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THE LIVED EXPERIENCE OF HISPANIC NEW GRADUATE NURSES IN THE UNITED STATES

by

Esther Grace Morales, MSN, RN

A Dissertation submitted to the Faculty of the Graduate School,
Marquette University,
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy

Milwaukee, Wisconsin

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ABSTRACT
THE LIVED EXPERIENCE OF HISPANIC NEW GRADUATE NURSES IN THE UNITED STATES

Esther Grace Morales, MSN, RN

Marquette University, 2010

There has been a significant increase in the Hispanic population in the United States that is not mirrored by representation of Hispanic registered nurses in the United States. Hispanic new graduate nurses enter nursing practice with few Hispanic role models and their story is not found in nursing literature. A qualitative study with a phenomenological philosophy and methodology was conducted to investigate the lived experience of seven Mexican American new graduate nurses, a subgroup of Hispanic nurses. Findings of this study were the seven themes: (a) being an employee; (b) an orientation with or without preceptors; (c) a transition; (d) shadows of doubt; (e) being Hispanic; (f) being bilingual and being pulled; and (g) blessed. The lived experience was described in more positive terms than negative terms and as a multifaceted experience. Hispanic new graduate nurses seemed to have an experience of transition typical of new graduate nurses, but with the added dimensions of cultural understandings, racism, and language proficiency with Spanish.

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Esther Grace Morales, MSN, RN

Along my life's journey there have been numerous individuals who have inspired and encouraged me to continue learning and seek education. My first-grade teacher accepted my shyness when I was the only student who did not walk across a balance beam while saying the ABC's. Years later when I graduated with my Bachelor of Science in Nursing degree, a nursing professor gave me a hug and whispered in my ear, "You're one in a million." My family has endured when I have probably "taken on too much." They are dear persons who literally believe and taught me that "you have to make hay while the sun is shining." I accept and believe that being diligent in opportunities, often in the disguise of hard work, is embedded in my Judeo-Christian heritage. My advisor and committee chair, Marilyn Frenn, PhD, RN, has been most gracious and patient throughout my doctoral studies and the dissertation process. Marilyn Meyer Bratt, PhD, RN, and Walter J. Stohrer, S.J., PhD, have challenged, curbed, and guided big ideas and reality. Juanita (Terrie) Garcia, MEd., RN, has been a gentle friend; her leadership and advice is much appreciated. The participants in this study generously shared their time and stories. Without these nurses, my dissertation would have been impossible. The completion of this dissertation is a reflection of the support received from many and the hope that what I have learned may be beneficial and shared with others.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS i

LIST OF TABLES vi

CHAPTERS

I. INTRODUCTION 1

Background 1

Significance to Nursing 2

II. REVIEW OF THE LITERATURE 8

Paradigm of Phenomenology 8

Philosophies of Listening and Voice 11

Phenomenology and Nursing 12

Theories Regarding the New Graduate Nurse 14

Theories Supporting Cultural Diversity 18

Outline of the Literature Review 20

Education and Licensure of Hispanic Registered Nurses in the United States 21

New Graduate Nurse Experience in the United States 23

Underrepresentation of Hispanic RNs in the United States Nursing Workforce 36

Relation of Hispanic RNs and the Elimination of Health Disparities 41

Summary of Literature Review 42

Assumptions of the Study 43

Gap in the Literature 44

III. RESEARCH DESIGN AND METHODS 46
Qualitative Research Design 46
Method 46
Selection of Sample Participants 47
Data Collection 51
Interviewing and Interview Questions 53
Data Analysis 54
Coding 57
Protection of Human Subjects 58
Reliability & Validity 61
Efforts to Control for Error and Bias 63
Limitations 65
IV. RESULTS 67
Introduction 67
Presentation of Descriptive Data 67
Presentation of Identified Themes 70
Being an Employee 71
Prior Work Experience 73
Politics and Policy 73
Other Staff 75
Age 75
Certified Nursing Assistants (CNAs) and Medical Assistants 76
Ethnicity 77

Gender 77
Proficiency With Language Other Than English 78
An Orientation With or Without Preceptors 78
A Transition 81
Nursing School is Only the Beginning 82
Find Your Way and Place 82
There 83
Shadows of Doubt 84
Being Hispanic 85
Being a Minority 87
Alone 88
Intertwined 88
Similar Life Experiences 89
Being Bilingual and Being Pulled 90
Blessed 91
Summary 92
V. DISCUSSION 93
Significance of Findings 93
Being an Employee 94
An Orientation With or Without Preceptors 97
A Transition 99
Shadows of Doubt 100
Being Hispanic 102

Being Bilingual and Being Pulled..... 105

Blessed..... 106

Implications of Research for Nursing Practice, Administration, Education, and Research..... 110

Study Strengths and Additional Limitations..... 116

Suggestions for Future Research..... 118

Summary..... 121

BIBLIOGRAPHY..... 123

APPENDICES

Appendix A: Snapshot of Literature Review for Hispanic New Graduate Nurses..... 142

Appendix B: Consent for Research Participants..... 146

Appendix C: Demographic Questionnaire..... 148

LIST OF TABLES

Participant Demographics..... 68

General Themes and Subthemes From Interviews..... 71

Chapter I

Introduction

Efforts and emphasis have been extended to recruit and retain diverse racial and ethnic minorities in the nursing profession with hopes to reduce and eliminate health disparities. The purpose of this study was to explore and describe the experience of Hispanic new graduate nurses who passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and gained employment as registered nurses in the United States. The aim of this study was to understand the meaning of these nurses' experience. The research question was, "What is the meaning of the experience of Hispanic new graduate nurses in the United States?"

Background

Hispanic refers to individuals living in the United States "who were born in or trace the background of their families to one of the Spanish-speaking Latin American nations or to Spain" (Marín & Marín, 1991, p. 1). *Hispanic* is recognized as a term of ethnicity as Hispanic persons belong to all of the human races and many are racially mixed. The 1980s were proclaimed as the "Decade of the Hispanic" when there were significant impacts on the demography of the United States evidenced by the number of Hispanic residents with a growth of 265% between 1950 and 1980. The 1990s saw prominent Hispanics in the sciences, business, industry, entertainment, and politics in the United States. As of July 1, 2006, there were 44.3 million Hispanics in the United States which accounted for 14.8% of the total population of 299 million (U.S. Census Bureau, 2008). The projected Hispanic population is expected to increase to 47.8 million in 2010 and

account for 15.5% of the total population. Between 2000 and 2006, Hispanics accounted for one-half of the United States' population growth.

Significance to Nursing

The increasing population of Hispanic persons in the United States is not mirrored in the nursing workforce. Only 3.6% of registered nurses (RNs) in the United States are of Hispanic origin (Health Resources and Services Administration, 2010b) which is a reported increase from 1.7% of RNs since the last workforce survey in 2004 who reported they were Hispanic/Latino (Health Resources and Services Administration, 2004). This group of nurses is significantly underrepresented and may be vulnerable to the stress of transition from student to professional nurse resulting in their leaving nursing. Transition into professional practice is a time of growth and gaining experience of role integration, clinical and interpersonal skills, and reshaping of values (Santucci, 2004).

According to Benner (1984), a new graduate nurse is an advanced beginner, a stage that typically lasts for the first two years of professional development and should be completed by the third year. The length of time a registered nurse is a new graduate varies. The term new graduates usually refers to newly licensed registered nurses in their first position as a professional nurse with less than one year of experience and may include those who have received their license within eighteen months of graduating from nursing school (Goode, Lynn, Krsek, & Bednash, 2009; Poynton et al., 2007; Winter-Collins & McDaniel, 2000).

Hospital administrators often view new RNs as solutions to staffing shortages and shorten orientation periods to meet staffing demands (Casey, Fink, Krugman, & Propst, 2004). New RNs generally face reality shock, a reaction in new workers who find themselves in situations different from what they expected and for how they were prepared (Kramer, 1974; Williams,

Goode, Krsek, Bednash, & Lynn, 2007). A shortened orientation period and reality shock may contribute to variances in advanced beginners' successful transition from student nurse to professional nurse and development of competence.

Job stress for the new RN, as an operational definition, is the amount of stress perceived in relationship to the job and the work environment (Shader, Broome, Broome, West, & Nash, 2001). Job stress is a factor that influences retention of nurses in adult care settings and stable work schedules are associated with less stress (Shader et al., 2001). Nurses new to the nursing profession often report higher levels of stress than older nurses who may be in a different developmental stage in life. Stressors for graduate nurses include personal and financial issues, work environment frustrations, ambivalence associated with the desire to be independent yet still lacking confidence, and inconsistent support from preceptors, managers, and educators (Casey et al., 2004; Goode & Williams, 2004; Oermann & Moffitt-Wolf, 1997). Other stresses identified were caring for dying patients; communicating with interns, residents, and physicians; administering medications; and lacking organizational skills.

Researchers report that stress levels are high for new RNs during the first three to nine months and preceptor programs are one way to acknowledge the stress experienced during the transition from student to professional nurse (Godinez, Schweiger, Gruver, & Ryan, 1999; Oermann & Moffitt-Wolf, 1997; Pickens & Fargotstein, 2006). The amount of information in specialty classes and certifications that must be learned during the first six months can be overwhelming (Williams et al., 2007). Factors that inhibit learning are time limitations, frequent distractions, criticism from staff, questioning by the staff, feeling anxious and overwhelmed, and lacking guidance from consistent preceptors (Oermann & Moffitt-Wolf, 1997). High levels of stress begin to decline between nine and twelve months (Casey et al., 2004; Fink, Krugman,

Casey, & Goode, 2008). The transition from student nurse to professional nurse may not be completed until nine to twelve months after hire, “particularly in relation to stress, self-perceived competency, and how well care is organized and prioritized” (Krugman et al., 2006, p. 204) with effects of role conflict beginning to show up at about twelve months (Gardner, 1992).

Retention refers to the extent to which nurses remain at their jobs and turnover refers to the extent of individual nurses leaving a job (Reitz, Anderson, & Hill, 2010). Nationally, 40% of RNs, who completed their initial nursing education from 2001 to 2008, planned to leave their current job within 3 years (Health Resources and Services Administration, 2010a). Job stress influences the retention of new graduate nurses and is important given that RN turnover rates have been reported as 30% to 54% for some organizations and the cost of turnovers is as high as 150% of the employee’s annual compensation (Contino, 2002; Harrison, Stewart, Ball, & Bratt, 2007). Additional clinical experiences for senior nursing students may improve the transition from student to RN, reduce stress, and improve retention (Harrison et al., 2007). Job embeddedness refers to the sum of reasons as to why nurses remain at their jobs (Reitz, Anderson, & Hill, 2010). Older nurses who are embedded are more likely to remain employed in their current job. Non-work factors such as family attachments, hobbies, church, and attachment to committees and work-related teams influence job embeddedness.

Nursing organizations and nurse leaders have interest in the retention of new graduates and the cost factor of nursing staff turnover as newly licensed RNs (NLRNs) nurses are usually employed in hospital inpatient settings with patients in need of complex, acute care (Kovner et al., 2007; Williams et al., 2007). Of the sample of 3,266 NLRNs in the United States, 87.3% worked in hospitals with the other NLRNs working in nursing homes (3.9%), outpatient settings (2.7%), ambulatory care (1.1%) and other settings (Kovner et al., 2007). Regarding retention,

> 41.5% reported that if they were free to go into any job, they would want another job, and 24% indicated that they planned to leave their first job within two years of taking it; 37% of the sample intended to search for a new position in one year (p. 68).

The high RN turnover rate may be from RNs who leave one hospital for another healthcare setting instead of seeking employment outside of the nursing profession. New graduates who reported more autonomy, promotional opportunities, and fewer local and non-local job opportunities and who were older were more likely to intend to stay at their current jobs (Kovner, Brewer, Greene, & Fairchild, 2009).

Erenstein and McCaffrey (2007) reviewed literature about how healthcare work environments influence nurse retention. Job stress, excessive demands, poor staffing, physical demands, and a lack of respect are issues that affect nurse retention and are associated with a national nursing shortage. Nurse work environments need to be productive and satisfying as perception of a poor work environment may be related to job retention and performance (Schmalenberg & Kramer, 2008). Nurse leaders have predicted a national nursing shortage that will be severe and prolonged if the aging workforce is not replaced by younger and new nurses who are retained in the profession (Halfer & Graf, 2006). Even if the United States shortage of nurses is less severe than predicted, there is still a need to promote retention of new RNs and understand their experiences as new graduates.

High turnover rates and inability to retain a diverse nursing workforce are a concern for nurse educators, administrators, and staff development personnel (Altier & Krsek, 2006; Anders, Edmonds, Monreal, & Galvan, 2007; Barbee & Gibson, 2001; Drevdahl, Canales, & Dorcy, 2008; Flaskerud et al., 2002; Frusti, Niesen, & Campion, 2003; Krugman et al., 2006; Leonard, 2006; Roberts, Jones, & Lynn, 2004; Santucci, 2004). Little is known about Hispanic RNs as they transition from student to professional. Ethnicity has not been addressed as a predictor in

much of the research on nurses' intent to leave the profession (Borkowski, Amann, Song, & Weiss, 2007). Programs for new graduates that address the cultural and linguistic needs of minority nurses are necessary (Altier & Krsek, 2006). Understanding lived experience is "to go beyond the taken-for-granted aspects of life" (Bergum, 1991, p. 56). Hispanic RNs have minimal representation in nursing literature and need recognition so they are no longer considered taken-for-granted or missing persons. Few studies have reported ethnicity and it may lead one to conclude that there is no difference in their transition experience compared to the ethnic majority in the United States.

Understanding the lived experience of Hispanic new graduate nurses is important to inform decisions for programs that may better retain them in the nursing workforce. Eight Hispanic nurses were among 30 minority nurses in Florida who responded to a survey and indicated that they were considering leaving the profession (Borkowski, Amann, Song, & Weiss, 2007). The White-non-Hispanic nurses were more inclined to leave the nursing profession. Benefits were an important factor when considering leaving the profession and may be related to the older age of the majority nurses and concerns for an adequate retirement.

Retaining Hispanic nurses is a concern and it is important to also examine the educational pipeline of Hispanic nurses and promote student success as described in the *Hispanic Health Care International* (2008) special issue focused on the pipeline. The journal's editors described nursing schools as having a societal mandate and moral obligation to recruit and retain Hispanics into the nursing profession (Rivera-Goba & Wallen, 2008). The growth of the Hispanic population in the United States and the focus on a diverse nursing workforce impacted the timing of this study and necessitated that this study be completed sooner rather than later. Knowledge gained about the lived experience of Hispanic new graduate nurse may be shared with nurses

entering the profession instead of standing by in hopes that more Hispanics will choose the nursing profession and enter the nursing workforce.

CHAPTER II

REVIEW OF THE LITERATURE

An overview of phenomenology as a philosophical underpinning for this study is provided in this chapter. This description is followed by theories related to the new graduate nurse and a diverse nursing workforce. The literature review addresses the new graduate nurse with particular emphasis on the Hispanic new graduate nurse. The qualitative nature of this study required further literature review as data were collected and analyzed.

Paradigm of Phenomenology

For some, the century-old movement of phenomenology is a synonym for the philosopher Husserl (Bernasconi, 2000). The term *phenomenology* originates from the Greek words *phainomenon* (an "appearance") and *logos* ("reason" or "word" thus a "reasoned inquiry") (Stewart & Mickunas, 1990). Phenomenology has come to be known as a reasoned inquiry to discover the essences of appearances. Another description of phenomenology is a "theoretical perspective aimed at generating knowledge about how people experience things" (Hesse-Biber & Leavy, 2006, p. 24). Phenomenology is also known as a philosophical movement with the objective of "direct investigation and description of phenomena as consciously experienced, without theories about their casual explanation and as free as possible from unexamined preconceptions and presuppositions" (Spiegelberg, 1975, p. 3). The phenomenological movement has the following approaches: (a) descriptive phenomenology, (b) eidetic or phenomenology of essences, (c) phenomenology of appearances, (d) constitutive phenomenology, (e) reductive phenomenology, and (f) hermeneutic phenomenology.

Phenomenology is a philosophy concerned with describing essences and has roots in Husserl's focus on meaning, transcendental subjectivity, and lifeworld (Mohanty, 1997). The science of essences is a distinguishing feature from the science of fact and the pursuit of absolute truth. Every object has uniqueness and essential properties. Each individual is categorized as the highest material essence. For example, the description of a box would include its shape or size, a color, and location. Essences may be classified as universal or individual. Applied to the example of a Hispanic nurse named Angelica, she is an instance of the universal essence of living person, Hispanic, and nurse. These universal essences are also instantiated in other Hispanic nurses. The phenomenologist moves from concern with the essences to a concern with meanings.

Discovery of meaning occurs within one's self and involves encounters with others. The phenomenological approach recognizes that there is a sense of "the other person" who is independent of the person completing the interview (Sugarman & Duncan, 2006). Lived experience is expressed through the face and language which are in constant motion and flux. There is an assumption that an understanding of the meaning of the other person's lived experience can be reached and that others can respond to that meaning. "There is no point in asking a question if no one is present to give a meaningful answer" (p. 173). The face-to-face encounter is a basic social encounter and responding to a question involves the other unique person opening himself to another. Opening one's self to the other person's questions is an act of generosity and a giving of one's world to the other in words.

Phenomenology began to develop partly "as a critique of positivism" (Hesse-Biber & Leavy, 2006, p. 23, Zaner, 1975). According to Zaner (1970), phenomenology as a philosophy is philosophical criticism and is "eminently relevant to every dimension of human life" (p. 79).

Phenomenology is characterized “by the universality with which criticism is systematically practiced” (p. 79-80). One must disengage himself from a claim or “things themselves” in order to criticize the claim or things. The claim or things need to be allowed to speak for themselves. The task of criticism is the description of the claim or things as they are followed by critical assessment and evaluation. Compared to other authors on phenomenology, this task of criticism seems similar to the process of bracketing. Bracketing is “an attempt to place the common sense and scientific foreknowledge about the phenomena within parentheses in order to arrive at an unprejudiced description of the essence of the phenomena” (Kvale, 1996, p. 54).

Phenomenological description, defined as a contrast from phenomenological interpretation, is concerned with the contents of the experience and is an account of the meaning of something (H. J. Silverman, 1993). Descriptive phenomenology is associated with philosophers such as Edmund Husserl, Herbert Spiegelberg, Sir William Hamilton, and Charles Peirce. There is an uncertainty of what “descriptive” clearly means (Natanson, 1985). However, there is certainty for the goal of descriptive phenomenology which presupposes phenomenological reduction. Phenomenologists concern themselves with examination of the phenomena as *meant* and set aside casual, historical aspects of the experience. Reductions teach us to remove theoretical prejudices and enable us to recognize an acquaintance with real individuals, events, situations, and essences (Mohanty, 1997).

As critique, one important note in philosophical writings that reference reduction is the notion that it cannot be fully completed (Natanson, 1985; Taminiaux, 2004). Critics have also faulted “the appeal to intuition, especially to the so called intuition of essences” (Mohanty, 1997, p. xi). Most Anglo-American students learn phenomenology through the filter of translated,

original texts and this interferes with adequate understanding of the classic texts (Spiegelberg, 1975). The Western philosophy of phenomenology may narrow the viewpoint of the researcher.

Philosophies of Listening and Voice

Professor Ihde, a leading scholar in American phenomenology, addressed the phenomenology of listening and voice (1986, 2007). The philosophy of phenomenology has evolved and advanced from the days of Husserl and now includes the experience of listening. The ability to record voice has changed the experience of listening. Language is heard in the womb, before it is ever expressed. When children begin to speak, they are responding to the voices of language already familiar to them. Perception may be steeped in language. Language is "an external accompaniment of thought" and "people can speak to us only a language which we already understand" (Merleau-Ponty, 1962, p. 205, 207). Communication is possible when the vocabulary and syntax of the speaker are already known by the hearer.

When audiorecorded interviews were conducted (the method of data collection in this dissertation), voices were recorded and transcribed into written language. This phenomenology of voice and silence was recognized prior to completing interviews with participants and during data analysis which concentrated on the meaning of lived experience shared through the human voice.

Inhabited Silence in Qualitative Research is based on poststructural theory and describes the narratives of interviews as a gift to the researcher (Mazzei, 2007). "Speaking without speaking is not a new phenomenon" (p. 38). For examples, spouses are silent when they want to avoid a rift and children remain silent in classrooms to avoid being a "know-it-all" or a "dummy." According to Mazzei, silence has meaning, but it is not always discernable. There is a

hierarchical connotation in an interview relationship when the interviewees are sought out for their experiences while the interviewer may be considered the expert with an agenda.

Phenomenology and Nursing

Philosophy and science are two scholarly pursuits related to knowledge and the research process (Giorgi, 2005). In nursing, science cannot answer all of our questions and this belief calls for philosophical inquiry (Kikuchi, 2009). Nurse scientists in North America are more familiar with Western philosophy, the dominant form of philosophy which they are most likely to learn and reference (Reed & Ground, 1997). Philosophy is linked to social context and the developments of science. Phenomenology grew out of the existentialist movement with its aim to understand life as it is experienced. The social world cannot be scientifically studied the same way as the physical world. This dilemma influences the perspective that nursing is a science and an art. Bishop and Scudder (2009) suggest that nursing is a practice rather than an art or science because nursing has an essential moral sense.

Related to a nursing context, phenomenology is “a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience” (Speziale & Carpenter, 2003, p. 52). Phenomenology is a way of thinking or perceiving as well as a research method with no simplistic step-by-step approach into the inquiry of describing lived experience. This method is useful for understanding experience(s) as it is understood by those having the experience with the goal of answering questions of meaning (Cohen, Kahn, & Steeves, 2000). The phenomenological approach and method is of value to nurses interested in describing *phenomena* in contrast to the inquiry of *noumena* which are “the things themselves, the physical, unchanging, and concrete things” (p. 3).

Nursing science has not established a sole paradigm and is instead broadly classified with the empiricist and interpretative paradigms which are opposing views (Monti & Tingen, 2006). The disciplines of philosophy, sociology, and anthropology have influenced nurse scientists and their paths to knowledge. The interpretative paradigm acknowledges an ontology of meaning that is grounded in experience, an epistemology of knowledge that is derived from experience, and a purpose of discovery and meaning. An epistemological view on intuitive knowledge aligns with qualitative research and holds potential for nurse scientists (Munhall, 2007). Intuitive knowledge is knowledge within a person that becomes present in consciousness. At one time, intuition was not recognized as science. An acceptance of experiential knowledge is necessary for the interpretative paradigm.

The interpretative paradigm provides for purposive samples, interviews as data collection, and interpretation as data analysis (Monti & Tingen, 2006). A strength of the interpretative paradigm in qualitative research is an ability to generate theories and a criticism is the failure to adhere to the philosophy of the method being used. The nurse scientist must practice respect of phenomenology as both a philosophy and a method. The diversity of philosophy, paradigms, and methodology provides nurses with an approach to expand knowledge, understand the human experience, and develop theories.

Cultural worldviews and lifestyles may influence which philosophies and research designs that American nurse researchers select to value and follow (Leininger, 1985). Anglo-Saxon culture generally associates “words” with the humanities and “structures” with the sciences (D. Silverman, 1985). Words or linguistic gestures represent things and occur within cultural backgrounds (Merleau-Ponty, 1962).

