and openness to new learning opportunities as well as self-concept.

Some studies that have looked at self-directed learning as an approach to teaching in the nursing field have noted its efficacy in promoting certain learning traits and behaviors. Hewitt-Taylor (2001), for example, found that in a nursing program both teachers and students found that a self-directed learning approach helped students to take more responsibility for their own learning, even as it caused feelings of frustration on the part of students at the lack of guidance and feedback that they received. Lunyk-Child

et al. (2001) observed that nursing students underwent a transformation as a result of a self-directed learning approach in their training, starting from feelings of frustration and ending with "feelings of confidence and skills for lifelong learning" (p. 116). More recently, Obeid and Abo Gad (2019) found that a self-directed learning-focused curriculum intervention had a positive effect on Egyptian nursing students' competence in critical thinking, a skill now considered essential in nurse training (Cooke, Stroup, & Harrington, 2019).

Chapter Summary

This chapter has discussed three critical areas of literature that the researcher believes are relevant to the study: (1) underemployment of skilled immigrants, with an emphasis on challenges of internationally educated nurses in the United States; (2) Schlossberg's Transition Theory, which included an overview of the theory itself as well as a review of immigrant transition literature to which the theory could be applied; and (3) adult learning theory, which includes sections on informal, formal, and nonformal learning, experiential learning, and self-directed learning. These bodies of literature shed light on the complex reasons for underemployment of skilled immigrants, as well as the physical, psychological, and behavioral effects that it can have on a person's coping capacity. It also discusses how adults in transition cope with the changes that transition forces them to confront. Finally, it covers major theoretical perspectives on how adults learn from their experiences and use that learning to effect change in their lives, as well as self-directed learning and its applicability to nursing education.

Conceptual Framework Narrative

The review of literature in this chapter, as well as the researcher's own experiences, helped the researcher construct a conceptual framework that guided the analysis of the data collected. According to Bloomberg and Volpe (2008), a conceptual framework is a "working tool consisting of categories that emanate from the literature" (p. 58). Its utility is in its ability to analyze data, as it "lays out the key factors, constructs or variables, and presumes relationships among them" (Miles & Huberman, 1994, p. 440). The conceptual framework of this study was refined according to the results of data collection and was used to guide analysis and interpretation. What follows is a brief description of each category of the study's conceptual framework, along with how it helped to address the research questions.

Since the study's first research question sought to describe the participants' experiences immigrating to the U.S., the first conceptual category is "Experience of Immigrating." The second research question, which is concerned with the challenges that these internationally educated nurses faced as they try to become licensed RNs in the U.S., aligns with the second category: "Challenges Faced." The third question asked what participants perceived to be what they learned about reentering the nursing profession, and how they learned it. Therefore, the third category is "What and How They Learned." The fourth research question sought to identify which factors helped or hindered their learning, and thus was aligned to the category, "Helpers and Hindrances." An outline of the conceptual framework for this study can be found in Appendix E.

Together, these four categories form a framework for understanding the experiences of the internationally educated nurses that participated in this study, and in particular for addressing the central concern at the heart of the study and its research questions—understanding how they learned to reenter the nursing profession in the U.S. The framework explains both the learning trajectories of the nurse participants, as well as

how they managed the transitions from deprofessionalization to RN licensure. The immigration experience is marked by underemployment, which results in dissatisfaction with initial employment opportunities. Upon deciding to try to reenter the nursing profession in the U.S., the nurses found that challenges such as the language barrier and the foreign credential evaluation process erected barriers to their reentry. As they pursued RN licensure, their learning was largely self-directed; after they joined the Center for International Nurses, they learned through experience, in both reflective and non-reflective ways. As they progressed, contextual factors aligned with Schlossberg's (1981, 1989, 2012) transition theory influenced how they coped with the transition and its demands on their personal and professional lives.

Chapter III

METHODOLOGY

Introduction and Overview

The literature discussed in Chapter II describes a variety of challenges that internationally educated nurses might face when trying to enter the professional workforce, as well as a variety of factors that are believed to have an effect on their transition into the nursing profession in the U.S. This study explored how 19 internationally educated nurses in the U.S. learned to overcome these challenges and address the factors that contributed to their previous underemployment. It aimed to understand how they learned to transition from underemployment to professional employment, what strategies they employed along the way, and what competencies and knowledge they needed to gain before they were able to reenter the nursing profession in the U.S.

The questions guiding this study were as follows:

(1)   How did internationally educated nurses describe the experience of coming to the United States?

(2)   What challenges did they face to reentering the nursing profession?

(3)   What and how did they learn to overcome these challenges?

(4)   What factors helped or hindered their learning?

This chapter discusses the methodology for addressing the research questions. It provides and explains the rationale for the study, and describes the information needed to

adequately address the questions. It also describes the sample that was used, providing background and contextual information of the population from which the sample is taken. Furthermore, it describes and justifies the design of the study, while also noting its limitations. It details how information was collected and in what sequence, and shows how the data collected wre analyzed and synthesized. A discussion of ethical considerations and issues of trustworthiness lists possible issues that may have arisen in these areas as well as steps the researcher took to address them. The chapter concludes with a concise summary of the information presented.

Rationale for Study Approach

This study explored the subjective experiences of 19 internationally educated nurses in the United States as they learned how to reenter the nursing profession in the United States. Merriam (2009) stated that "the overall purposes of qualitative research are to achieve an *understanding* of how people make sense out of their lives, delineate the process (rather than the outcome or product) of meaning-making, and describe how people interpret what they experience" (p. 14). It is concerned with the "what, how, when, where, and why of a thing—its essence and ambience" (Berg & Lune, 2012, p. 3), and regards reality as socially, historically, and culturally constructed by people's subjective experience (Lincoln & Guba, 1985, 2000; Neuman, 2000; Schwandt, 2000). Given that the study sought to understand the process that characterized the participants' transitions, as well as how the participants interpreted their own transitions, the qualitative paradigm was the most appropriate approach to gathering and analyzing data.

Furthermore, the study was conducted as a case study, which may be defined as a "method ... that seeks understanding of a social situation or process by focusing on how it is played out in one or more cases" (Richards & Morse, 2013, p. 76). According to Creswell (2007), it "involves the study of an issue explored through one or more cases

within a bounded system (i.e., a setting, a context)" (p. 73). The case study approach, according to Yin (2014), explores the "how" or "why" questions relating to a contemporary phenomenon over which the researcher has little control. This characteristic, in particular, is why case study methodology is so useful for the study of immigrant nurses (Freeman, Baumann, Fisher, Blythe, & Akhtar-Danesh, 2012).

Case studies are used when a researcher wants "to illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result" (Schramm, 1971, quoted in Yin, 2014, p. 17). The process of making a professional transition would, for participants, seem to include a series of consequential decisions that affect various aspects of their lives. Understanding these decisions, and thus the transitions of the participants, required the study to explore the context of their decision-making: details of their self-perceptions, motivations, life circumstances, interpretive frames of reference, the reasoning that guided their actions, what they learned, and how they operationalized what they learned. This provided the rich narrative that was necessary to understand the complexity of their learning and their transitions.

Research Site and Sample Strategy

The study's research sample consisted of 19 women alumni of what will be referred to throughout this document as the Center for International Nurses (CIN), a nonprofit organization that retrains health care professionals in the U.S. The interview questions posed to them aimed to address the study's research questions. In order to participate in the study, CIN alumni had to have finished the program and had to be at least 21 years of age. They also needed to have acquired nursing credentials in their countries of origin. The relatively few criteria for participation were intended to make the study open for Center for International Nurses alumni from a wide range of backgrounds and with a wide range of experiences.

The sample for this study was a convenience sample drawn from a registry of alumni that the Center for International Nurses maintains in its internal database. For purposes of confidentiality, the researcher was not given access to individual names on the listserv. A Center for International Nurses staff member sent the researcher's recruitment material to 248 alumni via email, who were invited to contact the researcher directly if they were interested in participating. This approach yielded only four responses, so the staff member sent out several additional emails thereafter. The researcher communicated with 26 alumni directly, although 7 of them, after initially expressing interest, did not follow up to schedule an appointment. The final sample consisted of 19 female alumni ranging from age 23 to age 59, representing nine countries, and was determined according to who responded to the recruitment material and agreed to be interviewed and audio-recorded. Demographic data for participants can be found in Appendix G.

The Center for International Nurses was selected as the research site because it provided a common source for internationally educated nurses, and because it offers a free training program to help them study for the NCLEX exam. Therefore, it was assumed that its alumni had experience learning to reenter the nursing profession and would be able to speak in depth about their learning experiences. The Center for International Nurses' mission is to help internationally educated medical professionals (not only nurses) reenter their fields or explore alternative careers in which they can utilize their skills and expertise. It does so by providing resources and training to these professionals, along with case management and counseling, in order to help them recertify and integrate into the U.S. health care system. It has locations in multiple U.S. states, but only alumni from one site—located in the Northeastern U.S.—were participants in this research.

Table 1. Demographic Information

Participants (N=19)	Country of Origin	Age	Age when arrived in US	Reason for Coming to US	Passed NCLEX
Amara	Nepal	32	26	Marriage	X
Loretta	Philippines	32	28	Nursing	X
Padmini	Nepal	33	23	Marriage	X
Sashi	India	33	31	Nursing	X
Dolma	India	34	29	Marriage	X
Alisha	Nepal	34	22	Nursing	X
Eugenia	Nepal	35	31	Family	X
Roselie	Haiti	39	34	Family	X
Carmen	Brazil	45	32	Nursing	X
Juliet	Burkina Faso	47	41	Refugee	-
Anna	USSR (today Lithuania)	47	20	Refugee	-
Michelle	Haiti	48	39	Refugee	X
Sharon	Bangladesh	51	44	Refugee	X
Akiko	Japan	59	33	Study English	-
Maria	Brazil	59	28	Economic hardship	X
Dawa	India	28	26	Marriage	X
Tina	Nepal	26	23	Family	X
Nadia	India	28	23	Family	X
Nora	Netherlands	29	26	Family	X

Overview of Information Collected

This sections describes the nature of the data that the researcher needed to address the research questions. The following were the types of data needed to address the questions along the lines of the study's design as articulated in the previous section: (1) Conceptual Information, (2) Perceptual Data, (3) Demographic Data, and (4) Contextual Data.

Conceptual Information

Conceptual information was essential to the analysis and interpretation of the data collected from interviews. Relevant studies and theoretical information relating to underemployment, internationally educated nurses, Schlossberg's transition theory, self-directed learning, and learning from experience were described and discussed in the literature review, then used to inform the study's conceptual framework. They were then used to interpret the study's findings and put them into theoretical context.

Perceptual Data

Perceptual data were gathered through semi-structured, one-on-on interviews with alumni of the Center for International Nurses. These interviews were intended to elicit the participants' perceptions of their own subjective experiences as they pursued RN licensure in the United States after a period of underemployment or unemployment. The interview questions asked participants to speak candidly about how they perceived their arrival to the U.S., what challenges they believed stood in the way of RN licensure, what and how they learned as they worked toward this goal, and what helped or hindered their learning.

Demographic Data

The researcher collected data on the demographic backgrounds of the participants through a questionnaire, which each participant completed and sent to the researcher. One participant did not want to fill out the document, instead opting to dictate her responses to the researcher over the phone. The participants' responses to the items on the questionnaire provided the researcher with relevant factual data that aided in the analysis of other data gathered. The information gathered helped the researcher to see similarities or differences between the study participants, provide context to the participants' responses, and spot patterns in the wider data. A copy of the questionnaire can be found in Appendix B.

Contextual Data

Contextual data were collected primarily through an analysis of publicly available documents related to the Center for International Nurses. The documents provided added context to the participants' responses regarding their experiences taking the organization's NCLEX preparation program and receiving its educational case management services. It also revealed insight into the organization's approach to helping internationally educated nurses learn to reenter the nursing profession and transition into the world of professional nursing in the United States. A list of the documents reviewed can be found in Appendix D.

Methods of Data Collection

This section describes the methods that were used to gather data for the study being proposed. According to Bloomberg and Volpe (2008), "the use of multiple methods of data collection to achieve triangulation is important to obtain an in-depth understanding of the phenomenon under study" (p. 73). Triangulation in the context of this study may be seen as "several lines of sight" that helps the researcher "obtain a better, more substantive picture of reality: a richer, more complex array of symbols and theoretical concepts; and a means of verifying many of these elements" (Berg & Lune, 2012, p. 6). Therefore, the researcher gathered data through three means: (1) a questionnaire completed by alumni of the Center for International Nurses training program; (2) semi-structured interviews with alumni of Center for International Nurses training program; and (3) document review of Center for International Nurses material that was available to him. Participants who did not wish to be interviewed were invited to complete only the questionnaires if they wished. In the end, the researcher received only questionnaires from participants who wished to be interviewed, so there was demographic information for each participant.

Demographic Questionnaire

Demographic data were needed in order to identify characteristics of the research sample of interview participants (see Table 1). After the initial recruitment and before the interview, the Principal Investigator asked each participant to complete a questionnaire that asked the participant for demographic data, including age, country of origin, and educational and professional background. It also asked participants to describe an experience that helped them understand what they needed to do in order to restart their careers, as well as why they availed themselves of the services of the Center for International Nurses. The demographic information contained in the questionnaire aided in the analysis of study data. A copy of the demographic questionnaire can be found in Appendix B.

In-depth Interviews

The primary source of data for the study was in-depth, semi-structured interviews with 19 Center for International Nurses alumni. In a case study such as this one, interviewing is a central source of evidence (Yin, 2014). A central assumption embedded in the rationale for interviewing participants is that the perspective of others is "meaningful, knowable, and able to be made explicit" (Patton, 2001, p. 348). The study explored and attempted to capture the essence of the lived experiences of 19 internationally educated nurses; therefore, it was essential that the primary data collection method was one that allowed participants to describe the process in depth and in their own words.

The interview questions were semi-structured in order to maintain consistency between participants, but also to allow the researcher to elicit more information and each individual participant to have every chance to articulate her thoughts in detail. As Yin (2014) writes, an interview is "usually conversational in nature and guided by the researcher's mental agenda, as the interview questions do not follow the exact same verbalization with every participant interviewed." (p. 239). This conversational flow of

dialogue allows the researcher to "elicit depth and detail" (Rubin & Rubin, 2005, p. 4) in participant responses, resulting in richer and more useful data.

The interview's structure centered on 13 open-ended questions, each of which elicited information relating to one of the study's research questions. Like the research questions, the interview questions were derived from the literature reviewed in Chapter II. A copy of the interview schedule can be found in Appendix A; although the interview proceeded according to the interview schedule, follow-up questions were asked that were uniquely in response to something an individual participant had said. Efforts were made to conduct the interviews in-person in a location mutually agreeable to both the researcher and the participant. However, given the unpredictable and busy work and family lives of most of the participants, all but one interview was conducted over the phone and audio-recorded. One interview was conducted and audio-recorded in person. The interviews ranged from 37 minutes to 67 minutes, with an average interview time of 51 minutes, and were conducted between March and August of 2019.

Despite the advantages of in-depth interviews, this data collection method also had several shortcomings. First, there was the possibility for the researcher to influence participant responses by posing leading questions and inadvertently inject bias, especially in an interview context where some interviewer spontaneity is part of the structure (Patton, 2001). The second limitation of the interview as a data-gathering method is the complexity and subjectivity of the responses, which are often unverifiable because they rely solely on the participant's viewpoint and thus can be difficult to corroborate or disconfirm with other data sources (Kvale & Brinkman, 2009). Third, the quality of the data generated from an interview depends on numerous extraneous variables, including researcher interviewing skills, the awareness and articulateness of the participants, and the context in which the interview occurs (Bloomberg & Volpe, 2008). Lastly, the participants were English language learners who may not have been able to articulate their thoughts as fully in English as they might have in their native language.

Document Analysis

In qualitative research, document analysis is a research method in which the researcher locates, examines, and interprets documents for the purpose of triangulating data. According to Bowen (2009), documents "contain text (words) and images that have been recorded without the researcher's intervention" (p. 27). As a means of data collection in qualitative research, it is particularly well-suited for the case study, for it offers insight into the contextual dimensions of a case beyond a participant's experience; furthermore, it can "uncover meaning, develop understanding, and discover insights relevant to the research problem" (Merriam, 1988, p. 118). The researcher reviewed and analyzed publicly available documents related to the Center for International Nurses in order to serve as a validity check on both the participants' recollections of their experiences with the program and the researcher's interpretation of participants' responses. The use of these documents offered the researcher a more in-depth context in which to interpret the data derived from interviews. A list of documents that were reviewed for this study can be found in Appendix D.

Methods of Analysis and Synthesis of Data

Qualitative studies require that data be systematically analyzed with the intent of revealing meaningful concepts that help explain the phenomenon under study (Miles & Huberman, 1994). According to Yin (2014), "data analysis consists of examining, categorizing, tabulating, testing, or otherwise recombining evidence, to produce empirically-based findings" (p. 132). This process requires the researcher, as an instrument of data analysis and synthesis, to develop and justify a procedure that will credibly, systematically, and transparently analyze and synthesize data in a way that will produce these empirically-based findings. The procedure for achieving this was coding.

According to Saldaña (2016), a "code" in qualitative data is "most often a word or short phrase that symbolically assigns a summative, salient, essence capturing, and/or evocative attribute for a portion of language-based or visual data" (p. 4). A single code is part of a larger coding system construct that can help the researcher organize, categorize, and otherwise make sense of voluminous data. The particular coding system that a qualitative researcher uses depends on the study itself, as every study is unique (Patton, 2015).

After each interview, but before coding began, the researcher listened to the audio recording and wrote a memo that included notes about anything that stood out that might otherwise be lost in a transcription, such as the tone of a participant's voice or his or her emphasis on a particular idea. The researcher retained a reputable transcription services company to transcribe each interview into a digital text document, which could then be coded. The coding process commenced as soon as the researcher received the transcript of the first interview. Coding was performed in Microsoft Word, and coded excerpts of two interviews can be found in Appendices Ma and Mb.

After the researcher received the completed transcript, he reviewed it for accuracy, comparing it against both the recording and his own notes. Before coding of the data, the schema for this consisted of four major areas of data, each of which corresponded to a different research question. Within each of those areas were sub-codes corresponding to responses that the researcher expected to hear based on his review of the literature and his own experiences working with immigrant adults. For the initial round, the researcher employed multiple types of coding suitable for first-cycle coding. The first of these methods was structural coding, which entails the application of a "phrase representing a topic of inquiry to a segment of data to both code and categorize the data corpus" (Saldaña, 2016, p. 97). The researcher applied structural codes to segments of data corresponding to categories stemming from the research questions and the conceptual framework. As its name would suggest, this round of structural coding helped to structure

the data, categorizing in alignment with the conceptual framework. The researcher then employed different methods of coding appropriate to each research question. Values coding, which applies codes based on "a participant's values, attitudes and beliefs, representing his or her perspectives or worldview" (Saldaña, 2016, p. 131), was of particular use in categorizing participants' beliefs about what enabled or hindered their learning. Process coding, which involves applying gerunds or gerund phrases to capture action, was helpful in describing the processes at work in the participants' learning trajectories.

Both the coding schema as well as the conceptual framework were modified according to what the data showed for each research question. As Bloomberg and Volpe (2008) write, the conceptual framework "becomes the repository for the data that were collected, providing the basis for an informing various iterations of the coding scheme" (p. 61). To this end, the researcher remained vigilant against any forcing of data into a predetermined category by writing memos after each interview to explain and justify his thinking. Excerpts from this journal can be found in Appendix N. He also recruited two professional colleagues, both of whom had expertise in qualitative research and second-language acquisition, to review his coding. Conversations with them helped the researcher refine the coding scheme and address preconceptions that might have influenced initial coding. The final coding scheme can be found in Appendix H.

Once the data were initially coded, the researcher began to synthesize them. According to Saldaña (2016), data synthesis "combines different things in order to form a new whole" (p. 10) and is the mechanism for transitioning from coding to categorizing, as well as other methods of synthesizing data. The researcher thoroughly reviewed the initial coding and looked for emergent patterns and themes that cut across participants using Pattern Coding, which "identifies an emergent theme, configuration or explanation" (Saldaña, 2016, p. 236) by grouping first-cycle codes into common groups. Aiding in the process were frequency charts constructed by the researcher, which helped him see

emergent patterns and group data in an organized way that kept track of data and ensured that no confusion arose when codes were moved into categories. The charts list each participant by her pseudonym, showing the distribution of findings across each research question. Copies of these charts can be found in Appendices I-L. The document review occurred after all of the interviews were completed, and then followed a similar coding process before being integrated into the synthesis of the data.

Analysis of the data was performed according to the themes that emerged from the interviews and demographic questionnaires, as well as the literature relevant to those themes. The data analysis revealed insights into the experiences of participants. The data generated from the interviews illuminated the stories of the interview participants and showed the complexities involved in how they pursued RN licensure after a period of deprofessionalization and underemployment. It is the researcher's hope that the data analysis and synthesis will be of interest to people who work with this population and wish to understand how to better support them in their career transitions. To that end, the research has included a "Recommendations" section at the end of Chapter V that outlines the study's implications for practitioners and others who are interested in this population's unique challenges and potential.

Issues of Trustworthiness

All research studies are rightfully subject to scrutiny to ensure the soundness of their methods, findings, and analysis of data. Qualitative research is subject to methodological scrutiny in ways that are somewhat different from those of quantitative research. Whereas quantitative research requires internal validity, external validity, reliability and objectivity, these criteria do not fit neatly into the constructivist paradigm that the current study took as its guiding research framework. In addressing the criteria necessary for assessing the quality of an inquiry grounded in the constructivist paradigm,

Guba and Lincoln (1994) offer four parallel areas: (1) credibility (paralleling internal validity); (2) transferability (paralleling external validity); (3) dependability (paralleling reliability); and (4) confirmability (paralleling objectivity) (p. 114). The trustworthiness of this study should be evaluated according to these criteria.

Credibility

The credibility of a qualitative study is similar to the internal validity of a quantitative study in that it describes the accuracy of the findings. In other words, it describes how well the study's design is congruent with its findings. The credibility of the findings of this study were enhanced through several practices relating to the design of the study and how the analysis was conducted. First, triangulation of data sources provided a rich and multidimensional picture of the phenomenon being studied (Denzin & Lincoln, 1994; Miles & Huberman, 1994). As Bloomberg and Volpe (2008) write, "using multiple methods corroborates the evidence that you have obtained via different means" (p. 77). Also, the researcher engaged in "peer debriefing" with colleagues about his findings and observations in order to help him critically reflect on his assumptions and help him consider alternatives to them (Bloomberg & Volpe, 2008).

Dependability

In a qualitative study, dependability parallels a quantitative study's reliability, or ability to be replicated by a similar study (Guba & Lincoln, 1994). Whereas a quantitative study enhances its reliability through consistency in measuring what it purports to measure, a qualitative study of this kind cannot adhere to this standard because the sorts of data that it collects cannot be consistent in the same way that quantitative data using statistical procedures can. Instead, qualitative studies can track and document every step of the data collection process and offer the documentation for review. This study ensured strong dependability with two added procedures built into the data collection and analysis process.

Chapters IV and V provide a detailed description of the findings and how those findings were analyzed; furthermore, the researcher kept an "audit trail" (Lincoln & Guba, 1985, p. 319) that documented all stages of the study, including journals, memos, interview notes, transcriptions, correspondence, and audio recordings. He will maintain this audit trail for three years after the study is published. Secondly, he asked two colleagues, both of whom had expertise in qualitative research and second-language acquisition (to ensure that the researcher was interpreting the meaning and intent of the participants, who did not speak English as a native language, properly) to review two of his coded interviews. Afterwards, the researcher and his colleagues had a series of dialogues about whether or not the researcher's questions were eliciting responses that addressed the research questions, and to offer the researcher guidance on how to both refine the coding scheme and exercise caution in interpreting the intent of the participants' remarks.

Confirmability

In qualitative research, confirmability is related to the quantitative equivalent of objectivity (Guba & Lincoln, 1994). According to Bloomberg and Volpe (2008), confirmability is a concept that describes the quality of a study's findings being the result of research, rather than that of the researcher's subjectivity and bias. It is similar to objectivity in that it ensures that the study's findings are not influenced by the researcher's preconceptions. Therefore, the study's findings must be able to be confirmed or corroborated by outside parties. In order to ensure the confirmability of this study, the researcher documented the research process at all stages, keeping a journal to provide physical evidence of his thought processes and steps he took to prevent his biases and subjectivity from intruding upon the findings or the analysis of the data. The journal served to provide a space for reflection on and contemplation of the data, allowing him to critically assess the assumptions he may have inadvertently made during the interviews.

As already mentioned, he asked two of his colleagues to code two of his interviews and then had a series of dialogues with them on how to interpret participant responses and refine the coding scheme for accuracy. This enhanced the study's confirmability. The researcher made every effort to ensure that all aspects of this study's execution were well documented and transparent.

Transferability

In qualitative research, transferability is the quantitative equivalent of generalizability (Lincoln & Guba, 1985, p. 319). Greene (1990) writes that transferability "shifts the inquirer's responsibility from one of demonstrating generalizability to one of providing sufficient description of the particular context studied so that others may adequately judge the applicability or fit of the inquiry findings to their own context" (p. 236).

Although this study cannot claim to be generalizable in the same way that a quantitative study would be, it can demonstrate applicability to other contexts through its thick, rich descriptions of the contexts relevant to the study's research questions, as well as of the participants and their experiences. This should allow other researchers to assess the applicability of the study's findings to other relevant areas of research interest.

Ethical Considerations

The researcher understood the imperative to protect all participants from exposure as a result of their participation in this study. Prior to the collection of any data, this study was read and approved by two of the researcher's dissertation supervisors. Upon approval from the researcher's dissertation supervisors, the researcher submitted paperwork to the Institutional Review Board of Teachers College, Columbia University, which gave official approval for the study to begin. The researcher also sought and received approval

from the Institutional Review Board of the community college that houses the Center for International Nurses.

After the researcher received permission to begin the study, he contacted participants through the Center for International Nurses. Due to privacy concerns, the researcher was not given access to the Center for International Nurses' database or the names and contact details contained within it. Interview participants were contacted via a mass email distributed by the Center for International Nurses. They were informed of the study's purpose and signed a consent form (Appendix C) before commencement of their participation, which included a description of the research, risks and benefits of the study, information about how the study's data would be stored, the time commitment of their participation, and how the results of the study would be used. Participation was entirely voluntary at all times, and any participant had the right to withdraw from the study at any time and for any reason.

The researcher was aware of the high importance of confidentiality, as well as the safeguards necessary to ensure data confidentiality, at all stages of the research process. Therefore, he kept all physical data and documents related to this study in a secure, locked file cabinet in his home. All electronic data related to this study were kept in password-protected files accessible only to the researcher. All data physical and electronic will remain secure in their designated spaces for a period of three years after the publishing of the dissertation, at which point they will be destroyed.

Limitations of the Study

The findings of the study were constrained by certain limitations, some of which are inherent to all studies of this kind, others that are specific to this particular study's methodological framework. What follows is a discussion of the nature of these limitations, as well as the steps that the researcher undertook to minimize their impact.

Researcher Bias

One limitation of the study was researcher bias. As a community college instructor of immigrant adults for nearly ten years, the researcher has had students in professional circumstances similar to those of the research participants. He also has had members of his family in similar circumstances. Therefore, even though he has no experience in nursing education, it is inevitable that his personal and professional experiences have helped to shape his views on this subject, which could have biased his interpretation of the data. There is also the issue of bias related to the controversial political nature of the topic. As mentioned in Chapter I, the current political climate in the United States provides important context to the study and the questions that it sought to explore. In the current moment, immigration is an unusually divisive issue, even in a country that has in recent years undergone significant polarization in political attitudes. Immigration law is a matter of federal policy, and immigration as a phenomenon and idea is a deeply embedded and contested part of the country's national character. As such, studies related to immigration and immigrants can be subject to bias resulting from the researcher's political views.

To minimize the potential impact of personal bias intruding on the interpretation of data, the researcher kept a journal and wrote research memos and notes throughout the data collection and analysis stages of the research. This journal helped the researcher remain cognizant of his personal opinions and prevent them from interfering with his interpretation of the data. He also shared his coding scheme (with which he would interpret and synthesize data) with two colleagues with qualitative research and second-language acquisition expertise, and had a series of dialogues with them about how to interpret participants' responses and refine the coding scheme accordingly.

Retrospective Recall

The interview questions posed to the Center for International Nurses Program alumni asked them to recount a significant amount of information from past experiences

of pursuing nursing recertification in the United States. The data generated from responses given by these participants were no doubt influenced by participants' memories of past events, attitudes, emotions, and circumstances. Memories can be faulty, selective, influenced by present circumstances, unreliable, or simply inaccurate. Therefore, the researcher communicated the topics that were to be covered in the interview with the participants, with the intent of letting each one think about and reflect on that time period so that she could articulate responses as accurately as possible.

Language Issues

The criteria for participation in the study included a language requirement of English proficiency at an upper intermediate level. This criterion was borrowed from the Center for International Nurses' own list of requirements to enroll in the program. This ensured that participants had a good working knowledge of English, the language in which interviews were conducted. There was, however, the possibility that a participant's language proficiency was not proficient enough to articulate what she would like to express in as accurate a manner as she would prefer, and in some cases this did happen. In other cases, the researcher did not understand what the participant was saying either as a result of his unfamiliarity with the participant's accent or of the participant's difficulty in articulating a point with total clarity. When this arose during the course of an interview, the researcher asked for clarification or, if necessary, asked follow-up questions, taking care not to interpret "in the moment" and misdirect the interviewee's follow-up response. Lastly, all but one of the interviews was conducted via telephone or teleconferencing software. The lack of face-to-face communication may have influenced the character of participant responses, as well as the researcher's interpretation of their meaning.

Sampling Issues

The study's interview subjects were a convenience sample of 19 internationally educated nurses who completed the Center for International Nurses training program and obtained a nursing credential in the U.S. This sampling strategy was limiting in its confinement of the sample to individuals whose experiences included training. Also, the study's findings were limited by its sample size of 19 interview subjects, which limits its generalizability to other contexts. The number of participants was 19 because that was the number of Center for International Nurses alumni that responded to the recruitment material and agreed to be interviewed. This was after several rounds of recruitment, and after five participants who at first agreed to be interviewed later had second thoughts or did not follow up on the researcher's requests to schedule interviews with them.

Sixteen of the 19 participants had obtained RN licensure by the time they were interviewed by the researcher. Of the three participants who had not obtained RN licensure, two had obtained LPN licensure, and one had yet to pass the NCLEX exam. The researcher allowed the non-RN nurses to be part of the study because he believed that the data they provided would reveal insights into the differences between those who had successfully achieved RN licensure and those who had not, despite the limited generalizability that would result from this decision.

As mentioned in the previous section, however, a goal of this study was transferability, not generalizability. This goal means that "the reader determines whether and to what extent this particular phenomenon in this particular context can transfer to another particular context" (Bloomberg & Volpe, 2008, p. 87). The researcher sought to enhance the study's transferability by giving thick, rich descriptions of the participants and the context to give the reader ample material with which to determine its applicability to other contexts.

Chapter Summary

This chapter described the methodology of the study. The study aimed to explore the experiences of 19 internationally educated nurses as they learned to pursue RN certification in the United States. To this end, an interpretive case study was employed to explore how these alumni of a retraining program for internationally educated nurses experienced their arrival in the United States, perceived as their challenges to becoming licensed as RNs, and learned to overcome these challenges. It also explored what factors the participants perceived as enabling or hindering their learning.

The study's conceptual framework emerged from themes in the literature and informed the formation of interview questions. Data derived from the interviews as well as the demographic questionnaire and document review were coded and reviewed against the conceptual framework to uncover emergent themes and patterns that helped to address the research questions. Issues of trustworthiness, including credibility, dependability, confirmability and transferability, were addressed through such strategies as triangulation of data sources, peer debriefing, and constant journaling, memoing, and note-taking throughout the process. The study may be limited by researcher bias, sampling issues, retrospective recall of the participants, and language issues; the researcher took care to mitigate those limitations whenever possible.

Chapter IV

RESEARCH FINDINGS

Introduction

The purpose of this research study was to explore how a sample of internationally educated nurses learned to overcome the barriers they faced to reentering the nursing profession after immigrating to the U.S. This chapter provides a detailed report of the findings from participants' interviews and their demographic questionnaires. The purpose of this interpretive case study was to explore how alumni of a transition program for internationally educated nurses learned to reenter the nursing profession after immigrating to the United States. In undertaking the study, the researcher hoped that the results would inform future program design and provide practitioners working with nurses and other internationally educated professionals with insight into this population's learning needs.

This chapter presents findings from: (1) interviews conducted with program alumni; (2) data from the demographic information form; and (3) review of documents from the Center for International Nurses. All names of participants have been replaced with pseudonyms, and names of specific places in participant quotations have been redacted in the interest of confidentiality.

The four research questions related to the participants' perceptions concerned the following areas: (1) their experience coming to the U.S.; (2) the challenges they encountered in trying to reenter the nursing profession in the U.S.; (3) what and how they

learned to overcome the challenges they faced; and (4) any factors that helped or hindered their learning.

There were five major findings that emerged from the study:

(1)   A majority of the participants (14 of 19, 74%) described being dissatisfied with their initial employment after immigrating to the United States.

(2)   All of the participants (100%) found that the nursing certification process and lack of English proficiency were the biggest challenges they faced to reentering the nursing profession in the United States.

(3)   A majority of the participants reported that they needed to learn the difference between nursing practices in the U.S. and their countries of origin (16 of 19, 84%) and professional skills (19 of 19, 100%) in order to reenter the nursing profession in the U.S.

(4)   All participants (19 of 19, 100%) reported that they learned to overcome the challenges they faced through informal learning and formal learning.

(5)   A majority of participants reported that having a positive attitude (18 of 19, 95%) and support from others (17 of 19, 84%) enabled them to overcome the challenges they faced, while gaps in professional practice (13 of 19, 68%) made overcoming those challenges more difficult.

The rest of this chapter illustrates and elaborates on the findings outlined above. For each finding, participant responses are described in an effort to provide a fuller contextual picture. Verbatim statements from participants are provided to support the descriptions. The researcher chose to include quotes that provided him the opportunity to show some context to the participant's response. He also chose to report quotes that he believed to be, to the extent possible, representative of the overall set of responses to a particular question. For fuller context, a collection of supplemental quotes, grouped by research question, can be found in Appendix O.

Finding 1

A majority of participants described feeling dissatisfied with their initial employment after immigrating to the United States.

