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Perceptions of Instructor Caring Behaviors Between English as a Second Language and Non-English as a Second Language Nursing Students

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

English as a second language (ESL) nursing students have a significantly higher attrition rate and lower National Council Licensure Examination (NCLEX) pass rate than their non-ESL counterparts. Instructor caring behaviors (ICBs) are the ways nursing instructors treat students with respect, taking care to avoid prejudices, stereotyping, and judgments in the teaching-learning process which present prelicensure faculty to grapple with the challenge of effectively meeting the learning needs of both ESL and non-ESL students. The purpose of this cross-sectional, comparative study, guided by Watson's theory of human caring, was to explore the differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in associate of science in nursing (ASN) and bachelor of science in nursing (BSN) programs. A sample size of 50 participants drawn from three ASN programs, located in the Northeastern United States, completed the Nursing Students' Perceptions of Instructor Caring survey questionnaire. Data were analyzed using descriptive statistics and a series of Mann-Whitney U tests. The study findings indicated no significant difference between prelicensure ESL and non-ESL ASN students in how they perceived ICBs. The results from this study could be used to empower nursing program administrators and faculty to better support both ESL and non-ESL students to effect positive social change so nursing could have better representation of minority populations. Future research could be conducted using a larger number of participants from both prelicensure ASN and BSN programs with diverse student populations.

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Dedication

I dedicate this project to several individuals, without whom I could not have been able to successfully complete the PhD program. First, my dad, late Israel Chukwueke Dike, for believing in me and for your wise counsel; your life and your legacy has been not just a model for me but also my source of inspiration. To my family: my wife, Ngozika, my two boys, Kingsley and Derrick, and my mother, Charity, who not only believed in me but also encouraged and supported me throughout. To my friends and co-workers, who encouraged and helped to lighten my workload when things got tough. I am and will forever remain grateful to all of you for believing in me and encouraging and supporting me throughout this journey.

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Chapter 1: Introduction to the Study

Introduction to the Research Problem

According to the U.S. Census Bureau (2012), minority populations are increasing at a rapid rate and are projected to continue to increase well into the future. However, the U.S. nursing workforce does not reflect the changing demographics of the population it serves. Currently, minority populations are grossly underrepresented among the U.S. nursing workforce (American Association of Colleges of Nursing [AACN], 2014; Murray et al., 2016)—a situation that is contributing to the continuing presence of health care disparities among the minority populations. Currently, there is a consensus among national nursing and medical organizations that the problem of health care disparities among minority populations can hardly be effectively addressed without increases in the diversity of the U.S. health care workforce in general and the nursing workforce in particular (Graham et al., 2016; Loftin et al., 2012).

English as a second language (ESL) nursing students have been identified as a subgroup of the minority population that could help alleviate this problem if they can be successfully educated and qualified for the nursing role (Olson, 2012). Currently, a limited number of ESL nursing students enrolled in the nursing education programs in the United States are completing the programs and passing the National Council Licensure Examination (NCLEX; Olson, 2012). Previous studies have found that ESL nursing students have significantly higher attrition rates and lower NCLEX pass rates than their non-ESL counterparts (Hansen & Beaver, 2012; Olson, 2012). Nursing instructors are in the best position to effectively address the challenges that undermine the successful

education of ESL nursing students (Mbulu, 2015; Olson, 2012). To be effective in tackling this challenge, nursing instructors must not only be knowledgeable about the cultural and unique learning needs of ESL nursing students but also, they must be able to deploy compatible instructional strategies to address those needs (Olson, 2012). According to Ritchey (2014), when an educational environment is such that the needs of the culturally diverse student population are not adequately addressed, students who fall outside the dominant culture experience barriers with a potentially negative impact on their academic and personal development. The best source for information about the learning needs of at-risk students is the students themselves. However, students will only share their learning needs with their instructors when the educational environment is culturally congruent and responsive, and students feel that the instructors genuinely care about them (Olson, 2012).

I designed this study to explore whether there are differences in perceptions of instructor carrying behaviors (ICBs) between ESL and non-ESL prelicensure nursing students enrolled in associate of science in nursing (ASN) and bachelor of science in nursing (BSN) programs located in the Northeastern United States. Subsequently, a clearer understanding of how ESL versus non-ESL prelicensure nursing students perceive ICBs was developed and available to ASN and BSN nursing program administrators and faculty for use in improving the educational experiences and outcomes of both ESL and non-ESL prelicensure nursing students. Specifically, insights gained from this study could empower nursing program administrators and faculty to create culturally responsive educational environments where student-instructor relationships are

optimized, both ESL and non-ESL student learning needs are consistently accounted for in the curriculum, and student educational experiences and outcomes are improved. The social change implications of this study are that increases in program completion and state licensure pass rates of ESL prelicensure nursing students could improve the United States nursing workforce diversity and over time, help to lower the incidence of healthcare disparity amongst minority populations, especially those with language barriers.

The remaining sections of this chapter include: the study background, the problem statement, the purpose of the study, the research questions and hypothesis, the theoretical foundation, the nature of the study, the definition of terms, the assumptions, the scope and delimitations, limitations, significance of the study, and the summary of this chapter.

Background

In this section, I provide a review of the research literature related to the scope of the study topic and the disciplinary gap in knowledge that I sought to address. Nursing students are provided with multiple entry points to pursue prelicensure nursing education including, the diploma, associate degree, and baccalaureate programs (Billings & Halstead, 2009). According to Billings and Halstead (2009), these three program types differ in their program goals, curricular designs, and length. The diploma programs are designed to prepare students for direct patient care roles in varied clinical settings. The associate degree programs incorporate certain general education and core nursing courses in its curricular design to prepare students for nursing practice roles in structured healthcare environments. The baccalaureate programs provide a more robust education

through the integration in its curriculum of concepts derived from nursing theory and research, community health, biological sciences, liberal arts, management, group dynamics, professional-related considerations. The baccalaureate nursing programs are designed to prepare registered nurses with the requisite competencies for providing effective nursing care to individuals, families, groups, and communities in diverse settings (Billings & Halstead, 2009). Approximately 60% of the students enrolled in community college are classified as nontraditional college students with unique learning needs (Colville et al., 2015). Nearly two-thirds of all registered nurses in the United States graduated from community college associate degree nursing programs (Schrum, 2015).

As the U.S. population continues to transition into a more linguistically, culturally, and ethnically diverse population (Rumbaut & Massey, 2013), the successful education of ESL nursing students, a subgroup of the U.S. minority population, becomes even more important (Olson, 2012). The successful education of ESL nursing students is essential to the provision of culturally competent care (Crawford & Candlin, 2013). The diversity of the U.S. health care workforce in general and the nursing workforce in particular have long been recognized as fundamental in any effort to address issues of health care disparity in the United States (Carthon et al., 2015; Institute of Medicine, 2011). There is a consensus among national nursing and medical organizations such as the Institute of Medicine, the American Nurses Association, the AACN, and the National League for Nursing that an effective solution to the continuing problem of health care disparity among U.S. minority populations is for nursing education programs across the

United States to focus on raising the admission, retention, and graduation rates of linguistically, racially, and ethnically diverse nursing students (Graham et al., 2016; Loftin et al., 2012).

The nursing profession provides the largest percentage of the U.S. health care workforce. Of the 11.8 million health care professionals employed in the United States as of May 2014, registered nurses were the largest, with a total of 2.7 million (Bureau of Labor Statistics, Fayer & Watson, 2015; U.S. Department of Labor, 2015). The National Council of State Boards of Nursing (2016) found that in 2015, 19.5% of registered nurses employed were of minority backgrounds. An earlier finding by the Health Resources and Services Administration (HRSA) was that 16.8% of all employed registered nurses were from minority groups (U.S. Department of Health and Human Services, 2010). Although these findings indicate some improvements, minority populations in the United States remain largely underrepresented in the nursing workforce (Carthon et al., 2015), especially given that minority populations account for nearly 40% of the total U.S. population (U.S. Census Bureau, 2015) and is projected to increase to about 54% by the year 2050 (Carthon et al., 2015).

In recognition of this challenge both private and public institutions in the United States have made significant investments in resources and efforts to improve the representation of minority populations in the nursing workforce. Investments and efforts made toward improving diversity in the nursing workforce have come from the Robert Woods Johnson Foundation and HRSA title VIII grants, among other programs (Drees et al., 2014). A significant percentage of these investments were directed toward improving

minority nursing students recruitment, retention, and successful completion of the nursing program. Despite these investments, minority nursing students continue to experience a high attrition rate and low graduations rates (Phillips & Malone, 2014). There is strong evidence in the professional literature that indicates a significant relationship between provider-patient race concordance and health outcomes (Meghani et al., 2009; Poma, 2017; Schinkel et al., 2016; Schoenthaler et al., 2014).

ESL nursing students have a significantly higher attrition rate and lower NCLEX pass rate than their non-ESL counterparts (Greenberg, 2013; Gilchrist & Rector, 2007, as cited in Donnell, 2015; Miguel et al., 2013; Olson, 2012). The attrition rate of ESL nursing students has been reported to be as high as 85% (Gilchrist & Rector, 2007, as cited in Olson, 2012). The NCLEX pass rates disparity was also reported to be as high as 40% between ESL and non-ESL nursing students (Bosher & Bowles, 2008, as cited in Olson, 2012). Previous studies have associated the high attrition rates of ESL nursing students to primarily English language deficiencies (Crawford & Candlin, 2013; Moore & Clark, 2016; Olson, 2012). Donnell (2015) investigated the associations between ESL, reading comprehension, and attrition rates of nursing students and found that ESL was not a significant predictor of attrition when controlling for the variables of age, ethnicity, race, sex, and first-generation college students.

Other studies have reported that while ESL nursing students acknowledged that their deficiencies in the English language were a challenge, they largely attributed their academic failures to their experiences of discrimination and stereotyping, among other uncaring behaviors, from instructors (Crawford & Candlin, 2013; Sanner & Wilson,

2008; Starkey, 2015). This claim by ESL nursing students that their poor educational outcomes are related to their experiences of discrimination and stereotyping, among other unsupportive instructors' behaviors, is a common theme expressed by other students of minority backgrounds in previous studies (Graham et al., 2016; Loftin et al., 2013; White, & Fulton, 2015). Graham et al. (2016) found that clinical nursing faculty members who deploy teaching practices that are discriminatory and prejudicial negatively impacted the clinical learning experiences of minority nursing students.

Previous studies have identified the critical role that only nursing instructors can play in optimizing the educational outcomes of ESL students (Glasgow, 2014; Hedges, 2015; Mbulu, 2015; Mulready-Shick, 2013; Olson, 2012; Presti, 2014; Sung, 2015). ICBs toward ESL nursing students have been identified as an important consideration if the goal of improving the educational outcomes of ESL students were to be actualized (Hedges, 2015). ESL nursing students not only yearn for nursing instructors who are culturally sensitive, but also supportive, caring, and understanding of their unique learning needs (Hedges, 2015; Glasgow, 2014; Mulready-Shick, 2013; Olson, 2012; Sung 2015; Torregosa, 2011). Although ESL nursing students acknowledged that their deficiency in the English language was a factor in their academic struggles, for their academic success, ESL nursing students give credit to those nursing instructors they perceive as being caring, supportive, culturally sensitive to their unique learning needs, and employ multicultural instructional practices (Hedges, 2015; Mulready-Shick, 2013; Olson, 2012; Sung, 2015; Torregosa, 2011).

However, despite the strong indication from the professional nursing literature that ICBs were an important consideration in the education of nursing students, the information regarding the impact of ICBs on the educational experiences and outcomes of nursing students in general and ESL nursing students in particular was inconclusive. There is some evidence in the literature about how ESL prelicensure nursing students perceive ICBs and how such behaviors impact their educational experiences and outcomes (Crawford & Candlin, 2013; Glasgow, 2014; Hedges, 2015; Mulready-Shick, 2013; Olson, 2012, Presti, 2014; Sanner & Wilson, 2008; Starkey, 2015; Sung, 2015; Torregosa, 2011). However, it remains unclear as to how ESL versus non-ESL prelicensure nursing students perceive ICBs. Specifically, the answer to the question of whether differences exist in the perceptions of ICBs between ESL and non-ESL prelicensure nursing students remains unclear in the professional nursing literature.

There may be differences in how nursing students with different characteristics (i.e., age, sex, culture, etc.) perceive ICBs. Zamanza-deh et al. (2015) conducted a study in which they found significant variations in how nursing students in the various studies conducted both Western and Eastern countries perceived ICBs—a finding that the researcher attributed to differences in the demographic characteristics of research participants.

Similarly, Labrague et al. (2016) conducted a study that included nursing students from four countries (Greece, Philippines, India, & Nigeria) and found differences in how students from each country perceived ICBs. Specifically, Labrague et al. (2016) found statistically significant differences in the means of nursing students' perception of

instructors' caring (NSPIC) scale between Greece and Nigeria (4.164 versus 3.855, p = 0.008) and between the Philippines and Nigeria (4.212 versus 3.855, p = 0.003). Similarly, in a previous study, Zamanza-deh et al. (2015) found that nursing students from Iran perceived NSPIC scales differently than students from Western countries. Both Labrague et al. (2016) and Zamanza-deh et al. (2015) concurred that the differences found in the way nursing students from different countries perceived NSPIC scales could be related to factors such as differences in the educational system, curricular, instructional strategies, program types and length, length of clinical exposure, health care system, the level of faculty-student interaction, and culture.

While previous research studies addressed the educational experiences of ESL prelicensure nursing students in U.S. nursing education programs, none specifically focused on exploring the differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs. Further exploration of the phenomenon of ESL and non-ESL perceptions of ICBs was warranted considering the potential for important differences that need to be accounted for in the education of both groups of students. Developing a clear understanding as to how ESL versus non-ESL prelicensure nursing students perceive ICBs will empower nursing program administrators and faculty to meet the learning needs of both ESL and non-ESL prelicensure nursing students more effectively. With the above understanding in mind, I designed this study to explore differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Problem Statement

The continuing problem of underrepresentation of the U.S. minority populations in the U.S. nursing workforce has been linked to the low recruitment and high attrition rates of minority nursing students (Ume-Nwagbo, 2012). ESL prelicensure nursing students constitute a subgroup of the underrepresented U.S. minority population. Nursing instructors have been determined to have significant roles to play in the successful education and professional development of ESL nursing students, a subgroup of the U.S. minority populations (Olson, 2012). Minority and ESL students' perceptions of instructor behavior toward them has been identified as an important consideration in their successful education (Crawford & Candlin, 2013; Glasgow, 2014; Hedges, 2015; Mbulu, 2015; Meyer et al., 2016; Mulready-Shick, 2013; Presti, 2014; Sanner & Wilson, 2008; Starkey, 2015; Sung, 2015; Torregosa, 2011). However, it remains unclear as to whether there are differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

The research problem I addressed in this study was whether there were differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. Exploration of the differences in perceptions of ICBs between ASN and BSN ESL and non-ESL prelicensure nursing students can provide useful insights. The availability of such insights could empower prelicensure nursing program administrators and faculty to adequately plan for and better meet the learning needs of both ESL and non-ESL nursing students.

There is a strong indication from the available literature that ESL nursing students view instructors' behaviors toward them as a major factor in their poor educational experiences and outcomes (Glasgow, 2014; Olson, 2012; Mbulu, 2015; Mulready-Shick, 2013; Presti, 2014; Sanner & Wilson, 2008 Sung, 2015; Torregosa, 2011). With the above perception of ESL nursing students in mind, the unanswered question was whether differences exist in student perceptions of ICBs between ESL and non-ESL nursing students. Meyer et al. (2016) recommend conducting a research study to assess the relationship between nursing students' perceptions of clinical instructor caring and the duration of student-clinical instructor contact. Research about whether there were differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students were lacking in professional nursing literature. I focused specifically on exploring the differences in perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States.

The phenomenon of ICBs, as perceived by both ESL and non-ESL prelicensure nursing students, require further exploration to see if they differ in how they perceive their ICBs. Given that nursing students from different backgrounds may differ in their interpretations of instructors' behavior (Labrague et al., 2016; Zamanza-deh et al., 2015), could it be possible that ESL and non-ESL prelicensure nursing students differ in how they perceive ICBs? The answer to this question was unclear in the literature. Understanding how ESL and non-ESL prelicensure nursing students perceive ICBs may empower prelicensure ASN and BSN nursing program administrators and faculty to

undertake important reforms in their nursing programs that could lead to improved educational experiences and outcomes for both ESL and non-ESL prelicensure nursing students. Specifically, prelicensure nursing programs could see improvements with ESL nursing students' attrition, graduation, and NCLEX pass rates.

Two seminal reports, including the 2004 Sullivan's Commission's "Missing Persons: Minorities in the Health Professions," and the 2004 Institute of Medicine's "In the Nations Compelling Interest: Ensuring Diversity in the Health Care Workforce" suggested that increasing the diversity of the nursing profession could play an important role in lowering the incidence of healthcare disparities in the United States (Carthon et al., 2015). ESL prelicensure nursing students have been identified as a subgroup of the underrepresented minority population with high attrition and low licensure pass rates (Olson, 2012). ESL prelicensure nursing students blamed their academic failures on their experiences of instructors' uncaring behaviors (i.e., discrimination, stereotyping, etc.) and not their English language (Crawford & Candlin, 2013; Sanner & Wilson, 2008). Previous studies that specifically examined possible differences in how ESL versus non-ESL prelicensure nursing students perceives ICBs are lacking in professional nursing literature. Developing a clear understanding about how ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs perceived ICBs may empower program administrators and faculty to meet the learning needs and improve the outcomes of both ESL and non-ESL students more effectively. Increased ESL prelicensure nursing students' program completion and licensure pass rates will contribute to the diversity of the U.S. nursing workforce and ultimately reduce the incidence of healthcare disparity

among minority populations, especially those with language and cultural barriers (Greenberg, 2013).

Purpose of the Study

The purpose of this quantitative, nonexperimental, cross-sectional, comparative study was to explore the differences in perceptions of ICBs: (a) instilled confidence through caring, (b) supportive learning climate, (c) appreciation of life's meaning, (d) control versus flexibility, and (e) respectful sharing between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. I used the Nursing Students Perceptions of Instructor's Caring (NSPIC; Wade & Casper, 2006) survey questionnaire to develop an understanding of the differences in perceptions of ICBs between ESL and non-ESL nursing student groups. Identification of possible differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs may provide a clearer understanding of how ESL and non-ESL prelicensure nursing students perceive ICBs. This insight may empower prelicensure ASN and BSN program administrators and faculty to implement positive reforms, specifically, reforms designed to not only promote a culturally responsive learning environment but also improve student-instructor relationships with the goal of meeting the unique learning needs of both ESL and non-ESL prelicensure nursing students. In so doing, the ASN and BSN programs could experience improvements in the educational experiences and outcomes for both ESL and non-ESL prelicensure nursing student groups.

The Variables of the Study

This study was composed of both outcome and predictor variables. The outcome variables of the study consisted of the perceived ICBs relative to the following variables:

- instills confidence through caring,
- supportive learning climate,
- appreciation of life's meaning,
- control versus flexibility, and
- respectful sharing.

The predictor variable was the English language status of the nursing students as categorized into two groups as follows:

- ESL prelicensure nursing students enrolled in ASN and BSN programs, and
- non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Questions and Hypotheses

I designed one primary research question, five descriptive quantitative research questions, and applicable hypotheses (null and alternate) to guide this study:

Research Question 1 (RQ1): What was the difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0$1): There was no difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a1): There was a difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 2 (RQ2): What was the difference in the perception of the ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 2$): There was no difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 2$): There was a difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 3 (RQ3): What was the difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 3$): There was no difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 3$): There was a difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 4 (RQ4): What was the difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_04): There was no difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a4): There was a difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 5 (RQ5): What was the difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_05): There was no difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a5): There was a difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 6 (RQ6): What was the difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 6$): There was no difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 6$): There was a difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Theoretical Foundation

Watson's Theory of Human Caring

I used Watson's theory of human caring (WTOHC;2008) as the framework for the operationalization of the research questions and hypotheses of the study. The origin of WTOHC can be traced back to Watson's Ph.D. education at the University of Colorado, where her passion for nursing and nursing's knowledge development crystallized. During her Ph.D. program, Watson started assembling the building blocks of WTOHC (Cara, 2003). In 1979, Watson's WTOHC was published with the title "Nursing: The Philosophy and Science of Caring" (Watson, 1979). Since the initial publication of Watson's WTOHC in 1979, the theory has evolved as evidenced by Watson's later publications (Watson, 1985; 2008; 2012).

Watson's decision to invest her time and effort into the development of WTOHC was informed by several factors (Watson, 2008). The first was Watson's commitment to the professional role and mission of nursing and her desire to see the emergence of the nursing profession as an independent health care discipline that is supported by a distinct knowledge base. The second factor was Watson's realization in the early stages of her

scholarly journey that the concept of caring (a concept she believed was at the core of nursing) had not been properly defined in nursing. The last factor was Watson's strong belief in the meta-paradigm of nursing, which included the concepts of person, health, environment, and nursing. According to Watson (2008), WTOHC is firmly grounded in the humanitarian, metaphysical, spiritual, existential, and phenomenological perspectives. Every human being is perceived as a unique and valued spiritual being, always deserving of human caring, support, dignity, and respect. In developing WTOHC, Watson believed the theory would not only provide nurses with a comprehensive framework for clinical practice, but also would help clarify and distinguish nursing as a health care discipline that is not just distinct and separate from medicine but complementary as well (Watson, 2008).