Qualitative research, which involves words in data collection and analysis, has made a strong impression on nursing. Minimal published references were available for nurses before 1985 when the first three qualitative books were published (Morse, 1991). Qualitative research studies were considered the foundation of research projects that would have quantitative studies to follow. Qualitative inquiries may provide theories for further testing or they provide insights that are so rich that further testing is not necessary.

Theories Regarding the New Graduate Nurse

Two seminal theories have influenced the thoughts of this principal investigator (PI) and must be acknowledged. Kramer's reality shock (1974) and Benner's novice to expert (1984) theories are frequently referenced when the new graduate nurse experience is described. Another more recent theory that influenced the PI's thinking is Boychuk Duchscher's (2008) proposed theory on the stages of transition.

Kramer (1974) referred to the new graduate nurse as a neophyte and described reality shock, a term for the phenomenon of new workers, as "when they find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared, and then suddenly find that they are not" (p. vii-viii). Terms related to reality shock are culture shock, acculturation shock, and future shock. These shocklike phenomena share some kind of discrepancy between cultures, between what is expected and reality, or between now and the future.

New graduate nurses may be thrust from school-bred values and prework socialization into an environment where their experiences conflict between these values and the expectations of an employer (Kramer, 1974). New graduates are in role transformation from the role their faculty modeled and expected in school to the role and expectations of their workplace

supervisors. Reality shock generally follows a pattern of several phases: honeymoon, shock or rejection, recovery, and resolution (p. 4).

Kramer (1974) described new graduate nurses as going through a period of crisis during the role transformation from student to professional. This inevitable period of transformation may be anticipated and supported with an Anticipatory Socialization program. Socialization is the "process by which one learns to perform his various roles adequately" and is "continuous throughout life" (p. 137). A recommendation for future research studies was in-depth study of the three to six month socialization period of new graduate nurses and the relationship between length of nursing practice and development of interpersonal competence. Reality shock continues to be referenced in theoretical frameworks and research reports and continues to be a pervasive concern for new graduate nurses in their first year of practice (Boychuk Duchscher, 2009; Campbell, 2010; Dyess & Sherman, 2009; Goode, Lynn, Krsek, & Bednash, 2009; Halfer & Graf, 2006; Roberts et al., 2004; Winter-Collins & McDaniel, 2000).

In 1974, Benner and Benner (1979) collected data in a study on the work-entry problems of new graduate nurses. The study was based on the Discrepancy Model of Evaluation by Provus. An account of Benner's work, *From Novice to Expert,* has been well received all over the world and translated into Finnish, German, Japanese, Spanish, French, Danish, Swedish, Russian, Dutch, and Portuguese (Benner, Tanner, & Chesla, 2009). Study findings were that expectations among nurse educators who prepare the new graduates were mismatched with the staff who hire and manage the new graduates and the new graduates themselves. There were wide gaps between the ideal and reality, a situation referred to as reality shock in Kramer's work. A recommendation was to have a sponsor (now known as a preceptor) to help the new graduate through the transition. Benner's model is a theoretical basis for many programs for new graduate

nurses (Beecroft, Kunzman, Taylor, Devenis, & Guzek, 2004; Driscoll, Noll, Walsh, Trotta, & Johnson, 2009; Goode, Lynn, Krsek, & Bednash, 2009; Horwarth, 2010; Kuiper, 2002; Poynton et al., 2007; Van Liew, 2006).

Benner (1984) applied the Dreyfus Model of Skill Acquisition, originally developed in research designed to study pilots' performance in emergency situations, to clinical nursing practice and interviewed 21 pairs of beginning and experienced nurses. According to the Dreyfus Model, while acquiring and developing a skill, "a student passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert" (1984, p. 13). These levels are referred to as stages and do not necessarily mean that every individual performs as well as everyone else or exhibits the same type of thought process (Benner et al., 2009, p. 9). Nursing students are generally limited to the novice stage and new graduate nurses are at the advanced beginner stage. The advanced beginners are in an early phase of nursing where they act like nurses, but have yet to feel like nurses. Advanced beginners need support in the clinical setting and need to be backed up by nurses who have reached at least the competent stage. Competence is typically reached by the second or third year of nursing practice.

Boychuk Duchscher (2008) referenced the prior work of Kramer and Benner and a theory evolved from her research completed in Canada. Boychuk Duchscher presented a transition stages theory applicable to professional nursing practice for newly graduated nurses in acute care. The staged experience of transition occurs during the first twelve months of practice and is a non-linear experience. The experience is both personal and professional and evolves through the stages of doing, being, and knowing. The theory may be used to support the development and implementation of programs for the new graduate in acute healthcare. The theory may also be

used for preparatory programs that structure and bridge the transition from senior nursing student to new graduate nurse.

Doing is the initial period of transition for approximately the first three to four months (Boychuk Duchscher, 2008). In this stage, the new graduate is dealing with the disparity of idealistic versus realistic expectations. There is a sense of not being prepared for the real world accompanied by fluctuating emotions as the new graduates work through processes of discovering, learning, performing, concealing, adjusting, and accommodating. The new RN may expend energy and time to disguise emotions from colleagues and conceal feelings of inadequacy. The learning curve in this stage is steep and the new RN has limited problem solving abilities and clinical judgment in new scenarios.

Being is the postorientation period of transition in the next four to five months (Boychuk Duchscher, 2008). In this stage, new graduates have consistent and rapid advancement in their thinking, knowledge level, and skill competency. The new graduates doubt their professional identities, challenge the notions of nursing they had before graduating from nursing school, expose the inconsistencies and inadequacies in the health care system, and separate themselves from the work environment as a way to cope. New graduates become more comfortable with the role and responsibilities of being a RN and desire confirmation of their own thinking and actions. They attempt to recover a sense of control over their lives and may seek employment with stable patient situations or work hours that they prefer. Instead of requiring direction on what to do in particular situations, they seek clarification and confirmation of their own thoughts and actions (p. 446).

By the fifth to seventh month of transition, the new RNs reach an intersection of insecurities by being able to provide safe and appropriate nursing care but also feeling mild angst

from what they do not know coexisting with growing confidence (Boychuk Duchscher, 2008, p. 447). They begin to reconnect with personal aspirations again. By approximately the sixth to eighth month, the new graduate is rejuvenated and inspired to seek out new situations and plan long-term career goals.

Knowing is the final stage of the first twelve months of practice and is a period of apprehension as the graduate is leaving the role of learner (Boychuk Duchscher, 2008). The new graduate has reached an ability to explore and critique the nursing profession and sociocultural and political environments. By the end of this stage, new graduates are comparing themselves to the newest graduates entering the work environment and can realize the difference and progress in themselves as practicing RNs. The new graduate is able to answer questions instead of only asking questions.

Theories Supporting Cultural Diversity

Cultural diversity is also briefly discussed because a new graduate's awareness of ethnicity may add another dimension that has not been captured in the current theories for the transition of a student nurse to professional nurse. Differences and similarities in ethnicity may impact new graduate nurse experiences during nursing education, completing orientation as a new employee, and moving forward in a career as a professional nurse.

Nursing educators and leaders have called for a more diverse nursing workforce that can provide culturally competent care (Dumas, Trevens, & Ressler, 2008; Noone, 2008; Waite & Calamaro, 2010). "Nurse anthropologists and nurse philosophers recognize that people are cultural beings" (Leininger, 1985, p. 2) and this recognition impacts nursing education, practice, research, and policy. *Race* and *ethnicity* are terms commonly used in the literature which are found to have inconsistent, confusing, and contradictory usage that reinforce and maintain

stereotypes and myths (Barbee & Gibson, 2001; Dein, 2006). Neither of these terms is fully and comfortably defined and both are associated with a notion of hierarchy and discrimination. *Culture* is a closely related term to race and ethnicity and is also found in health science and nursing literature. It is possible that these terms may never be defined by single definitions (Kao, Hsu, & Clark, 2004). Researchers and theorists can agree that how culture "works in matters of health and illness is more important than arriving at a meticulously clear definition" (p. 270). Race, ethnicity, and culture may influence the structure of an individual or group's experience. This influence is a concern for the recruitment and retention of a diverse professional nursing workforce that Hispanic new graduate nurses will enter.

The metaparadigm of nursing identifies the phenomena of interest in the discipline of nursing: person, environment, health, and nursing (Fawcett, 1993). Person refers to the recipients of nursing care and does not specify race, ethnicity, or culture for those individuals, communities, or groups. Environment refers to the setting in which nursing occurs. Health refers to the person's state of well-being. Nursing refers to the actions taken by nurses; typically, applied through the use of the systematic nursing process. The phenomena identified in the metaparadigm of nursing are further developed and explored in theories of cultural diversity. The epistemological foundation of phenomenology is a shift from empirical natural science and is important for the metaparadigm of nursing which recognizes the phenomena of person as more than a mere complex physical system (Anderson, 1991). Another perspective on person is the Marquette University College of Nursing's philosophy that persons "are viewed as unique, integrated beings" and are affected by cultural and contextual dimensions (2009, p. 7).

Nearly a half century of theoretical groundwork exists for required cultural diversity coursework in nursing education and practice. Leininger (1988), Davidhizar, Dowd, and Giger

(1998), Spector (2004), Purnell (2005) and Campinha-Bacote (2006) have pioneered and championed theories and research for nurses to be culturally competent. *Cultural competence* is another term without consistency, but there is consensus that cultural competence is the following (Jacobson, Chu, Pascucci, & Gaskins, 2005, p, 202):

(a) is similar to culture, learned;
(b) is based on self-awareness of one's own culture as a filter through which one judges the actions of others;
(c) requires not only accrual of knowledge about the target group but also the willingness and skills to adapt and negotiate policies and procedures to the mutual satisfaction of the health professional and the care recipient;
(d) is expected of organizations and systems as well as individuals; and
(e) is a never-ending process of becoming rather than a state of accomplishment.

There is an assumption that diversity and cultural competency in the nursing workforce will reduce and eliminate health disparities that originate in an underrepresentation of ethnic minorities as professional nurses. Given that assumption, the person of the metaparadigm must be an individual, community, or group who has access to the environment where nursing can occur. A homogenous, professional nurse workforce may contribute to the phenomena of person as a vulnerable individual who encounters an environment that does not have the assets of diversity and cultural competency.

Outline of the Literature Review

In qualitative research using a phenomenological approach, the literature review usually follows the data analysis, but may be completed initially to establish the significance and necessity of the study (Kvale, 2007; Speziale & Carpenter, 2003). Areas of literature reviewed concerned the following: (a) qualification through education and licensure of becoming a Hispanic registered nurse in the United States; (b) research on the new graduate nurse transition experience in the United States; (c) the underrepresentation of Hispanic registered nurses in the

United States nursing workforce; and (d) the relationship of Hispanic registered nurses and the elimination of health disparities. Hispanic/Latino is a politically coined term in the United States (Drevdahl, Philips, & Taylor, 2006) that refers to individuals of Mexican, Cuban, Puerto Rican, and other Latino descents. Only 3.6% of RNs in the United States are of Hispanic origin (Health Resources and Services Administration, 2010b).

This literature review began with a broad, cursory search in the Cumulative Index to Nursing & Allied Health Literature (CINAHL) database with the keywords *Hispanic* and *registered nurse* using the criteria of research and English language. Since the PI cannot read Spanish, the search was limited to results available in the English language. Being Hispanic does not indicate the ability to speak, read, or understand Spanish (PEW Hispanic Center, 2006). All CINAHL searches were cross referenced with PubMed and expanded with manual searches. Of the six results in this search, over 80% were doctoral dissertations from years 1990 to 2008. Topics in these studies were barriers and support to becoming a RN, geographical representation of a White non-Hispanic RN workforce, and knowledge and attitudes of RNs toward culturally diverse patients (Rooda, 1990, 1993; Seago & Spetz, 2005; Walloch, 1997).

Education and Licensure of Hispanic Registered Nurses in the United States

Using the same database and criteria, a search with the keywords *nursing education* and *Hispanic* yielded 21 results. Out of these results, one had no relevance for further review, two were repeats from the previous search, and over 60% were doctoral dissertations from years 1992 to 2007. The general areas of these studies were nursing related to patients and patient education, diversity within nursing practice and nursing education that included other ethnic minorities such as African-Americans, and the education and experiences of Hispanic nursing

students (Goetz, 2007; Greig, 2003; Henle, 2007; Jones, 1992; Klainberg, 1994; Maville, 1992; McGehee, 1993; Mills-Wisneski, 2003; Padilla, 2006; Perez, 2003).

Because licensure is required to become a RN in the United States and is part of lived experience, a search was completed in the CINAHL database for the keywords *Hispanic* and *licensure* to explore if there were any barriers for Hispanic new graduate nurses when completing the NCLEX-RN. This search had no restrictions and yielded seven results. Three of the seven results were doctoral dissertations from years 2000 to 2007, one of which was not related to licensure of Hispanic new graduate nurses. This area of literature is largely anecdotal and references foreign-trained nurses overcoming obstacles to obtaining a license in the United States. These nurses may come from countries with a mixture of degrees and certification, may need supplemental language training, and may be confronted with nuances from a state's Nurse Practice Act (Smith, 2003).

Two doctoral dissertations related to licensure were completed by Milan (1997) and Sims-Gidden (2000). Milan (1997) used ethnicity as a variable and reported that age, nursing cumulative grade point average, and the National League for Nursing test scores contributed to statistical significance in prediction of pass/fail performance on the NCLEX-RN. Ethnicity did not demonstrate statistical significance in predicting performance on the NCLEX-RN. Sims-Giddens (2000) used archival data for Mexican-American and English as first-language students from 1967 to 1997 and concluded that there was a statistical difference between the percentage of Mexican-American and English as first language students who successfully complete the NCLEX-RN on the first attempt.

New Graduate Nurse Experience in the United States

A literature search was completed in CINAHL for the keywords *new graduate* and *experience* with criteria of research, English language, and publication years from 1998 to 2008. This search yielded 98 results which were reviewed for application to the transition from student nurse to professional nurse in the United States. Studies from Australia, Brazil, Sweden, Ireland, Africa, the United Kingdom, Canada, and Thailand were eliminated. The results narrowed to 15 articles and 9 doctoral dissertations.

Delaney (2003) referenced Meleis's theory of transition and used a phenomenological method to examine and describe graduate nurses' orientation experiences. This time of transition has been described as a rite of passage that influences both short- and long-term outcomes of a successful role transition.

The participants were 10 female graduate nurses and their reported demographics were age, martial status, and education level (Delaney, 2003). After data collection, audio-taped interviews were analyzed by using Colaizzi's phenomenological method. Ten theme clusters emerged: (a) mixed emotions, (b) preceptor variability, (c) welcome to the real world, (d) stressed and overwhelmed, (e) learning the system and culture shock, (f) not ready for dying and death, (g) dancing to their own rhythm, (h) stepping back to see the view, (i) the power of nursing, and (j) ready to fly solo.

Delaney (2003) reported that some of these themes were similar to what was in her literature review regarding the transition from student to nurse. This study made a contribution to the knowledge of transition from student to nurse because the theme on preparedness for death and dying was not discussed in other studies. Also, self-reflection played a key role in the participants' transition. The sample had in common one hospital's orientation. The findings may

have been different if the sample was representative of more than one hospital. Ethnicity of the sample was not reported. A homogenous ethnicity may have influenced the findings. Findings were not discussed in relation to cultural beliefs and attitudes or socioeconomic status described as part of transition conditions: facilitators and inhibitors (Meleis et al., 2000).

Thomka (2001) approached the phenomenon of transition with the purpose of describing the experiences and perceptions of RNs resulting from interactions with professional nurse colleagues during the time of role transition from graduation from nursing school through the first year of professional practice. Demographics reported were age, gender, initial nursing educational preparation, age at the time of graduation from nursing school, initial area of practice at the time of the graduation, and whether or not it was the preferred area of practice at the time. Ethnicity was not described for the sample. Sixteen RNs, 13 women and 3 men, from this convenience sample completed a questionnaire. Descriptive statistics were completed for the demographic data. Data analysis was completed by a thematic analysis procedure with coding for keywords. Descriptions were categorized into three general categories that represented the content of the orientation: learning routine policy and procedure, on-the-job experience, and classroom experience.

The researcher acknowledged the small sample size and that the time elapsed since entry into nursing affected the participants' perceptions (Thomka, 2001). Inclusion criteria permitted nurses with up to 15 years of experience to participate in the study which could have affected their memories about their first year of professional nursing. However, the researcher speculated that this time could have been beneficial because it gave the nurses time for reflection on their initial transition. The RNs experienced both positive and negative interactions during their transition. The negative interactions prompted thoughts of leaving their jobs. A recommendation

was for new graduates to have mentoring and an ability to work with experienced nurses in contrast to being assigned to work with inexperienced nurses.

Newhouse, Hoffman, Suflita, and Hairston (2007) completed a quasi-experimental design with an experimental group of recently hired new nurse graduates who participated in an internship. The comparison group consisted of recently hired new nurses who did not participate in the internship. The research investigators applied Donabedian's constructs of structure, process, and outcome to the retention of nurses in a hospital system with an intervention of a year-long internship program. The postulated relationship in Donabedian's model is that structures affect processes, which in turn affect outcomes. The intervention program was called the Social and Professional Reality Integration for Nurse Graduates (SPRING). There were two research questions: (1) Is there a difference in organizational commitment, sense of belonging, and anticipated turnover for new nurse graduates who complete the SPRING internship program in comparison with new graduates who do not complete the SPRING program, and (2) Does participation in SPRING result in higher retention of new graduates than that of those who do not attend SPRING?

Three instruments were used (Newhouse et al., 2007). The Organizational Commitment Questionnaire is a 15-item, 7-point Likert scale that ranges from *strongly agree* to *strongly disagree* with an internal consistency ranging from .82 to .93. The Modified Hagerty-Patusky Sense of Belonging Instrument is a 32-item survey with two domains used to measure valued involvement and fit (SOBI-P) and antecedents of a sense of belonging (SOBI-A). Internal consistency for SOBI-P was $a = 0.91 - 0.93$ and for SOBI-A was $a = 0.63 - 0.76$ and test-retest reliability of SOBI-P $r = 0.84$ and SOBI-A $r = 0.66$. The Anticipated Turnover Scale was used to measure perception of the possibility of voluntarily terminating the position, is a 12-item self-

report survey, and has internal consistency reliability estimated at standardized alpha of 0.84 with a sample of nursing staff members.

Baseline nurses were more likely to consider leaving their positions than 6-month nurses participating in the SPRING internship program based on the significant difference ($P = .009$) between baseline and 6-month measures (Newhouse et al., 2007). There was significant difference between 12-month retention for the experimental and the comparison group ($\chi 2 = 6.032$, $P = .014$) with nurses participating in the transition program having lower anticipated turnover rates at 6 months and higher retention rates at 12 months. These findings suggest that the first year of practice is a time of transition from student to professional and that an intervention can aid in a smooth transition.

The authors do not clearly report the number of participants in each group of nurses (Newhouse et al., 2007). A limitation of this study is no demographic data were collected. Omitting demographic data contributes to anonymity, but it prevented the ability to analyze turnover data based on demographic characteristics. It is possible for researchers to collect data and protect anonymity. Analysis of demographic data and intentions could be used for retention and further interventions.

Halfer and Graf (2006) referenced Kramer's work and reality shock in their longitudinal study on the perceptions of the work environment and job satisfaction for new graduate nurses in the first 18 months of employment. They designed the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey to collect data on new graduate nurse perceptions at 3, 6, 12, and 18 months of employment for 30 consecutive months. Demographic data collected were year of birth, length of employment, and scheduled working shift. Ethnicity was not reported. The survey tool was based on themes from a literature review with variables of the new graduate's

confidence in delivery of competent nursing care, perceptions of the work environment, and job satisfaction over time. The reliability was established with a Pearson-Brown split/half reliability at 3 months (0.92), at 6 months (0.92), at 12 months (0.96), and at 18 months (0.88). A factor analysis completed on the 21 items loaded on the following seven items: (a) professional respect; (b) career development; (c) work schedule; (d) information access; (e) competence; (f) work management; and (g) becoming part of the team. The return rates, from a sample size of 84 graduate nurses, varied for the four time intervals and ranged between 48% to 76%.

Variables that had significantly increased means at 18 months were understanding of the leadership expectations, ability to get work accomplished and manage the demands of the job, and awareness of professional opportunities (Halfer & Graf, 2006). New nurse satisfaction grew with mastering work organization and clinical tasks. Variables changing overtime had a u or s-shape pattern and showed lesser satisfaction or dissatisfaction at specific time intervals during the 18 months of employment. The variables that showed significance and changed over time were knowledge and skills to perform the job, access to resources, and ability to participate in professional development opportunities. Variables that showed dissatisfaction were solving unit issues (6 months), staffing schedules (6 and 12 months), scheduled work days and hours (6 and 12 months), and participation in professional development programs (3, 6, and 12 months). These results suggest that the new graduate is passing through Kramer's reality shock during an 18-month adjustment period and that there are critical periods for new graduates during this time.

One of the greatest challenges faced by new RNs is the application of knowledge learned during their nursing education and acquiring new skills (Oermann & Garvin, 2002). The purpose of Kuiper's (2002) study was to describe the effects of self-regulated learning (SRL) prompts on the cognitive processes of baccalaureate-degree (BSN) and associate-degree (ADN) nurses in

clinical settings with the pedagogical strategy of reflective journaling. SRL supports the conceptual relationships of metacognitive processes, behavioral processes, and environmental structuring for educational settings. Environmental self-regulation includes the context and social interactions as a background for metacognition skills.

The hypothesis in Kuiper's (2002) study was that journaling actions and reactions would stimulate the nurse to reflect on experiences to identify dissonance and move toward metacognitive thought. A comparative descriptive design analyzed the effect of SRL with a convenience sample of 32 new graduate nurses from the South Carolina area. Of the 32 new graduate nurses, 1 was Asian, 1 was Black, and 30 were White. This sample was from participants in the Residency Model for Nurses in Transition, an eight-week internship program for new graduate nurses. The influence of race or ethnicity as a variable on metacognition was not reported.

Verbal protocol analysis was used to analyze the written word from the journals with environmental themes (Kuiper, 2002). The use of nouns referring to metacognition increased from week to week during the nurses' orientation. Early negative self-reactions changed over time to positive self-reactions which suggests that new graduates go through a "warming up" period in the social environment. The findings supported the hypothesis. The top concerns from the effect of SRL were the following: (a) focus on the self; (b) knowledge issues; (c) other individuals; (d) circumstances (clinical problems and situations); and (e) activities. It is suggested that the skill of SRL would enable the new graduate nurse to have a smoother transition into the workplace.

Etheridge (2007) focused on the meaning of making clinical nursing judgments in a descriptive, longitudinal, phenomenological study using semi-structured interviews. The research

question was, “What are the perceptions of new nursing graduates about clinical nursing judgments and the education involved in learning how to make such judgments?” The participants were in west Michigan, all females, between 22 and 26 years of age. The sample size and ethnicity of the participants were not reported. The interviews were completed within a month after the end of a preceptorship, 2 to 3 months later, and approximately 8 to 9 months after the first interview. Participants had difficulty with understanding the phrase “making nursing clinical judgments” and responded better to the phrase “think like a nurse.”

The participants described their transition from student to staff nurse as a time when they learned to think like a nurse (Etheridge, 2007). This process of learning to think like a nurse was characterized as developing confidence, learning responsibility, changing relationships with others, and thinking critically. As the new graduates progressed in their transition, they preferred to work with experienced nurses instead of their preceptors and former classmates. They viewed experienced nurses as knowledgeable resources. Practice implications were for management to provide times for peer discussion and to have a staffing mix of experienced nurses with new graduates.