When asked to describe their experience of coming to the United States to live, 16 of the 19 participants (84%) spoke about their dissatisfaction with the initial employment opportunities that were available to them. The majority of them began as care workers, such as babysitters or domestic helpers. Having studied for and achieved the rank of nurse in their countries of origin, these positions felt below their expertise and experience. The two participants who did not report feeling dissatisfied with their initial job did not have jobs before enrolling in the Center for International Nurses program. A distribution chart of findings can be found in Appendix I.

Table 2. Findings for Research Question 1

FINDING #1
A majority of the participants (14 of 19, 74%) described being dissatisfied with their initial employment after immigrating to the United States.

- o **Dissatisfaction with initial employment** (14 of 19, 74%)
- o **Culture Shock** (5 of 19, 26%)
- o **Financial Hardship** (5 of 19, 26%)
- o **Unemployed by choice** (4 of 19, 21%)
- o **Unaware of educational opportunities** (4 of 19, 21%)
- o **Satisfied with initial employment** (1 of 19, 5%)
- o **Housing Difficulties** (2 of 19, 11%)
- o **Positive Experience** (2 of 19, 11%

Dissatisfaction with Initial Employment

Alisha originally came to the U.S. to study English at a university in a small town, hoping to become a nurse and work in the country for five years before returning to her native Nepal. Once at that university, she noticed that professors there advertised for babysitters to babysit their children, so she was able to find work. She later moved to a

city in the Northeastern U.S. and continued to work as a babysitter. But the longer she did this job, the more dissatisfied she became. This was not what she expected to be doing in the U.S. after having been a nurse in Nepal. It was a humiliating feeling for her. She explained:

> Oh my god, it was really hard for me, because I have a frustrated because I was registered nurse, and I had a good income, I never did laborious job, like babysitting. You know, I think it's like humiliation or how you call it like, regret feeling, like oh my god!

Sharon had been a professor of nursing in a medical college in Bangladesh. She described her position as a "high position" in which she earned "so much respect." But she and her husband were Christian, a minority religion in Bangladesh, and they came to the U.S. as refugees fleeing persecution. Upon arriving in the U.S., the only work she could find was at a store, and this caused her to feel like she had lost the respect she once had. She said:

> I was thinking that actually to change my mind. That I was working as an assistant professor of nursing education in Bangladesh, in a high position and so much respect, and I came here in this country and I had to go to work in a store, in like a nonprofessional work, and I was feeling so irrespect myself.

Working at the store caused her so much stress, she said, that she made numerous mistakes at what she called her "tiny job." But she said that she "accepted" that she would have to go through suffering in the U.S.; despite this, she said she never stopped pursuing her goal of becoming a nurse.

Sashi worked as a babysitter when she first came to the U.S. Although she looks back on it today and sees it as a positive experience, this was not what she wanted to do long-term. She recounted a time when she, too, felt that the people for whom she worked were trying to humiliate her. In this case, it was one of the children, a seven-year-old, whom she was taking care of. This occurred in 2016, when Donald Trump was running for President of the United States. She said, "One time she mentioned like, during the

time, um President's election, she mentioned like, oh you know, you should go back to your country, you know, this is for America."

Padmini came to the U.S. from Nepal because she had won the visa lottery. Like most of the participants, she had some family in the U.S.—a cousin—but she soon found that he was too busy to help her acclimate to the country or help her find a job. She would later meet a friend of her cousin's, who worked at a nail salon. She began working there and decided to go to nail school, but this turned out to be a regrettable choice for her. She said, "Moneywise it was good," but she worked six days a week and found the work to be so demanding that she broke down in tears on numerous occasions. Yet, she said, "I always dream about working in hospital, wearing scrubs." She did not want to give up on her dream.

Nora started out in the United States by working as a home health aide, taking care of infirm patients while she tried to figure out how to become certified as an RN in the U.S. Even though she was taking care of patients, it was not like being a nurse, especially not like her experience as a nurse in her country of origin, the Netherlands. She said:

> At that time, I also work as a home health aide, which didn't really fulfill my, well, my career goals because when you used to working in a hospital setting, the dynamics and being medically schooled, it wasn't really the same feeling. So I did have the desire to work as a nurse, but it seemed far away before the [Center for International Nurses] came into my life.

Carmen initially found work as a private care worker for a schizophrenic child, a job that paid her $60 an hour. This was a considerable sum for her, but it was not a job that she wanted to do long-term because it did not offer medical insurance or other benefits. She explained that as an RN in a school, she ended up earning less money, but made up for it with benefits. During the time that she was looking after the schizophrenic child, she said that it was a "temptation" to give up on her dream of becoming a nurse, but she added that "it's not just about money." Becoming a nurse for her was a personal

ambition, and for this reason she gave up her job as a babysitter to go to the Center for International Nurses and study to become an RN.

Financial Hardship

Five out of 19 participants (26%) mentioned financial difficulties upon arriving in the United States. Maria spoke about the importance of being careful with money, saying, "You have to measure because you have to pay for your rent and for all your expenses." When Akiko came to the U.S., she worried about how she would make a life there:

> I have to pay rent, you know? So, how I can survive here, I have to make money. I was thinking, before I work Japanese doctor's office, I work, I was thinking about working at the restaurant, Japanese restaurant, or any other, like a part time job, like marketing by phone, or even that I work Japanese doctor's office, I work in the part time, Saturday or Sunday, some time.

Culture Shock

Five out of 19 (26%) participants expressed feeling disconcerted by the culture of the U.S. and the cultures that they were raised in. Dawa said that the culture in the U.S. is "totally different" from India, where she is from. She said that what struck her the most was that the U.S. is more open-minded in its culture. She said, "You really don't think about wearing any kind of clothes," whereas in India, "we have to think about everything before wearing anything." Carmen said, "Everything is different, even the food. So you have to adapt for the food, adapt for the people's lifestyles."

Anna, who had emigrated in 1991 from what was then the Soviet Socialistic Republic of Lithuania, said that being in a capitalist country was at the heart of her culture shock. She said that she was "shocked," adding, "It's a different country. Soviet Union was a socialistic country and coming to a society that was capitalistic was a huge change." Alisha, from Nepal, focused on family culture in the U.S. as an example of what stood out to her. She had come to the U.S. by herself, initially to study English, and found

that in the U.S. she was responsible for her own studies and her own well-being, whereas in Nepal she had been dependent on her parents. She said:

> It was totally different, because back home, actually, it's like the culture back home, we had a parent support. They pay for our education, and everything. And so in return, we have to take care of them when they get old. But in US, the system is quite different. You have to pay for your own college, at last you don't have to take care of your parents, so it was quite different.

Other Descriptions

Four out of 19 (22%) participants mentioned that they had been unaware of educational opportunities for them when they first arrived. They did not know very much about the certification process or the educational requirements necessary to become a nurse in the U.S., and did not know where to get help. Two participants described their experiences coming to the United States in positive terms. One participant, Dolma, was unemployed by choice when she arrived to the United States. She was married and her husband took care of the family financially while she studied to become recertified as a nurse. She described her arrival in the U.S. as a "positive experience." Eugenia described it as "amazing." Two of 19 participants (11%) mentioned housing difficulties upon arrival in the United States.

Finding 2

All of the participants (100%) found that a language barrier and the licensure process presented challenges to reentering the nursing profession in the U.S.

When asked to describe what they perceived as the most difficult aspects of reentering the nursing profession, 19 of 19 participants (100%) spoke about the difficulties posed by the certification process that terminates with passing the NCLEX exam. Additionally, 19 of 19 participants (100%) discussed the challenges posed by their

lack of sufficient English proficiency to navigate the process and pass the exam. What follows is a more detailed discussion of this finding, incorporating specific quotations from participant interviews. A distribution chart of findings can be found in Appendix J.

Table 3. Findings for Research Question 2

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<u>FINDING # 2</u>
All of the participants (100%) reported that a language barrier as well as aspects of the nursing certification process were the biggest challenges they faced to reentering the nursing profession in the United States.

Licensure Process
- o   Credential Evaluation (17 of 19, 89%)
- o   NCLEX (15 of 19 (79%)
- o   Fees (3 of 19, 16%)

Language Barrier
- o   Communication (18 of 19, 95%)
- o   Nursing Terminology (4 of 19, 21%)
- o   Can't access information (1 of 19, 5%)

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Licensure Process

Becoming licensed as an RN in the United States involves numerous bureaucratic steps, even before the nurse is allowed to sit for the NCLEX exam. This process can take many months, or even over a year. The NCLEX exam presents its own set of learning challenges, the character of which is also addressed in Findings 3 and 4. But it is one part of a certification process that some participants reported as taking a long time.

The majority of participants described aspects of the re-certification process for becoming a Registered Nurse (RN) in the United States as a major challenge in re-entering the nursing profession in the United States. As discussed in Chapter II, the process for an internationally trained nurse to acquire RN certification involves going through multiple steps and interfacing with multiple agencies, as well as taking a test. In

describing the experience of going through these steps, participants encountered numerous challenges.

Credential evaluation. Seventeen of 19 participants (89%) said that the credential evaluation process was a major challenge they faced to reenter the nursing profession. Most of this challenge stemmed from the length of the process, which the participants said took much longer than they expected or wanted to wait. Having to wait more than a year for their paperwork to be processed was the norm, and the uncertainty that came with it was cited as a common difficulty that the participants encountered. Dolma described the process as "very lengthy." In her Demographic Questionnaire, Nora indicated that the certification process caused her stress because it took a long time and involved numerous steps. She learned that the process is not the same in each state, and even though CGFNS oversees the state boards, a license in one state does not automatically transfer to another. At the time she was interviewed, she was applying for a license in a state other than the one in which she had received her original license:

> I do feel my efforts are finally paying off. Although in the back of my head I always worry about having all my paperwork in order. For example, I currently obtain a temporary permit in [name of state redacted] because the process of endorsement from my [name of state redacted] license is taking longer than expected. I have to get more papers from my home country. Successes here can seem temporary due to visa approval and renewing documents. That gives me a lot of stress and the road to finally be able to start working again has been long.

Dawa lamented the time required to go through the certification process, as well as the number of steps that need to be taken.

> Most difficult is the State Board Exam, and I would say for immigrant like us, we have to go through so many processes like CGFNS and mail state board process. So that process takes so long, it's kind of waste of time. It took me around one year... more than one year. One year and two months to complete the whole process.

She believed that her certification process took longer than she had hoped in part due to the slowness witch which her college back in India responded to CGFNS requests to validate the credentials that she presented.

Tina's certification process required two attempts because she made a paperwork mistake on her first attempt. The second attempt required 15 months, which she felt was too long. She said, "I feel like, what's going on?" She explained:

> After I came here, maybe after six or seven months, after six or seven months I applied a CGFNS and I think it took five or six months, but they didn't accept my first paperwork. And then they, I think they transferred to [name of state redacted] Education Department. And then after it went to the [name of state redacted] Education Department they again sent to my college, and after that they accepted the documents. And after that it took maybe 15 months for the second attempt.

Nadia experienced difficulties with the certification process because the name on her passport was not exactly the same as her name on other documents. This slowed down the process for her:

> It was complicated for me because of my name. I told you my name was different there and here. So, they will consider a different person. If the name is different then you have to send some additional things. I just sent my passport photocopy and my ID, my date of birth. I just sent some additional documents to them, but still you have to wait. They're not going to prove you right away. I think if something is a problem, it's a little like slow process.

Juliet's troubles began when she obtained incorrect information from agencies tasked with reviewing her credentials. She received a degree in midwifery in her country of origin, Burkina Faso. But, as she explained in her demographic survey, midwifery and nursing are seen as part of the same professional trajectory. Since the CGFNS did not recognize her degree as a nursing degree, it did not allow her to sit for the NCLEX exam. Juliet has an LPN license, but will have to go back to school to get a new nursing degree. She explained:

> I didn't get an approval to take the test because my title and my diploma is Midwife. For them, Midwifery is totally different than nursing. But, in my

country, we all (Midwife and Nurses) take the same training for 3 years and then Midwife continues for one more year.

NCLEX exam. Fifteen of 19 participants (79%) indicated that the NCLEX exam, which all native-born and international nurses must take in order to receive RN licensure, was a major challenge. The participants spoke about their challenges with this exam, and the struggles that they endured in order to pass it after initially failing. Carmen had tried to study on her own for the test but saw little improvement until she took the NCLEX preparation course at the Center for International Nurses. She said, "I still study, and I am still taking the exam. I took the exam three times before I go to [Center for International Nurses], and I fail." She felt frustrated and thought the she needed guidance from a professional.

Nora also tried to study on her own before discovering the Center for International Nurses. She said that it went beyond her nursing knowledge, and she had a difficult time with it because there was so much context-specific material that she was responsible for knowing. She said:

> I was trying to figure out like what the exam was, what kind of questions, which fields, what they would focus on, and for me it was very difficult to bring into scope what I would have to know as a nurse because there was so many different practice questions also about structure and management and safety rules and everything.

Nadia had trouble with the "select all that apply" questions on the NCLEX preparation tests. In India, she said that she had to answer questions by writing a response, but in the U.S. she had to make decisions about possible answers she was given. She said that the U.S. way of taking tests was more difficult:

> That time when you're doing your test time running so fast because we have optional questions, but we have also question where you have more than one answers, like multiple-answer question like recall or select a question. You have more than three or four-answer, they will give you like six options. You have to choose more than four answers. It's really difficult.

Roselie said that she had difficulty with the structure of the test questions. They did not test her in the way that she was used to. She felt that her approach to answering the

questions was something she needed to work on in order to be successful on the exam. She said, "It's the way the question is asked. That's the most difficult part of the test. They are tricky. You have to have a skill, you have to have the strategy how to think of your question."

For Tina, the main problem was that she was still not confident with her English language abilities. The NCLEX and practice testing material used specialized vocabulary and other language that she was not entirely familiar with. She said, "For one particular word, if I don't know that word, and I've mistaken the meaning then I will choose the wrong answer."

Other licensure process challenges. Three of 19 participants (16%) said that the fees that they were asked to pay presented additional barriers to their reentry to the nursing profession. Three of 19 (16%) said the process was "complicated" and that this presented barriers, as well as they did not have guidance.

Language Barrier

A majority of participants spoke of their perceived lack of English language skills as a major difficulty faced on the road to recertification. Although there is no official language in the United States, English is the de facto official language and a required language for most jobs, professional and nonprofessional. It is also the only language that the NCLEX is offered in. None of the participants spoke English as her native language, and all of them described the ways in which their lack of required proficiency, or perceived lack of it, presented them with challenges before and throughout the process of certification.

Communication. Eighteen of the 19 participants (95%) expressed that their perceived difficulties with English as a means of professional communication came less from lack of knowledge and more from their accents when speaking English. For Dolma,

the expectation that she would be treated badly because of her accent resulted in her

initial reluctance to practice the language when she arrived to the United States:

> Here when I came to city, people shy to speak in English thinking other people will not understand my English. They're so fluent. I was really hesitant to speak, even though I can understand what they say, but I was hesitant to speak in English fearing that they will not understand my accent or they will make my fun. So that was the communication concern I had in me initially.

Dawa's situation was similar to Dolma's. She had studied English in India, but she

found that her knowledge of English was initially inadequate for the task ahead of her, in

particular because of the ways she would be expected to use the language in a

professional context. She spoke about the importance of documenting her work in correct

English, as well as the consequences for not being able to do so, and of talking to

patients' families. According to her, these are two examples of why English presented

such a challenge to her:

> When you speak and when you write, so when you don't know the exact words and when you want to interpret in writing down because as a nurse we have to write a published note. The published note when we write and you don't get the exact words because sometimes just the words will put us in trouble. It's really important to know English really well.

Carmen came to the U.S. with the purpose of studying English. Even though she

had studied the language in Brazil, her native country, she felt that she did not know

enough and that she would need to study more. She made the distinction between the

English one learns in school and "real life" English: "I have English, but not... When you

come here, it's real life, right? I have the school's English, of course in my country, but

when you come here it's nothing. You have to go, you have to learn again."

Upon moving to the United States, Nora felt that her English needed improvement,

even though she had spent six months in Canada. She said, "I had to work on my English,

especially when I moved to Canada. I discovered that speaking English, it's very much

different than understanding it." Juliet spoke about her English language difficulties in

terms of what it would mean for her professional abilities. She acknowledged that improving her English was essential if she wanted to become a nurse in the United States.

> Well, for me, first thing was the language because I speak French, and here is English. So, for me there will not allow me to get into health care professional if I don't speak modern English. If I'm not even to understand my patients and understand who I'm taking care of I cannot get access to health care profession.

Nadia had some training in English, and even did her nurse training in India in English. But she found that to go through the process required her to use English in a way that was different from what she was used to. Even though she could understand English, taking a timed test in the language was a big challenge for her.

> We already did our course in English in India. We have to study in English. We don't have to study in our language. The English test, I think, it's very hard for me. I think the time period was so less. I think it was half an hour. You have, I think, 50-question or something, and it was a very less time. You have to really read the paragraph and then do the question answers. It was very hard for me.

Padmini had doubts at first, too. She said, "My main fear of entering nursing culture because I thought language would be the barrier." She did not live with English speakers, so she had little chance to practice with people when she first arrived in the U.S. Maria had similar challenges. When she arrived in the United States, she felt that her English needed to be improved before she could get back into the nursing profession.

If Roselie had to do the process over again, she would have done more English language study before leaving Haiti. According to her, her knowledge of English when she arrived in the U.S. was "very little. When I say 'very little,' it's like, numbers, days, month, not even how to spell them. Auxiliary verbs, some adjective verbs and then connective and conjugating tenses." As a result, it was difficult for her to study for the test and take advantage of educational opportunities in her community.

Other language barrier challenges. One of 19 participants (5%) said that she could not access information about nursing licensure because she could not speak English

well enough. Four of 19 (21%) said that the language barrier for them was strongest with respect to nursing terminology.

Finding 3

A majority of the participants reported that they learned the difference between nursing practices in the U.S. and their countries of origin, as well as professional skills, in order to reenter the nursing profession in the U.S.

A majority of participants reported that they needed to learn professional skills, as well as certain critical differences between the U.S. practice of nursing and that of their countries of origin, in order to reenter the nursing profession in the United States. A distribution chart of participant responses is located in Appendix La.

Table 4. What Participants Learned

<u>**FINDING #3**</u>
A majority of the participants reported that they needed to learn the difference between nursing practices in the U.S. and their countries of origin, as well as gain English language proficiency, in order to reenter the nursing profession in the U.S.

Differences Between U.S. and Foreign Nursing Practices (16 of 19, 84%)
- o Technology (10 of 19, 53%)
- o Nurse's Multiple Roles (11 of 19, 58%)
  - ▪ Duties (11 of 19, 63%)
  - ▪ Nursing Regulations (11 of 19, 58%)
- o Training (6 of 19, 32%)
  - ▪ Licensure Exam: (3 of 19, 16%)
  - ▪ Medical Knowledge: (3 of 19, 16%)
  - ▪ Teaching Style: (1 of 19, 5%)

Professional Skills (19 of 19, 100%)
- o NCLEX Question Strategies (16 of 19, 84%)
- o Communication Skills (18 of 19, 95%)
- o Autonomous Judgment (6 of 19, 32%)

Differences Between U.S. and Foreign Nursing Practice

Sixteen of 19 participants reported that learning the difference between U.S. and foreign nursing practice was an important area of learning while they pursued entry into the nursing profession in the U.S. This theme is subdivided into two particular areas of learning: (1) Technology, and (2) Nurse's Multiple Roles.

Technology. Ten of 19 participants (53%) mentioned "technology" as something they needed to learn in order to learn to be a nurse in the United States. Most of the participants received their nursing education in what are commonly referred to as "developing" countries, a designation that may be given for multiple reasons, including per capita income and life expectancy. As was found in the study, the participants who trained in developing countries sometimes found that the technology they needed to know in order to practice nursing in the United States was different from what they had been trained on. In one instance, a participant had to get used to a lower technological standard in the United States than what she had been trained for.

Michelle said that the biggest difference between what she was used to in Haiti and what was expected to do in the United States was technology. She spoke specifically about the electrocardiogram (EKG) test as a responsibility that she had not had before:

> Some of the technology like, what I can say, I have a big problem about EKG, EKG's, it was a big problem for me. In my country, it was always the physician take care about EKGs. So it's not something that the nurse go in deeply on it so you can just look at it like that to see if there is something wrong but you are not going deeply to interpret EKG and things like that. When I talk about technology or things like that, this one is one of them.

Juliet spoke of the importance of technology as well, contrasting the equipment she needed to learn in the U.S. compared with what she was used to in Burkina Faso. In her country of origin, she was used to using equipment that would be considered outdated in the U.S.: "I learned some equipment we don't have in Africa, because here they are on top, but in Africa we used to use some equipment that has been in use long time ago here."

Nora was unfamiliar with technology associated with the nursing field in the U.S. in a different way than the other participants. Coming from the Netherlands, the only OECD (Organization for Economic Cooperation and Development) country represented in the group of participants, Nora was used to a more modern medical care system than what she encountered in the U.S. She expressed shock at how different the technology was in U.S. settings from what she was used to, and from what she had expected:

> It's funny because in the Netherlands, America has this... We have this image of America where health care is like super advanced. They have all the newest technology, registered nurses and professionals know what they're doing. And when coming to the United States and seeing things like they're working with paper medical records, still using a lot of the handwork, for example, a blood pressure measurement, still using the stethoscope instead of electrical equipment.

Eugenia, who spent most of her life in Singapore after moving there from Nepal as a child, experienced similar befuddlement where technology was concerned. Coming from Singapore, a high-income, highly developed city-state, she was used to a sophisticated technological component to her job. Computers and digital technology were the standard in Singapore. In the United States, she had to get used to a system that is far less "connected" with respect to medical information. She attributed the lack of connectedness to the size of the U.S. compared to Singapore, which is a small city-state of fewer than six million people.

> It's not connected at all. We have to get the things manually from another clinic then come here. So I realized the health care system here is ... How do you say? It's very big, but then too there's a lot ... I mean, it's such a big country that's like everything's not really yet connected electronically, you know?

The nurse's multiple roles. Eleven out of 19 (58%) participants spoke about learning the different roles and associated tasks that nurses take on within the U.S. health care system. These roles were different from what they had experienced in their countries of origin and involved tasks they had not known they would need to perform. This

category is subdivided into: (1) Duties, (2) Nursing Regulations, and (3) Medical Expertise.

Duties, Eleven out of 19 participants (58%) indicated that they had to learn about the different duties that were expected of nurses working in a U.S. health care setting, particularly with respect to the different licenses that a nurse can hold. These duties extended beyond the nursing and medical knowledge they had acquired in their countries of origin.

Several participants spoke about having to navigate a different nurse-patient relationship than what they were used to in their countries of origin. Dolma expressed that the nurse's relationship to the patient is different in the U.S. than it is in India, in particular because the patient is more involved in the treatment process. She mentioned the importance of consent that she must get from patients before she performs the tasks associated with treating them:

> I like, here the people are more educated and they know what medication they are taking and we have to obtain consent, also consent of the patient before. Can I take your blood pressure? I'm going to give you that injection? Like you have to obtain consent. Is it okay if I take you to the X-Ray room because you either, you may we think you may have bacteria, I guess we have to take x-rays, we have to obtain consent from you.

Michelle lamented that in the U.S. health care system, the nurse does not have the time to do what she considers to be an important component of the profession: listening to the patient. She said that she thinks this is important because, as she believes, medication is not always the best medicine. Sometimes, she said, a patient might not need Tylenol for a headache, where a better course of action would be to just sit down and talk to the patient about his or her stress. She said:

> When you have time you sit down with the patient, you ask the patient what is going on and the patient is starting to tell you what is going on and things like that. And by the time you are talking to the patient and give the patient some advice and things like that, the headache is already gone.

Having worked as a Registered Nurse in the Netherlands, Nora felt similarly to Michelle about the lack of closeness to the patients in the U.S. health care system. This could partly be explained by the division of labor in the U.S., where different nurses perform different tasks. This may ease the burden on the RN, but it makes the nurse-patient relationship suffer. She said:

> In the Netherlands, if you are the nurse, you would also have to do the dating, helping them clean, go to the bathroom, do all the measurements. So if you have your patients you would have to do everything for them. Where here you would often have to see CNAs [Certified Nursing Assistants] and assistants helping you, the LPNs, and in the Netherlands that's all you, so you're a little bit closer to the patient I would say.

Participants indicated a need to learn the expectations of the job and the contours of their role as nurses in a particular setting. For some participants, the role of the nurse involved hitherto unfamiliar nursing responsibilities, such as performing basic hygienic tasks for their patients. For others, understanding the profession involved learning that nurses can be highly specialized and work in health care settings outside the traditional hospital or clinic. Alisha, from Nepal, was surprised to learn that nurses in the United States are expected to deliver "total care" to the patient; in essence, they provide the kind of care that in her country of origin the family is expected to provide:

> Here, nurses, they really work hard. In my country, I remember if I work as a nurse in my country, I would only pass the medication. I will have a full station definitely, for the patient, but I will only give the medication. But here, I have to give the total care to the patient. I have to lift them, I have to change them, I have to do everything, blood draw, everything, everything. I have to take care of the whole body. In back home, every patient has their visitor. We will ask the visitor to clean their own patient, own family member. Here, it's very hard to find a family member cleaning their family member.

Carmen discovered that nursing in the United States is a much broader field of practice than it had been in Brazil, her country of origin.

> In my country, to tell you the truth, they don't have so much information about the job as a nurse here in United States. We worked essentially from here. They don't have so much branches for nurses over there, like

practitioner nurses that can prescribe medication. It doesn't exist in Brazil yet.

For Maria, the complexity of the questions on the NCLEX mirrored the complexity of actual practice in a nursing role, which was different from what she was used to in Brazil. In reference to the difficulty of the NCLEX, she spoke about how the questions put the test-taker in role-play scenarios in which he or she must assume responsibility for a situation and then make a decision. She said that this is something nurses must learn because in the United States, nurses are more responsible for the patients:

> In Brazil, we have a lot of... our supervisor who is always around. And how do you say, mostly do the medications. And like I told you, the supervisor is always around, and the doctors are much close. They always are around, too.

Alisha recalled her time working in Nepal, and said that she had to learn the duties of a Registered Nurse in the U.S. In Nepal, certain duties, such as cleaning the patient, were performed by the patient's family. She said, "This is the reality in US, and here, the nurses have to do everything for their patient."

Regulations. Eleven of 19 participants (58%) said that the regulations of the medical profession and their practice of nursing were important for them to learn. Sharon found the system rigid, and said that a "lot of discipline, lot of law for practice" made things difficult because she had to follow strict guidelines for what she was doing. As a nurse back in India, Sashi said that she had not had to think about legal issues as part of her work. In the United States, however, she learned about the possibility of litigation as a result of medical malpractice. Having no experience with this area of practice, she was grateful to hear from experienced professionals about how to navigate this new and unfamiliar issue, saying, "Here in US there is more legal issue than India. In India I didn't hear about like suing everyone. But here everything, every step, it has to be very careful."

Training. In addition to duties and regulations, 6 of 19 (32%) participants mentioned they needed to understand the difference in how nurses are trained in the U.S.

as opposed to their countries of origin. Three participants (16%) spoke about the difference between the licensure exam in their countries of origin and the NCLEX of the U.S. and Canada. Three (16%) spoke about the differences in medical expertise necessary for practice, relating to the differential prevalence of certain diseases in the U.S. compared with their countries of origin. One participant (5%) mentioned the difference in teaching styles that she perceived in the U.S. compared to India, her country of origin.

Professional Skills

All of the participants (100%) said that learning professional skills helped them overcome the challenges they faced to reentering the nursing profession in the U.S. These professional skills were to be honed and used to reenter and integrate into the profession. The skills they spoke about were: (1) NCLEX Test-Taking Skills, (2) Communication Skills, and (3) Autonomous judgment.

NCLEX test-taking skills. The difficulty of the NCLEX exam can be seen in the number of participants who did not pass the NCLEX exam on the first try, or did not pass it at all. They described it as being a different kind of test than they were used to in their countries of origin, in the sense that they asked participants to think differently about how they would prove their knowledge of the nursing profession, using a medium (computer) that was different from the pencil-and-paper exams they had taken in their countries of origin when they were in nursing school.

Sashi submitted her paperwork to CGFNS and began studying on her own while she waited for the process to move forward. She found that studying for the test on her own did not help much because she was unprepared for the questions, despite taking practice exams. Her results on the practice exams suggested that she needed to study in a different way if she wanted to overcome this challenge. She said:

> Before getting into the [Center for International Nurses], my percentage, like whenever I give exam myself, like give exam to myself, I always get

like 50%, most of the time it's 50%, so then I was like oh, you know, I really need someone, like proper teacher.

She said that the knowledge she was tested on was more geared toward the context of

U.S. health care, and this made things more difficult for her:

In questions on the exam that all the nurses have to take [mumbling], in India we have more disease, like happens in Asia, in India, like it's more focused on that like area, but in US it's, the disease, like it's more focused on like which is more common in US.

She also mentioned that to succeed on the NCLEX, "critical thinking" is necessary. Her

explanation of why "critical thinking" describes the approach to taking the test lay in her

understanding of the cognitive action involved in selecting the proper answer. In her

description, all of the responses to a question might be accurate, but one is more accurate

than others. This method of demonstrating knowledge is different from what she was

used to.

In U.S. it's very critical thinking, so I have to work really hard to pass that exam. I mean like critical thinking is, in India, um, in India I did nursing from India, so in India I didn't have to think a lot, it's just like questions answers this is like you know um like what is this disease you know so I just have to answer, like this is this disease, and like find this term, but here the questions are more like critical thinking,

Maria described being unprepared for the types of questions on the NCLEX exam.

Like Sashi, she also found the need to engage in "critical thinking" to be a challenge. She

was not used to being evaluated in this way. According to her, this means you must

"apply all of your knowledge" to a case.

For me it was the type... For instance, I read the content. The type of questions. I don't think I was prepared for that type of questions. They called ... critical thinking…. For example, they give you the case and you have to apply all your knowledge on that.

She continued by describing an example that she recalled from her test-taking experience.

She said that "you are the one taking decisions" on the questions that require critical

thinking and an application of the test-taker's knowledge.

I remember that they were trying to put questions like if you were a nurse in the ICU, Emergency Care Unit, you have some patients, and then something you already receive a report from your emergency room that some patients are coming to you. If you have ... Sometimes they give you different patients, and then say which one you going to send that room? And then you going to receive that welcome from the Emergency Room. This a type of the new questions. That the person, for you, now are taking decisions.

Critical thinking skills were key to Loretta's success on the NCLEX exam as well. Like others, she found that approaching the test questions required a different way of thinking, similar to "how to act in a certain scenario, how to practice what you learn." She said that this way of thinking was not dissimilar to what she had experienced in the Philippines, but in the U.S. she said the focus is more on "focusing the question and understanding, really understanding it."

Dawa also mentioned that she had to learn a different way of test-taking, one that was different from what she was used to back in India.

The thing is, how the exams are set here ... like basically in India, once you are done with your school, you don't have to get the State exam like that. So, coming here in US, and knowing that you have to get state exams to work, it's a totally different area for me. And, with the] test, it's totally different from back in my India, my country. Back in my country we have to basically ... we will get the questions and we have to write a whole answer, not like here, like we have to choose the multiple-choice questions and like that. So, the pattern of the test is totally different, whereas we don't have state boards back in my country.

Padmini spoke about the differences between the licensure requirements in Nepal and those in the U.S. In Nepal, the nursing exam is a writing exam, and does not have multiple choice questions. This makes it conducive to memorization. But in the U.S., she said, the "all that apply" type questions are a challenge. If giving advice to a newly arrived immigrant wanting to become a nurse, she would focus it on the NCLEX exam. She said, "I would tell them, if there were like quiz sometimes are very tricky and NCLEX you really have to understand and you have to read carefully, too."

Prior to enrolling in the Center for International Nurses Program, Carmen had taken a private online course to prepare for the NCLEX exam, but she did not pass the exam. She failed the exam three times before finally passing. She felt that the test was very difficult and needed help in improving her chances of passing: "The practice testing, they showed them where I was weak, where I was strong, and they said, 'Look, this is good, this is bad. Let's go work a little bit on this here, this point is very important for your test.'"

Roselie said that knowing how to take the text is crucial to passing because the questions can be "tricky." She emphasized that learning how to employ effective strategies was crucial to her success.

> It was different ways, I just picked the easiest one for me, the one that personally I used to do. But some stuff you know but when you have someone explain that to you, it's like the position that I had before, I never applied. But when they taught us about it, I took my own. I just did my own, used the bad elimination. Only to read the question and underline the key words, you have to be able to identify the key words, then go back to elimination.

Communication skills. All of the participants (100%) indicated that communication skills were essential to be learned in order to surmount the challenges that stood in the way of reentering the nursing profession in the United States. They arrived to the United States with varying levels of English proficiency. Some had almost none, while others graduated from nursing programs in their countries in English. All of them believed that communication skills in English were the most important first step in one's learning to reenter the nursing profession.

Carmen felt that learning English was an essential part of her becoming licensed as a nurse in the U.S., but also a part of her development of self-esteem. She spoke about the importance of being able to communicate, but also the importance of not letting accent discrimination or other difficulties get in the way of her ability to assert her professionalism on the job. She said:

I'm proud because I came here and learned your language. Look at me, I learned your language, and also I learned Spanish. I speak Portuguese. We can talk, we can communicate, and I can write and I can read. I can talk to my patients and take care of them. Why should I be ashamed about myself, and discriminate myself?

Sharon believed that the language barrier creates a "culture barrier," which creates an added need to have good communication skills. She said:

Culturally I have to be very sensitive, to respect the culture. So I need to think about the culture belief, then I have to think, how can I approach them? Accordingly, sometimes I have to tell them, I am sorry about it, if I cannot make you understand but please let me know how do you want me to help you like that. You know it takes a little more time than the other nurses who can easily contact with the patients in English.

In speaking about what she believes that internationally educated nurses should do in order to reenter the profession in the United States, Juliet cited the need to learn English well before one immigrates to the U.S. For her, it is the most important thing one can learn, because it facilitates the acquisition of accurate information about what nurses must do, particularly with respect to the certification process. She said:

You have to understand the health care system, how it work, how can you get to a health care profession, which degree of school, what kind of diploma, and how can you apply. This can be a difficult part behind all the language.

For Alisha, being able to communicate in English was of paramount importance. This was compounded by the fact that she had struggled for years with the language and felt that this more than anything had held her back from her goals. When speaking about what her most significant learning moment in her journey was, she initially cited passing the NCLEX, then quickly took it back and mentioned instead a community college English language exam. This was the moment when she knew she had achieved something significant, and her dreams suddenly became achievable. She said:

The college requirement before entering into the, any English classes, or anything, you have to have the, reading, and writing exam. I feel that when I first joined the classes, I failed that exam. But later, I work so hard, and I passed that exam, and I became so proud.