Major Propositions of Watson's Theory of Human Caring

There are 10 different assumptions inherent in WTOHC about the science of caring, which include: (a) caring is both the essence of nursing and the disciplinary foundation upon which the nursing profession rests; (b) it is only through interpersonal interaction that caring can be effectively demonstrated; (c) embedded in caring are carative factors that facilitate healing, honor wholeness, and result in the satisfaction of certain human needs; (d) when caring is effective, the health and growth of the individual and family are promoted; (e) caring responses are accepting of the individual not only as he or she is now but as what he or she may become; (f) the intersubjective human-to-human process and connections promote a common sense of humanity, whereby one can identify self in others, and the humanity of one is reflected in others; (g) a caring

relationship is one that invites the emergence of human spirit, offers the development of authentic human potential, and allows the person to choose the best action for him or herself at any given moment in time; (h) caring is more healthogenic than is curing; (i) a caring science is complementary to the science of curing; and (j) the practice of caring is central to nursing, and therefore its contributions to humanity are rooted in the professional commitment to the values, ethics, and ideals of caring science in not just theory but in practice and research (Watson, 2008).

Watson's position can be summarized by the statement that a nurse can hardly fulfill their professional role effectively without exemplifying caring science, and that caring science can only become manifest when there is an underlying commitment to not just the values and ethics that define the nursing profession, but a willingness to care for others, regardless of their circumstance. Watson (2008) highlighted three conceptual elements that are inherent in WTOHC, including transpersonal caring relationship, caring moment/caring occasion, and the 10 carative factors (Watson, 2008).

The Relationship Between Watson's Theory of Human Caring and the Study Approach

The decision to use WTOHC as the framework for this study was based on the determination that the conceptual constructs of the theory are compatible with the variables of the proposed study. Specifically, the 10 carative factors of WTOHC address how nurses relate to their clients [e.g., students] (Watson, 2008); hence the decision to use the 10 carative factors for purposes of answering the study's research questions and testing the hypotheses. WTOHC provides details of outcomes that accompany nurses'

adherence to the 10 carative factors in their professional practice (Watson, 2008). Furthermore, subsequent research and application of WTOHC offer guidance on assessing students' perception of ICBs (Meyer et el., 2016; Wade & Kasper, 2006; Zamanza-deh et al., 2015), thereby facilitating the development of insights into how ESL versus non-ESL nursing students perceive ICBs. The inherent concepts and assumptions of WTOHC have been tested repeatedly in clinical practice and nursing education, using varied statistical techniques, in similar populations and found to be supported by empirical evidence (Begum & Slavin, 2012; DiNapoli et al., 2010; Labrague et al., 2016; Li et al., 2013; Wade & Kasper, 2006; Watson, 2012; Zamanza-deh et al., 2015). A more detailed explanation of WTOHC will be provided in Chapter 2.

Nature of the Study

Rationale for Design

The primary goal of this study was to identify differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. I used a quantitative, nonexperimental, cross-sectional, comparative research design in this study to explore the variables of the study. I selected a nonexperimental, cross-sectional research design because of its compatibility to the purpose of the study. Cross-sectional research designs have been reported to be compatible with survey research studies and yields higher quality data than retrospective research design (Panacek & Thompson, 2007). The variables of this study were not amenable to manipulation for making causation determination because I could not control who spoke ESL and who did not (Reio, 2016).

Therefore, the use of a nonexperimental design enhanced my ability to conduct the study. According to Frankfort-Nachmias et al. (2015), a cross-sectional research design enables a researcher to obtain high-quality data from respondents about their backgrounds, past experiences, and attitudes, and examine relationships between variables. The use of cross-sectional research design with a survey instrument enhanced my ability to elicit high-quality data that may increase understanding of the differences in perception of ICBs between ESL and non-ESL students enrolled in a prelicensure ASN and BSN program.

The Variables of the Study

This study was composed of both outcome and predictor variables. The outcome variables of the study consisted of the perceived ICBs relative to the following variables:

- instills confidence through caring,
- supportive learning climate,
- appreciation of life's meaning,
- control versus flexibility, and
- respectful sharing.

The predictor variable was the English language status of the nursing students as categorized into two groups as follows:

- ESL prelicensure nursing students enrolled in ASN and BSN programs, and
- non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Summary of Methodology

To answer this study's research questions, data were collected from a sample of ESL and non-ESL nursing students drawn from a population of prelicensure nursing students enrolled in a ASN or BSN program located in the Northeastern United States. The above-described population fits Frankfort-Nachmias et al.'s (2015) definition that a study's population is an aggregate of all cases/units that agree with a certain set of established attributes, based upon the research problem.

A nonprobability sampling approach was used for this study. Specifically, a convenience sampling strategy was employed to guide the sample selection process. Although a convenient sampling strategy was associated with the inability to estimate the representativeness of the population in a sample (Frankfort-Nachmias et al., 2015), it was the best suited for my study. Convenience sampling strategy is widely used and accepted in health care-related research (Panacek & Thompson, 2007). The simplicity and cost effectiveness of convenience sampling makes it ideal for a researcher with limited resources (Panacek & Thompson, 2007). Finally, a convenience sampling strategy was selected because it met the requirements of this study.

The implementation of the convenience sampling data collection strategy adhered to a step-by-step process whereby the sample was conveniently drawn from a population of prelicensure nursing students enrolled in ASN programs located in the Northeastern United States. The step-by-step procedures used for selecting the study sample was as follows: (a) secure the buy-in and support of the nursing program administrators and faculty; (b) secure the required Institutional Review Board (IRB) approvals of both

selected study site and Walden University; and (c) provide the nursing students with the requisite information about the study, secure their buy-in and obtain their informed consent to voluntarily participate in the study.

I conducted an independent *t*-test G* Power analysis using 80% power, $\alpha = 0.05$ (two-tailed), and a 0.5 (medium) effect size to determine the appropriate sample size for the study. For purposes of achieving balance in the study sample, the goal was to include 50% ESL and 50% non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. I used a two-part survey instrument for data collection. Part one of the survey instrument included the demographic information questionnaire, while part two included Wade and Kasper's (2006) 31 item Nursing Students' Perceptions of Instructors' Caring (NSPIC) Questionnaire, which has five subscales, including *instilled confidence through caring*, *supportive learning climate*, *appreciation of life's meaning*, *control versus flexibility*, and *respectful sharing*.

I used Statistical Package for the Social Sciences [SPSS] to organize and statistically analyze the data obtained from the research participants (Green & Salkind, 2014). My initial plan was to conduct my data analysis using an independent *t* test. I opted employ independent *t* test because of the ability it would afford me to summarize and organize the data in a meaningful manner, and to assess possible differences between the variables, and reject or retain the study hypotheses (Green & Salkind, 2014). However, after conducting a Shapiro-Wilk test, I found that the normality assumption was not met. To account for this outcome, I then resorted to Mann-Whitney U test, a non-parametric alternative to an independent sample *t*-test.

Definitions of Terms

There are several terms that are important to this study, and they are operationally defined as follows:

Appreciation of life's meaning – Acknowledging the experiences and perspectives of others (Munhall, 2012).

Attrition – Nursing students enrolled in a program of study that dropped out or failed to complete the program (Loftin et al., 2012).

Associate of Science in Nursing Program (ASN) – One of three basic educational pathways one can take to qualify for the NCLEX for Registered Nursing (ANA, n. d.). The curriculum, which normally takes a minimum of 2 years in a community college to complete, incorporates nursing knowledge, key biological and social sciences, and humanities. Upon graduation and successful completion of the NCLEX-RN, an associate of science degree-prepared registered nurse may practice in structured healthcare settings, such as hospitals, long term care settings, clinics, and related practice settings (NLN, 2012).

Attrition Rate **–** This is the number of nursing students who did not graduate with the initial cohort of enrollment within a defined program completion timeframe (Dennell, 2015).

At-Risk-Student – An "At-Risk-Student" is any nursing student who has a high probability for attrition or academic failure due to issues related to academic deficiencies, language barriers, cultural barriers, and personal issues (Olson, 2012)

Baccalaureate degree nursing program – One of three basic educational pathways that qualify one for the NCLEX for Registered Nursing (ANA, n. d.). The curriculum normally takes a minimum of 4 years in a college or university to complete (Waddle et al., 2015). The curriculum covers nursing knowledge, key biological and social sciences, and humanities. Upon graduation and successful completion of the NCLEX-RN, a baccalaureate degree prepared registered nurse may practice in structured healthcare settings, such as hospitals, long term care settings, clinics, and related practice settings (NLN, 2012).

Caring – The concept of caring in nursing education is defined as a teaching-learning process that is dependent on mutual instructor-student relationships and rooted in moral and human principles. In this type of teaching-learning environment, interactions between the instructor and students are caring based; the actions and feelings of the instructor and his/her students are given equal consideration. In this process, caring interactions between the instructor and the students are only possible in a safe and supportive learning environment where everyone can freely express their beliefs (Salehian et al., 2017a). Caring in nursing education can be defined simply as an instructor-student interaction that is based on human values and ethical principles and focus on the unique learning needs of the students (Salehian et al., 2016; Salehian et al., 2017b).

Caring behaviors – Behaviors that convey to an individual instillation of confidence through caring, appreciation of life's meaning, supportive learning climate, respectful sharing, and control versus flexibility (Wade & Kasper, 2006).

Control versus flexibility – Providing students with flexibility and breaks and consciously avoiding behaviors such as using grades to control students (Huber, 2013).

Culture – "… a system of shared ideas, rules, and meanings that inform individuals how to view the world and how to act or behave" (Watt & Norton, 2004, as cited in Norton & Marks-Maran, 2014).

Cultural awareness – "… being aware of different cultures" (Norton & Marks-Maran, 2014).

Cultural competence – The ability of an instructor to not only recognize and respect the cultural needs and preferences his/her student but also be able to develop appropriate instructional strategies to support and meet their diverse learning needs (Greenberg, 2013).

Culturally responsive pedagogy – "… a student-centered approach to teaching that includes cultural references and recognizes the importance of students' cultural backgrounds and experiences in all aspects of learning" (Ladson-Billings, 1995, as cited in Samuels, 2018).

Cultural sensitivity – is described by Fleming and Towey (2001) as "… an awareness of the nuances of one's own and other cultures" (Fleming &Towey, 2001, as cited in Norton & Marks-Maran, 2014).

Discrimination – An act of treating certain individuals differently for reasons that include but is not limited to the following: race, culture, skin color, national origin, and language (Graham et al., 2016). For example, when instructors deploy monoculture teaching practices that tend to ignore the learning needs and preferences of students from

different cultural orientations (Mulready-Shick, 2013) or treat other students as though they do not belong in the nursing program (Graham et al., 2016). Discrimination occurs when instructors deliberately deny certain students, equal access to quality education, as in when an instructor finds it difficult to make a pass or fail decisions about a student perceived to be different (Graham et al., 2016).

Diversity **–** Diversity in the nursing profession is when qualified nurses from different linguistic, cultural, and ethnic backgrounds belong to the same nursing profession and work together as professional nurses for the benefit of the patients they serve (Graham et al., 2016; Loftin et al., 2012).

English as a Second Language (ESL) Nursing Student - A nursing student whose primary language is not English. He or she might be bilingual, multilingual, a foreign national or immigrant nursing student who belongs to a subgroup on the U.S. minority population that struggle to make it through the nursing education program and NCLEX (Olson, 2012).

Ethnicity – "… a self-designated cultural identity related to national origin, language, religion, and tradition" (Cockerham 2013, as cited in Muncan, 2018, p 1).

Instills confidence through caring – Behaviors that demonstrate a genuine interest in caring for patients, kindness, and hope for the future (Roach, 2013).

Instructor caring behaviors – Behaviors such as treating others with respect, taking care to avoid prejudices, stereotyping, and judgments in the teaching-learning process, making accommodations for differences in culture and learning needs, and clearly describing the educational goals, expectations, and requirements to students, and

being present to direct them toward the actualization of educational goals (Salehian et al., 2017a).

Language – A vehicle for conveying cultural values or references that shape cognitive processing (Alcántara et al., 2017).

Minority group – "… any population that faces hardship, discrimination, or prejudice as a result of self-identification or extrinsically biased inclusion within an in-group" (Muncan, 2018, p. 2).

National Council Licensure Examination (NCLEX) – This is a licensure examination sponsored by the National Council of State Boards of Nursing (NCSBN, n.d.). The national council licensure examination NCLEX has two types as follows: NCLEX-PN, which is designed for initial licensure of graduates of Licensed Practical/Vocational Nursing Programs to practice as practical nurses and the NCLEX-RN, which is designed for initial licensure of graduates of diploma programs, associate degree programs, and baccalaureate degree programs to practice as registered nurses (NCSBN, n.d.). The NCLEX is a computer-based examination that is designed to confirm that graduates of nursing programs possess the requisite competencies for safe practice (Quinn et al., 2018).

Nursing Instructor or Nursing Faculty – A nursing instructor or nursing faculty is someone employed by a postsecondary educational institution to assume responsibilities that may include but not limited to participation in curriculum development, student instruction and evaluation in the classroom and/or clinical learning environments, student advising, committee membership, and documentation of personal scholarship (Penn et al.,

2008). Nursing instructor or nursing faculty is used interchangeably in this study to identify an individual or individuals who provide instruction to prelicensure nursing students on a part-time or full-time basis at a post-secondary educational institution.

Nursing student attrition – delayed graduation or non-completion in a nursing program (Donnell, 2015).

Pre-licensure nursing students – a prelicensure (also known as entry-level) nursing students are students who do not have prior state nursing license and are enrolled in either a licensed practical nurse program or any of the three registered nurse program pathways [i.e., Diploma, Associate, or Baccalaureate Degree programs] (NCSBN, n.d.).

Race – "… the sum of outer characteristics including skin, hair, and eye color…" (Cockerham 2013, as cited in Muncan, 2018, p 1).

Respectful sharing – Behaviors that convey a willingness to share information or knowledge respectfully with others (Labrague et al., 2016).

Student-instructor relationship - a relationship between a student and his or her instructor, in which the instructor assumes a facilitator role and assists the student to learn and develop both personal and professional competence (Griffith & Bakanauskas, 1983)

Supportive learning climate - Behaviors that facilitate the creation of a stress-free and conducive atmosphere for learning (Labrague et al., 2016; Carlson, 2015).

Assumptions

To reduce bias in this study, I have identified the following preconceptions and biases associated with the topic of study:

- Pre-licensure nursing students enter the nursing program from diverse backgrounds with varied experiences and dispositions.
- Nursing students desire a supportive, caring, and culturally responsive environment while attending nursing school.
- Nursing program administrators and faculty desire to create an academic atmosphere that is conducive for nursing students of all cultural and ethnic backgrounds.
- Caring is a desirable trait in a nursing instructor. A caring instructor is more likely to be available for his/her students and therefore in a better position to understand and appropriately address the students' learning needs.
- When the learning environment is supportive, caring, and culturally responsive to the varied learning needs, styles, and preferences of nursing students, students are more likely to participate in the learning process.
- When nursing students experience discrimination, stereotyping, and other unwelcoming behaviors, they are more likely to withdraw, feel intimidated and unsupported in the learning environments.
- When nursing students perceive their instructors as uncaring, they are more likely to withdraw from their instructors, reluctant to share their learning needs, receive little or no support, and ultimately experience poor educational outcomes.
- When nursing students perceive their instructors as caring, they are more likely to interact with their instructors, communicate their learning needs, receive timely support, and ultimately achieve positive academic outcomes.

These eight assumptions underlie this research study. These assumptions are necessary because they describe the specific phenomenon of interest in this study, and in so doing, provide clarity as to my assumptions that underlie this study.

Scope and Delimitations

The focus of my study was to explore perceptions of ICBs between ESL and non-ESL prelicensure nursing students. The study sample included a total of 128 actively enrolled prelicensure nursing students, who were conveniently drawn from a population of prelicensure nursing students actively enrolled either part-time or full-time in ASN and BSN programs located in the Northeastern United States. Previously licensed nursing students enrolled in other program types such as the RN-BSN, masters or doctoral programs will not be included in the study as they are outside of the scope of my study.

My study design was a quantitative, nonexperimental, cross-sectional, comparative research design. I selected a quantitative, cross-sectional research design because it is the best-suited design for my study in the design allow a researcher to study of variables in real-life situations, especially when examining possible relationships between properties and dispositions (Panacek & Thompson, 2007). I considered using a qualitative research approach, but I decided against it because qualitative research approach is not amenable to the examination of relationships between the variables in my study (Creswell, 2009; Frankfort-Nachmias et al., 2015). Also, I considered using an experimental design for my study, but I opted to use a survey design after careful consideration of my study goal, which was to describe participant opinions regarding ICBs and not to determine causation (Creswell, 2009; Thompson & Panacek, 2006). An

additional reason why I opted to use a survey design as opposed to experimental design is the high cost associated with experimental design (Frankfort-Nachmias et al., 2015, Thompson & Panacek, 2006). As a student, I was limited in terms of the time and financial resources available to me for the conduct of research; therefore, it was unwise for me to employ a research design that would be not only impossible for me to afford at this time but also completely unnecessary given that the research goal is different than the establishment of causality.

The theoretical framework of this study is another area of delimitation. My theoretical framework is Watson's (2012) theory of human caring. I selected this theoretical framework because of its compatibility with my phenomenon of interest (Creswell, 2009). I considered using other theoretical frameworks such as Swanson's (1991) middle-range theory of caring and Leininger's (1988) theory of culture care diversity and universality. However, in the end, I rejected them because the concepts in both Swanson's (1991) middle-range theory of caring and Leininger's (1988) theory of culture care diversity and universality did not align with the concepts in my study.

Given that the study sample size was relatively small and that the study was conducted in one private university, the findings may be limited in terms of its generalizability. Therefore, the findings of the study should be viewed in that context.

Limitations

A major limitation of this study was the use of a cross-sectional research design , which was associated with potential design and methodological weaknesses. Primarily, a cross-sectional research design was deficient in that it did not provide for randomization

in the sample selection process. This limitation raised the risk for potential bias due to the lack of ability for a researcher to adequately control the intrinsic factors (i.e., issues of internal validity) associated a research study (Frankfort-Nachmias et al., 2015). To mitigate the impact of the inherent limitations of a cross-sectional research design, robust and sophisticated statistical analysis procedures such as cross-tabulation and bivariate percentage analysis techniques were used to improve the effectiveness of the study design (Frankfort-Nachmias et al., 2015).

Another significant limitation of this study was the use of a survey as the measurement instrument. The use of survey instruments in research is susceptible to some implementation-related threats (Dillman et al., 2014; Sivo et al., 2006). Specifically, self-report surveys are associated with two types of measurement errors, including response bias and response variance (Dillman, Smyth, & Christian, 2014).

To reduce the impact of the limitations associated with using a survey instrument for data collection, I employed some of the strategies Sivo et al. (2006) recommended. First, I worked collaboratively with the nursing program administrators and key faculty to ensure that every potential research participant is adequately informed about the key elements of the study. Second, I prepared a research information packet that included all relevant research information and documents (i.e., purpose of the study, associated risks and benefits, informed consent statement, inclusion/exclusion criteria, demographic survey questionnaire, the 31-item Wade and Kasper's (2006) NSPIC questionnaire, survey completion guideline, as well as participant's rights, roles, and responsibilities) designed to adequately inform each participant about the study prior to his or her

completion of the study's survey questionnaire. Third, I worked with the nursing program administrators and key faculty members to ensure that each potential research participant was not only provided with the research information packet but also given the opportunity to review the materials, ask any clarifications questions he or she might have, and provide informed consent to voluntarily participate in the study prior to completing the survey questionnaire. Finally, at the conclusion of the data collection period, strategies such as "weighing adjustments" and "comparison of early and late respondents difference" was applied (Sivo et al., 2006). The expectation was that by employing the strategies mentioned above, the potential impact of threats to the study's validity will be minimized.

Significance

Minority populations are grossly underrepresented in the U.S. nursing workforce (AACN, 2014; Graham et al., 2016 Loftin et al., 2012;). Because of this reality, the U.S. minority populations are still challenged by issues of health care disparity (Graham et al., 2016). There is a consensus among major nursing and healthcare institutions that the solution to the problem of under-representation of minority populations in the U.S. nursing workforce and issues of healthcare disparity is to achieve increases in the racial and ethnic diversity of the student populations in the U. S. nursing education programs (AACN, 2014; ANA, 2011; Graham et al., 2016; IOM, 2011; Loftin et al., 2012; NLN, 2015).

ESL nursing students constitute a subpopulation of minority students that are known to have high attrition rates (Graham et al., 2016; Olson, 2012). Previous studies

have found that ESL nursing students have significantly higher attrition rates and low NCLEX pass rates than non-ESL nursing students (Graham et al., 2016; Olson, 2012). The implication being that the number of minority nurses that completing the nursing program and passing NCLEX in the United States remain inadequate to meet the health care needs of a growing minority population (Loftin et al., 2012). Previous studies have reported that ESL and other minority nursing student populations attributed their academic failures to their experiences of discrimination, stereotyping, among other uncaring behaviors from instructors (Crawford & Candlin, 2013; Hanson & Beaver, 2012; Sanner & Wilson, 2008). This attribution of poor educational outcomes to experiences of uncaring behaviors from instructors is a common theme among minority nursing student populations reported in previous studies (Graham et al., 2016; Loftin et al., 2012).