As a critique, Etheridge (2007) described clinical experiences, faculty help, and discussions with peers as methods used to think like a nurse. These descriptions were largely in the context of student nurse which did not seem aligned with a research question about new graduates. These descriptions may have been shared as a memory during the interviews and then included in the data analysis. Thinking like a nurse could begin at the student level and learning strategies could be consistent from faculty to preceptors to facilitate this process of transition. The research question and participants’ responses imply that new graduates enter nursing with an expectation of what nurses do and an awareness of themselves as they develop the ability to

think like a nurse. Interviews at the twelve or eighteen month points would be interesting to compare and contrast with the findings from this study.

Associated with thinking like a nurse, Deppoliti (2008) investigated how new RNs construct professional identity in hospital settings. Sixteen RNs, with work experience from 1 to 3 years, participated in this qualitative study. Ethnicity was reported for the participants: 12 White, 3 Black, and 1 Asian. Their audiotaped interviews were transcribed and the data coded into 37 categories.

New nurses experienced various passage points as they joined the nursing profession (Deppoliti, 2008). The passage points were finding a niche, orientation, the conflict of caring, taking the NCLEX-RN, becoming a charge nurse, and moving on. Relationships were described as paramount to a successful transition from student to professional nurse identity. Other themes of professional identity in the first three years were responsibility, continued learning, and perfection. Another theme was different kinds of nurses described by nurses of different genders, ages, years of practice, places of employment, if the nurse had a sense of calling to the profession, and nurses who really cared. There was a comparison of nursing with other professions such as education.

Nurses at the three-year point who were considering a new area of nursing anticipated there would be exposure at the novice level as they moved out of their comfort zone and learned new skills (Deppoliti, 2008). Race and gender influenced professional identity development. The author recommended more qualitative research on these differences. As a critique, compared to other studies, this research included nurses up to three years of experience. Turnover in nursing occurs at a high rate and nurses think about transferring from their first positions as RNs. The experience of transferring to another position may be an experiential and objective milestone in

the nurse's career of moving beyond the phase of new graduate nurse. Being known as the new nurse on a unit is a different experience than being known as the new graduate on a unit.

A RN internship program based at Childrens' Hospital, Los Angeles, California enrolled 28 nurses in a control group and 50 nurses as interns (Beecroft, Kunzman, & Krozek, 2001). The purpose of the program was to facilitate transition of the new graduate nurse to professional RN, prepare a beginning level staff nurse who is confident and who provides competent and safe patient care, and to increase the commitment and retention of new graduate nurses within the organization. Educational level, age, area worked, and previous experience were described for the control and intern groups in this one-year pilot program. Ethnicity of the group was not described.

Six instruments were used in this study to evaluate the RN internship program (Beecroft et al., 2001) and a description of those instruments follows. The Professional subscale from *Corwin's Nursing Role Conception Scale* has a 5-point Likert scale and was used to evaluate a sense of occupational identity that occurred with role transition by the nurse interns from the beginning through the end of the internship program. The *Schutzenhofer Professional Nursing Autonomy Scale* has 30 items and was used to assess professional autonomy at the beginning and end of the internship program. Each item is weighted for scoring based on the level of autonomy necessary to implement the behavior of governing, defining, or controlling the nurse's own activities. The test-retest produced a correlation coefficient of 0.79 and was administered at the beginning and at the end of the internship program. The *Skills Competency Self-Confidence Survey* has 36 generic skills rated on a scale of 0 to 3 regarding how much confidence the interns felt about their ability to do each item. The survey was administered at the beginning, middle, and end of the internship. The *Slater Nursing Competencies Rating Scale* consists of 84 items

rated according to performance level which range from 5 to 1, with 5 being excellent or most comprehensive care and 1 being poor or most limited care. The odd-even, split-half reliability was 0.98. The preceptors for the interns were to complete this evaluation and the interns were to complete this self-evaluation at two points during the internship. The *Organizational Commitment Questionnaire* is a 15-item scale with internal consistency ranging from 0.82 to 0.93. This scale measured the relative strength of an individual's identification with and involvement in a particular organization. Each item is measured on a 7-point scale from (1) strongly disagree to (7) strongly agree. The interns completed the questionnaire at the end of the internship. The *Anticipated Turnover Scale* consists of 12 items with 7 response options that range from "agree strongly" to "disagree strongly." The internal consistency reliability was estimated at standardized alpha of 0.84. The interns completed this scale at the end of the internship.

The preceptors for the interns were asked to complete a bedside evaluation, but were overwhelmed by the *Slater Nursing Competencies Scale* (Beecroft et al., 2001). Since the preceptors' compliance in completion was low at 40% to 50%, the researchers decided to discard the evaluations.

Relevant findings were that there was no statistically significant difference between the control group and interns regarding professional nursing autonomy (Beecroft et al., 2001). It appeared that the nurse interns had a reality-based opinion of the ideal professional nurse that was maintained during their first year as RNs. The control group had significantly more disagreement with perceptions of ideal situations in nursing. The interns had a continuous increase in confidence and were comparable to the control group which had RNs with more experience. The interns' responses were comparable to the control group's responses on the

Organizational Commitment Questionnaire (Beecroft et al., 2001). The turnover rate for the control group was 36% and for the interns was 14%. Before this pilot program, the retention of new graduates at 12 months employment was 63% compared to the 86% retention of the interns in this one-year internship program. In conclusion, the intern program was considered a success and a means to help facilitate the transition from student to professional.

Further information on this RN internship was reported by Beecroft, Dorey, and Wenten (2008). They reported on a prospective data collection that took place from 1999 to 2006 with 889 new pediatrics nurses who completed the same residency. The aim of the study was (a) to determine the relationship of new nurse turnover intent with individual characteristics, work environment variables, and organizational factors and (b) to compare new nurse turnover intent with actual turnover in the eighteen months of employment following completion of a residency. Individual characteristics were age, educational level, prior work experience, choice of work unit, skills and nursing competency, conflict/stress (reality shock), and coping strategies. Ethnicity was not a reported variable.

New graduate nurses over age 30 were 4.5 times more likely to have turnover intent if they did not receive an assignment on the ward of their choice (Beecroft et al., 2008). This finding was unexpected and may be related to an older nurse having fixed career goals. If a new graduate was seeking social support as a coping strategy, the odds of being in the turnover intent group were higher. The new graduate's higher use of coping strategies may be related to the stresses of a first job. This finding may be related to not receiving necessary support and/or an individual response to dealing with the stressors associated with being a new nurse. A limitation in this study was the lack of another variable to measure stress levels during the transition period

for new graduate nurses that could help explain the link between seeking social support and turnover intent (p. 50).

Casey, Fink, Krugman, and Propst (2004) completed a study with an aim to identify the stresses and challenges experienced by new graduates at baseline, three months, six months, twelve months, and an additional follow-up point. The sample was described as the average participant being a White woman 35 years of age or younger and the majority had a bachelor of science in nursing (BSN) degree because one hospital hired only nurses with a BSN degree. The investigators described the development and pilot testing of the Casey-Fink Graduate Nurse Experience Survey© and the descriptive, comparative design using the survey to study 270 graduate nurse experiences in six Denver acute care hospitals. Internal consistency reliability was established on the original instrument with a Cronbach's alpha of .78 for the items on comfort and confidence with various practice skills. There were four open-ended questions about work environment and difficulties in role transition.

The following six themes summarize the responses about difficulty with role transition: (a) lack of confidence in skill performance, deficits in critical thinking and clinic knowledge; (b) relationships with peers and preceptors; (c) struggles with dependence on others yet wanting to be independent practitioners; (d) frustrations with the work environment; (e) organization and priority-setting skills; and (f) communication with physicians. The investigators provided direct quotes from the participants to support these themes. A key finding is the perception that it takes at least 12 months to make the role transition and that the most difficult time period is between 6 and 12 months after hire. A residency program can promote best practices for graduate nurse transition, but a residency program does not address workforce issues such as dissatisfaction with salary or shift schedules.

Fink, Krugman, Casey, and Goode (2008) described a follow-up to the development of the Casey-Fink Graduate Nurse Experience Survey© and quantitative investigation. There have been more than 5,000 graduate nurses who have taken the survey. The repeated studies have outcomes that are consistent with the original study and the survey instrument's Cronbach coefficient α is .89 after repeated measures. Quantitative data outcomes have been reported, but the qualitative data had not been analyzed and reported. On the Casey-Fink Graduate Nurse Experience Survey©, there is a series of five open-ended questions for graduate nurse residents to describe their personal experiences about work environment and role transition. From the convenience sample of 1,058 graduate nurse residents, 434 completed the survey over 3 timed data periods: on hire, 6 months, and 12 months on completion of the 1-year program. The total number of qualitative comments analyzed was 5,320. Demographics were not reported and the average respondent was described as a 26-year-old Caucasian female with a BSN degree. A BSN degree was a requirement of the residency program.

Regarding the question, "What difficulties, if any, are you experiencing with the transition from the 'student role' to the 'RN role," 8% of the respondents reported no transition difficulties at baseline, 28% reported none at 6 months, and 58% of the respondents reported none at 12 months (Fink et al., 2008, p. 344). This may lead to the conclusion that 42% of the respondents perceived having transition difficulties at 1 year after being hired. Transition difficulties were categorized as role changes, lack of confidence, workload, fears, and orientation issues. Nurse manager support and feedback was one of the top suggestions that would have facilitated transition. These new RNs desired to have a resource person or mentor during their second 6 months of practice to help them with professional development and competence in

clinical practice. A strength of this investigation is the large sample size from diverse geographic regions.

A suggestion for future research is the role of the nurse manager and unit culture as influencers on the graduate nurse's first year (Fink et al., 2008). As a critique, this future research may reveal significant findings if ethnicity is described in relation to the graduate nurse's experience. The predominant responses were from young, Caucasian females with a BSN degree. If there are cultural differences in the transition period for Hispanic RNs, this tool and research may not be sensitive to those differences because it was developed and tested with primarily Caucasian participants. The participants in this study completed a residency program and the findings may be different for nurses who do not have the opportunity to participate in a residency program. The current economical shift may impact the availability of programs for new graduates and compound the transition difficulties of new graduates.

Underrepresentation of Hispanic RNs in the United States Nursing Workforce

A search in CINAHL with keywords *diversity*, *nursing*, *workforce*, and *Hispanic* with the limitations of research and English yielded 11 results. Upon review of the article titles and abstracts, only two of the results were specific to the Hispanic RN workforce. A search using the Ovid link to databases with the same keywords and limitation of years 1998 to 2008 yielded 177 results. Each article title and abstract was reviewed and a manual search was also completed. Diversity is a broad term that can include all health care providers from nursing assistant to physician. The term may be in reference to age, gender, or clinical setting. The rationale for completing this search was to seek contributing factors to the underrepresentation of Hispanic RNs in the United States that may influence the Hispanic new graduate nurse experience.

Between 1980 and 2000, the Hispanic population in the United States increased by 122%, a fact which favorably supports the argument for greater diversity in the health care workforce and increased proportions of minorities practicing in health care (Cohen, Gabriel, & Terrell, 2004). From 1977 to 1996, the growth of Hispanic RNs was slow (Buerhaus & Auerback, 1999). Compared to the percentage of minorities who were teachers (18.3%), the percentage of minorities in nursing (9.7%) was behind and not representative of the percentage of minorities (28.2%) in the United States. More recently, 16.8% of nurses in the United States are minorities (Health Resources and Services Administration, 2010b). Hispanic RNs were likely to have children at home, be male, be young, and have an associate degree in nursing (Buerhaus & Auerback, 1999). While these numbers are representative of trends, they do not represent the RN's perception of problems or barriers that may explain the trends or differences in education and employment between minority RNs and the majority population of White RNs. It is unclear why there are these trends for Hispanic RNs.

Nursing education programs, health care providers, special commissions, philanthropic organizations, and federal and state governments have devoted interest, efforts, and resources for increasing the number of minorities in nursing (Buerhaus & Auerback, 1999). Despite these efforts and emphasis, there continues to be an underrepresentation of minority students in nursing schools who can face a number of barriers (Billings & Halstead, 2005; Evans, 2003, 2004, 2008). In order to increase the number of Hispanic RNs in the nursing workforce, there must be successful education of Hispanic nurses. It is unclear why Hispanic enrollments into nursing programs are not increasing in proportion to the increased Hispanic population in the United States. A summary of the entry of Hispanics into nursing education was included in this

literature review because nursing education for Hispanics may have factors that influence the Hispanic new graduate nurse experience.

Parents of Hispanic nursing students may be immigrants who hold cultural biases toward nursing, have limited understanding of the college experience, and expect that money is required up front to fund college (Bare, 2007; Cabrera & Padilla, 2004). Admission criteria, teaching, and testing methods are based on quantitative indicators that have not largely changed despite educational research supporting diversity in learning preferences (Evans & Greenberg, 2006; Portillo, 2007). Depending on the geographical location of the nursing school, there may be a limited number of nurse educators with diverse ethnicity to serve as role models (Leonard, 2006). The challenges of cultural diversity are not solely a school issue; they include the social conditions of poverty, homelessness, lack of health insurance, violence, and environmental pollution (Pacquiao, 2007).

The number of ethnic minorities enrolled in nursing has been slowly increasing (Huston, 2006). Recruitment is usually easier than retention of ethnic minorities who face the common barriers of inadequate academic preparation, financial problems, poor social adjustment, and a lack of faculty and institutional support in academic nursing programs. The underrepresentation of ethnic minority nurses continues into leadership and researcher roles. Ethnic minority women have a preference for mentors of similar ethnicity (Gonzalez-Figueroa & Young, 2005).

Nursing research for ethnic minorities that uses instruments to evaluate diversity recruitment and retention efforts must have reliability and creditability established. For example, a 76-item questionnaire was used in an investigation with 15 Hispanic/Latino and American Indian nursing students (Evans & Greenberg, 2006). The questionnaire was designed to measure the effectiveness of grant services from Assist Latino Community to Attain Career Employment

(ALCANCE) funded by a 3-year Bureau of Health Professions Nursing Workforce Diversity Grant. Many of those students did not respond to the questionnaire items on prejudice, discrimination, or racism.

Evans (2005) sought out the expertise of seven nursing faculty, two program coordinators, and one program assistant to review the items on eight instruments. The author identified four of the eight instruments as the (a) *Community Mentor Evaluation,* the (b) *Nursing Student Mentor Evaluation,* the (c) *Nursing Student Mentee Evaluation,* and the (d) *Program Evaluation.* The instruments were developed to address the barriers to a nursing education identified in previously filmed interviews with seven Hispanic/Latino and American Indian nurses. The response patterns of these 10 reviewers were "divided almost entirely according to cultural and ethnic origin, leading to placement of the reviewers into two groups" (p. 219). One group was two Latino reviewers, one American Indian reviewer, and one Anglo reviewer who was Spanish-speaking and married to a bilingual Mexican-American spouse and their responses were aligned with one another. The second group was five Anglo reviewers whose responses aligned with one another.

Seago and Spetz (2005) questioned if only White students from Western cultures were able to practice nursing effectively and offered the idea that the culture of nursing needs to be flexible enough to embrace ethnic differences to improve nursing practice. These authors collected data from the California Board of Registered Nursing summary reports from 1995-1996 through 2000-2001 and individual school data from 2000-2001; the National Council of State Board of Nursing (1995-2001) NCLEX-RN© first-time pass rates reports; and the California Community Colleges Chancellors Office (2002) student cohort data from academic years 1994-1995 through 1999-2000. The ethnic mix of minority prelicensure nursing students

was the highest for Hispanics at 19% followed by Asian non-Filipinos at 12%, Filipino at 11%, and African American at 9%. The Hispanic students in community college nursing programs had higher on-time completion rates, lower attrition rates, and higher NCLEX-RN© first-time pass rates compared to the other ethnicities.

Seago and Spetz (2005) did not address variables specifically associated with the difference for the Hispanic students. They concluded that nurse educators and leaders need to embrace people from diverse ethnicities and cultures for the nursing workforce to thrive in the coming years. Providing open-door policies, being motivational, and having patience characterized nurse educators who had greater impact on nursing students than the students' families had on degree completion (Amaro, Abriam-Yago, & Yoder, 2006).

Problems related to race and ethnicity in society will be encountered with an increasingly diverse workforce (Aries, 2004). Ellis and Hartley (2008) described racial and ethnic discrimination in nursing and defined discrimination as "treating others differently based on stereotypes about groups of people" (p. 610). Nursing is not immune to racial and ethnic discrimination. Even though the American Association of Colored Graduate Nurses united with the American Nurses Association in 1952 and several organizations for ethnic nurses have joined to create the National Coalition of Ethnic Minority Nurses Associations, there continue to be concerns about discrimination. One concern is that the ethnicity of the nursing workforce should reflect the general population. Causes for the underrepresentation of ethnic minorities are related to access to education, support for career goals, economic status, the image of nursing, and institutionalized racism.

The demand to increase representation of ethnic minorities in the nursing workforce produces the phenomena of a "sought-after" graduate (Soroff, Rich, Rubin, Strickland, &

Plotnick, 2002). Work environments that respect unique differences and enhance professional development are needed for new graduate nurses (Hinshaw, Smeltzer, & Atwood, 1987). Culture describes "how the organization creates a work environment that reinforces behaviors" (Frusti, Niesen, & Campion, 2003, p. 33) and can be an influencer on the recruitment and retention of a diverse nursing workforce. Frusti et al. (2003) collected quantitative data and conducted 43 individual semi-structured interviews. An outcome of the focus group interviews was the suggestion that if leadership wants to know how to support minority nurses, then leadership needs to directly ask those nurses.

There is limited literature addressing cultural perceptions of the work environment (Staten, Mangalindan, Saylor, & Stuenkel, 2003). These investigators completed a study by asking a question on the difference in the perception of the work environment among staff nurses of different ethnic backgrounds. Hispanic nurses were reported to have a higher perception of managerial control compared to other non-Caucasian groups. Managerial control was defined as the extent to which management uses rules and pressure to keep employees under control. The lack of mentors and opportunities to develop leadership also influence Hispanic nurses' perception of the work environment (Villarruel & Peragallo, 2004). There may be a generational difference in the emerging workforce who want to be nurtured and led, not managed (Wieck, Prydun, & Walsh, 2002).

Relation of Hispanic RNs and the Elimination of Health Disparities

Health disparities among vulnerable populations are the result of social, economic, and political conditions (Flaskerud et al., 2002). A health disparity is a "population-specific difference in the presence of disease, health outcomes or access to health care" (Giger & Davidhizar, 2007, p. 221). Efforts and emphasis have been extended to recruit and retain ethnic

minorities in the nursing profession with hopes to reduce and eliminate health disparities. An assumption is that nurses will be culturally competent professionals who individually will transform the organizations and communities where they practice (Gardner, 2005; Gilchrist & Rector, 2007; Pacquiao, 2007; Tate, 2003).

A search was completed in CINAHL for the keywords *disparities, health, Hispanic*, and *nurse* limited to English and the years of 1998 to 2008. There were two results. One of the citations was from the introduction of Villarruel and Peragallo's (2004) description of leadership development of Hispanic nurses. Strategies to reduce health disparities depend on leadership and little is known about the leadership pathways of Hispanic nurse leaders. The second citation was a description of the National Institutes of Health and National Association of Hispanic Nurses Doctoral Fellowship pilot program for a fellowship that provides training and mentorship in health disparities research (Wallen, Rivera-Goba, Hastings, Peragallo, & Siantz, 2005).

Summary of Literature Review

Based on the number of doctoral dissertations and limited citations, the body of literature and knowledge about Hispanic RNs in the United States appears silent, underdeveloped, and contributes to the phenomenon of Hispanic RNs as "missing persons." The literature is representative of multiple journals and various locations throughout the United States. Most research studies did not report ethnicity in the sample demographics. Completing the NCLEX-RN, a prerequisite to employment as an RN, may be a difficulty in the new graduate experience for Hispanics whose first language is Spanish.

Quantitative and qualitative methodologies have been used to explore the transition from nursing student to professional nurse. There is a consensus that the transition from student to professional nurse takes time and the more difficult time of the transition occurs six months after

employment and continues beyond the first year. Reality shock, stress, poor working conditions, and not receiving an assignment of choice are associated with the intent to leave nursing positions. Preceptorships, residency programs, self-regulated learning, and nurse manager support and feedback facilitate the transition from nursing student to professional nurse.

Underrepresentation of ethnic minorities in nursing is related to access to education, support for career goals, economic status, the image of nursing, and institutionalized racism. Hispanic enrollments into nursing programs have slowly increased. More longitudinal and rigorous studies are needed to explore the retention and professional development of Hispanic nurses, the impact of cultural competence, and the increases of underrepresented minorities in nursing in relation to health disparities.

Assumptions of the Study

Assumptions of this study were aligned with assumptions of phenomenology. One of those assumptions was that perceptions are evidence of the world (Morse & Richards, 2002). A second assumption was that human existence is meaningful, of interest, and contextualized. A third assumption was that there are factors external to the Hispanic new graduate nurses that influence the experience of transition from student to professional. These factors may be difficulties as a student because of ethnicity, an expectation or pressure on the new graduate to make a difference for the health of the Hispanic population, and/or a lack of Hispanic role models who function as preceptors and mentors.

This study also assumed that there is a unique and important perspective from Hispanic new graduate nurses and there are differences in their experiences compared to other new graduate nurses as reported in the literature. This study assumed that Hispanic new graduate nurses shared their experiences truthfully and openly. The interview was completed when the

participant stated that he or she did not desire to add any more statements to the interview. That moment was accepted as an assumption that the participant had adequately captured his or her experience through verbalized language.

Gap in the Literature

The PI began to contemplate gaps in the literature during a pilot study that explored the use of reflection in preceptorships for new graduate nurses. This unpublished pilot study was completed in 2007. The findings of the pilot study support that new graduate nurses engage in reflection and that they need time to process the new graduate experience before they are ready to talk about it. One of the participants was from a race and ethnicity different than the PI. The PI did not sense that race or ethnicity interfered with the interview process or the richness of the data. Outcomes of this pilot study, further review of the literature, and additional coursework on vulnerable populations and multicultural health all influenced the PI's thinking and led to the research question and proposed research study focused on Hispanic new graduate nurses.

Administrative, educational, and governmental efforts have been expended to recruit and retain Hispanic nursing students. Few studies have focused on these nursing students. Of the studies completed, barriers and supports of nursing education have been reported. However, the literature lacks reports on the experience of these students when they graduate and enter the nursing workforce. A snapshot of a portion of the literature reviewed for Hispanic new graduate nurses (where the PI noted ethnicity) is provided in Appendix A. Of the 10 articles included in Appendix A that reported a sample size, the PI calculated there were 1, 564 nurses as participants and none were reported as Hispanic.

An identified gap in the literature is the underrepresentation of Hispanic RNs as participants in research studies. If Hispanic nursing students complete their education and gain

licensure only to find dissatisfaction in the workforce, the underrepresentation of ethnic minority nurses is likely to continue. An aim of this dissertation was to add to the nursing narrative and body of knowledge on the new graduate nurse experience from the voice of Hispanic new graduate nurses. Hispanic RNs were recruited to participate in the qualitative study described herein to give voice to their experiences as new graduate nurses.

CHAPTER III

RESEARCH DESIGN AND METHODS

The research design, methodology, and sampling selection of this study are in alignment with a philosophical qualitative inquiry and an epistemological assumption that an interviewee is a source of knowledge.