For Michelle, learning English was not just something to be learned in the service of passing the test. It needed to be learned in order to communicate with patients, so that she could better serve them. She struggled with the language, but the accent gave her difficulty because she had felt like no one understood her. This caused her to feel embarrassment, but she knew that communication, not perfection, was what mattered most. This meant more than just learning the language; it meant knowing how to communicate effectively with people whose understanding might be hindered by a foreign accent. She said:

> You have to just be considered on you that you have accent but try to do what you have to do. And this is what I'm doing now because now I am working at the hospital and every time I meet with my patient the first thing that I told them, you know what, I'm Haitian. I have a big Creole-French accent. If I say something, you don't understand what I say, just ask me to repeat for you because the main thing is for me and for you to understand each other.

Autonomous judgment. Six of 19 participants (32%) spoke about learning skills at the Center that would help them grow into their new professional roles. These skills related to the participants' capacity to make autonomous decisions and develop the mindset to succeed as nurses working within the U.S. system of health care. Dolma said that she learned how to use her own judgment as a nurse in a professional setting where she was expected to make independent decisions without consulting a doctor:

> They taught us how we have to, as a nurse how we have to use our judgment. We already have a degree, but here and particularly it depends from what we do there so how we have to use our judgment in particular situations, how you have to act it. So in short I could say, they taught us how to think, how to think broadly, how to elevate the situation. What best you could do in that situation. They taught us how to do that one.

The Center for International Nurses has a social worker on staff, and the social worker helps the participants with outside stressors that affect their training. Sashi appreciated this aspect of the Center for International Nurses training, as it allowed her to be a more active participant in the training. She had come from an educational context in

India where she was not encouraged to offer her perspective on what she was learning. She was expected to consume facts and information from her professor, and this method did not help her develop agency as a nursing professional. This aspect of the training helped her develop self-regulation skills that she would need in her job. She mentioned that she did an activity where "we have to rate ourself, you know, what our mindset is," and developing her own mindset helped her handle the stress and prioritize her duties in a health care setting.

Dawa mentioned that learning and knowing "backup scenarios" in treating patients was important for her. In preparing for a role that demanded more autonomous judgment on the part of the nurses, having a secondary plan of action in case the primary one did not work was crucial. Maria also spoke about the need to be autonomous, because doctors are less a part of the practice of being an RN in the U.S. than they were in Brazil. She said that in the U.S., "it's not that the doctors won't come. They will come. And also the supervisor will come, but you are much more, how I can say, in charge. In charge of the unit." But, she added, the nurse must learn to be less dependent on the judgment of doctors.

Finding 4

All participants (100%) reported that they learned to overcome the challenges they faced through informal and formal learning processes.

Informal Learning

All of the participants indicated that they learned how to reenter the nursing profession through various informal methods. These methods were: (1) Reflection on experience; (2) Drawing on Past Experience; (3) Networking; (4) Trial and Error; (5) Online Research; (6) Knowledge-sharing, and (7) Reading. A distribution chart of findings can be found in Appendix Lb.

Table 5. How Participants Learned

Finding: *All participants (100%) reported that they learned through informal learning and formal learning processes.*

Informal Learning
- Reflection on Experience (13 of 19, 68%)
- Drawing on Past Experience (15 of 19, 79%)
  - Local experience (10 of 19, 53%)
  - International experience (6 of 19, 32%)
- Networking (17 of 19, 89%)
  - Neighbors (3 of 19, 16%)
  - Friends (14 of 19, 74%)
  - Colleagues (3 of 19, 16%)
  - Teachers (4 of 19, 21%)
- Trial and Error (15 of 19, 79%)
- Online research (9 of 19, 47%)
- Knowledge-sharing (4 of 19, 21%)
- Reading (4 of 19, 21%)

Formal Learning
- Test Preparation Class (15 of 19, 79%)
- ESL Classes (17 of 19, 89%)
- Job Skills Training (6 of 19, 32%)
- Tutoring (2 of 19, 11%)

Reflection on experience. Thirteen of the 19 participants (68%) reported learning through reflecting on past experiences as they pursued reentry into the nursing profession in their countries of origin. For these participants, reflection helped them make sense of their new experiences in the U.S. and better understand what they needed to learn in order to reenter the nursing profession.

Alisha learned and made sense of the difference in nursing practices between her country of origin, Nepal, and the U.S., by framing them in terms of the cultural differences between the two countries. In her country, Nepal, the responsibility to care for the elderly falls on the family, whereas in the U.S. elderly patients often live out their final years in nursing homes. She worked in a nursing home while studying to become an

RN, and she saw not only a cultural arrangement that was foreign to her, but also connected it to her understanding of her job.

> I don't know, this is very strange. I have a lot, in the nursing home, especially, nobody come there. It is like a bare home to them. You know, it's like ... terrible, I can say that. I don't know. It's like, in our country, in back home, people have a joint family where they take care of each other from generation to generation. So maybe when one week, another people come there in the hospital, take care of them. Here, everybody is like individualistic society, where you know, there is nobody to take care of you. Sometimes, I unfortunately, I ask in the hospital, who will take care, can I have your emergency phone number, "I don't have anybody." I'm like, oh my god.

Carmen framed her learning by contrasting the experience she had studying on her own, through an online practice program, with the one she had at Center for International Nurses. She had a difficult time practicing on her own, and failed the exam three times, describing the experience as "a disaster." But her experience at the Center for International Nurses taught her that she had learning needs beyond simply skills to pass a test. She said:

> The program is totally different to what we get in [name of school redacted]. You have to address your needs, address your stress, address... They are very respectful, they understand what you're going through. They know what international nurses are going through, and the teachers were unbelievable. The experience they teach us, we're using experience that was real experience that they're living here. They have families, they have patients, that was a totally different opportunity.

Several participants mentioned that they learned to become recertified by reflecting on their educational and professional experiences and frames of reference and deciding that they would have to learn to rethink their approach to their professional training. Reflecting on her education in India, Dolma described difficulties studying for NCLEX exam because the questions demanded that she think about them in a way that was unfamiliar to her. In India she had to memorize material, whereas in the U.S. she had to utilize multiple cognitive skills sets to answer the questions.

> They want to ask me the patient came with a complaint of
> hyperglycemia blood sugar, what will you do? Here I have to use my brain
> more. I have to use my judgment, nursing, assessment, everything. But this
> is a little bit difficult. It was difficult because we were never taught in that
> way.

This way of learning about the practice of nursing was in the service of preparing

for what she would encounter once she became an RN in the U.S. According to Maria, an

RN in Brazil and one in the U.S. have different responsibilities, and in the U.S. the nurse

has to develop autonomy in how she does her job:

> In Brazil, we have a lot of ... our supervisor who is always around. And
> how do you say, mostly do the medications. And like I told you, the
> supervisor is always around, and the doctors are much close. They always
> are around too. Here you, for example, not that the doctors won't come.
> They will come. And also the supervisor will come, but you are much more,
> how I can say, in charge. In charge of the unit. And then the supervisor will
> come, once a shift, or twice if he needs too. But you are more responsible.

Juliet's experience working with CGFNS, and ultimately wasting lots of time on a

certification process that did not work out for her, taught her the value of speaking with

others in order to get "the right information." Had she done this the first time around, she

would have learned at the outset that her midwifery degree would not have qualified her

to become CGFNS-certified. From this experience, she learned that she needed to consult

multiple sources of information and then make decisions. She said that if she could go

through the process again, she would be more forceful about getting the right

information. She said, "Even they don't want to help me I'm going to force them to help

me to choose the right thing."

Michelle had difficulty with time management. Having come from a professional

context in Haiti where her role consisted of taking care of patients, not necessarily to

delegate to others, she found that she did not have enough time to do everything she

needed to do. She had many responsibilities and struggled to manage them all. "When

you are just starting in the system, you don't know the system, it takes you time. But after

that when you see how the system is working, you try to do it."

So it's one of the things that gives me a lot of trouble but finally ... so I tried... when I was just starting I was always facilitating how things were with the aides or things like that. But after a while I try my strategies, I try to help them and show them how to do it, and it worked. So fortunately for now I don't have those kinds of problems anymore but, from the start it was very difficult for me. It was very, very, very difficult.

Nora struggled at first to make sense of the culture and how that informed the job-seeking process in the U.S. She learned that she would not get a job as a nurse by doing the same thing she had done in the Netherlands. In her social interactions, she had learned that managing relationships with Americans was different than it was with Dutch people. She said that she first arrived and found social engagements difficult to make; she thought, "Oh don't they like me or is it just there's a set time and they're busy?" After more experience interacting with Americans, she found that more persistence was necessary in both social interactions and job-seeking:

I find that, well, they like customs very much so I learned how to, especially in the search for a job. In the Netherlands, if they like your resume they will call you and here I know now that I have to call and ask questions and be a little bit more persuasive about things, but once you follow those set of rules and understand it, I find it easier. Once you crack the code, you kind of have an easier go at it.

Loretta did not find the experience of studying on her own to be fruitful. She at first believed that she could learn what she needed to know through various online programs, but these experiences taught her that she was not an "online person." What contributed to this conclusion was her reflection on her educational experiences in the Philippines, which had resulted in her successfully becoming a nurse there. She felt so adamant about this that she considered leaving the country, saying, "Well, I almost give up. I told my brother, 'Can you send me back to the Philippines?'" She decided that the learning methods she had grown used to in the Philippines would help her fulfill her goals in the U.S., as well. She said:

Because everything in the Philippines, we are always guided. We don't do online stuff. We need a mentor to teach us in order for us to know what we really need to do, like guide us, what we need to study. That is how I

figured out that I'm not an online person. I want some guidance on what is a certain particular topic I need to study and things like that.

Carmen struggled with discrimination because of her accent, which she believed people used in order to question her competence at her job. But she learned that while she might not be able to change people, she could change her outlook about this.

> You have to show them it's not about your accent, it's about your skills. It's about how far can you go to treat the person and take care of them. My accent is a part of my identity, I have been telling them, "My accent, it's my pride. I'm coming here, I've learned two languages and I can speak, and I can communicate with my patients, and my patients' parents on the telephone.

Juliet, a refugee from Burkina Faso, was drawn to the health care profession as a result of her opposition to female genital mutilation, which according to her is widely practiced in her country of birth. Experiencing the traumatic practice herself and seeing her friends go through it as well inspired her to work against it. This dedication to the profession and the duty to help helps her persevere through the struggles she faces:

> First thing that bring me to health care profession it is because I like to help. Second thing I hate the genital mutilation. That make me to question about this practice. I think that when I was 11 years old, so at that time it is a bad experience sometimes I don't want to share because it made me like which happened few years ago. I faced a lot of things around this practice with a lot of infections. I saw around me my mates, they got sewed up three times. So, I was questioning myself about this practice, and for me it was the way to understand better it is to become a health care professional.

Drawing on past experience. Fifteen of the 19 participants (79%) said that they learned from the experience of being in health care or babysitting positions other than RN prior to passing the NCLEX. The Center for International Nurses Program trains students to become RNs, but students sometimes work as LPNs, CNAs, or other care-related positions before becoming RNs and gain meaningful experience in these positions. In their interviews, they reflected on these experiences and talked about what they'd learned from them.

Sharon's experience studying for her CNA had an unexpected impact on her learning goals. After she arrived in the U.S., she decided that it would be a good idea to start small, going first for a Patient Care Associate certification as well as CNA licensure before going for the RN. She failed the CNA test the first time she took it, and said she was "so embarrassed." But when she finally passed, she said that it gave her the confidence that she could continue studying for her RN license.

Sashi's first nursing credential in the U.S. was a CNA, which she then upgraded to LPN. The experience she gained in these positions helped her learn how to become an RN in part because she was able to get experience taking care of patients as an RN would. She said:

> I started working as an LPN. As a part time for three years [inaudible]. And the LPN has to do everything with the …we have to give medicine to the patient, most of the time we have to give insulin, and medicine, and that helped me a lot with the NCLEX.

But working as an LPN part-time for three years also helped her understand how to work with colleagues and patients. "The LPN helped me a lot through the like, to deal with the coworker, to see patient in uh, their personality, their behavior, they have to handle, most of them are older, older age, you know?"

Maria also started by obtaining a CNA license, then went on to get an LPN. Working in these roles allowed her to be around RNs and observe the kind of work they were doing.

> You expose yourself to the environment of the hospital. For example, I... My first place when I went to work. It was psychiatry. So I work under units. They do divisions, the units. Even, though in [name of hospital redacted] so they have a prison ward, where you're exposed to the prison. You take of them as patients in psychiatry over there. It was a very good experience, but it was very helpful because you, how do you say, you work as a nurse's aide and you observe how RN works too.

Nora wanted to gain some U.S. working experience to give her some familiarity with the system as well as practice her English. She took a three-week training course to

become a Home Health Aide. This was where she got a first impression of the health care system in the United States. It was not what she expected, but it prepared her for more unexpected discoveries about the system and the difficulty of working within it. She stayed in this position for six months and left when she was accepted into the Center for International Nurses Program. As a way of getting more practice speaking English, she decided to get certified as a suicide hotline operator. She had to train for six months before she was allowed to take actual calls, but she found the experience rewarding, as it helped her with not only her English, but also her communication approach to conversations with people under her care:

> I learned how to communicate with people in distress, how to remain calm and also that it is more important than just to actively listen, see where to conversation is going rather than gathering specs about background and such. And I think it helped me connect with people and I think in working as a registered nurse, it's very important to be able to connect with the people that you work with.

Some participants spent some time as babysitters or domestic care workers before becoming recertified as nurses. Though many of them said they were eager to leave these positions, some said the experience was positive because it helped them develop their skills. Juliet, who at the beginning had no contacts and no papers to allow her to work, had to take what she could get for work. But, according to her, at least it was related to the profession she had trained for. She said, "At that time I said it's better for me to do the babysitting job, it is better for me than not doing anything or doing something that I haven't had anything to do with care."

Even though Michelle is an RN once again, she remembers how much she learned from her first days as a CNA, saying, "I was learning, I was observing what I was doing at CNA." She also remembers how difficult that job was, and takes this into account as she does her job as an RN. She said, "I always try to help the CNA's, I don't act like so nurses don't have those kinds of things to do, those tasks is for the CNA's, it's not me."

Networking. Seventeen of 19 participants (89%) reported that networking with friends, colleagues, family members, teachers, and community members helped them understand what they needed to learn in order to become recertified as nurses in the United States. Networking with the intent of gathering information played a role at every stage of their journeys, from learning about the credentialing process to finding the Center for International Nurses program to improving English and learning how to grow into their roles as nurses in the United States.

Their networking began as—and sometimes before—participants arrived in the United States and began to learn about how to go about building a professional life there. Many participants arrived in the United States without detailed knowledge of how to recertify as a nurse in their countries of origin. This was partly due to the circumstances of their immigration to the country. More than half reported that they had not come to the United States in order to become nurses, but rather for reasons such as English language study, marriage, or escape from difficult circumstances at home.

Before Juliet decided to leave her country, she spoke with a doctor colleague about her plans. The doctor advised that she be cautious, warning her that she would have a difficult time in the United States because the country would probably not recognize her credentials. This turned out to be prescient advice, as this doctor's admonishment accurately describes what would later be a cause of Juliet's certification woes.

> Before I came, I heard from some people, especially someone close to me. He was a physician in Africa, and he was my boss when I was working in the hospital he was my superior. So, he told me, "Ms., if you go to United States it's going to be hard for you because it's not the same. Maybe they will not recognize your diploma, I don't know, but you have to be prepared in your mind to be ready in case. If you find a job, even it's good but this one is not going to be easy as here.

Sashi, who is of Tibetan ethnicity but grew up in India, spent a month in the U.S. in a nursing internship program before immigrating. The program was organized through the school in which she was working as a nurse in India, and was intended to be a

professional development opportunity. But during the internship, she learned about

opportunities to be a nurse in the U.S. and decided that she wanted to pursue them. She

returned to India to study for the NCLEX exam, then returned to the U.S. after being

sponsored by her uncle. She continued to study on her own until she found out about the

Center for International Nurses program through her connections on social media.

> I found a, one of my, uh, Tibetan nurses, we have a Tibetan nurses
> Facebook group and she posted about the [Center for International Nurses],
> like you know she mentioned other thing about the [Center for International
> Nurses] like they prepare like the immigration nurses for the exam, and I was
> like that's the best opportunity to go there and like study with the [Center for
> International Nurses].

> Carmen had come to the United States as a tourist to study English but did not have

much reliable information about the job situation for nurses once she arrived. She also

was not initially prepared to work in the country. But this changed after she was in touch

with an old colleague from Brazil, who told her of possibilities that existed in the U.S.:

> I was not legally prepared with documents to work as a nurse at the first
> time, but I heard from my colleague. She was a nurse, she came from Brazil.
> She studied with me in Brazil as a nurse in another school. She came a year
> before me, and she said that it was a blessing job, because everywhere has a
> job for nurse. She was working already in case management in New Jersey.
> She said, "Go and try because there is a job, and we can work."

She heard similarly hopeful things from her two cousins, who had already immigrated to

the United States and were working as nurses:

> Before I decide to definitely stay, I came two times. I have two cousins
> that are nurses here. One cousin, she was in [name of school redacted],
> studied in [name of school redacted] for nurses, you know. She said that was
> a good point, because nurses here, if they needed, they are still needing
> nurses in New York, and to keep working. I heard not that much about
> nurses in Brazil. I just came here, and people talk about the opportunities for
> jobs here.

Michelle benefitted from having kept in touch with an old friend and colleague

from nursing school in Haiti. Having gone through the process of recertification in the

U.S. already, the woman referred her to the Center for International Nurses because she

had heard about the program from another friend. At the time, Michelle was working as a CNA but hoping for the opportunity to become an RN in the United States. The referral from her old colleague was a pivotal moment in Michelle's recertification process:

> She was in United States before me and she passed her test without the program and her friend talked to her about that program and she told me, 'why don't you try to go to that program to see if you can pass the test.' And this why I'm studying. And she sent me the website and I went and saw the location and everything like that. And I went I started the process.

When Maria came to the U.S., she worked in an art gallery at first, and this helped her with her English. But she did not know much about the process of reentering the nursing profession. Eventually, she found guidance through her church, where she met someone who could help her get started:

> I used to go in the church and there I find one girl that she did the NCLEX. And then she was explaining to me that you have to send all your documentation because you have a division of license in [name of city redacted]. And then she start to, because for her, her time, she had to do the CGFNS. So she explained that to me too.

Being in dialogue with nursing colleagues also helped participants learn to speak and understand English better, giving them the communication skills to pursue their professional goals in an English-speaking country. Dolma, like all of the participants, emphasized that learning English was something she needed to work hard at in order to learn how to become recertified as a nurse in the U.S. But learning English within the Center for International Nurses program had additional value for her learning in the context of becoming a nurse. It allowed her to be with other nurses from other parts of the world and make friends.

> We socialize, at the same time they are speaking English because they don't understand my language, I do not speak their language. Even though our English has hard words, but broken English we'll speak and we became friends and English also in truth.

After years enrolling in and dropping out of community college, Alisha enrolled in a nursing program at a local community college. Even though she had been an RN in her

native Nepal, she believed she would have to start over from the beginning and obtain a

nursing degree from a U.S. university. She believed this because she had inaccurate

information about what becoming a nurse would entail once in the United States. She

said, "At the beginning, first I didn't know. I thought I would easily get a nurse job, but

they told me that I have to have a license." Upon learning that she would need a license,

she took babysitter jobs to get by, but eventually enrolled in a community college nursing

program because she believed she needed to do this in order to become a nurse. But a

professor in the school told her about the Center for International Nurses, which could

help her get recertified without obtaining a second nursing degree.

One of Nora's challenges was learning English to the extent that she could use it in

a professional setting. She was also very interested in learning about the culture of the

United States. She said that as she settled into her new home, "along the way you kind of

learned that some things you are used to aren't the things that Americans are used to in a

certain way." She wanted to know more than just the language; she wanted to develop a

deeper knowledge about the country. This goal led her to become more immersed in

American life in order to understand it better:

> This might sound silly, but to make local friends, like social
> engagements, getting to know other American families and trying to
> practice, learning a little bit about the traditions and the beliefs and the
> culture. So I would say expose myself a little bit to everything.

As mentioned earlier in this section, Carmen learned about the possibility of

nursing jobs for internationally educated nurses like herself through her former colleague,

who was already in the United States and working as a nurse. This gave her confidence

that she, too, could reenter the profession. After spending some time studying on her own

and being frustrated with her inability to pass the test, she learned about the Center for

International Nurses through a chance encounter with a neighbor. She said this led her to

"start the biggest step of my life here."

> I learned from my neighbor that [Center for International Nurses] was offering a free training for international nurse. I couldn't believe that because it was a play date with my son's neighbors. She said that she was not involved in nurse skills or stuff like that. I was like, "Are you serious? How do you know that?" She said, "I heard about that." I tried. It was true. It was good.

Trial and error. Fifteen of 19 participants reported that they learned to reenter the nursing profession through a process of trial and error. When Nora arrived in the United States with her husband, she first worked as a home health aide. But this job was unfulfilling and stressful, and she wanted to become an RN as she had been in the Netherlands. At this point she did not know that the Center for International Nurses existed, so she went to the library to figure out for herself how to become a nurse in the U.S. At first, however, self-study did not go well. She did not feel like it was a productive way to learn how to pass the test. "I went to the library and got a few book to prepare myself, but it did cause me a little bit of anxiety to just see how much material there was and not really having a clear vision of what the exam would be like." Even though studying at the library was stressful for her, it led to a chance encounter with a librarian, who saw what she was studying and suggested that she look into the Center for International Nurses. Of that encounter, Nora said, "I guess a little bit was fate because then I read about it and then all of a sudden it felt like it was actually a possibility of me becoming a registered nurse."

Dolma said that she worked hard in order to pass the exam, and that this hard work involved studying on her own. She mentioned several times that she had to go "beyond" what the training program provided her. It was possible for her to do this because she was not working at the time:

> I practice a lot for to take that exam. Apart from this subject, officially [Center for International Nurses] provided me, I went beyond that. Online there was a free work portion. I used to do that also, even though they didn't ask us to do that. I used to go above and beyond to pass so I was doing that also and I was not working the other anywhere else so I was taking more on myself also.

Dawa said that she studied hard inside and outside of the classroom, but she felt that she needed to do more than that in order to pass the NCLEX exam. She compared the options for self-study in the U.S. with those she had used in India, where she had received her nursing degree.

> You have to really know the book but ... for me, to actually in my exam, I did lots of other stuff like listening to audios, and doing other kinds of apps to do the multiple choice questions, so that I get used to that. Back in India we hardly listen to audios. Here you get to listen to audios and then practice the questions. That's how it is. Back in India we just listen to the lecture, and then we come back, and then just go through the book, and then you write the test. But here, you can listen to the audio, and it helped me a lot listening to audios.

For Roselie, self-studying was a way to both practice her English and study for the NCLEX exam. After arriving from Haiti, she was eager to get back into the nursing profession but knew it would be a long road. She started soon after she arrived:

> I remember two months after I came here, I bought the NCLEX book thinking that if I try to read, because they always tell me, you are going to get your English better when you read. And I said, I'm not going to read anything, let me read that one. I bought my NCLEX books and I go on line to look for some testing, try to not only learn English but on the other hand to study for the NCLEX also.

This method was a start for her, but it taught her that she needed more help than what she could provide on her own.

Self-studying was difficult and overwhelming for Padmini as well. Like other participants, she struggled to make sense of the exam. After starting out on her own, she found that "I was not in a situation where I could concentrate and focus to study." She felt that she needed some guidance and motivation, saying it was "very important for me to say, somebody to push me." While studying on her own may not have been her preferred path toward recertification, it was a pivotal one because through self-study she also came to believe that she would be better off in a community of learners, guided by an expert.

Online research. Nine of 19 participants (47%) spoke about how they acquired information that would help them reenter the nursing profession. Oftentimes they relied on the internet to access information because they did not have people in their immediate circles who could assist them in their learning.

But sometimes, relying on online sources led to undesirable revelations about what and how they would need to learn. Loretta started out by studying for the NCLEX online, saying, "I went to all of the things in the online, like a lot of stuff, but it didn't help." Carmen also began her studying online but found that she was not learning what she needed. Dolma said that she started searching online for information before she came to the U.S. in order to find "what we need in order to become a registered nurse and RN, and I came to know that we have to give the NCLEX RN exam." Padmini looked for NCLEX preparation courses in her area on the internet and found CIN, which led her to apply.

Juliet came to the United States not knowing anyone in the country, having fled from her native Burkina Faso. She did not speak much English and at first did not have permission to work at all, let alone as a nurse. Essentially, she was alone in the country and had to figure out how to get back into her profession by herself at first, a task for which she described herself as being "mentally prepared."

> Okay. Like I said, I was looking a way to go back to health care profession. I saw [Center for International Nurses] on Google, and I read more about them. They say it is a way to help health care professional to continue their career. So, because I wanted to continue in the same career that's why I choose it. I believe them, I contact them to get more information.

Dawa said that she was able to learn through online research, particularly through downloadable audio content. She was happy to have this opportunity, which had not been available in India when she was first studying to be a nurse. She found this a particularly useful way to learn. She said, "Because it's not time-consuming, you can go wherever you want and you can just listen to it, like while traveling and resting." Michelle also

learned through online research to make up for the gaps in practice that had made it difficult for her to keep up with the profession. Regarding the need to stay current, she said:

> Now we've got YouTube, people using YouTube a lot. So, you know how to do something in a certain way but that way they are not doing it anymore so this is the way that they do it now. So, you have to learn how they do it now. So if you don't have something like that it makes you ... as you are studying to work you are learning.

Knowledge sharing. Four out of 19 participants (21%) said they learned how to become recertified as a nurse in the United States through knowledge sharing with their Center for International Nurses classmates. Loretta said, "We discussed the question and we let each other answer each question, so different questions for each person. And then we just review it afterwards." She and her friends at the Center for International Nurses would then compete to see who received the highest score on an exam, and each time the winner would receive a prize, such as a bottle of perfume. Dawa said that "brainstorming" with her classmates in areas such as drug calculations helped her understand this area of practice.

Maria sought out opportunities in the community outside the Center for International Nurses to further share her experiences and learn from those of others. She emphasized the role of professional development workshops in helping her learn about the practice of nursing in the United States. She learned of these workshops through a local nurse's association, appreciating the opportunity to "update" her skills. She recounted one workshop in which she engaged in dialogue with RNs in a workshop setting at an area hospital while she was still studying for the NCLEX, where they talked about their experiences working with patients from different cultures.

Reading. Four of 19 participants (21%) said that reading on their own enhanced their English language proficiency. Nadia said that in her spare time she read books, magazines, and newspapers in order to improve her communication skills with

Americans. Nora read American novels because she thought it would help her become acclimated to the culture and understand the differences between the culture of the U.S. and her own. She said, "I started reading the American classics, How To Kill A Mockingbird, Catcher in the Rye, just to see a bit of culture and also work on my English skills and that helped me a lot actually."

Formal Learning

All of the participants (100%) credited the instruction and guidance they received from the staff at the Center for International Nurses with helping them learn what was needed to become nurses in the United States. They learned in the following formal ways: (1) Test preparation classes; (2) ESL classes; (3) Job Acquisitions Skills Training; and (4) Tutoring.

Test preparation classes. Fifteen of 19 participants (79%) said that they learned to pass the NCLEX through guidance received in the Center International Nurses NCLEX preparation classes. Alisha had enrolled in, and dropped out of, community college multiple times before she found the Center for International Nurses. At first, she had enrolled in the nursing program at the community college where the Center for International Nurses was housed, thinking that she would have to obtain a new nursing degree. She knew that this would take two years, and she dreaded it. Finding out that the program was only nine months was good news to her. She also said that she appreciated how much material was squeezed into those nine months, because she felt adequately prepared to take the exam:

> So every Monday to Thursday, we had every day classes, oh my god, lot of homework, every week exam, exam, exam. So they made us so, they instructed us, they made every week exam, exam. They did structure us like that when I really wanted to take our NCLEX exam, I was not even scared because every week I was already scared, and when I really took my, the main exam, NCLEX, I wasn't scared, I was relaxed.

Sashi also felt that she benefitted from the Center's instruction regarding the NCLEX exam. Like many of the other participants, she found the test to be difficult to study for on her own, as this method of testing was not what she was used to in her country of origin, India. For her, "strategy" was an important thing to learn in order to improve her test results:

> Our teacher was good like Professor was really, like he taught very well, he started teaching and he kind of explained you know, like, what you have to look for the question, and we start going for the strategy, for the questions, there's always strategy to go for the questions, so we started picking out the main important, like, for the questions picking up all the key words.

Carmen said that she appreciated hearing about her teachers' experiences because this showed her that they understood the struggles their students were grappling with. It helped to know that their teachers had once been in the same position. She said:

> They are very respectful, they understand what you're going through. They know what international nurses are going through, and the teachers were unbelievable. The experience they teach us, we're using experience that was real experience that they're living here. They have families, they have patients, that was a totally different opportunity.

Notwithstanding the importance of hearing real-world experiences from real nurses, several participants spoke highly about the class material they used during their nine-month program. They said they were glad that the materials were up to date and useful for current nursing practice. Sashi said:

> But these books have good review or something so they try to provide us that book. Like, I think they were helpful, yeah um and the books they provide, which is, they, like, they focus which they research like, you know they never give us like useless book, you know, they research like, which book is better for right now in current terms.

Michelle also spoke about how up to date the instruction at the Center was. In addition to speaking about her own experience, she also invoked the experiences of her classmates, who, like she, had gaps in between when they had last practiced nursing and the time that they entered the program:

They make you up to date with the system, you see what I mean? For many that were graduating from nursing school a long time ago were working and doing the old stuff you used to do. So like when I came here, I passed like 2010, 2014, to start working as a nurse again, it's four years, so the teachers who are doing the class with us, it's not just helping you to pass the board test but they help you to integrate into the system.

In the classroom, Alisha said she learned the importance of knowing the differences between how she was trained in Nepal and what she would need to know and do in the United States. She mentioned "mindset" as one of these differences:

I really think [Center for International Nurses] was a really good program. It really really really has lot of nurses to review their nursing courses, and each review, whatever we learned in our country, is not going to, the main difference is, the teacher, like the professor over there, the team teachers, whatever we learned in our country is good there, but here in US, there is a different mindset, and we have to go by this, this is the law.

ESL classes. Seventeen of 19 participants (89%) said that English instruction helped them learn how to reenter the nursing profession in the U.S. Some of the participants sought out opportunities to learn English in a formal setting before they applied to, or found out about, the Center for International Nurses program. Having determined that learning English was their first order of business, they enrolled in classes. Later on, they would all take English classes as part of the Center's program. This aspect of the program addressed their problems with the English language, which all of them said was one of their biggest challenges on the road to reentering the nursing profession.

Before attending classes at the Center for International Nurses, Roselie took English classes at multiple locations in the city she was living in:

First place I went was the library, [name redacted] Library. I went to different school. I was seeking early to learn English in a way to reach my goal to become an RN again. But that's why I pushed myself, I went to different, multiple schools. Some school, after [name redacted] Library, the first was a Central Library. And then I went to YWCA and [name redacted] College, and then in end up at [Center for International Nurses].

Juliet had studied English on her own and felt confident about her writing ability. But she felt that speaking was still a challenge. The ESL program at the Center for International Nurses helped her confront that challenge:

> They help you to learn English. That's the fact. It's really good, because when I was taking the test to get into [Center for International Nurses], I couldn't even talk like I'm talking to you right now. But writing was good. I always like that. My writing in English, good, it is very good, but to talking is the most difficult part for me. But when I get back into [Center for International Nurses], it is like something that force me to learn English to speak more. So, I learn a lot in few months with the ESL program. So, it's really helpful.

Dawa knew that she needed to improve her English in order to be able to reenter the nursing profession in the U.S. Now that she is an RN and practicing nursing in a nursing home, she realizes how important it is to be able to communicate effectively in English, especially with respect to the written word. She said:

> They give us English classes so that as immigrants we have a language barrier. So, they help us with the English classes. English classes, especially for us, because in here you have to know English really good now. Now I realized when I work, because you have to write so much things, and talk with, not only with the patients, with the family. So, it's one of the, I would say good thing or the important stuff, it helped me a lot.

Michelle's experience learning English at the Center was reassuring to her. Initially, she had worried about communicating in a professional environment, particularly because of her accent. Her teacher at the Center told her and her class that their accents would not go away. While this could have been discouraging news to hear for someone worried that her accent would inhibit communication, Michelle learned to see her accent as something to accept and not be scared about. She said:

> I was afraid about that but going to [Center for International Nurses] after passing the test and they sat down with us and tell us, as you come in the country after teenager, thing like that, you will never be able to speak English as an American.

Akiko appreciated the teaching approach that the Center took to teaching the internationally trained nurses in her cohort. She liked that the teachers there understood

the communication issues the nurses had. She said that the Center's teachers were "very easy to understand because they know we are not made in America. We came from another country. English is not first language for us." In addition, she liked that they were able to impart necessary information with this in mind, because she found English medical terminology and test language to be especially difficult.

Job acquisition skills training. Eight of 19 participants (42%) reported that they learned through job skills training at the Center for International Nurses. For Michelle, to "integrate into the system" was important because she felt that she was behind, having not practiced nursing for years. She spoke also about how the program helped her build job acquisition skills, which would eventually help her find a job:

> You know what, that program is a very nice program. So before we went to sit down to take the board test, they are helping you ... it is something also. They are not only helping you to go pass the board test, but they are helping you with computer skills. They are helping you with setting up a good resume and they help you to prepare interview, job interview, things like that.

Nora also said that she found the interview preparation instruction helpful. She had said earlier that it was important for internationally trained nurses to develop a sense of professionalism and to know how to "carry" themselves, so she felt that she benefitted from this part of the program:

> They did this mock interview where you had to present yourself in a professional manner so you have to treat it as a true interview. And they have worked out some questions and it was a nice practice because I still had nervous feelings.

Of the mock interview training, she also mentioned that the Center for International Nurses brought in outside people from various health care settings to supplement the training. Padmini said this made her feel better about going into an interview:

> They train you for interviews and they will help you find a job. They have, I think people from different agencies came so they tell us what they were looking for in their employees. They were very good training, so we

were prepared for interviews and we were prepared to go to, that made me more confident, you know?