Other studies have identified the critical role that only nursing instructors can play in optimizing the educational outcomes of ESL students (Hedges, 2015; Olson, 2012). In particular, ICBs toward ESL nursing students have been identified as an important consideration if the goal of improving the educational outcomes of ESL students were to be actualized (Hedges, 2015). Other studies have found that ESL nursing students not only crave for instructors that are caring, supportive, and understanding of their unique needs, but also credit their academic success to such caring instructors (Olson, 2012). In fact, ESL nursing students perceive instructors' behaviors toward them as a significant factor relative to their educational experiences and outcomes (Crawford & Candlin, 2013;

Glasgow, 2014; Hanson & Beaver 2012; Mbulu, 2015; Mulready-Shick, 2013; Olson, 2012; Presti, 2014; Sanner & Wilson, 2008; Sung, 2015; Torregosa, 2011).

However, the information regarding the impact of ICBs on the educational experiences and outcomes of nursing students in general and ESL nursing students in particular was inconclusive. Currently, studies that specifically addressed whether there were differences in how ESL and non-ESL nursing students perceive ICBs were lacking in the nursing professional literature. Therefore, it was unclear as to whether the perceptions of ICBs being attributed to ESL nursing students was unique to them. The present study was unique because it was designed to address this gap by exploring the differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States.

The findings from this research could yield insights that may inform positive social change by influencing traditional ASN and BSN program administrators and faculty in the United States to undertake the necessary reforms of existing systems and practices for improved educational experiences and outcomes for both ESL and non-ESL students. Specifically, such insights could empower nursing program administrators and faculty to create culturally responsive educational environments where student-instructor relationships are optimized, both ESL and non-ESL student learning needs are consistently accounted for in the curriculum, and student educational experiences and outcomes are improved. The social change implications of this study were that increases in program completion and state licensure pass rates of ESL prelicensure nursing students could improve the United States nursing workforce diversity and over time, help to lower

the incidence of healthcare disparity amongst minority populations, especially those with language barriers.

Summary

The U.S. minority populations remain grossly underrepresented in the nursing workforce (AACN, 2014; Carthon et al., 2014), even as the minority populations in the U.S. are increasing and projected to continue to increase well into the future (Carthon et al., 2014; U.S. Census Bureau, 2012). ESL nursing students, a subgroup of the U.S. minority populations, is one group that could help fill the current gap in the U.S. nursing workforce. However, the successful education of ESL nursing students in the nursing education programs across the United States has remained largely elusive. ESL nursing students have significantly higher attrition rates and lower NCLEX pass rates than their non-ESL counterparts (Olson, 2012). Gilchrist and Rector (2007) reported that the attrition rate of ESL nursing students was found to be as high as 85% (as cited in Olson, 2012). Also, Bosher and Bowles (2008) found that the disparity on NCLEX pass rates between ESL and non-ESL nursing students was as high as 40% (as cited in Olson, 2012).

Previous studies have suggested that the primary reason for ESL nursing students' high attrition rates was their deficiencies in the English language (Crawford & Candlin, 2013; Olson, 2012). Others have reported that although ESL nursing students acknowledge their challenges with the English language, they largely attributed their academic failures on their experiences of discrimination, stereotyping, among other uncaring behaviors from instructors (Crawford & Candlin, 2013; Hansen & Beaver,

2012; Sanner & Wilson, 2008; Starkey, 2015). This claim by ESL nursing students that their experiences of discrimination, stereotyping, and other unsupportive behaviors from instructors was the main reason for their academic failures is a universal theme among minority nursing students as reported in previous studies (Graham et al., 2016; Loftin et al., 2012; Olson, 2012). There is a strong indication from the available literature that the role of instructors in the successful education of ESL nursing students was a significant consideration (Olson, 2012; Hedges, 2015; Sung, 2015).

There was some indication from the available literature that ESL nursing students view instructors' behaviors toward them as a major factor in their educational experiences and outcomes (Crawford & Candlin, 2013; Glasgow, 2014; Hansen & Beaver, 2012; Olson, 2012; Mbulu, 2015; Mulready-Shick, 2013; Presti, 2014; Sanner & Wilson, 2008; Starkey, 2015; Sung, 2015; Torregosa, 2011). Olson (2012) reported that ESL nursing students not only desired instructors who were caring and supportive of them, but they also credited such instructors with their academic success. Hedges (2015) suggested that instructors who were caring and supportive of ethnically diverse nursing students could positively impact their retention, while uncaring and non-supportive instructors could contribute to their increased attrition levels.

The available literature made clear that nursing students in general and ESL nursing students perceive ICBs as an important factor in their nursing education (Hedges, 2015; Mann, 2014; Olson, 2012; Torregosa, 2011). However, the information regarding the impact of ICBs on the educational experiences and outcomes of nursing students in general and ESL nursing students was inconclusive. There may be differences in how

nursing students with different backgrounds perceive ICBs. Zamanza-deh et al. (2015) reported significant variations in previous studies in how nursing students from Western and Eastern countries perceived ICBs. There was the potential that ESL and non-ESL nursing students may have differences in their perceptions of ICBs. At present, studies that specifically addressed how ESL versus non-ESL prelicensure nursing students enrolled in ASN and BSN programs perceived ICBs were lacking. Given this reality, further exploration of the phenomenon of ESL and non-ESL prelicensure nursing students enrolled in ASN, and BSN programs perceive ICBs is warranted. WTOHC (Watson, 2012) provided the theoretical framework that guided the operationalization of the research questions and hypotheses of this study.

The purpose of this quantitative, nonexperimental, cross-sectional, comparative study was to explore the differences in perceptions of ICBs of: (a) instilled confidence through caring, (b) supportive learning climate, (c) appreciation of life's meaning, (d) control versus flexibility, and (e) respectful sharing between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. Insights gained from this study may lead to important social change initiatives that could transform associate degree nursing programs in the United States. Specifically, ASN and BSN program administrators and faculty may account for the insights gained from this study in the creation of culturally responsive learning environments that could support the accommodation of differences in cultural learning needs of both ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs, and improvements in educational access, learning experiences, and outcomes

for all students, irrespective of language status. The achievement of increases in the program completion and NCLEX pass rates of ESL prelicensure nursing students enrolled in ASN and BSN programs will enhance the diversity of the U.S. nursing workforce and contribute to reductions in health care disparities among the U.S. minority populations, especially those with English language barriers.

Chapter 2 contains the review available and related literature on key variables and concepts of the study, which will cover such categories as: (a) literature related to the study's theoretical framework, (a) literature related to the theoretical framework, (b) literature related to the key variables and/or concepts of the study, and (c) summary and conclusion of the literature review.

Chapter 2: Literature Review

Introduction

Minority populations in the United States remain largely underrepresented in the U.S. nursing workforce mainly due to low recruitment rates, high attrition, and low graduation rates of minority nursing students across undergraduate nursing education programs in the United States (Phillips & Malone, 2014; Ume-Nwagbo, 2012). ESL prelicensure nursing students, a subgroup of the minority population, are known to have significantly higher attrition rates and low NCLEX pass rates than non-ESL prelicensure nursing students (Olson, 2012). ESL nursing students have attributed their high attrition rates and poor academic outcomes to their experiences of uncaring behaviors such as discrimination and stereotyping from instructors (Crawford & Candlin, 2013; Hansen & Beaver, 2012; Sanner & Wilson, 2008; Starkey, 2015). ESL nursing students have also credited their academic success to instructors' they perceive to be caring and supportive (Olson, 2012; Torregosa, 2011). It is unclear as to whether non-ESL prelicensure nursing students have different perceptions of ICBs than ESL prelicensure nursing students. An understanding of any possible differences and similarities in perceptions of ICBs between ESL and non-ESL nursing students is needed by prelicensure nursing program administrators and faculty to enhance their capacity for providing learning experiences that adequately address the learning needs of both groups.

The purpose of this quantitative, nonexperimental, cross-sectional, comparative study was to explore the differences in perceptions of ICBs of: (a) instilled confidence through caring, (b) supportive learning climate, (c) appreciation of life's meaning, (d)

control versus flexibility, and (e) respectful sharing between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. I used the WTOHC (see Watson, 1979) as the framework for the study. In the WTOHC, Watson made the point that nursing practice is defined by a special relationship (transpersonal caring relationship) between the nurse and their patient, in which the nurse understands the needs of the patient at a deeper level and then provides the patient with meaningful and dignified care that ultimately results in mutual satisfaction (Watson, 2008). In nursing education, previous studies have found that the application of caring principles may enhance the education of ethnically diverse students in particular (Hedges, 2015) and nursing students in general (Meyer et al., 2016).

In this chapter I provide a comprehensive review of the available relevant literature about the education of the underrepresented minority ESL nursing students and related topics. First, I discuss the strategy employed in this review. Next, I present an overview of WTOHC and related literature regarding its application in nursing education. I will review studies related to the key variables and concepts of the study. Specifically, I review previous studies related to the following areas: (a) literature related to the study's theoretical foundation, and (b) literature related to the key variables and concepts of the study.

Literature Search Strategy

I conducted this literature review by accessing electronic databases through the Walden University library. I accessed ProQuest Central and EBSCO Host portals through the Walden Library. ProQuest Central and EBSCO Host portals provided access to the

following databases: ProQuest Nursing and Allied Health, Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, Ovid Nursing Journals, PubMed, Science Direct, Educational Resources Information Center (ERIC), PubMed, Sage Journal, and Academic Search Complete.

I used the following search terms either individually or in combination to elicit peer-reviewed journals, research articles, and integrated literature reviews: *Watson's theory of human caring*, *caring in nursing education, faculty-student caring relationships*, *instructors' caring behaviors role*, *faculty caring behaviors*, *instructor caring behaviors, nursing students' perceptions of instructor caring behaviors*, *diversity in nursing workforce, diversity in nursing education, culturally diverse nursing students*, *underrepresented minority nursing students, attrition in nursing education*, *retention in nursing education*, *English-as-a-second language nursing students*, *ESL nursing student education*, and *barriers to ESL nursing student education.*

I identified relevant resources by searching the electronic databases using the highlighted search terms. Upon identification of a resource deemed to be relevant, I reviewed the abstract in more detail to determine the extent to which the resource addressed essential elements of the phenomenon of interest. By accessing the identified databases and using the selected search terms, I selected and carefully reviewed relevant resources for this study to highlight what is already known in the subject area, as well as the existing gap in the literature. The literature review covers both current peer-reviewed and historical literature from 1979–2019 on the factors that mediate the successful education of minority nursing students, in particular, ESL nursing students.

Theoretical Foundation

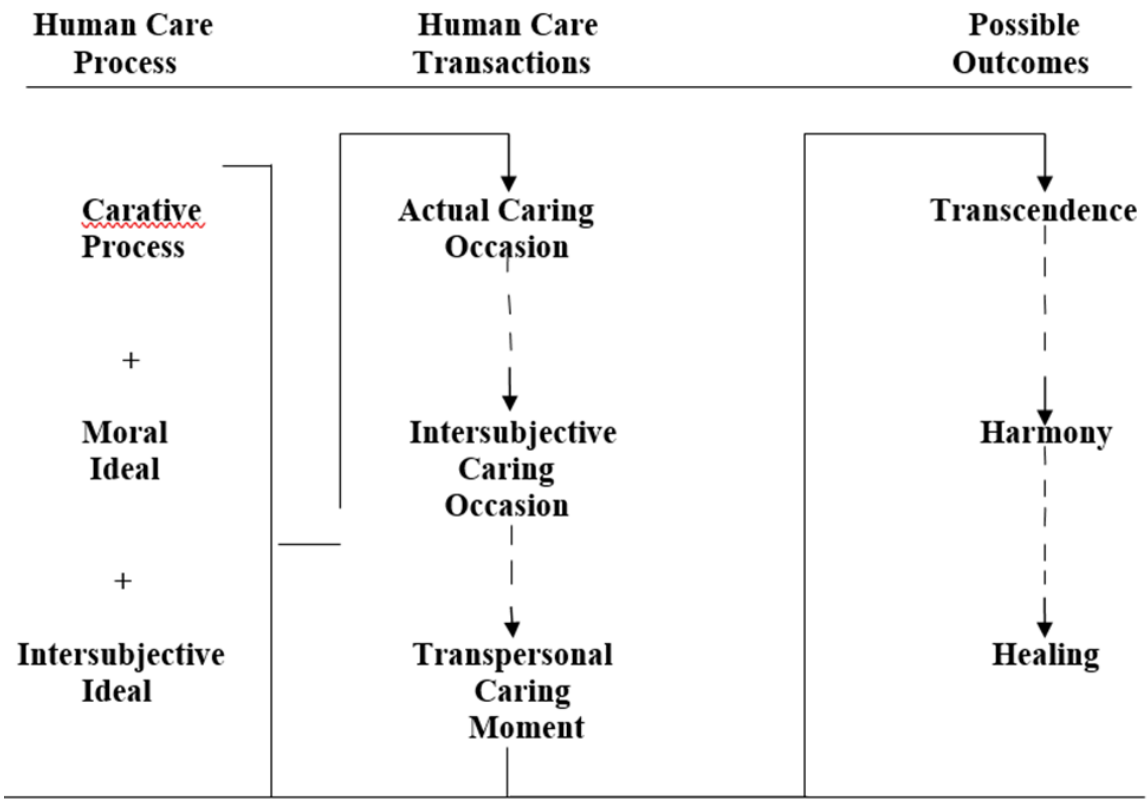
I used WTOHC (Watson, 2008) as the framework for the operationalization of the research questions and hypotheses of this study. The origin of WTOHC can be traced back to Watson's Ph.D. education at the University of Colorado, where her passion for nursing and nursing's knowledge development crystallized. It was during this time that Watson started the development of WTOHC (Cara, 2003). Watson's decision to invest her time and effort into the development of WTOHC was informed by several factors. One factor was Watson's strong belief in the metaparadigm of nursing (person, health, environment, and nursing), and another was her desire to meaningfully contribute to the re-establishment of the nursing profession as health care discipline that is independent and separate from medicine. An additional factor was her realization at the early stages of her scholarly journey that the concept of caring had not been properly defined in nursing. Watson believed that by developing WTOHC, nurses would not only have a comprehensive theory that would guide practice, but also a theory that would help clarify and distinguish nursing as a health care discipline that is distinct and separate from medicine (Watson, 2008).

WTOHC is based on several key theoretical assumptions that provide the foundational bases for the theory (Watson 2008). Among these assumptions are: (a) caring science is the fundamental essence of nursing and the foundational core of the profession;(b) it is only through interpersonal interaction that caring can effectively be demonstrated and practiced; (c) the intersubjective human-to-human process and connections maintain a common sense of humanity, provide guidance on how to be

human by identifying oneself in the other, and in so doing cause the humanity of an individual to be reflected in another; (d) caring is composed of carative factors that promote healing, honor wholeness, and contribute to the evolution of humanity, and satisfaction of human needs; (e) when caring is effective, it promotes healing, health, growth of individual or family, a sense of wholeness, forgiveness, evolved consciousness, inner peace that surpasses the crisis and fear of disease, diagnoses, illness, traumas, life changes, among other crisis situations; (f) caring responses accept an individual as he or she is at present and what he or she may become in the future; (g) a caring relationship provides for the development of human potential and allows an individual to explore available options and choose the best action for self; (h) caring is more “healthogenic” than curing; (i) a science of caring is complementary to the science of curing; and (j) the practice of caring is central to the nursing profession.

Figure 1

Watson's Theory of Human Care



Adapted from Sourial (*1995). Publisher's permission is included as Appendix C.*

WTOHC has been applied previously in similar research studies locally and internationally. Zamanza-deh et al. (2015) reported a quantitative-descriptive study conducted in Iran, in which the researchers employed WTOHC to examined nursing students' perceptions of ICBs. In conducting this study, the researchers obtained their data using Wade and Kasper's (2006, as reported in Zamanza-deh et al., 2015) inventory of Nursing Students' Perceptions of Instructor Caring (NSPIC) from a sample of 240, third through eight-semester nursing students from Tabriz University of Medical Sciences. The data analysis revealed that nursing students rated the caring behaviors of

their instructors from medium to high (M = 4.65, SD = 0.93), with the NSPIC subscale of *respectful sharing* receiving the highest instructor behavior rating, followed by *instill confidence through caring*, *appreciation of life meanings*, *supportive learning climate*, and *control versus flexibility*, respectively (Zamanza-deh et al., 2015).

In a similar study, Labrague et al. (2016) employed WTOHC to investigate nursing students' perception of ICBs from a sample of 450 nursing students drawn from four countries: Greece, India, Nigeria, and the Philippines. The researchers employed a quantitative, cross-sectional, comparative approach in the study and obtained their data using Wade and Kasper's (2006, as reported in Labrague et al., 2016) NSPIC. Their data analysis indicated that the NSPIC subscale of *instills confidence through caring* received the highest rating while the lowest rated subscale was the subscale of *control versus flexibility*. The analysis also revealed that there where statistically significant differences found in the means of NSPIC scale between Greece and Nigeria (4.164 vs. 3.855, p = 0.008) and between the Philippines and Nigeria (4.212 vs. 3.855, p = 0.003). The successful execution of these studies, both of which involved a similar population, is an indication that WTOHC is supported empirically and therefore can provide the framework for this study.

I selected WTOHC as the framework for this study based on several factors. First, the conceptual constructs of the WTOHC are compatible with the variables of the study. Specifically, the 10 carative factors of WTOHC address how nurses relate to their clients (Watson, 2012). WTOHC provides details of outcomes that accompany nurses' adherence to the 10 carative factors (Watson, 2012) during the discharge of their

professional duties. Furthermore, subsequent research and application of WTOHC offer guidance on assessing students' perceptions of ICBs (Labrague et al., 2016; Wade & Kasper, 2006; Zamanza-deh et al., 2015), thereby facilitating the development of insights into the relationship between ESL nursing students' perceptions of ICBs and program completion. Finally, the concepts and assumptions of WTOHC have been repeatedly tested in clinical practice and nursing education, using varied statistical techniques, in similar populations and found to be supported by empirical evidence (Labrague et al., 2016; Wade, & Kasper, 2006; Zamanza-deh et al., 2015).

WTOHC was socially significant in that it prescribed nursing actions that promote the physical and spiritual healing of individuals, families, and communities experiencing adverse health conditions. It was theoretically significant due to the central concept of caring, as this was grounded in the discipline of nursing and nursing science, so it can be used to guide research and improve practice (Morse et al., 1991). WTOHC has been verified as a theory that has a structure with concepts and statements that are logical. The concepts of the theory (including the 10 carative factors) were explicitly and clearly defined. The same terms and definitions are used consistently for each concept in the theory.

Since its publication in 1979, WTOHC has been verified to be a practical and useful theory in research, clinical practice, nursing education, and administration. WTOHC has been widely applied in nursing in the United States and elsewhere in the world (Nelson & Watson, 2012), which is a testament to its generalizability. Although WTOHC is quite elaborate, it still had the element of simplicity in that it could be easily

stated or explained by an average person. WTOHC has repeatedly been supported by empirical evidence. The 10 carative factors of WTOHC had been measured in several studies and found to have relationships with study findings (Labrague et al., 2015; Labrague et al., 2016; Wade & Kasper, 2006; Zamanza-deh et al., 2015). Also, The assertions inherent in the theory have been tested using varied data analysis techniques (Becker et al., 2008; DiNapoli et al., 2010; Labrague et al., 2015; Labrague et al., 2016; Murphy et al., 2009; Persky et al., 2008; Wade & Kasper, 2006; Zamanza-deh et al., 2015).

WTOHC was related to this study in several ways. First, WTOHC provided guidance as to how nurses (including nursing instructors) ought to discharge their professional roles and responsibilities. Specifically, the 10 carative factors inherent in WTOHC not only prescribe how nurses should relate to their clients but also the outcomes one should expect from such relationships.

I designed the current study to investigate the relationship between ESL nursing students perceive ICBs and program completion. The relationship of WTOHC to the current study lies in the fact that the expected professional behaviors of nurses toward their clients, which constitute the subject of this study, are embedded in WTOHC's 10 carative factors. Therefore, WTOHC provided an excellent framework to guide the study in addressing the selected research questions.

Literature Related to Key Variables and Concept of the Study

Literature Related to Nursing Students' Perceptions of Instructor Caring Behaviors in the Face-to-Face Learning Environment

Oosterbroek (2012) qualitatively explored the experiences of caring in nursing education from students and faculty perspectives. The researcher found that: (a) in nursing, caring is a way of being in the world and an attitude embedded in the personality of the nurse, (b) the nurse modeling caring is an art that can be taught and learned, (c) the presence of non-caring behaviors, experiences, and relationships can have a negative effect on students' learning environment and their learning outcomes, and (d) in general, students value caring behaviors and they believe that caring behaviors positively impacted their educational experiences relative to their ability to deal with stress, clinical experiences, and learning outcomes.

Begum and Slavin (2012) qualitatively explored the concept of caring from the perspective of Pakistani nursing students. Five themes emerged from the study: (a) students perceived instructors' caring to be similar to the caring relationship between a mother and her children whereby the mother shows love and concern toward her children; (b) instructors' caring as a helping attitude whereby the instructor guides her students through advising and provides moral support by appreciating, encouraging, listening, and counseling them; (c) instructors' caring as setting limits whereby the instructor does not let the students do as they please but actively engage with the students and get them to focus on their academic work; (d) instructors' caring as communication with her students whereby the instructor and the students actively engage in mutual

communication without restrictions; (e) instructors' caring as a source of empowerment and development whereby the instructors caring behaviors lead to students experiences of enhanced confidence, motivation, personal satisfaction, inspiration, and transformation into caring individuals in both personal and professional life.

Coombs and Googins (2012) quantitatively investigated whether the demographics of nursing students influenced their perceptions of clinical instructor caring. The researchers found that there were no significant differences in nursing students' perceptions of caring scores based on participant age, gender, ethnicity, and previous experience as a registered nurse/licensed practical nurse (RN/LPN). However, the researcher noted a significant incidental finding based on the grade a student received and perception of instructor caring (p = .017). For example, students who received a B grade had a significantly lower caring score than students who received A grade.