Qualitative Research Design

A qualitative approach was selected and used for the design of this study in search of the meaning of the Hispanic new graduate nurse lived experience. A qualitative research design is interactive (Maxwell, 2005) and dynamic (Hesse-Biber & Leavy, 2006).

Method

Descriptive phenomenology per Spiegelberg is a three-step process of (a) intuiting, (b) analyzing, and (c) describing. “Doing phenomenology” is more than an analysis (Spiegelberg, 1975). Phenomenological methodology should be chosen according to the phenomena being investigated rather than following a standardized phenomenology of one-size-fits-all approach. Phenomenology was chosen for this investigation because it is a method with the main ambition of “exploring and describing phenomena which have been neglected or completely overlooked” (p. 58-59). This method is concerned with the richness of one’s experience and has an ability to widen our sense of the world, deepen the sense of ourselves, and to make us “more keenly aware of the task of understanding others and their worlds” (p. 62).

Disciplines, such as nursing, do not own methods (Richards & Morse, 2007). The methodology of phenomenology is used within nursing research and may be used to investigate

lived experience. With this methodology, data may be derived from observations, interviews, and transcripts. An observation needs to be recorded in some way (D. Silverman, 1993). Transcripts were used because they could be reviewed more than once, were cost effective, and did not require the PI to be in the nurses' workspace or home. The interview provided an opportunity for the participant to ask questions and clarify a response; this would not have happened as easily with observation.

Selection of Sample Participants

For years, literature has described the new RNs' experience and transition from student to professional. However, there is a lack of diversity in the ethnicity of the participants, which may be omitted in the data collection or not be reported. Theories and models used in staff development programs for the orientation and preceptorship of new graduates may be grounded in majority group's values. A unicultural perspective "curtails researchers' awareness of alternative interpretations" concerning observed behaviors and responses to phenomena (Porter & Villarruel, 1993, p. 61). Nurse researchers have a professional obligation and ethical responsibility to include Hispanic participants in research studies. The term *Hispanic* is broad and generic with an emphasis on cultural and national identities, so the researcher requested and reported the subgroups to which the participants belonged. Individuals classified as Hispanic do not represent homogenous groups as there is variation among members of the subgroups who have different values, beliefs, and circumstances (Crockett et al., 2007; Porter & Villarruel, 1993).

A convenient, purposeful sampling was used in this investigation. Small sample sizes are common in qualitative research focused on meaning instead of the large sample sizes needed for generalizability (Hesse-Biber & Leavy, 2006). Purposeful sampling is "used most commonly in

phenomenological inquiry" (Speziale & Carpenter, 2003, p. 67) with individuals selected to be participants based on their knowledge of the phenomena. The PI reviewed demographics of colleges and universities in Illinois and Wisconsin from years 2005 to 2008 to speculate if there would be potential participants. Reported Hispanic ethnicity of student populations ranged from 1.5% to 13%.

The number of interviews in studies tends to be 15 $\pm$ 10 (Kvale, 1996). The anticipated sample size was approximately 10 participants; the end result was 7. Recruitment was discontinued when there were no more responses from prospective participants and when the PI believed that data saturation was achieved.

Inclusion criteria included participants who self-identified as Hispanic/Latino registered nurses with less than three years of experience in professional nursing. Three years of experience was chosen based on the theoretical timeframe needed for new graduates to transition from student nurse to professional nurse and to allow for reflection. If an interview is completed before the participant has had time to make sense of a situation and reflect on an experience, the data may not be rich, descriptive, or experiential (Morse, 1999). Potential participants may not consent and participate in interviews if the timing seems inappropriate (Corbin & Morse, 2003). The focus of the study and interview was on the first two years of experience as a RN when RNs are recognized in the literature as new graduate nurses.

The participants were graduates of associate or baccalaureate degree nursing programs in the United States. An education in the United States was not inclusion criteria for this study, but an assumption as the process of gaining state licensure can be lengthy for foreign trained registered nurses. The participants needed to be working at least .5 FTE (full-time equivalent) as licensed RNs as they would not have been considered credible sources if they did not have

employment experience. All of the participants reported that they were employed full-time. Employment as a licensed RN is a process that requires personal identification and was thought to alleviate any concerns that the PI was somehow an undercover immigration agent reviewing residency status. Only one participant specifically referenced immigration status in relation to an undocumented family member and this family member had since become a United States citizen.

The PI considered the ideal employment experience for this research study as acute care, hospital-based, because this experience would be comparable to the new graduate experiences described in the literature review. However, the PI did not require this type of employment as inclusion criteria because it may have excluded participants vital to the meaning of the lived experience of Hispanic new graduate nurses. Hispanic RNs who are bilingual may be employed in community organizations or clinics serving vulnerable populations instead of the traditional first employment experience in a hospital. Setting strict inclusion criteria supported having similar participants, but may also have distorted the research analysis and interpretation. Of the seven participants, three were employed in outpatient clinics. Of those three, two of them were first employed in clinics and only had hospital experience from their clinicals during nursing school.

The PI maintained control over the selection of the sample to ensure that the participants were appropriate for the interviews (Morse, 1991). Recruitment began with Hispanic new graduate RNs in acute care hospitals in the Midwest and was extended to the Southwest. The geographical areas covered were Wisconsin, Illinois, Indiana, Texas, Arizona, and California. The geographical area drew participants with educational preparation from various schools of nursing and from different employers. It was expected that there would be variations in the length in nursing experience and employment programs for the new graduate. One employment

source was not likely for the entire sample of this study because Hispanic RNs are significantly underrepresented in the United States.

The PI considered Chicago, Illinois a likely location where Hispanic RNs would be working. Chicago, one of the top ten cities for Hispanics, is home to Puerto Rican, Mexican, Colombian, Dominican, and other Latino groups with a college enrollment rate above the national average (*Hispanic,* 2008). Illinois was ranked fifth for the top five states by Hispanic population size in 2006 (U.S. Census Bureau, 2008). Cook County, Illinois was ranked fourth for the top five counties by Hispanic population size in 2006. California was ranked first for the top five states and Los Angeles County, California was ranked first for the top five counties. Even though these areas have higher Hispanic populations, this was not an indicator that there would be a higher percentage of Hispanic RNs working there and available to participate in the study. Recruitment was accomplished through solicitation and referrals from members of the National Association of Hispanic Nurses, nurse leaders in nurse residency programs, and nurse educators in programs with Hispanic nursing graduates. The majority of the referrals were through e-mails forwarded within chapters of the National Association of Hispanic Nurses.

The PI contacted the prospective participants by phone or e-mail to screen for inclusion criteria, verify if the participant had any questions, and to confirm a meeting time and location. Seven prospects were not included due to length of employment longer than five years as a RN (2); not passing the NCLEX-RN yet (1); not being willing to complete an audio recorded interview (1); having two years of experience as a RN, but entering nursing at the graduate level of nursing and pursuing coursework in a PhD nursing program (1); and not scheduling the interview by phone or e-mail with the PI (2). The PI had briefly met only one of the participants

prior to the study. At that time, the participant was a nursing student. The PI and the other participants had never met before, but did know mutual acquaintances.

Data Collection

Richards and Morse (2007) described the data collection in qualitative research as making data instead of collecting data. From their perspective, data collection implies the preexistence of data which is unchanged by the research process. However, in qualitative research, researchers collect representations of actual events. Interviews are a means of collecting an account of events experienced by Hispanic new graduate nurses. In-depth, semi-structured interviews were used in this research study for data collection.

In-depth interview is a commonly used method of data collection used by qualitative researchers that requires active asking and listening (Hesse-Biber & Leavy, 2006). This is an appropriate method when a researcher is focused on a particular topic and desires understanding and information from individuals who typically interview in one session. The in-depth interview is a particular form of dialogue. The researcher asks questions, is an active listener, and engages in gestures and probes during the interview. Semi-structured interviewing was used to guide the dialogue and give the participants autonomy to talk about what was of interest and importance to them. This format recognized the participant as the content expert.

After receiving Institutional Review Board approval from Marquette University, the PI began recruitment of participants and data collection procedures. The PI answered questions, asked for the participant's preference of phone, e-mail, or text messaging for communication on a meeting place, and scheduled the interview. The PI and participants mutually confirmed a meeting location and time. Selected meeting places used were convenient for them and included public libraries, conference rooms, and office spaces. The participants scheduled their interviews

in relation to their employment and training schedules. The PI and participants met in quiet locations and the PI confirmed that the participants were comfortable.

The PI and participants verbally reviewed the purpose of the interview and then both reviewed the informed consent. The participant signed the consent form and the PI also signed the consent form (See Appendix B). The PI verbally explained that answering the questionnaire was voluntary and the participant could complete as much as he or she desired. The participant completed the demographic questionnaire (See Appendix C). Prior to the interview, the PI reviewed the demographic questionnaire so she could have a frame of reference for the participant's experience.

The PI provided a copy of the ten interview questions for the participant's review during the interview. Providing a copy of the questions was intended to give the participant a sense of control and comfort during the interview. The PI verbally explained that the interview was voluntary and that the participant could skip a question, go back to a question, or decline to answer a question. The PI stated that she would be taking notes and described her reasons for doing so. Rationale for taking notes included a reference for the interview should the audio recorder have failed, an opportunity for the PI to make notes without interrupting the participant, eased the potential sense of constant eye contact during the interview, and gave the PI an opportunity to record nonverbal responses that the audio recorder could not capture. The PI tested the audio recorder prior to the first question. The PI encouraged the participant to support confidentiality by avoiding the use of his or her own personal name or personal names of others that might be described during the interview. When the PI discovered that the participant was the only new graduate in his or her setting, the PI adjusted the question from plurality of new graduates in the workplace to a singular form. This adjustment was made to assure the

participant that the PI was paying attention to the information shared during the interview. The PI was able to use her notes when probing the participant for clarification on an answer to an interview question.

This data collection heavily relied on the audible voice of participants as they shared their lived experiences. The beginning and end of an interview symbolizes the beginning and end of data collection (Mazzei, 2007). When the participant stated that he or she was finished, the PI turned off the audio-recorder. After the participant and the PI parted ways, the PI notated immediate impressions of the interview. The PI assigned an identifier code to the recorded interview and secured the interview recording and files in the PI's home office.

Interviewing and Interview Questions

In qualitative research, interviewing is a method that requires "constant interaction between the researcher and the researched" (Hesse-Biber & Leavy, 2006, p. 356). According to Kvale (1996), the research interview is based on conversation where there is structure and purpose as the interviewee and interviewer construct knowledge. The semistructured life work interview is an interview "whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena" (pp. 5-6). Conversation is an ancient means to obtain knowledge with a place in the humanities and philosophy that may not have equal acceptance in the modern social sciences. Interviewing is a common occurrence in the current culture of talk shows on radio, TV, and the internet (Kvale, 2007).

Quality interviewing is crucial for the process of analysis and the eventual reporting of the findings. Kvale (1996, p. 145) outlined quality as the following criteria:

1) the extent of spontaneous, rich, specific, and relevant answers from the interviewee,

2) the shorter the interviewer's questions and the longer the subjects' answers, the better,
3) the degree to which the interviewer follows up and clarifies the meanings of the relevant aspects of the answers,
4) the ideal interview is to a large extent interpreted throughout the interview,
5) the interviewer attempts to verify his or her interpretations of the subject's answers in the course of the interview, and
6) the interview is "self-communicating" – it is a story contained in itself that hardly requires much extra descriptions and explanations.

The purpose of the interview questions was to describe and understand the central themes that the Hispanic new graduate nurses experienced and lived. The topic of the interview questions focused on the participants' lived experience of being a nurse at the advanced beginner level; sought for specific situations; and tried to avoid general opinions. The PI followed a printed copy of the interview questions (See Appendix C) to guide the interviews and provide consistency in the questions during each semistructured interview. The PI was prepared to adjust the order of these questions if the participants answered a question prepared for later in the interview or skipped a question if they did not feel comfortable answering the question. The seven interviews were completed during the months of April through November, 2009.

Data Analysis

Preparation for data analysis is "a process of transformation" (Richards & Morse, 2007, p. 119) in order to have an account of lived experience transformed to a form that can be handled and manipulated. The qualitative data analysis procedures have recommended steps, but do not necessarily follow rules with only one right way to complete the analysis (Hesse-Biber & Leavy, 2006). The PI used the following series of steps: (a) data preparation phase, (b) data exploration phase, (c) data reduction phase, and (d) interpretation. These steps are fluid. Analysis looks for descriptive codes in the data with the aim of generating categories.

The data preparation phase includes transcribing the interviews verbatim and entering the interviews into a computerized database (Hesse-Biber & Leavy, 2006). The PI transcribed what the participant and the PI said orally into a Microsoft Word document. The PI was cognizant of the philosophy of voice and listening and the translation of interviewees' oral style into a written form. The oral style and written form should have harmony and be representative of the interviewees' "habitual modes of expression" (Kvale, 2007, p. 133). The PI elected to complete the transcription herself to become more familiar with the data, gain more experience in the research process, and manage the financial aspect of this research study. The PI transcribed each audible sound such as, "Um," "Ah," and "soft laugh;" the frequently stated expression "you know," and times of silence in the interview as, *(pause)*. The PI regarded these transcriptions as "the truth."

The data preparation phase is comparable to what Kvale (1996) termed structuring and clarification when the transcriptions are completed, digressions and repetitions are eliminated, and essential is distinguished from the non-essential. The PI reviewed each transcript for relevant content to the interview questions and transferred those transcript excerpts into a Microsoft Word document prepared with a table that had columns for the excerpts, codes, themes, and memos. For the first three interviews, the PI printed out the transcripts, manually cut the transcripts into strips of excerpts, and organized the excerpts into themes. These steps aided the PI in becoming more familiar with the data, reduced the amount of data to analyze, and gave a visualization of content.

The participants were provided the opportunity to be involved during the data preparation phase by reviewing the transcripts. None of the participants desired to review their transcripts and stated that they trusted the PI to do a "good job." Two of the participants stated they had

interest in reading any future writing that the PI might have published. The PI followed up with one of the participants to assure that she had properly translated phrases shared in Spanish.

The data exploration phase includes reading the text of the interviews and thinking about it (Hesse-Biber & Leavy, 2006). The researcher becomes familiar with the data, reads and highlights the data, and may write memos. The researcher focuses on what is relevant to the research topic and question (Richards & Morse, 2007). The PI read data from beginning to end for immersion, set aside irrelevant data in preparation of line-by-line coding, highlighted phrases, and notated themes and memos in the columns in her Microsoft Word document.

During the data reduction phase, the PI coded, wrote memos, and looked for patterns in the data. Writing memos facilitates thinking and stimulates analytic insights (Maxwell, 2005). This phase reduced or collapsed the large amount of data from the interview transcripts. The table was further organized by each interview question instead of each participant. This method made it apparent to the PI that each participant answered every interview question and created a trail should the research be audited. As codes are organized and developed into themes, there must be a link to the data (Morse, 2004). The PI focused on finding qualitative similarities and differences, thought about what the participants did or did not say, and which questions had more content.

The interpretation phase may be described as “abstracting.” According to Richards and Morse (2007), abstracting from the data gets the researcher away from the data and towards the concepts that bring a sense of understanding. Interpretation is from the interaction of a context with thoughts, feelings, emotions, motives, examples, behaviors, appearances, and concealments (Munhall, 2007). The PI repeated listening to the audio recordings for the feelings and emotions of the participants. The PI’s aim was to immerse herself in the participants’ words for meaning to

avoid making interpretations out of context. The PI played back the audio recordings with and without the transcripts for review while listening to the human voice of each participant. There are tones, hesitancies, pauses, and sighs that the participants expressed during the interviews that the PI wanted to remember, but simply could not fully capture on paper in a written format. For example, one of the participants described an experience and stated, “It crushed me.” There is a sense that the crushing was so immense that the participant can barely grasp the experience and put it into words. There is a tone in the participant’s voice with a feeling of pain gushing from the core of her being, but in a transcribed sense, that statement is a three-word phrase, “It crushed me.”

Coding

A one-hour interview generally produces 20 to 25 single-spaced pages and will vary according to the amount of speech and silence (Kvale, 1996). The interviews in this study ranged from 35 minutes to 106 minutes with the average time of 50 minutes. The PI used Microsoft Word and the computer software NVivo 8 for coding. NVivo 8 is specifically designed for qualitative data to manage the voluminous data and can be used for transcription. The PI was better prepared to manually transcribe the interviews with Microsoft Word and then imported the transcriptions into NVivo 8. The PI accessed tutorials as a reference for learning to code with the NVivo 8 software.

Coding requires familiarity with the data and is a linking from data up to abstract ideas of categories (Richards & Morse, 2007). The PI began coding as transcriptions were completed. The consistency of the PI’s completion of the interviews, transcriptions, and coding enabled the PI to get inside the data, a necessity for analysis which is easier than if someone other than the PI was completing some of the processes. One passage may be coded more than once as themes are

realized. A theme is a “common thread that runs through the data” (p. 135). The PI completed line by line coding in Microsoft and again in NVivo 8. A feature of NVivo 8 is the ability to highlight data and to quickly and easily code it more than once. The PI created free nodes in NVivo 8 and then categorized the free nodes into tree nodes. This process reinforced and completed the steps of data preparation, exploration, and reduction in anticipation of data interpretation. The PI recognized that computer software and systems facilitate coding, but they do not know what data is relevant for coding.

Insider coding with an experienced Hispanic registered nurse brings sensitivity to meaning in the interviews that could be missed if coding is completed according to Anglo culture (Porter & Villarruel, 1993). The PI made attempts to recruit a nurse researcher to review the data. A Hispanic RN with more than 3 years of nursing experience who was not in relation to any of the study participants or in a position of nursing supervision was the preferred choice. However, the contacts that the PI had were not available to complete insider coding.

Following the data analysis, the PI reviewed relevant literature to place the investigation’s findings within context of what is reported about the new graduate nurse’s lived experience. The PI reviewed the literature to compare the coding and categorizing of concepts. If there is no description of a concept in the literature, the researcher may introduce a new concept with an appropriate name (Morse, 2004).

Protection of Human Subjects

This study was not based on a biomedical model, did not involve an intervention that may have had adverse effects or bring harm to the participants, and no serious ethical problems were anticipated. The study was focused on the lived experience of Hispanic new graduate nurses with less than 3 years of nursing experience. Qualitative research can involve emotional engagement

with the participants (Hesse-Biber & Leavy, 2006). Individuals who are emotionally fragile do not usually volunteer for interviews (Corbin & Morse, 2003). A semistructured interview format allowed the participants to have control over the amount of information provided in their responses. Generally, the risk of emotional involvement is contained within the interviews and the participants receive the benefit of having had the opportunity to tell their stories.

Informed consent is the "golden rule" of research and serves to protect the researcher and the participants. The informed consent should provide the purpose and procedures for the investigation (Kvale, 1996) and ask for permission to publish direct quotes from the interviews (Speziale & Carpenter, 2003). Pseudo names were used in this study and were an example of providing for confidentiality, which in research studies "implies that private data identifying the subjects will not be reported" (Kvale, 2007, p. 27).

This PI sought and will continue to uphold the ethical principles of autonomy, beneficence, and justice (Speziale & Carpenter, 2003). Autonomy has been upheld by informed consent and voluntary participation. The interview would have been over if the participant decided not to participate and the participant's data would have been destroyed. Beneficence has been upheld by not harming the participants. Justice has been upheld by ensuring confidentiality, anonymity, and accurate transcription of interviews. If illegal nursing activities or unsafe nursing practices had been revealed during the interviews, this could have created a dilemma for the PI and the participant. The PI was acting in the role of researcher and would have maintained confidentiality. If the PI had sensed that the interview was causing distress to the participant, the PI would have encouraged a referral to counseling or supportive services available to the participant. After the interview was completed and audio recording turned off, the PI restated the role of researcher and confidentiality. If it had been in the participant's best interest, the PI would

have recommended that the participant discuss a situation with a former professor, supervisor, or representative of the state nurses' association.

The PI strongly believed it was and is an obligation to these participants to safeguard the experiences they shared with her and carry their interviews through to completion of the dissertation process. As the PI transcribed, coded, and worked on her computer, she purposefully saved computerized files multiple times so content would not be lost. A default feature of NVivo 8 is saving an open file every 15 minutes. These files are all password protected. Additionally, no matter how challenging the dissertation process became for the PI, she committed herself to completion of the research and dissertation process to show value and honor to these participants. In her opinion, protection of human subjects includes completion of the intended purpose of the research study as stated in the informed consent that each participant signed.

Including minorities in research is considered ethical because it provides an opportunity to give voice to those who may be overlooked. Hispanic nurses may feel that they have been marginalized in the United States society and subculture of nursing. In-depth interviewing is useful for "getting at subjugated voices and getting a subjugated knowledge" (Hesse-Biber & Leavy, 2006, p. 123). It can be a rare and enriching experience to participate in an interview where another person is interested in the interviewee's lived experience and focuses solely on the interviewee (Kvale, 1996). The interview may be a positive experience and prompt the participant to engage in reflection on personal achievements and the meaning of their contribution to nursing.

The PI had prior experience and training as a member on a Committee for the Protection of Human Subjects, Naval Health Clinic Great Lake, Illinois. The PI has experience with human subjects from an unpublished pilot study involving 3 participants. Rigorous training for data

collection by interviewing is not commonplace and coursework is considered sufficient for PhD projects based on interviews (Kvale, 2007).

Approval for the study was requested and obtained from the Marquette University Institutional Review Board. Each participant completed a consent form that identified participants' rights, risks, and expected participation. In the event that a participant has questions, the PI continues to be available by phone and e-mail to answer and clarify concerns. An ID code number was used in computerized databases and recorded in a secure log book to keep the participant's identity confidential. This ID code was also used on the interviews and transcripts. The ID code would not have been placed on the copy of the transcripts that the participants reviewed if any of the participants had requested to review their transcripts.

Access to data has been limited to study personnel. Results have been and will be presented in aggregate form to avoid identification of individual participants. Pseudo names are used in this dissertation and will be used in presentations of the study to protect the identity of the participants. The PI did not select traditional Hispanic names for all of the pseudo names because there was variation in the real names of the participants. The PI believed that selecting various pseudo names was representative of the participants and contributes to the purpose of understanding the meaning of lived experience.

Reliability & Validity

Kvale (1996) referred to the concepts of generalizability, reliability, and validity as a scientific holy trinity in modern social science. Different interviewers and coders can lead to different interpretations of a text. Therefore, it is necessary to explain how the PI arrived at her conclusions. The plurality of interpretations is a characteristic of the philosophy and methodology in qualitative research. Generalizability refers to the universality of the research

findings. Reliability refers to the consistency of the research findings. Validity refers to the truthfulness and correctness in the research. Validation should occur at each of the following stages in an interview investigation:

(1) thematizing that is associated with theoretical presuppositions of a study;
(2) designing that is associated with the adequacy of the design and method;
(3) interviewing that is associated with the trustworthiness of the participants;
(4) transcribing that is associated with translation from oral to written language;
(5) analyzing that is associated with interview questions and logic of interpretation(s);
(6) validating that is associated with the relevancy of a study to its discipline; and
(7) reporting that is associated with the presentation and reading of the study.

Validity "depends on the relationship of your conclusions to reality, and there are no methods that can completely assure that you have captured this" (Maxwell, 2005, p. 105). The philosophy of phenomenology as a response to positivism is applicable to the validity of this study. The design and methods of this study cannot guarantee validity. Two broad types of threats to validity in qualitative research are researcher bias and reactivity. One strategy the PI used was audio recording the interviews instead of relying on notes about what seemed important. A recording device freed the PI from concentrating on note-taking and enabled active asking and listening. After the interview, the PI was able to repeat listening to the actual interview.