Tutoring. Two of 19 participants (11%) said that they learned through one-on-one tutoring through the Center for International Nurses.

Finding 5

A majority of participants reported that personal attitudes and support from others helped them overcome the challenges they faced, while gaps in professional practice made overcoming those challenges more difficult.

Table 6. Findings for Research Question 4

FINDING # 5

A majority of participants indicated that having a positive attitude and support from others helped them overcome the challenges they faced, while gaps in professional practice hindered their ability to do so.

ENABLERS:
- **Having a Positive Attitude (19 of 19, 100%)**
  - Determination (18 of 19, 95%)
  - Patience (7 of 19, 37%)
  - Confidence (7 of 19, 37%)
  - Religious Faith (2 of 19, 11%)
  - Courage (1 of 19, 5%)
- **Support from Others (19 of 19, 94%)**
  - From Teachers (14 of 19, 78%)
  - From Family (9 of 19, 47%)
  - From Friends (7 of 19, 37%)
- **Devotion to Nursing (13 of 19, 68%)**
- **Time management (13 of 19, 68%)**
- **Other enablers**:
  - Free training at CIN (5 of 19, 26%)
  - Public Library (4 of 19, 21%)
  - Preparation prior to Immigrating (3 of 19, 16%)
  - Current study material (2 of 19, 11%)
  - Physical Fitness (1 of 19, 6%)

HINDRANCES:
- **Gaps in Practice (14 out of 19, 74%)**
- **Other hindrances**:
  - Anxiety (8 of 19, 42%)
  - Family Responsibilities (7 of 19, 37%)
  - Inadequate Preparation Prior to Immigrating (7 of 19, 37%)
  - Lack of initial support (5 of 19, 26%)
  - Lack of effort (4 of 19, 21%)
  - Personal Issues (2 of 19, 11%)

All of the participants reported that having a positive attitude and support from others enabled their learning. Thirteen of 19 (68%) indicated that their devotion to the nursing profession and time management enabled their learning. A distribution chart of findings can be found in Appendix Kb.

Enablers

Having a positive attitude. All of the participants (100%) reported that having a positive attitude enabled their learning. This theme is subdivided in to the following categories: (1) Determination; (2) Patience; (3) Confidence; (4) Religious Faith; and (5) Courage.

Determination. Eighteen of 19 participants (95%) indicated that their personal determination to succeed and achieve their goals was a major motivating factor in their learning to become recertified as nurses in the U.S.

Juliet fled from Burkina Faso after being faced with threats and demands to cease her work against the practice of female genital mutilation (FGM). She had arrived in the U.S. to attend a conference on FGM and decided that it would be too dangerous to return to her country. Knowing neither any English not anyone in the U.S., she faced numerous hardships in building a life in the U.S., but she relied on her faith to keep her from giving up.

> I always tell myself something that has solution I can find the solution. It's what I believe. So, in any challenge I have on my life I will try to find a solution, even if it's going to take longer for me, it's going to be hard for me, it's going to be many obstacle to come over, I will do it.

Michelle is from Haiti, although prior to immigrating to the U.S. she traveled there regularly and had a visa through her husband, an American citizen. She arrived in the United States to live permanently after a powerful earthquake struck Haiti in 2010, devastating the country and killing hundreds of thousands of people. She worked at KFC, a fast food restaurant, while attending training for her CNA certification; prior to leaving

Haiti, she had been a Registered Nurse in the pediatric wing of a hospital. She credited

her determination and independent-mindedness with helping her see the process through

to RN licensure:

> I was always saying that I'm not staying there, I have to get my license
> as a nurse and work in my field. So I was always saying that to myself, I will
> not stay here. So I have to get a start. So, I used to be an independent person
> who always think by myself to myself so I say I have to work to get some
> money to survive but my goal was to get my license from the United States.

Alisha credited her success on the NCLEX with not giving up, even in the face of

multiple setbacks in her educational experiences in the U.S. Prior to enrolling in the

Center for International Nurses program, she had spent years studying English in the U.S.

and enrolled in community college to restart her nursing training. But the experience was

rocky for her, and at the outset she did not succeed in her studies. Her initial failures,

however, helped her to eventually succeed:

> I feel I do not give up. I think my success is that even though I wasn't a
> brilliant student, but I was thinking, I will say that every failure which
> happened in my life, like failing the English exam, all these things, it makes
> me, I feel like it make me more closer to my dreams. It make me the more
> successful, I feel like that.

Carmen said that she saw fellow Center for International Nurses students wanting

to give up in the face of difficulties getting through the course and passing the NCLEX.

While she sympathized with them, she also emphasized the importance of perseverance

and of not giving up. Having failed the NCLEX exam three times, she felt that she was

well acquainted with the desire to give up. But she made it clear that it is up to each

individual to work toward his or her own success:

> To not give up, not give up. It looks like a cliché word, but it's very
> important that you believe in what you want. Prepare yourself, because it's a
> marathon, it's a real marathon. I'm telling you, people cannot feel sorry for
> themselves.

Roselie's perseverance and determination came from a sense of "anger" at what

she felt was the loss of what she had worked so hard for. She said that when she arrived

in the U.S., she could not speak English and of course could not practice nursing, so she felt like she had lost everything. But this gave her the motivation to get it back:

> It's like, say I was a nurse and then I come here, it's like I'm nothing. Do you understand, from one trip I become nothing. Say that you are a nurse, you really need your license to become a nurse, and then that gives me the anger, I say I have to do that, I have to do that. I give myself a certain time. Every time I tell someone, I set up my goal and I give myself two years, people say you are not going to reach it in two. You are not going to get it in two years. I heard them, I understood but I still kept it and saw obviously what they say, the point that they were trying to make with me. But, I still keep my set goal to be able to reach the goal. I knew it would take longer, but I still stick with it.

Nora spoke about her determination being brought on by multiple pressures in her personal life. She had come to the United States from the Netherlands because her husband was pursuing a work opportunity. But her husband fell onto hard times and lost his job, putting their future in the U.S. in jeopardy, while she was pregnant. This made her recertification a more urgent pursuit:

> I had a great motivation. I was pregnant at the time and basically, well back in the time my life was falling a little bit apart because my husband lost the project unexpectedly. So we were finding ourselves in a very stressful situation because I by then was six months pregnant and we were facing the reality of maybe being sent back home. Because if my husband didn't have a job here, he wouldn't have a visa to stay and we would be in big trouble.

When discussing her difficulties studying for the test, Sashi said that motivation was important for her to maintain. She said that she was often worrying about her grades in the program, thinking that she was not doing well enough. To keep her motivation strong, she sought out motivational speeches online. She is from India but her ethnicity is Tibetan, and she sought motivation from the Dalai Lama's Youtube videos, which helped her stay focused and confident:

> I am Tibetan, I follow his holiness the Dalai Lama, so I listen his speeches, um, for the students especially for the students, you know how we have to work hard, you compared to the other, you know the, students, or other nationality. So he always mention about the study, that's going to make like, better, or everything for the better.

She also expressed her desire to continue learning as a motivating factor in her learning. Along with Maria, at age 59 she was the oldest of the participants by more than 10 years. She had pursued career advancement after such a long time because she felt more aware of her advancing age. After 23 years of the same job, the last 10 of which brought no raise or vacation days, she decided that she had had enough. But the pursuit changed something in her. She became more ambitious and more desirous to continue learning:

> I want the challenges, so that's why I'm not going to say I successful or not. I don't think about the ... I don't think never, I can say, successful, or I did, I'm done. I don't think even I become the 90 years old, 100 years old, I don't think I'm not going to say like that way. Because we have so many thing to learn or responsibility about the job or about the relationship, there are so many thing. But if I decided one time, my character, I never give up.

Patience. Seven out of 19 participants (37%) indicated that patience was a crucial aspect of the positive attitude that would help them get through what for all of them was a long and arduous process. They spoke about how their patience helped them make good decisions in their learning trajectories.

The participants' belief in the efficacy of being patient was spoken about in terms of to their eagerness to pass the test once they were given permission to do so. Roselie was eager to take the test after having passed the two-year time period that she had given herself to become a nurse again. But she believed that taking the test over and over again would cause it to be increasingly difficult for her on each subsequent attempt. Ultimately she decided that she would wait until she was completely ready to take the test, and said she was glad that this was how she did it.

Nadia said, "You never feel that you are ready right now," and that this cautious approach helped her decide the right time to take the test. Carmen took a similar approach to the idea of patience, although it was after failing the NCLEX three times. She said:

> Be patient. Because I want to pass yesterday, everything to me was very, "I want to pass, I want to pass." At the middle of the course, in February, I will think that I was done again. I could pass. I would love... No! It has to be at the right time.

Confidence. Seven of 19 participants (37%) said that having confidence in their ability to achieve their goals helped their learning. These participants said that feeling confident made them more willing to practice their English. Michelle felt anxious about speaking English when she arrived in the United States, but at the Center for International Nurses, being around other internationally trained nurses, all of whom shared her language difficulties, made her feel more confident. She said:

> You say something and people laugh at you and things like that it makes us scared to talk. So in the program that I went, it was like I told you, 13 nations. None of us don't have English as the first language, so we all struggling to speak English. So, when us say something and don't say it good, people are not laughing at you and it makes you confident to practice, practice, try English.

Padmini took comfort in the company of other nurses who faced difficulties similar to hers. At first she was nervous, feeling intimidated when she found out that her peers had more education and experience than she had. But this changed when she saw that their command of English was similar to, or even weaker than, hers. This made her feel more like she belonged there, and more confident. She recalled thinking, "I feel like if they can do it, I can do it too."

Carmen said "confidence" was the most important thing she took from her training at the Center for International Nurses. It was something that she said she needed after failing the exam three times already.

> The most important thing I learned there? Be confident. I think I learned such a thing that nobody can take from me. I was a little shaky, I was telling you, but the confidence that they gave to me, that I speak English, and they understand, and that you can do that.

Nadia believed that confidence was essential to staying focused and determined throughout the process. She said: "Just think like you can do it. If you think you cannot, you will never. Just make that status in your mind, 'Yes, you can do it.' This is your first step. You will do it one day. Just trust on yourself."

Alisha went through a long period where she felt that becoming a nurse would not happen for her. She enrolled and dropped out of colleges, always because her English was not proficient enough. But a passing score on a writing exam at a community college boosted her confidence after she saw other students fail it. She said that this newfound confidence made her believe her dreams were possible after all.

> I went back to the college, and I became really focused, and I passed that exam. Obviously you know, it give me the confidence that oh my god, I can do it, oh my god look at me. And people are struggling, and I passed it. It just feel good.

Other factors related to positive attitude. In addition to determination and patience, two participants (11%) indicated that their strong religious faith helped keep their attitude positive, while one (6%) said that her courage in the face of multiple setbacks enabled her learning and gave her strength to believe that she would succeed.

Devotion to the profession. Thirteen of the 19 (68%) participants spoke about their personal devotion to the profession as a motivation for working toward recertification as nurses in the United States. They spoke in very personal terms about what being a nurse means to them, and why it was so important for them to continue in their profession after immigrating to the United States. Their motivation to reenter the profession of nursing in the United States was explicitly spoken about in terms of an emotional, personal connection to the work.

Maria spoke about her "love" for the profession as a motivation for pursuing reentry into the profession.

> I love to take care of, try to say, taking my time to care for people. And I don't know anything else but other to be a nurse. You know I really enjoy to be a nurse. Especially when the person is so sick and then you come there to help them out and encourage them. It's really a wonderful feeling. You know? It's very... I don't know. It's wonderful to be a nurse.

Carmen described nursing as a "calling." It is something one does because he or she experiences an emotional connection to patients, not just for money:

> I think you have to know that you are not here only to have money. Money is important, but it has to be your calling. Because you're going to face a lot of difficulties, and different problems that you never face in your life, in your other professions in your country. It's new people, it's a new culture, it's a different need. So, people are the same but needs are not. I was very flexible. I used my heart to take care of them, I love them, I love my job. I love to be a nurse. So if you don't like to be a nurse, you'd hate to be here working as a nurse. You're going to see yourself as a nobody.

Sashi also mentioned that money was never a motivation for her desire to become recertified as a nurse in the U.S.

> Since I came to US, my focus like you know I have to be a nurse, like you know, go back to my professional, and I never like heard about making money while choosing the like you know the while studying or while going to like to a, like become a nurse I am not going to make it, any money, so money was never my priority.

Michelle also spoke about her love for the profession as a salient facilitating factor in her successful recertification in the United States. Like Carmen, she spoke of nursing as a "calling" that is pursued by those wanting to serve others, not for personal financial gain. She decided that she wanted to become a nurse after a critical event in her childhood that stayed with her and influenced her career path. It also helped forge a personal connection with the profession that led her to think about it as something more than just a way to earn a living:

> I was sick with malaria. At nine years old and my parents bring me to [*name of hospital redacted*], the NGO hospital that I told you, I talked to you about. And this is where they were taking care of me, I passed like five days at that hospital. And as I told you, there was nurses coming from the United States, nurses coming from Haiti, nurses from Switzerland and it was the way that they were taking care of me at the hospital that made me feel like when I grow up, I want to become a nurse to take care of people like that.

Like Michelle, Nora came to nursing as the result of a profound life experience. She did not start out in higher education to become a nurse, but later came to nursing through a difficult life event that made her reexamine her career goals, and this reexamination led her to choose nursing and develop a personal connection to the profession, which served to motivate her to become recertified in the U.S.:

Well, it was actually, I was studying criminology at the university and it was like a little bit higher educational wise, the level, than nursing is in the Netherlands and I had a family, my nephew or my cousin. I, my cousin passed away unexpectedly when he was just 19 years old and it really got me thinking about life and what I wanted in life.

Support from others. Seventeen of the 19 participants (94%) reported that knowing they were supported by people around them facilitated their learning about how to reenter the nursing profession in the United States. While each of them had different approaches to confronting and overcoming their own challenges, each one talked of how important it was to have people around to guide and encourage them as they worked toward their goal of reentering the nursing profession.

Support from CIN staff. Fourteen of 19 participants (74%) mentioned support from Center for International Nurses staff as a major factor in helping them overcome their challenges. When speaking about Center for International Nurses, participants spoke about both the training elements of the program and also the supportive element of the program that is individualized to help each participant chart his or her own course toward recertification.

Nora spoke about the importance of the Center for International Nurses Program's support, as it helped ease her anxiety about the process. She had previously gone through the process to be recertified in Canada, where she and her husband had lived for a brief period prior to their arrival in the United States. She said her recertification process in Canada was "bad" because the credential evaluation authorities made the process unnecessarily difficult. Therefore, she was nervous about the same thing happening in the United States. At first, she thought her fears were realized when the process took what she felt was a long time:

The process of getting the right document because you need so much clearances so much background information and that takes a long time. And I started to worry because I'm used to handling my things. So when it took longer than eight months, it was nice to have someone within the [Center for International Nurses] to reassure you and that things were moving at a pace that was still acceptable.

Padmini appreciated the guidance that she received from the Center for International Nurses' teachers. She had been working at a nail salon, a job she described as "very hard" and that made her cry because of this.

> For me, I want what do you call something like at the [Center for International Nurses] we have to finish one chapter as a group and we have a teacher, he or she will guide you. You have to finish this time, you have to finish this chapter, always up to us, you know. They always tell you do this, do this, if we don't do that in the time table, oh you haven't done this yet. Finish it, like that. So for that, it really makes me study and that motivated me.

When talking about the support she received from the Center for International Nurses program, Carmen spoke about the importance of the feedback she was given. She felt this was an important source of support for her.

> Whenever I was very stressed I go to them, I talk to them. They support me, they give me guidance to catch up, or rest, or be... If they force me, that wasn't a good way, that wasn't doing good. Also the practice testing, they showed them where I was weak, where I was strong, and they said, "Look, this is good, this is bad. Let's go work a little bit on this here, this point is very important for your test."

Nora said the program was helpful to her in ways that went beyond merely studying for the NCLEX exam. Prior to joining the program, she had tried to study for the test on her own by going to the library and looking through the literature on offer there. This had not worked out for her because she felt she needed some structure because "it was very difficult to bring into scope what I would have to know as a nurse." What she found most helpful about the program was that it addressed what she needed to know beyond merely how to succeed at the NCLEX:

> They have so many different aspects. They have to aspects where they help you figuring out your paperwork. They have aspects of getting you to know the materials you need to know as an American nurse. They also work on your English skills and also the way you should present yourself professionally. And I'm really happy that they took out the time to prepare the students for that as well because I think it's very important to know how you must handle yourself or carry yourself as a foreign nurse.

Support from family. Nine of 19 participants (47%) indicated that support from family members was an important enabler to their learning. This factor was especially salient: participants said that because of this support, they did not have to work while at the same time studying for the NCLEX exam. Dolma was married at the time she was working toward her recertification and living with her husband and his parents. Her family income was enough so that she did not need to work while she was studying, and this made things easier for her.

> I live with my husband and my husband he used to live with our in-laws, his own mom and dad. So everybody was here and everybody was working except me. So we have a flow of income in the home. If I don't work also it's not going to make a major difference in the finance. So I was supported there. There was no issue like what to difficult situation when I came.

Alisha had difficulties getting used to the individualism she saw as characterizing both the culture of the United States as well as the culture of care that prevailed in the health care system. She had spoken about how distressing it was that elderly patients were often alone in the nursing home with no one coming to visit them, and attributed this to the "individualistic society." But she expressed that in her own personal life, the support she received from family was crucial:

> I got married, I have a husband, and I'm planning to have children, so there will be children. I don't know, I'm family-oriented person, and I think if you have a support system who can, I don't know. I feel like that is a strength also, for me.

Support also came in the form of advice and help from family members who were familiar with the struggle of becoming a nurse in the United States. Carmen had family members who were nurses in New York, so she had access to information and advice from people who had been through the process themselves. Carmen identified this an important aspect of her successful journey toward recertification.

> I have two cousins that are nurses here. One cousin, she was in LaGuardia, studied in LaGuardia for nurses, you know. She said that was a good point, because nurses here, if they needed, they are still needing nurses in New York, and to keep working. I heard not that much about nurses in

Brazil. I just came here, and people talk about the opportunities for jobs here. My family was... As I said, I have a cousin. I have two cousins now that work in NYU. I'm proud that they're nurses, and they support me, and gave me some books to study. They wanted me to come, so that was a good support for me to keep thinking about to work as a nurse.

Sashi talked about her parents as a strong source of motivation and support. She wanted to make them proud of her:

I have to like, uh, focus on my studies, and impress my parents back in India they always encouraged me to go for study, they was encouraged me, go, anybody can do anything, so I think that was like, my parents encouragement.

Support from friends. Seven of 19 participants (37%) spoke about support from friends and classmates as an important factor in their journey toward recertification. Alisha spent difficult years learning English and trying to get her footing in order to recertify as a nurse. She worked as a babysitter and several times enrolled in community college, only to drop out each time. She identified passing a writing exam for English language learners in 2011 as a significant milestone in her U.S. educational experience, as it showed her that her English was good enough for higher education and thus to start the process of becoming a nurse again. This exam allowed her to take credit-bearing courses at her community college. By 2011, her social circle had widened, and she felt that having supportive friends around was crucial to her reaching her educational goal:

But when I joined [name of school redacted] in 2011, I think at the time, I get a few friends who were very career-oriented, very educational, wanted to do something in their life, and I think I add up good things from them, and I also became motivated and oriented towards my goal. Yeah, I feel friend circle matter the most.

The participants who said the benefitted from friend support took comfort in their friends being there for them. Carmen said that while her husband worked and she went to class, her friend took care of her child without asking for any money, which she called a "blessing." Loretta said that she had made a "special friend" at the Center for International Nurses who was very supportive of her, and vice-versa. Both Dawa and

Roselie said that their friends, also internationally educated nurses, helped them with the credential evaluation process. Padmini enjoyed the support from friends at the Center for International Nurses, saying that they helped her with her studying for the NCLEX.

Time management. Thirteen out of 19 participants (68%) reported that time management was an important factor that facilitated their learning as they worked toward reentering the nursing profession in the U.S. Time management was discussed by most participants as both a mechanism for balancing work and study and personal life, and for negotiating the added responsibilities they encountered as part of their learning of nursing as it is practiced in the U.S. In this way, time management was discussed as a self-directed activity that led to opportunities to gain greater competency and success in entering the field.

For participants experiencing multiple demands on their time outside of their studies, maintaining balance was important. While Sashi was studying, she still had to work to pay the bills. This required her to think about what she was capable of doing and then set a schedule that would allow her to pursue her goals while also earning money and gaining experience. Once she got her LPN license, she had a choice to make:

> I thought oh if I work LPN as a three day I make 500 dollar, it is big good enough, you know? And so and then I get four day off, which I can then only focus on like going to classes and assignments and tests. So that was, I was like oh, it was good, so then I started working as an LPN in May, March or something.

Some of the participants had family and child responsibilities beyond studying to become recertified as nurses. Maria was one of them. She is married and has two children, so she needed to be present for them, too. Like many of the participants, she insisted that success on the NCLEX requires time and dedication, saying, "If you really want to pass, you really have to put more time and more efforts into reading and to do exercise." In recounting her own experience, she said:

For me, for example at that time I'm not ... I wasn't working. So I tried to combine, because I'm married. I have two kids. I try to, how do you say, to schedule my time. Sometime, to do whatever I have to do at home, and then to dedicate more time for my reading for to do more and more exercise.

Time management was part of the Center for International Nurses training program. Carmen said that this aspect of the program was important for her because it allowed her to balance her study needs with her personal life, in a manner determined by her. At the time, she was taking care of her own children, and she appreciated that the staff there took her own personal needs into account as they worked to help her become recertified. But finding the right balance was driven by her and her perception of her own needs:

First, they gave us a list right? They gave a schedule, a weekly schedule. As I said, I'm a mother, and I have some limitations during the day to study 100% of the time, during the time that they gave us. They put our real life. "Put your real life on this paper, tell us what you can do."

Dawa emphasized consistency as an organizing principle in her efforts to manage her time effectively. She believed that having a set schedule was key to avoiding procrastination and loss of focus.

When you study, you have to be consistent with what you do, it's not like you study for a day and then ... it's not like you'll say, "Okay, at last minute I will study and I will pass." It's not like that. When you start to study especially for board tests, I feel like ... when you start studying consistency is very important for the study and just study the book and at the same time practice the questions and make a timetable, and just make the routine for every day. At this time you are to do this, at this time you are to do that.

Time management was also reported to be a mechanism for the participants' efforts to set goals and reach them. Whereas all of the participants had a shared goal—that of passing the NCLEX exam and becoming an RN—they had smaller goals that together became scaffolds on the way to that goal. In order to meet the smaller as well as the bigger goals, time management was crucial.

Carmen had a difficult time keeping up with her work, even though she knew she had to practice. Her many demands would cause her to fall behind, and she needed a way to balance her studies and her life. But she worked with the Center for International Nurses to plot out a schedule that she could realistically keep, and that would accommodate her study and family needs. The schedule was based on her "real life," which was packed with things to do in addition to studying. She said:

> My schedule was important for them, showing them my real life was important for them. Showing them that I have a life behind these studies was important. And I will be there but I have to come back home and take care of our youngest child that completely depends on me, and at the time my son was four years old.

The importance of time management extends also to professional practice. Michelle spoke about her frustration with not being able to devote enough time to patients because of the high number of patients and the excessive time spent documenting everything she did. She spoke about her duties as a nurse as extending beyond the parameters of the position. She said, "So what I see is the actual, so many things to do you don't have time to care for the patient as you want to do." Given this difficulty, she said that managing her time helped her be a better professional, and for her, being a better professional meant treating the patient with the kind of care she thought was necessary. Her strategy to manage her time at work was delegating tasks to other personnel. At first she did not want to do this because she felt compelled to do everything by herself, because that way she knew it would be done the way she wanted. But she later decided to do more delegating so that this would free up more time to treat patients:

> So it's one of the things that gives me a lot of trouble but finally ... so I tried ... when I was just starting I was always facilitating how things were with the aides or things like that. But after a while I try my strategies, I try to help them and show them how to do it, and it worked. So fortunately for now I don't have those kinds of problems anymore.

Additional enablers. There were additional things that a minority of participants indicated as enablers to their learning. Five of them (28%)—Dolma, Maria, Juliet, Akiko,

and Sharon—remarked that the fact that the Center for International Nurses' training, along with the material it provided, was free helped their learning. Four participants (22%)—Dawa, Dolma, Roselie, and Nora—mentioned the public library as a positive factor that helped them learn. Three participants (17%)—Dolma, Carmen, and Sashi— said that the preparation they did prior to immigrating to the United States helped them learn once they arrived in the county. One participant, Sashi, said that staying physically fit enabled her learning.

Hindrances

    Gaps in practice. Thirteen of 19 (68%) participants expressed that the time spent not practicing nursing resulted in a knowledge gap that they believed made it difficult for them to reenter the nursing profession in the U.S. As was discussed previously in this chapter, the certification process for becoming recertified as a nurse was difficult for the participants, in part because they believed that it took too much time to get their credentials certified and processed by CGFNS. While acclimating to the country and all that this entails, some participants were concerned that not working as a nurse for an extended period of time might harm their chances of doing so later on.

    Roselie was "angry" when she found out what would be required of her in order to become a Registered Nurse in the United States. From the beginning, she knew that it would be a long road toward certification, especially since her English language proficiency was minimal when she arrived in the United States. Believing that her chances of becoming recertified as a nurse would diminish as time passed, she gave herself two years to complete her goal:

> But, before I came here I give myself two years to become and RN again because as an experienced nurse, I didn't want to lose my career. I didn't want to lose my experience and I didn't have any plans to study anything else.

Alisha had been in the United States studying English for six years and worked as a babysitter. She had been a registered nurse in her country of origin, Nepal, and had intended to come to the United States to study English and work, but not as a nurse. She intended to stay in the United States for about five years, earn money, and then go back to Nepal. When she finally decided to stay in the country and try to reenter the nursing field, she felt that she might have to start from the beginning:

> I got a little bit of low esteem because I thought I forgot all my nursing knowledge, so I had a lot of gap, because during five, six, years I have been in U.S., and always studying, I didn't have practice in US. I didn't study any medical thing, so I had a lot of gaps. So I thought I forgot everything, so how I will pass the NCLEX or anything. I thought I was better re-do everything whole nursing course here in U.S.

Other participants found themselves in similar predicaments. By the time Sashi decided to begin studying for the NCLEX, she had been out of school for a while. She said, "It's like more than six years so I have to like go back and study all the, uh, all the book and then the exam."

Juliet felt similarly to Sashi. She felt that if she did not get back into nursing quickly, then she would forget what her experience and training had taught her. She said, "It was not easy, because for me I'm going to lose some knowledge, because human mind is what it is." At the time, she did not have the proper documentation to work or to even volunteer, so she decided to look for babysitting work, as it was at least a care-related position that would allow her to earn money while she strategized about how to become recertified as a nurse and learn English.

Nora's challenges did not end when she passed the NCLEX exam. She had come to the United States from the Netherlands four years prior, and she felt that even with her license it was difficult to get a job because of her lack of recent experience. The only relevant U.S. experience she had was as a home health aide, and she felt that this was a barrier to finding work as an RN. She explained:

So with all the information I provide, I don't think it would be an issue for me to get licensed. But to actually find a job is a little bit more challenging because I haven't worked as a nurse for over four years, well almost four years, I must say. So that would be the biggest challenge because you're always behind going to interviews or even sending out resumes or cover letters. I'm not the best pick for the hospitals here.

At a hiring event that she attended, hospital representatives dismissed her for the reasons she described above. She attempted to address the issue by being extra prepared for interviews, but this did not lead to immediate success. She said:

So I did some research and ask some questions about the hospital and about the awards they won because I read about it and then I thought that their posture changed. So I pushed for it a little bit, but I wasn't really there, I just think they looked over my resume and saw the Home Health Aide being on top of my last work experience and it wasn't really that attractive, I think, and wouldn't hire me.

Nadia did not enroll in the center's retraining program until four years after she arrived in the United States. She worked at a doughnut shop and took care of an elderly woman for four years until she learned about the Center for International Nurses. She felt like she had wasted precious time:

I'm really regret. I came here in 2013, and I joined the NCLEX program in 2017. I really regret that period why I don't join when I come here in 2013, why I don't join right away. So, if I joined right away that program I'll be nursing here like more than four years, but I regret that four years for my life.

At first Carmen came to the U.S. to study English at age 32. But she soon found that there was more that she needed to learn. Thinking back to when she first arrived, she said that she needed to "catch up" because she had such limited knowledge of the country, including the language. She said:

It's another language, another culture, it's a lot of... Everything is different, so, even food. You have to adapt for the food, adapt for the people's lifestyles. I think for catch up, it was a new personality. Not personality, a new person. A new professional. I learned how to be a nurse here again.

A few participants mentioned their own aging as an issue related to their gaps in practice. Akiko, who was 59 years old at the time of her interview, mentioned that she spent 23 years as a medical assistant before deciding that she wanted to become a nurse again. She spoke about the time that had passed as a factor that made the process more difficult. Anna, 47 years old at the time of the interview, also spoke about the time she had spent doing other things while not focusing on becoming a nurse, and that this had exacerbated the difficulty of overcoming her other challenges. She also compared herself to her colleagues at the Center for International Nurses, whose language skills were not as strong as hers, but who had the benefit of recent training in their countries of origin:

> There were a lot of young nurses that just came, their English wasn't up to the level, but they had the fresh knowledge. For me I'd forgotten a lot of things and just to review, but I should have applied myself more as I realize now.

Anxiety. Eight out of 19 (42%) of participants said that the stress they felt during the process made it more difficult for them to become licensed as nurses in the U.S. Their anxiety stemmed from their perceptions of what they would need to learn and do in their roles as RNs. Before applying to the Center for International Nurses training program, Nora tried to study on her own, but this strategy made her anxious because she felt overwhelmed by all of the material available to her, and by "not really having a clear vision of what the exam would be like." Eventually she decided to seek out a program that would provide some structure to her studying.

Michelle, having come to the U.S. knowing very little English, was nervous about having to speak the language in front of patients. She thought they would not understand her because of her accent, and that people would laugh at her. Discussing how she felt when trying to speak English, she said, "I'm always afraid," adding, "I am always asking myself is what I'm going to say, they will understand me. This is my concern."

Dolma felt anxiety when she thought about all of the technology she would have to learn in order to practice nursing in the U.S. She also felt nervous about treating patients

in the U.S., saying that she believed they were "more educated" and that she would be expected to explain everything she was doing to them.

Other hindrances. In addition to gaps in practice, participants mentioned other hindrances to learning. Seven of the participants (33%) said that family responsibilities made it more difficult for them to devote enough time to studying for the NCLEX exam. One of the participants, Anna, experienced personal issues, about which she did not want to go into detail, which got in the way of her learning and contributed to a long gap in practice. Anna also said that she had not put in enough effort for achieving her goals, and that this was the reason why she had not yet passed the NCLEX exam. Three additional participants also said that their lack of effort hindered their progress, though these three did pass the exam. Five participants (28%) said that they had little support from others when they first arrived to the U.S., and that this made it difficult for them to contemplate a return to nursing until they became more settled and met more people. Four participants (22%) believed they had not done enough preparation work, such as getting their documents in order, prior to their coming to the United States.

Findings from Document Analysis

In order to provide fuller context to the participant responses vis-à-vis their experiences studying at the Center for International Nurses, the researcher reviewed and analyzed publicly available documents related to the program's mission, the services that it provides, its history, its efficacy, and its approach to serving the needs of internationally educated nurses. In order to maintain confidentiality, the researcher does not quote the material verbatim; rather, the rest of this section will discuss their content in general terms, focusing on the themes that emerged from them, which will help to provide an institutional context for the participant responses discussed earlier in this chapter.

In selecting documents to analyze, the researcher wanted to review material that would offer insight into what services it provides, how it approaches the organization and delivery of these services, and how it understands the learning needs of the internationally educated nurses that access the organization. A list of the documents reviewed and analyzed can be found in Appendix D.

The Center for International Nurses site that provided the researcher with access to participant alumni is a part of a nationwide initiative to help internationally trained health care professionals reenter their professions in the U.S. Though the researcher only recruited participants from one site, the initiative oversees nine additional sites around the country. Of the ten sites, six (including the site from which the researcher recruited participants) are housed in community colleges, while four are connected to local non-profit organizations. All sites assist internationally educated health care professionals, but they do not all offer the same services. While all sites provide participants with career counseling and support in credential evaluation, only four offer the NCLEX training course that formed the core of the participants' involvement with the program, while an additional three sites partner with a local organization to deliver NCLEX preparation. However, the documents the researcher reviewed offer insights into the responses of the participants, framing as well as adding necessary context to their thoughts on what they learned, what their needs were, and what challenges they faced. The findings are reported across two broad categories: (1) Demographic Information about the program's participants; and (2) Learning Interventions.

Demographic Information

The researcher looked for the organization's most recent documentation of the demographics of the people they have served. The most recent documentation he could locate dated from 2014. Given that the program was founded in 2001, this documentation gave him aggregated information about the program's first nine years, inclusive of all ten

existing sites. By 2014, the program had served over 10,000 internationally educated health care professionals. Among the participants, the most common country of origin was Mexico, followed by the Philippines, El Salvador, China, Peru, and others. Internationally educated nurses were the most commonly served class of internationally educated professional (42%), followed by internationally educated medical doctors (35%) and dentists (13%), with the rest falling under category of "Other," which encompassed other health care professionals such as speech therapists and social workers. Sixty-four percent of participants nationwide were not working in the health sector at the time they began their engagement with the program. Forty-six percent had been in the U.S. fewer than three years, 60% were between 30 and 49 years old, and 71% were women.

Learning Interventions

The review of documents revealed themes that inform the structure of the program and its approach to helping internationally educated health care professionals learn how to reenter their professions in the U.S. While documents reviewed did not pertain to nurses or the nursing profession specifically, the themes that emerged from the review were similar to the themes that emerged from participant responses. The following is a discussion of the learning intervention themes that emerged from the researcher's review of documents. The themes that emerged were: (1) English language; (2) Loss of professional identity; and (3) Personal and professional needs.

English language. The documents showed that English language instruction is a cornerstone of the program's approach to helping health care professionals (including nurses) become licensed in their professions. All Center for International Nurses sites either offer some form of English language instruction or link learners with ESL classes in the community. In one of the organization's own reports, lack of English language proficiency is a major obstacle for internationally educated health care professionals. Yet, according to the report, its participants had been frustrated by the programs they had

previously participated in, citing the lack of emphasis on speaking. The program sought to meet what it saw as the English language learning needs of its participants by developing its own curriculum which would address not only the learners' English language needs, but also use English language instruction as a vehicle for building other crucial skills, including confidence and career-building.