Ali (2012) quantitatively explored Saudi nursing students' perceptions of caring and effective teaching behavior of clinical nursing instructors in the clinical area. The researcher reported that the research participants' perceptions of the most important effective clinical teaching characteristics of clinical instructors is as follows: (a) clinical instructor is always present to work with students in the clinical area (81.4%), (b) clinical instructor asks questions relevant to clinical practice (78.8%), (c) clinical instructor has experience in training in the hospital (77.9%), (d) clinical instructor is well informed about clinical practice and demonstrates enthusiasm (76.1%), (e) clinical instructor relates clinical assignments to course objectives, provides adequate orientation to hospital policies and routine time activities at the start of clinical experience, and conducts

continuous evaluation of students (75.2%), and (f) clinical instructor imparts knowledge to students and provides them with practice opportunities to apply learned knowledge and skills (72.6%).

With regard to faculty caring behaviors, Ali (2012) reported that research participants' perceptions of the more frequently demonstrated caring behaviors ranged from 77% to 58.4% as follows: (a) clinical instructor shows genuine interest in patients and their care (77%), (b) clinical instructor respects me as an individual (74.3%), (c) clinical instructor cares about me as a person (72.6%), (d) clinical instructor acknowledges own limitations or mistakes (66.4%), (e) clinical instructor does not make me feel like a failure (64.6%), (f) clinical instructor makes me feel that I can be successful (63.7%), (g) clinical instructor believes in me and inspires me to continue my knowledge and skill development (60.2%), (h) clinical instructor helps me envision myself as a professional nurse (59.3%), and (i) clinical instructor instills in me a sense of hopefulness for the future (58.4%).

Davis-Wolfe (2014) reported a quantitative effectiveness evaluation of a student success and retention program (SSRP) that was implemented in an associate degree nursing program to improve the success and retention rates of both traditional and nontraditional nursing students. The SSRP was based on WTOHC and focused specifically on building relationships of caring and trust amongst students, faculty, staff, and nursing program administration. The researcher found a 15.1% statistically significant increase in the average completion rates for both traditional (White female students) and nontraditional students, post-intervention. For the traditional students, the

average completion rates improved from a pre-intervention rate of 73.7% to a post-intervention rate of 88.7%, which was a statistically significant difference of 15%. For the nontraditional nursing students, the average completion rates improved from a pre-intervention rate of 42.6% to a post-intervention rate of 65.3%, or a statistically significant difference of 22.7% ($p < .05$). The implication here was that the integration of caring concepts as in WTOHC in a nursing program curriculum can positively impact the program completion rates of traditional and nontraditional nursing students.

Harrison (2014) employed a mixed method approach to issues of student-faculty interaction and faculty caring from the perspectives of Black students attending a predominantly White institution. No statistically significant difference was found in the perceptions of student-faculty interaction between white and black students. However, Black students differed from Whites in the course grades in that the course grades of Black students dropped, while those of the White students increased as interaction with faculty increased. The grades of both Black and White students increased as they engaged with enriching educational experiences such as interaction with students of different ethnic/racial groups, use of technology, etc., which was a statistically significant finding with a value of $p = .000$. The grades of White students increased significantly than those of Black students as they experienced a supportive campus environment (i.e., increased quality interactions with other students, faculty, and administrative staff).

Furthermore, Harrison (2014) reported that the analysis of Black students' focus group comments revealed several themes as follows: (a) faculty members who were willing to adjust their teaching practices to address deficiencies in students' prior

knowledge were perceived as being focused on students' needs; (b) faculty who reached out to students and offered support, assistance, or encouragement were perceived by students as "going the extra mile;" (c) faculty members who showed little or no interest in the students, demonstrated a lack of concern for their requests or were too slow in their response was perceived as "disregarding" the students and uncaring; (d) faculty members who treated Black students differently than White students were perceived as uncaring; and lastly, and (e) Black students relied on "their own internal motivations and personal resources" (personal coping skills) in dealing with uncaring instructors. In so doing, the Black students persisted in the nursing program (Harrison, 2014).

Hedges (2015) quantitatively investigated ethnically diverse nursing students' perception of faculty caring behaviors. The researcher found a high similarity in the diverse nursing students' perceptions of the NSPIC subscales of faculty confidentiality and respect and least similarity with respect to the subscales of availability, acceptance, and kindness. Nevertheless, the researchers found that nursing students from all ethnic groups were similar in their perceptions of the subscales of attention, communication, confidentiality, encouragement, acceptance, and kindness. The relationship between a student's ethnicity and perceptions of faculty caring behaviors were not statistically significant. Based on the study findings, the researchers concluded that faculty caring behaviors could enhance student-faculty relationships and encourage the retention of ethnically diverse nursing students.

Labrague et al. (2015) quantitatively investigated the impact of instructors' caring behaviors on students' perceptions of their own caring behaviors using two different

standardized questionnaires including: NSPIC (Wade & Kasper, 2006) and the Caring Behavior Inventory [CBI] (Wu et al. 2006). The data analyses revealed that the NSPIC subscale of “instills confidence through caring” is the most frequently demonstrated subscale (M = 4.275, SD = 0.755), while the subscale “control versus flexibility” was the least demonstrated subscale (M = 3.469, SD = 0.701). The result from the CBI showed that the subscale “assurance” was the highest reported subscale (M = 4.796, SD = 0.949), while the subscale of “connectedness” was the lowest (M = 4.541, SD = 0.985). In general, the researchers found a significant correlation between NSPIC and CBI (r = .587, $p < .001$). Also, except for the NSPIC subscale of “supportive learning climate” which showed no significance, the remaining four subscales of NSPIC showed significant correlations with the CBI when considered individually. Among the NSPIC subscales, “instills confidence through caring” explained 32% in the CBI, while “appreciation of life’s meaning” explained only 3% in the CBI. The researchers reported that there were significant differences in how nursing students from the four countries perceived instructors’ caring behaviors which were attributed to factors such as differences in educational systems, including curricular, instructional strategies, program types and length, length of clinical exposure, as well as differences healthcare systems, level of faculty-student interaction, and culture. Based on these results, the researchers concluded that instructors’ caring behaviors positively influenced nursing students caring behaviors and nursing students can be professionally trained to develop the competence of caring through positive faculty role modeling and role modeling.

In a similar study, Labrague et al. (2016) quantitatively investigated nursing students' perceptions of instructor caring behaviors in four countries, including India, Greece, Nigeria, and the Philippines. The researchers found statistically significant differences in the means of NSPIC scale between Greece and Nigeria (4.164 vs. 3.855, $p = 0.008$) and between the Philippines and Nigeria (4.212 vs. 3.855, $p = 0.003$). There were no significant correlations found among the NSPIC scales and the students' characteristics of gender ($F = 0.060$, $p = 0.807$), age ($F = 3.220$, $p = 0.073$), educational level ($F = 0.100$, $p = 0.752$), and family status of students ($F = 1.417$, $p = 0.235$). The researcher also reported that the students gave the highest rating to the NSPIC subscale of "instills confidence through caring" ($M = 4.268$, $SD = 0.964$) and the lowest rating to "control versus flexibility" ($M = 3.609$, $SD = 1.076$). Based on the above results, the researchers suggested that the variances noted in how nursing students from different countries perceived caring may be related to possible differences in the educational systems, including differences in curriculum, teaching strategies, types and length of nursing programs, duration of clinical exposure, as well as differences in the health care systems, the number of interactions between the students and their instructors, and cultural orientations. The findings of this study are consistent with the findings of an earlier study by Labrague et al. (2015) in that both studies found that the nursing students identified the NSPIC subscale of "instills confidence through caring" as the most frequently demonstrated instructors' behavior and control versus flexibility being the least frequently demonstrated behavior.

Meyer et al. (2016) quantitatively investigated junior and senior South African student nurses' perceptions of clinical instructor caring based on the five NSPIC subscales of "instills confidence through caring," "supportive learning climate," "appreciation of life's meaning," "control versus flexibility," and "respectful sharing." Results revealed that the junior nursing students gave the highest mean score rating to the NSPIC subscale of "instills confidence through caring" (M = 5.01, SD = 0.92), followed by "supportive learning climate" (M = 4.76, SD = 0.95), "respectful sharing" (M = 4.59, SD = 0.89), "control versus flexibility" (M = 4.50, SD = 1.02), and "appreciation of life's meaning" (M = 4.48, SD = 1.11) respectively. For the senior nursing students, the NSPIC subscale of "instills confidence through caring" received the highest mean score rating (M = 4.69, SD = 0.97), followed by "supportive learning climate" (M = 4.37, SD = 1.04), "respectful sharing" (M = 4.27, SD = 1.00), "appreciation of life's meaning" (M = 4.25, SD = 1.26), and "control versus flexibility" (M = 4.02, SD = 1.06) respectively. The researcher also found no statistically significant relationship between students' perceptions of clinical instructors' caring and years completed in formal nursing education; no statistically significant relationship between student nurses' perceptions of clinical instructors' caring and frequency of instructor contact; and no statistically significant relationship between student nurses' perceptions of clinical instructors' caring behaviors and students' age. The findings of this study were similar to the results of Labrague et al.'s (2015) and Labrague et al.'s (2016) in that both studies identified the NSPIC subscale of "instills confidence through caring" as the most frequently

demonstrated instructors' caring behavior and "control versus flexibility" as the least frequently demonstrated instructors' caring behavior.

Atwood (2017) compared associate and baccalaureate degree nursing students' perceptions of clinical nursing faculty caring behaviors. The findings indicated that most of the students positively perceived the NSPIC subscale of "control versus flexibility" (94%, *n* = 403), followed by "respectful sharing" (88.2%, *n* = 377), "appreciation of life's meaning" (64%, *n* = 278), "instilled confidence" (45.1%, *n* = 193), and "supportive learning climate" (35.3%, *n* = 151) respectively. The researcher also found that baccalaureate degree nursing students had a higher score than the associate degree nursing students on all of the five NSPIC subscales as follows: on the NSPIC subscale of "instilled confidence," the baccalaureate degree nursing students was *M* = 61.32, *SD* = 7.57 while the associate degree nursing students was *M* = 60.51, *SD* = 8.53; on "supportive learning climate," the baccalaureate degree nursing students was *M* = 54.25, *SD* = 7.67 while the associate degree nursing students was *M* = 53.39, *SD* = 8.57; on "appreciation of life's meaning," the baccalaureate degree nursing students was *M* = 15.36, *SD* = 3.10 while the associate degree nursing students was *M* = 15.06, *SD* = 3.25; on "control versus flexibility," the baccalaureate degree nursing students was *M* = 21.10, *SD* = 3.40 while the associate degree nursing students was *M* = 20.93, *SD* = 3.54; and on "respectful sharing" the baccalaureate degree nursing students was *M* = 15.39 *SD* = 2.40 while the associate degree nursing students was *M* = 15.18, *SD* = 2.59, respectively.

Furthermore, Atwood (2017) reported that there was no statistically significant difference found in how nursing students perceived their faculty caring behaviors based

on the five NSPIC subscales. Specifically, the researcher reported that there were no statistically significant differences found between the students on the NSPIC subscales of "instilled confidence" (t[418] = -.96, p = .34), on "supportive learning climate" (t[416] = -1.05, p = .30), on "appreciation of life's meaning" (t[417] = -0.92, p = .36), on "control versus flexibility" (t[412] = -0.14, p = .89), on "respectful sharing" (t[421] = -1.04, p = .30). Finally, the researcher reported that the result of the MANOVA test conducted indicated that there was no statistically significant difference in the perceptions of clinical faculty's caring behaviors between baccalaureate degree nursing students and associate degree nursing students (F[5,399] = .25, p > 94; Wik's = 1.00). In summary, the researcher found that there was no statistically significant difference in perceptions of clinical faculty caring behaviors among students enrolled in baccalaureate and associate degree nursing programs. The finding of this study agrees with the findings from the studies of Labrague et al. (2015), Labrague et al. (2016), and Meyer et al. (2016), all of whom reported that nursing students irrespective of country of origin identified the NSPIC subscale of "instills confidence" as the most frequently demonstrated instructors' caring behavior. However, Atwood differed from Labrague et al. (2015), Labrague et al. (2016), and Meyer et al. (2016) regarding the NSPIC subscale that is the least frequently demonstrated instructors' caring behavior, which the researcher identified as "respectful sharing."

Zamanza-deh et al. (2015) quantitatively investigated how Iranian nursing students perceived instructors' caring behaviors. The researchers reported that the students rated the caring behaviors of their instructors during instruction to be above the

medium level with a mean score of 4.65 (*SD* = 0.93) out of 6. Additionally, Zamanza-deh et al. reported the students rated the NSPIC subscales (dimensions of caring behaviors) as follow: "respectful sharing" (*M* = 5.22, *SD* = 1.20), "instill confidence through caring" (*M* = 4.73, *SD* = 1.01), "appreciation of life meanings" (*M* = 4.54, *SD* = 1.23), "supportive learning climate" (*M* = 4.53, *SD* = 1.06), and "control versus flexibility" (*M* = 4.41, *SD* = 1.13) respectively. The indication from the result was that among the five dimensions (subscales) of NSPIC, students gave the highest rating to "respectful sharing" while "control vs. flexibility" got the lowest rating. The findings of this study were consistent with the findings reported by Labrague et al. (2015), Labrague et al. (2016), and Meyer et al. (2016) in that all four studies found that nursing students, irrespective of country of origin, perceived the NSPIC subscale of "control vs. flexibility" as the least demonstrated instructors' caring behaviors. However, the study reported by Zamanza-deh et al. (2015) differed from the studies reported by both Labrague et al. (2015), Labrague et al. (2016), and Meyer et al. (2016), regarding the NSPIC subscale that was the most frequently demonstrated instructors' caring behavior. Zamanza-deh et al. (2015) reported that Iranian students perceived the NSPIC subscale of "respectful sharing" as the most frequently demonstrated instructors' caring behavior, while Labrague et al. (2015), Labrague et al. (2016), and Meyer et al. (2016) reported that nursing students, irrespective of country of origin, identified the NSPIC subscale of "instills confidence" as the most frequently demonstrated instructors' caring behavior.

Gumabay (2017) qualitatively explored Filipino nursing students' perceptions of nursing faculty caring behaviors during the clinical experience and the effect on the

student-mentor relationship in nursing education. Three themes emerged from the study as important faculty caring behaviors because they enhanced the student-mentor relationship in the clinical area. The first theme was clinical supervision, which showed the nursing faculty who maintained an adequate presence during clinical rotation, provided support and encouragement to students, guided students as they collaborated with the interdisciplinary health care team, and provided clarifications to bridge the gaps in student theoretical knowledge and clinical practice were perceived as caring. The second theme was a professional role, which showed that nursing faculty who maintained adequate presence while carrying out their professional responsibilities toward students, provided orientation information, support, guide, and corrected student mistakes while trusting the students' abilities were perceived as caring. The third theme was personal attributes, which showed that nursing faculty who possessed the personal attributes which enabled them to establish bonds of trust with students, were approachable and friendly, inspired, and motivated students to actively engage with their studies, were willing to share their personal life experiences with students, and always checking in with the students to see if they were ok, were perceived as caring. The researcher also reported some uncaring faculty behaviors the students experienced during their clinical learning experiences, including nursing faculty being moody and upset all the time, not approachable, and not adequately present to guide and respond to students' questions or to provide clarifications on issues during the clinical rotation.

Factor and de Guzman (2017) quantitatively explicated Filipino student nurses' preferences of clinical instructors' attributes. The researchers reported that the

participants perceived clinical teaching capacity (which refers to an instructor who can keep his/her clinical teaching skills at the same pace with the students' knowledge level and experience) as the most important attribute in a clinical instructor (38.14%); followed by interpersonal relationships and caring behaviors, which refer to clinical instructors that respect students nurses as individuals and cares about them as persons, at 33.17%; knowledge, expertise and professional qualifications, meaning clinical instructors who demonstrate high level of theoretical knowledge and clinical skills, with 19.89%; and communication and feedback at 8.81%. There were no statistically significant differences found in students' clinical instructor attribute preferences when grouped by either gender or nursing program level.

Literature Related to Nursing Students' Perceptions of Instructor Caring Behaviors in the Online Learning Environment

Martindill (2012) qualitatively explored nursing students' perceptions of faculty convey caring when an instruction was provided via interactive television (ITV). Martindill found that students perceived the ITV learning environment as lacking in two universal concepts, including physical touch and some elements of presence. Other themes that emerged were that students perceived their relationship with their faculty as being reciprocal and selective, and students perceived a caring faculty as one who manifests specific behaviors that include calling students by their names and taking the time to not only recognize students' needs but responds to those needs.

Smith (2013) quantitatively explored the relationship between the nursing student's perceived caring behaviors of online nursing faculty and students' intent to

persist in the educational program. Smith reported that there was a statistically significant relationship between a student's perception of faculty caring behaviors and the student intent to persist in the online nursing program.

Walters (2013) quantitatively explored the relationship between online doctoral nursing students' perceptions of caring instructors and intent to complete the doctoral program. Walters found that students who attribute higher levels of caring to their instructors are more likely to complete the course – a statically significant finding with a Pearson Correlation of $R = .338$, $p < .001$.

Mann (2014) quantitatively investigated RN-BSN completion nursing students preferred online instructor caring behaviors. The researchers reported that 100% of respondents agreed that an instructor could create a caring online learning environment and 95.8% agreed that having a caring online learning environment influenced their success in the course. Additionally, Mann found the students identified the three most important items in creating a caring online learning environment, ranked in order of importance as: (a) instructors' attention to detail in organization and clarity, (b) prompt and detailed feedback to assignments, and (c) prompt response to students' questions.

Bork (2014) qualitatively explored the male nursing students' perceptions of caring and uncaring behaviors by nursing faculty in online courses. The researcher reported four themes that emerged from the study. First, online male nursing students perceived faculty caring behaviors as timely response to emails, assignment questions, and provision of diverse contact opportunities. Second, faculty were perceived as uncaring when they were slow in their response to students' concerns, provided only

short responses to emails, and when their assignment directions were vague. Third, male nursing students perceived faculty caring behaviors as having helped to create a supportive online learning environment, motivated them to work hard, helped them to complete assignments correctly, and be successful in a nursing course. Finally, male nursing students perceived faculty uncaring behaviors as having contributed to the creation of an unsupportive online learning environment, making them less motivated to actively engage with their learning and interfering with their ability to interact with nursing faculty.

Plante and Asselin (2014) conducted a meta-analysis of articles published between 2006–2011 to identify best practices and evidence-based strategies for creating an online learning environment that includes caring behaviors and promotes social presence. The researchers found that faculty communications which were “respectful,” “timely,” and “frequent” not only promoted the social presence and caring behaviors but also facilitated “caring interactions,” “mutual respect,” and “finding meaning in relationships”.

White (2018) quantitatively explored the relationship between RN-to-BSN online student’s perceptions of faculty supportive and caring behaviors and the influence of the perception on the student’s decision to attend graduate nursing education. Results revealed a positive correlation ($r = .281$, $p \leq .01$) between the RN-to-BSN online student’s perceptions of faculty caring behaviors and the students' intent to pursue graduate nursing education.

Sitzman (2016) qualitatively explored caring in online nursing education from instructors' perspectives. Results revealed that about 98% of research participants agreed that instructors' teaching in the online environment can identify cues indicating when a student needs individual caring intervention. Additionally, student cues indicating need for caring intervention fell into six categories, including, "academic struggles," "appeals for help," "concerning behaviors," "withdrawal," "personal problems," and "positive events." There were three categories of caring responses from instructors when student cues for caring interventions were observed, including "reaching out," "concrete academic support," and "intentional caring component." Finally, three categories of responses from students existed when they perceived caring interventions from their instructors including, "gratitude," "finding their voice," and "academic improvement."

Platt (2013) employed a mixed-methods approach and explored nursing students' perceptions of faculty caring behaviors based on program delivery format (distance/online or face-to-face) and program type (Associate of Applied Science [AAS], Bachelor of Science [BS], Master of Science [MS], and Registered Nurse to Bachelor of Science [RN to BS] programs). The researcher reported that the results generated from the quantitative data indicated no significant difference in the students' perceptions of faculty caring behaviors based on program delivery format, length of time enrolled in the program, age, or gender. A statistically significant difference was found between students' perceptions of faculty caring based program type. Specifically, AAS degree nursing students had a higher perception of faculty caring than BS degree nursing students and MS degree nursing students. Regarding the qualitative data, the researcher

reported positive and negative themes. For the positive themes, the researcher reported four themes that emerged from all program formats and types including, supportive learning environment, showing respect for students, desire to see students succeed, and faculty exemplified high professional standards. On the negative themes, the researcher reported some differences in what online students vs. face-to-face students perceived as uncaring behaviors. For the online students, faculty behaviors they perceived as uncaring include, instructors' slow response to emails, lack of personal contact with or accessibility of instructors, the anonymity of online learning, and information technology communication difficulties. For the students in face-to-face programs, the issues they perceived as faculty uncaring behaviors include, faculty dealing with students in a condescending manner, and fear of faculty retaliation when presented with students' concerns.

Literature Related to the Education of Underrepresented Minority and ESL Nursing Students

Scheele et al. (2011) conducted a meta-analysis of 55 studies (eight of which specifically addressed Asian ESL nursing students) on culturally diverse nursing students, published between 1980–2010. The researchers focused their review on four areas, including conceptual frameworks, language, communication, supportive environment and infrastructure, and instructional strategies. In language and communication, the researchers reported that the common theme that emerged from their review was that language barriers and cultural differences were the cause of the many

academic and psychosocial issues that confronted Asian ESL students in the nursing program.