The interview questions were relevant to the research purpose. If the interview questions were not relevant, this would have posed a threat to validity (Hutchinson & Wilson, 1992). The timing of interviews was crucial in obtaining valid data. The interviews were planned for when the nurses had time to gain professional nursing experience and an opportunity to begin reflection on that experience. Each participant was given the opportunity to read the transcripts and provide feedback to help control misinterpretation of the data (Maxwell, 2005). None of the participants stated a desire to review the transcripts.

This qualitative research was not based on a positivist approach and did not involve a measurement that resulted in numbers. Kvale (2007) presented a three-part model for judging the validity of qualitative data: (a) quality of craftsmanship, (b) communicative validity, and (c) pragmatic validity. The PI continually checked, questioned, and interpreted the findings for their accurate reflection of the lived experience of Hispanic new graduate nurses.

Efforts to Control for Error and Bias

The researcher's experiential knowledge is known as bias and is often supposed to be eliminated from the research design (Maxwell, 2005). In qualitative research, the researcher is viewed as the instrument of the research. "Separating your research from other aspects of your life cuts you off from a major source of insights, hypotheses, and validity checks" (p. 38). It would have been humanly impossible for the PI to completely eliminate memories of her own experience as a new graduate nurse and to avoid observations of other nurses in clinical practice. Writing memos and reflecting on the phenomena of this study were efforts to control error and bias. These memos were for the PI's private use and were kept separate from the data coding and analysis.

One bias that influences the PI is her nursing experience as a United States Navy Nurse Corps Officer where new nurses are routinely referred to as junior nurses instead of new graduates. The four-year mark of promotion to the rank of Lieutenant is a significant milestone that distinguishes a nurse as no longer being new. This milestone is unlike civilian nursing practice where nurses do not have rank that distinguishes career progression. A four-year period of being junior is not reflected in the previous literature review that generally characterized the new graduate nurse as an RN with less than two-year's experience of nursing practice.

The PI's gender and credentials were made known to sample participants. The PI held membership in the National Association of Hispanic Nurses (NAHN) and local chapters in southeastern Wisconsin and southern California. Self-funded attendance at the NAHN conferences facilitated the PI's relationships with other NAHN members and associates who were known by potential sample participants.

Matching of the interviewer and interviewee is controversial with unclear effects on the interviewee's responses (Dein, 2006). Matching strategies are based on an assumption that race, ethnicity, and culture are pure and that power relations are equal. Matching important characteristics may help the researcher overcome difference and be viewed as an insider (Hesse-Biber & Leavy, 2006). Insider status is "a trait or characteristic or experience the researcher has in common with his or her research participants" (p. 145). On the other hand, if the participants view the researcher as an outsider, they may be inclined to think that the researcher is more unbiased. Same-ethnicity of interviewers and interviewees may produce better rapport, but it does not have to affect the quality of data (Marín & Marín, 1991). Regardless of the researcher as an insider or outsider, building and maintaining trust is necessary for trustworthy research results (Kauffman, 1994).

Compensation for research participants was a consideration for the participants' motivation and the quality of the data collected. The participants in this investigation were ethnic minorities, but they were also persons with formal education and employment which set them apart from the stereotypical minority who lacks education and employment. "Monetary awards or other incentives are not only useful but also appropriate for minority participants" (Marín & Marín, 1991, p. 56). The PI verbally thanked each participant during sample recruitment and at the beginning and end of the interview. Six participants accepted a gift of body lotions and gels

with a monetary value less than $50 USD after the interview. One participant declined a gift. The PI had planned to present a certificate of appreciation to each participant who agreed to review his or her transcript. The PI will acknowledge appreciation of the participants without identifying them in any poster, paper, or publication that presents the investigation, analysis, and findings.

Limitations

The underrepresentation of Hispanic nurses in the United States impacted the number of participants available for this research study. The scientific research paradigm could have expected the PI to bring in an outside scientist to make objective generalizations about Hispanic new graduate nurses. However, studying the nursing profession from within is appropriate and acceptable and nursing leaders have a tendency to believe data from their own profession (Rolfe, 1998).

The sample size is a limitation for this study. The sample is small and the method limits generalizability and replicability. The philosophy and methodology of this study is phenomenology which is not interested in generalizability (Munhall, 2007). The study and sample are focused on the individual participants' similarities and differences.

The study relied on the participants' memory of their experience as a new graduate and their ability to articulate that experience. This study used a self-identification approach to operationalize Hispanic ethnicity. The sample selection may have excluded participants who do not identify themselves as Hispanic. Participants who are reluctant to engage in self-disclosure is a methodological problem and could have limited the quality of data collected.

The Hispanic ethnicity has an innate heterogeneity. The heterogeneity means cultural representation from various countries, degrees of acculturation to the United States, and different familial structure. It was not possible to fully explore heterogeneity in this initial study. Gender

and age may have also influenced findings, as may the fact that the investigator is of non-Hispanic ancestry.

The data analysis and interpretation are limited because phenomena can be viewed from more than one perspective. “There is no knowledge that offers a full explanation of the world” (Anderson, 1991, p. 35). The PI’s interpretation of the data and narrative of the study offer her perspective at a point in time. In a sense, this perspective is tentative. The PI needed to follow a timeline for her dissertation which affected her perspective.

Kvale (2007) described a phenomenon of investigators getting wiser as they learn from consecutive interviews and continually improve. This increased sophistication with interviewing can develop more sensitivity and affect the quality of interviewing. Though limitations existed, giving voice to a sample of Hispanic RNs identified and provided direction for further research.

CHAPTER IV

RESULTS

Introduction

There were participants’ verbal and non-verbal responses that are not necessarily descriptive data or an identified theme; these were not analyzed as results. However, the results are derived from lived experience and those non-analyzed responses give context to the experience of these interviews. Some of the responses shared with the PI were described as “between you and me and the wall,” or “I told my (*named person*) but I haven’t told anyone else.” At times the participants carefully repeated back interview questions to the PI as though they wanted to be sure they had correctly understood the question and would provide an

appropriate answer. They referred to some of the interview questions as “subjective” or “rhetorical.” There were tears and laughter; times when the participant was responding before the PI could finish a question and times of silence. The participants shared that the interview was an opportunity to be reflective, feel proud of the decision to become a nurse, and talking about the experience as a new graduate nurse was good and gave a power.

Presentation of Descriptive Data

There were seven participants who participated in this research study and participant demographics are presented in Table 1. None of the participants attended college courses outside of the United States. Two of the participants reported speaking Spanish as children and five of the participants spoke both Spanish and English as children. As adults, they all spoke Spanish and English and one participant also learned to speak Italian and French. Clinical areas of nursing were described as intensive care, skilled care, telemetry, obstetrics and gynecology, and community health. Languages other than English spoken by other nurses or other healthcare providers in the participants’ places of employment were Tagalog (n=4), Polish (n=1), Russian (n=1), Indian (n=1), and Spanish (n=7).

Table 1

Participant Demographics

Gender	Females (n = 5) Males (n = 2)
Age	24 - 55 years
Population Subgroup	Mexican American (n = 6) Mexican/South American (n = 1)
Entry Level Nursing Degree	Baccalaureate (n= 2) Associate (n =5)
Time After Graduation to Passing NCLEX-RN	1 month - 12 months
Months to Obtain RN position	1 month - 4 months
Length of Employment as RN	2 months - 33 months
Employment Status	Full-time (n = 7)
Employment Practice Setting	Acute Care (n = 4) Outpatient Clinic (n = 3) *
Had a Preceptor	Yes (n = 5) No (n =2)

* One of the participants changed job positions from acute care to an outpatient clinic.

When the participants answered the interview question about the other nurses where they worked, they described the certified nursing assistants (CNAs), medical assistants, and the nurse practitioners in addition to describing the other registered nurses as being in age groups of their 20s and over 60 years old. Heather stated, “I was also the youngest nurse here” and continued by saying, “they are all almost old enough to be my mother.” Marie described the ages of others in reference to herself as, “I think I’m the baby of them all.” Michael described the ages of other

nurses on his unit as “a good 80%, well, 70% are above the 40 or 50 mark, about 50 years old … I’m probably the second youngest nurse there. And I’m 30.”

Six participants passed the NCLEX-RN on the first attempt and one participant passed the NCLEX-RN on the second attempt. Four participants referenced the NCLEX-RN during their interviews. Heather “waited for everybody pretty much to go before me so I could, you know, kind of see how everybody else did.” She described passing the NCLEX-RN as “really great.” Rosemary gained employment because another employee “failed her NCLEX” and was not able to be hired as an RN. Bethany described taking the NCLEX-RN as, “I’m one of the ones who had all 265 questions and passed, so I believe that God was looking after me and that is why I passed.” Marie failed the NCLEX-RN on her first attempt and was successful nine months later. She was pregnant during her first attempt and thought “that had something to do with it.” Marie also described that “in nursing school the questions are asked differently than they are on [the] NCLEX.”

The five participants who were first employed in an acute care hospital setting had an orientation period with a preceptor and they answered that having a preceptor was a good experience. The two participants who were employed in an outpatient clinic setting did not have an experience with a preceptor, but had access to other RNs who were resources. Bethany stated that it was “helpful to have a preceptor.” A preceptor was assigned for Heather’s orientation, but “I rarely saw her and it was very scary.” Later she learned that her “preceptor had only been on the floor 6 months prior to me even getting there and she said she felt nervous about it too.” Marie was surprised to find that the preceptors where she worked were volunteers and did not receive extra pay for being preceptors. When Marie was in nursing school, she knew of nurses who received extra pay because they were preceptors. She described her preceptor as an amazing

person and as someone that had “really taken me under her wing.” When David interviewed for his job, he asked, “Am I going to have a preceptor? … [The director] said, “No.”

Five of the participants indicated on the questionnaire that they would have liked a Hispanic preceptor while two wrote on the questionnaire that it would not have made a difference if they would have had a Hispanic preceptor. Only one of the participants had a Hispanic preceptor and during the interview she stated that having a Hispanic preceptor did make a difference.

Presentation of Identified Themes

The following section presents the study’s findings in relation to the research question in search of the meaning of the lived experience. General themes and subthemes emerged during the analysis (see Table 2). Direct quotes from the participants support the themes and give voice to the participants’ lived experience.

Table 2

General Themes and Subthemes from Interviews

General Themes	Subthemes
1. Being an Employee	1. Prior Work Experience 2. Politics & Policy 3. Other Staff 1. Age 2. CNAs 3. Ethnicity 4. Gender 5. Proficiency with Language Other Than English
2. An Orientation With or Without Preceptors	
3. A Transition	1. Nursing School is Only the Beginning 2. Find Your Way and Place 3. There
4. Shadows of Doubt	
5. Being Hispanic	1. Being a Minority 2. Alone 3. Intertwined 4. Similar life Experiences
6. Being Bilingual and Being Pulled	
7. Blessed	

Being an Employee

One aspect of the new graduate nurse experience was being employed as a RN and going through a process of getting a job. Graduating from nursing school was not an endpoint for these participants. The participants included passing the NCELX-RN and gaining employment as part of their transition as a new graduate nurse. Becoming an employee gave a sense of relief that nursing school was over and that life could move forward. An acute care setting in a hospital was the preferred place of employment for the new graduates. Prior work experiences influenced

perceptions of their current employment. Being bilingual was considered an asset for gaining employment. The participants did not describe preparation or specific training for navigating the job market.

Participants clearly remembered their interactions with human resources departments and interviews. "[The nurse manager] just kept moving, so I'm looking at him, like, are you okay? … He gave me the job and I was thrilled" (Marie). "I called the human resources and asked them why I was being rejected over and over again. I applied, I think, to all of the hospitals in *(name of city)*" (Rosemary).

> My first interview, [the interviewer] … said, 'I have never gotten that answer from a new grad' … My interview for this job was more my boss trying to convince me to come to them than me trying to sell myself for the job. – *David*

Heather considered herself hired eight months before she graduated from nursing school. She worked as a nurse intern, became a graduate nurse, but then had to apply for a position after her orientation as an intern was completed. She described the nurse manager as,

> Well, you know, I don't want to say pressuring, but she was pushing all of us to apply for positions on that floor. I feel really blessed because I did not apply for a position on that floor which I knew wasn't right for me.

Marie applied for one job, interviewed once for that job, and stated, "So, I just took it." Rosemary shared, "They needed somebody urgent, I guess …" The participants remembered statements made during their interviews which continued to impact the new RN's expectation on the job. For example, David stated, "Okay, that's not what you told me when I first got here."

The participants were grateful to be employees and have an income. "I'm glad that they gave me this opportunity" (Michael). "The money I am making from my job is to go for tuition" (Marie). "I barely got this job" (Rosemary). "Having hardly any money to making nurses' salary was also really a nice benefit" (Heather).

Prior Work Experience

The participants' prior work experience ranged from no background in healthcare to working as a nurse intern, an office assistant, or an emergency technician. "I had no background for the job. My skills were limited …" (Marie). One participant worked as a unit secretary and feared that staff would not take her seriously as a new nurse, so she transferred to a different unit. Bethany summarized that you "would have thought hospital nursing was the same environment, you know, because there is so much to do," but she found that it was different than her prior work in an office. David thought "[I] had some form of reputation preceding me [based on what my employer knew about my work history]." Michael shared that "because of my backgrounds [from where I had worked before becoming a RN]… I feel it's actually helped me learn more and solidify my foundation as a nurse."

> They were giving priority to those people who had prior CNA experience in the hospital setting … Since I didn't have that, then it was going to be kind of more difficult for me I guess … The economy may have been a factor … I don't know if that has anything to do with being Hispanic, but it was hard getting a job. – *Rosemary*

Politics and Policy

The finding of politics refers to politics in the workplace and the interactions between employees as well as the context of local, state, and federal governments in which healthcare institutions exist. This part of being an employee was not something that the new graduates anticipated or for which they felt prepared. One of the participants wondered what the "political correct thing" was for describing ethnicity and referred to a conversation at a professional meeting.

> I wanted to be politically correct in everything that I did … … I can remember being really stressed and there was, you know, eemmm ahh, politics … [a] very important thing

> to learn about [is politics] … [I] had no real idea about [that], um, cause this was my first career … What gives any new person the right to anything, really? - *Heather*

Policy was close in context to politics within the workplace setting and refers to the system of healthcare, regulating agencies, and government. The new graduates distinguished between politics and policy and procedure. They relied on their preceptors and supervisors to know the workplace policies and procedures. Their experiences varied by whether or not policies existed or were known among staff, the content of policies, and staff adherence to policy among the employment settings. Language translation at the doctors' request was against hospital policy for staff members who were not certified interpreters. Staff members seemed to conveniently "forget the policy." The request to go against policy placed the new graduates in difficult "positions" that the new graduates thought were not understood by other staff members. One of the participants described being a stickler about policy, wanting to follow the "rules," and working with staff who would bend the "rules." If the preceptor or supervisor was unavailable, the new graduates needed time to find policy and procedure manuals which could be time-consuming.

> Immigration has been a huge thing. It's been at the forefront politically … I didn't realize everything that was going on … [I go to meetings where we talk about] healthcare in the city – *Heather*

Bethany described a situation where the hospital would not be reimbursed for patient care and referred to the situation as, "the political part, but it's reality." David described a type of care that the clinic could not provide to patients because "the government has not replenished [funding for programs], so [the] patients tend to blame us."

Other Staff

The participants were employees among a group of other staff that included other nurses, CNAs, physicians, nurse practitioners, and ancillary staff. Some of the characteristics shared during the interviews were the staffs' ages, ethnicity, gender, and proficiency with a language other than English.

Age

The participants described the ages of others in terms such as "mid 20s to mid 50s" and then related how their own age fit in with the group and the patient populations. Their ages set them apart in nursing experience as well as in life experiences. "I don't know any of the other RNs who are in their recent 20s" (David). "I was also the youngest nurse here … I really bonded with our population, adolescents, and, you know, the women in their early 20s" (Heather). Marie stated, "I'm the baby of them all … [there] might be another nurse in her earlier 30's … then everyone else is above, probably 40s." "I'm probably the second youngest nurse there. And I'm 30" (Michael).

The difference in age was also described as a difference in seniority and privileges that the new graduate nurse had not yet earned. The participants were aware of who had been employed longer. "The CNAs have been here for so many years, such a long time, they kinda look at you like, I know you're not trying to give me orders (sound of soft laugh)" (Marie). "I find myself asking … even the medical assistants that have been there longer than me" (Rosemary).

> They are all almost old enough to be my mother … It was [a] 8 to 4 [schedule], Monday through Friday, no holidays, no weekends. And some people thought why should I have the privilege of working those beautiful hours and I was the new grad and they had to work their whole life off to get there … [You were supposed to know] your place, not to

> say we have to be in our places, but as a new employee and as a new graduate working with older nurses [you needed to know where you fit in]. – *Heather*

Certified Nursing Assistants (CNAs) and Medical Assistants

The CNAs were generally older in age and had been working longer than the new graduate nurses. They were described as having heavy patient loads, hard working, being busy, and generally were helpful, but at times the nurse had no idea where the CNA was. The new graduate nurse was responsible for them. “I catch the medical assistant trying to, ah, cut corners. I … try to teach her patient safety first” (David). “Sometimes communication with the nurses or CNAs can be hard, too, for a beginner, especially a new grad” (Marie). “I just blend in with the other girls, but yet I’ve noticed how the doctors and the providers treat me differently, like I know it all but I don’t (sound of soft laugh), but, ah, it hasn’t sunk in yet [that I am the RN and the one in charge]” (Rosemary).

As the new graduate nurse gained experience, the dynamics in the working relationship changed.

> [The medical assistant] feels a little distance now between the doctors that work here because they come to me now and we speak. They have realized that, yes, I have been properly trained and they can talk to me … Whereas, my medical assistant kind of feels that she has been cast aside. – *David*

Ethnicity

The participants described being employed in settings with other staff that were predominantly Caucasian or White. The other staff members who were also minorities were usually the CNAs or medical assistants. Angela described the majority of the other minority nurses as Filipino with a “couple of African Americans.” Bethany stated, “We have quite a

diversity on my floor. We have African American, Russian, oriental, and I guess the right word would be Anglo, and some Hispanic."

Within ethnicities, there are subgroups. As David stated, "I am not a Californian Mexican. I'm a Texas Mexican … There is just a variety of, ah, cultural similarities, but also regional dissimilarities that you can converse about and that kind of help you relate." For Heather, "Most [nurses] are White. There is one African American, um, and one woman who is from Texas. She is Mexican, but she is from Texas, so she is Texican, I don't know." Marie commented, "I'm the only Hispanic nurse." Rosemary shared, "One guy that has worked at the clinic for 15 years said I never met … a Hispanic RN, like he, I don't know where he used to work. I guess like *(named city)* or something."

Gender

The majority of other staff was female which is comparable to the participants and the nursing profession in the United States. There were few examples of male Hispanic RNs either from observation or personal experience.

> I get pulled in for anything heavy, any problem patients, any, um, physical, violence … I guess they are capitalizing on my size, uh, who knows … You primarily don't see, in my sense, a male Hispanic nurse. You don't. It's one of those really, not taboo, but really awkward [things], because they don't expect the male to be going into nursing. They will expect the male to go into paramedicine and emergency services, but not as a nurse.
> - *Michael*

Proficiency with Language Other Than English

All of the participants spoke Spanish and English. The most commonly reported language other than English spoken by nurses at their workplaces was Tagalog. The most commonly reported language other than English spoken by patients at their workplaces was Spanish. All of the staff had access to translators and phone lines if they needed to communicate with patients.

Generally, other nurses' ability to speak Spanish was limited, but there were others proficient with Spanish. "Some know enough words to get by. Like pain is this word and stuff like that, but not enough to carry on a conversation with the patient" (Marie). "The other nurse practitioner, she speaks Spanish, a lot of patients like going to her because she is very thorough, but also she speaks Spanish" (Rosemary).

Specific descriptions of the Tagalog language were made. "The Filipino nurses speak their language all of the time ... We have found that there are some words that in the Spanish and Filipino language that are similar. So every now and then, we try to compare words" (Marie). In another reference to the Filipino nurses,

> … Their proficiency with English, they're extremely educated and talented individuals … They know how to speak English and they lose some of the interpretation of English sometimes. Some patients can actually hear them, when they are speaking in English and get the wrong impression because they are not portraying their thoughts correctly, for loss of better words on their part. - *Michael*

An Orientation With or Without Preceptors

All of the participants referred to an orientation period or preceptorship during their transition as new employees and graduate nurses. There were remarkable differences in the experiences for those who were in a hospital compared to an outpatient clinic. The new graduate nurses employed in outpatient clinics did not have preceptors and their orientation period was much shorter. During David's job interview, he asked if he would have a preceptor and was told that he would not have one, but that there would be training to help him.

The participants desired an organization or consistency for the orientation in their clinical settings and they wanted a defined point for when the orientation would be over. "Consistency in preceptorship was most important (Angela)." Angela followed the preceptor's schedule for six or

seven weeks and she described the preceptorship as “so long.” Heather’s orientation was three or four months long and, “Overall it was a great experience.”

Rosemary described following her supervisor for two days. “New grads that I have spoken to that have gone to the hospital or even other places, they have like a two month … orientation or have a preceptor … I guess I feel cheated.”

The participants referred to other nurses assigned to help them during this orientation period as mentors or preceptors. The nurses who were assigned as preceptors generally contributed to a positive orientation and were helpful. The participants appreciated preceptors who directly asked if the new grad needed any help or if they had questions and who were thorough in their explanations. They recognized that preceptors were all different and that it was impossible to have the same nurse be their preceptor for the entire orientation. Angela was the only one who stated that her preceptor was a Hispanic RN. She personally had asked the Hispanic RN to be her preceptor. Positive descriptions of the preceptors are the following:

- put more effort on me as a new graduate [because I was Hispanic, too] - *Angela*
- she was able to, you know, relate [to being a Hispanic RN] - *Angela*
- she basically tries to defend me - *Marie*
- really taken me under her wing - *Marie*
- listened to my needs … guided me … she helped to get into an area that I really wanted to be in …showed me kind of how to network …without her help I don’t know where I would be as far as my first job goes - *Heather*
- I had someone I could trust … who would not steer me wrong - *Heather*
- as a person … and as a nurse, she really believed in me - *Heather*

The participants had perceptions of their preceptors as having different degrees of preparation and willingness to be preceptors. Angela believed that "some people are more willing to take on a new grad." "It's an extra job to precept somebody … My preceptor had only been on the floor 6 months prior to me even getting there and she said she felt nervous about it too" (Heather). "I guess I was surprised because like most of the hospitals (*named an area)* … the preceptors there were, I guess, paid extra to be a preceptor, where, here my preceptor isn't [paid]. She volunteered… volunteers are a lot more willing to do it" (Marie). "I feel that my relationship with, um, my mentor, who hired me originally set me apart … that relationship, I think, was really, um, significant in my career" (Heather).

There were RNs that the participants described as unofficial mentors or preceptors. The "RN on the second floor … basically continues to be my unofficial mentor, preceptor" (David). "She, to me, was my unofficial mentor and preceptor" (Heather). Michael stated, "As a Hispanic nurse myself, I never had a true mentor … the preceptor I had was just a preceptor for the unit."