The researcher's examination of a publicly available sample curriculum overview, as well as a syllabus from one of the centers (although not the one at which the participants studied), and a questionnaire distributed to new participants confirmed that its English language instruction program does indeed focus on helping learners use English to further their health care profession goals. The syllabus and curriculum overview showed that embedded in its English language curriculum is an emphasis on health care scenarios and case studies, communication with health care stakeholders (such as patients and their families), critical thinking, cross-cultural understanding, and problem-solving. Also covered are building relationships with both patients and co-workers, understanding the health care system in the U.S., and learning about the diversity of beliefs surrounding health care they would likely encounter as health care professionals. The curriculum also aims to help students use English to make choices about their career trajectories, learn about requirements for entry into their field, and practice job search skills. The questionnaire consisted of questions about the participant's readiness to take an English language course, availability for study, and the participant's own perceptions of their English language abilities and needs in light of their career goals.

Loss of professional identity. Several documents obtained and reviewed by the researcher revealed that the program's design is informed by data suggesting that internationally trained health care professionals suffer from a loss of the professional identity and social status they had previously built up in their countries of origin. This is true for nurses as well as other internationally educated health care professionals. Prior to

beginning its operations, the organization conducted a focus group study of internationally educated health care professionals and health care providers in order to obtain community input about the needs of this population. The study found that internationally educated health care professionals experienced emotional and psychological distress caused by the loss of the professional identity with which they had closely associated in their previous lives. The challenge of dealing with this distress was made worse by a complicated licensure process that kept them from regaining that status and identity.

Unfamiliarity with the U.S. health care system. The documents showed that gaining greater familiarity with the U.S. health care system is a goal that the organization deems important for internationally educated health care professionals pursuing licensure in the United States. Emphasis on this goal is mentioned throughout the curriculum material reviewed. Results of an internal study revealed that many program participants, even ones with considerable experience in international health care settings, were not aware of the many varieties of health care professions within the U.S. system, nor did they understand the relationships between these various professions that make the system function. The documents cited this as a barrier standing in the way of internationally educated health care professionals' pursuit of opportunities in the health care system.

Personal and professional needs. All Center for International Nurses sites offer educational case management services to provide internationally educated health care professionals with support as they pursue licensure in their chosen field or explore alternative career paths. The documents reviewed revealed that in the context of the participants' relationship with their educational case managers, "support" can take numerous forms. For example, it may involve working with a participant to develop a career plan, or finding childcare or housing, or guiding a participant through a complex and time-consuming licensure process. Documents that discuss the educational case management component mention that the organization rejects the concept of "one-size-

fits-all" in its approach to supporting participants, choosing instead to focus on the participants' unique needs and circumstances.

Summary of Findings

This chapter presented the major findings of the study. Each finding is associated with a particular research question. The data generated from interviews, demographic questionnaires, and Center for International Nurses documents described and provided insight into the experiences of the participants as they learned how to reenter the nursing profession in the U.S. Direct quotations from the questionnaires and interviews were provided to support the narrative and more accurately describe the evidence for the major findings.

The first finding of the study was that participants found their entry to the United States to be frustrating at first. Many of them experienced deskilling when they went to look for work and accepted low-wage jobs below their level of education and experience in order to earn money. This resulted in a period during which they decided to initiate an effort to get back into their profession.

The second finding was that participants overwhelmingly believed they had encountered two major challenges to reentering the nursing profession in the United States. The first was the language barrier resulting from their lack of English proficiency at a level commensurate with that required for practicing nursing. Even in the case of participants whose nursing training in their countries of origin had been in English (such as participants from India), the language was a major challenge. The second major challenge was the certification process, which they felt took an unusually long time, and included certification of their educational credentials and the passing of the NCLEX exam for licensure.

The third major finding was that the participants felt the most important things they needed to learn were the differences between the practice of nursing in their countries of origin and that in the U.S., as well as NCLEX test-taking skills. In their interviews, they spoke in particular about the differences in technology they were expected to manipulate in the U.S. as opposed to their countries of origin. They also spoke about having to learn about the roles nurses take on in the United States, which often differed from those in their countries of origin. Regarding NCLEX test-taking skills, they all mentioned that the nature of the exam required them to learn how to approach it and prepare successfully.

The fourth finding was that participants learned to reenter the nursing profession through a combination of informal and formal learning. Their informal learning consisted of learning from present and past educational and professional experiences, as well as through various methods of self-directed learning, including networking, learning by doing, and dialogue. Having completed a re-training program aimed specifically at internationally educated nurses, they also said that they learned through formal means, through formal classes and structured learning environments.

The fifth major finding was that participants indicated that maintaining a positive attitude, being devoted to the nursing profession, and support from others enabled their learning, while gaps in their practice of the profession hindered it. They spoke about the importance of perseverance and building and maintaining confidence in their abilities as something that kept them going, even in the face of initial failures. Additionally, they spoke about their connection to the nursing profession in deeply personal terms, describing this connection as something more meaningful than merely a job. This connection provided added motivation to their studies. Also enabling their learning was the support they received from others in their lives, including friends, teachers, and family members. However, some of them said that the gap between their nursing education and experience in their countries of origin and their decision to try to reenter the profession in the United States made their learning more difficult.

The researcher aligned the findings above, together with their corresponding research questions, with statements that addressed the overarching question the study sought to answer: "How do internationally trained nurses reenter the nursing profession in the United States?" The themes that emerged from the data, together with the literature reviewed in Chapter II, became analytic categories through which the findings could be analyzed for deeper meaning with respect to the research questions. In light of the first finding, participants realized that reentering the nursing profession would necessitate new learning (Analytic Category 1). They learned this as a result of the "trigger" of working in low-wage jobs and confronting their own deprofessionalization. This analytic category also pertains to Finding #2, which was that the participants indicated that the language barrier and certification process were the most difficult challenges they faced as they worked toward reentering the profession. Given that participants said they needed to learn differences between nursing in the U.S. and that in their countries of origin, as well as NCLEX taking skills, they must learn the system (Analytic Category 2) that governs the profession and its practices. Finally, external and internal factors affect how and what IENs learn (Analytic Category 3). This analytic category comes from both the transition literature and the participants' responses regarding what helped or hindered their learning.

Table 7. Study Design

Research Question	Finding
How did internationally educated nurses learn to reenter the nursing profession in the U.S.?	A majority of participants felt dissatisfied with their initial employment opportunities after coming to the U.S.
What challenges did they face in reentering the profession?	A majority of participants indicated that the language barrier and the certification process were their biggest challenges
What and how did they learn to reenter the profession?	A majority of participants indicated that they need to learn the difference between U.S and foreign nursing practice and professional skills. They also said that they learned through informal and formal methods
What factors helped or hindered their learning?	A majority of participants indicated that having a positive attitude, devotion to the nursing profession, and support from others facilitated their learning, while gaps in practice hindered it.

Internationally educated nurses learned to reenter the profession by:

Recognizing the need for new learning

Learning to understand the U.S. system

Coping with transition

Chapter V

ANALYSIS, INTERPRETATION, SYNTHESIS,

CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of this interpretive case study was to explore how a sample of internationally educated nurses learned to reenter the nursing profession in the United States. The research sample consisted of 19 women nurses who had completed a nine-month program aimed at helping them become licensed and enter into the nursing profession in the U.S., and the data came from the researcher's interviews with them and their responses to the demographic questionnaire. The participants were from 10 different countries, and their ages ranged from 26 to 59. This chapter analyzes, interprets and synthesizes the findings, and revisits the assumptions outlined in Chapter I in light of what was discovered. It then outlines the study's conclusions and recommendations, and finally offers the researcher's reflections on the study.

Research Questions

The study sought to understand the learning and transition experiences of the participants through the following research questions.

(1) How did internationally educated nurses describe the experience of coming to the United States?

(2) What challenges did they face to reentering the nursing profession?

(3) What and how did they learn to overcome these challenges?

(4) What factors helped or hindered their learning?

Analysis, Interpretation, and Synthesis

The findings that emerged from the interviews and demographic questionnaires were represented in Chapter IV as themes that emerged from multiple rounds of coding of the data. This chapter analyzes, interprets, and synthesizes the findings in an effort to extract deeper meaning, incorporating relevant literature on underemployment, transition theory, and adult learning to support the discussion. To further supplement the discussion, the researcher analyzed the demographics of the participants in an effort to uncover meaningful themes.

This section analyzes the themes that emerged from the data along three analytic categories. Together, these analytic categories provide meaning and analysis to the study's overarching concern, which is to explore how internationally trained nurses learn to reenter the nursing profession in the U.S. Within the discussion is a synthesis and interpretation of the findings in light of existing literature relating to underemployment, transition theory, and adult learning. The chapter then revisits the assumptions discussed in Chapter I.

The first analytic category is *Recognizing the need for new learning*, which emerged from Findings #1 and #2. It refers to the first step of a participant's reentry process—the recognition that she must engage in new learning in order to be able to practice nursing in the U.S. The second analytic category is *Learning to understand the U.S. system,* which emerged from Finding #3. It explores the many facets of a complicated constellation of bureaucratic processes, cultural and professional adaptation, and technical competencies that internationally trained nurses confront as their

understanding of their new professional context grows, and must navigate in order to reenter the profession. It also explores how the participants learned to understand and make sense of them in pursuit of their goals of RN licensure. The third and final analytic category is *Coping with Transition*, which resulted from findings #4 and #5. This analytic category explores the factors that influenced how they learned to reenter the nursing profession.

Analytical Category 1: Recognizing the Need for New Learning

As participants recounted their experiences coming to the U.S., they spoke about what they needed to learn in order to restart their lives in their adopted country. In all cases, improving their English was the most important, as knowing the language was necessary for subsequent learning, and ultimately for becoming eligible to practice nursing in the U.S. In all but three cases, participants went to work in jobs that did not require a nursing background but did involve caring for vulnerable people, such as children or the elderly. In all cases, negative and sometimes degrading experiences in these jobs resulted in a critical assessment of their circumstances in the U.S., providing an urgency to the goal of reentering the nursing profession in the U.S.

Moving in. This may be seen as either the "Moving In" or "Moving Out" stage of Schlossberg's transition theory (1981, 1989, 2012). By deciding to leave their low-wage jobs and pursue reentry into the nursing profession, participants are consciously "moving out" of this part of their life in the U.S. During this stage, people conclude their current series of transitions and begin to contemplate what comes next (Anderson et al., 2012). When an individual "moves in," he or she prepares for "new roles, routines, relationships and assumptions" (p. 56). This duality demonstrates that the concept of transition in adulthood consists of many transitions connected with one another, and it is never truly ending or beginning. With respect to the transitions of greatest interest to this study, this

analytic category is considered to be the "moving in" stage, where the participants are embracing change and beginning to search for ways to approach their transitions.

Confronting deprofessionalization. All but one participant who went to work after arriving to the United States described being dissatisfied with their initial employment. Like many skilled immigrants, these participants found that the only jobs they could find, despite their foreign credentials, were low-wage work that did not require the education and experience they possessed. Most of them went into babysitting or home care positions. This is in line with Wojczewski et al.'s (2015) and Adhikari and Melia's (2015) findings regarding the deskilling of international health care professionals.

The participants' experiences of underemployment seemed to be indicative of what the underemployment literature says about the phenomenon. After varying amounts of time in these low-wage positions, during which they often felt overworked and underappreciated, their dissatisfaction triggered a desire to figure out how to become licensed to practice nursing in the U.S. This started a learning process that began with figuring out what initial steps could be taken to pursue RN licensure.

For some participants, the dissatisfaction with their underemployment happened quickly. Amara worked for just a few days as a cashier before quitting to begin the Center for International Nurses NCLEX training program. Those who worked as babysitters mostly described hard work and low pay, and sometimes discriminatory and insensitive treatment at the hands of their employers. Alisha described babysitting as a "humiliation" given that she was a trained nurse. They persisted in these positions because they did not have an alternative at the time. On the other end of the spectrum, Akiko spent over 20 years as a medical assistant before experiencing an epiphany of sorts. She one day decided that her employer had been taking advantage of her and that she needed a change in her life. Their responses might be characterized as a "disorienting dilemma" in Mezirow's Transformative Learning (1991), which is a "catalyst for change

in perspective that may result in transformative learning" (Herbers & Mullins-Nelson, 2009, p. 5).

At this stage, participants felt they were ready for a change in their work life, and that they were underemployed in the subjective sense (Khan & Morrow, 1991). Whether or not the participants worked in low-wage jobs, they were all experiencing deprofessionalization as a result of their inability to practice nursing. This was because their credentials were not yet recognized as valid by CGFNS, and because they had not yet passed the NCLEX exam. Participants seemed to have varying levels of knowledge about the regulations surrounding licensure before they arrived in the U.S. Some of them, like Alisha, had not known that these were requirements before she came, while others, such as Akiko, had done research before immigrating to the U.S. But all participants learned at some point in this beginning stage that becoming licensed as an RN in the U.S. would require new learning, and they believed that this learning would be oriented toward practicing for the NCLEX exam.

Acting on the perception that they would need to study for an exam, the participants began to look for ways to prepare for the test. Some began by taking an online private course to study for the NCLEX exam, believing that with enough practice, they would be able to pass the test. But this method was soon determined to be inadequate for several reasons. First, the test asks students to demonstrate their knowledge of the profession in ways that were different from what they were used to. A few participants said that "Select all that Apply" questions proved to be particularly tricky. After frustrating periods of study, combined with unsuccessful attempts to pass the NCLEX exam, they determined that becoming licensed as nurses would require a different approach to learning—that becoming licensed was not something that they could easily do on their own.

This process entailed experimentation, trial, error, and determining that their learning needs were not being met through this method. This can be described as learners

engaging in self-directed learning. Knowles's (1975) description of self-directed learning encapsulates this process:

> "Self-directed learning" describes a process by which individuals take the initiative, with or without the assistance of others, in diagnosing their learning needs, formulating learning goals, identify human and material resources for learning, choosing and implementing appropriate learning strategies and evaluating outcomes. (p. 18)

Their experiences studying on their own were overwhelmingly negative, and in many cases cost them lots of money. The experience may not have resulted in the outcomes they had wished for, but this is not to say that they did not learn from the experience. As Jarvis (1987) writes in response to Dewey's distinction between educative and miseducative experiences, "Even miseducative experiences may be regarded as learning experiences" (p. 16). In the cases of the participants, we may view this stage of their transition to have been educative in the sense that it helped them understand themselves and their learning needs with more clarity.

Seeking new learning opportunities. The participants began reaching out to those around them about what they could do to achieve their professional goals. Some of them did online research in addition to speaking with others. Networking sometimes put them in communication with other nurses that shared their ethnic background, but this was not always or even usually the case. Analysis of the data showed that the participants did not merely engage in networking with fellow members of their ethnic community; they spoke with neighbors, church attendees, colleagues at work, and community resources such as librarians. Viewed through the lens of Schlossberg's transition theory, the participants' drawing on coping resources related to "Support," which involved reaching out to those around them in order to help them navigate their transitions.

We may see this as a building up and leveraging of social capital among a diverse base of contacts similar to what Chaumba and Nackerud (2013) found among Zimbabwean immigrants. Participants' networking efforts were primarily put toward

seeking out new opportunities to provide an alternative to the self-studying approach they had initially used as a way to study for the NCLEX exam. This approach proved to be a fruitless one. Participants found that studying at the library or online, by themselves, was not conducive to their learning needs. These needs, in their view, related to both their English language needs and their difficulties in understanding how to approach the NCLEX exam.

Regarding language, the finding that almost all participants experienced challenges related to language barrier only tells part of the story. The participants may have felt themselves stifled by their lack of English proficiency, but this affected them in different ways. For example, although the study did not attempt to categorize learners by language proficiency, it was evident that there were significant differences in their ability to communicate in English through their interviews. At one end of the language spectrum, participants spoke clearly and fluently, employing a command of English that approached that of a native speaker. On the other, participants spoke in heavily accented English and displayed a more limited vocabulary and ability to express themselves fluently. It is unclear to what extent a lack of language proficiency was a reason for the participants not being able to pass the NCLEX; one of them, Akiko, clearly struggled with English more than other participants. In contrast, the other participant who did not pass—Anna—was, judging from her interview, more fluent than most of the other participants.

Irrespective of their English language level, they all recognized that their insufficient English proficiency was a critical factor preventing them from being able not only to find better paying employment in general, but also move swiftly through the steps necessary to reenter the nursing profession in particular. Their experiences as deskilled nurses triggered a desire to reenter the profession that they had studied for in their countries of origin. Their responses seem to confirm Boyd's (1983) definition of reflective learning, which is: "the process of internally examining and exploring an issue

of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective" (p. 100).

Prior to applying to the Center for International Nurses, the participants tried to study on their own for the NCLEX exam. Having already earned nursing degrees in their countries of origin, they believed that studying for the NCLEX exam was the most important hurdle they would have to surmount, and that passing it would allow them to reenter the nursing profession. They were not incorrect in their assumptions; with the proper paperwork and proof of English language proficiency, this would indeed allow them to practice nursing in the United States. But none of them were able to pass the NCLEX by studying alone. They believed they needed professional guidance in order to pass the test, and their decision to apply to the Center for International Nurses would disrupt their assumptions about what they would actually need to learn in order to practice nursing in the United States. They would later find out that the challenges they confronted in their NCLEX preparation were part of a larger set of challenges, the meeting of which would require them to learn in ways they were not used to.

Analytical Category 2: Learning the U.S. System

As internationally educated nurses, the participants needed to learn how to navigate not only a complex bureaucracy whose rules and requirements were in a foreign language, but also a foreign culture whose norms and ideologies permeate the health care system in which they operate and practice their profession. Although the nursing profession shares some similarities between different nations, it is "socially, culturally, and politically constructed" (Xiao et al., 2014, p. 641). Echoing the "resocialization" that Neiterman and Bourgeault (2015) discussed, the experiences of the participants suggested that, in addition to becoming proficient in English and demonstrating a knowledge of nursing, they must learn to adapt their practice to the U.S. health care system and its expectations of nurses. To do so, they reflected on their experiences and prior knowledge,

and came to terms with their new roles. In doing so, they also learned how to be more self-directed and autonomous in these roles.

Analysis of the data showed that the participants sought out educational opportunities in the community as a result of their frustration with studying for the NCLEX by themselves. They applied to take the NCLEX preparation course at the Center for International Nurses because they felt that they needed help in studying for the test, as well as additional English instruction. Entering the program, they believed their language barrier and the difficult exam presented the most significant challenges to their becoming licensed in the United States. This was demonstrated in the documents analyzed for the study, and confirmed by participant responses in Finding #2. But Finding #3—which was that they learned differences between nursing practice in the U.S. and their countries of origin, as well as professional skills—shows that their experience in the NCLEX Training Program taught them that practicing nursing in the U.S. would require more than merely improving their English and figuring out how to pass the NCLEX.

Moving through. The analytical category "Learning the U.S. System" can be seen as the "Moving Through" stage in Schlossberg's transition framework. During this stage, adults encounter the need to learn "how to balance their activities with other parts of their lives and how to feel supported and challenged during their new journey" (Anderson et al., 2012, p. 57). Anderson et al. write that while moving in, adults experience a "period of liminality" (p. 56), provoking them to ask difficult questions about where they are in life. Changes in roles, responsibilities, and assumptions begin to take hold. The findings of this study suggest that enrollment in the Center for International Nurses program represented a period of "moving through." This is evident in their reporting of what they felt they learned while in the program, and why they believed it was important. What follows is a discussion of not only what the participants' responses reveal about what they learned during this stage of their transitions, but also how they learned it.

It was during this stage of their transitions when the participants' most significant learning took place. The designation "most significant" is justified because it was during this stage that participants engaged in learning that not only helped them with what they believed their goals to be—learning how to pass the test and improve their English—but also reshaped their understanding about what it means to be a nurse in the U.S. It was during their time at the Center for International Nurses that they encountered a disjuncture between what they had believed they needed to learn and what they actually needed to learn, in order to reintegrate into the profession. They learned that passing the test and learning English were only two parts of a more complex learning process. Their learning encompassed learning in informal and formal methods.

Learning from experience. Participants' experiences prior to taking part in the NCLEX preparation program at the Center for International Nurses were opportunities for learning. For purposes of this analysis, participants' learning from experience can be grouped into two subcategories: *drawing on experience* and *learning through reflection on experience*. Jarvis (1987) wrote that not all experiences are occasion for reflection, as an experience can result in non-learning, non-reflective learning, or reflective learning. Analysis shows that participants engaged in learning from their experiences that was both reflective and non-reflective.

Non-reflective learning. Learning from one's experience can be considered "non-reflective" if one's assumptions or beliefs are not called into question (Jarvis, 2006). Participants learned from their experiences as LPNs, CNAs, and babysitters, but it was not always a reflective learning. While they reported that they learned procedures or rules, or about how a workplace operates, these experiences did not always provoke a questioning of beliefs or assumptions. Nevertheless, those participants who did have the experience said that they found it helpful.

Learning through reflection on experience. The participants had all received nurse training and education in countries outside the United States. They therefore came

to the country with preconceived beliefs about nursing practice and the role of the nurse within practical settings, which were informed by their experiences. According to Tashiro et al. (2013), reflection in the context of nursing education is the transformation of experience into practical knowledge. The findings suggest that the participants' reflective learning experiences occurred before and during their experiences.

English is necessary but not sufficient. The language barrier is an enduring difficulty for internationally trained nurses (Hall et al., 2015). In addition, the language barrier existed for these internationally educated nurses not only as a result of a lack of language proficiency; it was also the result of miscommunication that may stem from factors related to, but distinct from, the English language itself, such as accent, body language, colloquialisms, and specialized medical vocabulary (Kawi & Xu, 2009). Participants placed a great deal of importance on their English language proficiency as a significant barrier to their reentry into the nursing profession. Being the medium of communication for critical points in the reentry process, such as going through credential evaluation, studying for the NCLEX, passing the NCLEX, and eventually seeking employment as a nurse, this challenge confronted them throughout the process. This was true for both nurses who had studied English in their countries of origin and those who did not.

The practice of nursing in a U.S. health care setting requires that both domestically and internationally educated nurses understand the necessity of delivering patient-centered care that is linguistically and culturally sensitive to patients' needs, but internationally educated nurses often struggle with this (Sherwood & Shaffer, 2014). For internationally educated nurses, second language acquisition is an essential skill through which nurses learn the intricacies of practice that are country-specific (Ho & Coady, 2018). The participants in this study did not consider this aspect of nursing practice when they first began their journey toward becoming licensed to practice in the U.S.

However, once in the Center for International Nurses, they came to realize that merely having better English skills was a necessary but not sufficient factor in their chances of becoming licensed as RNs. As students in the training program, they learned that reentering the nursing profession would require more than merely passing a test. It would require them to discard the assumptions they had developed through their experiences studying and practicing nursing in their countries of origin, and adapt to a profession that demanded new responsibilities and a new way of thinking about oneself as a professional nurse.

Learning new roles. One participant, Alisha, concisely summed up this aspect of the participants' learning experiences, saying, "Whatever we learned in our country is good there, but here in U.S., there is a different mindset." During this period, participants started to discard their assumptions about the nursing practice and began to adopt others that they believed would be more fitting in the context of the U.S. health care system. In Kolb's (1984) learning cycle, this process would encompass the stage of reflective observation, where participants look at their past experiences with a critically reflective eye, understanding that the "mindset" required involves a different perspective from the one they had developed from their experiences as nurses in their countries of origin.

Many of the participants said during their interviews that they felt they needed to learn certain differences between what they had experienced as both nursing students and practicing nurses in their countries of origin, and the reality of working within the health care field in the U.S. The roles that nurses take on in practical settings are indicative of the importance of these differences, and demand that nurses with a different cultural frame of reference with respect to professional practice learn and assimilate new skill sets and professional behaviors (Wolcott et al., 2013). Tregunno, Campbell, Peters and Gordon (2009) described this phenomenon as a looming paradoxical situation for internationally educated nurses, in which they become "clinical experts and novices in culture and fluency" (p. 188). The new roles the participants perceived as necessary to

understand and adopt were a focal point of participants' learning, and influenced them to reflect on their prior experiences in order to come to a new understanding of their profession.

It was clear that, in contemplating the taking on of new roles as nurses in the United States, the participants had felt trepidation about the added responsibility that practicing nursing in the U.S. would entail. Speaking about the difficulties they said they faced during their time studying for the NCLEX, many of them indicated that the added responsibility imposed by aspects of the U.S. system posed additional challenges.

These challenges began with the NCLEX questions themselves. In describing the questions on the NCLEX that they spent so much time studying for, participants said they needed to think a different way about how to answer them. Several participants spoke about "critical thinking" as a skill they needed to have in order to answer the questions properly. The multiple-choice questions are not clear-cut; there is not one single correct answer and several clearly incorrect ones. As Sashi said, the responses are "all right" but a test-taker "has to choose the best." Answering a question correctly involves confronting ambiguity and determining what the most appropriate response is. This realization prompted reflection on their experiences as nursing students and as nursing professionals in their countries of origin; while studying for the test, participants realized that reentering the nursing profession would entail more decision-making on their part. Additionally, understanding that nursing practice in the U.S. would be different from what they were used to in their countries of origin, where the focus seemed to be on memorization of medical knowledge and following orders under the supervision of a doctor.

Another aspect of learning new roles pertained to the duties nurses are expected to fulfill in the U.S. Their discussion of the duties nurses are expected to fulfill also touched upon their discovery that the work they would have to do was different from what they were used to in their countries of origin. In some cases, such as those of Roselie and

Nora, the discovery seemed to provoke negative feelings with respect to the relationship between patient and nurse—they felt that in the U.S. system, the patient and the nurse do not have the kind of close care relationship that they were used to in Haiti and the Netherlands, respectively. For some nurses, such as Alisha from Nepal, the feeling seemed to be that the nurses do too much for the patient, taking care of duties that in her experiences were to be performed by members of the patient's family.

Participants also spoke about the importance of following the laws regulating the practice of nursing, expressing feelings of anxiety about the consequences of failing to do so. Commenting on the importance of following procedure, Carmen said, "You need to understand what you are doing, or else you will lose your license in another day." This concern has been shown to be an enduring one for internationally educated nurses in practical settings in the U.S. (Wheeler, Foster, & Hepburn, 2013). The combination of a complex system of laws and regulations, combined with the need to document everything, added to the participants' sense of responsibility that one takes on as a practicing RN.

Increasing capacity for self-direction. Brockett and Hiemstra (1991) write that self-directed learning involves the "external characteristics of an instructional process and the internal characteristics of the learner, where the individual assumes primary responsibility for a learning experience" (p. 24). We can see the interaction of these factors exemplified in the experiences of the participants as they moved through their transitions. Their early experiences demonstrated both a capacity for self-direction and for taking responsibility for their own learning. Through a process of trial and error with online programs and other personal study materials, they demonstrated the motivation to learn and the capability to plan, implement, and evaluate their own learning. Their increasing capacity for self-direction in learning critical aspects of the profession is described across two areas: (1) Autonomy, and (2) Critical Thinking.

Autonomy. According to Candela, Dalley, and Benzel-Lindley (2006), nurse training programs should integrate adult learning theories into nursing curricula in order to help train nurses to transfer their learning to real-life situations. Among other skills, this involves concentrating on developing self-directed decision-making capabilities. The participants' experiences at the Center for International Nursing seemed to have the effect of helping the participants become more self-directed as nursing professionals. Although the curriculum was not analyzed for this study, the participants spoke about their learning in ways that suggested that they had learned how to be more autonomous agents with more responsibility according to the laws, regulations, and professional expectations of the nursing field.

Autonomy as a concept associated with self-direction in learning can be seen as a characteristic that is both internal and influenced by contextual factors in a learner's life (Merriam et al., 2007). Candy (1991) frames the question of learner autonomy in self-directed learning through a discussion of Smith's (1990) study of librarians and their relationship to self-directed learners. What emerged from this study, according to Candy, was that a learner's confidence level is a salient factor in his or her sense of autonomy in learning. Learners in this study were characterized as either "confident" or "timid," with the former displaying competence and purposefulness and the latter displaying fear and helplessness. Candy ascribed this to "learned helplessness" in which learners learn dependency rather than autonomy through institutionalized learning.

These prior learning experiences, according to Candy (1991), may be why many adult learners prefer to be taught, rather than to assume autonomy in their learning. The experiences of participants in this study appeared to have grappled with this tension between their prior learning experiences and what they understood to be learning imperatives for reentering the nursing profession in the United States. When speaking about the differences between the nursing profession in the U.S. and their countries of origin, they spoke about various aspects of the profession—such as the nurse's roles and

nursing training—and what emerged was a description of experience in which developing autonomy and independent professional judgment were not valued.

The participants who delved into their own training in their countries of origin spoke about the differences in the autonomy they enjoyed as learners in the Center for International Nurses and the dependency that characterized their experiences in nursing school, as well as their experiences practicing nursing, in their home countries. The picture that emerged was one similar to "learned helplessness" (Candy, 1991) described earlier in this section. Sashi said that in India, she never asked questions about the material because her professor would become upset with her. In Brazil, Maria said, there is much more reliance on supervisors and doctors for what course of action needs to be taken with patients. In Nepal, Alisha said, she was only allowed to give medication, whereas in the U.S. she learned that she was expected to take on many more responsibilities. Though there was not enough data to make any sweeping generalizations about the nursing profession in other countries based on the recollections of 19 people, the responses did seem to suggest that the participants' experiences had conditioned them to expect to be "taught" and "instructed" rather than to exercise professional autonomy. This may have influenced them to seek learning opportunities after their disappointing experiences with studying on their own for the NCLEX.

Critical thinking. Participants believed they were well served by the instructional approaches taken by staff at the Center for International Nurses. They did not elaborate on the methods used by the instructors, but several of them said that the curriculum used in class not only helped them improve their English and prepare for the NCLEX exam, but also helped them develop critical thinking skills. However, "critical thinking skills," like the term "critical thinking" itself, is not easily definable. There is a considerable literature devoted to the disagreements over what the term actually means (Johnson & Hamby, 2015). According to Dwyer and Walsh (2019), critical thinking is "a metacognitive process that, through purposeful, self-regulatory reflective judgment; skills

of analysis, evaluation and inference; and a disposition towards thinking, increases the chances of producing a logical conclusion to an argument or solution to a problem" (p. 1).

Although a majority of the participants did not mention the term "critical thinking" in their responses, those who did suggested that they developed the capacity for critical thinking, if we are to use Dwyer and Walsh's (2019) definition. Their responses suggested that they learned this through their experiences during their time at the Center for International Nurses. The nurses in this study who cited "critical thinking" as a skill they needed to learn pointed to its utility in helping them think through complex hypothetical clinical scenarios and arrive at logical and appropriate courses of action. Critical thinking with regard to clinical judgment has been considered essential to nursing education for decades. Despite the differences in the definition already mentioned, critical thinking is considered an essential part of nursing curricula (Chenot & Daniel, 2010). It is considered a skill that is "developed through time and learning experiences" (Cassum, Gul, & Portillo-McGrath, 2015, p. 60). With respect to medical education, Krupat et al. (2011) found that critical thinking was viewed by medical students as an ability, but their responses to clinical scenarios suggested that dispositional factors were more prevalent in predicting whether critical thinking took place.

However, analysis shows that their experiences may have resulted in other forms of critical thinking, ones not directly related to clinical practice. This kind of critical thinking is more related to Brookfield's (1987) conception of the term, which involves "identifying and challenging assumptions" (p. 15) and imagining alterative possibilities. Though the participants did not articulate the evolution of their thinking throughout their transitions, their responses to the researcher's questions suggest that they engaged in "critical questioning" (Brookfield, 1987) as they learned that their assumptions about reentering the nursing profession were in need of revision. This is a different type of critical thinking than the one described explicitly by the participants as enabling them to

analyze clinical situations. Indeed, it might be seen as "critical thinking" that is widely applicable in a variety of professional or academic settings, as opposed to "clinical thinking" used to arrive at clinical decisions in a health care setting (Tanner, 2014).

The results of the study showed that some participants also engaged in critical thinking as a means of confronting their own perceived language limitations, particularly with respect to their accents. Instead of continuing to feel ashamed of their accents or viewing them as liabilities, participants who spoke about their accents in the workplace spoke about them with a sense of ownership and from a position of strength. For example, Carmen referred to her accent as "my pride," and indeed spoke proudly about her accented English, despite the discrimination she sometimes feels in her present job. This is a different outlook from when she just arrived in the U.S. and found herself adapting to others' expectations. Michelle had worried about how her accent would be perceived, but once she became a nurse again, she began to see the accent as a way to enhance, rather than hinder, her communication with patients. This could be seen as a process of critical reflection that triggered a transformed meaning perspective similar to what takes place in Transformative Learning, the sense that it resulted in perspectives that were "more inclusive, discriminating, self-reflective and integrative of experience" (Mezirow, 1997, p. 5).

If we are to view critical thinking skill as both a disposition as well as a cognitive ability, then we can conclude that the internationally educated nurses in this study developed this skill as a way of learning how to understand the system in which they practice their profession—a system that demands that they exercise a certain level of responsibility and independent judgment. In the experiences of the nurses that took part in this study, we can see how they developed the disposition to view their learning differently at different times of their journey, at each point developing capacity for self-direction, underpinned by both a critical re-thinking of their assumptions about their learning needs as well as a capacity to understand complex medical situations in a

sophisticated way. In the beginning, they all began by studying for the NCLEX on their own, believing that they could reenter the nursing profession by virtue of passing the test. When they found that they could not do this on their own, they enrolled in the Center for International Nurses NCLEX Training Program, hoping to improve their English and learn to pass the test. Once in the center, their development of critical thinking skills expanded to include critical thinking that led to more sophisticated critical judgment in practical settings.

Analytical Category 3: Coping with Transition

The third analytic category is "Coping with Transition." It refers to the salient factors that affected how the participants experienced the transition period catalyzed by the decision to pursue RN licensure in the United States. The decision to pursue licensure through the Center for International Nurses represents a process of transition in multiple aspects. It may be seen as a transition from underemployment or unemployment to professional employment. It may also be seen as a dimension of a larger transition that an internationally educated nurse undertakes as she adjusts to life in a new country, a transition that encompasses not only her professional life but also her personal one. When transitioning to a new country and a new practice context, internationally educated nurses draw on available resources to cope with the stress it causes (Connor, 2016). Given the limited amount of time the researcher was able to spend with each participant, as well as the nature of the questions he asked, a comprehensive analysis of their transitions is not possible to make here. In this category, the transitions that the participants experienced as learners, as well as how they coped with the transition, are explored through analysis of their responses.