Scheele et al. (2011) reported that ESL students were successful when faculty were culturally competent, reinforced confidence in the students by acknowledging individual differences in cultural values, when students were paired with a professional mentor and student groups and in that process provided students with a sense of belonging, and when conscious efforts were made to remove items from lectures and tests that discriminate against those of different cultural backgrounds. The researchers noted that a significant percentage of the instructional strategies available in the literature were based on anecdotal evidence with major limitations on generalization, rather than evidence generated through rigorous studies. Based on their review findings, the researchers highlighted the need for studies with rigorous research designs focused on developing stronger evidence to inform improvements in teaching practices that would ultimately produce enhanced Asian ESL nursing students' educational outcomes.

Loftin et al. (2012) reported on an integrated literature review that employed an adapted model of institutional support to identify barriers to successful program completion encountered by underrepresented minority nursing students. Results of the review revealed barriers that included lack of financial support, lack of emotional and moral support, isolation and loneliness, discrimination, family issues, lack of awareness of the availability of advising and academic support, lack of minority faculty to serve as mentors and role models, lack of professional socialization opportunities, and lack of access to computer resources technical support at home. There were other themes from

the review that did not fit with the adapted model, including minority nursing student's view that their White counterparts lacked cultural knowledge and competence, and indications that minority students were determined to succeed in spite of the barriers they faced.

Torregosa (2011) evaluated the effect of non-cognitive variables (i.e., English language acculturation, perception of faculty caring, networks, campus racial climate, and race) using a sample that included Hispanic ESL nursing students and non-Hispanic White nursing students whose primary language was English. In this study, Torregosa reported that perceptions of faculty caring, hours spent interacting with networks, and study location were found to be significant predictors of student success.

Olson (2012) reported the findings from a literature review of 25 previous studies that focused on identifying barriers and bridges to ESL nursing student success. Several themes emerged from the review. First, English language barrier was the most significant challenge for ESL nursing students. Second, there were two primary bridges to ESL nursing students' academic success in nursing education including, strategies designed to enhance ESL nursing students' language development, and acculturation strategies aimed at integrating them into the American mainstream culture. Third, nursing instructors were uniquely positioned to positively impact the successful education of ESL nursing students.

Olson (2012) highlighted specific strategies for facilitating ESL nursing students' academic success in the review, including early identification of ESL students in need of language support, conduct of English language acculturation assessment early in the

nursing program, and using English language acculturation scale (ELAS) to determine communicative competence and English proficiency. In addition, Olson found implementation of language support programs that were designed to address issues such as vocabulary building, grammar, abbreviation, and syntax review; integration of oral presentation and role-playing of nurse-to-nurse verbal report assignments in the curriculum; and provision of test-taking skills support service. Faculty cultural sensitivity improvement strategies such as exercises on identifying personal bias toward ESL students and developing awareness of any negative perceptions of native English speakers toward ESL nursing students facilitated success, as did implementation of concrete measures designed to increase the cultural diversity of nursing faculty.

Olson (2012) reported certain faculty characteristics highlighted in some of the studies reviewed that constituted barriers to ESL nursing students' academic success. Among these characteristics were perceptions of faculty behaviors as "…unapproachable, ignored student as a person, intimidating, derogatory, cold, and inflexible" (p. 29). Other faculty characteristics highlighted in the review as constituting barriers to ESL student success were racism, stereotyping, and monocultural teaching practices. About faculty characteristics that bridge cultural barriers and promote ESL nursing student learning, Olson reported that several studies highlighted faculty cultural competence, caring, compassion, offering emotional support, valuing students as individuals, and promoting acculturation. The findings of this literature review were consistent with the findings of the study reported by Torregosa (2011) that ICBs were associated with ESL nursing students' academic success.

Presti (2014) explored students support services in a Northeastern community college nursing program to determine which support services ESL nursing students perceived to be most helpful and which ones were the least helpful to the achievement of their academic goals. The researcher found that ESL nursing students perceived a free personal digital assistant (PDA) loaded with Nursing Central and a group of three textbooks, one-to-one tutoring, and test reviews as the most helpful support services, while study groups and negative faculty attitudes (i.e., demanding, and prejudicial attitudes) were perceived as the least helpful support services to their academic success (Presit, 2014). The findings of this study concur with Olson (2012) that ESL nursing students perceive nursing instructors who manifest supportive and caring behaviors as helpful to their positive academic outcomes, while nursing instructors who manifest racist, prejudicial, discriminatory, and stereotypical behaviors were perceived as unhelpful to their academic success.

Mulready-Shick (2013) conducted a qualitative study that explored the ESL nursing students lived experiences in the nursing program. The themes that emerged from the study included: (a) ESL nursing students' success required that they invest additional time and effort in learning English and the technical language of health care; (b) traditional and monocultural instructional practices were perceived by ESL nursing students as acts of power and dominance that negatively impacted their learning; and (c) some ESL students succeeded in the nursing program despite the ineffective teaching practices and other socioeconomic factors they encountered, mainly because of their hard work, determination, perseverance, collaborative and open spirit. Based on the study

findings, the article noted that the prevailing notion that only students with high English language proficiency can withstand the rigorous nature of nursing education is no longer the case.

Glasgow's (2014) study was designed to identify solutions for improving the cultural sensitivity practices of nursing faculty for the primary purpose of facilitating ESL nursing student educational success both in the nursing program and in practice. In this study, Glasgow reported that one of the themes which emerged from the study was that the absence of culturally sensitive instructional practices hurt the development of ESL nursing students in the areas of communication and clinical skills. The findings in this study were similar to the study reported by Mulready-Shick (2013) in that both studies found that ESL nursing students viewed instructors who were culturally sensitive and willing to account for their learning needs in their instructional as contributors to their academic success.

Sung (2015) examined the student-advisor relationship of ESL graduate nursing students in a nursing program in the United States. In this study, the researcher found that faculty influence and support, along with ESL nursing students' effort not only had a significant positive effect on the academic success of ESL nursing students but also outweigh any importance attached to a student's English language proficiency. The findings of this study was similar to the findings reported by Mulready-Shick (2013) that ESL nursing students factors other than English language proficiency were equally as important in their academic success, including positive faculty support and influence and ESL nursing student hard work and self-efficacy.

Mbulu (2015) reported on a qualitative case study that examined the views of faculty and students regarding factors that contributed to the academic success and retention of ESL nursing students in an associate degree nursing program located in a community college. The themes that emerged from the study were that faculty lacked cultural awareness and sensitivity, knowledge of the academic needs of ESL students, knowledge of teaching strategies to accommodate the learning needs of ESL students, and skills to prepare ESL students for what to expect. The findings of this study and the ones reported by Olson (2012), Mulready-Shick (2013), and Glasgow (2014) agree that ESL nursing students perceive nursing instructors who manifest culturally insensitive behaviors as detrimental to their academic success.

Crawford and Candlin (2013) reviewed both quantitative and qualitative studies conducted in the USA, Australia, the UK, and New Zealand regarding the challenges experienced by ESL students adjusting to the Western culture, English language difficulties, and the effectiveness of English language support programs. The following themes emerged from the review. First, ESL students experience difficulty adjusting to the Western culture and using the English language, including speed of lecture delivery and vocabulary used, financial stress, discrimination, social isolation, incompatible teaching practices, and language and cultural differences. Second, ESL students experience difficulty using academic English and technical language of health care, including inability to demonstrate understanding of concepts and abstractions due to limited cognitive academic language proficiency (CALP) and difficulty with higher level verbal and written communication. Finally, the findings on the effectiveness of existing

English language support programs were mixed. Most of the studies reviewed indicated that support programs were effective, while others indicated otherwise. In some of the studies reviewed, the participants indicated that their poor academic performance had more to do with their experiences of discrimination and stereotyping from instructors rather than their weaknesses in the English language. Based on the results of the review, the researchers concluded that ESL nursing students face a variety of complex and interacting challenges of difficulty adjusting to the Western culture and using advanced English and technical language required in health care. The researchers noted that although existing English language support programs indicate a mixed result, with better support programs, ESL students will develop CALP, which will not only help them succeed academically but also in the clinical area.

Zheng et al. (2014) conducted a quantitative study that compared attrition rates and academic performance of international and domestic ESL nursing student in Australia while accounting for levels of English-language usage and socio-demographic characteristics of both groups. The researchers employed a quantitative research approach with a prospective correlational design. Results revealed that the attrition rate of international ESL nursing students (7.9%) was significantly lower than the rate for domestic ESL nursing students (13.3%), and international ESL nursing students had higher GPAs than domestic ESL students. Based on the findings of this study, the researchers concluded that language acculturation, as evidenced by English-language usage and the length of stay in the host country, was not adequate to ensure a successful transition into the academic environment for both international ESL and domestic nursing

students. The findings of this study were important in that they highlighted that ESL nursing students were not a homogeneous group but rather different groups that required different levels of language support. Second, the fact that domestic ESL nursing students achieved lower GPAs than newly arrived ESL nursing students suggested that factors other than language acculturation were needed to the academic success of ESL nursing students.

Donnell's (2015) quantitative study examined the association between ESL, a reading comprehension program, and attrition rates in nursing students. Results revealed that ESL students who used a reading comprehension program were almost twice as likely to be off track or out of the program as ESL students who did not use the program. Based on the findings of this study, the researchers concluded that it is important that nurse educators evaluate student profile characteristics in a comprehensive way when determining the risk of attrition. Also, the researchers noted that reading comprehension scores could help nurse educators identify students at-risk for attrition early and then develop targeted interventions based on the results of a comprehensive evaluation of student profile characteristics.

Torregosa et al. (2015) examined quantitatively whether academic networks mediate between English language proficiency and academic performance of Mexican American baccalaureate nursing students. Results revealed that academic networks did not mediate the relationship between English language proficiency and academic performance. However, the researchers reported that academic networks have a statistically significant mediating role between Mexican American bachelor's degree

nursing students' entrance GPA and academic performance. Specifically, student interaction with academic networks was found to be a statistically significant predictor of students' course grade (M2c: B = +3.38, p = .010; M2d: B = +3.11, p = 0.19). The research indicated that students who utilized social resources (i.e., academic networks) to achieve academic success were those with prior high academic performance (i.e., high entrance GPA). Based on the findings, the researchers concluded that interventions that were designed to promote faculty-student interactions for at-risk students could enhance their academic performance.

White and Fulton's (2015) conducted an integrative literature review of the available literature on the common experiences of Black nursing students in a predominantly White nursing program. They reviewed 17 studies (including five dissertation reports) that met the inclusion criteria. White and Fulton identified three common experiences, including struggling with isolation, the importance of faculty, and the need for academic and interpersonal support.

Graham et al. (2016) reported on an integrative literature review that examined how undergraduate minority nursing students' perceptions of their clinical education experiences are reported in the literature. The minority nursing students represented in the review include Blacks, Hispanics, Asian/Pacific Islander, Portuguese, Filipino, First Nation/Aboriginal, American Indian, and other. The review identified three common perceived barriers experienced by minority undergraduate nursing students as follows: discrimination from faculty, peers, nursing staff, and patients; bias in faculty grading; and social isolation.

Ssenkungo (2016) qualitatively explored the perceptions and lived experiences of ESL prelicensure nursing students' first-attempt success on the NCLEX-RN exam. The themes that emerged from the study included that while in the nursing program, ESL nursing students benefited from faculty provided support services, standardized testing, and remediation to prepare for NCLEX. ESL nursing students found the use of standardized NCLEX prep programs after graduation to be beneficial as well. Perceptions of deficiencies in the nursing program included observations that ESL nursing students were not adequately prepared, absence of ESL nurses at the clinical settings during clinical rotations, and lack of other ESL cohorts.

Summary and Conclusions

Chapter 2 provided a review of available literature on the variables and concepts inherent in this study. I discussed the literature search strategy and specific keywords employed in the search. I also discussed WTOHC, the theoretical foundation of the study. The available literature on the perceptions of ICBs in both face-to-face and online learning environments was reviewed. Specific literature regarding the experiences of underrepresented minorities and ESL students in nursing education were examined. Based on the literature review conducted and presented in this chapter, understanding of students' perceptions of ICBs in both face-to-face and online learning environments have been recognized as important in nursing education. However, no previous study was found in the literature that focused on investigating possible differences in perceptions of ICBs between ESL and non-ESL students enrolled in prelicensure ASN and BSN programs. Although understanding nursing students' perceptions of ICBs was an

important consideration as it related to student-instructor interaction and academic performance, having an insight into possible differences in how ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN program perceive ICBs could empower nursing program administrators and faculty to undertake reforms that could improve the educational experiences and outcomes for both ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

In Chapter 3, I explain the adopted study methodology, sampling strategy, data collection instrument and process, the data analysis approach, and potential ethical issues. Specifically, I discuss how the study sample was selected; how data was collected, handled, and analyzed; and how potential ethical issues was addressed.

Chapter 3: Research Method

Introduction

In this chapter, I described the purpose of the research study. This includes the research design and rationale, the target population, the sampling methods and procedures, the recruitment and data collection, the instrumentation and operationalization of the variables, the data analysis procedures, and the study's research questions and hypothesis. I also discuss the limitations of the research design, threats to internal and external validity, the ethical procedures, and summary of the research design and methodology.

Research Design and Rationale

The purpose of this quantitative, nonexperimental, cross-sectional, comparative study was to explore the differences in perceptions of ICBs of: (a) instilled confidence through caring, (b) supportive learning climate, (c) appreciation of life's meaning, (d) control versus flexibility, and (e) respectful sharing between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. By using a cross-sectional research design, a researcher can obtain high-quality data from respondents that include backgrounds, past experiences, and attitudes to examine the relationships between variables (Frankfort-Nachmias et al, 2015). The cross-sectional research design is compatible with survey research studies (Panacek & Thompson, 2007). The use of a nonexperimental research design is warranted because some of the variables of the study cannot be manipulated for the purposes of making causation determinations (Reio, 2016).

The outcome variables were:

- instills confidence through caring,
- supportive learning climate,
- appreciation of life's meaning,
- control versus flexibility, and
- respectful sharing.

The predictor variable was the English language status of the nursing students as categorized into two groups:

- ESL prelicensure nursing students enrolled in ASN and BSN programs, and
- non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

There was one primary research question and five secondary research questions that were designed to guide the examination of the differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs. By using a cross-sectional research design with a survey instrument that specifically addressed ICBs from the perspectives of ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs, I was able to gather high-quality data necessary to explain the relationships between the inherent variables.

I used a two-part survey instrument for my data collection. Part 1 included the demographic information questionnaire and Part 2 included the 31-item Wade and Kasper's (2006) NSPIC Questionnaire. NSPIC is a 31-item questionnaire with five subscales used as variable in the present study, including instilled confidence through caring, supportive learning climate, appreciation of life's meaning, control versus

flexibility, and respectful sharing. Identification of possible differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs may provide a clearer understanding regarding how ESL and non-ESL nursing students perceive ICBs.

There were two constraints that I encountered as I conducted this study. The first constraint was related to the fact that as a student, I had very limited availability of time and financial resources to devote to the conduct of this study. I spent approximately 2.5 years to secure three prelicensure ASN programs in the Northeastern United States that agreed to serve as my study sites. The IRB approval and my data collection process took another 2 years, primarily because of emergence of COVID-19 pandemic, which basically halted my progress as the government implemented emergency orders for everyone to shelter in place. Given my student status, the associated time and financial resource limitation greatly impacted my ability to source for and secure and use prelicensure nursing programs with more diverse student population as my study sites.

A second constraint was the availability of willing participants in my target population. The study sites that agreed to work with me were ASN programs located in the Northeastern United States whereby the nursing students only attend school during the spring and fall semesters. The implication here was that my access to the nursing program administrators, faculty, and students was limited to only the spring and fall semesters. In addition to the impact of COVID-19 on my progress, all my research activities that involved contact with the nursing program administrators, faculty, or

students that I was not able to carry out during the spring and fall semesters had to be delayed.

The selected research design of a quantitative, nonexperimental, cross-sectional, comparative design was consistent with research designs needed to advance knowledge in the discipline. The selected design had been used repeatedly in previous studies with similar populations in the nursing discipline and found to be adequate (Atwood, 2017; Labrague et al., 2015; Labrague et al., 2016; Meyer et al., 2016; Zamanza-deh et al., 2015). My decision to use the selected research designed was informed by the fact that previous researchers in the nursing discipline had used similar designs in the past with great success.

Methodology

This section includes the study's target population, sampling method, sampling procedures, recruitment procedures, participation procedures, data collection procedures, instrumentation, the operationalization of variables, and data analysis procedures.

Population

The study was originally proposed to be conducted with target population of nursing students who were actively enrolled in prelicensure ASN and BSN programs located in the Northeastern United States. Part of the consideration in selected this population was based on the fact that ASN and BSN prelicensure program are usually accredited by Accreditation Commission for Education in Nursing (ACEN; 2020) and approved by State Board of Nursing. The achievement of ACEN accreditation by a nursing education program is an indication that the program meets generally accepted

nursing educational quality standards. The total estimated population of all students who would be actively enrolled in both ASN and BSN programs was approximately 328 students. Therefore, the estimated target population size for this study was about 328 students. However, due to the constraints that I encountered in the conduct of this study, as previously outlined, I was only able to secure IRB approval to conduct the study in three ASN prelicensure programs, located in the Northeastern United States.

Sampling and Sampling Procedures

A convenience sampling strategy was used to select the sample for this study. A convenience sampling strategy is a nonprobability sampling technique whereby the researcher conveniently selects research participants based on the availability and accessibility of the population to the researcher (Frankfort-Nachmias et al., 2015). Although a convenience sampling strategy is associated with the inability to estimate the representativeness of a population in a sample (Frankfort-Nachmias et al., 2015), it had important attributes that made it the most suitable for this study.

Grove et al. (2013) recommended choosing the most suitable sampling approach for a study when making decisions about selecting the study sample from a target population. Given my status as a student with limited availability of time and financial resources devoted to research, a convenience sampling strategy was the most appropriate for this study. Using a convenience sampling strategy was not only cost effective, but also afforded me the ability to conduct a meaningful research study even in the face of limited time and financial resources.

The specific procedures that were used to draw the study sample included first

securing the nursing program administrators and key faculty members' buy-in and support. The process for drawing the study sample commenced as I undertook the steps necessary to develop and sustain a positive professional working relationship with the selected prelicensure nursing program administrators and key faculty throughout the research process. These steps included sending formal introductory letters and/or emails to the nursing program administrators and key members of faculty in both the ASN and BSN programs and following up with the program administrators via email and/or telephone communications to confirm receipt of introductory letters and to schedule face-to-face meet and greet appointments. The next step was providing the program administrators and key members of faculty with relevant information about the study (e.g., the study title, purpose, study population, study inclusion/exclusion criteria, participant consent process, study survey instrument, and the amount of time that would be required of the consenting students to participate in the study). Next was to follow-up email communications that were designed to answer any lingering questions the program administrators and faculty may have and solicit for their support and assistance throughout the various stages of the research process (i.e., institutional review board, recruitment of sample, and data collection).

Before collecting data, I secured the IRB approvals from the three ASN prelicensure programs that agreed to serve as my study sites and from Walden University. I applied and received IRB approvals from both the IRB for the three study sites (IRB Approval No. SYEP-2019-04) and Walden University's IRB (IRB Approval No. 05-13-20-0182141).

Once I received IRB approvals from both my study sites and Walden University, I proceeded to provide the nursing students with the study information (study flyer, which explained the purpose, risk/benefits of participating in the study, inclusion/exclusion criteria, and the informed consent process, et cetera), through the assistance of the nursing program administrators and faculty. I used this approach to facilitate my ability to secure buy-in from the students. Participation in this study was limited to only the prelicensure ASN students who expressly and voluntarily consented to participate in the study.

In this process, I collaborated with the nursing program administrators and key faculty members to publish and distribute the relevant study materials to the prelicensure ASN program students in the three study sites. All communications with the program administrators and faculty were carried out through email communications. My contact with the students only occurred through program administrators and/or through the study participation email invitations that were sent directly from the Survey Monkey platform to the prelicensure ASN student population.

To support a researcher in making good decisions when considering which cases to include and which ones to exclude in a study, Frankfort-Nachmais et al (2015) notes the importance of establishing the criteria for inclusion and exclusion first. The inclusion criteria for my study were as follows:

- Adult nursing students over 18 years old.
- Current students enrolled part-time or full-time in either prelicensure ASN or BSN programs.

- Ability to read and write in the English language.
- Demonstrated willingness to participate in the study through informed consent.

The exclusion criteria for my study include as follows:

- Students under 18 years old.
- Students who were not currently enrolled part-time or full-time in either prelicensure ASN or BSN programs.
- Inability to read and write in the English language.
- The absence of informed consent.

According to Frankfort-Nachmias et al. (2015), an appropriate sample size for a study needs to be compatible with the sampling theory wherein the researcher's decision on sample size was based on the expected level of accuracy from their estimates (i.e., a sample size that reflects the acceptable standard error). In setting the sample size, one important goal for me to achieve was a normally distributed sample size by selecting an equal number of participants in both the ESL and non-ESL prelicensure nursing student groups. Although every effort was made to recruit a large enough sample for the proposed study, ultimately, the final sample was dependent upon the number of individuals that would voluntarily agree to participate in the study. The COVID-19 pandemic significantly impacted my ability to recruit enough participants to meet my estimated sample size of 128 students, let alone have an equal number in each group.

I had initially planned to employ an independent *t* test for my data analysis in this study. I opted to use independent *t* test because it would allow me to compare the two

groups (ESL and non-ESL) in my study.

