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The Lived Experience of Black African Nurses Educated Within the United States

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THE LIVED EXPERIENCE OF BLACK AFRICAN NURSES
EDUCATED WITHIN THE UNITED STATES

by

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A dissertation submitted in partial fulfillment
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Doctor of Philosophy – Nursing

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THE GRADUATE COLLEGE

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ABSTRACT

The Lived Experience of Black African Nurses Educated Within the United States

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Despite the unprecedented growth of minority populations in the United States, the nursing profession has remained relatively homogenous. Nursing education has increased the number of minority students entering nursing programs; however, attrition rates for minority nursing students are as high as 85% (Gilchrist & Rector, 2007). As the population grows in diversity, the need for nurses who are fluent in foreign languages and who understand minority values, traditions, and cultural practice will be essential in delivering culturally competent care. Improving the retention of minority nursing students is an important step in increasing the diversity within the nursing workforce.

Although several studies have addressed the retention of minority students, few have addressed retention from an individual-minority standpoint. Cultural competence in education requires that the unique characteristics of individuals' values and beliefs be considered. Black Africans are among the fastest growing immigrant and refugee populations in the United States, and literature relating to their experiences in nursing education in the United States is scarce. The purpose of this study was to gain an understanding of how black African nurses experience nursing education within the United States. Understanding how black Africans experience nursing education is the

first step in identifying factors and strategies that impact the retention of this specific minority population.

A phenomenological approach using Max van Manen's (1990) six research activities guided this study. Van Manen's approach was operationalized through the use of Colaizzi's (1978) seven-step method of qualitative analysis. Guba's (1981) process was used to establish trustworthiness by addressing credibility, transferability, dependability, and confirmability. The question guiding this study was as follows: How do black Africans experience nursing education within the United States?

Nine black African nurses voluntarily participated in this study. Participants had all emigrated from a sub-Saharan African country, were currently working as registered nurses, and had attended a pre-licensure registered nursing program in the United States. Optimistic determination was identified as the main essence of the participants' experience. From this essence, four main themes and 13 sub-themes provided a rich description of the phenomenon. Bandura's (1997) theory of social cognitive development and Leininger's (2001) theory of nursing were used as a basis for recommendations for the creation of a culturally competent educational environment. Through this awareness, strategies may be introduced that support the retention and success of black African nursing students, and build the diversity of the nursing workforce.

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CHAPTER I

INTRODUCTION

Background and Significance

Diversity within the United States population has reached unprecedented proportions. According to Minkler (2008), nearly one third of the U.S. population claims minority status, an 11% increase from 2000 to 2007. Recent projections from the 2010 census indicate that by 2043, the white majority population will claim minority status, with no single race claiming the majority (U.S. Census Bureau, 2013). Despite the growth in diversity within the general population, the nursing workforce remains relatively homogenous. Diversity is important within nursing because studies show that improved patient outcomes are achieved when diverse people interact with healthcare personnel from similar ethnic and racial backgrounds (American Association of Colleges of Nursing, 2010; Institute of Medicine, 2003; The Sullivan Commission, 2004).

Nurses enter the profession through nursing education programs and the NCLEX licensure examination. Therefore, education would be a logical place to begin the task of increasing diversity within the nursing workforce. The volume of literature related to recruitment and retention of minority nursing students is overwhelming, to say the least. Despite the volume of work in this subject area, there has been little improvement in the percentage of diverse nurses working in the United States. Furthermore, attrition rates continue to be high among minority nursing students (Gilchrist & Rector, 2007; National Advisory Council on Nurse Education and Practice, 2001). The lack of growth in minorities in the nursing profession, as well as a high attrition rate for minority students, would indicate that a different approach is needed to address these challenges.

One reason for the lack of progress in diversifying the nursing workforce could be the limited number of studies relating to the experiences of individual minority populations within nursing education. Cultural competence demands that nurses make decisions based on the unique values, beliefs, and behaviors of the individual (American Association of Colleges of Nursing, 2008; The Sullivan Commission, 2004). However, nursing education literature often studies ethnically diverse students in silos such as “minority,” “immigrant,” or “English-as-a-second-language” without any regard for their individual cultural characteristics. Therefore, understanding the unique needs of specific ethnic populations is paramount to creating educational programs that are truly culturally competent and that support the growth of a diverse nursing workforce.

Black Africans are one of the fastest growing immigrant and refugee populations in the United States, increasing by 200% in the 1980s and 1990s, and by 100% in the 2000s (Migration Policy Institute, 2012). Recent demographic data reports that although 12.2% of the population identifies as Black or African American, only 5.4% of the nursing population places itself in the same category (U.S. Department of Health and Human Services Health Resource Association, 2010). This minority gap is second only to the Hispanic population. Health disparities are drawn against racial and ethnic lines (Institute of Medicine, 2003; The Sullivan Commission, 2004). In order to reduce health disparities among black Africans, it is necessary to promote a workforce that can address the unique needs of this population. As part of one of the fastest growing immigrant and refugee populations, more black African nurses are needed to deliver culturally competent care to citizens of a similar racial and ethnic background.

Definitions

The following definitions describe terms used throughout the study:

Black African

A black African is person from the sub-Saharan region of Africa who is black.

Cultural competence

Cultural competence is the ability to make patient care and administrative decisions based on the context of the consumer in relation to values, beliefs, and behaviors (The Sullivan Commission, 2010; American Association of Colleges of Nursing, 2008).

Diverse

The term *diverse* refers to inherent differences in race/ethnicity, gender, socioeconomic status, disability, sexual orientation and preference, and geography (U.S. Department of Health and Human Services, 2010).

East Africa

East Africa refers to a part of sub-Saharan Africa bordered by the Indian ocean on the east and the Saharan desert on the north, which includes the countries of Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mayotte, Mozambique, Reunion, Rwanda, Seychelles, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe (United Nations, 2013; see Figure 1).



Figure 1. Map of East Africa
(Maps of World, 2012b)

Immigrant

The United States Immigration and Nationality Act of 1952 defines the term *immigrant* as every alien except one entering the country for explicit purposes of transit, employment, and/or education. The term *alien* is defined as any person not a citizen or national of the United States (Immigration and Nationality Act, 1952). This is an important consideration when forming a definition of *immigrant*. Because a refugee is an alien and does not fit the exceptions provided, for the purpose of this study, the term *immigrant* will be inclusive of both the general immigrant and refugee population, unless otherwise noted.

Middle Africa

Middle Africa refers to the central region of Africa that includes the countries of Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, and Sao Tome and Principe (United Nations, 2013; see Figure 2.)



Figure 2. Map of Middle Africa
(Maps of World, 2012a)

North Africa

North Africa refers to north-most region of the African continent. This area includes the countries of Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, and Western Sahara (United Nations, 2013; see Figure 3).



Figure 3. Map of North Africa
(Maps of World, 2012c)

Refugee

A *refugee* is any person outside his or her country of origin who is unwilling or unable to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in particular social group, or political opinion (Immigration and Nationality Act, 1952).

Southern Africa

Southern Africa refers to the southernmost region of the African continent, which includes the countries of Botswana, Lesotho, Namibia, South Africa, and Swaziland (United Nations, 2013; see Figure 4).



Figure 4. Map of Southern Africa
(EWT, 2013)

Sub-Saharan Africa

The sub-Saharan region of Africa refers to the area of Africa south of the Saharan desert. It includes all African countries with the exception of Algeria, Egypt, Libya, Morocco, Tunisia, and Western Sahara (United Nations, 2013). Immigrants from South African regions are predominately white, well-educated, and speak English as their primary language (Capps, McCabe, & Fix, 2011). Therefore, for the purposes of this study, reference to sub-Saharan Africa excludes the southern African nations of Zimbabwe, Mozambique, Zambia, Namibia, South Africa, Botswana, Madagascar, and Mozambique (see Figure 5).



Figure 5. Map of Sub-Saharan Africa
 (“This Is Sierra Leone,” 2012)

West Africa

West Africa is an area of Africa bordered by the Atlantic Ocean on the south and west, and the Saharan desert on the north. The area includes the countries of Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d’Ivoire, Equatorial Guinea, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo (United Nations, 2013; see Figure 6).



Figure 6. Map of West Africa
(Maps of World, 2012d)

Problem Statement

Despite interventions aimed at increasing diversity within the nursing workforce, there has been little gain in the number of minority nurses over the last two decades. Research and interventions have focused on minorities in the general sense, and very little is known about the specific experiences and needs of individual minority populations. Black Africans are among the fastest growing groups of immigrants within the country. Therefore, recruiting and retaining nurses from this population will be essential in meeting the healthcare needs of the general population. Nursing education is considered by many to be the gateway to the profession. An understanding of the experiences of black African nurses educated in the United States can lead to the

development of interventions that aid in retention, successful entry into practice, and a growth in diversity within the nursing profession.

Purpose of Study

The purpose of this phenomenological inquiry is to gain an understanding of how black African nurses experience nursing education within the United States.

Understanding experiences from the participants' perspectives can provide insight into factors that affect the recruitment and retention of this specific minority population.

Through the identification of these factors, targeted changes in the development of administrative and curricular support can occur, resulting in significant gains in workforce diversity that more closely mirror proportions seen within the general population.

Research Question

The research question used to guide this study is as follows: How do black African nurses experience nursing education within the United States?

Chapter Summary

This chapter provided background information for the proposed study, identification of the problem, and the research question. The growth in black African nurses practicing in the United States has not kept pace with the growth of the same segment of the general population. More black African nurses are needed to address health disparities that run along racial and ethnic lines. High attrition rates among minority students in nursing programs within the United States present a valid argument for the study of the experience of black African nurses' experience with nursing education. Chapter II provides an analysis of the current literature related to the education

of black African nurses and identifies specific gaps that will be addressed through the proposed study.

CHAPTER II

LITERATURE REVIEW

A review of the nursing literature related to black African nurses educated within the United States began by using the computerized databases CINAHL, Medline, Academic Search Premier, and Pub Med. Search results were limited to the years 2000–2013 to assure information was current and timely. The initial search used variations of terms related to the research question. Library services at the University of South Dakota and the University of Nevada–Las Vegas were used to help identify keywords and appropriate search terms. This initial search resulted in no results related to the research purpose. As a result of the limited amount of information related to the initial search terms, the search was expanded to include topics that were believed to influence the success of black African immigrants within nursing education. These topics included nursing workforce diversity, health beliefs, and nursing practice. A comprehensive table of the literature can be found in Appendix A.

Building a Diverse Nursing Workforce

The literature is replete with information relating to the need to diversify the nursing workforce. All major government, hospital, nursing, and educational organizations attest to the importance of mirroring the demographic composition of the general population in order to reduce health disparity and provide culturally competent care (American Association of Colleges of Nursing, 2011; Institute of Medicine, 2003; National Advisory Council on Nurse Education and Practice, 2001; National League for Nursing, 2009; The Sullivan Commission, 2004). Strategies to address workforce diversity have focused primarily on academia and demonstrate the need for a

multifaceted approach. Common themes include financial support, recruitment and retention of diverse students, and the development of a diverse nurse faculty pool (Brown & Marshall, 2008; Evans, 2007; Escallier & Fullerton, 2009; Gilchrist & Rector, 2007; Noone, 2008; Wilson, Sanner, & Lydia, 2010; Wilson, Andrews, & Leners, 2006). Mentoring and the development of cultural competency among faculty were found to be the most commonly documented strategies for the retention of minority students (Evans, 2007; Wilson et al., 2010).

Despite the support and focus on closing the gap with respect to nursing workforce diversity, only a modest gain has been experienced (U.S. Department of Health and Human Services Health Resource Association, 2010). Currently, ethnically diverse populations represent 37% of the general population, but only 16.8% of the registered nurse population in the United States indicates that there is still much work to be done (U.S. Census Bureau, 2013; U.S. Department of Health and Human Services Health Resource Association, 2010). Even more concerning, enrollment of ethnically diverse pre-licensure nursing students has dropped from 29% to 24% over the last two years (National League for Nursing, 2012). Combined, this data indicates that current strategies are not effective in increasing the proportion of ethnically diverse nurses practicing within the United States.

Information and studies related to workforce and educational diversity focus on general descriptions of ethnicity and often group many populations together under one term. Because this study focuses on the black African immigrant population, it is important to determine the state of science related to the education and nursing practice of this specific population.

The literature search returned little information relating to black African immigrant nurses within the United States. Much of what is known about this population is included under a general categorization of black/African American, which does not adequately describe the target population. Black African immigrants differ from African Americans in that they are foreign born, often speak a primary language other than English, and have experienced healthcare in ways different from African Americans (Venters & Gany, 2011). These differences make a true scope of the problem difficult to ascertain because no data specifically delineates the number of black African immigrants enrolling and graduating from programs of nursing or practicing nursing within the United States. However, general statistics related to black/African Americans would support the need for further intervention and study.

Currently, 5.4% of the nursing workforce is composed of black/African Americans compared to 12.2% of the general population (U.S. Census Bureau, 2013; U.S. Department of Health and Human Services Health Resource Association, 2010). Similar gaps in the literature exist in relation to enrollment and retention of black/African Americans in nursing education programs. Although enrollment data for black/African Americans in basic RN programs within the United States ranges from 14.5% in 2003 to 10.8% in 2009, graduation rates for the same population are estimated at 7.3% from 2001 to 2008 (National League for Nursing, 2012; U.S. Department of Health and Human Services Health Resource Association, 2010).