There were negative experiences with the preceptors. Marie felt that her preceptor assigned her all of the patients that she did not want. She felt that their workload was unfair when she was new and working on her time management skills. Heather remembered not knowing where her preceptor was and that made her feel afraid. She also wondered,

> If I threatened her or if she was insecure, but sometimes she would just let me know … like, say, you'll never know what I know as a nurse and, you know, kind of some underhanded comments but over all I love her …It was an issue known that she struggled with minorities and racism and, you know, things like that … She never said anything, 'Oh stupid Mexicans' or anything like that …Having a mentor is really important and if it's not … like a formal thing set up in your organization, how do you find one? I don't know.

The participants recommended becoming involved in nursing associations or organizations and offered the advice that other new graduates should begin networking early in their careers. The

networking could be among Hispanic nursing groups or professional groups with a clinical focus such as critical care or medical-surgical nursing.

A Transition

After the new graduate nurses gained employment and completed an orientation period, they experienced a transition. Descriptions of this transition ranged from an easy, rewarding experience to overwhelming or horrifying. The participants realized that they had more nursing experience and knowledge to gain in comparison to the seasoned nurses. They wanted the seasoned nurses to remember that they had a starting point, too. “In the back of my head it was like, you were like us at one point, and for whatever reason, now you are like, you don’t want to help others to get to where you are now” (Marie).

Nursing School is Only the Beginning

Nursing school was a preparation, but not something that totally prepared the new graduate nurses for what they would experience. Once employed, they learned policies, procedures, delegation, and what they could and couldn’t do. “Nothing prepares you for that actual time when you step on the floor without your clinical instructor or anything” (Michael). Bethany stated that you “never feel like everything you learned at school was enough preparation.” Marie described the difference between nursing school and working as a new RN as, “I don’t want to say hard, but in nursing school there are some things they don’t show you or tell you … when you’re actually on the floor, you might be like …. taken off guard.” “Some things you just don’t see in nursing school” (David). Heather felt “overwhelmed from the demands that people were putting on me.”

> RNs have to delegate because, otherwise, you are going to get burned out. That's how I was at first … everybody was giving me all the things I could do and I was like, I will do that, and yeah, I'll do that, but by the time I looked in my binder, I had like 10 things to do and one hour to complete them … I guess I changed. I had to, even though it hurt me because I knew those tasks that I could complete and do, and at the same time, I couldn't complete them all. – *Rosemary*

"Nursing school, well, is only the beginning" (David).

Find Your Way and Place

As the participants settled into their places of employment, they began to develop routines, confidence, and competency. They realized that they would continue to have questions and have a learning curve, but they had to start somewhere if they were going to move forward in their transition, meet expectations, and be able to function on their own as RNs. For Marie "I just found my way so I could manage and not have to ask them for help, as far as the paperwork goes, but I still have a lot of questions." Michael described the transition as,

> kind of like back in school when you were doing your clinicals. … You didn't know what the heck was going on …You go and do it and that's all you think of. … I portray the image of a professional nurse because it's what is expected and it's what puts patients at ease. … There is always going to be that learning curve.

Heather's description is a resolve to move forward despite growing pains, uncertainty, and a clinical area that was not her choice for employment. She recognized that being a new graduate nurse was a transition from where she was in nursing school to where she wanted to be in her education and career. "I never feel like I have fully arrived anywhere … I wish sometimes that I could go back [to nursing school]. I felt so safe and so supported in school … I did not like [my first job as a nurse because all new graduates were assigned to med-surg before other clinical areas] and I would come home crying… It's not that I want to stop here" [where I am with my education and career].

Bethany described a struggle with trying to make sense of the knowledge she had learned in nursing school and keep pace with her patient assignments. "I tried to remember … in the beginning [that] I had a learning curve, too … I have been persistent enough [to get through nursing school and be a nurse] … I wanted to incorporate this whole world [of knowledge] and I had to learn [to] just incorporate this piece and then incorporate this piece; [but] because of the time constraint, [it was] frustrating [until I become proficient in my nursing skills]… In a way, I'm still at the shock part [as in the transition theory for a new graduate], but I'm refusing [to believe it's true for me], because I want to apply everything [now]."

Over time, the new graduates started to gain competency. "I don't really feel like a registered nurse even though my job description says it and describes it. I honestly feel that. … I still have to take out my little notebook … so everything takes longer" (Rosemary). "I started to feel competent in what I could and couldn't do … I'm better because I have found my place. I just don't know how else to put that" (David).

There

The participants referred to a point in their transition as "getting there" or "being there." This point was not described as a final destination. It was a level of experience, a comfortableness in nursing, and a possibility that was achievable. "I don't see myself there … being comfortable … [or] more confident with myself … even now, a year post-grad" (Bethany).

Events and situations helped define the transition. "The week before I finished my preceptorship … [I] knew I had to put that hat on … [I] knew I had to assume the professionalism … [I] was also wanting to be on my own" (Angela).

> I felt like I was a professional nurse when I was … invited by one of my providers to [a] (pause) discussion dinner … I felt, like, okay, I think I'm in now. .. I see no end to the learning experience here and to me that is exciting … I'm okay here. I feel pretty good. - *David*

> I feel myself as a nurse who is good at what he does but yet need to have a lot more experience to call myself professional … I'm never going to stop learning. That is one of the things with nursing. … I've noticed how much I've grown as a nurse by decisions I've made, by different interventions I've done. How I actually react in different situations, so I've noticed a big difference. - *Michael*

> I'm getting the hang of it and now I realize a lot of people come to me, 'Do you know where this is at? Do you know if this vaccine is given before that one?' So now, because I was pressured right away to know them, now I know them. - *Rosemary*

> I still ask a lot of questions. And I understand that throughout your career you ask questions. So I don't think I feel comfortable saying that I am a professional nurse. … [to] where I feel confident to say that I'm a professional nurse, but I'm getting there. I'm on my way to being a professional nurse and I want to get there … I still have more time. - *Marie*

Shadows of Doubt

The theme *shadows of doubt* refers to the constant flux in the participant's cognition as they sought answers. Six of the participants expressed questions that they asked of themselves as new graduate nurses. At 10-months of experience, Michael stated, "You always have that little shadow of doubt of everything you are doing, that little hesitation. Am I doing the correct thing? You start questioning yourself."

One aspect of this questioning concerned how the new graduate fit into the profession of nursing. Bethany questioned why the seasoned nurses would want her to be on the unit. If she had not had supportive staff, she did not think she would have stayed in nursing. Her hospital used nursing care plans and she asked if her hospital was the only one to use them because other nurses stated they never used them. Heather wondered how a new graduate stood up for herself in a professional manner and asked, "Could I settle? … Do I have a choice to just stay where I am? … Had I not reached out, would I have felt the same way?" If Rosemary had questions, she

wondered who she would call. Marie questioned the patient assignments during her preceptorship, “Why not give me one easy patient and one difficult patient so we can even things out?”

Most of the questions to self focused on patient care in situations such as what actions to take when there is another admission, how to manage patient education, how to know what is most important as a patient advocate, are patients in the clinic just to get out of work because nurses can issue work releases, will the new nurse do something that kills a patient, and making decisions about medications. The participants questioned if they forgot to do something for the patient; if they had completed everything necessary for patient care; if they had done everything, or if they could have given better nursing care.

The questions to self and doubts also concerned the desire of being understood by other staff. Other staff made comments that reinforced the hesitation that the new graduate experienced while developing relationships with co-workers. Rosemary used her diary as a place to record this type of question while she worked on finding an answer. She heard co-workers talking about her and saying, “She is stuck up … [like] they were going to the bad side of it. They were like, oh, she is new and lazy … I straightened it out before it got worse.”

Being Hispanic

The participants referred to being Hispanic in terms of expected outward physical appearance, surnames, heritage, ability to speak Spanish, discrimination, and racism. None of them gave a clear, universal description of what being Hispanic is, but they indicated what a Hispanic might be like or experience. “[One on my instructors] had a Hispanic name … She didn’t speak Spanish … [but] I’m pretty sure, she was Hispanic” (Rosemary). ‘She has this habit of talking down to us because we are all Latino … there is still a certain amount, basically,

subtle, I don't know how else to say it, racism" *(*David). "I want to say history or some known cases of racism [are associated] with Hispanics. I've been fortunate enough to not have experienced that" (Michael).

> Most of the people there assumed that I was a medical assistant, which I didn't mind, but um, but when I would say that I am a registered nurse, they would look at me and say 'Oh wow, you're' a nurse' like they couldn't believe [a Hispanic was a RN]. - *Rosemary*

Being Hispanic positively impacted relationships the new graduates had with Hispanic patients. Hispanic patients may see the Hispanic nurse as someone to whom they can relate and trust. "As a minority, they realize this guy is just like me" (Michael). "I can relate to some of the issues of the older Hispanic males … [I tell them] don't be afraid because they are Hispanic and their doctor may be Caucasian" (David). "I have a connection to the population" (Heather). "Other nurses … [they] don't treat the patients the same [as] they would treat them if they were their same color. We have patients who confide in us about the mistreatment that they are getting and it's really hard to deal with" (Heather). "They may feel that their physical needs or other needs aren't being met" (Marie).

These relationships with patients were different from a negative experience that Marie described with a patient.

> The patient basically wanted a nurse that had blonde hair and blue eyes … it was upsetting to me. The first thing she said to me was, like, oh you don't know what you're doing. You don't have experience and you should go to lunch. It crushed me … I did what I had to do to be a nurse and be able to help other patients …Just because you don't like the color of my eyes and the color of my skin, you're going to tell me that I'm stupid and get out of your room? … I heard from one of the other nurses that this patient has been here before and she just doesn't like anything other than light skinned [nurses] … The other nurse was obviously White, blonde hair, and everything … The nurse manager … didn't know what to do with her because she didn't want me …I didn't realize how true it was 'til I actually experienced it.

Being a Minority

An aspect of being Hispanic was being a minority which stemmed from various aspects of the participants' experience as a new graduate nurse. Being a minority was experienced while the participants were in nursing school and continued into their employment as RNs. The participants described being the only Hispanic or one of a few Hispanics during nursing school. For Heather, "in nursing school there was one Native American woman and the rest were Caucasian." These two students "looked to each other for support." Rosemary attended nursing school with "mostly Filipino and Caucasian [students]… [and had] some classes when I was the only Mexican there …I don't remember another Hispanic female nurse in my class …" "There weren't a lot of other Hispanic nursing students. There was less than five of us … I know our class was in the 100s" (Marie).

> I know Hispanic women are very strong and the two Hispanic women that I went to school with were in similar situations. They were married with kids, trying to make it through the best they could and they just did it. – *David*

Some of the participants believed that being a minority did not always matter or make a difference. Some situations should be viewed as ordinary and independent of one's belonging to a minority ethnic group. "Don't be quick to throw in the race card …Don't read so much into something. Maybe sometimes it is just what it is. I think minorities can do that" (Angela). There were situations when the new graduates were not sure how to verbally express themselves out of concern that they were not politically correct or were going to offend another person. "I think we have become a little too sensitive" (Bethany). "I never like to use race as, like, an issue" (Heather).

Being a minority was presented as a different experience than being a Hispanic. Some of the participants found themselves in situations where others did not perceive them as Hispanic.

"I don't look Hispanic so people didn't even know" (Bethany). "At first, they assume … I'm Indian" (Marie). Heather thought that being Hispanic, "made a difference in my life in general … I think race and ethnicity is such a, you know, how Mexican are you? How Black are you?"

Alone

There was an aspect of being alone, being the only one within a group, and having the feeling of being lonely. "Only one other nurse on the floor spoke Spanish and she only worked very part-time … I'm the only Latino employee there … the mentor I had, she is not here anymore (sound of crying)" (Heather). "I'm the only new nurse" (Marie). "I'm the only RN on the unit that speaks Spanish" (Michael). Michael was hired into a unit where new graduates were rarely hired. David and Rosemary were hired into clinical positions where there had not been an RN and there was no other RN's precedence to follow.

In Marie's words, "I'm the only Hispanic nurse." Angela stated that there is a need to recruit more Hispanics into nursing and that there "aren't enough of us." In similar words, David stated, "I don't know why there aren't more Hispanics in nursing." "We need to diversify the nursing staff" (Heather). The participants considered the low number of Hispanic RNs as a negative aspect of their experience as a new graduate, desired to see an increase in the numbers of Hispanic RNs, and questioned if there ever would be a change in the number of minorities who are RNs.

Intertwined

Culture distinguishes groups of people and refers to dialects, customs, norms, dietary choices, and observations of holidays. Culture may be expressed through language, help patients

feel at ease, and create bonds. The Hispanic cultural aspect of patients may not be understood by staff who are not from a Hispanic heritage.

> The CNAs don't understand … Like for a patient, there are certain things you don't do in front of his wife or you might not touch him or do things for him because the wife may not like that so much and things like that. - *Marie*

> I came from the same culture …it tends to lessen the stress, it tends to put them at ease that much more … A lot of the population who see me automatically assume I'm a doctor and … when I correct them they still say I know more than the doctor, but it's I guess, it's much more of a cultural thing. - *Michael*

> It's almost like a bonding that you do with the patients. It's cultural… We talk about food. We talk about just cultural things, like Holy Week and Christmas … things as a Mexican culture, even in our little communities, that is totally separate from the whole, you know, American idea of Christmas and … Halloween … [for example] Pan de Muerto, a cake that is only made in the season of Halloween … someone brought one in and I thought that was really cool … I think it's difficult for me to separate the language and the cultural because they are so intertwined. - *David*

Similar life Experiences

Being Hispanic and being a minority created similar life experiences. The similarities may be a feeling of being in a social class, living through the process of becoming a United States citizen, or being the object of a stereotype. The similar life experiences contributed to the participants promoting health and making a difference for patients.

> I have been able to speak on issues that the Hispanic population faces in terms of barriers to care and, um, just different social issues … I feel an obligation and an honor in and a privilege to be able to speak and to work on the issues that my community faces. - *Heather*

> And they have a few words with you. They realize you are just like them. They loosen up completely … talking very fluently. They are much more at ease … they realize this guy is just like me. He is an under dog. - *Michael*

Being Bilingual and Being Pulled

All of the participants were bilingual and spoke Spanish and English. Hispanics may be monolingual by speaking only Spanish or only English. One participant began nursing school as part of a bilingual group before merging with an English-only class. David and Marie described situations from nursing school where they were "pulled in" for their ability to speak Spanish. In their experiences as RNs, the participants continued to be "pulled into" situations and choices because of their ability to speak Spanish.

The participants described being bilingual as a benefit most of the time and that this attribute "opened doors" (Bethany) and was a "commodity" (Angela). The participants described an assumption within society that any Hispanic person can speak Spanish and that all Spanish dialect is the same. In the midst of the transition and learning curve as a new graduate nurse, speaking Spanish was a comfort zone because it was something the new graduates had done their entire lives.

Generally, hospital policies required that employees take a language proficiency exam before they translated for providers and patients. At times the request to translate was a source of conflict for the new graduates when they had to decide if they would go against workplace policy and interpret for other staff who did not speak Spanish. The participants choose not to be interpreters even though they might have been paid more to translate. Sometimes they helped doctors translate and at other times they did not want it known that they were bilingual. "They look for me when they have a Spanish speaking patient" (Marie).

> Some of the doctors have noticed that I am fully bilingual and sometimes even better than the interpreters in the hospital and they request my assistance and I have to decline because it's just I'm not able to, first off legally, and second off, it takes away from my patients' well-being, my patients' um priority … He *(referring to a doctor)* asked me if I could translate. And he was like, "Do you speak Spanish first off?" I told him I'm very

> limited and he is like well, "What can you say?" I told him, "Well, I know how to ask for a beer in Spanish and I know how to ask for a bathroom in Spanish. I think I can wing it to ask how they are doing." He is like, ahhh, "Are you being facetious?" … I've gotten away with in other areas not letting people know that I do speak Spanish, because it will become cumbersome, but this is one of the things I would have to say could be a negative. - *Michael*

Within their individual patient assignments, the participants spoke Spanish and did not rely on interpreters. The participants had discretion with their bilingual ability. As David stated, "It just makes my work so much easier here being able to speak Spanish." However, according to Heather,

> As a new grad, I felt like stuff would get dumped on me because there were so many Spanish speaking clients or patients… It opens the door to being taken advantage of in terms of being used for your ability to speak the language.

Blessed

Participants described their experience by the word *blessed.* When the PI asked a participant to describe what she meant by *blessed*, she stated, "I guess it's another word for lucky." The participants expressed a sense of gratitude that they had successfully completed nursing school, passed the NCLEX-RN, were employed as RNs, and had the opportunity to serve the Hispanic community through nursing.

Heather stated, "I feel so blessed to be where I am … [in] my relationships, um, through the university [and] ah faculty and even the support staff was [a] huge, um, blessing." David described his "blessed situation" in the context of gaining employment one month after passing the NCLEX-RN and living so close to work that he could walk. He summarized feeling very blessed as "it's almost like a fairy tale."

> I think I was blessed, and, uh, this place, they welcome anything or anyone that walks through the door and where you're not judged or not put down because I am Hispanic …Some hospitals out there are not teaching hospitals. .. or the nurses aren't very helpful,

> ah, they don't go like, "Come here and let me teach you." Things of that nature. ..[and] the fact that I have good people around me that want to help me. - *Marie*

Summary

The participants did not definitively express an answer of "yes" or "no" that being a Hispanic new graduate nurse made a difference in their experiences as new graduate nurses. They paused for reflection and told stories or gave examples of being Hispanic nurses. Then they answered more definitively, as though they could hold their heads high and were equals with nurses of any race, ethnicity, or culture. This summary is not intended to imply that they take for granted that they are Hispanic; being Hispanic seemed to be a part of their lives that could not be separated from any other attribute.

CHAPTER V

DISCUSSION

Introduction

A preliminary literature review was completed prior to this study. The following discussion derives from phenomena shared through spoken word during data collection, followed by transcription and analysis. Themes originated from participants' memories and perception of experience as new graduate nurses. The themes from this study, (a) being an employee, (b) an orientation with or without preceptors, (c) a transition, (d) shadows of doubt, (e) being Hispanic, (f) being bilingual and being pulled, and (g) blessed, were the basis for an additional literature review to place the themes into the context of lived nursing experience.

Significance of Findings

Little research has been done regarding the experience of Hispanic new graduate nurses. Because the underrepresentation of nurses compared to the population is more disparate for Hispanics than other groups (Health Resources and Services Administration, 2010b; U.S. Census Bureau, 2008), understanding Hispanic new graduates' experience is especially important. Subgroups of new graduate nurses of a Hispanic ethnicity are seldom reported. The findings from this study elucidate the experience of Mexican American new graduate nurses. Given that 40% of new nurses plan to leave their job within three years (Health Resources and Services Administration, 2010a), this study provides a foundation for development of interventions to support retention and career development of this especially needed group of nurses.

Being an Employee

As a whole for the Hispanic population within the United States, Hispanic employees in the workplace have a higher rate of fatalities (Johnson & Ostendorf, 2010). This fact is discouraging and may be a motivator for young Hispanics to seek employment in workplaces that are different from where their parents or other relatives traditionally work. One of the participants suggested that a future research question should ask how Hispanic RNs chose nursing because there are few role models and exposure to nursing within Hispanic families. Hispanics need skills and education in order to gain employment in diverse occupations (Chapa & De La Rosa, 2004). Mexican Americans, at 49.4% with less than a high school diploma, have the lowest educational attainment in comparison to all groups in the United States. College degrees, such as nursing, provide for an opportunity to become employees in a professional occupation.

The theme of being an employee for the new graduate nurse was used in literature searches with the words *socialization*, *human resources*, and *politics*. The finding of this theme supports Thomka's (2001) conclusion that there is inconsistency in who supports role socialization, in how long this period should be, or where it should occur. The process of becoming and being an employee for the majority of new graduate nurses occurs in the hierarchy of an acute care facility where there are aspects of domination and sociopolitical contexts (Boychuk Duchscher & Myrick, 2008).

In order for employees to survive and thrive, they "must monitor the organization for cues for their behavior" (Blass and Ferris, 2007, p. 5). Social skill and political skill are considered to be different. Social skill refers to interactions with others and political skill manages those interactions in order to accomplish individual and organizational goals. The

sociopolitical context of acute-care nursing involves cost-cutting administrative decisions, excessive use of unlicensed nursing personnel, and nursing management that has shifted from human resources and workplace quality to capital resource allocation and fiscal responsibility (Duchscher & Cowin, 2004a).

Data from the participants in this study imply that politics in the workplace involve working with others, knowing who has power, learning what power is, and appropriately communicating among supervisors, peers, and subordinates. New graduates may not recognize the bureaucracy of their nursing schools and may not anticipate the conflict they will experience when they begin employment in organizations with bureaucracies different from academic institutions (Kramer, 1974). Deppoliti (2008) described power and authority negotiations as "structured around components of the nurse-physician relationship, system issues, and profession issues" (p. 260). Pellico, Brewer, and Kovner (2009) reported that new graduates loved the nursing profession despite the politics and work environment. Politics was not defined, but there were references to federal and state regulators along with Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Huston (2008) did not define the term *politics,* but wrote that "politics is a part of every organization" (p. 908) and that being politically astute is a competency for nursing leadership.

Respondents in the current study reported trying to be politically correct and needing to deal with policies and politics of various levels of government in order to care for patients. Little extent literature related to these findings. Nurse educators are encouraged to promote civic professionalism along with the analytic, procedural, and technical aspects of nursing (Day, 2005). The new graduate, an advanced beginner, encounters policies and procedures that are in place to ensure that safe care is delivered by the minimally competent nurse (Benner, 1984).

Healthcare reform and immigration in the United States are examples of issues that impact vulnerable populations and individual patients. Mexican American new graduate nurses in this study were confronted with client needs that weren't reimbursed and felt blamed for being unable to provide healthcare services. One of the participants described a family member who was an undocumented worker in the United States. These lived experiences impacted the nurses' thinking and nursing practice. Healthcare reform and the passage of The Patient Protection and Affordable Care Act (PPACA), which became Public Law 111-148 (Webb & Marshall, 2010), impact the delivery of healthcare and may influence how future new graduate nurses experience their nursing practice. Future Hispanic RNs may have personal and childhood experiences with healthcare and immigration policies that affect their thinking and nursing practice. Hispanics are less likely to have employer-based health insurance and parental acculturation influences how children access and receive healthcare (Ojeda & Brown, 2005).

In this study, the Hispanic participants were in the younger generations with 14% as Boomers, 43% as Generation X, and 43% as Millennials. New graduates experienced conflict when working with nurses or auxiliary workers of an older generation (Kramer, 1974). A related term in the literature search, borrowed from marketing research, for employees and the workplace is *generational difference.* This term is characterized by differences in distinct attitudes, behaviors, and expectations in the workplace based on when an individual was born (Blythe et al., 2008; Burmeister, 2008; Santos & Cox, 2000; Sherman, 2006; Sudheimer, 2009; Wieck, Dols, & Northam, 2009). A conclusive assumption is that there are representatives of four generational cohorts in the workplace: Veterans (born 1922-1945); Boomers (born 1946-1964); Generation X (born 1965-1980); and Millennials (born 1981-2000). Nearly 90% of RNs less than 25 years old work in hospitals (Health Resources and Services Administration, 2010a).