To determine the appropriate sample size for the study, I conducted a *t* test G* Power analysis using 80% (0.8) power, $\alpha = 0.05$ (two-tailed), and a 0.5 (medium) effect size as the parameters. A priori power analysis conducted using G* Power Software - version 3.1 (Faul, Erdfelder, Buchner, & Lang, 2009) yielded results as follows: critical *t* = 1.978, *Df* = 126, total sample size = 128 (group 1 [ESL] = 64, group 2 [non-ESL] = 64), actual power = 80% (0.801). Based on the above result, I determined that a minimum of 128 participants would be required for an 80% probability of finding a statistically significant correlation between the five outcome variables and the two predictor variables (the two groups – ESL and non-ESL prelicensure nursing students).

So, my initial was to have equal number of 64 participants in both Group 1 (ESL group) and Group 2 (non-ESL group) for a total of 128 participants in the study. However, because of the constraints that I encountered during the conduct of the study, as previously outlined, I was not able to achieve the goal of having a sample of 128 students with equal number of participants in each group. The study sample ended up at fifty participants, with only three participants being in the ESL group and forty-seven being in the non-ESL group.

Another issue that I encountered during my data analysis stage was that the normality assumption was not met and as a result I was not able to use an independent *t* test as I had planned to do. Instead, I conducted my data analysis using Mann-Whitney U tests as an alternative to an independent *t* test.

Procedures for Recruitment, Participation, and Data Collection

I solicited and used the support and assistance of the program administrators and key faculty members for purposes of facilitating participant recruitment, participation, and data collection. I employed email communication approach throughout the study to reach the program administrators, faculty, and students. Program administrators and faculty served as the conduit through which the ASN students were provided with relevant study materials (i.e., study flyer, participation requirements and process, etc.) Participation in the study was through Survey Monkey – an online survey platform. Student were provided with the study participation invitation letter through the assistance of nursing program administrators or faculty or through email invitations that were sent directly from the Survey Monkey platform. I was unable to achieve the goal of having 50% of the participants in the study sample be ESL and 50% be non-ESL prelicensure nursing students. There was no monetary or any other type of compensation for participation in the study given to the participants.

I collected data using a two-part survey instrument, which was designed to take a participant approximately 20 minutes to complete. The two-part study survey instrument was available in both paper and electronic format. Participants had the option to complete the survey questionnaire electronically via an online survey or manually, using the paper and pencil version. The reason for using the approach of allowing participants the option of either completing the online or the paper and pencil survey was to account for individual student preference so as to enhance the possibility of increased participation in the study. However, because of the emergence of COVID-19 pandemic and the

associated social distancing requirements that were put in place by my study sites, participation in the study was limited to the online survey option.

I used a convenience sampling strategy to draw my study sample from a population of actively enrolled students in the prelicensure ASN programs located in the Northeastern United States. The eligible study participants completed and returned the two-part electronic study survey questionnaire. In this process, I collaborated with the nursing program administrators and key faculty to reach the nursing students through email communication for purposes of ensuring that each eligible participant in the study was provided with all relevant information about the study purpose, benefits, potential risks, and participant rights.

Prior to their participation in the study, the participants were provided with relevant study materials (i.e., study flyer, which included information about the study purpose, inclusion/exclusion criteria, risks/benefits of participation, informed consent process, etc.) and instructed to: (a) review the study information provided and respond to the informed consent question to indicate their voluntary participation in the study; (b) review and respond to each item in the inclusion/exclusion criteria as evidence of participation eligibility; (c) review and respond to each item on the demographic information questionnaire; and (d) complete the 31-item Wade and Kasper's (2006) NSPIC questionnaire . Additionally, the students were instructed that a participant may end his or her participation in the study at any time during the process if for any reason he or she felt the need to withdraw from the study.

Only the students who met the inclusion/exclusion criteria and voluntarily consented to participate in the study and were permitted to complete the online survey questionnaire. Student who did not meet the inclusion criteria, failed to voluntarily consent to participate in the study were not allowed to participate in the study. I collected data through an anonymous online survey and participants were free to either complete the entire questionnaire voluntarily or exit the survey at point that they felt uncomfortable to continue. There was no ability to debrief participants as they exit the survey.

Instrumentation and Operationalization of Constructs

I collected data using a two-part survey instrument. The data collection process involved four stages. Stage 1 of the process included the written informed consent statement. The informed consent statement/question was designed to provide the students with the opportunity to indicate their agreement to participate in the study voluntarily. Selecting a representative subset of the study population that served as the basis of data collection was an important decision in the research development process (Pilot & Beck, 2010). In making this decision, I developed a set of criteria that a nursing student must meet to be included in the study sample and another set of criteria that would exclude a nursing student from participation in the study (Lafaiver, 2012). Stage 2 of the process included the inclusion/exclusion criteria. The inclusion criteria for my study were as follows:

- Adult nursing students over 18 years old.
- Current students enrolled part-time or full-time in either prelicensure ASN or BSN programs.

- Ability to read and write in the English language.
- Demonstrated willingness to participate in the study through informed consent.

The exclusion criteria for my study include as follows:

- Students under 18 years old.
- Students who were not currently enrolled part-time or full-time in either prelicensure ASN or BSN programs.
- Inability to read and write in the English language.
- The absence of informed consent.

Stage 3 of the process included the demographic information questionnaire, or Part 1 of the two-part survey questionnaire (Appendix A). There were 11 items in the demographic information questionnaire that were designed to elicit demographic data from the research participants. The 11 items in the demographic information questionnaire included the following questions:

1. What is your age bracket?
2. What is your gender?
3. What is your ethnicity/race?
4. In what type of educational institution is your current nursing program located?
5. What is your current nursing program type?
6. What is your current nursing program enrollment track and status?
7. How long have you been enrolled in your current nursing program?

8. What is your primary language?
9. Which language did you first learned to speak at home?
10. If English is not your primary language, how long have you lived in the United States?
11. If English is not your primary language, which language do you currently speak at home?

Stage4 of the process included the study survey instrument, or Part 2 of the two-part questionnaire (Appendix B).There were 31items included the self-report Wade and Kasper's (2006) NSPIC Questionnaire with five subscales as follows: (a) *instilled confidence through caring*; (b) *supportive learning climate,* (c) *appreciation of life's meaning,* (d) *control versus flexibility*, and (e) *respectful sharing.* NSPIC was based on the 10 carative factors of WTOHC and include item statements that were reflective of ICBs (Wade & Kasper, 2006). NSPIC is a 31 item self-report survey instrument that evaluates nursing students' perceptions of ICBs based on five subscales including *instills confidence through caring*, *supportive learning climate*, *appreciation of life's meaning*, *control versus flexibility*, and *respectful sharing*. The instrument uses a 6-point Likert type scale designed to reduce the potential for neutral responses as follows: 1 = *strongly disagree,* 2 = *moderately disagree*, 3 = *slightly disagree*, 4 = *slightly agree*, 5 = *moderately agree,* and 6 = *strongly agree*. The possible range of scores is 31–186, with higher scores indicating more positive perceptions of instructor caring.

The NSPIC is a survey questionnaire designed to assess nursing students' perceptions of ICBs in a manner that yields observed data such as behavior, opinions,

attitudes, and description of trends in a numerical standard. NSPIC is certainly compatible with the current study's purpose, which was to explore the differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. Given the compatibility of NSPIC with the current study's purpose, the survey items contained in the NSPIC yielded meaningful data that were useful in answering the four research questions. According to Wade and Kasper (2006), the development of NSPIC as a survey instrument involved a two-phase process. Phase 1 of the development process included defining the concept of nursing students' perceptions of instructor caring and conducting preliminary item testing. Phase 2 included field testing of the instrument wherein the research participants were 131 nursing students (88 seniors and 43 juniors) enrolled in a baccalaureate nursing program.

To validate the construct validity of the instrument, Wade and Kasper (2006) conducted content validity, factor analysis, and convergent and predictive evaluation of the instrument. Furthermore, Wade and Kasper conducted a principal component analysis with Varimax rotation on NSPIC using SPSS version 11 and identified the five factors, or subscales, that reflect the carative factors inherent in WTOHC, which included the following: (a) *instills confidence through caring*, (b) *supportive learning climate*, (c) *appreciation of life's meaning*, (d) *control versus flexibility*, and (e) *respectful sharing*. Through the field testing using a sample of nursing students and series of statistical analyses, Wade and Kasper (2006) were able to not only reduce the NSPIC from a 69-item scale to a 31-item scale with a Cronbach's alpha coefficient of 0.97.

Since Wade and Kasper's (2006) publication of the NSPIC, the instrument was used extensively in previous studies with similar population (nursing students) from varied educational, cultural, and ethnic backgrounds and found to be valid and reliable for evaluating nursing students' perception of ICBs (Labrague et al., 2016; Nelson, 2011, Zamanza-deh et al., 2015). Based on previous studies, the reliability of NSPIC ranged from Cronbach's alpha of 0.71 to 0.97 (Labrague et al., 2016; Meyer et al., 2016; Nelson, 2011; Wade & Kasper, 2006; Zamanza-deh et al., 2015). Specifically, Wade and Kasper (2006) found NSPIC to have an internal consistency of 0.97. In a study reported by Nelson (2011), NSPIC was found to have a Cronbach's alpha of 0.95. Labrague et al. (2016) conducted a study with a sample from four different countries (Nigeria, Greece, India, and the Philippines) and found NSPIC to have a Cronbach's alpha of 0.94. Meyer et al. (2016) reported finding NSPIC to have Cronbach's alpha of 0.94. Similarly, Zamanza-deh et al. (2015) conducted a study in Iran and found NSPIC to have a Cronbach's alpha of 0.94. Judging from the Cronbach's alpha reported by previous studies, there was a strong indication that NSPIC was indeed a valid and reliable instrument for assessing students' perception of ICBs. A copy of the NSPIC questionnaire was included as Appendix B. I obtained permission from Dr. Wade (the instrument developer) to use the NSPIC survey questionnaire in this study. A copy of Dr. Wade's permission note is included as Appendix D.

Operationalization

The outcome and the predictor variables inherent in the study are operationally defined as follows:

Outcome Variables

Instills confidence through caring. This variable is operationally defined as the score of the research participants in the NSPIC instrument subscale of instills confidence through caring (Wade & Kasper, 2006).

Supportive learning climate. This variable is operationally defined as the score of the research participants in the NSPIC instrument subscale of supportive learning climate (Wade & Kasper, 2006).

Appreciation of life's meaning. This variable is operationally defined as the score of the research participants in the NSPIC instrument subscale of appreciation of life's meaning (Wade & Kasper, 2006).

Control versus flexibility. This variable is operationally defined as the score of the research participants in the NSPIC instrument subscale of control versus flexibility (Wade & Kasper, 2006).

Respectful sharing. This variable is operationally defined as the score of the research participants in the NSPIC instrument subscale of respectful sharing (Wade & Kasper,
2006).

Predictor Variable

ESL prelicensure nursing students enrolled in ASN and BSN programs. This variable is operationally defined as nursing students with English-as-a-second language enrolled in a full time or part-time associate degree nursing degree program. The ESL

students were selected to participate in the study based upon them meeting the established inclusion criteria for the study.

Non-ESL prelicensure nursing students enrolled in ASN and BSN programs. This variable is operationally defined as nursing students with English-as-a-primary-language enrolled in a full time or part-time associate degree nursing degree program. The non-ESL students were selected to participate in the study based upon them meeting the established inclusion criteria for the study.

Data Analysis Plan

I used the Statistical Package for the Social Sciences [SPSS] to organize, store, and quantitatively analyze the data obtained (Green & Salkind, 2014) using an independent *t* test (Frankfort-Nachmias et al., 2015). However, during the data analysis stage, I found that the normality assumption was not met and therefore, using an independent *t* test to conduct my analysis was no longer an option. I used a Mann-Whitney U tests as an alternative to an independent *t* test, along with descriptive statistics. I (Frankfort-Nachmias & Nachmias, 2008).

The data obtained from participants was carefully screened for accuracy, missing data, and outliers or extreme cases before data analysis (Franfort-Nachmias et al., 2015). Standardized residual values were created for each NSPIC subscale score or cases to examine any outliers (Tabachnick & Fidell, 2012). All cases with missing data were assessed for non-random patterns. Incomplete surveys were excluded from the analysis. In this process, descriptive statistics and frequency distribution tables were used to ensure that participant responses were within the range of values that were possible based on the

instrument and that any outliers in the data did not distort the result of any analysis. To provide further information about the NSPIC subscales, the means, and the standard deviations were calculated. To establish internal consistency and reliability of the instruments used in this study, I calculated and reported the Cronbach's alpha accordingly.

Research Questions and Hypotheses

Quantitative research questions and hypotheses allow a researcher to shape and focus on the purpose of the study (Creswell, 2009). While research questions are designed to facilitate inquiry about the relationships that exist among the variables of interest to the researcher, hypotheses were designed to serve as the researcher's predictions about the expected relationships among the variables (Creswell, 2009). Quantitative hypotheses have two components including null hypotheses and alternate hypotheses (Creswell, 2009).

I designed one primary research question and five descriptive quantitative research questions and applicable hypotheses (null and alternate) to guide the conduct of this study:

Research Question 1 (RQ1): What was the difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0$1): There was no difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a1): There was a difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 2 (RQ2): What was the difference in the perception of the ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 2$): There was no difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 2$): There was a difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 3 (RQ3): What was the difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 3$): There was no difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 3$): There was a difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 4 (RQ4): What was the difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_04): There was no difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a4): There was a difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 5 (RQ5): What was the difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_05): There was no difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a5): There was a difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 6 (RQ6): What was the difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 6$): There was no difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 6$): There was a difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Descriptive statistics and independent *t* test were used to analyze the data obtained (Green & Salkind, 2014). Using these statistical tests, I was able to summarize and organize the data obtained in a meaningful manner, compare the two groups' perceptions of ICBs, and reject or retain the hypothesis of the study (Frankfort-Nachmias et al., 2015).

Participant responses to each of the five NSPIC subscales (*instilled confidence through caring*, *supportive learning climate*, *appreciation of life's meaning*, *control vs. flexibility*, and *respectful sharing*) were summarized, and the total composite score was used for analysis. My initial plan was to conduct an independent *t* test for each research question to determine if the data from the ESL group was significantly different from the non-ESL group. However, because of normality assumption not being met, I conducted Mann-Whitney U tests as an alternative statistical test to identify possible differences in perceptions of ICBs between the ESL and the non-ESL prelicensure nursing student groups.

Threats to Validity

External Validity

The extent to which the findings from a particular study can be generalized outside of the study sample is known as external validity (Yilmaz, 2013). In this study, I used a convenience sampling strategy for the selection of the study sample, which limited the generalizability of the study findings (Frankfort-Nachmias et al., 2015). Another limiting factor was the fact the study sample was only 128 nursing students selected from two traditional ASN and BSN programs located in one private university in the Northeastern United States. According to Yilmaz (2013), using the proper context description in a study can significantly ameliorate the negative impact of the weakness associated with nonexperimental research design. Therefore, to enhance the external validity of this study, I strived to provide a detailed description of the study's context in a manner that will facilitate the ability of other researchers to determine the applicability of the findings outside of the study sample.

Internal Validity

According to Yilmaz (2013), internal validity in quantitative studies has to do with the extent to which the researcher is confident that findings of his or her study are derived from the inherent relationship between the variables. Given that the quantitative research design selected for this study was a nonexperimental, cross-sectional design, the primary threat to internal validity was related to the lack of randomization in the sample selection process, which raised the risk for bias due to lack of ability to adequately control the intrinsic factors (Frankfort-Nachmias et al., 2015; Thompson & Panacek,

2006). To account for the established weakness associated with nonexperimental, cross-sectional research design, I employed appropriate statistical analysis strategies that helped to mitigate the impact of the design weakness on the study (Frankfort-Nachmias et al., 2015; Thompson & Panacek, 2006). I employed SPSS for purposes of organizing and analyzing the data obtained using the adopted survey instrument (Green & Salkind, 2014). Specifically, I employed descriptive statistics along with independent *t* tests in the analysis of the data obtained from the research participants (Green & Salkind, 2014).

The measurement instrument that I adopted for this study was a 31-item Wade and Kasper's (2006) NSPIC questionnaire. The measurement instrument that I selected for this study was a potential source of weakness because survey instruments are known to be susceptible to some implementation-related threats (Dillman et al., 2014; Sivo et al., 2006). Specifically, self-report surveys are associated with certain measurement errors such as response bias and response variance (Dillman et al., 2014).

The NSPIC was designed using a Likert scale which meant that the data obtained was at the ordinal level. Ordinal level data was judged to be incompatible with parametric statistics (Norman, 2010). According to Walsh and Betz (2001), there are some factors (outside of the measurement instrument itself) that could potentially undermine the effectiveness of a measurement instrument. These factors included test content, time influence, the test examiner or scorer, the examinee, and the testing situation (Walsh & Betz, 2001). Nevertheless, I selected Wade and Kasper's (2006) NSPIC questionnaire because the content validity, empirical validity, and the construct validity of NSPIC as a measurement instrument had been well established through multiple studies that used a

similar population (Atwood, 2017; Hedges, 2015; Labrague et al., 2015; Labrague et al., 2016; Zamanza-deh, et al., 2015).

To mitigate the impact of some of the weaknesses associated with using a survey instrument for data collection in this study, I employed some of the strategies recommended by Sivo et al. (2006) early in the research process and after data collection. Specifically, I worked collaboratively with the nursing administrators and key faculty to ensure that the research participants were fully informed about the research purpose, benefits, risks, and their rights, as well as their roles and responsibilities in the research process. Collaboration with the nursing administrators and key faculty occurred through a variety of communication strategies including, email, telephone, and face-to-face communication.

In this process, I prepared a research information packet that included the following: (a) the primary researcher introduction sheet; (b) a synopsis of the research plan that explained the research purpose, methodology, population, sample, benefit, potential risks to the participants, strategies for participant protection, participant rights, roles and responsibilities; and (c) the two-part survey instrument, which included the demographic information questionnaire (Part 1), and the 31-item Wade and Kasper's (2006) NSPIC questionnaire (Part 2) . I collaborated with the nursing program administrators and key faculty members to provide the research information packet to each potential research participant before data collection. Each research participant was instructed to review the information packet and provide informed consent to voluntarily participate in the study, to review each item on the inclusion/exclusion criteria, and then

complete the demographic information questionnaire (Part 1) and complete the 31-item Wade and Kasper's (2006) NSPIC questionnaire (Part 2) in that order.

Nursing students determined to be ineligible to participate in the study for reasons of either not completing the required informed consent or not meeting any of the items on the inclusion/exclusion criteria were instructed to exit the room quietly. Participants were instructed about their right to stop the survey completion at any point during the survey completion period and quietly leave the room if for any reason they decided to withdraw from the study, even after providing the required informed consent. Once the data collection phase was completed, I employed strategies such as weighting adjustments and comparison of early and late respondent difference (Sivo et al., 2006). I worked to ensure that the selected measurement instrument was deployed carefully to avoid threats to validity that were associated with improper handling of the instruments during data collection. I assured participants that their participation in the study was anonymous; therefore, their privacy and confidentiality was protected throughout the research process.

Using a data collection instrument that was lacking in validity and reliability could also interfere with the study's internal consistency and vice-versa (Frankfort-Nachmias et al., 2015). Data collection was conducted using a previously published and repeatedly tested instrument, the NSPIC. NSPIC was developed, tested, and published by Wade and Kasper (2006). NSPIC has been used in similar studies with similar populations and in varied countries by other researchers and found to be a valid and reliable instrument for assessing nursing students' perceptions of ICBs (Labrague et al., 2016; Meyer et al., 2016; Nelson, 2011, Zamanza-deh et al., 2015).

Based on previous studies, the reliability of NSPIC ranged from Cronbach's alpha of 0.71 to 0.97 (Labrague et al., 2015; Meyer et al., 2016; Nelson, 2011; Zamanza-deh et al., 2015; Wade & Kasper, 2006). Wade and Kasper (2006) found NSPIC to have an internal consistency of 0.97. In a study reported by Nelson (2011), NSPIC was found to have a Cronbach's alpha of 0.95. Labrague et al. (2015) reported that NSPIC was found to have a Cronbach's alpha of 0.94. Meyer et al. (2016) reported finding NSPIC to have Cronbach's alpha of 0.94. Zamanza-deh et al. (2015) found NSPIC to have a Cronbach's alpha of 0.94. The strong Cronbach's alphas reported by previous studies indicate that NSPIC is supported by available literature as a valid and reliable instrument for assessing students' perception of ICBs.

Ethical Procedures

The Nuremberg Code (1949) prescribed eight specific standards that all researchers must follow when conducting research involving human subjects. These standards include: (a) the research must yield a benefit to society that cannot be obtained through other means; (b) the risks associated with a research study should not exceed the benefits; participation in research studies must be done voluntarily; (c) participants in research must be protected from unnecessary physical and emotional harm; (d) experimental research that a researcher believes is associated with the risk of death or disabling injury should not be conducted; (e) research facilities and preparations should include adequate protection from the possibility of injury or death; (f) research participants have the right to decide when to end participation in a research study; (g) a research study must be terminated at any phase that it becomes clear that human injury,

disability, or death may occur; and (h) in the event that such a study must continue, only qualified individuals should conduct all aspects of the research. This research study was designed to comply with the above-listed eight specific ethical standards prescribed in the Nuremburg Code.