Studies relating to the recruitment and retention of minority students were many; however, only one of these studies identified an exclusive black African immigrant population. Sanner, Wilson, and Samson (2002) studied the perceptions and experiences

of eight female Nigerian students enrolled within a baccalaureate nursing program and identified themes of social isolation, resolved attitudes, and persistence despite perceived obstacles.

Results from Sanner et al.'s (2002) study make generalizations difficult. Participants were recruited after successfully completing two nursing courses, so it is unknown whether the themes and factors identified by the participants truly affected their ability to successfully complete their program, pass the NCLEX exam, and successfully enter practice. Furthermore, results were limited to students enrolled in the same university, and therefore the experiences identified may not reflect all locations and levels of nursing education. Researchers used a guided interview technique that may prevent participants from fully expressing their viewpoints and experiences (Gall, Gall, & Borg, 2003). Although small sample sizes are consistent with qualitative research, additional studies are needed to validate findings and allow transferability to the greater black African immigrant population.

The evidence relating to diversification of the nursing workforce relies heavily on statistical data gathered through government survey, opinion, and expository articles. Research focusing on retention of minority students within the nursing workforce is largely qualitative with small sample sizes and mixed races. Specific research dedicated to the recruitment and retention of black African immigrant nursing students is extremely limited and may not be transferrable to the entire black African population. Understanding the perspective of the successful nurse graduates across different education levels and facilities will add important value to this body of research.

Black African Migration Within the United States

Understanding trends and patterns in immigration can guide research in terms of sample identification and recruitment strategies. The literature revealed a significant amount of descriptive data related to black African immigration within the United States, primarily from government sources. Currently, black African immigrants are one of the fastest growing groups of United States immigrants, increasing by 200% in the 1980s and 1990s, and by 100% in the 2000s (Capps et al., 2011). Three quarters of all black African immigrants are from sub-Saharan African countries, with the highest number originating from Nigeria, Egypt, Ethiopia, Ghana, and Kenya (Remington, 2008; Terrazas, 2009). Although the top states of settlement for all black African immigrants are New York, California, Texas, Maryland, and Virginia, Minnesota welcomes the largest population of Somali residents in the country and ranks ninth nationally in terms of African immigrant populations (Remington, 2008; Terrazas, 2009). In fact, one fifth of all immigrants entering the upper Midwest are black Africans (Remington, 2008). This large concentration of black African immigrants would make this area ideal in locating a sample for study.

Black Africans are more likely than all other immigrants to have entered the United States as refugees (Capps et al., 2011). The term *refugee* refers to an immigrant who has fled and is unable to return to his or her country of origin because of an actual or well-founded fear of persecution. Approximately 28%, or one quarter, of black African immigrants has entered the United States as refugees (Capps et al., 2011). Refugees often experience conditions that are much different from those of the general immigrant population. They often arrive traumatized by long-term settlement in refugee camps,

brutal murders of family members, sexual assault, poverty, and war (Palinkas et al., 2003). Although the term *immigrant* includes refugees for the purpose of this study, it is important to draw attention to the experiences that differentiate refugees from immigrants in order to draw true meaning from the data gathered.

Black African immigrants fare well in terms of education and productivity. In general, black African immigrants are well educated. According to Terrazas (2009), 42.5% of black African immigrants hold a bachelor's degree or higher compared to the 27% average among all foreign-born adults in the United States. Although largely well-educated compared to the general foreign-born population, black immigrants from Africa are more likely to work in unskilled jobs below their level of education (Migration Policy Institute, 2012; Obiakor & Afolayan, 2007; Terrazas, 2009; Venters & Gany, 2011). A resolve to provide for their family results in black African immigrants having higher employment rates than other foreign-born immigrants, but lower levels of earnings (Capps et al., 2011; Obiakor & Afolayan, 2007).

In contrast to the general immigrant population, black African refugees have lower levels of education, particularly those from Eritrea, Liberia, and Somalia, where there is a disproportionate number of refugees (Capps et al., 2011). The constant struggle to meet even the most basic needs of food, shelter, and safety leaves little time for education. More than half of the refugees have less than a high school diploma (Migration Policy Institute, 2012). A number of studies identify high rates of mental health disorders that affect attention, short-term memory, and cognitive processes (Buckley, Blanchard, & Neill, 2000; Murphy, Sahakian, & O'Carroll, 1998; Palinkas et al., 2003). These factors have an affect on the ability of refugees to obtain education and

employment. The lack of education and financial resources, coupled with mental health issues relating to trauma, is blamed for a high unemployment rate and a high rate of poverty among black African refugees (Capps et al., 2011).

The evidence presented is reliable and makes a strong case for the recruitment and retention of black African immigrants. As one of the fastest growing populations of immigrants in the United States, this population will be expecting a healthcare workforce that employs black African nurses that will understand their unique needs, values, and beliefs. Although refugees experience challenges relating to education and productivity, black African immigrants in general are well-educated people who have a desire and willingness to work. This could have implications for both recruitment and persistence within nursing school. Finally, black African immigrants may find nursing wages appealing compared to the relatively low wages that many are settling for in order to provide for their families. This earning potential could provide an additional motivational factor to overcome barriers and difficulties that other minority students face.

Health Beliefs and Practices Among Black Africans

Health beliefs and practices have the ability to influence how an individual learns, participates, and performs in the nursing classroom. There is a significant body of literature related to health beliefs and practices among black African immigrants. The general black African immigrant population arrives in the United States with superior health compared to African American U.S. citizens and immigrants from all other countries (Venters & Gany, 2009). This health status is in sharp contrast to black African immigrants arriving as refugees.

Refugees often enter the country with poor physical health. Common disparities include inadequate vaccinations, infectious diseases, nutritional deficiency, and poor dental health (Palinkas et al., 2003; Tiong et al., 2003; Vaughn & Holloway, 2010). Refugees fleeing from countries of war often report experiencing severe trauma and violence that results in a number of mental and psychiatric disorders, including depression and post-traumatic stress disorder (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004; Palinkas et al., 2003).

Although refugees differ from the general immigrant population in terms of their physical and mental health, health beliefs appear to be congruent between the two groups. Health beliefs regarding diet, exercise, immunizations, and the avoidance of high-risk behaviors, such as drug use and smoking, are consistent with U.S. health promotion guidelines (Carroll et al., 2007; Vaughn & Holloway, 2010). The literature presented a different picture concerning beliefs surrounding the cause of illness, access to care, knowledge of screening services, and relationships with healthcare providers.

Both black African immigrants and refugees take a holistic approach to health, and medicine is viewed as a centered approach encompassing the context of their daily lives, including relationships, productivity, self, and religion (Pavlish, Noor, & Brandt, 2010). This view differs significantly from the Western view of health as an absence from illness. Religion plays a significant role in the health of both black African immigrants and refugees, and, as such, illness can be viewed as a conflict between good and evil (Adepoju, 2012; Vaughn & Holloway, 2010). This view may conflict with the traditional biological view of Western medicine.

Although willing to access healthcare services within the United States, black immigrants and refugees are more likely to access emergency healthcare services and expect a diagnosis and cure for their symptoms (Carroll et al., 2007; Pavlish et al., 2010). Study participants often voiced frustration and lack of trust when sent away without a prescription or clear explanation of symptoms (Adepoju, 2012; Pavlish et al., 2010; Vaughn & Holloway, 2010). Adepoju (2012) found that traditional medicine and prayer often accompany or replace Western medicine when a diagnosis or cure is not offered. In another sense, while black African immigrants and refugees are knowledgeable about general health promotion principles, they have little knowledge of preventative healthcare services or screening practices, such as annual physicals and cancer screening (Carroll et al., 2007; Palinkas et al., 2003; Vaughn & Holloway, 2010).

Black African immigrants and refugees value relationships within their families, communities, and healthcare system. Vaughn and Holloway (2010) studied the health beliefs and practices of 10 West African parents and concluded that a welcoming and friendly environment was paramount in participants' willingness to access healthcare services. Black African immigrants and refugees expect providers to remember interactions and form personal relationships (Pavlish et al., 2010; Simmelink, Lightfoot, Dube, & Blevins, 2013). Finally, black African immigrants and refugees often turn to family, friends, and community leaders for support in problem-solving and social-emotional support (Vaughn & Holloway, 2010).

The literature presented has several implications for nursing education. There is a need to recognize black African immigrants and refugees as a unique population with needs and beliefs different from U.S.-born African Americans. A strong research base

indicates that black African immigrants experience superior health and would have little trouble understanding U.S. preventative health principles within nursing education and practice. Disparities evident within the refugee population can be contributed to circumstance, as the literature has demonstrated that black African refugees have beliefs and understanding consistent with the general black African immigrant population. Rather, it is their circumstance of war and environment that results in poor health. Due to their strong religious beliefs and ties with traditional medicine, black African immigrants and refugees may have difficulty subscribing to the Western model of illness management and biological causes. Finally, because black African immigrants and refugees value relationships with their healthcare providers, family, and friends, it is likely that they will expect the same from educational environments. Students who do not feel a connection to or build a relationship with faculty may struggle within nursing education programs. There are currently no studies that discuss the health behaviors of black African immigrants and refugees in connection to the nursing practice, indicating that more knowledge in this area is needed.

Nursing Practice Within the Black African Immigrant Population

When immigrants arrive within the United States, they bring with them values, beliefs, and experiences from their native lands. How black African immigrants view and interact with the profession of nursing within their countries of origin is likely to impact their motivation and drive to enroll and complete their nursing education within the United States. Very little information exists relating to nursing practices within sub-Saharan countries. Only one research article was found to relate to the subject. Van der Doef, Mbazzi, and Verhoeven (2011) used a cross-sectional descriptive design to explore

job conditions, job satisfaction, somatic complaints, and burnout among 309 female East African nurses. Van der Doef et al. (2012) concluded that emotional exhaustion and burnout was high among study participants. In addition, participants related poor working conditions to problems with staffing, high workloads, inadequate equipment, and generally poor facilities. Despite these obstacles, participants identified high levels of satisfaction and pride within their profession and valued their positions as equal members of the healthcare team.

The results of the study conducted by van der Doef et al. (2012) indicated that, although nurses from East Africa experienced poor working conditions, high rates of burnout, and emotional exhaustion, they viewed themselves as respected members of a profession and displayed high levels of personal satisfaction. This finding indicates that nursing is a valued profession within East Africa, and immigrants from that country are likely to share that belief. However, these interpretations should be made with extreme caution. The body of information related to nursing practices within sub-Saharan Africa is limited and not representative of the entire sub-Saharan nursing population.

Additionally, information related to the use of nursing theory and models within sub-Saharan Africa would be helpful in determining not only the focus of nursing care within this area, but also beliefs surrounding the role and responsibilities of the nurse.

Understanding how black African immigrants have experienced nursing in their homelands may provide valuable information regarding their motivation and desire to become nurses within the United States.

Chapter Summary

The purpose of this study is to understand how black African immigrant nurses experience nursing education within the United States. This topic was found to be significantly under-studied. Of those studies identified, sample sizes were small, mixed, and not representative of the sub-Saharan population. Furthermore, the literature revealed that black African immigrants are a unique population with needs, cultures, and practices that differ from U.S.-born African Americans, and, as such, they have unique needs that may not be addressed by current educational practices. Although black African immigrants are currently the fastest growing immigrant population within the United States, nurses of the same ethnic background are under-represented in the current U.S. nursing workforce demographics. More information is needed to understand how best to address the unique needs of this population in relation to nursing education pedagogy.

CHAPTER III

METHOD OF INQUIRY GENERAL

Phenomenology is the method of inquiry used to conduct this study. This method was chosen because little is known about the experiences of black African nursing students. According to Streubert and Carpenter (2011), phenomenology is used to describe a particular phenomenon of interest from a holistic perspective. The historian Herbert Spiegelberg (1975) identified phenomenology as a philosophical movement that describes phenomena as consciously experienced without influence of preconceived theories and understanding. The essence of phenomenology is to form an understanding of a population, event, or phenomenon, and is inductive. Therefore, as a method of qualitative study, phenomenology is classified under the interpretivism paradigm that guides the work of social scientists and is well suited for developing the science of nursing and nursing education (Glesne, 2011). Because little is known about the experience of black African nurses educated in the United States, phenomenology would be an ideal method for identifying a true meaning.

True meaning is necessary in order to identify strategies that will guide culturally competent curriculum development to prepare the black African population for successful entry into practice. Diekelmann (1988) defined *curriculum* as the lived experience of students, teachers, and clinicians as they work together to understand how best to prepare students to enter the nursing practice. The purpose of this study is to gain an understanding of how black African nurses experience nursing education within the United States. It is through this understanding that curricular and administrative changes may be proposed to improve the retention and success of this population.

Historical Foundations of Phenomenology

Preparatory Phase

The scientific rigor of phenomenology was studied and tested in the early 19th century by Franz Brentano and Carl Stumpf (Spiegelberg, 1975). Intentionality was a primary focus of their work and is defined by Streubert and Carpenter (2011) as “the conscious is always conscious of itself” (p. 75). In this preparatory phase, Brentano and Stumpf laid the foundation for phenomenological inquiry by explaining that one cannot form opinions and conclusions about a phenomenon until he or she perceives the phenomenon externally (Streubert & Carpenter, 2011). For example, a sound is often described as loud, quiet, harsh, or melodic. However, one cannot draw those conclusions without first hearing the sound. In terms of the topic under investigation, assumptions about the retention of African immigrant nursing students cannot be made unless the experience from the perspective of the student are understood.