The analytic category "Coping with Transition" is subdivided into two subcategories: Internal Factors and External Factors. Internal Factors consists of *Professional Identity, Self-efficacy,* and *Self-regulation*, three aspects of the participants

that help explain what enabled them to both cope with their transitions and learn to reenter the nursing profession. External factors are explored in terms of *Institutional Factors* and *Contextual Factors*. These subcategories emerged from the research findings, and analysis draws on the work of Schlossberg (1981, 1989, 2012) to situate the findings vis-à-vis Research Question 4 into a theoretical context. As discussed in Chapter IV, the 4S system, which consists of Self, Support, Situation, and Strategy, is intended in a counseling context to help adults identify assets and liabilities that influence how they cope with transition. These four areas describe sources of facilitation or hindrance in a person's transition experience. In this section, internal and external characteristics are also discussed as assets or liabilities that impacted the coping experiences of the participants.

Internal factors. Analysis of the data showed that participants credited both their ability to learn what was needed, as well as their willingness to start the process and see it through to the end, with their own internal resources. This is evident by the responses participants gave when asked about what most helped them learn how to reenter the nursing profession. These resources are explored across the following themes: identity, self-efficacy, and self-regulation. Each theme corresponds to one of Schlossberg's 4Ss, and the character of this factor in a participant's experience would qualify it as either an asset or a liability.

Identity. Thirteen of the 19 participants spoke about a connection with the nursing profession that was at times personal, emotional, and sometimes spiritual. Several of them used the word "calling" to describe the motivation they felt toward being part of the profession. Others spoke about wanting to be a nurse since they were little girls, recalling formative experiences from their countries of origin that influenced their course of study and professional choices. Their identification with nursing, as well as the profession's values, provided fortification in their transition process, and should be clearly seen as an asset that facilitates learning.

When analyzed through a comparison of ages of participants, the data show a difference in the salience of devotion to nursing as a factor facilitating learning. Table 8 shows a comparison of participants age 35 (median age for all participants) or younger with those over 35. All of the participants over age 35 (100%) expressed a strong connection to the nursing profession and indicated that this helped them stay focused and persevere in the face of their struggles. Conversely, only half of the participants aged 35 or younger (45%) spoke about their devotion to the profession in this way. This may be the result of more time in the profession, and with it a deeper sense of professional identity. The responses from nurses older and younger than 35 indicated that they

Table 8. Devotion to Nursing by Age

Age Range	Participants (N=19)	Devotion to Nursing Profession
Under Age 35 (5 of 11, 45%)	Tina	
	Nadia	
	Nora	X
	Amara	
	Loretta	X
	Padmini	X
	Sashi	
	Dolma	X
	Alisha	
	Eugenia	
	Dawa	X
Age 35 or Older (8 of 8, 100%)	Roselie	X
	Carmen	X
	Juliet	X
	Anna	X
	Michelle	X
	Sharon	X
	Akiko	X
	Maria	X

associate their identity as nurses with what they believe to be core values that inform the profession's practices, such as the duty to care for the vulnerable and helping the community. A number of them also mentioned explicitly that they were in this profession because of these values and not for the money they might earn.

Being underemployed, whether in babysitting or retail or even in a CNA position, represents a loss of professional identity for a deskilled immigrant nurse (Fernandez-Pena, 2012). All but three of the participants in the study took jobs upon entering the U.S.; the three participants who did not work had financial support from their families. For some of the participants, losing the professional identity was concurrent with a loss of respect that they were accustomed to receiving. As discussed in the first analytic category, the nurses' arrival in the United States was described by the participants themselves as multi-faceted and not necessarily based on their professional ambitions. While some of them came specifically to practice nursing, most came as a result of other considerations. In this way, by coming the United States, the participants at least initially believed they were giving up their profession, and with it a part of their identity, for the sake of other imperatives.

According to Anderson et al., (2012), "one's past experience is clearly a central component of identity and often determines how a person approaches a current transition" (p. 109). Fifteen of the 19 internationally educated nurses in this study began their professional lives in the United States in jobs they did not like and did not want to stay in. One reason for this was their devotion to the profession of nursing and to caring for ill patients. They spoke about their training and connection to the profession in ways that exhibited pride in what they had accomplished. Being underemployed, often in low-wage care jobs they considered inferior to the ones they had had in their countries of origin, made them feel a range of both negative and positive emotions related to their identity. Alisha, for example, felt frustration as well as a loss of respect because she had to babysit for children despite having extensive nursing knowledge; Sashi, on the other

hand, looked at babysitting work as a positive experience, despite having to endure xenophobic comments from the children she was babysitting, saying that she learned from the experience.

The question of identity plays an important role in the immigrant experience, as it intersects with many of the markers that characterize the disruption they must negotiate and, ultimately, cope with. Morrice's (2012) study of highly educated refugees in the U.K. revealed that the experience of being a refugee, whose skills and experience are unvalued in their destination country, provoked feelings of anguish and resentment. The participants in her study experienced a loss of identity related to their professional status, which led her to conclude that "perspective transformation can have profound ontological processes and can have negative consequences" (p. 252). The data in this case study of 19 internationally educated nurses suggest that the loss of identity represented by their deprofessionalization experiences did not seem to provoke feelings of anguish and resentment; on the contrary, it provoked feelings of motivation and resiliency. Their "perspective transformation" that led them to take back their nurse identities was triggered by strong identification with the field of nursing, along with its values relating to care and treating the sick. This figured prominently in many participants' decisions to seek the new learning required for them to reenter the nursing profession.

Self-efficacy. Also emerging from the data was the consistency with which participants' feelings of confidence and determination in their abilities motivated them to continue learning. Their senses of self-efficacy across their transition experiences followed familiar patterns, beginning with when they began to study for the NCLEX. This is in line with Jose's (2011) finding that internationally trained nurses are better able to confront challenges related to the transition when they build upon their internal strengths. It is also exemplary of Bandura's (1999) assertion that people assert agency through their efficacy beliefs.

All but one of the participants found the Center for International Nurses after a period of experimentation with self-study and, in some cases, enrollment in an online self-study program aimed at nursing students. In all cases, this period did not at the time appear to be a fruitful one for their progress toward becoming recertified as nurses. The test questions proved to be difficult, complex, and asked in a format that they had never encountered while studying in their countries of origin. In many cases the participants felt a lack of confidence and frustration. Their continued struggles with the English language compounded these feelings. However, as shown in Analytic Categories 1 and 2, reflecting on the experience taught them that additional learning was needed, and that they would need guidance in order to address their needs. In other words, it was not something that could be done completely on their own.

Bandura (1999) writes that self-efficacy helps individuals to assert resilience in the face of adversity. It was at the Center for International Nurses where participants rediscovered their confidence and built up a positive attitude. Based on the data, this change in perspective came from two sources. They spoke about the support they received from program staff as their most important source of confidence and perseverance. Prior to enrolling in their program, those that had pursued recertification on their own became frustrated because they had difficulty understanding the process and struggled to figure out how to effectively approach the NCLEX exam. They attributed a sharp change in attitude to the support they received from program staff at the Center for International Nurses.

Regarding a person's belief in his or her own competence, "people's beliefs in their efficacy influence whether they think optimistically or pessimistically, in self-enabling or self-debilitating ways" (Bandura, 2012, p. 13). In turn, these beliefs inform how a person approaches life's challenges, specifically how well as how he or she might internally regulate their emotions in the service of coping with them. Immigrants who do the same

report having more successful adaptation experiences and are better able to cope with difficulties in their destination countries (Jerusalem & Mittag, 1995).

The self-efficacy that participants described through their interview responses may have come in part as a result of becoming, through their participation in the Center for International Nurses, better able to draw on the cultural capital they brought to the program. This can be illuminated by revisiting Becker's (2011) discussion of cultural capital and its relationship to learning. In her study of ESL students in a community college, students identified as having high levels of cultural capital were more likely to move out of noncredit classes and become mainstreamed within the college. These were also students who formed closer connections with the institution and thus were better able to access information and resources. Students described as having high levels of cultural capital in the context of that study were ones that possessed professional training and experience, as well as other indicators of privilege, from their countries of origin. While this study's interview questions did not ask the participants to go into great detail about their socioeconomic statuses in their countries of origin, the fact that they had been nurses there is an indicator of cultural capital that could be leveraged in educational pursuits.

Self-regulation. As the participants recounted their experiences learning to reenter the nursing profession in the U.S., time management was indicated as a crucial skill that allowed them to devote the time necessary to both learning and to attending to their life responsibilities. This skill developed over the course of their transitions, improving as they "moved through" it. While studying at the Center for International Nurses, they learned to manage the time they spent studying in order to balance it against other demands on their time, including their classes, work, and family responsibilities.

The kind of self-regulation described by participants may be seen as a "Strategy" within Schlossberg's 4S System, as it describes a specific, individual response to stressors engendered by the demands of their transitions. For participants that spoke

about time management as a facilitator of their learning and ultimately of their transition

into the nursing profession, this strategy can be seen as an "asset" that helped them cope

with the challenges of the transition. It helped them balance the pressures of life,

including child-raising, with the pressures associated with the NCLEX exam and reentry

into the nursing profession. Pearlin and Schooler (1978) outlined the types of strategies

that people employ when coping with life stress. They are responses that:

(1) Change the situation out of which strainful experience arises.

(2) Control the meaning of the strainful experience after it occurs but
    before the emergence of stress.

(3) Function more for the control of stress itself after it has emerged. (p. 7)

The participants' self-regulatory behaviors aimed at mitigating the effects of stress

and maximizing their productive efficiency would seem to fall into Pearlin and

Schooler's third category of coping responses. In their descriptions of how they coped

with the demands on their time, they spoke about how setting goals for themselves and

maintaining the discipline needed to study, attend class, and take care of other

responsibilities facilitated their learning. In Candy's (1991) conception of self-directed

learning, their behaviors exhibited the "ability to exert a degree of control over aspects of

his or her learning situation" (pp. 20-21). In their time management behavior, we see

them organizing their own learning activities and allocating time according to what they

see as their needs. In addition to learning the material, they are also asserting autonomy

as learners.

External factors. All of the participants spoke about factors external to them that

either facilitated or hindered both their learning and their transition from

underemployment or unemployment to professional licensure. In the cases of Akiko,

Juliet, and Anna, the transition did not lead to licensure. In Juliet's case in particular, she

was not able to sit for the NCLEX exam because her credential evaluation determined

that she would be ineligible to take it. Anna said that her failure to recertify as an RN was

due to lack of effort and poor choices, though she also mentioned that she did not have much family or friend support throughout the process. Whether the participant passed or did not pass the NCLEX, it seemed that support played a critical role in the process.

For participants who had passed the NCLEX, external support had three effects on their learning trajectories: (1) the effect of keeping the participants from giving up when they felt demotivated; (2) the effect of helping participants balance their studies with competing life demands; and (3) the effect of helping them "move out" of their transition and "move in" to the world of professional nursing. In this section, external factors are subdivided into two subcategories: (1) *Contextual Factors* relating to the backgrounds and outside lives of the participants; and (2) *Institutional Factors* relating to their experiences with the Center for International Nurses.

Contextual factors. Analysis of the findings showed that contextual factors in the participants' experiences affected the quality of their learning as well as their ability to take on, manage, and cope with the challenges resulting from their commitment to reentering the nursing profession. The most commonly cited and emphasized factor was the amount of support they received from significant people in their lives, such as friends and family.

Support from friends and family. Participants spoke about the importance of support upon which they were able to draw during their transition from underemployment or unemployment to RN licensure. Anderson et al. (2012) describe support for adults in transition as coming from four sources: (1) Intimate relationships, (2) Family units, (3) Networks of friends, and (4) Institutions and/or communities of which the people are a part (p. 84). According to Taylor et al. (2004), social support is one of the most effective coping resources an individual can have in order to deal with stressful life events.

Cutrona and Suhr (1992) defined social support in terms of "behavior codes," which defined support by the form in which the supportive behavior came. There are five

types: (1) informational support, which involves the sharing of beneficial information; (2) tangible support, which involves support through money, goods, or services; (3) esteem support, which entails confidence in another person; (4) network support, which is belonging to a network with common interests or goals; and (5) emotional support, which is the communication of caring or love. The participants received social support from friends and family in different forms. From family, participants spoke about the tangible support they received. Many of the participants had quit their jobs in order to attend classes at the Center for International Nurses and relied on spouses or other family members to pay the bills and take care of other expenses, as well as look after the children.

Time away from nursing. Analysis of the data showed that the participants placed a great deal of importance on the time they spent not practicing nursing. While only a few mentioned that their knowledge of nursing declined, the nurses that mentioned their time away from nursing as being a hindrance to learning talked about other life events that got in the way of their professional ambitions. For some of the participants, the demand of family life and child-rearing made it more difficult for them to study for the NCLEX exam. For others, it was the long credential evaluation process, during which they needed to get on with their lives, earn a living, and study for the NCLEX.

Subdivided by age, the participants' responses indicating "Gaps in Practice" reveal a difference between the younger and older nurses. The age of 35 was the cutoff date for the subdivision of nurses because it was the median age of all nurses. Of the 11 participants aged 35 or younger, 5 (45%) indicated that their learning was hindered by a time gap between the time they had practiced or studied nursing in their countries of origin and the time they began to study in earnest for the NCLEX. Conversely, all 8 participants above the age of 35 (100%) indicated that a time gap hindered their learning. Indeed, their discussions of this point often revolved around and reflected concerns about

aging and getting to a point in their lives when they believed it would be too late to reenter the nursing profession as RNs.

Reasons for coming to the U.S. The participants' reasons for leaving their countries and coming to the United States should also be considered as a contextual factor alongside "Time Away from Nursing." When considering the time they spent away from nursing in light of their reasons for coming to the U.S., what emerges reveals insight into the participants' early years in the country.

Table 9. Gaps in Practice as Hindrance by Age

Age Range	Participants (N=19)	Gaps in Practice Indicated as Hindrance
Age 35 and Under (5 of 11, 50%)	Tina	
	Nadia	X
	Nora	X
	Amara	
	Loretta	
	Padmini	
	Sashi	X
	Dolma	
	Alisha	X
	Eugenia	X
	Dawa	
Over Age 35 (8 of 8, 100%)	Roselie	X
	Carmen	X
	Juliet	X
	Anna	X
	Michelle	X
	Sharon	X
	Akiko	X
	Maria	X

The first research question was, "How did the participants describe the experience of coming to the United States?" In response to questions about their arrival to the U.S.,

the researcher expected them to discuss the complexities of figuring out the licensure procedure in the U.S. and the difficulties of securing work in the nursing profession. As Chapter II noted, there is no longer a specialized visa option for foreign nurses, and nurses in the U.S. on H-1B visas are rare. Nevertheless, the researcher expected that most of the participants had come to the U.S. with an intention to practice nursing. This assumption stemmed in part from the fact that U.S.-based firms specializing in international nurse recruitment have increased tenfold since the 1990s (Cortes & Pan, 2015).

Their responses, however, revealed that only four of 19 (21%) came to the country explicitly for the purpose of practicing the profession. Yet, the nursing literature often discusses the motivations of internationally educated nurses in terms of "push" and "pull" economic factors, the interplay between the monetary and other incentives perceived to be available in receiving countries and the relative deprivation of sending countries (Dywili, Bonner, & O'Brien, 2013; Li, Nie, & Li, 2014). While most of the participants (17 of 19, 89%) were born in what would be considered "developing" countries, their reasons for coming to the U.S. appear to be more complex than the economic determinism represented in the push/pull concept. Out of the 19 participants, 4 were refugees fleeing dangerous conditions in their countries of origin. Four of them (21%) came to the United States after marrying a U.S. citizen who was already living in the country. Five of them (26%) came to the U.S. for the purpose of family unity; that is, other family members such as parents or a husband wanted to move, and the participants decided to go, too. Not all of them were happy to come to the country. Roselie, who had married in Haiti but whose husband was living in the U.S., came to the U.S. to reunite with him. Regarding her move, she said, "It really wasn't something that I was interested to do, but it's part of life, you just have to deal with it." Akiko, from Japan, said that she moved to the U.S. because, according to her, she just wanted to live in another country.

The fact that so many of the participants came primarily for reasons other than to practice nursing might help explain their gaps in practice and thus provide insight into what factors hinder learning. It may also shed light on other hindrances that participants spoke about. Had the participants moved to the United States with the sole purpose of practicing nursing, more preparation and foundation for transition might have been expected. Yet, even this assumption is not overwhelmingly supported by the data that emerged from this study. Of the four participants who stated explicitly that they had come to live in the U.S. in order to practice nursing, only two (Sashi and Loretta) appeared to have laid any groundwork for their transition prior to their arrival; the other two participants (Carmen and Alisha) can be said to have "started over" after they arrived in the U.S. This exemplifies why contextual factors beyond economic incentives are so important to consider in understanding the experiences of these internationally educated nurses. The data from this study showed that the participants mostly came for reasons other than the intent to practice nursing; this could be an idiosyncratic characteristic of the study sample, and may be different from the experiences of nurses who immigrate with the intention to practice nursing.

Institutional factors. The participants all believed that the Center for International Nurses played a critical role in their learning to reenter the nursing profession. Even the participants who had not yet passed the NCLEX exam credited the program with helping them understand what learning was needed, and for supporting their development as nurses, as English language speakers, and as competent professionals ready to practice nursing. Analysis of the participants' responses showed that the program's components, which include educational case management in addition to NCLEX training and ESL courses, were widely appreciated by participants. These components addressed the participants' unique needs that internationally educated nurses have been shown in the literature to face, as demonstrated by their own responses and in the existing literature (Meherali & Covell, 2017; Salami et al., 2017). They also helped the participants cope

with the difficulties of their transition away from underemployment and toward new careers as nursing professionals in the United States.

Holistic focus. Analysis of the participants' responses regarding their experiences at the Center for International Nurses suggest that they benefitted from the program's services that went beyond just test preparation and English language instruction. Documents describing the organization's holistic focus were read and analyzed in relation to the participants' responses as well as the literature. The organization's documents highlight the need to address various aspects of the internationally educated nurses' learning and development needs beyond practicing for the NCLEX and improving their English language skills.

The document analysis revealed that the approach taken by the Center for International Nurses reflects core adult learning principles, in particular those embedded in learning from experience and self-directed learning. For example, its curriculum chart shows a focus on comparative cultures of health care, alternative perspectives on health, and understanding different health care systems. This shows that the program places importance on helping the nurses understand what they need to learn through reflection on their own international experiences as health care professionals. A major learning goal stated in a sample course syllabus is that the program aims to help learners develop skills and strategies to explore their own professional development in the health care system. This seems to indicate that the program intends to foster self-directedness and autonomy in the nurses who study there.

The participants spoke about the Center for International Nurses in universally positive terms for both its instructional approach and the emotional support that the educational case management component offered to the participants. Participants spoke about how they built up confidence after enrolling in the program, confidence that had been lost as a result of their negative experiences with deprofessionalization, underemployment, and sometimes repeated failed attempts to pass the NXCLEX by

studying either on their own or through an online learning platform. Listening to the participants speak about the program made it clear to the researcher that they had forged a connection with the program. The program made them feel like they *mattered*. Their feeling that they mattered and that the staff was concerned about and invested in their learning boosted their determination and confidence, and may be seen as a coping mechanism facilitated by the Center for International Nurses.

Schlossberg (1989) writes that the polar concepts of marginality and mattering are important factors for people young and old. When adults experience a stressful transition that involves shedding old roles and taking on new ones, they may feel marginalized in the process. We need to feel like we matter, and when we feel marginalized, we must cope with these feelings and draw on our resources to help us through transitions. In light of the literature reviewed in Chapter II, it can be safely assumed that the experience of being an underemployed, deprofessionalized immigrant who struggles with the English language in the United States represents marginality across linguistic, cultural, and professional lines.

Despite these common struggles, each individual's struggle with marginality in the context of transitions is unique, and each individual possessed unique coping resources on which to draw. Effective support of individuals undergoing transitions includes being aware of these unique resources (Anderson & Goodman, 2014). The documents analyzed for this study suggest that the Center for International Nurses integrates this idea into its approach to supporting participants through educational case management. Furthermore, they suggest that the idea is integrated through the participants' involvement with the program, from intake to discharge (or, in Schlossberg's terms, from "moving in" through "moving through" and "moving out"). The rejection of the "one-size-fits-all" approach to case management discussed in the literature and reflected in participant responses confirms this.

The individualized approach to supporting learners promotes confidence and ability to surmount barriers that stand in the way of their learning (Karmelita, 2018). Most prominent and consequential among these are dispositional barriers, which include areas of self-concept such as confidence level and personal beliefs (Cross, 1991). The results of this study speak to the importance of practitioners in helping adult learners address dispositional barriers that prevent progress in achieving their goals. A major finding was that participants reported that "having a positive attitude" was a key factor supporting their learning to reenter the nursing profession, a marked contrast to how they felt about themselves prior to entering. Their experiences studying on their own had negatively affected their confidence levels, while their time at the Center for International Nurses built them back up, and to them this made a key difference.

Section Summary

Chapter V the data that emerged from data collection described in Chapter IV through three distinct but interrelated analytic categories: (1) recognizing the need for new learning; (2) learning the U.S. system; and (3) coping with transition. The three categories were discussed in light of relevant literature in order to reveal deeper meaning and significance not only to internationally trained nurses, but also to other internationally educated but underemployed immigrant professionals.

Despite the differences in participants' demographic backgrounds, they shared many similarities in their experiences as recounted to the researcher. They all became dissatisfied with their underemployment or unemployment and decided to begin a process of working their way back into the nursing profession after a period of absence. For some, this realization took many years to happen. For others, it did not take long at all; for one participant, Amara, it took two days as a cashier to realize that a change was needed in her life. After they decided to reenter the nursing profession, their learning trajectories had numerous similarities. Their learning process began as self-directed,

entailing networking with people in the community and self-study as strategies to learn what was needed to become a nurse and pass the NCLEX. Their learning led them to the Center for International Nurses, a program that offers a NCLEX Preparation Course as well as case management, job support and English as a Second Language (ESL) classes.

During their time there, they learned that practicing nursing in the U.S. would require more than just being proficient in English and passing the NCLEX exam. This realization was shown to provoke reflection among the participants, influencing them to reshape how they thought about their learning and their professional ambitions. In particular, they reflected on the differences between the nursing profession in the U.S. and in their countries of origin, developing skills that would facilitate a transition between their old mindset and a new one that required them to act more independently and accountably, in addition to helping them pass the NCLEX. During their time at the Center for International Nurses, they also developed more self-directedness in how they pursued their learning goals, as well as how they approached and understood their roles as nurses. Therefore, it can be said that for them, self-directed learning was both a process and a goal, depending on the stage of the process in which it took place.

Throughout this period, the participants' learning was positively affected by factors internal to them, such as their identity, self-efficacy, and capacity for self-regulation. It was also positively affected by factors external to them, namely, contextual factors related to their social support and institutional factors relating to the services the Center for International Nurses provides to internationally educated nurses. These factors served as coping mechanisms that helped them deal with failure, build up confidence in their abilities, and fortify their professional identities in response to the challenges before them. The contextual factor of time spent away from nursing was found to have made their transition more difficult. Contrary to the researcher's expectations, few of the participants had come to the United States for the purpose of practicing nursing, and this

may have delayed their efforts to enter the profession in the U.S. and thus contributed to their time away from nursing.

This study confirmed the conclusions reached by previous studies exploring the experiences of deskilled immigrant professionals in general, and internationally educated nurses in particular, and revealed insights into how they learned to address and overcome the barriers that stood in the way of their goals of becoming licensed to practice nursing in the U.S. It demonstrated that learning to reenter the nursing profession is a process characterized by a recognition that new learning is needed, which may be triggered by disappointing employment experiences. It is also characterized by a disruption of assumptions about what needs to be learned and mastered, a reformulation of one's understanding of what is required of nurses, and an understanding of the complex system that a nurse operates in. Finally, it showed that in undertaking the difficult learning journey toward reentry into the nursing profession, outside support and personal determination were strong factors influencing these internationally educated nurses' experiences.

Revisiting Assumptions

After collecting, analyzing, and synthesizing data, the researcher revisited the assumptions discussed in Chapter I. The first assumption was that internationally trained nurses confront barriers to practicing nursing that native-born nurses who received their nursing education in the U.S. do not face. This proved to be a valid assumption, given the findings and analysis of participant responses. The language barrier and the CGFNS certification process are two of the starkest examples of this. However, analysis reveals that the experience of underemployment as well as the imperative to understand the difference between U.S. practice and foreign practice, such as those relating to different technological expertise, are significant barriers to entry into the profession.

The researcher assumed that the participants would be able to articulate and reflect on their experiences in an interview setting. This turned out to be partially true with respect to their ability to articulate their experiences. This study did not explore their language proficiency in a systematic way, but the researcher's experience teaching English as a Second Language (ESL) to adults told him that differences in level of English proficiency among the participants were stark. A few of the participants seemed to approach near mastery of the language, giving them the ability to discuss and reflect on their experiences in great detail. Others, on the other hand, struggled to articulate their thoughts without numerous errors of diction and syntax, and this required follow-up questions from the researcher.

Related to the assumption above was that internationally trained nurses experienced a period of "deskilling," or "deprofessionalization," as a result of their training and credentials not being automatically valid for licensure in the U.S. This assumption proved to be correct. All of the nurses who obtained employment upon their arrival in the U.S. found that all that was available to them was care-related work, such as babysitting or home health aide work, or other low-wage, high-stress employment that did not allow them to make use of their skills and experiences. Those who remained unemployed did so by choice, as they had spouses or other family members who financially supported them as they pursued their nursing studies.

Another assumption made at the outset of the research was that these internationally educated nurses would experience a transition from a position of marginalization to one of integration into the nursing profession, and that transition is stressful and involves a coping process. This turned out to be a valid assumption as well, with most of the nurses indicating that staying positive in the face of initial setbacks, such as lack of English proficiency and failed attempts to pass the NCLEX, enabled them to see the process through to the end. This was true even for participants that did not pass the NCLEX exam after taking the Center for International Nurses NCLEX Preparation

Program. Also aiding in the coping process was the support that the nurses received from friends, family, and Center for International Nurses staff. The types of support they received prevented them from feeling overwhelmed, allowing them to devote the necessary time for their studies.

Finally, it was also assumed that discrimination on the basis of race, accent, or national origin erects a barrier, making it more difficult for these internationally educated nurses to reenter the profession. Discrimination is a common theme in the literature about deskilled immigrant professionals, including nurses, with evidence that they experience discriminatory treatment in the workforce. It was expected that this would be more commonly mentioned amongst the participants. A few participants talked about being discriminated against in their jobs before and after passing the NCLEX, but the phenomenon did not seem to be widely experienced. This is not to suggest that they did not experience discrimination; it is only to say that it was not mentioned by most of the participants. There may be many reasons for this: a small sample size, a limited number of questions, and an interview focus on learning and studying, rather than the experience of being on the job. Participants may also have been reluctant to speak about it, if indeed they had experienced it. To the extent that the participants did experience discrimination and mention it in the interview, they had all devised strategies to cope with it. Carmen, for example, developed a greater sense of pride in her accent, while Alisha reveled in the newfound respect that she felt after becoming an RN, feeling a long way away from the employer who had once spoken to her in patronizing tones because he assumed that her country of origin was "backward."

Conclusions

The purpose of this interpretive case study was to explore how alumni of a retraining program for internationally educated nurses learned to reenter the nursing

profession in the United States after a period of underemployment or unemployment. The research subjects came from ten different countries, and had an age range that spanned from age 26 to age 59. While the demographic backgrounds of the subjects were diverse, the data that they provided through their questionnaires and interview responses revealed commonalities of perception regarding their challenges, experiences, learning, and coping with professional and personal transitions. The data and subsequent analysis have provided a foundation for the following conclusions, as well as recommendations for future research, internationally educated nurses, and adult education practitioners who work with deskilled immigrant adults.

Conclusion 1

The internationally educated nurses in this study faced numerous barriers to reentering the nursing profession in the United States. As a result, they found themselves deprofessionalized in the U.S. workforce, able to obtain work that did not require or recognize their experience or training. Results of this study showed that the barriers went beyond merely a lack of English language proficiency and a challenging licensure exam. Factors such as the credential evaluation process and the differences between nursing practice in the U.S. and that in other countries represented additional learning challenges.

Conclusion 2

While there are similarities between the nursing profession in the United States and other countries, there are also differences, particularly with respect to how the health care system works and the nurse's role in it. To be able to reenter the nursing profession in the United States, these internationally educated nurses needed to be able to understand and assimilate these differences. The experiences of the participants of this study demonstrate that certain skills that nurses need to have in order to pass the NCLEX—like critical thinking—are also an important part of effective nursing practice in the U.S.

Conclusion 3

Private, computer-based programs through which internationally trained nurses can self-study for the NCLEX may not be able to address the full range of needs that they might have. Educational programs for internationally educated health care professionals, whether computer-based or classroom-based, should be structured in a way that helps nurses address not only their learning needs vis-à-vis the profession, but also their affective needs. This study concluded that feelings of confidence and perseverance were both strong enablers of learning and effective coping mechanisms for the participants.

The Center for International Nurses, the nonprofit program that served as the source for this study's sample, provides an effective model for addressing the full range of the needs of internationally educated nurses. In addition to ESL training and NCLEX preparation, internationally trained nurses need a supportive environment that can help them navigate bureaucratic complexities, balance their studies and their personal lives, and bolster their confidence as they study to become licensed RNs in the United States.

Conclusion 4

Learning how to move from a position of underemployment to licensure as a nurse represented for the participants a transition process that involved multiple methods of learning, and stress. It is a transition process that required these internationally educated nurses to cope with possible failure, pressure, a detachment or weakening of professional identity, and confusion about the demands of nursing practice in a new country. Effective coping means being able to draw on multiple resources, both internal and external.

<div align="center">

Recommendations

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Recommendations for Immigrant Nurses

The recommendations that this study offers to internationally educated nurses wishing to pass the NCLEX exam and practice nursing in the U.S. are based on the words

of its participants, each of whom had advice for future immigrant nurses seeking to reenter the profession in the U.S. The first recommendation is to learn as much as one can about the certification process before coming to the U.S., and to have all documents in order. The second recommendation is to start the process as early as possible. For many of the nurses in the study, extensive gaps between their time practicing nursing in their countries of origin and their decision to try to reenter the nursing profession in the U.S. made the process more difficult. In the interim, "life" happened, and the immediate need to earn a living and take care of children made it difficult to pursue RN licensure.

Several of the participants in this study spoke at length of the need to seek out opportunities for learning in their communities. Their journeys toward recertification were held up because they did not know what opportunities were available to them. They would later find out that there were free resources in their community that could not only help them study to become licensed as RNs, but also help them find work after they passed the NCLEX exam. They found these opportunities by being open to having new experiences and talking to other people: friends, family members, neighbors, fellow worshippers, and people in the community. Everyone who participated in this study confronted similar problems: lack of English language proficiency, difficulty understanding the credential evaluation process, and frustration studying for the NCLEX alone and without any guidance from a trained professional. But by taking the first step and asking around for information, they started a journey that would help them reach their goals. For Carmen, one of the participants in the study, a chance encounter with a neighbor would make her aware of the Center for International Nurses, after which she would "start the biggest step of my life here."

Finally, they should know that the road toward reentry into the nursing profession in the U.S. may be long and difficult. They may find that practicing nursing in the United States is different from what they have experienced in their countries of origin, and they will need to understand these differences. It involves more than just learning English and

studying for the NCLEX. The health care system, with its complex regulations, legal hazards for health care practitioners, and reliance on what might be unfamiliar technology, might seem daunting at first. They might find that nurses are expected to exercise more professional judgment and autonomy in the U.S. than what they may be used to. But along with these challenges come opportunities. Several participants in this study spoke about how practicing nursing in the U.S. opened up a world of nursing specializations and different settings in which nurses work, which they had not known about before. For nurses willing to persevere through a challenging learning process and transition, a rewarding career with long-term opportunities for further professional growth awaits.

Recommendations for Practitioners

The results of this study of how internationally trained nurses learn to reenter the nursing profession in the United States have what I believe are important lessons for adult education practitioners working with immigrant adults. The experiences of this study's participants demonstrate that becoming a nurse in the United States is more than just training to pass the NCLEX exam. Learning to overcome the challenges posed by the language barrier and the certification process, as well as the added burden of understanding the differences between foreign and U.S. nursing practice, often involves learning that is reflective of experience, and requires perseverance in the face of setbacks.

1. It is suggested that practitioners working with internationally trained nurses help them identify their assets and liabilities, in order to help bolster their existing enablers to learning and address possible hindrances. It is useful to view these internationally educated nurses' pursuits of RN licensure as life transitions, with all of the attendant challenges that they confront at each stage. Schlossberg (1981, 1989, 2012) provided a framework to be used by practitioners seeking to help adults confront life transitions and identify coping resources that would help them navigate their transitions. The 4S

system—Self, Support, Strategy, and Situation—represents four key areas that may influence an adult's transition. Each of the four may act as an asset or a liability that either helps or hinders the transition experience.

2. Educational programs that aim to help internationally educated nurses, as well as other deprofessionalized immigrant adult professionals, should address their full range of needs and provide an educational atmosphere that validates their prior experience and expertise. The training program at which the participants studied, which was referred to as the Center for International Nurses, was spoken of with near universal reverence. The findings suggested that the participants found the experience valuable not only because of the educational curriculum—ESL, NCLEX training, and job training—but also because they felt the program supported them and gave them confidence in their ability to succeed. Along the way, they learned that becoming licensed as RNs required more than merely passing an exam. Internationally educated nurses can bring to the health care system a wide range of assets that stem from their multilingualism and cultural awareness, but perhaps most of all their abiding dedication to the profession and its humane values. Helping them learn to utilize these traits as RNs in the nursing profession will have wide-ranging benefits for an ever-more linguistically and culturally diverse patient base.

3. The community college should be seen as an institutional resource to help internationally educated nurses and other deskilled professionals reenter their professions. As mentioned in previous chapters, the Center for International Nurses location whose alumni served as the study's research sample was a community college in the Northeastern United States. As the name suggests, community college exist to serve the educational needs of a community. They were conceived to be open and inclusive, with the ability to educate and train young adults and adults from a diversity of socioeconomic, linguistic, and cultural backgrounds. The community college is an institution with the potential capacity to address the unique challenges that internationally

educated immigrant adults face vis-à-vis deprofessionalization and marginalization in the workforce, though outside the context of a degree-seeking course of study. This can only happen if sufficient resources are invested to meet what is believed to be high demand.