To gain access to potential participants in this study, I collaborated with the nursing program administrators and key nursing faculty at the study site. This process started when I sent formal letters (via email or regular mail) to appropriate program administrators requesting their permission to conduct a research study at the nursing program that involved the nursing student population. Follow-up communications to secure the support and assistance of program administrators and faculty in the navigation of the study sites IRB process and to reach the nursing students were fulfilled primarily through emails communications. Contact with the nursing students only occurred after receiving IRB approvals from the study sites and Walden University. Accordingly, I applied and received IRB approval from the study site's IRB (IRB Approval No. SYEP-2019-04) and Walden University's IRB (IRB Approval No. 05-13-20-0182141).

Issues Related to Full Disclosure of Research Related Information

Students are generally considered a vulnerable population when involved in a research study. The sample for this study was drawn from a nursing student population; therefore, appropriate precautions were taken throughout the research process to ensure the protection of the students. Specific steps taken included, providing potential participants the relevant information about the research study, addressing any questions or concerns they might have, obtain their informed consent to participate in the study

voluntarily. According to the Nuremberg Code (1949), participation in a research study must be voluntary. To make an informed decision to participate in a research study, a potential participant must have complete and accurate information about the purpose of the study, the risks associated with participation in the study, the benefits of the study to society, participant's role, and rights in the research process, and how participant's information was handled.

To ensure that every potential participant in the study had the requisite information to make informed decision participating in this study, I developed a study flyer and a study participation invitation letter that provided relevant study information to the students. Specifically, the study flyer explained the study purpose, risks, and benefits of participation in the study, inclusion/exclusion criteria, informed consent process, and researcher and IRB contact information. The study participation invitation letter restated similar information as in the study flyer, as well as provided the students with the online survey participation weblink that would take a consenting participant to the two-part survey questionnaire.

I collaborated with the program administrators and faculty to ensure that students were advised of their rights and process to voluntarily provide informed consent to participate in the study, to refuse to provide informed consent to participate in the study, and to withdraw at any time during the research process without fear of reprisal.

Issues Related to Informed Consent

To ensure that participation in the study was strictly voluntary, every research participant was given the opportunity to review and respond to the informed consent

statement/question prior to completing the two-part study questionnaire. Only students who voluntarily gave their informed consent and met all items of the inclusion/exclusion criteria were permitted to participate in the study. The students who refused to give their informed consent and/or failed to meet any of the items of the inclusion/exclusion criteria were excluded from the study.

Issues Related to Voluntary Participation

As the Nuremberg Code (1949) prescribed, participation in research studies must be voluntary. One of the ethical challenges when students were involved in a study is the risk that students' participation in the study might not be voluntary due to fear of reprisal from their instructors—an outcome that could potentially undermine the integrity of data collection and the study results. In this study, the risk of interference emanating from instructor-student relationships was certainly a reality. To account for this risk, I made every effort to remove the undue influence of the nursing program administrators and faculty on the students' participation in the study. Specifically, I limited the support and assistance of the nursing program administrators and faculty to just providing me with access to the prelicensure nursing students, making the research information packet available to the students, and securing a 25-minute timeslot, outside of the students' scheduled class time for me to be able to meet with the students.

Only the students who were selected to participate in the study because they met the inclusion criteria were allowed to participate. No participant was forced to participate in the study. Participants were adequately informed of their right to end their participation

in the study at any point in the process, if for any reason they changed their mind, and decided to withdraw from the study.

Issues Related to Participants' Withdrawal Rights and Process

The Nuremberg Code (1949) requires that research participants have the right to decide when to end participation in a research study. The rationale behind this code is the ethical issue of compelling a student to continue his or her participation in a study even after realizing that it was not in her best interest to continue. To ensure that participants were fully informed about their right to withdraw from the study at any time during the research process, I provided every participant with information about the participants' rights relative to voluntary participation, withdrawal, as well as the process for exercising those rights. The research participants were informed from the beginning that at any point during the research process, a participant could withdraw from the study by simply emailing the researcher directly about the withdrawal decision.

Issues Related to Data Collection and Handling

The Nuremberg Code (1949) requires that participants in research must be protected from unnecessary physical and emotional harm. The rationale behind this code is the ethical issue of conducting a study without regard to the physical and emotional safety of the participant. In this study, the risk of physical safety was low. However, there was a high risk of emotional harm. Specifically, there was a risk that participants could be harmed emotionally during the research process due to possible poor handling of participant information, especially about data collection and processing.

To address this ethical issue, I disclosed to the participants that the study was designed in a manner that guaranteed the protection of the participants' private and confidential information. Specifically, during data collection, I took specific steps to ensure that participant information was handled in a manner that not only respected but also protected the privacy and confidentiality of the participants. Specifically, I informed the participants that the survey questionnaire was designed to be completed anonymously; therefore, identifying personal information would not be collected during their participation in the study. I also worked collaboratively with the nursing program administrators and key faculty members to ensure that the study participants were provided with all relevant study information that explain the study purpose, the role of participants in the process, risks/benefits, informed consent process, and withdrawal rights.

Once the data collection phase was completed, I personally supervised, coordinated, and managed the data organization, storage, access, dissemination, and disposal to ensure that participants' privacy and confidentiality was always protected throughout the data analysis process. At the conclusion of the study, the participant completed survey reports and data obtained would be stored and maintained in a locked cabinet and/or password protected electronic database for at least five years. As the primary researcher, I would be the only one with access to the storage cabinet and/or the password protected electronic databases.

Summary

A quantitative, nonexperimental, cross-sectional, comparative research design was employed to explore the differences in perceptions of ICBs between ESL and non-ESL prelicensure students enrolled in ASN and BSN programs located in the Northeastern United States. There are situations in the research process whereby manipulation of variables for purposes of making causation determination was not possible; in such situations, the use of a nonexperimental research design was warranted. Given that the difficulty in manipulating some of the inherent variables in the study for purposes of making causation determination, the selection of a quantitative, nonexperimental, cross-sectional, comparative research design was the most appropriate for the study.

The population of the study included all active prelicensure nursing students enrolled in ASN and BSN programs, which was estimated to be about 328 students. A G*Power calculation and analysis conducted indicated that the study required a sample of 128 participants comprising of two equal groups of 64 ESL and 64 non-ESL prelicensure nursing students enrolled in ASN and BSN programs. A convenience sampling strategy was used for the selection of the study sample. The goal of the sample selection process was to have a sample with 50% ESL and 50% non-ESL students. Because of the emergence of COVID-19 pandemic, I was unable to meet my proposed goal of recruiting a sample of 128 participants with equal number of participants in each group. The inclusion/exclusion criteria for the study were designed to ensure that only the students who fall within the defined population would be selected to participate in the study. A

written informed consent statement was obtained from eligible participants before participation in the study. Students who refused to sign the written informed consent statement and/or failed to meet any of the inclusion criteria items were disqualified from participating in the study. I used a two-part survey questionnaire was used for data collection. Part 1 was the demographic information questionnaire, and Part 2 was the 31-item NSPIC questionnaire.

Data analysis was conducted using SPSS. Descriptive statistics and independent *t*-tests were initially proposed as the statical tests to be used for analyzing the data obtained. The rationale was that descriptive statistics would afford me the ability to summarize and organize the data obtained, while Independent *t*-tests would allow me to compare the means of the two independent groups (ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs) regarding their perceptions of ICBs, and for determining possible differences and significance between the two groups. However, I discovered during data analysis that the use of independent *t*-tests were not feasible because normality assumption was not met. Consequently, I used Man-Whitney U tests.

Chapter 4 provides the results generated through the statistical analysis of the data obtained from the research participants. Specifically, the presentation of the results of the study in Chapter 4 focuses on answering specific research questions inherent in the study. Data are presented using tables, figures, and narration that facilitated clarity and readability of the study results.

Chapter 4: Results

Introduction

The purpose of this quantitative nonexperimental, cross-sectional, comparative research study was to explore the differences in perceptions of ICBs between ESL and non-ESL prelicensure students enrolled in ASN and BSN programs located in the Northeastern United States. In this chapter, I will present the findings of the data analyses. I present frequencies and percentages for the nominal-level variables. I conducted Cronbach's alpha tests of reliability to examine the internal consistency of the scales. I present the means and standard deviations to examine the trends in the continuous variables. To address the research questions, I conducted Mann-Whitney U tests as an alternative to the originally proposed independent sample *t* tests due to the normality assumption not being met. Statistical significance was evaluated at the generally accepted level, $\alpha = .05$.

The following research questions guided this study:

Research Question 1 (RQ1): What was the difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 1$): There was no difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a1): There was a difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 2 (RQ2): What was the difference in the perception of the ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 2$): There was no difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 2$): There was a difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 3 (RQ3): What was the difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 3$): There was no difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 3$): There was a difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 4 (RQ4): What was the difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_04): There was no difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a4): There was a difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 5 (RQ5): What was the difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_05): There was no difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a5): There was a difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Research Question 6 (RQ6): What was the difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 6$): There was no difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 6$): There was a difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Data Collection

In Chapter 3, I discussed my proposed plan regarding study population, sample, and data collection process. In that discussion, I explained that I would recruit my study participants from a population of prelicensure nursing students actively enrolled in ASN and BSN programs located in the Northeastern region of the United States. My study sample of 128 students consisting of equal number (64 each) of ESL and non-ESL prelicensure ASN and BSN students were to be selected from via convenient sampling strategy. I had proposed that the study participants would have the option of participating in the study via paper-based survey questionnaire or web-based survey questionnaire. However, the emergence of COVID-19 pandemic in March of 2020 severely impacted my ability to recruit study participants and collect my data as originally planned.

During study participant recruitment stage, the participating study sites denied me face-to-face access to the sites. I relied on the support and assistance of the program administrators and faculty members to reach the students in all three study sites. All communications throughout the duration of the study that occurred between me, the IRB

chair, the program administrators, and faculty were fulfilled via email communication. My recruitment efforts were severely hindered by the pandemic. I invited only the students actively enrolled in the three prelicensure ASN programs to participate in the study. There were no BSN students invited to participate in the study. I was unable to recruit up to my estimated study sample of 128 participants. Even the students that I was able to recruit were mostly non-ESL students with just a handful of ESL students. I was unable to offer the students the option of participating in the study via paper-based survey questionnaire as originally planned. All participants in the study completed the two-part study questionnaire via online through Survey Monkey platform.

I collected my data over a 3-month period. During this period, a total of 55 prelicensure nursing students currently enrolled in the three ASN programs responded to the study participation invite. Fifty-two of the prelicensure nursing students who responded to the study participation invitation consented to voluntarily participate in the research study, while three declined to consent. Fifty of the 52 study participants completed the two-part online survey questionnaire in full. The two participants who did not complete the questionnaire in full were subsequently removed. The final study sample consisted of 50 participants.

Results

Descriptive Statistics

I used frequencies and percentages to examine the trends in the nominal-level variables. There were six men (12.0%) and 44 women (88.0%). Everyone in the sample was at least 18 years old. The majority of the study sample consisted of White/Non-

Hispanic participants (*n* = 45, 90.0%). Majority of the study participants were prelicensure nursing students enrolled in public institutions (*n* = 49, 98.0%). The entire study sample was from three ASN programs (*n* = 50, 100.0%). A total of 14 participants (28.0%) used traditional/face-to-face programs and 36 participants (72.0%) used online/hybrid programs. Most participants had been enrolled in their current nursing program for 1–12 months (*n* = 22, 44.0%) or 13–24 months (*n* = 22, 44.0%). A total of 47 participants (94.0%) were non-ESL and three participants (6.0%) were ESL. Table 1 presents the frequencies and percentages of the nominal-level variables.

Table 1

Frequencies and Percentages for Nominal-Level Variables

Variable	*n*	*%*
What is your gender?		
Male	6	12.00
Female	44	88.00
Missing	0	0.00
What is your age bracket?		
18 years old and above	50	100.00
Missing	0	0.00
What is your ethnicity/race?		
Hispanic	1	2.00
White Non-Hispanic (Caucasian)	45	90.00
Asian	2	4.00
Other	2	4.00
Missing	0	0.00
In what type of educational institution is your current nursing program located?		
Private Institution	1	2.00
Public Institution	49	98.00
Missing	0	0.00
What is your current nursing program track/type?		
Associate of Science in Nursing (ASN) program	50	100.00
Missing	0	0.00

What is your current nursing program instruction/teaching method/approach?		
Traditional/Face-to-Face	14	28.00
Online/Hybrid	36	72.00
Missing	0	0.00
How long have you been enrolled in your current nursing program?		
1-12 months	22	44.00
13-24 months	22	44.00
25-36 months	6	12.00
Missing	0	0.00
What is your primary language?		
English language	47	94.00
Polish	1	2.00
Nepali	1	2.00
Bulgarian	1	2.00

Although the sample was conveniently drawn from a population of prelicensure ASN students, which was the population of interest, the student population lacked adequate diversity to support proper representation of both the ESL group and the non-ESL group in the study. There were significantly more non-ESL students (47 students or 96%) in the sample than ESL student (three students or 6%), which made it difficult to conduct a meaningful comparative analysis of both groups. As previously indicated, the emergence of the COVID-19 pandemic in 2020 negatively impacted my ability to recruit participants and to collect my data as originally planned. My initial plan to collect data using both paper-based survey and online survey was not possible because of the requirement of social distancing that was put in place by the authorities. My data collection was limited to the use of an online survey platform, Survey Monkey.

I developed composite scores on the survey through a mean of the respective items comprising each variable. I tested and interpreted the Cronbach's alpha values

through the guidelines suggested by George and Mallery (2020), where $\alpha \geq .9$ is *excellent*, $\alpha \geq .8$ is *good*, $\alpha \geq .7$ is *acceptable*, $\alpha \geq .6$ is *questionable*, $\alpha \geq .5$ is *poor*, and $\alpha < .5$ is *unacceptable*. Four of the six scales met the acceptable threshold for internal consistency ($\alpha \geq .70$). Control vs. flexibility ($\alpha = .661$) and respectful sharing ($\alpha = .564$) fell below the acceptable threshold for internal consistency. The low alpha value for these variables can potentially be attributed to the low number of items comprising the scales. Table 2 presents the Cronbach alpha test of reliability for the scales.

Table 2

Cronbach Alpha for Scales

Variable	Number of items	*α*
Perception of ICBs	31	.954
Instilled confidence through caring	11	.904
Supportive learning climate	10	.917
Appreciation of life's meaning	3	.834
Control versus flexibility	4	.661
Respectful sharing	3	.564

I made the decision to conduct the analysis of my study data based on the five NSPIC subscales (instilled confidence through caring, supportive learning climate, appreciation of life's meaning, control vs. flexibility, and respectful sharing) rather than a general analysis. This approach is consistent with similar previous studies (Atwood, 2017; Labrague et al., 2015; Labrague et al., 2016; Meyer et al., 2016; Zamanza-deh et al., 2015) that deployed WTOHC (Watson, 2012) as the study framework and the NSPIC (Wade & Casper, 2006) as the measurement instrument.

I examined the descriptive statistics of the six scales. Scores for perception of ICBs, the overall scale, ranged from 3.03 to 6.00, with $M = 5.07$ and $SD = 0.77$. Scores for instilled confidence ranged from 3.27 to 6.00, with $M = 5.25$ and $SD = 0.77$. Scores for supportive learning climate ranged from 2.20 to 6.00, with $M = 5.05$ and $SD = 0.95$. Scores for appreciation of life's meaning ranged from 1.33 to 6.00, with $M = 4.67$ and $SD = 1.12$. Scores for control versus flexibility ranged from 1.75 to 6.00, with $M = 4.99$ and $SD = 0.94$. Scores for respectful sharing ranged from 2.67 to 6.00, with $M = 5.00$ and $SD = 0.81$. The summary statistics for the six survey scales can be found in Table 3.

Table 3

Descriptive Statistics for Scales

Variable	*Min*	*Max*	*M*	*SD*
Perception of ICBs	3.03	6.00	5.07	0.77
Instilled confidence through caring	3.27	6.00	5.25	0.77
Supportive learning climate	2.20	6.00	5.05	0.95
Appreciation of life's meaning	1.33	6.00	4.67	1.12
Control versus flexibility	1.75	6.00	4.99	0.94
Respectful sharing	2.67	6.00	5.00	0.81

Assumption of Normality

Prior to inferential analysis, I tested the assumption of normality. Normality was assessed with six Shapiro-Wilk tests. The Shapiro-Wilk test compares the survey data to a theoretical bell-shaped curve (Howell, 2013). The findings of all six Shapiro-Wilk tests were statistically significant ($p < .05$), indicating that the data for each of the survey scales do not closely follow a bell-shaped distribution. Due to the normality assumption not being met, Mann-Whitney U tests were conducted as an alternative to the originally

proposed independent sample *t*-tests. A Mann-Whitney U test is the non-parametric alternative to an independent sample *t*-test and is not reliant on parametric assumptions such as normality (Field, 2013). Table 4 presents the findings of the Shapiro-Wilk tests for normality.

Table 4

Shapiro-Wilk Tests for Normality on Variables

Variable	Shapiro-Wilk Tests	*p*
Perception of ICBs	0.87	< .001
Instilled confidence through caring	0.85	< .001
Supportive learning climate	0.86	< .001
Appreciation of life's meaning	0.92	.003
Control versus flexibility	0.89	< .001
Respectful sharing	0.88	< .001

Research Question 1 (RQ1): What was the difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0$1): There was no difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a1): There was a difference in the perception of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

For RQ1, the results of the non-parametric Mann-Whitney U test were not statistically significant, $Z = -1.15$, $p = .252$. These findings indicate that there was not a significant difference in perceptions of ICBs between ESL and non-ESL prelicensure nursing students. The null hypothesis for RQ1 was retained. Table 5 summarizes the results of the Mann-Whitney U test for RQ1.

Table 5

Mann-Whitney U Test for Perception of ICBs between Non-ESL and ESL Pre-licensure Nursing Students

Variable	ESL			Non-ESL			Mann-Whitney U test	
	n	*M*	*SD*	*n*	*M*	*SD*	*Z*	*p*
Perception of ICBs	3	4.41	1.25	47	5.11	0.73	-1.15	.252

Research Question 2 (RQ2): What was the difference in the perception of the ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0$2): There was no difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a2): There was a difference in the perception of ICB of *instilled confidence through caring* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

For RQ2, the results of the non-parametric Mann-Whitney U test were not statistically significant, $Z = -1.15$, $p = .251$. These findings indicate that there was not a significant difference in instilled confidence through caring scores between ESL and non-

ESL prelicensure nursing students. The null hypothesis for RQ2 was retained. Table 6 summarizes the results of the Mann-Whitney U test for RQ2.

Table 6

Mann-Whitney U Test for Instills Confidence Through Caring between Non-ESL and ESL Pre-licensure Nursing Students

Variable	ESL			Non-ESL			Mann-Whitney U test	
	n	*M*	*SD*	*n*	*M*	*SD*	*Z*	*p*
Instills confidence through caring	3	4.73	1.01	47	5.28	0.75	-1.15	.251

Research Question 3 (RQ3): What was the difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_03): There was no difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a3): There was a difference in the perception of ICB of *supportive learning climate* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

For RQ3, the results of the non-parametric Mann-Whitney U test were not statistically significant, Z = -1.13, $p = .260$. These findings indicate that there was not a significant difference in supportive learning climate scores between ESL and non-ESL prelicensure nursing students. The null hypothesis for RQ3 was retained. Table 7 summarizes the results of the Mann-Whitney U test for RQ3.

Table 7

Mann-Whitney U Test for Supportive Learning Climate between Non-ESL and ESL Pre-licensure Nursing Students

Variable	ESL			Non-ESL			Mann-Whitney U test	
	n	*M*	*SD*	*n*	*M*	*SD*	*Z*	*p*
Supportive learning climate	3	4.20	1.80	47	5.11	0.88	-1.13	.260

Research Question 4 (RQ4): What was the difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 4$): There was no difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 4$): There was a difference in the perception of ICB of *appreciation of life's meaning* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

For RQ4, the results of the non-parametric Mann-Whitney U test were not statistically significant, $Z = -0.35$, $p = .727$. These findings indicate that there was not a significant difference in appreciation of life's meaning scores between ESL and non-ESL prelicensure nursing students. The null hypothesis for RQ4 was retained. Table 8 summarizes the results of the Mann-Whitney U test for RQ4.

Table 8

Mann-Whitney U Test for Appreciation of Life's Meaning between Non-ESL and ESL Pre-licensure Nursing Students

Variable	ESL			Non-ESL			Mann-Whitney U test	
	n	*M*	*SD*	*n*	*M*	*SD*	*Z*	*p*
Appreciation of life's meaning	3	4.00	2.31	47	4.71	1.04	-0.35	.727

Research Question 5 (RQ5): What was the difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis (H_05): There was no difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis (H_a5): There was a difference in the perception of ICB of *control versus flexibility* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

For RQ5, the results of the non-parametric Mann-Whitney U test were not statistically significant, $Z = -1.51$, $p = .132$. These findings indicate that there was not a significant difference in control versus flexibility scores between ESL and non-ESL prelicensure nursing students. The null hypothesis for RQ5 was retained. Table 9 summarizes the results of the Mann-Whitney U test for RQ5.

Table 9

Mann-Whitney U Test for Control Versus Flexibility between Non-ESL and ESL Pre-licensure Nursing Students

Variable	ESL			Non-ESL			Mann-Whitney U test	
	n	*M*	*SD*	*n*	*M*	*SD*	*Z*	*p*
Control versus flexibility	3	4.33	0.52	47	5.03	0.94	-1.51	.132

Research Question 6 (RQ6): What was the difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs?