German Phase

Edmund Husserl and Martin Heidegger led a second phase of phenomenological development that spanned from the mid-1800s through the 1970s. The focus of this phase was on development essences, intuiting, and phenomenological reduction (Streubert & Carpenter, 2011). *Essences* define a phenomenon and are described as the basic units of understanding of a phenomenon (Streubert & Carpenter, 2011). *Intuiting* describes the process by which the researcher interprets and varies data to demonstrate the meaning of a phenomenon. Finally, *true phenomenological reduction* requires that the research return to its original sense of awareness regarding the phenomenon under investigation. The literature review presented in Chapter II returned very few results related to the African

refugee population as it relates to nursing students. However, there is a significant body of knowledge relating the challenges and experiences of African refugees. Applied to the topic under investigation, it is important to bracket this information to avoid transferring what is known about African refugees onto study participants. Only then can the researcher arrive at a pure description of the participants' experiences related to nursing education.

French Phase

The final phase of phenomenological development occurred from the late 1800s through 1980 and is referred to as the French Phase. According to Streubert and Carpenter (2011), the focus of this final phase is on “embodiment and being-in-the-world” (p. 77) in which perceptions are based on original phenomenon. By gaining insight into African refugee nurses' experience with nursing education, interventions can be based on conscious experience rather than preconceived judgments.

Researching Lived Experience by Max van Manen

Max van Manen (1990) is credited with identifying a contemporary approach to hermeneutic phenomenology. Hermeneutic phenomenology, also referred to as *interpretive phenomenology*, is unique because it does not require the researcher to bracket preconceptions or theories during the research process (Streubert & Carpenter, 2011). Therefore, dissertation requirements and this researcher's experience with the chosen population make this method of phenomenology a logical choice. Van Manen (1990) described hermeneutic phenomenology as action sensitive and advocates the use of the method to improve pedagogy. The clarity of the six distinct steps that van Manen identified make it a popular method in the disciplines of nursing, education, clinical

psychology, and law (Earle, 2010). These six steps form a framework for the study of African-born refugee nurses' experience of nursing education and include the following:

1. turning to a phenomenon which seriously interests us and commits us to the world,
2. investigating experience as it is lived rather than as it is conceptualized,
3. reflecting on the essential themes that characterize the phenomenon,
4. describing the phenomenon through the art of writing and rewriting,
5. maintaining a strong and oriented pedagogical relation to the phenomenon, and
6. balancing the research context by considering parts and whole (van Manen, 1990, p. 30).

Phenomenological Activities Related to This Study

Max van Manen (1990) identified the first step in hermeneutic phenomenology as *turning to a phenomenon that seriously interests us and commits us to the world*. Within this step, the researcher identifies a concern of human existence and attempts to understand, or make sense of, this concern. My interest in the subject of black African-born nursing students began as a nursing faculty in an undergraduate nursing program. Approximately two-to-four African-born students were admitted to the nursing program each semester. However, after only one semester of instruction, it was obvious that these students struggled in ways different from traditional students born in the United States. Discussions with colleagues revealed themes relating to language barriers, social isolation, and cultural barriers.

When arriving to the classroom, students from black African cultures often sat together, isolated from other American-born students. They rarely attempted to socialize

with other students. Cultural barriers related to authority, nursing concepts, and family responsibilities also provided a challenging atmosphere. For example, a particular student that was otherwise succeeding in a course was challenged by mental health content. During a meeting, the student revealed that no concept of mental illness or mental health existed within her culture. Other cultural barriers that existed included the reluctance to ask questions because of the need to show respect to faculty in positions of higher authority and an inability to set aside appropriate time for study due to role expectations within the family unit.

Although differences were unique to each student, a common difference in attrition rates prevailed. Students that were African-born had a significantly higher attrition rate than American-born students. According to van Manen (1990), the phenomenological researcher must commit to making sense of relevant concerns. In this case, the concern is an increase in attrition rates for African-born nursing students. Through the holistic approach of hermeneutic phenomenology, this researcher hopes to uncover meaning that might be otherwise overlooked or considered insignificant when addressing attrition.

The second research activity, *investigating the experience as it is lived*, is described by van Manen (1990) as “becoming full of the world, full of experience” (p. 32). In this stage, the researcher becomes immersed in the phenomenon of interest so that true meaning can be revealed (Earle, 2010). In phenomenological research, data is gathered through interviews, writing, and observation (Earle, 2010). Conducting interviews with black African-born nurses who completed their nursing education in the

United States allows the researcher to gain rich descriptions and a deeper understanding of the participants' full experience.

The third research activity, *reflecting on essential themes*, uncovers the essence of the experience and makes the obscure clear (van Manen, 1990). In this activity, interviews are analyzed for common themes that provide a rich description of the experience of black African-born nursing students. Only themes that are necessary for demonstrating true meaning should be included in the final description. Once these critical themes are identified, they must then be illuminated by specific phrases from the data that capture meaning (Earle, 2010).

The fourth research activity, *the art of writing and rewriting*, is concerned with translating the phenomenon into writing. As van Manen (1990) described, the purpose of writing is to show the phenomenon exactly as it shows itself. More specifically, writing and re-writing "makes what is external internal" (Earle, 2010, p. 210). During the fourth activity, this researcher attempts to put the voices of the participants into writing.

The fifth activity, *maintaining a strong and oriented relation to the phenomenon*, is a dedication to remain steadfast in the quest to understand the true meaning of the phenomenon under investigation. Van Manen (1990) warned that the tedious nature of phenomenological research can lure researchers into reverting to preconceived notions or "wishy-washy" theories (p. 33). As described previously, this researcher has had personal experience with the phenomenon under study and has developed perceived ideas relating to barriers faced by black African-born students. It will be particularly important that these biases are separated so that the researcher may approach participants' experiences with an open mind.

The sixth and final activity, *balancing the research context by considering parts and whole*, requires the researcher to keep the focus on the big picture and ensure that the study remains sound in methodology. Smaller parts should be continuously weighed against the whole to avoid becoming buried in text (van Manen, 1990). Within this study, this researcher needed to periodically “step back” to determine the effect of the study on the participants, institution, and researcher, and to achieve a deep understanding of the phenomenon of interest (DeBoor, 2010).

Participant Selection

Hermeneutic phenomenology is concerned with information-rich interviews and cases (Cohen, Kahn, & Steeves, 2000). Therefore, it will be important to select participants who have knowledge of the phenomenon and who are able to describe their experiences fully. One way to accomplish this is through purposive sampling. *Purposive sampling* is the most commonly used method of sampling in phenomenological research and provides a means of identifying participants that are most appropriate in describing their experiences related to the purpose of the study (Streubert & Carpenter, 2011).

Because of the limited number of black African nurses practicing in the United States, snowballing is also used as a sampling method. *Snowballing* is an important means of identifying participants when populations are difficult to locate (Streubert & Carpenter, 2011). Sampling continues until saturation is reached; therefore, it is impossible to dictate the required number of participants until the researcher is immersed in interviews (Patton, 2002; Streubert & Carpenter, 2011). Specific criteria and the method of purposeful selection are discussed further in Chapter IV.

Data Generation and Analysis Procedures

Semi-structured and structured interviews are most commonly used for data generation in phenomenological studies (Balls, 2009). Using van Manen (1990) as a framework, hermeneutic interviewing starting with the question “what is it like?” is a helpful way to develop a conversation with a participant about the meaning of his or her experience (p. 42). Having a rigid or structured interview process could interfere with participants’ ability to tell their stories fully. Therefore, probing questions are used only after the initial question. Interview questions are provided in Appendix C. Van Manen (1990) suggested that using probing questions such as “can you share a specific instance or situation?” and “how did you feel in that situation?” can be helpful in developing a deeper understanding of the phenomenon and participant experience (p. 42).

In order for participants to feel at ease with sharing their experiences freely, trust must be developed between the interviewer and interviewee (Patton, 2002). The literature demonstrates that issues of trust can develop as a result of cultural differences. Therefore, it was essential for this researcher to first develop a trusting relationship with participants so that they might feel safe to disclose and explain their experiences fully. In addition, the literature has demonstrated the importance of personal connection within the black African immigrant population. Therefore, the interviewer must create a welcoming and friendly environment. Merriam-Webster (2012) defines *trust* as the “firm belief or confidence in the honesty, integrity, reliability, justice, etc. of another person or thing.” Translating this definition into the interview process, a trusting relationship can be established through full disclosure of the research process, obtaining consent for tape-recording and sharing of information, and maintaining confidentiality.

Displaying cultural competence in working with diverse populations is important in establishing a trusting relationship (Pacquiao, 2007). Establishing rapport can help to facilitate sharing. “Fitting in” is a facet of interviewing that is necessary in order to build a relationship and rapport with participants (Glesne, 2011, p. 141). It was important for this researcher to understand customs and beliefs of African-born nurses to earn participants’ respect. This researcher needed to be mindful of dress, language, and gestures to avoid offending or intimidating participants. An interpreter was offered to participants that feel more comfortable discussing their experiences within their native language.

Data was gathered through the use of one-hour face-to-face semi-structured interviews. Fatigue and diminished return often set in for both participants and researcher in interviews that last longer than one hour (Glesne, 2011). Participants were provided with the opportunity to select the time and place for interviewing, provided that the chosen site was private and conducive to interviewing. Allowing the participant to choose a location demonstrates a respect for privacy and human dignity. It allows the participants autonomy in the interviewing process and assists in the development of a trusting relationship that supports participants in freely sharing their experiences. Internet-based or phone interviews may occur after face-to-face options have been exhausted in follow-up interviews when further clarification is needed. Open-ended questioning, recording, and transcriptions improve the reliability of data (Streubert & Carpenter, 2011). Therefore, sessions were recorded using a digital recorder and immediately transcribed. Interview questions were prepared in advance and included demographic information for the purpose of describing a participant’s characteristics.

Colaizzi's (1978) seven-step method of data-analysis is often used to operationalize van Manen's (1990) approach and was used to interpret findings (Streubert & Carpenter, 2011). These steps include the following: (1) extraction of phrases or sentences pertaining to the experience; (2) transforming phrases into own words, resulting in a list of "meaning" or "significant" statements; (3) clustering of individual themes to produce further reduction; (4) production of hypothetical "exhaustive" lists; (5) moving back and forth between meaning statements and successive hypothetical lists until themes are accurately reflected in the clusters; (6) describing the essential structure; and (7) returning descriptions to subjects and revising descriptions if necessary.

Extracting Significant Statements

The first step in Colaizzi's (1978) seven-step method is to familiarize oneself with the data. Transcripts are read and re-read several times to gain a sense of the whole and become immersed in the data. It is through this immersion that individual essences are revealed (van Manen, 1990).

Formulating Meanings of Significant Statements

Step two in the analysis of phenomenological data, according to Colaizzi (1978), is to extract specific phrases and statements from the transcript that are relevant to the phenomenon of interest. Statements are initially highlighted and then compiled within a separate database noting transcript name, page, and line number (Shosha, 2012; Streubert and Carpenter, 2011).

Clustering of Individual Themes

In step three of Colaizzi's (1978) method, more general statements or themes are formulated for each statement taken from the text. The researcher transforms what is said

into the meaning of the lived-experience of participants. These transformations “discover and illuminate those meanings hidden in the various contexts and horizons of the investigated phenomenon” (Colaizzi, 1978, p. 59).

Organizing Formulated Meanings Into Clusters of Themes

Colaizzi (1978) described step four of data analysis as inclusive of two activities: (1) arranging formulated meanings into clusters of themes, and (2) identifying discrepancies among them. He cautioned the researcher to keep an open mind to avoid dismissing statements that are “logically inexplicable” because the statements provided by participants are real and valid experiences (Colaizzi, 1978, p. 61).

Exhaustively Describing the Investigated Phenomenon

During step five of analysis, Colaizzi (1978) instructed the researcher to use all themes identified into an exhaustive description of the phenomenon. Holloway and Wheeler (2006) advised researchers to combine all themes, clusters, and formulated meanings to create an overall structure that is inclusive of all of the elements of the experience.

Describing the Fundamental Structure of the Phenomenon

In step six of Colaizzi’s (1978) process of analysis, the researcher reduces the length of the exhaustive list to provide an explicit statement of the phenomenon reflecting an essential structure.

Validating Findings With the Participants

Step seven, the final step in Colaizzi’s (1978) process of analysis, requires that the researcher return to the participants to validate the interpretations and themes identified. Holloway and Wheeler (2006) suggested that researchers share exhaustive lists and

descriptions with participants versus the essential structure because it may be more identifiable to participants. Additional comments are solicited from participants and incorporated into the overall structure (Colaizzi, 1978).

Ensuring Trustworthiness

While quantitative research relies heavily on the concepts of reliability and validity to demonstrate its worth, the naturalistic qualities of qualitative research require a different approach. Reliability and validity are often re-envisioned as trustworthiness and accuracy in qualitative study. Lincoln and Guba (1985) proposed four components of trustworthiness that ensure rigor of qualitative studies. These four components (credibility, transferability, dependability, and confirmability) are described in the following paragraphs.