The considerable unmet educational needs of internationally educated nurses, as well as other deskilled foreign professionals, present a real opportunity for community colleges in the U.S. Supporting the creation of programs designed to help deskilled immigrant professionals re-enter their fields would help a great many students who currently do not have a wide range of options, especially outside major metropolitan areas of the U.S. Furthermore, doing so would represent a leveraging of institutional resources consistent with the community college's historic mission to serve the needs of students whose needs were not being met by traditional institutions of higher education.

Through the researcher's own experience as a community college professor, he himself has met numerous adult students who might have benefitted more from such programs instead of pursuing an associate's degree as they were doing. Though this study only looked at the experiences of nurses, the results, when looked at in the context of existing literature, suggest that this approach yields favorable results for adult learners.

Recommendations for Future Research

1. The research presented here could be validated through a larger study with more subsets of internationally trained nurses. This study explored the experiences of a particular subgroup of internationally trained nurses: alumni of a training program designed specifically to help them pass the NCLEX exam and reintegrate into the nursing profession. During the data collection phase of the study, the researcher did several rounds of recruiting of subjects, and eventually was forced to conclude the data collection with the research sample that responded to his recruitment letters.

2. Future studies of this population should study the experiences of internationally trained nurses who do not utilize the services of a training program. A comparison

between nurses who learned to become licensed as RNs and those who enrolled in classes to do so would reveal differences and similarities between these two courses of action, and could potentially provide insight into how to improve existing programs. Future studies should also explore the experiences of male nurses; although nursing is still predominantly a profession of women, there are more men entering the profession than ever in the U.S., some of them having been trained in internationally.

3. This study explored the experiences of 19 internationally trained nurses in the United States. All of the study participants, upon immigrating to the United States, experienced a period of underemployment or unemployment before pursuing recertification as RNs. Internationally trained nurses are far from the only category of deskilled immigrants; as pointed out in Chapter II, the deprofessionalization of immigrants in the U.S. affects more than one million people of diverse educational and professional backgrounds, and results in brain waste. Future studies should explore the experiences of immigrants from diverse professional backgrounds in the interest of learning more about the challenges they face, as well as how they learn to reenter the professions they trained for.

4. Future studies should include more voices of internationally trained nurses who did not pass the NCLEX and eventually chose different careers or remained underemployed. Most of the internationally educated nurses in the study had passed the NCLEX and had restarted their careers as nurses. There were not enough nurses in the research sample who had not passed the NCLEX to draw any conclusions or make meaningful comparisons. But the differences in their experiences suggest that a closer exploration with more participants could reveal insights into why they continue to struggle. While it is important to understand the experiences of those who were successful in passing the NCLEX, it is equally important to understand those of internationally educated nurses who have yet to achieve their professional goals.

5. Given that most of the participants came to the U.S. for reasons related to their personal circumstances, rather than professional ambitions, their experiences of learning to become licensed as nurses in the U.S. (as well as managing the transition) might be different from those who do come motivated primarily by professional goals. As mentioned in the previous section, two of the four participants who came to the U.S. in order to practice nursing had done some preparation for licensure prior to their arrival, while the other two had not done much. It is not possible to draw any definitive conclusions from this small sample size. It is, however, important to understand how an internationally educated nurse's prior experiences in his or her home country—including how and under what circumstances he or she decided to come to the U.S.—might influence their learning and their transition into the profession.

6. The participants' responses to the study questions suggested that their experiences studying, becoming licensed, and practicing nursing in their countries of origin may be of interest in understanding their experiences of transition and learning in the U.S. The study suggests that participants began the process of transition with low self-efficacy, which was compounded in some cases by failing the NCLEX exam. Future studies should explore the experiences of internationally educated nurses' experiences in their countries of origin through the lens of cultural capital and its relationship to perceived self-efficacy, and how this is affected by immigrating to the U.S. and learning to reenter the nursing profession.

7. All of the internationally educated nurses in the study said that their perceived lack of English proficiency erected barriers that made it more difficult for them to pass the NCLEX and earn RN licensure. In order to practice nursing in the U.S., internationally trained nurses need to be sufficiently fluent in English to use it in a professional context in which people's well-being and even their lives—not to mention professional and legal standing of health care providers—are at stake. Internationally educated nurses in the U.S. work in health care settings in which they treat patients of

diverse linguistic, cultural, and socioeconomic backgrounds. Therefore, future studies should examine specific linguistic challenges that internationally trained nurses face, as well as how those challenges intersect with communication challenges stemming from divergent cultural practices and beliefs between nurse and patient.

8. This study revealed that the demographics of the nurses who participated were consequential to their learning and transition experiences. Although the study did ask the participants to fill out a demographic information form, the form did not ask a full range of questions about their backgrounds. There were likely other contextual factors influencing the experiences of the participants that were not drawn out by the research instruments. Therefore, future studies of the learning and transition experiences of internationally educated nurses should attempt to obtain a fuller complement of demographic information about the participants, such as their family life and socioeconomic status in their countries of origin. Such information may yield relevant information that can be used in deeper analysis of participants' experience.

Researcher's Reflections

As this study was being conceived, executed, and written, the political and cultural climate in the United States became more contentious and more volatile. This is especially true regarding questions of immigration. In an era where racism, xenophobia, and nationalism, propelled by social media, seem to have more influence than at any point in recent memory, discussion about who is American, entitled to become American, and accepted as American takes on the toxic characteristics that pervade the public discourse on just about any subject of public policy, from the most consequential to the most mundane. The fear of immigrants coming into the United States and "taking our jobs" seems to remain as alive today as it has ever been.

This study explored the experiences of 19 women who came to the United States not for the purpose of taking anyone's job, but for reasons that underscore the complexity of life on an interconnected planet: to flee from desperate circumstances, to reunite with family, and to learn English, the lingua franca of that interconnected planet. Their stories described 19 unique lives of unique, accomplished, strong women whose journeys from deprofessionalization and low-wage employment to the nursing profession are evocative of so much of the imagery associated with the American dream that was alluded to in Chapter I of this study. But the transition did not happen overnight and did not happen easily. Their journeys told a story of hard work, sacrifice, and perseverance in the face of setbacks, coping with stress and anxiety, and above all learning and growth in adulthood.

Their journeys also demonstrate both the need for, and efficacy of, targeted efforts to support internationally educated professionals who find themselves marginalized in the workforce. The organization referred to in this study as Center for International Nurses provided the study's participants with NCLEX preparation, ESL instruction, and professional retraining free of charge. It also provided the participants with support and encouragement that the participants said were of significant consequence in helping them regain the confidence they needed to take this big step in their professional lives. But for most of them, finding out about the Center for International Nurses occurred after a period of studying on their own, with disappointing results. There are no doubt thousands of internationally educated nurses in the United States who are currently experiencing the same difficulties and would benefit from programs such as the one that participated in this study.

The experience of carrying out this study instilled in me a sense of admiration and deep respect for the participants. While each of their journeys was unique, they all had uprooted themselves, come to live in a new country, and started from scratch in both their lives and their lives' work. They spoke openly with the researcher about their triumphs and struggles, eager to share their experiences with someone interested in studying them.

In a time when being an immigrant can instill feelings of vulnerability and fear, they decided to put their faith in a person they did not know in hopes that he would give voice to their stories and their learning. What struck me most about their stories was their dedication to the values and principles that underpin the nursing profession, and the motivation that they seemed to derive from it. I came away from the study with the sense that these nurses felt a sense of duty to the profession, and that their dedication to nursing was informed by a deep sense of empathy and compassion for the sick. I came away with a strong belief that their patients would be in good, caring, hands.

These nurses' stories deserved to be told. I hope that I have done them justice.

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Appendix A

Conceptual Framework

1) **Experience of coming to the United States**

- Dissatisfied with initial employment
- Culture Shock
- Financial Difficulties
- Housing Difficulties
- Positive Experience
- Unemployed by choice
- Unaware of educational opportunities

2) **Challenges Faced**

- Language Barrier
- Licensure Process
    - Credential Evaluation
    - NCLEX Exam
    - Fees

3) **What was learned and how**

- *What was learned*:
    - Difference between U.S. and Foreign Practice
        - Technology
        - Nurse's Multiple Roles
            - Duties
            - Regulations
    - Professional Skills
        - Test-taking skills
        - Communication Skills
        - Job Acquisition Skills
        - Autonomous Judgment

- *How it was learned*:
    - Informal Learning
        - Drawing on Experience
            - Reflection on Past Experience
        - Trial and Error
            - Networking
            - Online research
            - Self-study
            - Public Library

- o Formal Learning
  - Test Preparation
  - ESL Classes
  - Tutoring
  - Job Skills Class

4) **Enablers and Hindrances**

- *Enablers*
  - o Positive Attitude
    - Determination
    - Patience
    - Confidence
    - Religious Faith
    - Courage

  - o Devotion to nursing profession
  - o Support
    - Friends
    - Family
    - Program Staff

  - o Time Management
  - o Other Enablers
    - Public Library
    - Preparation prior to immigrating
    - Free training
    - Current study material
    - Physical fitness

- Hindrances
  - o Gaps in practice
  - o Lack of effort
  - o Personal Issues
  - o Lack of initial support
  - o Anxiety

Appendix B

Demographic Inventory

The information collected from this inventory is completely confidential and will only be used for the purposes of this research study.

1. Gender?: _____Male _____Female

2. Country of origin:_____

3. How old are you? _____

4. At what age did you arrive in the United States? _____

5. How many years have you lived in the United States? _____

6. Briefly describe your educational background:

7. Briefly describe the kind of work you did before coming to the United States.

8. What prompted you to seek the services of the Center for International Nurses?

9. Please describe an experience that helped you to better understand what you   needed to learn in order to start a professional career in the United States.

10. Briefly describe the job that you have currently.

11. Do you feel that you have been successful in starting a professional career in the U.S.?

    ____ Yes ____ No

       Briefly explain your response:

12. Are there any career-building skills that you believe you still need to learn or improve on? If so, how do you think you will you so?

13. Are you willing to be interviewed as part of a study about how internationally educated learn to build professional careers?*

____ Yes ____ No

*If you answered "Yes" to Question #13, I will follow up with you to schedule a one-on-one interview to take place at a time that is convenient to us both. If you answered "No" to Question #11, you may simply return the survey to my email (nik2105@tc.columbia.edu). Your participation is greatly appreciated.

Appendix C

Interview Schedule

1. Please tell me your story how and why you came to the United States.

2. When you first came to the United States, what did you do for work?

3. How did your expectations about the US compare with what you experienced?

4. Please tell me about what your career goals were when you came to the US.

5. What in your experience were the most difficult things about becoming a nurse in the United States?

6. Please describe any other challenges you faced when you first came to the U.S.?

7. Before signing up for the [Center for International Nurses], what did you do to try to become a nurse in the US?

8. What were the most important things you think you needed to learn in order to become a nurse in the US.

9. Tell me about your experience with [Center for International Nurses]. What were the most important things you learned there?

10. What are some things that you think made it easier for you to learn and study?

11. What made things harder?

12. If you could do it all over again, what would you do differently? What would you do the same?

13. What advice would you give to a newly arrived immigrant nurse about becoming recertified as a nurse in the U.S.?

Appendix D

Documents Reviewed

Center for International Nurses - Background

Center for International Nurses - Cross-Cutting Themes Report

Center for International Nurses - Curriculum Chart

Center for International Nurses - Course Planning Worksheet

Center for International Nurses – Description of Service

Center for International Nurses – Evaluation Questions

Center for International Nurses - Fact Sheet (2015)

Center for International Nurses - Frequently Asked Questions

Center for International Nurses - Needs Questionnaire

Center for International Nurses – Outcomes

Center for International Nurses - Sample Course Syllabus

Appendix E

Informed Consent Form for Interviewees

Protocol Title: Understanding the Reentry Experiences of Immigrant Nurses in the U.S.:
A Qualitative Case Study
Consent for "Interviewees"
Principal Investigator: Neil Kernis, Teachers College
phone: (203)767-9441 email: nik2105@tc.columbia.edu

INTRODUCTION
You are being invited to participate in this research study called "From Low Wage to Professional Employment: Understanding the transitions and learning of skilled immigrants." You may qualify to take part in this research study because you are an alumnus of LaGuardia Community College's Welcome Back program for internationally trained health care professionals in the United States. Approximately twenty-five people will participate in this study and it will take 1 hour and twenty minutes of your time to complete.

WHY IS THIS STUDY BEING DONE?
This study is being done to determine how underemployed skilled immigrants learn to build professional careers in the U.S., and how they manage their employment transitions.

WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?
If you decide to participate, you will be asked to do two things. First, you will fill out a Demographic Information form that will provide background information about yourself. You can do this electronically by filling out the form, signing it, and emailing it to the Principal Investigator. Secondly, you will be interviewed by the Principal Investigator via teleconferencing software such as Skype. During the interview you will be asked to discuss your experience of being unable to work in the health care field in the United States, your time working with the Welcome Back Center, as well as your personal and professional experiences as you learned to build a professional career. Thirdly, you will send a copy of your most current resume or Curriculum Vitae (CV). If you do not wish to be interviewed, you may simply send the completed Demographic Information Form and/or your resume/CV. Please see the "Protection of your Confidentiality" section on pp. 2-3 of this document for information on the steps that the Principal Investigator will take to ensure

This interview will be audio-recorded. After the audio-recording is written down (transcribed) the audio-recording will be deleted. If you do not wish to be audio-recorded, the principal investigator will take notes while the interview is taking place. The

interview will take approximately one hour. In all published material you will be given a pseudonym in order to keep your identity confidential.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

This is a minimal risk study, which means the harms or discomforts that you may experience are not greater than you would ordinarily encounter in daily life while taking routine physical or psychological examinations or tests. However, there are some risks to consider. You might, for example, feel embarrassed to discuss problems that you have experienced in your work or personal life. However, you do not have to answer any questions or divulge anything you don't want to talk about. You can stop participating in the study at any time without penalty.

The principal investigator is taking precautions to keep your information confidential and prevent anyone from discovering or guessing your identity, such as using a pseudonym instead of your name and keeping all information on a password protected flash drive and locked in a file drawer.

WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

There is no direct benefit to you for participating in this study. Participation may benefit the field of adult education to better understand how skilled immigrants build careers in the United States.

WILL I BE PAID FOR BEING IN THIS STUDY?

You will not be paid to participate, and there are no costs to you for taking part in this study.

WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?

The study is over when you have filled out the questionnaire and completed the interview. However, you can leave the study at any time even if you haven't finished.

PROTECTION OF YOUR CONFIDENTIALITY

The investigator will keep all materials related to this study locked in a desk drawer in a locked office. Any electronic or digital information (including audio recordings) will be stored on a flash drive that is password protected, which will also be stored in the same secure location. What is on the audio-recording will be transcribed by a reputable transcription service provider and the audio-recording will then be destroyed. The Principal Investigator will secure the provider's legally binding obligation to maintain confidentiality before transmitting any audio recordings. Transcriptions of the interviews, the demographic information forms and your CV will kept for a period of three years and then destroyed.

For quality assurance, the study team and/or members of the Teachers College Institutional Review Board (IRB) may review the data collected from you as part of this

study. Otherwise, all information obtained from your participation in this study will be held strictly confidential and will be disclosed only with your permission or as required by U.S. or State law.

HOW WILL THE RESULTS BE USED?
The results of this study will be published as a dissertation, and may also be published in journals and presented at academic conferences. Your identity will be removed from any data you provide before publication or use for educational purposes. This study is being conducted as part of the dissertation of the principal investigator.

CONSENT FOR AUDIO RECORDING
Audio recording is part of this research study. You can choose whether to give permission to be recorded. If you decide that you don't wish to be recorded, you will not be able to participate in this research study.

_____I give my consent to be recorded

_____
                                                                    Signature

_____I **do not** consent to be recorded

_____
                                                                    Signature

WHO MAY VIEW MY PARTICIPATION IN THIS STUDY

___I consent to allow written, video and/or audio recorded materials viewed at an educational setting or at a conference outside of Teachers College

_____
                                                                    Signature

___I do not consent to allow written, video and/or audio recorded materials viewed outside of Teachers College Columbia University

_____
                                                                    Signature
OPTIONAL CONSENT FOR FUTURE CONTACT

The investigator may wish to contact you in the future. Please initial the appropriate statements to indicate whether or not you give permission for future contact.

I give permission to be contacted in the future for research purposes:

                Yes _____   No_____
                            Initial   Initial

I give permission to be contacted in the future for information relating to this study:

Yes _____   No_____
Initial   Initial

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about taking part in this research study, you should contact the Principal Investigator, Neil Kernis, at 203-767-9441 or at nik2105@tc.columbia.edu. You can also contact the faculty advisor, Dr. Jeanne Bitterman, at 212-678-3701.

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

Appendix F

Participant's Rights

Teachers College, Columbia University
525 West 120th Street
New York NY 10027
212 678 3000
www.tc.edu

PARTICIPANT'S RIGHTS

Principal Investigator: Neil Kernis

Research Title: Understanding the reentry experiences of immigrant nurses in the U.S.:
a qualitative case study

- I have read and discussed the Research Description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time.
- The researcher may withdraw me from the research at his/her discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions. The investigator's phone number is (203) 767-9441.
- If at any time I have comments, or concerns regarding the conduct of the research or questions about my rights as a research subject, I should contact the Teachers College, Columbia University Institutional Review Board (IRB). The phone number for the IRB is (212) 678-4105. Or, I can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, Box 151, New York, NY, 10027.
- I should receive a copy of the Research Description and this Participant's Rights document.

●   Audio taping is part of this research. The written and audio taped materials will be viewed only by the principal investigator and members of the research team. Please check one below:

(   ) I consent to be audio taped.

(   ) I do <u>NOT</u> consent to being audio taped.

●   Written, and/or audio taped materials

(   ) may be viewed in an educational setting outside the research

(   ) may <u>NOT</u> be viewed in an educational setting outside the research.

My signature means that I agree to participate in this study.

Participant's signature: _____ Date:____/____/____

Name: _____

Appendix G

Initial Coding Scheme

1) **How did internationally educated nurses describe the experience of coming to the United States?**
   1A: Marginalized
   1B: Invisible
   1C: Disrespected
   1D: Discriminated against
   1E: Depressed
   1F: Frustrated
   1G: Loss of status and identity
   1H: Humiliated
   1I: Worried about the future
   1J: Regret about coming to the U.S.

2) **What challenges did they face in reentering nursing profession?**
   2A: Lack of language proficiency/accent
   2B: De-skilling/employers do not value foreign credentials and work experience
   2C: No local professional experience
   2D: Lack of a professional network
   2E: Discrimination
   2F: Unfamiliar with the culture/American professional norms
   2G: Urgency to earn money however possible
   2H: Further education/training difficult to access

3) **What and how did they learn to overcome the challenges that they faced?**
   4A: Trial and Error
   4B: Draw on past experience
   4C: CIN training
   4D: Mentors
   4E: ESL Classes
   4F: Job search research

4) **What factors helped or hindered their learning?**
   4A1: Situation - asset
   4A2: Support - asset
   4A3: Self - asset
   4A4: Strategies - asset
   4L1: Situation - liability
   4L2: Support - liability
   4L3: Self - liability
   4L4: Strategies - liability

Appendix H

Final Coding Scheme

1) **How did internationally educated nurses describe the experience of coming to the United States?**

    RQ1A: Dissatisfied with initial employment
    RQ1B: Culture Shock
    RQ1C: Financial Difficulties
    RQ1D: Housing Difficulties
    RQ1E: Positive Experience
    RQ1F: Unemployed by choice
    RQ1G: Unaware of educational opportunities

2) **What challenges did they face in reentering nursing profession?**

    RQ2A: Language Barrier
    RQ2B: Licensure Process
    RQ2B1: Credential Evaluation
    RQ2B2: NCLEX Exam
    RQ2B3: Fees

3) **What and how did they learn to overcome the challenges that they faced?**

    What was learned:

    RQ3A: Difference between U.S. and Foreign
          Practice
    RQ3A1: Technology
    RQ3A2: Nurse's Multiple Roles
      RQ3A2A: Duties
      RQ3A2B: Nursing Regulations
    RQ3A4: Training
    RQ3A4A: Licensure Exam
    RQ3A4B: Medical Knowledge
    RQ3A4C: Teaching Styles
    RQ3B: Professional Skills
    RQ3B1: Job Acquisition Skills
    RQ3B2: Communication Skills
    RQ3B3: Autonomous Judgment

How it was learned:

RQ3C: Informal Learning
    RQ3C1: Reflection on Experience
    RQ3C2: Drawing on Past Experience
    RQ3C3: Networking
    RQ3C4: Trial and Error
    RQ3C5: Online research
    RQ3C6: Knowledge-sharing
RQ3D: Formal Learning
    RQ3D1: Test Preparation Class
    RQ3D2: ESL Classes
    RQ3D2: Job Skills Training

> **RQ3C1-RQ3C2: Learning from Experience**

> **RQ3C3-RQ3C6: Self-Directed Learning**

4) What factors helped or hindered their learning?

Enablers to learning:

RQ4A: Having a Positive Attitude
    RQ4A1: Determination
    RQ4A2: Patience
    RQ4A3: Confidence
    RQ4A4: Religious Faith
    RQ4A5: Courage
RQ4B: Devotion to nursing profession
RQ4C: Support of Others
    RQ4C1: Friends
    RQ4C2: Family
    RQ4C3: CIN Staff
RQ4D: Time Management
RQ4E: Public Library
RQ4F: Preparation prior to Immigrating
RQ4G: Free training at CIN
RQ4H: Current study material
RQ4I: Physical Fitness

> **RQ4A: Schlossberg's Transition Theory: 4s System: Self**

> **RQ4C: Schlossberg's Transition Theory: 4s System: Support**

> **RQ4D-F: Schlossberg's Transition Theory: 4s System: Strategy**

Hindrances to learning:

RQ4J: Gaps in Practice
RQ4K: Personal Issues
RQ4L: Lack of initial support
RQ4M: Anxiety
RQ4N: Lack of effort
RQ4O: Lack of initial support
RQ4P: Inadequate Preparation Prior to
    Immigrating

> **RQ4J-P: Schlossberg's Transition Theory: 4s System: Situation**

Appendix I

Demographic Findings Chart

Participants (N=19)	Country of Origin	Current Age	Age when arrived in US	Reason for Coming to US	Passed NCLEX
Amara	Nepal	32	26	Marriage	X
Loretta	Philippines	32	28	Nursing	X
Padmini	Nepal	33	23	Marriage	X
Sashi	India	33	31	Work as nurse	X
Dolma	India	34	29	Marriage	X
Alisha	Nepal	34	22	Study English	X
Eugenia	Nepal	35	31	Family	X
Roselie	Haiti	39	34	Family	X
Carmen	Brazil	45	32	Work as nurse	X
Juliet	Burkina Faso	47	41	Refugee	-
Anna	USSR (today Lithuania)	47	20	Refugee	-
Michelle	Haiti	48	39	Conditions in home country	X
Sharon	Bangladesh	51	44	Refugee	X
Akiko	Japan	59	33	Study English	-
Maria	Brazil	59	28	Tourism visa	X
Dawa	India	28	26	Marriage	X
Tina	Nepal	26	23	Family	X
Nadia	India	28	23	Moved with parents	X
Nora	Netherlands	29	26	Family	X

Appendix J

Findings Chart for Research Question 1

How did internationally educated nurses describe the experience of immigrating to the United States?

Participants (N=19)	Dissatisfaction with initial employment (14 of 19, 74%)	Culture Shock (5 of 19, 26%)	Financial Difficulties (5 of 19, 37%)	Housing Difficulties (2 of 19, 11%)	Satisfaction with initial employment (1 of 19, 5%)	Unemployed by choice (4 of 19, 21%)	Positive Experience (2 of 19, 11%)	Unaware of educational opportunities (4 of 19, 21%)
Alisha	X	X	X					
Carmen	X	X						X
Sashi	X	X	X	X				
Dolma						X	X	
Juliet	X		X	X				
Anna	X	X						
Akiko					X			
Padmini	X							
Michelle	X							
Dawa		X				X		
Nora	X							
Sharon	X		X					
Maria	X		X					X
Nadia	X							
Roselie	X							X
Loretta	X							
Anita	X							X
Eugenia						X	X	
Amara						X		

Appendix K

Findings Chart for Research Question 2

What challenges did they face to reentering the nursing profession?

Participants (N=19)	Language Barrier			Licensure Process		
	Can't Access Information (1 of 19, 5%)	Communication (18 of 19, 95%)	Nursing Terminology (4 of 19, 21%)	Credential Evaluation (17 of 19, 89%)	Fees (3 of 19, 16%)	Licensure Exam (16 of 19, 84%)
Alisha		X		X		X
Carmen		X				X
Sashi		X		X		X
Dolma		X		X		X
Juliet	X	X		X	X	
Anna		X		X		X
Akiko		X				X
Padmini		X	X	X		X
Michelle		X		X		
Dawa		X	X	X		X
Nora		X		X		X
Sharon		X		X		
Maria		X		X	X	X
Nadia		X		X		X
Roselie		X		X		X
Loretta			X	X		X
Tina		X		X		X
Eugenia		X		X	X	
Amara		X	X	X		X

Appendix La

Findings Chart for Research Question 3 (1 of 2)

What and how did internationally trained nurses learn to reenter the nursing profession in the United States?

Participants (N=19)	What they learned						
	Difference between US and Foreign Practice (16 of 19, 84%)			Professional Skills (19 of 19, 100%)			
	Technology (10 of 19, 53%)	Nurse's Multiple Roles (11 of 19, 58%)	Training (6 of 19, 32%)	Job Acquisition Skills (8 of 19, 42%)	NCLEX Test Taking Skills (16 of 19, 84%)	Autonomous Judgment (6 of 19, 32%)	Communication Skills (18 of 19, 95%)
Tina		X					X
Nadia			X		X		X
Nora	X	X	X	X			X
Amara	X			X	X		X
Loretta					X		
Padmini		X		X	X		X
Sashi		X	X	X	X	X	X
Dolma	X	X	X	X	X	X	X
Alisha		X	X	X	X	X	X
Eugenia	X				X		X
Roselie					X		X
Carmen	X	X		X	X	X	X
Juliet	X		X				X
Anna	X				X		X
Michelle	X	X		X	X		X
Sharon					X		X
Akiko		X			X		X
Maria	X	X			X	X	X
Dawa	X	X			X	X	X

Appendix Lb

Findings Chart for Research Question 3 (2 OF 2)

What and how did internationally trained nurses learn to reenter the nursing profession in the United States?

Participants (N=19)	How They learned										
	Informal							Formal			
	Draw on past experience (13 of 19, 68%)	Reflection on Experience (12 of 19, 63%)	Trial & Error (15 of 19, 79%)	Networking (17 of 19, 89%)	Knowledge Sharing (4 of 19, 21%)	Online Research (9 of 19, 47%)	Reading (4 of 19, 21%)	Test Prep Instruction (15 of 19, 79%)	ESL Instruction (17 of 19, 89%)	Tutoring (2 of 19, 11%)	Job Skills Training (8 of 19, 42%)
Tina	X		X	X				X	X		
Nadia	X	X		X			X	X	X		
Nora	X	X	X	X			X		X		X
Amara			X	X	X						X
Loretta	X	X	X	X	X	X		X	X		
Padmini	X		X	X	X	X	X	X	X		X
Sashi	X		X	X				X	X		X
Dolma		X	X	X		X		X	X		X
Alisha	X	X	X	X				X	X		X
Eugenia											
Roselie		X	X	X		X		X	X	X	
Carmen	X	X	X	X		X		X	X		X
Juliet	X	X	X	X		X			X		
Anna				X		X		X	X	X	
Michelle	X	X	X	X		X	X	X	X		X
Akiko	X	X						X	X		
Maria	X	X	X	X				X	X		
Sharon	X	X	X	X				X	X		
Dawa	X		X	X	X	X		X	X		

Appendix M

Findings Chart for Research Question 4

What factors helped or hindered their learning?

Participants (N=19)	Enablers to Learning							Hindrances to Learning					
	Devotion to Nursing Profession (13 of 19, 68%)	Having Positive Attitude (18 of 19, 95%)	Support from Others (17 of 19, 89%)	Time Mgmt (13 of 19, 68%)	Free training (6 of 19, 32%)	Public Library (5 of 19, 26%)	Prepared Prior to Arrival (4 of 19, 21%)	Gaps in Practice or Learning (13 of 19, 68%)	Personal Issues (4 of 19, 21%)	Lack of Effort (4 of 19, 21%)	Lack of Initial Support (5 of 19, 26%)	Inadequate Preparation Prior to Immigrating (3 of 19, 16%)	Anxiety (6 of 19, 32%)
Tina		X	X	X									
Nadia		X	X	X				X					
Nora	X	X	X			X		X					X
Amara													
Loretta	X	X	X			X	X		X				
Padmini	X	X	X	X						X	X		X
Sashi		X	X	X	X		X	X	X		X		X
Dolma	X	X	X	X	X	X	X		X				X
Alisha		X	X	X				X				X	X
Eugenia		X	X		X			X				X	
Roselie	X	X	X	X		X		X					
Carmen	X	X	X	X				X					X
Juliet	X	X	X	X	X		X	X			X		
Anna	X	X						X	X	X	X		
Michelle	X	X	X	X				X			X		X
Sharon	X	X	X					X					
Akiko	X	X	X	X	X			X		X			
Maria	X	X	X	X	X			X		X			
Dawa	X	X	X	X		X						X	

Appendix Na

Coding Excerpts

NK: Were there any other challenges that you faced during this time?

Carmen: I don't know. I think that was the biggest one, was my son, because he has a lot of... He's a severe asthmatic child, and that was my concern. By the time I get home, I could not sleep. I sleep like 30 minutes, one hour, I was on another shift taking care of him. That's why when I come home, I stay overnight with him, taking care of him. At seven o'clock I have to go to work, so that was a big challenge for me. Nothing else was difficult enough for me not to face, and go through. Only my child was my concern, because he needs me, he was in need. That was a big worry. Nothing else.

Commented [NIK1]: RQ4K

Carmen: At the time my husband was supporting us, and I sure was okay. I was working a little bit during the week, I was two time working, depends on the people's needs. And I was on call, and I asked them to keep me on call, and to not go every day anymore because my studies. My husband was in charge of the bills, and that made me a little bit more... My friend was a babysitter, he was babysitting my son for free. That was another blessing, seeing I could not pay him.

Commented [NIK2]: RQ4C2

Commented [NIK3]: RQ4C1

Carmen: He came, it was [inaudible 00:29:35] babysitter, was another support that got sent to me. He came every single day on time, he never made me miss my class because he was not on time, and he came and helped us with my son.

NK: And now I would like to ask you, what are some things about yourself that you think made you successful, in starting a nursing career in this country?

Carmen: I'm a very organized person. If I put something in my head, that I have to do, I will do. Even if it takes one year, two years, three years, I will do. Nothing can change that. I came here to work as nurse, and I said [inaudible 00:30:39]. I will find out the way that I can do that. Sometimes, of course, I feel like, "Oh my God, it's not going to happen anymore." My son came, and you know... But even after I believed in myself, I still study, and I am still taking the exam. I took the exam three times before I go to LaGuardia, and fail. I am still not believing that I will not succeed one day. What I think about myself, is I am very... How can I say? A disciplined person. I discipline myself for, what is the priority thing? And organize my time, and work hard on it. Not only dream. Dreaming everybody has, but I work on it.

Commented [NIK4]: RQ4A1

Commented [NIK5]: RQ2B3

Commented [NIK6]: RQ4A1

Carmen: I believe that, even not being very proficient, having a proficiency in English, I could succeed because my school showed that we could do that. All of the time they said, "You will speak English. You will speak English." In our class, they always said, "You go into class, because you speak English". Tanya was very, very good on that mark, because we feel like my English is not going to be enough, they are not going to extend me. You put so much problems in your head, that they said, "Yes you do. You can talk to me. I understand you, you're not talking another language. You're talking English, and I understand you. So there will be no difference with people over there, they talk the same." They gave us a lot of support, it did make me feel more calm, confident, and that I will pass. A I [inaudible 00:32:26] took the exam, and it happened.

Commented [n7]: RQ4C3

Commented [n8]: RQ4A3

NK: So you said you were very organized, you organized your time, proficiency in English, you had to speak English. Anything else about you as a person that contributed to your success?

Carmen: I think you have to know that you are not here only to have money. Money is important, but it has to be your calling. Because you're going to face a lot of difficulties, and different problems that you never face in your life, in your other professions in your country. It's new people, it's a new culture, it's a different need. So, people are the same but needs are not. I was very flexible. I used my heart to take care of them, I love them, I love my job. I love to be a nurse. So if you don't like to be a nurse, you'd hate to be here working as a nurse. You're going to see yourself as a nobody, because nursing is a lot of... Nursing is a [inaudible 00:33:35]. It's emotional, it's psychological, it's physical, it's a lot. So, if you don't prepare yourself to be a kind person, to be a loving one, love yourself, love what you do, people put you down very easily, and make you feel so inappropriate, and so unfit for the job. I think you have to love what you do, you have to be a good professional. You have to go through your dream not only for money, but for what you're called to. That is me, I think.

Commented [NIK9]: RQ4B

Commented [NIK10]: RQ4B

Appendix Nb

Coding Excerpts

NK: So let me ask you, next question, what did you think were the most effective things you did in your efforts to start a professional career?

Sashi: Um, if I, uh, I think, uh, like, from, from the starting, I oh you know, I started CNA. I started form the very basic. CNA was ok, but you know I did LPN while studying in ▉▉▉▉▉. I took CNA I was CNA you know, I came when I started like on the first day one of my classmates they mentioned we can do with the [inaudible] exam you know with all the people we can give the exam as an LPN. And I really want to focus on the…uh, with the babysitter even if I work like 12 hours for 20 days I am not going to make like enough money as an LPN. It is going to be, if I work for 3 days it is going to be 200, 300 dollar. For like, if you work whole, twelve like live in job for weekend, then you might make 300 dollar but like, so, one of my friends mentioned you can do LPN when I started the ▉▉▉▉▉▉ it was in January and then I thought oh if I work LPN as a three day I make 500 dollar, it is big good enough, you know? And so and then I get four day off, which I can then only focus on like going to classes and assignments and tests. So that was, I was like oh, it was good, so then I started working as an LPN [in audible] in May, March or something. I started working as an LPN. As a part time for three years [inaudible]. And the LPN has to do everything with the …we have to give medicine to the patient, most of the time we have to give insulin, and medicine, and that helped me a lot with the NCLEX.