Null Hypothesis ($H_0 6$): There was no difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

Alternative Hypothesis ($H_a 6$): There was a difference in the perception of ICB of *respectful sharing* between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

For RQ6, the results of the non-parametric Mann-Whitney U test were not statistically significant, Z = -0.60, $p = .547$. These findings indicate that there was not a significant difference in respectful sharing scores between ESL and non-ESL prelicensure nursing students. The null hypothesis for RQ6 was retained. Table 10 summarizes the results of the Mann-Whitney U test for RQ6.

Table 10

Mann-Whitney U Test for Respectful Sharing between Non-ESL and ESL Pre-licensure Nursing Students

Variable	ESL			Non-ESL			Mann-Whitney U test	
	n	*M*	*SD*	*n*	*M*	*SD*	*Z*	*p*
Respectful sharing	3	4.44	1.68	47	5.04	0.75	-0.60	.547

Summary

The purpose of this quantitative nonexperimental, cross-sectional, comparative research design was to explore the differences in perceptions of ICBs between ESL and non-ESL prelicensure students enrolled in ASN and BSN programs located in the Northeastern United States. In this chapter, I presented the findings of the data analyses were presented. Frequencies and percentages were used to examine the nominal-level variables. I used Cronbach alpha test of reliability to examine the internal consistency of the scales. Four of the six scales met the acceptable threshold for internal consistency. Means and standard deviations were used to examine the trends in the survey scales. To address the research questions, I initially proposed a series of independent sample *t*-tests. However, due to the normality assumption not being met for the variables, a series of Mann-Whitney U tests were conducted as an alternative. The findings of each of the Mann-Whitney U tests were not statistically significant. The null hypotheses for the six research questions were retained. In the next chapter, the findings will continue to be examined in the context of the existing literature. Limitations of the current research and recommendations for future studies will also be provided.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore the differences in perceptions of ICBs between ESL and non-ESL prelicensure nursing students enrolled in ASN and BSN programs located in the Northeastern United States. I used a quantitative nonexperimental, cross-sectional, comparative research design to explore the variables of the study. The outcome variables were the perceived ICBs, which included five variables as follows: instills confidence through caring, supportive learning climate, appreciation of life's meaning, control vs. flexibility, and respectful sharing. The predictor variable was the English language status of the prelicensure nursing students as categorized into two groups as follows: ESL prelicensure nursing students enrolled in ASN, and BSN programs and non-ESL prelicensure nursing students enrolled in ASN and BSN programs.

I used WTOHC (see Watson, 1979) as the framework for the study. In WTOHC, Watson made the point that nursing practice is defined by a special relationship (transpersonal caring relationship) that exists between the nurse and the patient, in which the nurse understands the needs of the patient at a deeper level and then provides the patient with meaningful and dignified care that ultimately results in mutual satisfaction (Watson, 2008).

Minority populations are underrepresented in the U.S. nursing workforce (AACN, 2014; Murray et al., 2016), which is a major factor in the seemingly perennial problem of health care disparity amongst minority populations in the United States. This continuing

problem of underrepresentation of minority populations in the nursing field has been linked to the low recruitment and high attrition rates of minority nursing students (Ume-Nwagbo, 2012). ESL nursing students have been identified as a subgroup of the minority population in the United States that could help alleviate the problem of health care disparity if they are successfully educated and qualified for the nursing role (Olson, 2012). Previous studies found that ESL nursing students experienced significantly higher attrition rates (Crawford & Candlin, 2013; Moore & Clark, 2016; Olson, 2012) and lower NCLEX pass rates than their non-ESL counterparts (Greenberg, 2013; Hansen & Beaver, 2012; Miguel et al., 2013; Olson, 2012).

The poor educational outcomes of minority populations, including ESL nursing students, has been linked to their perceptions of ICBs (Olson, 2012), as well as culturally incongruent and nonresponsive educational environments (Ritchey, 2014). ESL nursing students concede that although their deficiencies in English language may be a factor, they attribute their poor academic outcomes largely to their experiences of discrimination and stereotyping, among other uncaring behaviors from instructors (Crawford & Candlin, 2013; Sanner & Wilson, 2008; Starkey, 2015). ESL nursing students feel comfortable to share their learning needs with their instructors only when they feel that instructors genuinely care about them and when the educational environments are culturally congruent and responsive. Given the critical role that nursing instructors play in the development and academic success of ESL nursing students, it is important that they are knowledgeable about the cultural and unique learning needs of ESL nursing students (Mbulu, 2015; Olson, 2012).

To assess whether differences exist in the perceptions of ICBs between ESL and non-ESL prelicensure nursing students, I evaluated ESL and non-ESL nursing students who were enrolled in three ASN programs located in the Northeastern United States. In conducting the study, I employed one primary research question and five descriptive quantitative research questions and applicable hypotheses (null and alternate).

A total of 55 prelicensure nursing students currently enrolled in three ASN programs responded to the study participation invitation. Fifty-two of the 55 prelicensure nursing students voluntarily consented to participate in the research study, while three declined to consent. The findings in this study indicated that there was not a statistically significant difference between prelicensure ESL and non-ESL ASN students in how they perceived ICBs.

Interpretation of the Findings

My findings are similar to the findings reported in previous studies. Coombs and Googins (2012) investigated whether the cultural identity of senior level nursing students influenced their perceptions of clinical instructor caring and found no statistically significant difference in caring scores based on participant age, gender, ethnicity, and previous experience. In a similar study, Atwood (2017) compared ASN and BSN students' perceptions of clinical nursing faculty caring behaviors and found no statistically significant difference in how both groups of nursing students perceived their clinical faculty caring behaviors based on the five NSPIC subscales. Labrague et al. (2016) reported a different finding in their study, in which they investigated the perceptions of instructors caring of nursing students from four countries, including

Nigeria, India, Philippines, and Greece. The researchers found statistically significant differences in the means of NSPIC scales between Greece and Nigeria (4.164 vs. 3.855, p = .008) and between the Philippines and Nigeria (4.212 vs. 3.855, p = .003). Labrague et al. (2016) attributed the variances found in how nursing students from different countries perceived instructors caring to possible differences in the educational systems, the health care systems, and cultural orientations.

With regard to the five specific NSPIC subscales, both the prelicensure ESL and non-ESL ASN students perceived instills confidence through caring (M = 5.25, SD = 0.77) as the most frequently demonstrated subscale, followed by supportive learning climate (M = 5.05, SD = 0.95), respectful sharing (M = 5.00, SD = 0.81), control vs. flexibility (M = 4.99, SD = 0.94), and appreciation of life's meaning (M = 4.67, SD = 1.12). The above findings are similar in some respects to the findings reported in previous studies and different in others. Specifically, my findings concur with the results of previous studies (Atwood, 2017; Meyer et al., 2016; Labrague et al., 2015; Labrague et al., 2016) that nursing students perceived instills confidence through caring as the most frequently demonstrated NSPIC subscale. However, my study findings and the results of previous studies (Meyer et al., 2016; Labrague et al., 2015; Labrague et al., 2016) differ in the order in which the nursing students perceived the remaining four NSPIC subscales of respectful sharing, appreciation of life meanings, supportive learning climate, and control vs. flexibility.

Meyer et al. (2016) investigated junior and senior South African student nurses' perceptions of clinical instructor caring based on the five NSPIC subscales and found that

instills confidence through caring was the most frequently demonstrated subscale with junior nursing students (*M* = 5.01, *SD* = 0.92) and senior nursing students (*M* = 4.69, *SD* = 0.97), followed by supportive learning climate with junior nursing students (*M* = 4.76, *SD* = 0.95), and senior nursing students (*M* = 4.37, *SD* = 1.04), respectful sharing with junior nursing students (*M* = 4.59, *SD* = 0.89) and senior nursing students (*M* = 4.27, *SD* = 1.00). The two groups differed in how they perceived the NSPIC subscales of control vs. flexibility and appreciation of life's meaning. The junior nursing students perceived control vs. flexibility (*M* = 4.50, *SD* = 1.02) and appreciation of life's meaning (*M* = 4.48, *SD* = 1.11) as the fourth and fifth most frequently demonstrated NSPIC subscales respectively. The junior nursing students on the other hand perceived appreciation of life's meaning (*M* = 4.25, *SD* = 1.26) and control vs. flexibility (*M* = 4.02, *SD* = 1.06) as the fourth and fifth most frequently demonstrated NSPIC subscales respectively.

Similarly, Atwood found that the NSPIC subscale of instills confidence through caring was perceived as the most frequently demonstrated subscale with BSN students (*M* = 61.32, *SD* = 7.57) and ASN students (*M* = 60.51, *SD* = 8.53), followed by supportive learning climate with BSN students (*M* = 54.25, *SD* = 7.67), and ASN students (*M* = 53.39, *SD* = 8.57), control vs. flexibility with BSN students (*M* = 21.10, *SD* = 3.40), and ASN students (*M* = 20.93, *SD* = 3.54), respectful sharing with BSN students (*M* = 15.39, *SD* = 2.40) and ASN students (*M* = 15.18, *SD* = 2.59), and appreciation of life's meaning with BSN students (*M* = 15.36, *SD* = 3.10) and ASN students (*M* = 15.06, *SD* = 3.25). The findings of my study were consistent with those of Meyer et al. (2016) and Atwood (2017) in that all three studies found that the nursing students perceived instills

confidence through caring as the most frequently demonstrated NSPIC subscale and appreciation of life's meaning as least frequently demonstrated NSPIC subscale.

Labrague et al. (2015) and Labrague et al. (2016) also discovered findings similar to my findings that nursing students perceived instills confidence through caring. Labrague et al. (2015) reported *M* = 4.275 and *SD* = 0.936, while Labrague et al. (2016) reported *M* = 4.268 and *SD* = 0.964, respectively. However, both Labrague et al. (2015) and Labrague et al. (2016) differed with my study on how the students perceived the other four NSPIC subscales. Labrague et al. (2015) and Labrague et al. (2016), reported that nursing students perceived control vs. flexibility as the least frequently demonstrated subscale instead of appreciation of life's meaning as this study found. However, Labrague et al.'s (2016) findings were different from my study's finding about how nursing students perceived the other four NSPIC subscales. Labrague et al. (2016) found that the nursing students perceived appreciation of life's meaning as the second most frequently demonstrated NSPIC subscale, followed by respectful sharing (*M* = 4.072, *SD* = 1.061), supportive learning climate (*M* = 3.974, *SD* = 0.974), and control vs. flexibility (*M* = 3.609, *SD* = 1.076).

Zamanza-deh et al. (2015) investigated how Iranian nursing students perceived instructors' caring behaviors and found that the nursing students perceived respectful sharing (*M* = 5.22, *SD* = 1.20) as the most frequently demonstrated NSPIC subscale, followed by instill confidence through caring (*M* = 4.73, *SD* = 1.01), appreciation of life meanings (*M* = 4.54, *SD* = 1.23), supportive learning climate (*M* = 4.53, *SD* = 1.06), and control vs. flexibility (*M* = 4.41, *SD* = 1.13), respectively. Zamanza-deh et al. (2015)

finding is consistent with the findings reported in Labrague et al. (2015), Labrague et al. (2016), and Meyer et al. (2016) in that all four studies found that nursing students perceived control vs. flexibility as the least demonstrated NSPIC subscale. My finding was different, as I showed that nursing students perceived the least frequently demonstrated NSPIC subscale to be appreciation of life meanings.

My findings confirm the results of Meyer et al. (2016), Labrague et al. (2015), Labrague et al. (2016), and Atwood (2017) that nursing students perceived instills confidence through caring as the most frequently demonstrated NSPIC subscale. However, where the studies differ is in the order in which the nursing students perceive the remaining four NSPIC subscales. Contrary to the finding of my study, Meyer et al. (2016), Labrague et al. (2015), and Labrague et al. (2016), revealed that nursing students perceive control vs. flexibility as the least frequently demonstrated NSPIC subscale instead of appreciation of life's meaning as found in this study.

Limitations of the Study

There were several limitations associated with my study that may impact how the findings of this study are used. First, this study was conducted during the COVID-19 pandemic, which affected both the participant recruitment and the data collection process. Specifically, the study was originally proposed to include 128 participants, divided into two equal groups of ESL and non-ESL prelicensure nursing students recruited from both ASN and BSN programs. However, because of the challenges associated with COVID-19 pandemic, I was only able to recruit a total of 50 prelicensure nursing students from ASN programs. Of the 50 participants in the study, 47 students were non-ESL students, while

only three were ESL students. Because of this unequal grouping, it was difficult to compare the two groups as to how they differed in their perceptions of ICBs.

A second limitation of this study was time. I conducted this study for a doctoral dissertation, which had a time limitation and could not wait for the COVID-19 pandemic to be over to continue with the study. This study was also conducted using an online survey instrument. The use of survey as the measurement instrument of a research study is susceptible to implementation-related threats, such as response bias and response variance (Dillman et al., 2014).

Recommendations

Further research in the focus area of this study is warranted given the limitations associated with this study and the findings from previous studies that suggested the existence of a gap in the nursing literature. Future research will benefit from recruiting a larger number of participants from both prelicensure ASN and BSN programs with diverse student population. Therefore, the chances that recruiting an adequate number of both ESL and non-ESL students and subsequently collecting data to support proper comparative analysis will be enhanced.

Implications

Despite the limitations associated with this research, there is still the potential for the findings of this study to exert a positive social change at the level of the prelicensure nursing student, ASN programs, and the society at large. First, at the nursing student level, the integration of insights gained from this study in ASN programs could result in improved students learning outcomes for both ESL or non-ESL student because of

students' perceptions of their instructors as caring and responsive to their unique learning needs (Olson, 2012). At the ASN program level, the insights from this study could influence positive social change by optimizing the capacity of program administrators and faculty to create culturally responsive educational environments whereby instructor behaviors that support all students (ESL and non-ESL) in their learning are emphasized. At the society level, using insights gained from this study to fostering educational environments whereby both ESL and non-ESL students can thrive will result in increases in the program completion and licensure examination pass rates of not just non-ESL students but also ESL students. The consensus in the nursing professional literature is clear that the solution to the continuing problem of health care disparity amongst the minority populations in the United States is to achieve a nursing workforce whereby all minority populations are adequately represented (Carthon et al., 2015; Institute of Medicine, 2011). With increases in the program completion and licensure pass rates of both ESL and non-ESL prelicensure ASN students, over time, the diversity of the United States nursing workforce will improve. The increased availability of qualified and diverse nursing workforce, whereby minority populations are adequately represented, will ultimately help in the reductions of healthcare disparity amongst the minority populations, especially those with English language barriers.

Conclusion

Caring is at the center of the nursing profession. The success of prelicensure ESL and non-ESL nursing students can be enhanced when instructors are knowledgeable about the unique needs of their students and are intentional in their efforts to create and

sustain culturally responsive educational environments whereby caring behaviors are emphasized. Through this study, I have elucidated those caring behaviors that are not only welcome by both ESL and non-ESL prelicensure ASN nursing students but also enhance the chances for their success. Given the need to increase the diversity of the nursing workforce and reduce the problems of healthcare disparity amongst minority populations, this study may contribute to the discussion regarding student-faculty relationships and caring in nursing education. The need for nursing administrators and instructors to rethink their approach in the education of prelicensure nursing students of all background is urgent.

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Appendix A: Survey Questionnaire, Part 1

Demographic Information Questionnaire

Please check as applicable.

1. What is your age bracket?
    - o Under 18 years old
    - o 18 years old and above
2. What is your gender?
    - o Male
    - o Female
    - o Other
3. What is your ethnicity/race?
    - o Hispanic
    - o White-Non-Hispanic (Caucasian)
    - o Black/African American
    - o Asian
    - o Other
4. In what type of educational institution is your current nursing program located?
    - o Private Institution
    - o Public Institution
5. What is your current nursing program track/type?
    - o Associate of Science in Nursing (ASN) Program
    - o Bachelor of Science in Nursing (BSN) Program
6. What is your current nursing program instruction/teaching method/approach?
    - o Traditional/Face-to-Face
    - o Online/Hybrid
7. How long have you been enrolled in your current nursing program?
    - o Less than 1 month
    - o 1-12 months
    - o 13-24 months
    - o 25-36 months
    - o 37-48 months
8. What is your primary language?
    - o English language
    - o Other

      If you selected other, please specify:

      _____

9. Which language did you first learned to speak at home?
    - English language
    - Other

      If you selected other, please specify:

      _____
10. If English is not your primary language, how long have you lived in the United States?
    - Less than 5 years
    - 5-10 years
    - 11-15 years
    - 16 years or longer
11. If English is not your primary language, which language do you currently speak at home?
    - English language
    - Native language

Appendix B: Survey Questionnaire, Part 2

Nursing Students' Perceptions of Instructor Caring

Instructions: When you are completing these items, think of your current clinical nursing instructor. Circle the number that best expresses your opinion.

My Instructor:		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1	Shows genuine interest in patients and their care.	1	2	3	4	5	6
2	Displays kindness to me and others.	1	2	3	4	5	6
3	Instills in me a sense of hopefulness for the future.	1	2	3	4	5	6
4	Makes me feel that I can be successful.	1	2	3	4	5	6
5	Helps me envision myself as a professional nurse.	1	2	3	4	5	6
6	Makes me feel like a failure.	1	2	3	4	5	6
7	Does not believe in me.	1	2	3	4	5	6
8	Cares about me as a person.	1	2	3	4	5	6
9	Respects me as a unique individual.	1	2	3	4	5	6
10	Is attentive to me when we communicate.	1	2	3	4	5	6
11	Inappropriately discloses personal information about me to others.	1	2	3	4	5	6
12	Does not reveal any of his or her personal side.	1	2	3	4	5	6
13	Acknowledges his or her own limitations or mistakes.	1	2	3	4	5	6
14	Makes himself or herself available to me.	1	2	3	4	5	6
15	Clearly communicates his or her expectations.	1	2	3	4	5	6
16	Serves as a trusted resource for personal problem solving.	1	2	3	4	5	6
17	Offers support during stressful times.	1	2	3	4	5	6
18	Accepts my negative feelings, while helping me to see the positive.	1	2	3	4	5	6
19	Allows me to express my true feelings.	1	2	3	4	5	6
20	Discourages independent problem solving.	1	2	3	4	5	6
21	Inspires me to continue my knowledge and skill development.	1	2	3	4	5	6
22	Makes me nervous in the clinical laboratory.	1	2	3	4	5	6
23	Does not trust my judgment in the clinical laboratory.	1	2	3	4	5	6

24	Seems caught up in his or her own priorities, rather than responding to my needs.	1	2	3	4	5	6
25	Makes demands on my time that interfere with my basic personal needs.	1	2	3	4	5	6
26	Focuses on completion of patient care tasks, rather than the patient's needs.	1	2	3	4	5	6
27	Helps me find personal meaning in my experiences.	1	2	3	4	5	6
28	Encourages me to see others' perspectives about life.	1	2	3	4	5	6
29	Helps me understand the spiritual dimensions of life.	1	2	3	4	5	6
30	Is inflexible when faced with unexpected situations (happenings).	1	2	3	4	5	6
31	Uses grades to maintain control of students.	1	2	3	4	5	6

Appendix C: Permission Request Letter #1

John C. Dike
[redacted]

November 1, 2018

Wiley-Blackwell Publishing Ltd.

Dear Publisher,

Re: Permission to use a "Figure" on Watson's Theory of Human Caring (WTOHC)

My name is John C. Dike, a PhD candidate at Walden University, Minnesota, United States. My dissertation study is titled “Perceptions of Instructor Caring Behaviors Between English-as-a-Second-Language and Non-English-as-a-Second-Language Nursing Students.” In this study, I am looking to explore the differences in perception of instructors’ caring behaviors between English-as-a-second language and non-English-as-a-second-language nursing students.

My purpose in writing this letter is to formally ask for assistance in obtaining permission from Ms. Sarah Sourial MSc, BA (Hons), RGN, RMN, to use the "Figure" on Watson's Theory of Human Caring (WTOHC) that she included in her article titled: "An Analysis and Evaluation of Watson’s Theory of Human Care." The full citation of the article is as follows:

Sourial, S. (1995). An analysis and evaluation of Watson’s theory of human care. *Journal of Advanced Nursing*, *24*, 400-404. doi: 10.1046/j.1365-2648.1996.19524.x

Please be assured that in using the above referenced “Figure” in my dissertation, I will endeavor to give proper credit to the author. Thank you in advance for your assistance in obtaining the necessary permission to use Ms. Sourial’s scholarly work in my dissertation.

Sincerely,

John C. Dike
PhD Candidate
Walden University, Minnesota, United States

Appendix D: Permission Request Letter #2

[redacted]

November 1, 2018

Dr. Gail Wade

[redacted]

Dear Dr. Wade,

Re: Permission to use the Nursing Students' Perception of Instructor Caring (NSPIC)

My name is John C. Dike, a PhD candidate at Walden University. My dissertation study it titled "Perceptions of Instructors' Caring Behaviors Between English-as-a-Second-Language and Non-English-as-a-Second-Language Nursing Students." In this study, I am looking to explore the differences in perception of instructors' caring behaviors between English-as-a-second-language and non-English-as-a-second-language nursing students.

My purpose in writing this letter is to formally ask for your permission to use your instrument: *Nursing Students' Perceptions of Instructor Caring* (NSPIC). In using NSPIC in my dissertation, I will give proper credit to the authors.

In place of writing a formal letter of permission, you may simply indicate your permission for me to use the NSPIC on this letter, sign, and return the original copy to me in the enclosed self-addressed and stamped envelope. Please be aware that a copy of your signed permission will be included as an appendix to my dissertation. Thank you in advance for your permission to use your instrument.

Sincerely,

John Dike

John C. Dike
PhD Candidate
Walden University

Gail H Wade, PhD, RN