Credibility

Credibility is otherwise known as *truth value* and is the counterpart to internal validity in quantitative research (Guba, 1981). Member checking, negative case analysis, and triangulation are three methods for ensuring the credibility of a qualitative study (Lincoln & Guba, 1985). In conducting *member checking*, researchers return to participants to validate that accuracy of essential themes and descriptions (Creswell, 2006). *Negative case analysis* refers to discussing elements of the phenomenon that appear to conflict with patterns or data that is emerging (Creswell, 2006). Finally, *triangulation* involves the use of multiple sources, perspectives, or theories to maintain a holistic perspective (Creswell, 2006).

Transferability

Transferability is the qualitative counterpart to external validity utilized within quantitative research. Lincoln and Guba (1985) defined *transferability* as the ability to apply findings in different contexts, settings, and groups. The use of thick description is one way to ensure the transferability of findings. *Thick descriptions* refers to describing in such detail that one could transfer them for use within different contexts (Lincoln & Guba, 1985).

Dependability

Dependability is defined as the ability to demonstrate that findings are consistent and could be duplicated (Lincoln & Guba, 1985). In the case of phenomenological studies, cases are unique and unlikely to be replicated due to their humanistic nature, albeit the phenomenological researcher strives to reveal meaning that would be similar to participants in comparable contexts. Lincoln and Guba (1985) identified the technique of external auditing as a technique to demonstrate dependability. An external audit involves soliciting an outside person to examine the research process and products of research (Creswell, 2006). An audit trail includes a record of the research process, data, and products.

Confirmability

Lincoln and Guba (1985) defined *confirmability* in terms of neutrality or the degree to which findings are “a function solely of the conditions of inquiry and not of the biases, motivations, interests, or perspectives of the inquirer” (p. 376). Methods for establishing confirmability include triangulation, confirmability audit, and audit trail, which were discussed previously.

Chapter Summary

Chapter III provided an overview of the method of phenomenology and its applicability to the study of the lived experienced of black African nursing students. Van Manen's (1990) six-step method for hermeneutic phenomenology was described. A description of Colaizzi's (1978) seven-step process was presented as a framework for the analysis of data. Finally, steps for ensuring trustworthiness in phenomenological research were discussed using strategies presented by Lincoln and Guba (1985).

CHAPTER IV

METHOD OF INQUIRY APPLIED

Participant Recruitment and Selection

Hermeneutic phenomenology is concerned with information-rich interviews and cases (Cohen et al., 2000). For this reason, it was important to select black African immigrant nurses who were able to fully describe their experience as nursing students. Purposive sampling is the most commonly used method of sampling in phenomenological research (Streubert & Carpenter, 2011). As a result, purposive sampling was used to recruit black African immigrant nurses working the Midwest United States. According to Remington (2008), the upper Midwest is home to one of the largest populations of black African immigrants in the country and provided additional incentive to focus on this area for recruitment.

Phenomenology requires that data collection continues until saturation is obtained (Streubert & Carpenter, 2011). Consequently, it was impossible to dictate the required number of participants until the researcher was immersed in interviews. A goal of 10–12 participants was optimal because phenomenologist often rely on samples of 10 or fewer (Polit, Beck, & Owen, 2008). Three participants responded to initial recruitment efforts. According to Glesne (2011), snowballing can be helpful in identifying hard-to-locate populations and is often used when other methods have been exhausted. Because the small and isolated nature of the population under investigation made identification difficult, snowball sampling was used as an additional method for recruitment. Six additional participants were identified through snowballing. In the end, a total of nine participants were identified.

Black Africans emigrate from sub-Saharan regions of the continent. Therefore, the first inclusion criterion was that participants had emigrated from a sub-Saharan African country of origin (Capp et al., 2011). Immigrants from the southern region of Africa are predominately white, well educated, and are likely to have English as a primary language. Therefore, participants originating from a country in the southern region of Africa were excluded.

This study aimed to understand the nursing education experience of black African nurses educated in the United States. Hence, the second inclusion criterion required that participants had graduated from a United States–based undergraduate registered nurse program. Placing no time limit on the years since graduation provided enrichment of the data because participants’ recall and insight into their experiences had likely changed over years of assimilation and practice.

The final inclusion criterion for sample selection was current employment as a registered nurse. Employment status was important in demonstrating that participants had not only been successful in graduating from a program of nursing, but had also been successful in passing the NCLEX licensure exam and integrating into the profession. Furthermore, it was assumed that employed nurses were able to draw meaningful connections between nursing education and their nursing practice.

Participants were not excluded based on age or sex. Refugees as well as immigrants from sub-Saharan Africa were included in the study. Black African immigrants are generally well educated. However, African refugees often have poor English skills, are poorly educated, and are more likely to live in poverty (Capp et al.,

2011). In addition, refugees are likely to have experienced significant physical and mental health issues as a result of conditions in their homeland, and are likely to have experienced additional hardships not encountered by the general black African immigrant population (Martin & Yankay, 2012; Palinkas et al., 2003). Therefore, inclusion of black African refugees was thought to increase the depth and richness of data and aid in the transferrability of findings.

Gaining Access

Protection of Human Subjects

Institutional Review Board (IRB) approval for this study was sought through the University of Nevada–Las Vegas (UNLV), (See Appendix G). The risk of unintentional discrimination and potential vulnerability of the population involved in the study made the selection of participants the most risk-prone ethical issue. Deontological theory holds that researchers “must do good things because we have a duty to” (Levine, 2010, p. xxxii). The American Nurses Association (2008) *Guide to the Code of Ethics for Nurses* uses the “duty” in relation to the profession’s responsibility to protect research participants. As stated in Principle 3.2 of the *Code of Ethics for Nurses* (American Nurses Association, 2008), self-determination is an essential component in our duty to protect research participants from harm. It was imperative to obtain informed consent from participants. Obtaining informed consent included ensuring that participants received the necessary information to make an informed decision regarding participation in the study, that they understood their ability to terminate their participation in the study without penalty, and that they were aware of the ways in which data would be used and managed (American Nurses Association, 2008).

Information obtained through this study remained confidential. Participants were assigned a pseudonym to protect their identities. Pseudonyms were utilized in all written aspects of the research including questionnaires, transcriptions, and field notes.

Participant contact information and pseudonyms were kept in a locked location by the researcher. The researcher followed IRB protocols for the storage of all information and data gained through the research. Following the completion of the study, all records are stored in a locked facility at UNLV for three years. After the three-year time frame, the information will be gathered and destroyed.

Recruitment

Recruitment flyers were distributed via e-mail to a number of organizations. Organizations that received flyers for disbursement included the Nigerian and Somalian Nurses Associations, Lutheran social services, Catholic charities, and World Relief. According to Remington (2008), these organizations serve as common entry points for settlement, and are gathering areas for the target population within the upper Midwest area. Despite repeated efforts, no organization responded to requests to distribute flyers, and no participants were identified through these means. Directors of schools of nursing who had contact with African students aided in the recruitment and identification of possible participants by contacting alumni to inform them of the study. Interested nurses were asked to contact the researcher via telephone, e-mail, or text to obtain contact information and general information relating to the study. Because the study required participants to engage in multiple interviews, a gift-card incentive was used to attract and retain participants. A \$10.00 gift card was given at the conclusion of the first interview, and a \$15 gift card was mailed to participants following the second interview.

During the initial contact, the researcher informed participants of confidentiality procedures and ensured that the participant met all inclusion criteria. Once eligibility was confirmed, a face-to-face meeting was arranged for the formal interview. During this face-to-face meeting, the participant was informed of the structure of the interviews. Consent was obtained for the audio-taping of interviews, transcription of interviews, and the handling and reporting of data. Any participant questions related to the study were addressed.

Consent

Informed consent was obtained through the form included in Appendix E. The form is in compliance with the UNLV IRB. Through informed consent, participants were notified of their right to refuse participation, or to withdraw from the study at any time without penalty. Benefits and risks of the study were detailed, and statements concerning the confidentiality of data were explicit. All participants that met the inclusion criteria for this study completed the consent process prior to beginning the first interview.

Data Generation and Analysis Procedures

Data Generation

As discussed in Chapter III, issues of trust can result from cultural differences. Therefore, it was essential for this researcher to first develop a trusting relationship with participants so that they felt safe to fully disclose and explain their experiences. In addition, the literature demonstrated the importance of personal connection within the black African immigrant population. Therefore, the interviewer created a welcoming and friendly environment by conducting the interview at a time and location that was chosen by and convenient for the participant. A trusting relationship was established through full

disclosure of the research process, obtaining consent for tape recording and sharing of information, and maintaining confidentiality.

Displaying cultural competence in working with diverse populations is important in establishing a trusting relationship (Pacquiao, 2007). This researcher established rapport by being mindful of dress, language, and gestures in order to avoid offending or intimidating participants. All participants were fluent in the English language and therefore did not require an interpreter.

Data was initially gathered through the use of one-hour face-to-face semi-structured interviews. The one-hour time frame was chosen because fatigue and diminished return often sets in for both participants and researcher in interviews that last longer than one hour (Glesne, 2011). Participants were provided with the opportunity to select the time and place for interviewing, provided that the chosen site was private and conducive to interviewing. Allowing the participant to choose a location demonstrated a respect for privacy and human dignity. It allowed the participant autonomy in the interviewing process and assisted in the development of a trusting relationship that supported the participant in freely sharing his or her experiences.

Open-ended questioning, recording, and transcription improve the reliability of data (Streubert & Carpenter, 2011). Therefore, sessions were recorded using a digital recorder and immediately transcribed using computer software. Interview questions were prepared in advance (see Appendix C). Demographic information (see Appendix F) was gathered for the purpose of identifying participant characteristics and providing context for experiences. Field notes were utilized to document non-verbal cues and aspects of the

interview that could not be provided through recording. Field notes also provided an audit trail for ensuring trustworthiness.

Data Analysis

Data was analyzed using Colaizzi's (1978) seven-step method of phenomenological analysis and included the following activities:

Reading all descriptions. The researcher read through the interviews in their entirety in order to get a feel for the whole. During this stage, any thoughts, or feelings as a result of the researcher's previous experience with black African students was bracketed alongside the transcript within NVivo. Bracketing allowed the researcher to remain true to the participants' experiences.

Extracting significant statements. After the initial reading, the researcher returned to the data to extract significant statements that related directly to black African nurses' experiences with nursing education. These statements were assigned nodes within NVivo and coded based on their transcript, page, and line numbers.

Formulation of meanings. Meanings were formulated from the significant words, statements, and phrases. A single table was created within NVivo to identify the original statement along with the formulated meanings. The table enabled the committee and experts to reflect on the meanings and assist in auditing the rigor and quality of the research as requested.

Organizing formulated meanings into clusters of themes. Nvivo software aided in aggregating the formulated meanings identified in step three into clusters of themes. These clusters were compared to the original transcripts for validation. Discrepancies and contraindications were identified and outliers were carefully considered.

Exhaustively describing the investigated phenomenon. The researcher integrated major themes and sub-themes into an exhaustive narrative description of the lived experience of black African nurses educated within the United States.

Describing the fundamental structure of the phenomenon. The exhaustive description was reduced to an essential structure by removing redundant or misused descriptions.

Validating findings with participants. Participants were provided with transcripts and exhaustive description of themes via e-mail contact. Participants were provided one week to review the material. Additional feedback or insight provided by participants was incorporated into the essential structure.

Ensuring Trustworthiness and Authenticity

Credibility

Lincoln and Guba (1985) identified member checking, triangulation, and negative case analysis as strategies that are effective in demonstrating the credibility of qualitative research. To engage in member-checking, the researcher returned to participants following the identification of formulated meanings and extraction of themes and phrases. During the second contact, the researcher asked participants for validation and additional insight to be incorporated into the essential structure. Participants were e-mailed a summary of the findings along with the model (see Figure 7).

The researcher engaged in negative case analysis by asking participants to identify and discuss unsuccessful experiences during their nursing education. Questions such as “describe a time when you were unsuccessful?” or “tell me about a time when you felt particularly discouraged in your nursing education” were used for this purpose. Finally, triangulation was accomplished through the careful selection of participants from varying educational levels, ages, countries of origin, linguistic development, and program sites.

Transferability

Thick descriptions of the phenomenon were necessary in order to ensure the transferability of findings to similar groups and contexts (Lincoln & Guba, 1985).

Purposive sampling aided in the selection of participants who were able to fully describe their experience. This researcher remained diligent in the inclusion of detailed descriptions in the written analysis. Finally, field notes that include non-verbal and environmental observations were recorded.

Dependability

Lincoln and Guba (1985) identified the technique of external auditing as a technique to demonstrate dependability. Field notes were utilized to document the process of interviewing and to record aspects of the interview that could not be garnered from the recordings. In addition, tables displaying the original data, meaning transformations, and the extraction of themes documented the process of data analysis. The researcher engaged in a confirmability audit with the faculty chair and dissertation committee throughout the research study.

Confirmability

Methods for establishing confirmability include triangulation, confirmability audit, and audit trail (Lincoln & Guba, 1985). The researcher utilized these processes as previously discussed in this chapter to ensure the confirmability of findings.

Chapter Summary

This chapter applied the principles of van Manen's (1990) phenomenological approach to the study of black African nurses educated in the United States. Colaizzi's (1978) process for data analysis was applied to the phenomenon of interest. Finally, the work of Lincoln and Guba (1985) was applied to demonstrate the trustworthiness of findings.