> Commented [n1]: RQ3C3
> Commented [n2]: RQ4D
> Commented [n3]: RQ3C3
> Commented [n4]: RQ4D
> Commented [n5]: RQ3C2

Sashi: Here in US medicine, and uh, um, in India, medicine is different. Medicine like generic thing, but you know there is a brand now. It's very different like, so I have to like learn all the new stuff. It was the hardest for us doing the nursing here, in pharmacology, but once I started like taking general medicine I have to give every day. I started taking off the brand name and like how to give insulin, I think it helped me a lot. The LPN helped me a lot through the like, giving [inaudible], to deal with the coworker, to see patient in uh, their personality, their behavior, they have to handle, most of them are older, older age, you know? You know, like how to handle like plan, that's all I think, yeah. And then, like, I have exposure to, as an LPN and then I have I started a [inaudible] to the hospital because I have experience as an LPN so that like helped me, back up you know, I have a good resume to show that I can you, I started from CNA, then LPN, and then now RN. I mean that helped me get this job also right now. I am working as a nurse in ▉▉▉ ▉▉▉ as a labor delivery they were looking for [inaudible] experienced background, so that helped me to get this job also.

> Commented [n6]: RQ3C2A
> Commented [n7]: RQ3A2B
> Commented [n8]: RQ3C2A
> Commented [n9]: RQ3C2A

NK: Thank you. Next question, what are some of the most important things you learned from ▉▉▉▉? You mentioned critical thinking earlier, but what were some other important things that you learned? (47:57)

Sashi: The, by the end of the program they give us, um, how to give interview, how to make a resume, and uh, yeah, that was uh, that was really good, and um the professors know the, they always share their experiences at the hospital, like offer their experience at the hospital, and kind of give us like uh, give you a hint like how to deal with this legal issue. Here in US there is more legal issue than India. In India I didn't hear about like suing everyone. But here everything, every step, it has to be very careful. So about, more about their experience help us like to see a bigger picture about hospital.

> Commented [n10]: RQ3D3
> Commented [n11]: RQ3B1
> Commented [n12]: RQ3A2B
> Commented [n13]: RQ3C1

Appendix O

Excerpts of Interview Memos

Post-Interview Journal Entry on "ALISHA" interview - **4/16/2019**

Notes on Immigration Experience:
Came originally to study in English at ████████████████. Felt stuck with babysitting jobs; lack of respect; felt she may have made a mistake by immigrating; boss thought of her as benighted – discrimination; should have asked her to follow up on this; has she experienced it only that time, or has this been a recurring experience? Has this affected her learning trajectory?
She had to be independent here – mom and dad could not support her; she had to make it on her own.
She wanted to become a nurse here, but it took a long time.

Notes on Challenges:
English was main challenge; took a long time for her to learn
Suing; expresses fear of being sued; learning the laws seems important – every participant has mentioned so far.

Transition Experience
Turning point for came when she learned about Center; message to stay positive from staff, which gave her confidence that she could do it.
Friends in the program helped her get through – what does this say about her learning
English difficult – tried and failed many times
"Don't give up" attitude
Professor told her about a program – word of mouth seems to be norm for most participants.
Had to budget her time; balancing study, work, life difficult. Husband was supportive; could help and tried to, but could not for everything. Could not help with her nursing homework but could for writing – helped her with grammar.
At end of transition, "Got my respect back"; "husband likes when I bring the check."
"nobody respects babysitter"; what does this say? Professional identity? Independence that she sought? *Significant comment. ****

Learning
Did not even know that she would have to go through certification, etc.; thought she could just get a nursing job; did not do much research, but says now people are more informed.
Mentions "individualistic" society; demonstrates difference in what families do/don't do for patients; in Nepal, families participate in the patient's care. In the U.S., nurse expected to do everything – interesting difference.

English; she took the ██████ test in ████████ Community College, saw this as the big step in her advancement – why this and not NCLEX? Interesting. Perhaps represented her patience paying off finally after so much failure in learning the language.
 Law (could be seen as workplace norms and regulations?); time management was crucial did not want to be taken advantage of (this would not be tried on older, more experienced nurses – learned this from experience in hospital).
At CIN:
- Classes were at night so she could work during the day
- Took many practice NCLEX tests
- Staff gave her confidence that she could do it
- They told her there is a "different mindset" in the U.S.; mindset -
- learned more than just Test Preparation and English;
- Speaks highly of the experience – would recommend it

Post-Interview Journal Entry on "CARMEN" interview - **4/17/2019**

Notes on Immigration Experience:
Came because she "decided to do something different" after being obstetric nurse in Brazil. Originally came as tourist, then decided to stay and study English – changed to student visa to study. Changed to green card when she got married.
Started off as babysitter for schizophrenic child – made surprisingly good money, but did not want to do this because she would be wasting her skills – actually took pay cut when she became a nurse.
Has family in the US who are also nurses – cousins – who have her books to study.
"I was not legally prepared with documents" – this means nursing documents

Notes on Challenges:
English again – studying the language was the main reason why she came. She had studied in Brazil, but "when you come here it's real life." Interesting distinction. Articulating difference between "school" English and "life" English. Does this include specialized nursing language?
Says she had to "catch up." Mentions also the challenges of adaptation – food, culture, lifestyle, etc. – seems to have experienced a kind of culture shock.
But she mentions "catching up" in the context of speaking about the age at which she arrived – 32 years old – so perhaps the idea of catching up may also intersect with age.

Transition Experience
"I have to pass to show myself that my time here was worth it" – shows her determination in the face of obstacles. Use of the word "worth" implies an investment of time, and hope for a return. Motivation seems to play key role in getting through the transition successfully.
Counted on friends to help. She had a child to look after but friend took care of child while she went to classes.
CIN helped her with time management – "put your real life in the schedule" – they seemed to help her balance life, work, study, child care. Helped with the nonacademic

part of learning to become a nurse – learning is not just passing the test; it is also learning to integrate new learning into existing life demands and other goals.

CIN staff addressed her stress – she emphasized this. This not mentioned in documents reviewed, counseling not mentioned in documents. Staff seem to act as both teachers and coaches.

Learning

Was told by a former colleague in Brazil that there would be opportunities for nurses if she stayed in the U.S. Colleague had also immigrated to the U.S. Evidence of networking – learning about opportunities that she did not know existed when she first arrived. Colleague is a case management nurse – different kind of nurse than what Carmen was used to.
"We don't have many branches of nursing over there." Again – the nursing profession in the U.S. seems to be different from other countries. Nurses seem to take on more roles here.
Expresses frustration that her own country is limited in this respect.
"My job as a nurse is a calling. It's not only about money." Yes, as she gave up job that paid $60/hr for one that paid $40/hr. Commitment to profession is strong, part of her identity. Mentions it several times.
"A new person. A new professional. I learned how to be a nurse here again" – implies a kind of transformation through professional development.
Tried online training at first, but had very bad experience. It was very experience and ineffective. So she started to look elsewhere – trial and error in personal experience leads to discovery of new learning opportunities.
Took NCLEX several times and failed. Struggled with language.
Says that she now looks at her accent as a strength – "you have to show them that it's not about your accent, it's about your skill." "My accent, it's my pride." What she once saw as a weakness is now a strength. She learned this from her experience.

Appendix P

Supplemental Illustrative Quotes

RESEARCH QUESTION 1 – How did they describe the experience of coming to the United States?

Name	Finding	Quote
Juliet	Dissatisfaction with Initial Employment	I bathe them, I clean, I help them to relax and help them when they want to play. Did some activities with them, and help some with their homework. Things like that is babysitting, but it's not what I wanted to do because what I wanted to do is health care only.
Sashi	Dissatisfaction with Initial Employment	Um, I knew there was a lot of, like babysitter job I can do, so I started looking for babysitter, and housekeeping. There was like live-in, and live-out. Live-in I have to stay with family member for a whole week I get like two days off, so I thought like I can, uh, stay, uh, work as a live-in, but it was really heard so I left it after a week.
Alisha	Dissatisfaction with Initial Employment	"Have you seen like this?" Of course I have. "Have you seen this kind of TV in your country?" Like, he thought me that I'm a poor girl or something, you know, as in I haven't had a good life back home. But really, I did have a good life back home.
Sharon	Dissatisfaction with Initial Employment	Because I am really the person for the health care not for the store. Customer care I can't do that.
Juliet	Financial Hardship	Sometimes I used to work overnight. I used to double shift. I was looking everywhere, and I didn't find housekeeping job. I was doing two job to be able to get the money and pay my rent and be able to pay all the course for the translation for the documents. It wasn't easy, yeah.

RESEARCH QUESTION 2 – What challenges did they face?

Name	Finding	Quote
Tina	Credential Evaluation	So, it's how long my school and my state board take time to fill out the form and send it back to CGFNS. So, it depends on the colleges and schools too. Like my college, it was a government college. It's slow, they work everything slowly.
Juliet	Credential Evaluation	After viewing all the papers she said, "I'm sorry, but you have the skill, but we cannot allow you to take the NCLEX because your diploma is midwife and not nursing." At that time I was so mad, and I asked her, "But why you didn't tell me at the beginning? You made me starting over everything many time knowing that my diploma is midwife, why you didn't tell me at the beginning?"

Name	Finding	Quote
Sashi	Credential Evaluation	I applied for the nursing, but uh, we have to do a, um, like a certificate transfer with the CGFNS [Commission on Graduates of Foreign Nursing Schools] so it's gonna take a year so almost a year I can't do anything,
Loretta	Language Barrier	Because we in our country will like ... There's not our primary language, but we also have English subjects. Most of our subjects in the Philippines are English, in English, but we are not taught the right way to really focus on the question.
Michelle	Language Barrier	English was the biggest barrier for me because I used to speak English, since my country because I told you in the hospital that I was working at in Haiti, it was an NGO Hospital. They are exchanges for nurses and doctors from the United States, Canada, Switzerland together. So I used to talk to them, not too much but here you have to talk in English every day and try to explain, to educate the patient and things like that. So my concern was I will not be able to talk to people, they will not be able to understand maybe because of my accent and things like that.
Padmini	Language Barrier	I was really bad. You know, because I have to start with the classes, how to do English as a second language. Because at home we have very little. I'm from Brazil, we have very little English. If you really want to know English well, you have to pay from your own pocket, at a private school.
Dawa	Language Barrier	Not just you know how to speak. I know I have been in English previous school but I'm not really good in English so I'm just struggling to write a published note and especially when we talk with the families, sometimes I do have some trouble doing that.

RESEARCH QUESTION 3 – What did they learn?

Name	Finding	Quote
Dolma	Technology	When I was working as a registered nurse back in India, I never did anything in the computers. The patient documentation, like when the patient admitted we had to do assessment, medication and everything we had to do in pen and paper. One file exactly one patient.
Anna	Technology	It's different. It wasn't as technological advance, it wasn't technological advanced so it was pen and paper.
Alisha	Nurse's Multiple Roles	Suing any medical errors or something, you know. You hear the story, or they are suing the nurses, they are suing the hospital, they are suing the doctor, so that scared me, really. So yeah. Just hearing that story, you know.
Sashi	Nurse's Multiple Roles	Here in US there is more legal issue than India. In India I didn't hear about like suing everyone. But here everything, every step, it has to be very careful."

Name	Finding	Quote
Tina	Nurse's Multiple Roles	We have like aides, and we call it ANM [Auxiliary Nursing and Midwifery]. So I think they work as a CNA. But we have to do everything for LPN and RN. So that is a difference. Here we have the separate different scope of practice. We can do this thing, they can do this thing. But in our country we have to do everything.
Maria	Test taking Skills	Sometimes they put, the way they put the four choices there. One is very... one of course, is so... One or two of those answers are very connected, you see. And two you can... not even consider. That little, how you say it, that critical thinking is that which one is more related with the question they asking you. Because sometimes you, you get sometimes caught in certain things that make you lose the question.
Sashi	Test-taking skills	The questions are more, like you have to, like, relate one to another, like one disease to another, like symptoms, you have to relate. And um the answers are like all correct, but like you have to choose the best, which is like more difficult than if like all of them are wrong and one is correct you can like pick it easily but the questions here on NCLEX is like, all right, but you have to choose the best. That makes it harder.
Nadia	Test-taking skills	Firstly, you never feel like you are ready right now. You always feel like, no, something is missing. I can never study more. You have to do a little more questions, a little more like topics. You have to expose yourself a little more. I used to study in 24-hour like 20-hour, I can say. I just sleep like four hours or five hours in a day at that time.
Roselie	Test-taking skills	Even if I read the answers, I find, oh this is the one. I never jump on them because then I hurt myself. Oh that's the answer. I take my time to read all the answers and then they always say the first answer is always right, yes. But I always give myself time to read all the others and then at the, for me that's the best strategy because that worked for me.
Dolma	Communication Skills	Speak English even if it is a broken English, no matter. You can speak that here. Other times and eventually your English will get better, talk with people, socialize with people. You will come to know the ways of like continuing your education, continuing your life.
Juliet	Communication Skills	Learn English before coming to America. This is what I will say, because if you understand English, you speak the same language clear, you will be able to understand things easily.
Nadia	Communication Skills	I used to talk. I used to communicate with my friends, with my family in same language, in English. I never have any problem in reading in English but just little problem with communication between like face-to-face person personally. Because I study with the 50 students, so we used to talk in English, and we used to study in English. We study. We used to communicate with it, definitely in English. We talk, we used to communicate with our professor, with our coordinators. So, eventually you will get it, according to me.

RESEARCH QUESTION 3 – How did they learn?

Name	Finding	Quote
Alisha	Reflection on Experience – Informal	Whatever we learned in our country, is not going to, the main difference is, the teacher, like the professor over there, the team teachers, whatever we learned in our country is good there, but here in US, there is a different mindset, and we have to go by this, this is the law. I told you, the biggest differences is obviously the law here is very strong. In our country [Nepal], there is not a very good strong law. But here is a very good strong law.
Nora	Reflection on Experience	Try to occupy your time or find something that will help your resume, volunteer work or working in a related field, even phlebotomy for example, and just keep dreaming and keep your eyes on the prize. Because I really feel that in the end, it's all worth it and that you would appreciate your job even more because you know what it's like to not have that.
Nadia	Reflection on Experience	When you study in a college, it's a bookish study, like book study. They teach you about regarding diseases, infections, most of the treatments, and what is the always sign and symptom. But in the hospital when you see any patient with that disease, with the same everything or infection you learned in the college, but you can see that patient with that. You can see with your eyes like face-to-face patient with the sign and symptom of things, and on patient treatment or what medications they are giving to the patient, what times they are given, what patient need, and patient programs or, you can see it right here.
Dawa	Drawing on experience	So, in my opinion if someone new immigrant come to me and ask for me, I'll definitely say that. study when you're reading for the CGFNS, and at the same time you can go at the CNA, or you can work as a volunteer nurse, so you get the backup scenario. You are prepared when you work as a nurse.
Roselie	Networking	Before [Center for International Nurses], it was a teacher from [name redacted] Library that I explained to her my situation. I explained to her for my career I don't want to lose my career, I want to go back and start my career again. And then when I finish, I go to intermediate class, when I finished the session after a couple of weeks, she emailed me because I gave her my email, she emailed me the information.
Juliet	Networking	When you came here, don't be shy. Don't get scared to talk to people because here what I learned is because they are so nice. If you get to them asking things they're going to guide you, but if you're scared, you feel shy, you don't want to talk to people, you will not get the right information, is what I believe in.

Name	Finding	Quote
Nadia	Networking	But that time nobody told me nothing. Nobody knows anything like my family and my friends that ... So, I just went to colleges, like [name redacted], [name redacted] also, and another college, [name redacted]. I just asked, "Okay, I already have license in India, so how can I work here as a nurse in a hospital? What do I need to do?" They were nice towards me.
Nora	Networking	I actually met someone when I was playing with my son in the playground and I just mentioned to her that I was trying to get back into the nursing field again and she offered if she could be of help. So she gave me her number and in the Netherlands, I wouldn't just text somebody randomly, but because I didn't really have connections here yet, I felt, well, let's just give it a shot. And I talked with her, had coffee and she explained to me exactly how things worked when you look for job as a nurse. And she looked over at my resume, made some adjustments and actually got me an invitation to hiring event and that's how I got my current job.
Maria	Trial and Error	Of course you have to put a lot of time of yourself in reading. And doing the test and seeing which of the exam you're not really well. Try to do the best you can. So I try and I keep doing more of the practice because our finish course was in August. And after August, I still study a little bit more at home.
Nadia	Test-preparation classes	They really tell us what's in a book, and what you really face when you are on unit. So, it's a little different. In the books you have really main diseases, like main diseases, but when you are on floor it's a little different. You have to move fast. You have to take care of your patient. You have to do your all, those things involved, and how to introduce yourself to your patient. How to teach your patient, how to educate, how to give a medication. They teach us everything, because I think some of our teachers they're nurses. Some of them, they already work in the hospitals. They know about the patients' behavior and patients' priorities, and what is ... How to work as a team with everybody, with the doctors, with the supervisors, with another team member of the facility. They teach us well.
Carmen	Test Preparation Class	The practice testing, it showed them where I was weak, where I was strong, and they said, "Look, this is good, this is bad. Let's go work a little bit on this here, this point is very important for your test."
Loretta	Test preparation Class	So what I did is that I keep on doing the homework and then understanding why this is the answer and everything. But I don't really focus on everything. I just focus on the answer, because I don't want to overpopulate my mind of all this stuff, because I'm not the type of person that really reads. I don't like reading. So

Name	Finding	Quote
		what I did, I just focus on the question, then focus on the answer. And then I focus on their rationale and why that's the answer. But the rest, I don't think of it anymore. They're wrong answers. I don't focus on that.
Nadia	Test Preparation Classes	Our classes was 6:00 to 10:00, or 6:00 to sometimes 9:00. That time they teach us. They tell us that leave out your question, or to attempt when we leave the question. How to carefully read the option, and how to think. And then you have to give one answer, then think about your answer. And then when they give us test, they give us topic what we need to study in home, and whether we have another test tomorrow. And then when I come home I try to do questions.
Carmen	ESL classes	We speak in English, during these nine months, we learn a lot right? The subject that we use in a medical field, we use words that were appropriate in interview for them. They ask you, they talk, saying words and abbreviations, something like that, that you could understand.
Roselie	ESL Classes	When she referred me to the English class and I didn't even know why she sent me but I went anyway. And then when I applied again it was for the bridge class. She took me for the bridge class, the bridge class that was English classes. For nursing, that was really great too, you write, it's like English but it's nursing stuff still.
Padmini	Job Acquisition Skills Class	We had mock interview training from our teacher and coordinator from the [Center for International Nurses]. We had mock interviews so... before that I never sat in an interview like that so learned from them.

RESEARCH QUESTION 4 – What factors helped or hindered their learning?

Name	Finding	Quote
Michelle	Determination	I come back to the same place and saw the same people and I show them that I make it and it's not, but if you have a goal you want to achieve your goal, you will achieve it. So this is what I always tell the people, I will tell them don't let people discourage you and if I make it you will make it too.
Sharon	Determination	I never give up. Then I was thinking let me do again. Then I was studying I study Google a lot of questions. I did I did I did, then I did again then after 45 days after one month then I passed my CNA. So I was feeling so happy and confident. I build up my confidence that oh, I can go on for my RN practice."

Name	Finding	Quote
Akiko	Determination	After pass exam, I work right away local. Everything is English. The job is like first time, the local, the nursing home, so, so hard. But then I decided, okay, I don't want to just run away. I go one year. Let me do one year. So, that's why I just do. Doing, doing, doing. Then if I doing the three months, four months, I can little by little, little bit comfortable.
Carmen	Devotion to Profession	Nursing is like a, it's emotional, it's psychological, it's physical, it's a lot. So, if you don't prepare yourself to be a kind person, to be a loving one, love yourself, love what you do, people put you down very easily, and make you feel so inappropriate, and so unfit for the job. I think you have to love what you do, you have to be a good professional. You have to go through your dream not only for money, but for what you're called to. That is me, I think.
Dawa	Devotion to Profession	When I work as a nurse, it gives me the satisfaction like, "Okay, I've done something today." When I go to work and come back, I'm stressed, I feel stressed but at the same time I have the satisfaction that I have done my job and I think it's good to serve people.
Michelle	Devotion to Profession	So what make me so successful is my love for nursing. So, what I see now is a lot of people going to nursing school or going into the health care field is because there are a lot of opportunity there for jobs in that field. But not like doing it in their heart. So, for me I have nursing in my heart. I started to become a nurse when I was nine years old.
Maria	Support from CIN staff	And also, all the efforts that they put, it's very important. They always remember us, "Guys if you're not really up to date, try to go back to the time you were putting you're studies." They also remind us, you know? They are dedication and make us to feel that if we study, we are going to be successful.
Carmen	Support from CIN	The most important thing I learned there? Be confident. I think I learned such a thing that nobody can take from me. I was a little shaky, I was telling you, but the confidence that they gave to me, that I speak English, and they understand, and that you can do that. It was a very important support that we got.

Name	Finding	Quote
Dawa	Support from Family	I came here in 2017. I gave my test and it took me one year and two months, so the process because it's so long. So, I wanted to work and like ... but he was like, "No, just go to school and study first." He's there to support me with financially and everything. It is like, "Just go and study, stress upon, stressing like that, just be focused on your studying and passing your exam rather than just thinking a job and every other thing."
Nadia	Support from Family	My father has friend circle, and people know us. So, that's why I just got that chance, because somebody was very busy and for their mother, father, they need somebody. I said, "Yes, I can do it." They're willing to pay me and everything. They were also happy. They recommended other family, then I got another chance to another family.
Dolma	Time management	If I would have to do everything that I did, also at this time, I would like, I would do, I would minimize social gatherings. I would make a schedule and I will definitely stick to that schedule. No matter whose birthday is coming or whatever special occasion, I will stick to my schedule and I will make, prioritize, like this I have to do today and I have to complete my NCLEX in time next three or four months and I have to get to it. Say three to four months, I'm not going to be a social bird.
Roselie	Time management	Set a goal, that's why I studied like that. In the morning, I know when I wake up I give myself two hours to study 75 questions. I take a break and that's the way that she taught me to study. I tried it and it worked for me and you have to set a short term goal like, a really short-term goal like you schedule what time you study, how many hours you give yourself, how many questions you want to do and then you have to be consistently studying.
Carmen	Time management	I have a babysitter at home taking care of him, and I work the next day. Seven o'clock I was working already, with another family and helping them with their children, so it was long hours. When I come back home, I try to study a little bit, 30 minutes, one hour, depends on what my body and my head goes through. I did, and I catch up with the practice.
Sharon	Anxiety	Every time you know all the nurses are there, all are so frustrated, and stressful, in new country, you know, and so on, in this country, it is not our country, and I heard that each and every body has same suffering and stress, that we are suffering together, everybody were missing our professions.
Sharon	Gaps in Practice	I was striving, because for long time I was detached from the clinical practices, or, clinical nursing because in my country I was involved in nursing education.

Appendix Q

Participant Profiles

The following are profiles of all of the internationally educated nurses who participated in the study to provide context for their responses to interview questions. The information they contained was taken from both their demographic surveys and their interview responses. All of the names used are pseudonyms.

Carmen is a 45-year-old Brazilian nurse who is married with two children and lives in a city in the northeastern United States. She came to the United States at age 32. Initially coming to the country on a tourist visa, she decided to stay upon learning about the possibilities of working in the nursing profession in the United States. After getting married, she obtained Legal Permanent Residency in the U.S., allowing her to work legally. She had worked as an obstetric nurse in the Brazil, but in the U.S., she started working as a babysitter looking after a child with schizophrenia. But through this time she never stopped aspiring to become a nurse in the U.S. She initially began studying for the NCLEX through a private online course, but she did not pass. She learned of Center for International Nurses through a neighbor. She passed the NCLEX and is now working as an RN in a public school.

Juliet is a 47-year-old nurse from Burkina Faso with a degree in Midwifery from her country of origin. She came to the U.S. in 2013, when she was 41. In Burkina Faso, she had been a midwife and prominent campaigner against the practice of female genital mutilation (FGM). Her anti-FGM work resulted in threats directed at her and her family,

which became a catalyst to her coming to the United States. She had regularly come to the country for public health conferences, but after one conference in 2013 she decided that the threats had become so serious that she could not go home back to her country. She initially began work as a babysitter for parents at a French language school, while at the same time taking medical classes to become an LPN. She learned about the Center for International Nurses program through online searches.

Nora is a 29-year-old nurse from the Netherlands with a degree in Nursing from a university there. Married with one child, she came to the United States at age 26 with her husband, who was pursuing a work opportunity. After six months in Canada, she and her husband settled in the Northeastern United States. Her first job in the United States was as a home health aide, a position she began after completing a three-week training course. She began her pursuit of recertification by going to a local library and studying on her own to become recertified as an RN, but she found this to be an inadequate method for preparing for the NCLEX exam. After six months in this position, she found the Center for International Nurses program and was accepted. After passing the NCLEX, she became

Roselie is a 39-year-old nurse from Haiti. She came to the United States at age 34 to join her U.S. citizen husband, who was already living in the country. Prior to immigrating to the U.S., she worked as a nurse in a pediatric intensive care unit (ICU) and as a nurse supervisor in a clinic. She knew very little English when she first arrived. Her first job in the U.S. was at a big box retailer, but later found the Center for International Nurses

through her English teacher at the local library where she was taking ESL classes. She passed the NCLEX on her first attempt, and is now a nurse case manager at a hospital in the northeastern U.S.

Anna is a 47-year-old woman originally from the former Soviet Union. She came to the U.S. as a refugee when political changes in the late 1980s allowed her and her family to leave the country. In her country, she worked in alongside a surgeon in the cancer ward of a Red Cross hospital. She had a difficult time after moving to the U.S., having attempted college multiple times and never finishing, which she attributes to regrettable life choices she made during this time. Since coming to the U.S., she has worked in various types of jobs, such as medical assistant, security guard, and hotel concierge. She applied to the Center for International Nurses program in 2015, after hearing about the program from a woman who was tutoring her to take the NCLEX exam. She has not passed the NCLEX but remains determined to do so.

Alisha is a 34-year-old nurse from Nepal and holds a nursing degree from her country of origin. She came to the United States in 2007 to study English, thinking that she would work as a nurse for no more than five years and then return to her country of origin. It was not clear to her that she would have to go through a recertification process in order to work as a nurse in the U.S. She worked in a restaurant and then as a babysitter for the next six years. Mounting frustration with this kind of work led her to enter community college with the intent of obtaining a U.S. nursing degree. A professor at the community college told her about Center for International Nurses and she applied. Having passing

the NCLEX and obtained her RN certification, she now works as an RN in a public

hospital in the Northeastern United States.

Maria is a 59-year-old Brazilian nurse who originally came to the U.S. on a tourist visa.

In Brazil, she had been working as an RN in a hospital, but came to the U.S., as she put it,

She worked as a housekeeper and also did work for the same employer in an art gallery,

where she was able to practice her English. Prior to joining the Center for International

Nurses Program, she obtained a CNA and an LPN license, and worked as a nurse's aide

and later in a nursing home as an LPN. After going completing the Center for

International Nurses Program, she passed her NCLEX exam on her first attempt. At the

time of her interview she was unemployed but looking for work as an RN.

Akiko is a 59-year-old nurse of Japanese origin. She came to the U.S. at age 33, after

having worked as an RN in Japan for 12 years. She came to the U.S. because she, in her

own words, "dreamed to live in another country." When she arrived in the United States

for the first time, she began working as a medical assistant in a Japanese doctor's office.

She stayed in this position for 23 years, until she decided that she wanted a change. She

had not had a raise in years, and was not satisfied with the amount of vacation time she

was getting. In addition, her awareness of her advancing age convinced her to leave her

position in the doctor's office. A friend had told her about the Center for International

Nurses program, so she decided to apply. She was accepted and finished the program, but

still has not passed the NCLEX. But she does have an LPN license, and currently works

full-time as an LPN for a disabled child.

Sashi is a 33-year-old nurse from India whose origin is Tibetan. She came to to the United States for the first time in 2015 to do an internship at a hospital in the Southern U.S. While at the internship, she realized that there were bigger opportunities for internationally trained nurses in the U.S., and decided to try to come back to live there. When she returned to India, she started studying for the NCLEX exam. During this time an uncle in Washington, D.C. was applying to sponsor her for a visa. After successfully obtaining a visa and moving to the U.S., she found the Center for International Nurses on a Facebook page for Tibetan nurses and decided to apply.

Sharon is a 51-year-old nurse from Bangladesh. She came to the U.S in 2012 with her husband. They both arrived as refugees after fleeing from persecution in Bangladesh because of their religious faith. When she first came to the U.S., she worked in a store, but in Bangladesh she had been both a nurse and a professor of nursing at a medical university. She found the Center for International Nurses after searching on the internet for free nurse training in the area where she was living. In the U.S., she works as an RN in the postpartum unit of a hospital in the Northeastern U.S., and she has both a Bachelors and Master's Degree in Nursing.

Dolma is a 34 year old nurse who was born in India and came to the United States in 2014 to join her American citizen husband who was already living in the country. She came with the intention of practicing nursing, which she had done in her native India. Her sister-in-law was working as a medical assistant and told her about the Center for International Nurses and its program to retrain internationally educated nurses. She had

ample financial support from family and did not need to work when she first arrived in the U.S., so she focused her energy on studying. She passed her NCLEX exam on the first attempt and now works as an RN in a hospital in the Northeastern United States.

Dawa is a 28-year-old nurse of Tibetan origin who was born in India. She came to the United States at age 29 to join her American citizen husband, who sponsored her to come to the country. Prior to immigrating, she earned a bachelor's degree in Nursing from an Indian university and worked as a staff nurse there. Well aware of the process to become a nurse in the United States, she started doing online research about what she would need to do, visiting sites dedicated to nursing education and certification. She found the Center for International Nurses Program through her sister-in-law's friend who was enrolled in community college. She enrolled and went through the program and passed the NCLEX. After passing the test and obtaining her license, she got a job as a school nurse through a staffing agency. Now she works as an RN in a hospital in the Northeastern U.S.

Padmini is a 33-year-old nurse from Nepal. She possesses a degree from a nursing college there but came to the U.S. when she won the Diversity Visa Lottery and obtained a green card. Her life in the United States was difficult at first, according to her. Her first job in the U.S. was in a nail salon, where she worked as a nail technician. At the time, she was studying for the NCLEX, but found autonomous study to be unproductive. She had two children and could not work, study, and take care of them at the same time. Once they were older, she enrolled in community college, thinking that she would start over with a new nursing degree. After some inquiring at the school, she found Center for

International Nurses and started the program to train for the NCLEX. She passed the test, received licensure, and is now an RN at a hospital in the U.S.

Nadia is a 28-year-old nurse from India. She came to the United States in 2013 with her family after her father, a U.S. citizen, sponsored them. Prior to her immigration to the U.S., she went to nursing school in India and worked part-time in a hospital as a nurse. When she first came to the U.S., she worked in a doughnut shop, but later worked as a home health aide for an Indian family she knew through her father. Throughout this time she wanted to get back into the nursing profession. However, neither she nor her family had information about how she could reenter to the nursing profession, so she went around to local community colleges to ask them for information about the process. Some of the community colleges she went to advised her to pursue another nursing degree, but one of them turned out to be the one that housed the Center for International Nurses program. Once she learned about the program, in 2017, she applied and was accepted.

Michelle is a 48-year old nurse from Haiti who immigrated to the United States at age 39. She graduated from a Haitian university with a degree in nursing, and worked as a pediatric and surgical nurse, and as Assistant Director of Nursing, at an NGO hospital in Haiti. While still in Haiti, she traveled to Switzerland for three months on a hospital exchange program. She immigrated to the United States after a 2010 earthquake devastated Haiti and caused massive loss of life. At first she worked at a fast food restaurant, but later earned a CNA and began working as a Home Health Aid (HHA). While working as a home health aide, she learned about the Center for International

Nurses from a friend. After passing the NCLEX, she moved to a southern US state to take

of her elderly parents and work in a nursing home. She currently works as a surgical RN

in a hospital in the southern United States.

Loretta is a 32-year-old nurse who was born in the United States but left when she was a

baby to live in the Philippines, the country where she grew up and attended nursing

school. She and her mother, also a nurse, decided to leave the Philippines after Loretta

finished her nursing education. Throughout her youth, she came back and forth to the

U.S. for vacations. At first, she struggled to find a job upon arriving in the U.S., but she

eventually found one in a laundry owned by a friend of her mother's. But she only stayed

for two months there before leaving to concentrate on studying for the NCLEX. She

learned about the Center for International Nurses through a family member after

becoming frustrated by the lack of progress she was making by studying on her own. She

passed the NCLEX on shortly after found a job as an RN in an ER and rehabilitation

center.

Tina is a 26-year-old nurse from Nepal. She studied nursing at a boarding school and

then went to work in a hospital there for three years. She came to the United States at age

23 because her husband was already living and working in the country. At the time of her

arrival, she knew very little English, but found a job at a perfumer wholesale company as

an office assistant. When she decided that she wanted to recertify as a Registered Nurse

in the United States, she studied on her own for the NCLEX, but failed the exam. She

then applied to the Center for International Nurses' Training Program and became a

Certified Nurse's Assistant (CNA). She stayed in her CNA position for six months, until

she passed her NCLEX exam. At the time of her interview, she was about to start a new job as an RN in a nursing home in the northeastern U.S.

Eugenia is a 34-year-old nurse originally from Nepal. As a young girl, she and her family moved to Singapore, where she grew up and spent most of her life. She attended nursing school there, earning an associate degree, and then went to work as an RN in a hospital as well as a prison ward. She came to the United States with her husband and two children in 2016 so that her children would have more opportunities. When the family arrived in the U.S., Eugenia decided to not work, opting to instead stay home and take care of the children while her husband worked. Once her children were a bit older, she went back to work as a cashier, but only stayed in that position for a few months before deciding to devote herself to her nursing retraining. She found the Center for International Nurses through an online search and decided to apply. After passing her NCLEX and she went to work as an RN Care Manager, a position that she has been in for one year. Currently she is enrolled in an online degree program, with hopes of earning her Bachelor of Science in Nursing (BSN).

Amara is a 32-year-old nurse originally from Nepal. She came to the U.S. at age 26 after marrying a U.S. citizen. She had worked for five years as a nurse in a hospital in Nepal before immigrating to the U.S. When she first arrived in the United States, she says she did not work for two years while her husband supported the family. She began her pursuit of reentry into the nursing profession by studying on her own through an online course but found that studying online did not address the needs that she perceived she had. A

friend of her husband's told her about the Center for International Nurses, and she applied to the program. She said that the program was difficult, but she passed her exam on the first attempt after going through the Center for International Nurses' retraining program. She now works as an RN in a hospital in the Northeastern U.S.