Much of the literature on generational differences is written for the nurse manager in the context of improving work environments and nurse retention (Lavoie-Tremblay et al., 2008; Mensick, 2007; Stuenkel, de la Cuesta, & Cohen, 2005). The impact of ethnicity among generational cohorts and new graduates, their preceptors, and CNAs or medical assistants is not generally reported. It has been reported that generational priorities and flexible benefit programs may help create cohesive work environments and nurse retention (Wieck et al., 2009).

Wieck et al. (2009) described a research study with a rich ethnic mix from a hospital system in four states in the southern and western United States and reported that 16.4% of the respondents (N = 1,559) were Hispanic. The generational demographic findings for the Hispanic RNs were Boomers (7.4%), Generation X (8%), and Millennials (1%). The authors reported that the sample is "probably not indicative of many areas of the United States" (p. 172). They also reported that the youngest nurses were the most stressed and likely to leave nursing.

Stage in life and career cycles combined with historical, political, and social events appeared to influence individual life experience. The differences in age, sociopolitical events, and expectations in the workplace were experienced by the Hispanic new graduate nurses. These differences may suggest why the new graduates may have been told that certain work schedules were earned over time or advised to interview the prospective employer just as much as the employer interviewed them. Hispanic RNs and the entire nursing workforce are experiencing the demography of a rapid sociopolitical change in the United States.

An Orientation With or Without Preceptors

The participants in this study described the desire to have a preceptor identified for them and to have consistency in preceptors. As the new graduates progressed in their transition, they preferred to work with experienced staff nurses instead of their formerly assigned preceptors and

former classmates. These preferences validate the findings reported in previous studies (Benner et al., 2009; Delaney, 2003; Etheridge, 2007; Thomka, 2001).

There is extensive reporting in the literature on the benefits of an orientation period, consistency in the new graduate and preceptor assignments, and graduate nurse residency programs for new graduate nurses in the acute care setting (Beecroft et al., 2001; Bratt, 2009; Casey et al., 2004; Deppoliti, 2008; Fink et al., 2008; Godinez et al., 1999; Goode et al., 2009; Goode & Williams, 2004; Krugman et al., 2006; Newhouse et al., 2007; Oermann & Garvin, 2001; Oermann & Moffitt-Wolf, 1997; Poynton et al., 2007; Williams et al., 2007). However, literature on the new graduate nurse who begins nursing practice in an outpatient care facility is scarce. Two participants in this study began working as RNs in outpatient clinics and had access to resources, but did not have the experience of a new graduate nurse in an acute care setting where at least one other staff nurse was also working.

The shift of patient care in acute care settings to outpatient settings has created a demand for RNs in ambulatory settings that is not expected to be filled solely by experienced RNs who leave acute care for ambulatory care (Swan, 2007). The majority of new graduates in the United States assume their first position as an RN in a hospital (Kovner et al., 2007). Haas (2009) encourages schools of nursing to provide experiences in ambulatory care so that new graduates will be attracted to ambulatory settings upon graduation. RNs need to receive training on being a preceptor and be available in the ambulatory setting for new graduates. The RN's orientation should be tailored to the ambulatory setting and appropriate for skills and competencies related to the organization of care; screening and referral processes; triage; priority setting; and advocacy and health system management (Swan, 2007). Wangensteen, Johansson, and Nordström (2008) wrote that fulfilling the plans of an orientation program is more important than

fulfilling the proposed length of a program. In addition to the clinical competencies needed in ambulatory care, Swan and Moye (2009) advocated for leadership competencies. The participants in this study described their needs to be competent in clinical and leadership skills.

A Transition

The theme of a transition validates the experience of new graduates that is documented and well supported in the literature (Delaney, 2003; Dyess & Sherman, 2009; Etheridge, 2007). The participants placed the transition into the context of moving from nursing school where they were safe which is similar to Boychuk Duchscher's (2001) theme of "leaving the nest," a world of sheltered academia.

The expression of finding my place validates the give and take that a new nurse experiences when finding "their home" (Pellico, Brewer, & Kovner, 2009). Time is required for new nurses to develop skills, gain experience while they figure out their preferred work environment, and learn to delegate (Chambers, Milton, & Leaf, 2009; Wangensteen, Johansson, & Nordström, 2008).

New graduates, employed in acute care settings, at five to six months in their transition had expanded their knowledge base and had a sense of building professional maturation and saw themselves as nurses (Boychuk Duchscher, 2001). The participants in this study who were working in hospitals took more than six months to reach the level of comfortableness described in the subtheme "There." The participants, who were working in outpatient clinics, described being at a level of comfortableness between their second and third month of employment. This difference suggests that the transition experience is individualized, occurs for all new graduates, and the timing may be related to the workplace setting.

The participants described experiences that occurred between two and thirty-three months of full-time employment as Hispanic new graduate nurses. This time difference may have impacted their perspective on where they were in the transition from a student nurse to a professional nurse. Krugman et al. (2006) reported that the transition may be completed between nine to twelve months after hire. Compared to other reports, twelve to eighteen months are needed to develop comfort, confidence, and competence (Casey et al., 2004; Halfer & Graf, 2006; Pellico, Brewer, & Kovner, 2009, p. 200). The experience of a transition from student to professional nurse seems to be a universal phenomena that is not significantly impacted by ethnicity.

Shadows of Doubt

The theme shadows of doubt validates new graduates' wavering confidence and fears such as lack of knowledge or making mistakes that could be as detrimental as a patient dying. From the perspective of transition stages theory, the initial period of role transition is characterized by a flurry of learning and new RNs trying to conceal feelings of inadequacy (Boychuk Duchscher, 2008). Wavering confidence challenges entry-level skill and knowledge. New graduates lack confidence and have uncertainties as they gain proficiency and develop clinical knowledge and expertise (Benner, 1984; Kramer, 1974).

During further review of literature, related terms to the theme of shadows of doubt were *uncertainty* and *self-efficacy* and the antonym of *confidence.* Uncertainty is "a cognitive state of being unable to anticipate the meaning and/or outcome of an experience" (Scott, Estabrooks, Allen, & Pollock, 2008, p. 350). If the participants had more experience as nurses, they may not have been constantly questioning and doubting themselves. Wangensteen, Johansson, and Nordström (2008) described interviews with 12 new graduate nurses and uncertainty was in

reference to constant questioning, not feeling confident with routines, and being in new situations. In their report, uncertainty was part of the experience of being new and occurred as the nurses experienced growth and development.

Albert Bandura's theory proposed that self-efficacy refers to "beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations" and these beliefs "influence how people think, feel, motivate themselves, and act" (1997, p. 2). Based on this theory, the participants in this study may have been developing self-efficacy and may have been more influenced by how they perceived their performance than by their actual success as new RNs. There is scarce literature on the new graduate with reference to Bandura's theory, but one suggestion is that preceptors have the ability to assist new graduates in developing self-efficacy (Navarro, 2008). New graduates should be encouraged to question the rationale of preceptors' performance as they gain understanding and develop as independent expert clinicians themselves (Benner, 1984).

Kuiper (2002) referenced Bandura and suggested that self-regulatory skills and reflective journaling would enable the new graduate to have a smooth transition. Rosemary described journaling and she was able to resolve a situation which is comparable to Kuiper's report about new graduates who experienced a "warming up" period in their first eight weeks. Rosemary was working in an outpatient clinic and did not have a preceptorship program.

Zellars, Hochwarter, Perrewe, Miles, and Kiewitz (2001) went beyond self-efficacy and described collective efficacy which may be something to consider in future discussions about subgroups such as Mexican American nurses in the United States. They defined collective efficacy as "an individual's assessments of his or her group's competency and likelihood for success" (p. 485). They found that collective efficacy can influence an individual's willingness

to stay within a group. This may be an area for further exploration as the participants, Bethany and Heather, questioned their significance within the nursing profession.

The opposite of the theme of shadows of doubt may be characterized as confidence. Etheridge (2007) described the transition from student to new graduate as learning to think like a nurse characterized by confidence. “Confidence is the belief in oneself, in one’s judgment and psychomotor skills, and in one’s possession of the knowledge and ability to think and draw conclusions” (p. 25). High levels of anxiety and stress during periods of transition may reduce self-confidence (Boychuk Duchscher, 2001). Confidence can take months to develop and there is genuine fear during that development.

Interestingly, Zoucha (1998) conducted an ethnoursing study to explore the experiences of Mexican Americans who received professional nursing care. The informants in his study expressed that *confianza* (confidence) was desirable in the nursing care that they received. While the new graduate nurses in this study did not present confidence as something desired by patients, there may have been a cultural and ethnic connection that the PI did not recognize as significant and a response that could have been probed further during the interviews. Having confidence was presented as an expectation that the new graduates placed on themselves instead of an external expectation.

Being Hispanic

Within the Hispanic culture there are expectations and stereotypes, such as when a male participant described the taboo of being a Hispanic male nurse. This is comparable to a male’s grandmother who questioned that he was going to be a doctor someday instead of being a nurse (Bond, Gray, Baxley, Cason, & Denke, 2008). Hispanic males may have to abdicate the role of provider in the household to pursue nursing school and confront criticism for choosing a

predominantly female career (Goetz, 2007). Males, regardless of culture or ethnicity, are minorities within nursing. For those who became RNs after 1990, there is one male RN for every 10 female RNs (Health Resources and Services Administration, 2010a). The participants in this study ($N = 7$) were 29% males and 71% females and were not representative of RNs in the United States.

New graduates in transition reported feeling alone because they did not know things and did not want to ask for help in their first three months of practice (Boychuk Duchscher, 2001). This form of aloneness isolated the new graduate from other staff members. However, the findings in this study place being alone in the context of being the only Hispanic RN on a unit and the need to diversify the nursing workforce. The finding suggests that being alone as a Hispanic new graduate nurse who is wondering why there are so few Hispanics in nursing is a different lived experience than being a new graduate nurse of the majority who wants to be independent in practice. The feeling of being alone may be similar to the "solo phenomenon" described as being the lone Hispanic nurse who feels obligated to be the representative of all Hispanic RNs (Wros, 2009).

Rivera-Goba and Nieto (2007) wrote that being Hispanic marginalized nursing students and recent graduates. Marginalization involved feeling isolated and being treated as though the nursing students and recent graduates lacked knowledge and/or ability. Language skills, physical appearance, and personal names contributed to the experience of marginalization. Marginalization resulted in feelings of unhappiness or disappointment.

Statements from the participants in this study describe a low number of Hispanic RNs which could lead to marginalization; however, the participants did not describe themselves as being marginalized because they lacked knowledge and abilities. Generally, they felt welcomed

into the nursing profession. These participants may have had unique experiences or did not feel different from their peers. Perhaps their nursing colleagues and supervisors recognized the value of having Hispanic new graduates and sought out these individuals.

New graduates, of all ethnicities, may have increased susceptibility to racial misunderstandings because they lack knowledge and experience of what the majority considers socially appropriate (Kramer, 1974). Participants in this study advised that questions about racism, discrimination, and misunderstandings need to be very direct. The need for directness is supported by Jeffreys and Zoucha (2001, p. 83), "The issues of racism, prejudice, discrimination, and stereotyping cannot be addressed lightly, but rather head on in a direct and honest manner."

The subtheme of intertwined may be comparable to the notion of cultural composition for individuals, families, and communities. The participants recognized that all Hispanics are not the same. Cultural diversity describes variations among cultural groups (Arnold & Boggs, 2007). Participants in this study differentiated between being a Mexican American from California or Texas, rather than Mexico. Acculturation describes "a socialization process in which a person from a different cultural group learns the cultural behavior norms of the dominant culture and begins to adopt its behaviors and language patterns" (p. 234). The participants may have been at different levels of acculturation. Because this was an initial study of Hispanic new graduate nurses, it was not possible to examine possible implications level of acculturation may have had. When there are more Hispanic new graduate nurses and therefore more who can be recruited for a study, level of acculturation should be examined. Level of acculturation was also not examined in a recent study of Hispanic nursing students and recent graduates in the Pacific Northwest (Moceri, 2010). Meaning of differences in place of birth, years in the United States, years speaking English, and language spoken at home are particular aspects of acculturation that may

impact those seeking to become nurses, as well as their experience as new graduates. Hispanic nurses may be unwilling to give up their culture in order to assimilate and they may perceive the need to give up their cultural norms in order to be successful.

Cultural values and patient care needs should be viewed from a process of understanding instead of a cookbook approach (Zoucha & Broome, 2008). Learning one's own culture should be the starting point in cultural discovery instead of trying to understand the cultural differences of others.

Being Bilingual and Being Pulled

Although being bilingual was often described as something positive, these participants seemed to be in situations where it was difficult for them to decline the use of their language skills. The participants described experiences in nursing school where they were able to use their Spanish-speaking ability with patients and is comparable to other Hispanic nursing students who helped translate for patients, other students, and teachers (Alicea-Planas, 2009). As new graduates, their experiences were similar to some Hispanic RNs who were willing to translate and to others who chose not to translate because of legal ramifications (Wros, 2009).

Some Mexican-American RNs responded "that knowing a language other than English did help in nursing school," but for those who responded that it did not make a difference in nursing school found that it did make a difference after graduation when they were in their workplaces (Sims-Giddens, 2000, p. 50). Knowledge of two languages was considered a hindrance when the nurse was pulled away from assigned duties to translate for others. Due to the perceptions of others, being bilingual may be considered a barrier to fulfilling a dream in nursing. Some Hispanic RNs serving in the United States Army Nurse Corps described their

supervisors as intimidated or professionally jealous of the junior nurse who could speak two languages (Aponte, 2007).

Being pulled is supported in the literature and is comparable to *burden*, a term that some Hispanic RNs used to describe the demands of their expanded roles inherent in being a Hispanic nurse (Wros, 2009). Factors that contributed to the feeling of burden were the following: (a) serving the Hispanic community, (b) correcting cultural mistakes, (c) educating about racism and discrimination, (d) protecting professional relationships, (e) representing Hispanic nurses, (f) balancing additional workload, (g) cultural brokering, and (h) translating and interpreting.

Blessed

The theme of blessed may be similar to the theme of the power of nursing in Delaney's qualitative study with a phenomenological method (2003). Delaney reported that "all of the graduate nurses realized the value of nursing" (p. 441) and the powerful effect their nursing work had on themselves and their patients. One of the participants stated, "I know I'm in the right place" which maybe similar to Heather's description as, "I feel so blessed to be where I am."

The theme and term of *blessed* was seldom found during additional literature searches. Of those articles discovered, *blessed* was in relation to parenting after a pediatric heart transplant (Green, Meaux, Huett, & Ainley, 2009) and the community Macmillan nurse's role in serious illness and palliative care (Jones, 1999). Difficulties and blessings were intertwined. Both of these articles described individuals in situations where they found positive meaning despite hardships.

Themes that may be related to *blessed* are *personal determination, job satisfaction,* and *resilience*. Personal determination was categorized as "other theme" in a report about a qualitative study with Hispanic nursing students. This theme involved the desire to give back to

the community and going beyond culturally based expectations (Bond, Gray, Baxley, Cason, & Denke, 2008).

The theme of *blessed* may also be related to the concept of *job satisfaction*. The demographic characteristic of ethnicity was a predictor for being satisfied in an analytic sample of 1,933 newly licensed RNs who were employed throughout the United States and who had a mean of eleven months worked in current job (Kovner, Brewer, Greene, & Fairchild, 2009). Job satisfaction was defined as an employee's "general affective reaction to the job without reference to any specific job facet" (p. 84). Categories for ethnicity were White/other, White Hispanic, Black non-Hispanic, Black Hispanic, or Asian. The probability of being satisfied decreased with the race/ethnicity of "other" or Asian.

In another report of RNs randomly selected in the United States and who had a mean of 18.8 years of nursing experience (N = 1,342) , non-Hispanic Black RNs were less satisfied than were non-Hispanic White RNs (Kovner, Brewer, Wu, Cheng, & Suzuki, 2006). Job satisfaction was defined as an employee's "general affective reaction to the job without reference to any specific job facet" (p. 74). The authors reported that the difference in satisfaction among the nurses was not clear and recommended that managers be sensitive to the concerns of ethnic minority nurses.

Seago and Spetz (2008) explored the relationship between ethnicity and factors that foster job satisfaction in a sample of registered nurses in California. They reported the total California Latino/American Indian population as 33% and the RN Latino/Indian workforce as 7%. There was more dissatisfaction among the ethnic majority nurses than the ethnic minority nurses. The data collection may have occurred in an area that was predominately of minority populations or

the White nurses in the sample may have been biased by negative-thinking. Some nurses were dissatisfied with the grievance process.

Latinos nurses were under-represented in the nursing workforce and were more likely to work in public or community health programs (Seago & Spetz, 2008). Even though these Latino nurses perceived "their job duties as being consistent with their level of skill and training" (p. 20), the nurses agreed that they faced barriers to advancement, believed they had opportunities to gain new skills, and were optimistic about their ability to advance in their workplaces. The conclusion from these reports may be comparable to the participants who described discrimination in their workplaces, but who were determining to advance their skills, education, and roles as leaders.

The term *resilience* has seldom been referenced in association with new graduate nurses and other disciplines such as psychology and business have described the traits of resilience as "looking for the good, determining safety, developing protective behaviors, and confronting others" (Hodges, Keeley, & Troyan, 2008, p. 86). These authors completed a qualitative study with the topic of professional resilience and new graduate nurses in acute care. Developing professional resilience followed a pattern of learning the milieu, discerning fit, and moving through. This pattern is comparable to the current study theme of a transition with subthemes of (a) nursing school is only the beginning, (b) find your way and place, and (c) there. Hodges et al. (2010) reported that 11 participants were described as Caucasian and African American with a later recommendation that further research include a variety of settings and nurses who differed culturally. The building of professional resilience was described as having the three core processes of verifying fit, stage setting, and optimizing the environment.

The theme of *blessed* does not appear to be an endpoint or phase as described by Kramer's (1974) reality shock, particularly during the final phase of recovery. A beginning sense of humor and an increasing competence to predict others' actions and reactions occur in the recovery phase. The finding of the theme *blessed* may be a defense against the reality shock that Kramer described. As Bethany stated, "… in a way I'm still at the shock part, but I'm refusing it." An approach to life and nursing as being blessed has positive and practical aspects that may enable the new graduate nurse to adjust to the responsibilities and role as a nurse. An emerging research field is focused on spirituality and religion and the influence on health and behavior (Miller & Thorsen, 2003). Interest in the spiritual dimension has grown within nursing practice (Sawatzky & Pesut, 2005).

Within the context of Hispanic culture, being blessed may have a spiritual connotation. Goetz (2007) reported that religious faith is important to many Hispanics. Ortiz-Morales (2010) reported that 51% of a sample of 113 Hispanic RNs "commented on the impact of religion and philosophical influences on nursing career selection and 40% reported there was no influence relating" to the impact of religion and philosophical influences on selecting nursing as a career (p. 118). They felt strongly that God had an influence on their everyday lives.

Campesino, Belyea, and Schwartz (2009) described spirituality and cultural identification among Latino college students. They reported on a study with 223 participants, which included 122 Latino participants who tended to be more religiously involved than the 101 non-Latino participants. The Latinos' religion/spirituality appeared to influence their values such as being a guide on doing what is right and being helpful through bad times and understanding suffering in life. A recommendation from this study was "further empirical investigations of the potential relationships between culture, health, and spirituality among Latino populations" (p. 78).

However, there may be a general association with religion/spirituality and nursing given the history of nursing and a strong relation to churches and service organizations. Wilson (1999) interviewed nine female nursing academic administrators of whom three were Black, three were Hispanic, and three were White. Out of the nine, eight of the nurse administrators believed that their religious upbringing impacted their moral and ethical behavior, academic performance, and goal setting. A sample of all females is a limitation in Wilson's study.

Implications for Nursing Practice, Administration, Education, and Research

Preparing for the NCLEX-RN and waiting for the results was the number one top stressor in the first six months of nursing practice for new graduates (Fink et al., 2008). Taking the NCLEX-RN was a source of stress for the new graduates and supports the finding by Deppoliti (2008) that taking the NCLEX-RN is a difficulty encountered in the transition from student to RN. Anxiety increased if peers passed the examination and the new graduate did not pass.

Exams in nursing school prepare students for the NCLEX-RN, an exam with multiple-choice questions. Mexican American nursing students may become aware of their linguistic and cultural adaptation needs when they take multiple-choice tests (Lujan, 2008). The syntax of language is different. Adjectives precede nouns in English; nouns precede adjectives in Spanish. Qualifiers such as "concerned about the most" or "take next" can be misread and incorrectly interpreted.

Nurse educators and nursing schools are under pressure to keep NCLEX-RN pass rates high in order to maintain the state approval and national accreditation ((Evans & Greenberg, 2006). Nurse educators are challenged to keep pace with rapid changes in practice driven by research and new technologies (Benner, Sutphen, Leonard, & Day, 2010). The translation of spoken English into Spanish mentally can become complex and time-consuming, especially in

theoretical courses (Goetz, 2007). The magnitude of information and the urgency to teach it all may create needs for the bilingual student that a nurse educator cannot meet. Educators may need to seek out resources within their academic institutions and communities to provide additional support and guidance for Hispanic nursing students who are anxious about completing assignments and taking the NCLEX-RN. The use of a scaffolding clinical practicum model that combines social interaction and knowledge to facilitate learning may be used to accelerate clinical competency and acculturation (Lujan & Vasquez, 2010). Educators may use language-based acculturation scales to assess linguistic needs (Crockett et al., 2007; Lujan, 2008). Test-taking skills are critical for success in nursing school, the NCLEX-RN, and additional exams. If there is a lack of linguistic adaptation, nurses who are mentally translating languages may be reluctant to take classes and exams to become certified in nursing specialties or advance in their practice and education.

Nurse administrators and educators may increase nurse retention and reduce costly nursing turnover by planning orientation programs for new graduates that are relevant, efficient and employee friendly (Contino, 2002). The concept of job embeddedness (JE) may be an appropriate perspective to include in orientation or residency programs for new graduate nurses. The use of JE would consider ways to embed Hispanic nurses in their employment and communities. For example, providing opportunities for socialization, allowing employee input regarding job performance, and matching employees with positions that use their skills are all methods to increase JE (Reitz, Anderson, & Hill, 2010). David “felt in” when he attended a discussion dinner. Heather was able to speak on issues that the Hispanic population faces when accessing healthcare.

The participants in this study may have shared different experiences if their clinical and linguist skills were better matched. Being bilingual and being pulled into situations consistently challenged the Hispanic RNs. New graduate nurses representative of other ethnic minorities may have differences and similarities in their experiences based on the demand for their linguist skills. A new graduate nurse of the ethnic majority with a linguist skill may have an experience that is similar to the Hispanic RNs who were pulled for their linguist skills. However, it is unlikely that other nurses have an ethnic and cultural association comparable to the demand for Hispanic RNs because there is a rapidly growing Hispanic, Spanish-speaking population in the United States. Sometimes nurses are able to transcend cultural differences and language barriers with caring behaviors that are universally understood (Arnold & Boggs, 2007, p. 241).

Experiencing frequent interruptions (Oermann & Moffitt-Wolf, 1997) and making mistakes because of increased workloads and responsibilities (Oermann & Garvin, 2002) are sources of stress for new graduates. Administrators and managers need to be sensitive to the conflict of new graduates who are distracted from their primary patient assignment with requests to translate languages other than English. The doctoral dissertation of Sims-Giddens was published in May, 2000; it is concerning that ten years later in 2010 Hispanic RNs are still struggling with being bilingual and being pulled away from their assigned duties. Job satisfaction has been linked to turnover (Kovner et al., 2006) and it is important for administrators and managers to understand job stressors and job satisfaction among ethnic minority nurses.