CHAPTER V

FINDINGS

The question and purpose guiding this study is: How do black African nurses experience nursing education within the United States? Phenomenology makes what is internal, external, and allows one to understand and communicate the true essence of the phenomenon in order to change practice (van Manen, 1990). The nine participants' stories that follow provide the unified voice that communicates this essence.

Description of Participants

A total of nine African nurses participated in this study. Five of the participants were male and four of the participants were female. Countries of origin included Sierra-Leone, Kenya, Liberia, Eritrea, and Ethiopia. Participants were of varying educational backgrounds. Six participants received associate degrees, and three participants received baccalaureate degrees as their pre-licensure preparation. Four participants reported holding previously attained degrees, three of which were in healthcare. Most participants were in the country less than two years before beginning their nursing education. Only two participants were in the country longer than two years—three and four years, respectively. Individual participant profiles are located in Appendix G.

Data Collection

The nine participant interviews were conducted between November 2013 and January 2014. One participant was known to the researcher as a former student. Four students were referred to the researcher by a colleague who conducted a research study with minority students. The remaining three participants were identified through snowballing.

Initial interviews were conducted face to face at a time and location that was chosen by the participant. Five interviews were conducted in study rooms at local public libraries. The remaining three interviews were conducted at cafés close to the participants' employers and residences because private conference rooms were not available at the time and day that the participant chose. In all cases, the researcher sat across a table from the participant with a digital recorder placed centrally. Wait staff and library personnel were asked not to disturb the interview process, and both participant and researcher turned off cell phones.

Each interview began by presenting the participant with a \$10.00 gift card and by engaging the participant in casual dialogue in an effort to establish rapport. Next, the researcher obtained informed consent using the approved form. The researcher read each section of the informed consent form to the participant and answered any questions that the participant had. The participant was instructed of the interview process and reminded of his or her ability to withdraw from the study. Once the informed consent was signed, the researcher provided the participant with a copy and asked the participant to complete the demographic questionnaire. The questionnaire and its purpose were explained. Participants were allowed to complete the questionnaire while the researcher remained present to answer any questions.

Once all required paperwork was completed, the recorder was turned on. The researcher reminded participants that they could refuse to answer any or all questions. Participants were asked one last time if they had any further questions. The interview began with an open-ended question: "Tell me about your nursing program experience." Prompts were provided throughout the interview time to encourage discussion (see

Appendix C). Once all questions were answered and the participant was finished with his or her thoughts, the researcher asked, “Is there anything else you would like to tell me about your nursing education experience?” If the participant had nothing else to offer, the researcher then turned off the recorder. If the participant disclosed additional information while engaging in casual conversation following the interview, the recorder was turned back on and the participant was asked to repeat his or her comments.

Follow-up meetings were conducted in February 2014 following the completion of the initial interviews. These communications were performed through phone and e-mail conversations, based on the availability of the participants. Participants were provided a copy of the study findings and model and given one week to respond with comments. Participants were also provided with the opportunity to add new information or thoughts they had regarding their nursing education experience. All nine participants who participated in the study completed the study. The following excerpts validate the researcher’s findings:

I read the attached documents from your study and I must say you captured the experiences and journey of most African students perfectly. It truly represents our experiences in a very succinct manner. I couldn’t have done it any better. It is true that determination and optimism is what drives the African student to overcome any perceived barriers or limitation. Thanks for allowing me to participate in this study. I hope this helps other African nursing students in their journey to becoming a nurse. (Debra)

Thank you for including me in your research project. I read through the article and it is a true representation of Africans’ view/journey of the US education. There is nothing more I could think of or add. Good luck. (Charlie)

I found your summarized findings interesting and they reflects the real challenges immigrant students are facing. As an immigrant student and with several friends with similar background, I have witnessed immigrant students engage in self- discrimination and paying the price for that. I

believe that current and future immigrant students will learn a lot from your paper. I am grateful for the opportunity! (John)

Data Analysis

The researcher transcribed each of the interviews within a Microsoft Word document. Transcripts were uploaded into NVivo and coded through the assignment of nodes. Data was then analyzed using Colaizzi's seven-step method as outlined in chapter four.

Essence, Themes, and Sub-Themes

Optimistic determination was identified as the overall essence of the participants' experience. From this essence four themes emerged that exemplify black African nurses' experience with nursing education in the United States. These themes included (1) academics, (2) relationships, (3) competing demands, and (4) culture. Sub-themes were identified within all four major themes. The essence and themes are presented in a model depicting the lived experience of black African nurses educated within the United States (see Figure 7). The outer circles of the model depict the four themes of academics, relationships, competing demands, and culture. All four are interconnected and affect each other. For example, programs with pedagogy that required interaction between students influenced relationships. Relationships with faculty and peers influenced academic performance. Competing demands such as the need to work and provide for family influenced the time needed to develop supportive relationships, and the time needed to focus on academic requirements. Culture was the fourth theme and plays a role in how the participants perceived and interacted with academics, relationships, and priorities. At the center of the model is the overarching essence of the participants' experience optimistic determinism.



Figure 7. Model Depicting the Lived Experience of Black African Nurses Educated Within the United States

Essence: Optimistic Determination

Participants spoke of a number of barriers and challenges that they had to overcome to be successful in their nursing programs. When asked, “What helped to support you in your nursing education?” participants responded with statements of optimistic determination. Merriam-Webster defines *optimism* as an inclination to put the most favorable construction upon actions and events or to anticipate the best possible outcome (“Optimism,” n.d.-a). Oxford Dictionaries defines optimism as hopefulness and confidence about the future or the successful outcome of something (“Optimism,” n.d.-b). Oxford Dictionaries defines *determination* as firmness of purpose; resoluteness (“Determination,” n.d.-a). Merriam-Webster defines determination as a quality that makes you continue trying to do or achieve something that is difficult; firm or fixed

intention to achieve a desired end (“Determination, “ n.d.-b). Participants offered general statements that demonstrated optimistic determination. The following excerpts exemplify the positive thinking and determination that was at the heart of participants lived experience.

So you have to have your guns ready to go. So I work extra hard and I read extensively to be able to be successful. Yeah. (Charlie)

Yeah. And I want, like, a better life for my children, for my kids, so. And I like challenges. And if, like, I decide to do one thing, like, I have to do it no matter what. (Grace)

When you go to school, it is an investment. You invest your time. I don’t blame anyone, because everyone has his or her own life. (Dan)

You have to dedicate yourself, forget everything, and then you have to focus for the goal you intended to achieve. I think that’s the most important. And then you see the impact; the more time you spend studying, the more time you invest in your studying, and then the management on your study schedule, you know, you see the impact. . . . Just if you study, if you go prepared to the class and then during the discussion and during the lecture, you more understand what the professor is talking, what the discussion is about, and then you motivate yourself. You feel then comfort, being prepared. (Dan)

You have to be a positive person. If you see negative things in your life, you don’t achieve. I don’t know, that’s my experience. Okay, and then I will find I will have a better life. I will have a better future. (Dan)

Some people, they complain, instead of working hard they complain as a self-defense. (Dan)

There is a small impact, there is, but it’s not a major issue if you work hard, if you have a plan, if you think of a good future, if you are a positive person, there is no barrier to achieve the nursing program. That’s my opinion. (Dan)

I mean, I felt like if there was something difficult for me, that just made it challenging and I needed to overcome that. Because I was going to be a nurse and nobody was going to stop me from being a nurse. (Debra)

You know, when I first applied for the nursing program, the nursing advisor told me that this is a very complicated program, are you sure you can do it? Are you going to take a loan and financial aid, and that would be important for you to pay back and are you sure you make it? And I told her, just give me the chance and I'm sure that you're not going to ask me this question every semester. (John)

You know, I was kind of discouraged at that time. But since I changed my plan, how to read, which area to focus, I just tried to improve a lot. (John)

I kept reminding myself nothing is permanent, nothing is permanent.
(Emma)

So then we decided, and that was the day also I decided, I said, well, I will give each student a second chance. (Katherine)

And my drive. And I realized where I came from that a lot of people depend on me. And one thing I realized that I learned here the moment I got into this country was if you want to be better off to care for yourself, provide for your family, then you have to continue in education. And that was my drive. I said I don't want my kids to look at somebody on TV and say this is their role model. I want them to look at me and say, my mom is my role model. My mom is hard-working. My mom is beautiful. My mom is great. My mom did this. This is what I want, and so this was my drive for me to continue. (Katherine)

So, going through all of those processes needed the determination, the smartness, the will, like I want to be there. (Mike)

Was like, okay, if there is an opportunity to read, I will do my best. So the guy that took me there was another stepping stone for me like okay you guys can do it. If this guy has done it, don't think that those ones they have stamps, they don't have names written like these are the only ones who qualify. They are not the chosen ones. Anyone can achieve it if you work hard. (Mike)

When you fall down, you wake up and you clean up yourself and you just try again. So yeah that inspired me, it's like, okay, if I can do it that was my first class. (Mike)

So everything I do, it's going to haunt me back or it's going to help me tomorrow. That thing inspired me much. So those who have done it were much of my support. My mother is not here to be crying on. I did not have any family member here in the country, it's just friends. So those friends who have done it, because some were there to discourage me. They're like, why you keeping yourself stressed? When you talk to them about

your problem, they are like “why are you even stressing yourself? You can live a better life—you have a license anyway, you don’t have to stress yourself.” But I said no, this is not what I wanted. So that really filled me with sorrow to hear all that. When you see somebody that has gone ahead of you, they have gone and done it, I can do it too. (Mike)

Like I say, everything need practice, positive attitude, focus. (Mike)

Yeah. It’s sometimes I don’t always like to have the negative part kind of follow me or kind of attack my mind and fight with me psychologically. I always say, it’s always there no matter what; it’s going to be there no matter what I do, but how am I going to look on the positive side. (Ryan)

Essence Summary

The essence “optimistic determination” led participants to cope with and adapt to the challenges within their nursing education program. This essence was demonstrated through the sharing of significant statements from each of the nine participants.

Main Theme: Academics

This theme emerged from participants’ discussion of program characteristics. In addition to statements regarding general characteristics of the program, sub-themes relating to testing, language, and technology, emerged. The following statements illustrate the theme of academics.

But I know another thing was time. Just trying to fit into the curriculum was a big adjustment. Time, you know, assignments that need to be on time. You know if your deadline is at this particular time and you don’t meet the deadline you are getting a zero. (Charlie)

Because first the drive was so much. It was so long, I had to commute from here to [Town X]. So that was very, very hard. So after that, the classes, the length of time you are in school, you know, it’s like you are in school from 8 o’clock until 2 o’clock and there are so many assignments and a lot of reading. (Katherine)

But the experience and how it structured was very difficult for me. Because you have, like, 12 credit class and each class has a lot of

assignments that need to be done, there are exams coming up. All that took me a while to get used to. (Katherine)

And the school also, there was a little problem, there was not much in class interaction. You know how they do those activities where you sit in groups, you discuss, there was not much there. So it was really hard for us to interact in class. So for me that was a very bad experience. And I felt like the school need to do or say something. Not only the school, but the teachers also needed to put something into place that there would be some interaction. (Katherine)

The faculty, like, encouraged us to do that, study together, bounce things off each other, you know, try and get stuff done together because this is how it is in the real world as a nurse. You are never are alone. You always want to utilize your coworkers and have people to bounce off. You are working on a healthcare team, it is not just you. (Debra)

You know, before I came here, after I left the first time, I started to work for [X Organization], an American organization. I had the opportunity to write papers, reports, every month, quarterly, so I don't have that major issue with writing, so for any assignment, written assignment, anything, there was no major problem with that one. (John)

You know my expectation was that there is too much focus on the clinical part, the pathophysiology, the pharmacology, internal medicine, and surgeries, but most of the focus was on communication, the cultural sensitivity, how we communicate with patients. You know, I was surprised, okay, why you know these people, they don't focus on all of these, the pathophysiology, the pharmacology part, why they waste their time on this communication. (John)

One week into the class, they told me I have to drop all the classes. I was literally forced to drop all of the classes. So now I said, okay, why? They said, oh, there is one prerequisite that you haven't done. Nutrition. And I said, what? I was able to register, because some nursing classes, you're not able to register for at all. And I was able to register for the class. I had met with my advisor. So how did this happen? And I really want to get into this program. I have already gotten into the program. I don't want to be delayed. Because then I have to wait, because it's not every semester. It's like one year. One year you have to wait. So, luckily for me, I called [College X], and they were offering the same nutrition. And that day that they dropped me out of that class, that was the final day to add a class. (Katherine)

You need someone to guide you with how process works. But there are courses which don't transfer. Most especially, the most courses which transfer mostly is those you have your bachelors. More especially

architecture and sciences, those won't transfer. When you did nursing, that one transfers. But these other things you are high school teacher, those ones don't recognize. Most especially, if you didn't have, if you had a diplomas—they don't add nothing. So you end up getting frustrated. You're like, why did I waste my time? (Mike)

I think another thing is the people are kind of more interested in the culture. Because if somebody talks about Africa, a lot of things run in your mind: Do you guys have schools there? So they didn't know what was my expectation; according to them they didn't know how I was going to perform. They didn't know whether I was going to survive the program. (Ryan)

Sub-theme: Testing. This sub-theme emerged as participants discussed difficult aspects of their nursing education experience. The following excerpts illustrate this sub-theme.

And then also, you know, it was like a little bit difficult for the testing for me since all the testing here is like done in multiple choice. And in Liberia, the bulk of our testing is like essay. So like they give you a question and you write about it. . . . And it's like those answers, like every one of those answers could certainly be true and they're like we want the best answers. Like what do you mean? There is every scenario here that is true. (Debra)

My most challenging part in nursing school, was the multiple choice. Because I come from a country where everything is written. Think the answers, and therefore even to this day it's difficult to summarize things for me because we have to write extensively. So when I came here in order to just pass the exam, I had to put in a lot of effort. Into that process of elimination, it took me a long time. So that was really, really my problem. (Katherine)

Another thing that was challenging was the way the education is set here. Here we have multiple choices. There [in Africa] you explain. It's more essay. So by the time you deducting from the essay, you may have the information I can study the functions of the body. I can give you, okay, the heart, it pumps blood from point A to point C. But I would be asked a question about the heart with multiple choices I failed to get it because four of the answers are presented—you need to pick the best. You have the information, but applying the critical thinking was one of the challenging thing. (Mike)

Yeah, and comparing the education that I did back in my country and here, with the nursing program it's more of, you know, you have to choose an answer from the questions you are given. Such kind of questions don't, in my country, or the previous degree that I did, didn't have that. Because you have to write papers. It was more discussed (Ryan).

The first thing in the nursing program, I remember, I made 78%, and I was shocked. I didn't expect them to focus most of the questions from the communication part, the cultural part. I expected more questions from the science part. (John)

And sometimes the other thing that was a little bit sometimes the room would get distracting. Somebody would finish like within 10 minutes, and they are done and they get up and they move their chairs and you get distracted. So it was a little bit hard to focus. (Katherine)

I think the aspect of nursing that I didn't get, maybe I struggled with it a little bit in the beginning, was the aspect of critical thinking. I didn't, some questions that I would do, but it wouldn't make sense why not add the answer. So I would always remain with probably two answers in the beginning, so I was like "why not this one?" (Ryan)

One participant spoke positively of testing within his educational program.

I actually did [like multiple choice testing] because I found like, you know, this is a fair system so nobody can say, nobody can tell me, you know, you're being graded upon. (Charlie)

Sub-theme: Language. Within the sub-theme of language, participants discussed aspects of language in relation to their academic performance.

And that was a little bit complex because it was more intense, we were very busy, and then I had to take another English courses, Introduction to Literature, which was one of the requirements for the bachelor program. But, you know, especially the literature wasn't easy for me, because, you know, this Old English I have to interpret and I have to spend a lot of time. I have to make research a lot. And then my time was more devoted on the English program rather than the nursing. (Dan)

So the language barrier is the first challenge. And, like, learning a new language is like studying the new language. It's different. I took nursing in Ethiopia in Amharic. So here like it's completely different, I have to learn like the language, like the medical terminology. (Grace)

Sometimes when we have class presentation or something like that, because of my accent maybe some students may not have understood the answer, they may ask me to repeat. (John)

The use of slang words was discussed by also discussed by participants.

Because, you know, at first I got 72 something, and the second test was 68, which is F, and it was very traumatic for me. I mean, it's not because I didn't know the course; there was impact especially from the slang words. I didn't know the names of the toys, I didn't the names to know because it is really a challenge. So those slang words, those unfamiliar words, was a challenge. (Dan)

I don't know that food. It is something new to me. So other students, they struggle with the pathophysiology and the pharmacology part. I use most of my time to learn the language and the culture. I think the first exam was really, I didn't expect them to focus more about the culture. Most of the questions I remember were about food types, which food has high sodium. I know which food has high sodium, but which diet, I don't remember even. I don't know even one American food's name. Six other questions I missed, so I sat and okay is the right place for me? (John)

Additionally, participants discussed time difficulties related to translation.

Understanding the questions during the exams and the exams are timed, so it was very, very hard. Because you had to do 50 questions, and you had, like, an hour? And not only that, the one hour is because it takes me nearly, like, five minutes to just analyze the question and translated into my language and just to try to get that question right. (Katherine)

For me, I have to go three stages back, I have to go get it in English, process it in my own language, and bring it back to English so that I can be able to do it. You have to go back three steps. Which is a very, very hard challenge. I needed more time. Something which was to be taught for one hour took me an extensive time. More time so that I could process—I had to go through all those extra steps. (Mike)

On the contrary, one participant indicated that language was not an obstacle in her education.

Coming from Kenya where our primary language is English, I was taught English from kindergarten all the way through high school, and so I did not struggle linguistically. (Emma)

Sub-theme: Technology. Participants discussed technology as a barrier in their

nursing education.

You know, there was some parts of nursing education here that was really difficult. Just let's say, like, technology-wise, that part was like very difficult. . . . Like, I didn't have computers back there, so I was just learning how to use the computers and that kind of stuff here, you know, so that was kind of like the difficulty for me. (Debra)

It's like you find you need to use technology, which you don't have in Africa. There is no technology, and I was lucky because I studied in the city because I was working, and you had your own computer to learn how to type, but I cannot type like the kids who can type here. So anything you can do for one hour, I'm going to do for three hours or five. (Mike)

Overcoming Academic Barriers Through Optimistic Determination

While some participants identified positive aspects of academics, many discussed challenges. When asked how they overcame these challenges, they responded with the following statements. The attitudes and actions identified by participants demonstrate optimistic determination.

I really enjoyed it, and I'm proud for, hopefully, I never got a B; I always got A's, so that I think made me work extra hard, to be able to study hard. (Charlie)

Just if you study, if you go prepared to the class and then during the discussion and during the lecture you more understand what the professor is talking, what the discussion is about, and then you motivate yourself. You feel then comfort, being prepared. (Dan)

I also felt very empowered towards the end of my education, because at that time the attrition had happened so much that in the last semester it was very empowering that, you know, we are making the finish line. I think during my graduation we only had two full black students and one mixed girl, and then there were some other Hmong students, too. But of the multicultural group, there was just me and another Somali student, and then one mixed student. So it was very empowering just to get to the finish line, just to do this NCLEX prepping, and just to begin to really see the light at the end of the tunnel. (Emma)

Yeah. And I want, like, a better life for my children, for my kids, so. And I like challenges. And if, like, I decide to do one thing, like, I have to do it no matter what, like, I have to study hard and I don't want to like, or this is

very hard or challenging, so maybe I need to change my path or something like that. Maybe that's why, I don't know. (Grace)

I struggled for biology. I remember, I failed my first biology; I got a D. I said I cannot be, if I'm thinking to be a nurse getting a D, I'm not seeing my future anyway. I repeat that class, and I got an A, which inspired me. It's like, okay, if I can do it. When you fall down, you wake up and you clean up yourself and you just try again. So yeah, that inspired me, it's like, okay, if I can do it, that was my first class. So, going through all of those processes needed the determination, the smartness, the will, like, I want to be there. (Mike)

In the following excerpts, participants identified actions that led to improvement in their performance.

So I was forewarned, you know, when you go in, you need to make sure that you study, so I extensively read, and I read the textbook, I read the med surgical text book twice from cover to cover. And I made sure that I read extensively other material to be able to be quick and sharp because I knew my brother told me you get in there, you are an immigrant, you are a minority, you can't speak very well English, they are looking to fail you. So you have to have your guns ready to go. So I work extra hard, and I read extensively to be able to be successful. Yeah. (Charlie)

The rest of the course was okay because I learned from my mistake, and then I had to make time management, which was very important. It is really critical to have time management. (Dan)

That time is this the right place for me to be in the nursing program, and if I don't understand the food, how am I going to proceed with the rest of the program if I'm missing lots of questions focused on culture, food, you know, I was kind of discouraged at that time. But since I changed my plan, how to read, which area to focus, I just tried to improve a lot. (John)

So, then, after that, I realized taking the exam in class with the other students was getting to be a little bit challenging for me. So what I asked was to do it a little bit elsewhere. So that I can think about the question, I can really translated into my language and then be able to answer the question. Then I started to really see my grades improve. . . . So I studied extra hard. (Katherine)

When I got here. I had some basics of knowledge of computers. There was a requirement that you had to have computers for you to be in nursing school. So I took that class, and I passed. I got an A. After getting an A, it

helps you understand the way that things are done, but guess what, your fingers are not that fast. But I practice. Like I say, everything need practice, positive attitude, focus. (Mike)

I would try to reason through, but after I figured out how to answer critical thinking questions, it just became more just like my other, you know, class that I had done preparing for nursing. (Ryan)

Participants spoke of reaching out to support systems as a means of coping.

Yeah, and my husband. . . . He is very supportive. He always, like, be there. He takes care of the kids and everything so I don't have to worry. Yeah. He worked full-time so I don't have to work. (Grace)

Grace also discussed reaching out to her university for support.

Like, the school provided a tutoring program. So, like, most of the time, when I was like a three-person team, I go there and, like, I make them check my paper. (Grace)

Dan and Mike reached out to faculty and friends for support.

Then, you know, I learned from my mistake . . . because I spoke with my educators, with my professors. Yeah, my advisors, and then even I spoke with the counselor. So they told me, "Dan, you are not getting enough sleep. You need to sleep in order to retain." (Dan)

One of the best things was, like, friend was in medical field. Now he is studying with me. His understanding is more faster than mine. So talking to him was like he is explaining to me better. (Mike)

Theme Summary

The first theme, "academics" identified factors of participants' nursing programs that had either a positive or negative impact on their academic progression. These factors were revealed through excerpts from participants' statements. Sub-themes of testing, language, and technology were explored. Participants overcame challenges through the use of optimistic determination.

Main Theme: Relationships

This theme emerged as participants were asked to describe their teachers and classmates. Through analysis of the transcripts, four sub-themes emerged and included (1) faculty, (2) classmates, (3) language, and (4) clinical: patients and classmates. The excerpts that follow illustrate the importance of relationships within the participants' nursing program experience.

Sub-theme: Faculty. When describing their relationship with faculty, participants were primarily positive. The following statements demonstrate the positive aspects of relationships with faculty and highlight the participants' perspectives on what makes faculty supportive.

Their willingness. For example, you know, if I wrote a paper that I didn't grammatically spell things or I missed things, they'd call me and say, you know, we need to look at your paper. We need to work on this. There is areas on your paper that you need to improve on, and, you know, there is a teacher who in my second semester class advised for me to go to the Learning Center and do some brushing up on my writing 'cause sometimes I was writing a lot of sentence fragments. So calling me in and informing me how to make improvement I think was good, and also being approachable, responding on time to questions that I had, and they made me feel like, you know, I'm not scared to come to you because you are approaching me versus me waiting to the end to try and approach you. So opening up quickly to the students, making yourself accessible I think was. . . I think working with [Professor X]. I think she is somebody who stuck with me and made me feel nursing is for me, despite me wanting to pursue medicine and medicine as a final career. She encouraged me into nursing, and I felt my need for service was very important for multiple reasons. During breaks, for example on clinical breaks, she would come sit with us students, and she would talk about issues that were not relevant to nursing. She had the human connection. It's not I'm the instructor, I'm superior, we're distinct in our self, there is a difference between us. So she came and she talked to us. She took us on tours, like the last of the clinicals. Continually during our clinicals, she always took us into the patient's room and talked to both the patient and us and made a connection. She called us in her office hours. She complimented us on the good work. It was just rare things that you hear on a daily basis like, oh you are doing a good job; it's always you are on the eye. So I think my whole clinical experience the first semester with her and the fourth semester with her, she made me want to do nursing, feel like I like to do

nursing. You know, it's not, yes, it's a very critical career where you are dealing with people's lives, but she made it feel like, yes, it's critical, but it's human, and it needs to be associated with joy. We need to like what you're doing, and emphasized the point of caring. (Charlie)

Because you know, every professor, every instructors have to treat you like the other students. And then there is no specific time they can talk to you. Although, yeah, they were very supportive. They give you feedback on time. Even there was an alert system if your grade was down. (Dan)

So it was kind of nice to have, you know, those kinds of teachers, because I mean this is nursing. We are playing with people's lives. You really need to take this seriously. You know, you can't go do it over if make a huge mistake and have a sentinel event and someone gets hurt. So, our instructors, they were pretty much like very militant about that. [X] school has a great reputation as a nursing school, and we're living up to that name. If you can't cut it, good-bye, go find somewhere else to go. Come back when you're ready to play ball. So I really, like, appreciated my instructors. . . . I thought they had a wealth of knowledge. They were always very helpful. They were open to questions if, you know, I didn't understand something. There were other African girls in the program with me, some of them from like non-English speaking countries so English wasn't their first language. For me, English is my first language so, like, if we didn't understand something, like, culturally or whatever, their doors were always open and we could go in there whenever and ask questions. (Debra)

Debra continued her discussion of her nursing faculty by offering a story of a particular faculty member she felt made a difference in her ability to succeed.