Being able to speak Spanish is an asset for communication and is not a sole substitute or necessity for providing transcultural nursing care for patients of various cultural subgroups (Zoucha, 1998). Educators need to supervise clinical experiences so that new graduates have had learning opportunities that were not language dependent. Integrated classroom and clinical

assignments with a variety of patients is a powerful and helpful strategy to learn thinking like a nurse (Benner et al., 2010; Etheridge, 2007). Constant clinical assignments with Spanish-speaking patients may limit learning opportunities and condition Hispanic new graduate nurses into accepting these assignments when they would rather have patient assignments based on skills and competencies. If a nursing instructor cannot speak Spanish, it may be difficult for the instructor to fully assess and evaluate the nursing student and patient interactions spoken in Spanish (Perez, 2003). Nurse managers and preceptors should plan patient assignments and learning activities that enable new graduates to develop competencies (Oermann & Garvin, 2002).

Nurse administrators and managers need to be cognizant of legal, ethical, clinical, and cultural implications for medical interpretation on behalf of patients with limited English ability. Healthcare increasingly occurs within a broad, international context of language differences (Carnevale, Vissandjee, Nyland, & Vinet-Bonin, 2009; Dysart-Gale, 2007; Hadziabdic, Albin, Heikkila, & Hjelm, 2010; Wros, 2009). A misinterpreted communication may lead to the wrong limb being amputated or a Hispanic mother thinking her dead son's body is being cleaned up when actually his body is in the morgue being prepared for cremation. Nursing policy and practice should consider standards by the National Standards on Culturally and Linguistically Appropriate Services, JCAHO, codes of ethics of the American Nurses Association, National Council on Interpreting in HealthCare, and the International Council of Nurses. Possible solutions for nurse administrators and managers are employing medical interpreters, requesting help from outside interpreter service agencies, or accessing strong telephone interpreter services (StrategiesforNurseManagers.com, 2010).

The majority of student nursing clinicals are completed in acute-care, hospital-based settings (Benner et al., 2010). The new graduates had a preference for working in acute care, hospital-based settings. These preferences may have been related to where they completed their clinical education in nursing school and where their peers were employed. Benner et al. recommended that all new graduates be required to complete a one-year residency and did not provide suggestions for how that would be accomplished in an outpatient setting. Three of the participants were employed in outpatient settings where they were able to provide primary care for vulnerable populations. There appears to be a need to develop orientation programs and support systems for new graduates in these settings, especially when there is only one RN at the facility. New graduates in outpatient areas may be invited to participate in a residency program established for their acute care peers. A virtual group may be one method to bring together new graduates across a geographical area. New graduates, in settings where there are few other nurses and new graduates, may find internal support by reflective journaling. In the current study, two of the new graduates in outpatient clinics recommended joining nursing associations such as the National Association of Hispanic Nurses (NAHN) and the third participant working in a clinic later informed the PI of becoming a NAHN member.

Hispanic nursing students and new graduates have experiences of discrimination and racism and are in need of support. Discrimination and racism may be sources of conflict that could impact the environment of patient care. Environment, or milieu, is one of the phenomena in the metaparadigm of nursing. One of the participants described an experience as crushing her. It seems reasonable that a nurse with crushed feelings is going to have an impact on the environment of patient care. Patients perceive a nurse’s affect and their care may be less effective if provided by a nurse who is experiencing conflict (Kramer, 1974). Directly asking

new graduates if discrimination and racism are occurring opens the door to dialogue about their work environment and may alleviate concerns that new graduates have about initiating conversations on what they have experienced and what they need for support.

The experience of a patient who discriminates a nurse is often unexpected and particularly hurtful, as described in a powerful example shared by Goetz (2007). A student cared for a patient who was recovering from heart surgery and used a heart-shaped pillow given to patients. The nursing staff customarily signed the pillows, but in this case, the patient's wife "didn't really care for Hispanics" (p. 109). Experiences with patients may be a source of stress based on the nurse's own assessment of the clinical situation (Oermann & Moffitt-Wolf, 1997, p. 24). New graduates actively notice the patient-nurse relationship and try to structure their interactions like positive role models they have observed (Benner et al., 2009). New graduates, who are in the advanced beginner stage, look to nurses and other professionals on how to relate to patients and their families properly. Consistency in preceptors facilitates the consideration of individual needs and differing perspectives of each new graduate and may help the new graduate to develop strategies for coping with the stress of discrimination.

Literature describes professionalism in the context of developing a professional identity as a clinician and nurse educators are in the position to introduce professionalism in a context that extends beyond clinical skills and the patient's bedside to social responsibilities as a citizen aware of healthcare policy (Hahn, 2010). National elections and media coverage have brought high visibility to healthcare and immigration policies that will impact vulnerable populations and future new graduates. Future research could investigate the Hispanic RN's role and influence on policy.

Study Strengths and Additional Limitations

The phenomenological methodology provided for a perspective to explore individual lived experiences while looking for the meaning of these experiences. The participants openly shared their experiences which enabled the methodology. The literature is lacking on studies with Hispanic new graduate nurses and studies with population subgroups identified. This study gave voice to a subgroup of an ethnic minority who were in transition, a vulnerable population. Making a contribution in research empowers members of vulnerable groups and supports culturally competent scholarship (Meleis, 1996). Findings from this study may be used for implications in nursing practice, education, administration, and research.

There are very few doctorally prepared Hispanic nurse researchers which limited the PI's access to a Hispanic nurse who was available to review data emerging from this study. The participants in this study were Mexican American and may not reflect the lived experiences of other Hispanic subcultures in the United States. Mexican Americans are the largest subgroup among Hispanics in the United States (Lujan, 2008) and have a high school educational attainment lower than other Hispanic groups (Chapa & De La Rosa, 2004). The failure to identify and report subgroups is a major limitation in the published literature that must be corrected if we are to have an accurate understanding of how nurses from these subgroups differ and are similar.

Demographic characteristics such as place of birth and being first generation or second generation in the United States were not part of the questionnaire or interview questions. The participants' level of acculturation is unknown and the participants were not asked to complete an acculturation scale.

The sample is representative of Boomers, Generation X, and Millennials. Generational differences may be related to different lived experiences. Workplace policies are generally applicable to all employees and do not make distinction based on generational preferences or needs (Wieck et al., 2009).

The sample is not representative of the ethnic majority of new graduates who are White females employed in acute care hospitals. The participants were employed in acute care hospitals and outpatient clinics which may have contributed to their unique perspectives on being new graduate nurses. There may be differences in lived experience for new graduates who are employed in different settings. For example, new graduates working in outpatient areas were more satisfied with their schedules compared to those working in hospitals (Roberts et al., 2004).

The PI did not anticipate or expect that all of the participants in this study would have family origins from Mexico and recognizes that the title of this dissertation does not reflect a Hispanic subgroup. The PI continued to use the broad term of Hispanic instead of Mexican Americans because the participants may have felt differently, made different choices, or answered differently if the PI had asked about their experiences as Mexican Americans instead of using the broad term and general context of Hispanic.

The PI perceived herself as a doctoral student and novice researcher who was developing her understanding of phenomenology. If the PI had perceived herself more as a phenomenologist, she may have had more insight and adequately delved into perceptions of sensing, space, and time. For example, sensing color may have intrigued the PI to ask probing questions when a participant described *blonde* hair or *blue* eyes.

Suggestions for Future Research

In hindsight, an adjustment the PI would have made in the IRB proposal and consent is a request to meet with the participants a second time to clarify themes with them. One of the reasons the PI did not ask during this study was inexperience as a researcher. Another reason was that the PI thought the participants would only be available on one occasion for an interview. A second meeting would have allowed time to ask additional questions and further explore themes. The PI did not anticipate that a new graduate would have an advanced nursing degree and recommends that entry-level nurses with advanced degrees be included in research because there are more nursing programs that offer second-degree, bridge programs into nursing. Future studies with phenomenological philosophies and methodology are recommended because phenomenology continues to evolve. Phenomenology as it is known today may not be the same as it will be known tomorrow. Limitations identified from the study may serve as areas for future research.

From a phenomenological perspective, being bilingual may be an experience of its own and impact perceptions. Translating the full meaning of one language into another language may be impossible (Merleau-Ponty, 1962). An individual may speak several languages, but one of those languages remains the one in which that person lives (p. 218). Future studies could explore the "language world" of nurses who speak more than one language and what language dominates their thinking and nursing practice.

The role of the family and parental support are significant within the Hispanic culture and may buffer the effects of acculturative stress among Hispanic college students (Crockett et al., 2007). Future research may focus on cultural and linguistic acculturation of the Hispanic nurse who is balancing roles with non-English speaking family members, the experience of being the

first college graduate in a family, and being the first RN in a family. An acculturation scale that is recognized in the literature should be included in future studies. Hispanic RNs may have different perspectives on the workplace related to their countries of origin and acculturation to the society of the United States and the subgroup of the nursing profession.

A critique of the literature on generational differences is the lack of reporting on ethnicity. One conclusion of this critique is that literature about the nursing workforce is not yet representative of the Hispanic population predicted to increase in the United States and research on the workplace should continue, include ethnic minorities, and be replicated in the future. Literature has focused on differences and negative attributes particularly, on Generation X and Millennials (Mensik, 2007). Longitudinal studies may show different results as these two generations become the aging workforce. Further research that combines generational cohorts and ethnic minorities should be presented with positive understanding.

Policies and procedures are needed in organizations to reduce conflict and to promote quality control (Benner, 1984). Policies and procedures may be written from an ethnic majority's perspective. Cultural competence involves the willingness and skills to adapt and negotiate policies and procedures to the mutual satisfaction of the health professional and care recipient (Jacobson et al., 2005, p. 202). Future research could investigate if ethnic minority nurses make exceptions to policy and procedures, why they make those exceptions, and what were the consequences for the nurses and patients. *Healthy People 2010* and *Healthy People 2020* (U. S. Department of Health & Human Services, 2010) identified reducing health disparities as an overarching goal which may serve as a basis for how nurses approach their practice and address the cultural and ethnic issues that impact patients' healthcare.

The nursing profession has a growing body of knowledge about recruiting and retaining Hispanic nursing students and caring for Hispanic patients. The literature concerning Hispanic patients is often framed in the context of transcultural care or cultural competence. Future research and literature could expand on these topics within the context of transcultural care by addressing ethnic majority nurses and ethnic minority nurses working with each other and the minority nurse caring for patients representative of the majority in the United States. The PI proposes that transcultural care is more than a linear, isolated relationship of a majority nurse and a minority patient, but also includes the individual nurse's experience within the nursing profession.

A suggestion for further research is the impact of discrimination from patients toward nurses. Negative interactions with professional nursing staff were a source of stress and led to nurses having thoughts of leaving nursing (Thomka, 2001). Negative interactions with patients may also be a source of stress and impact retention. Research about these experiences may bring more awareness and support the development and implementation of strategies to prevent and resolve these situations.

The impact of spirituality and culture on the choice of a healthcare profession may also be an area to explore. Religious/spiritual influences and the desire to serve ethnic minorities may impact the career selection of nursing. A suggestion for future research is exploring career selection and where Hispanic new graduate nurses are desired for employment. Hispanic nurses may have unique career progressions and begin their nursing practice in community health or outpatient clinics. The challenge of being pulled or having a burden may be a source of stress, cause for burnout, and lead to turnover. There may be satisfaction that nurses receive from caring for patients from their own or different cultural compositions that impacts retention of nurses.

The description of being blessed may or may not continue throughout a nurse's career. Nurses may change their perception the longer they are in the nursing profession. Bowles and Candela (2005) reported that nurses (N = 352) who had been working 0 to 1 years "had a more positive perception of their first job experience than those who had been working as a RN for 3 to 4 years (P = .004) or 4 to 5 years (P = .023)" (p. 134). Future research could investigate if this perspective continues throughout a career and if ethnic minority nurses are more likely to experience the feeling of being blessed.

Future research studies should identify and report population subgroups. The increase of Hispanic RNs from 1.7% to 3.4% in the United States appears to more easily support future studies with population subgroups. The growth of subgroups, in the PI's opinion, offers a uniqueness of a racial/ethnic minority group compared to other groups of nurses in the U.S. For example, a person with one parent from Mexico and one parent from Puerto Rico is considered to be MexiRican. Consideration for the demographics and experience of the multiracial, multiethnic individual may be more appropriate and necessary in future studies.

Summary

The lived experience of Mexican American new graduate nurses, a Hispanic subgroup, was described in more positive terms than negative terms and as a multifaceted experience. The increase of Hispanic RNs in the United States that occurred during the time this dissertation was being completed is impressive and most likely will affect the experiences of future new graduate nurses. Hispanic new graduate nurses seemed to have an experience of transition typical of new graduate nurses, but with the added dimensions of cultural understandings, racism, and language proficiency with Spanish.

"Tomorrow, with more experience and insight, I shall possibly understand it differently…"
(Merleau-Ponty, 1962, p. 403).

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Appendix A

Snapshot of Literature Review for Hispanic New Graduate Nurses

Author/Year	Method/Design	Sample	Ethnicity	Description of Study/Findings
Beecroft et al., 2001	Quantitative with 6 instruments	28 nurses in control group and 50 nurses as interns	Ethnicity was not reported	Described evaluation of new RN internship, one-year, program to help facilitate the transition from new graduate nurse to professional RN. The interns were confident, able to provide competent and safe patient care, and were committed to the organization. The interns' turnover rate was 14% compared to the control group rate of 36%. Findings support a nurse internship for new graduates.
Casey et al., 2004	Descriptive, comparative	270 graduate nurses	Average participant was White	Described development and pilot testing of a survey to identify the stresses and challenges of new graduates at baseline, 3, 6, 12 months, and an additional follow-up. Participants perceived that it took at least 12 months to feel comfortable and confident practicing in the acute care setting. Findings support formal 1-year graduate nurse residency programs.
Delaney, 2003	Phenomenological method	10 female graduate nurses	Ethnicity was not reported	Examined and described graduate nurses' orientation experiences at a hospital. Ten themes were (a) mixed emotions, (b) preceptor variability, (c) welcome to the real world, (d) stressed and overwhelmed, (e) learning the system and culture shock, (f) not ready for dying and death, (g) dancing to their own rhythm, (h) stepping back to see the view, (i) the power of nursing, and (j) ready to fly solo. Findings are consistent with similar studies and support the need to include content about death and dying in curricula.

Author/Year	Method/Design	Sample	Ethnicity	Description of Study/Findings
Deppoliti, 2008	Qualitative, audiotaped interviews	16 RNs with experience up to 3 years	1 Asian, 3 Black, 12 White	Investigated how new RNs construct professional identity in hospital settings. New nurses experienced various passage points described as (a) finding a niche, (b) orientation, (c) the conflict of caring, (d) taking the licensure examination, (e) becoming a charge nurse, and (f) moving on. Findings suggest that relationships are key to a successful transition and the author recommended further study on the concept of different kinds of nurses and divisions based on age, race, gender, and other perceived categories.
Etheridge, 2007	Longitudinal, descriptive, phenomenological	Sample size not reported	Ethnicity was not reported	Described meaning of making clinical nursing judgments during intervals up to the first 10 months of employment for new graduate nurses on adult medical-surgical units. Learning to think like a nurse was characterized by (a) developing confidence, (b) learning responsibility, (c) relationships with the "other," and (d) thinking critically within and about one's work. Findings support educators who ask questions, hands-on learning experiences, and discussions with peers.
Fink et al., 2008	Qualitative analysis	1,058 graduate nurse residents	Average participant was White	Evaluation of qualitative responses to the Casey-Fink Graduate Nurse Experience Survey administered at 12 academic hospital sites. Transition difficulties were identified as (a) role changes, (b) lack of confidence, (c) workload, (d) fears, and (e) orientation issues. New graduates perceived that increased support and integration could have improved their transition.

Author/Year	Method/Design	Sample	Ethnicity	Description of Study/Findings
Halfer & Graf, 2006	Longitudinal study	84 graduate nurses	Ethnicity was not reported	Described perceptions of the work environment and job satisfaction for new graduate nurses in the first 18 months of employment at an academic pediatric medical center. Findings suggest that the new graduates were pleased with their transition and that there is at least an 18-month adjustment period involving clinical skills and the lifestyle of a profession that provides care 24 hours a day, 7 days a week.
Kuiper, 2002	Comparative descriptive	32 new graduate nurses	1 Asian, 1 Black, 30 White	Described the effect of self-regulated learning (SRL) prompts with reflective journaling during an 8-week internship program on various clinical units. Findings suggest that (SRL) is important as new graduates integrate metacognitive evaluative processes for clinical reasoning, environmental structuring to influence cognition and behavior, and behavioral monitoring of their progress. Self-regulatory skills may enable a smoother transition from the student role to professional nurse.
Newhouse et al., 2007	Quasi-experimental	Total number not clear	Ethnicity was not reported	Described a control group and a comparison group of new graduate nurses who participated in a 1-year internship program at an academic hospital. Findings suggest that participation in the internship was associated with lower anticipated turnover and higher retention during the first year of practice.

Author/Year	Method/Design	Sample	Ethnicity	Description of Study/Findings
Thomka, 2001	Questionnaires	13 female + 3 male RNs with experience up to 15 years	Ethnicity was not reported	Described the experience and perceptions of RNs resulting from interactions with professional nurse colleagues during the time of role transition during the first year after nursing school. Participants felt stress, were overwhelmed, felt nervous about being successful, felt that their orientation did not meet their expectations, and they had thoughts of leaving nursing. Findings suggest that there is inconsistency in how new graduates are assisted in their professional development and role socialization.

Appendix B

MARQUETTE UNIVERSITY
AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS
THE LIVED EXPERIENCE OF HISPANIC NEW GRADUATE NURSES
IN THE UNITED STATES
Esther G. Morales
Nursing

You have been invited to participate in this research study. Before you agree to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to participate.

PURPOSE**:** The purpose of this research study is to learn about the experience of Hispanic new graduate nurses who have passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and gained employment as registered nurses in the United States. You will be one of approximately 10 participants in this research study.

PROCEDURES**:** You will help pick a quiet location to complete a questionnaire and an interview. The interview will be audio recorded. The audio recorder will be tested at the start of the interview. Please do not state your name during the interview. For confidentiality purposes, your name will not be recorded. You may take as much time as you need to answer questions. When the interview is over, the recording will be used to transcribe the interview. The recording will be destroyed after 7 years beyond the completion of this study.

DURATION**:** Your participation will consist of completing the questionnaire and interview with an opportunity to review your transcript. The questionnaire may take 5 to 10 minutes to complete. The interview may take 45 to 60 minutes. You will not be required to review the transcript. It is your choice to meet a second time to review the transcript. Reading over the transcript may take up to 60 minutes.

RISKS**:** The risks associated with participation in this study may include strong emotional feelings when remembering the transition from student nurse to professional nurse. There may be times of trying to remember a situation. This memory lapse may feel uncomfortable or embarrassing. You may feel that you or someone else made a mistake and wonder if the right thing was done.

BENEFITS**:** The benefits associated with participation in this study may include helping generate knowledge that can be used to improve future programs for new graduates. The opportunity to share your lived experience may be personally rewarding. Your story will be helpful in better understanding of Hispanic nurses transition from student nurse to professional nurse.

CONFIDENTIALITY**:** All information you reveal in this study will be kept confidential. All of your data will be assigned an arbitrary code number rather than using your name or other information that could identify you as an individual. When the results of the study are published, you will not be identified by name. Direct quotes from your interview may be published. Real names will not be in these quotes when they are published. The data will be destroyed by shredding paper documents and deleting electronic files 7 years after the completion of the study. Your research records may be inspected by the Marquette University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

COMPENSATION**:** You will not receive money for participating in this study. The researcher will acknowledge your participation by appreciation. If the study is published or presented, your personal name will not be used in the acknowledgement section.

EXTRA COSTS TO PARTICIPATE**:** You may need to pay for transportation or parking when meeting for the interview.

VOLUNTARY NATURE OF PARTICIPATION**:** Participating in this study is completely voluntary and you may withdraw from the study and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. Please let the researcher know in person, by phone or e-mail of your decision. Your data will not be included in any publication or presentation. The researcher will destroy your data before the 7 years after the completion of the study.

CONTACT INFORMATION**:** If you have any questions about this research project, you can contact Esther Grace Morales, MSN, RN, (847) 902-3304 or esther.morales@marquette.edu. If you have questions or concerns about your rights as a research participant, you can contact Marquette University's Office of Research Compliance at (414) 288-7570.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT.

_____ _____

Participant's Signature Date

_____

Participant's Name

_____ _____

Researcher's Signature Date

Appendix C

Demographic Questionnaire

Name: _____

Gender: Female □ Male □ **Age**: _____

The families of the majority of people in the United States come from another country. Where does your family come from? (If you do not know, please leave blank and answer the next question). _____

My population subgroup:

□ Central American *(specify country)*: _____
□ Cuban American
□ Dominican
□ Mexican American
□ Puerto Rican
□ South American *(specify country)*:_____
□ Spanish *(specify):*_____
□ Other *(specify):*_____

Language(s) spoken as a child
□ Spanish
□ English
□ Other(s) *(specify):*_____ □

Language(s) spoken now
□ Spanish
□ English
□ Other(s) *(specify):*_____ □
□

Highest Degree Earned:
□ Doctorate *(Nursing) (specify):*_____
□ Doctorate *(non-Nursing)* (specify):_____
□ Masters *(Nursing) (specify):*_____
□ Masters (non-Nursing) (specify):_____
□ Baccalaureate
□ Associate

Did you complete college courses at a school in the United States? Yes □ No □

Did you complete college courses at a school outside of the United States? Yes □ No □

What is the month and year that you graduated with your first nursing degree? _____

What is the month and year that you completed the NCLEX-RN? _____

Were you able to pass the NCLEX-RN on your first attempt? Yes □ No □

What is the month and year that you began your first positions as RN? _____

Are you currently employed in this same position? Yes □ No □

If you are not in this position, how months did you work there? _____

If you are not at this position, was it a good experience for you? Yes □ No □

Did you have a preceptor when you started working as an RN? Yes □ No □

If you did not have a Hispanic preceptor, would you have liked one? Yes □ No □

If you had a preceptor, was that a good experience for you? Yes □ No □

What is your clinical area(s) of nursing? _____

Employment Status:
□ Employed Full-Time in Nursing
□ Employed Part-Time in Nursing

Interview Questions

1) Please tell me what it was like for you after you finished nursing school and began working as a nurse.

2) How do see your experience as a new graduate nurse compared to other new graduate nurses?

   a. In your workplace
   b. From your other nurses who attended your nursing school

3) Has been being Hispanic made a difference in your experience as a new graduate nurse?

   a. If you answer yes, please tell me more.
   b. If you answer no, please tell me more.

4) What part of your experience as a Hispanic new RN has been most positive?

5) What part of your experience as a Hispanic new RN has been negative?

6) Please describe the other nurses who work where you do

   a. Their ethnicity
   b. Their gender
   c. Their age
   d. Their proficiency with a language other than English

7) What was most important about the other nurses where you worked?

   a. In helping you and/or
   b. In hindering you in your transition as a new graduate nurse?

8) What would you say about your experience as a new nurse to Hispanic nursing students? preparing to graduate and preparing for their first position as an RN?

9) At what point did you feel like you were not a student nurse and were a professional nurse?

10) What other questions haven't I asked you that you would like to add to this interview?

Thank you for completing these questions as best and honestly as you could