So one of my instructors, just a lovely, lovely lady (I don't know if she is still over there or if she is retired). You know, she just took a special interest in me. I didn't even know she was, like, paying attention to me. You know, she would ask me all these questions and stuff like that. So, like, after the first, I think it was the first or second, we were doing terms, then just before we went to semester, after my second term in the nursing program, I come to class one day, you know, and she said, hey, come in my office after class, I've got something to tell you. So of course I'm like, oh boy. . . . So I get in there and she is, like, you know, I see how hard you're working, and I know you're working nights, and I know about everything you've been going through. And I'm just like, who told you? I guess one of my study buddies, like, kind of told her, you know. And she is, like, I just want you to know that help are here for you. I'm like, really? and she's like, yeah. She hands me this paper, and I look on the top, and it says student nurse scholarship for minority student, and I'm like, okay,

because I had tried for financial aid and I got turned down. Apparently, my parents made too much money, you know, and it's like whoa, I kind of live at home, but I paid in rent. Why are you looking at my parents' income, you know. So then I had to, like, pay my way through school, and what I couldn't pay for, I had to take loans on my own. So she gives me this, you know, sheet, this application, and she's like, if anybody qualifies for this, you do. She is like, you have good grades, and you have everything that they need. So I fill out the form and handed it back to her, she handed it in, and like, two weeks later, I get this huge check to pay for the rest of, you know, that school year and the rest of the next school year, so literally it paid the rest of my nursing program. (Debra)

Debra concluded her discussion of her nursing faculty by offering the following statement:

So I'm just, like, so happy that the programs here are so diverse and inclusive, you know. They don't really make you feel, like, excluded, and a lot of the instructors and people here are just so helpful. I mean, you actually really have to be, like, living under a rock to tell me that you went to a nursing school here and you really didn't get the help you needed. (Debra)

Emma, John, and Katherine also added insight into their relationship with faculty.

When I got into the program, I began to see my teachers as friends. . . . I felt empowered when, during clinical, my teacher would say I would make a good nurse, just those positive affirmations during clinical, or even after a paper, very encouraging comments. (Emma)

Oh, they're very nice. I haven't seen any different treatment from the rest of them. They have good respect, they understand me. . . . So that was the highest percent, even the instructor told us while she has been teaching this program, I had scored the highest, 89%, and she talked about that to all the students in the classroom. (John)

Oh, I have been blessed. I've met wonderful teachers. I can tell you that, for some reason, some of them took to me very well. They say, oh you are so pretty, oh you have nice teeth. All these things I didn't know that they are things that you can comment on people, so. So people really liked me during nursing school, so I am blessed. So I really didn't have any problem with teachers. (Katherine)

Katherine went on to discuss one particular instructor that she felt contributed to her success in becoming a nurse.

And I met one instructor a very long time ago. She was teaching all the huge units. She was teaching cardiac, respiratory, skin, and these are big units, and she was older. So at one time, she came to class and she said, my mom is very sick. But one thing I observed some of the other students didn't really like her style of teaching. Like, I said she's older, so her methods of teaching was a little bit different. So a lot of students really didn't like her class. But when she said that, for some reason I just took it in. So every day, I see her in the hallway I asked her, how's your mom? And she'd say, oh, she's fine thanks. Every day throughout the entire semester! So it just happened that that was one semester I was having a lot of challenges. And I didn't do very well in the class. I was down by one point. So I went to her, it was the end of the semester of course. Nursing school you get kicked out if you don't pass the class is like a progression. So, I just went to get my grade and she said, you know you are down one point, but you know what, you always ask for my mom. Every single time. She said, I will give you that one point. And she gave me one point. And I felt so blessed that day! Because I was so disappointed going to see her. So she just made my day. So I have been lucky to meet instructors. Not that they've helped me every time, but I've just been lucky that I don't fight with them. They don't dislike me for any reason, and I don't dislike them for any reason. . . . That acknowledgment was very, very good. (Katherine)

Mike also shared a story about a particular faculty member that made a difference in his education.

And especially one of my professors, [Professor X]? She's a mother and a half. She is one mother who listens. I think because she has kids she has adopted from different countries? She kind of has that. You know, if you've never been to people, you don't know the shoes they're wearing. You've never been out of this country, you don't know what's happening in the other world. It's different. So she could talk to me like a mother can talk to you. Like, what is the problem? Can you approach this thing from this end? Can you listen on this end? Because I think she has a lot of experience and it felt like okay, she's taught me so much. To me it was like, if she has a few minutes to listen to me, that was the most important thing. . . . And when you get this somebody that will, like, listen to you, you kind of open up. But if you find somebody doesn't give you that time to listen, then you are struggling to speak that English, you close everything. You close in your cocoon. . . . The one thing [Professor X] taught me: you can do it. I see you have potential. You have these goals. You have this in you. It's that you need to focus, and you can do it. Focus, don't let fear pull you down. Don't see anything in these, all these people

are going through it the same. But maybe they don't show it. But if you close everything to yourself, you're going to fail. The one thing is that you're trying and you are doing your best. That really put be fair. I wrote things. Simple words. They really made me like, okay, I go home. She told me this, and I don't want to disappoint her. (Mike)

Ryan described his nursing faculty as positive and supportive.

But I think the other professors were really good and really understanding, and that would keep me going. . . . I think I had the best professors. There were willing to help me. They were willing to sit down. Whenever I had a challenge, they would give me direction on how to do things. Most of them were really appreciative of what I do. I received a lot of positive remarks both from the professors and also on the clinical side. (Ryan)

While many of the participants identified positively with faculty, some participants identified feelings of isolation and discrimination. The following statements illustrate this negative aspect of faculty relationships.

Because the other teachers never cared. They don't have time for that. They don't understand, it's like okay you are here. How did you get here? (Mike)

So, like, I don't know. Some of my teachers, like, they are very talented, and I love all of my teachers, but, like, some of them, like, they don't want to accept, like, how— they know my grades are, like, I'm doing a little bit discourage, but they think, they, like, they don't consider, like, me as equal as the other students. Like, they try, like, they prefer the other classmates to explain things or to answer some questions. (Grace)

This came when we had one professor in class that, I don't want to say kind of more discrimination, because I don't think that was discrimination, but I don't know whether he didn't like me in person, so it was always kind of more discouraging. You ask him a question, and he was totally answering a way that you feel that you don't belong here. (Ryan)

Sub-theme: Classmates. When asked to describe their classmates, participants presented a portrait of both positive and negative interactions. The following statements represent the positive influence of classmates on the participants nursing education experience. In these first statements, participants describe the use of study groups and the

establishment of friendships. These relationships provided both academic and emotional support.

Yeah, I had friends from my classmates. We used to work even as a group, but sometimes, you know, when you work as a group and then if you don't study, I mean study group. We used to study and sometimes the study group was fine, and sometimes, you know, it was a tough time. Instead of studying, instead of discussing, you spent a lot of time just talking social. I had good integration with my classmates, although not with everyone, but at least I had some friends. (Dan)

You know, it became sort of like a family, so we each had, like, these little study groups. So we had a bigger study group where there was, like, about fifteen of us girls in the group, and then we, like, had smaller study groups so then was like about maybe like six of us in the smaller study groups. And then we had even small study groups where there were, like, three. So we kind of, like, broke it up like that. We would meet in the bigger group, and then the smaller group, and then in the smallest group. Because, like, say there were three of us that kind of live really close by each other, so we would study in our really small study group and get prepared to go to, like, the six-person group, and then get prepared and go to, like, the fifteen-person group. And we kind of stuck with that format up until we took Boards. (Debra)

I would have never gotten through that program without my classmates. (Debra)

Because there was only four of us, you know, there so obviously we were in there, but we had someone from Russia in our group, we had someone from China in our group, and then we had, like, our wonderful American classmates. They were a great source of wealth and information. (Debra)

Exactly, you know, and like I said, you know, I had, like, two of them over there that, like, they were like moms to me because I was the youngest in the program at the time. And, you know, coming from Africa, leaving my mom, this was the first time I've ever traveled without my family; they mothered me real well. And to this day they continue to be my mom, you know. (Debra)

Also, I think most of my colleagues were really supportive. So that's a place that I kind of miss. We had a group a group that we could discuss stuff. (Ryan)

Participants felt valued when asked questions by their classmates. In addition, the opportunity to share their culture helped to create an inclusive environment and relationships.

I think, unfortunately, I guess there is an unspoken expectation that will these students really make it or not. Talking about from the white students towards us when they would see the multicultural students struggling in semester after semester, and seeing you make it through, they really begin to value you, they really begin to see you as a different student. Even now they want your input. Even now asking for study strategies and tips; did you do this assignment, how do you think we should do it? Whereby before there was not that kind of interaction, so I think just being validated by your own colleagues really, really empowered me, and encouraged me and showed me that there is not much of a difference between us. (Emma)

There was one presentation where we had a group assignment to prepare on one culture, to do presentation on that culture. In our group, we picked the Ethiopian culture. I'm from Ethiopia, and we did a presentation on that, and every student was really surprised with the cultures, and the way we presented them, and you know that day I felt good. Okay, so people understood me, they really interested to learn my culture. . . . Yeah. That was a pivoting point, and I felt good for the first time, okay. People are learning from us about some different culture. You know that was the longest presentation from the other groups. They had lots and lots of questions coming from the students and from the instructor. Some of them were working as a CNA, and they asked me different things about the patient that is from Africa, and how it was hard to communicate with the patient, how to make them and difficult to make them happy. We talked a lot and that was very turning point for me. (John)

And also my classmates, also they always felt like I know more than them. They would ask me to explain things. They would say, oh [Katherine], come here and explain this. So that kind of made me feel empowered in caring for them, because I would explain something to them, and then they would get it, and then we would continue. So that's makes me feel empowered. (Katherine)

So for me it was a regular class just like any other class, but, you know, for my classmates they were all kind of asking me so, you know, no offense, but since you are the only black how do you feel? Do you feel kind of goofy, you know, questions that it was good for them to ask and then get clarification. But for me it was equalization. (Ryan)

In contrast, participants spoke about isolating experiences within the classroom. These isolating experiences resulted in feelings of segregation and discrimination. Some participants mediated the effects of this isolation by developing relationships with other minority students. Others were resolved to continue their program despite the difficulties they encountered.

I myself would not say that I necessarily associated with the black students only. I associated more with the multicultural students. I had Arab friends, Somali friends, Hmong friends, and those are the people who, and I think we had a girl from Ecuador or something like that, that we studied together so it was a bigger, multicultural group. We kind of huddled together and helped each other through the program. We studied together, we would prepare for exams for together, challenges with papers and everything. We would call each other. (Emma)

The material wasn't tough, but the exercise in the classroom, how everything was presented, I think, was the biggest challenge for me, because, for example, when the instructor said, you know, you need to participate in group studies, there is differentiation, like, people tend to segregate based on their racial perception of self. So there is a lot of discrimination where, you know, let's do a group study on listening to lung sounds. You find the African students tend to go to African students, Americans tend to go to Americans, whites tend to go to whites, Indians tend to go to Indians, so it is more of a segregation of some sort, and if you didn't have anybody from your culture, from Africa or from away, then you are stuck and you are having to go through trying to fit in, in groups where people don't want you to fit in when you are trying to study and it's pretty hard. . . . There were other minorities, but I was the only African, and in that class is when it really stood out to me that, you know, people associate themselves with people who they feel comfortable with, that they like, but overall the classes were predominantly white with a few Africans. (Charlie)

And then if we had experiences that was, like, completely different from them, and we would share these experiences, they would look at us like we are weird. . . . So when we went back to class the following week, my instructor thought it was, like, very interesting. She really wanted me to share my experience with the class, you know, so when I was sharing it, all the other African girls in there, even we have like one girl from China and I think another girl from Russia in our class, and they totally knew where I was coming from, and the American students were like completely horrified, like I did something wrong, you know. (Debra)

When I got in, I began to identify who would be my sisters, who would be the people I would study with so, you know, within no time I would see this is the section that the black students would sit and the front is where the smarter students would sit, and then behind were the noisier students, so when I got into class I began to see the profiling take place. . . . Classmates, I would say there was the profiling, just the profiling even where the different students would sit, and who would talk to who and who would share with what. Of course, and I'm sure you've heard this before, but when we were given group assignments, sometimes the white students would not have confidence and faith in what some of the minority students would be doing in the activity of the work. So when there is a group assignment and they are dividing the work, okay you take question one, question two, question three, or however the assignment is, there is a tendency to assign something that is very easy or non-challenging to a minority student because maybe not having faith in their ability to perform, so I experienced that a couple of times. (Emma)

We were all immigrant, all from West Africa. And the first day of class, we all met. We didn't know each other, just like I'm meeting you now. And then we did, of course, the general introduction. And so I went in front of the class and I said, you know, I want to make it my goal to get to know everyone. So I introduced myself, and I went around and I did the same thing. But one thing I realized that the students were not that open with us. So I would say hello to you in class and then in the hallway I'll see you, then you turn away your eye like that. So that's the kind of behavior they started exhibiting towards us. I observed. So then for some reason, it just happened that all of us were observing the same. . . . So then we decided and that was the day also I decided, I said, well, I will give each student a second chance. . . . So, like, after the class had progressed, like, two weeks I went again and I introduced myself again. You know, I am Katherine. We just tried to open that door because we are all in school for a common goal. To finish and then move away. Go away, find a job, you'll never see me again. So, that was my goal. So accommodate me, get to know me, you will learn something from me, I will learn something from you. And, that was the mentality I had, but apparently no. So after the two attempts, I didn't put forth the effort. So then, collectively, we all agreed that we cannot get through to them—to the white students. So we kind of kept ourself distanced. (Katherine)

Katherine went on to describe the relationships formed with other African students.

Yes, we chose to do everything together. Because we said, we are Africans. We've come a long way and we are here for this goal . . . is to pass, study hard for this exam, pass. So what we did together, we studied together, we did everything together. We became very close. Almost like

inseparable. If you see four of us—the other four knows where the other four are. Because we stood out on the campus. It was very few blacks. (Katherine)

Finally, Katherine identified differences between her relationship with classmates within the classroom and clinical settings.

We found it very interesting that during clinicals, we all have the same need. If we don't understand something, I go to you, you explain to me, you come to me, I explained to you. But when we meet to in class we are two different people. So I found that's very, very strange during that time. And it was very difficult. But they were a little bit more receptive because during the clinicals because we depend on each other during clinicals. And we are smaller group. And we are force there to assign patients to each other. So you can't avoid that communication. But still, when that was over we just go our separate ways. (Katherine)

Mike offered a number of comments relating to his classmates. In the first comment, Mike discussed his struggle with being the only black student in his class. He turned to Kenyan students in other classes for support as he struggled to establish relationships with non-minority classmates.

In my nursing program, the encouragement I got from the Kenyan people at class. It is those people you meet, either they are nurses, like when I went to South Dakota I was the only black guy in the class. So sometimes I would come to class frustrated, because I didn't work in South Dakota, my license was not in South Dakota. And now I was living on my credit card. And now, why am I here? Number one, I made the wrong decision. I had an admission, but I was not ready. Why am I here? Jason was telling me, no, Mike you can do it. He was my only brother down there. Because you finish class and everyone disappears. I be like, they don't like me? (Mike)

So that is one thing that's like, being that I was the only black in my class, when you're speaking to fellow classmates. They're like okay, somebody is going to see their kids. Some are going this way. They're like, wow! Now here who am I supposed to talk to? That was the most challenging thing. Like, who am I supposed to talk to? (Mike)

And now here you're going to a class, with a teenager. Telling you about their boyfriends in class. You are in that class. Another telling you about how they went out and how they did everything, and you're like, okay. My God. This is what I will be going through every day? It's a big challenge. A big culture shock. (Mike)

There is not that teamwork between the students. It is different. You know right now you are teaching at a computer whereby people can just sit down and talk to the computer. You get the message. That communal thing is, like, key to our brother from here who have never been outside the world. They perceive you as stupid. Somebody went to school here, you came from Africa, maybe you have some knowledge or skills in different area. They perceive you as stupid. That is one thing that is also challenging. (Mike)

Ryan described a similar educational environment where limited diversity was a challenge.

First, I was the only minority student in my class. We started with 40 students, and then we ended up graduating with only 37, so I was the only minority and also of black African descent, so I can say it was more difficult for me, but because I was used to diversity—I had gone to school down in Omaha. (Ryan)

Sub-theme: Language. Participants identified language differences as a challenge to the development of relationships with faculty, classmates, and clinical patients.

And then as I said, the language barrier is big, it weighs big. I don't know how you understand the other community, but especially for me, you know, although I may have just basic communication skill in English. The accent, sometimes they don't understand you. Even you, you may not understand me even now, but I try to learn every day, you know, because I have to speak the American accent in order to communicate with the community or integrate with the rest of my classmates, my professors, with patients, with family. . . . And then if someone don't understand what you are talking about, it is really hard. You have to make them understand what you are saying. So, when this happens, you tend to lose your confidence. Okay, and then you try different ways to convey your message. So the language barrier is very great. (Dan)

But, you know, like, initially it was like the minority students stuck together pretty much, because, like, you know half the time most of the people in the class didn't even understand what we were saying. And we would be talking and they would be, like, huh, huh? And it's like, we're speaking English. (Debra)

Most of my classmates are, like, how can I describe it, because, like, English is my second language, so I don't speak much. So, like, they think that they know different from me. They consider, like, I don't know nothing, so I don't know how to described them, like. . . . So, yeah. Even, like, sometimes people ask me to repeat myself over and over again, so that makes me anxious and I couldn't find words to speak or answer question. . . . Because I look different, I speak a different language. Like, English is my second language. I am just learning English. I still, like, learning, trying to improve my language. . . . But, like, sometimes I got, like, a patient or family member like who couldn't understand my accent, so that's a little challenging. (Grace)

So that is the problem when you come here, you got to have that big transition. It's like, people you talk to in English, they say what are you talking about? You don't get them and they don't get you. So it is a challenge. (Mike)

One of the challenges first, and I know I didn't revisit that, was the accent that we have. Sometimes most people don't understand. They will ask you what did you say, what did you say? . . . Some people can't understand us, and we don't blame them for that because they have never probably had someone talk like that. So sometimes it's like you try to explain something, but it doesn't go well on the other side. You see a lot of questions on somebody's face. (Ryan)

Sub-theme: Clinical- patients and classmates. This theme emerged as participants made connections between the development of relationships and the clinical environment. In some cases participants experienced discrimination as a result of their appearance, gender, and/or language. In other cases, participants felt valued as patients attempted to understand their culture and validated their care.

I think OB clinicals was one that I felt, you know, completely detached because number one, not only race, but gender. You never get to see any OB experience, and it was you are nursing student, no, no, no. So me, my OB clinical was based on theory. I never saw anything, so that was one part, being just rejected over and over saying no, no, no, no. I think that's pretty much the only . . . (Charlie)

Also there was a point where I went to clinicals and some patients would totally refuse you to give them care. And, you know, you keep on asking yourself why, why this, so when I am giving care that I have to be selective, you know. If the patient say no, there is nothing you can do. You have to, you know, stop giving care. (Ryan)

While Ryan described negative experiences with patients, he also provided an example of how his cultural differences helped establish relationships with his patients.

Some people like to know more about your culture. They'll tell you, I see you have an accent, where are you from? You tell them, you know, I am from this country, I am from Africa, this country. They want to know more. They appreciate how you take care, how you take time to talk to them, how take time to share your culture, how you take time to do what they want you to do and that way you feel more empowered. You feel somebody appreciates what you are doing. And that happens quite a lot, you know, most of my patients really appreciate what I'm doing. (Ryan)

Similarly, Emma reported feeling empowered when recognized by her patients.

Even during patient care in the clinical, getting good feedback from the patients about my care helped me to feel empowered. (Emma)

Finally, Charlie provided an example of how his culture impacted his relationship with his patients in the clinical setting.

You need to be very polite. Calling people with their first names, I think that's another thing that I had to learn. Because we call people with their last name was, people older than you, signify them with their last name. And this was mainly with patients as most of the patients are older than us, and you don't go into a patient's room and say, hey John, I have—. You always try to be respectful: hey Mr. or Mrs. Smith, I have your medications. You have to make adjustment because some people don't want to be called Mr. Smith, they want to be called John, so you need to make sure you're understanding, because you don't want to rub the patient the wrong way then they tell the instructor and you are being rubbed the wrong way. It's something I struggled with in my clinical. (Charlie)

Overcoming Relationship Barriers Through Optimistic Determination

Participants offered the following comments that demonstrate their response to relationship problems they encountered during their nursing education. The following excerpts illuminate their source of motivation as optimistic determination.

The accent is the first time you see some discomfort with, but once they see that you are there for them, you fight for them, they start to trust you and respect you. (John)

So sometimes you come from clinicals, you are crying home. I'd be like, I don't have my mama here nor my father, I'm by myself. So everything I do, it's going to haunt me back or it's going to help me tomorrow. That thing inspired me much. So those who have done it were much of my support. My mother is not here to be crying on. I did not have any family member here in the country, it's just friends. So those friends who have done it, because some were there to discourage me. They're like, why you keeping yourself stressed? When you talk to them about your problem, they are like, why are you even stressing yourself? You can live a better life—you have a license anyway, you don't have to stress yourself. But I said no, this is not what I wanted. So that really filled me with sorrow to hear all that. When you see somebody that has gone ahead of you, they have gone and done it, I can do it too. (Mike)

That was going to be a challenge in my profession because if somebody say, I don't want your care, and you have been assigned, what do you do? But I realized in every community, and in every culture, we get such people, and they have a choice to refuse, you know, who is going to give them care, and that is why I was like I am not going to be discouraged. I'll fight on. . . . So it's encouragement the people around you and what you see, what you want to accomplish, so those three things kind of help me to forget about what happened and move on. . . . So that being a challenge, on the other side some people like to know more about your culture. They'll tell you I see you have an accent, where are you from? You tell them, you know, I am from this country, I am from Africa, this country. They want to know more. They appreciate how you take care, how you take time to talk to them, how take time to share your culture, how you take time to do what they want you to do and that way you feel more empowered. You feel somebody appreciates what you are doing. And that happens quite a lot, you know, most of my patients really appreciate what I'm doing. (Ryan)

In some cases, participants turned to avoidance as a means of coping with relationship difficulties. Others persisted in developing relationships that created a supportive environment.

I think my coping mechanism was, I just avoided it, because I just said outright, you know, I'm not going to be an OB nurse. So, I think that I did an avoidance strategy versus dealing with it. (Charlie)

So after the two attempts, I didn't put forth the effort. So then, collectively, we all agreed that we cannot get through to them—to the white students. So we kind of kept ourself distanced. (Katherine)

Then I spoke to the director of the nursing home. I told her some resident told me this and she told me that resident, that particular resident has had issues with nurses, and she tried to calm me down. (John)

So I made sure that after class, I would remain behind, even if was just to say hello to the teacher, go and say hi, speak with them about an assignment, tell them a little bit of the challenge that I faced doing it, ask them to clarify things for me, email them, you know so they would know me as a proactive student, and just to develop that personal relationship that even if I struggle they know [Emma] would come to ask for help, or I know [Emma]. (Emma)

In some cases, Emma chose no action when confronting relationship challenges.

I just kind of went with it, and that was what it was because, yeah. I don't remember ever opposing, yeah, and sometimes when you give your input in something it's kind of bashed down and not listened to as much, but I just kind of went with the flow. I mean, if in any instance I felt disrespected, I would speak up about that, but I was compliant. (Emma)

In the following excerpt, Emma described taking initiative to improve relationships for herself and others at her school.

I wasn't on the SNA Board before, but when I finished my third year, going into the fourth year, I felt like minority students are not represented in that group because all of the Board members were white students, and I saw that there was something wrong with that picture. Our voices were not being heard. We silently complain about things and nothing ever happens, and we just wallow in that lack of having a voice and having our needs expressed. So I was collaborating with one of my mentors, an English professor who we became very good friends and are working on different

projects together right now, so I began to tell her, you know what, I think it's important for us to have representation of multicultural students on that Board. What can be done about it? So we began to talk, and she encouraged me, and she told me, [Emma], why don't you vie for a position as a multicultural chair on the Board, and represent the multicultural students? So after that, I went and I spoke to some of the nursing faculty and told them about the idea, and they really, really supported it. We were having these conversations in the summer. In the fall, immediately, she began to send emails to the current Board and told them, you know what, there is a need for a multicultural chair position because they need their voices represented, and we're going to go ahead and put in this position. It won't go through any documentation or any voting or just a lot of things that sometimes take time to make some things happen. And she is like, we are just going to bring the position about and [Emma] is the one who is going to be heading that, so she is going to be part of the SNA Board. So you can bring things together and we will have a meeting just to introduce her and what she is going to be doing. So that came about and they introduced me to it, and I began to work with the students. So when I came into the position some of the things that I did is that I organized, like, two meetings a semester for multicultural students. I mean it was open to everyone who wants to come, but mostly multicultural students were the target that I wanted to have at the meetings. So they came to the meetings and we just kind of talked about what are those that we can do to support one another, what are some of the things that are obstacles for us, what's making us not make it, what needs to be changed, what needs to be done and what experiences have we had. (Emma)

Family support was important to Emma when discussing relationships.

I give credit to my family that really supported me through getting into the program, and even in the program. (Emma)

Finally, Emma utilized university resources to establish supportive relationships.

So I would say that support system within the program was good, and also my family and friends around me really supported that, so I would say I had a good experience through my nursing program. [University X] is a very small school, so it's very community oriented, and everybody knows everybody, and everybody knows everybody's major if you really want to know. They have this office called a MIPS Office. It stands for Multicultural and International Programs and Services. It supports the multicultural students on campus, and so within that we have events and we have just social gatherings whereby other multicultural students would meet with each other and you get to know each other. So through that channel, I was able to meet those big sisters and identify with them. (Emma)

The following excerpts demonstrate how participants turned to faculty and friends for support.

The one thing [Professor X] taught me, you can do it. I see you have potential. You have these goals. You have this in you. It's that you need to focus, and you can do it. Focus, don't let fear pull you down. Don't see anything in these, all these people are going through it the same. But maybe they don't show it. But if you close everything to yourself, you're going to fail. The one thing is that you're trying and you are doing your best. That really put me fair. I wrote things. Simple words. They really made me like, okay, I go home. She told me this, and I don't want to disappoint her . . . more especially, if it wasn't teacher, and friend in South Dakota I would have quit. (Mike)

If my friend is home, that is the social place I can go. And talk to him in a few minutes. Sometimes friend asks what accent like me, so he's from Ethiopia, English is his second language. Sometimes we don't even get along. They like, oh man! Sometimes the wife and kids are talking their language, I'd be like, what am I doing here? It really helped me a lot. (Mike)

Theme Summary

The theme "relationships" included the sub-themes of faculty, classmates, and clinical: patients and classmates, and language. Relationships were identified as both supportive and unsupportive and are described in the excerpts provided. Participants overcame barriers and challenges relating to relationships with optimistic determination.

Main Theme: Competing Demands

The theme "competing demands" was revealed as participants were asked to describe their nursing program experience. Participants identified a number of occurrences and situations that detracted from their studies. The participants' statements focused primarily on work and family responsibility, which are identified as sub-themes. The following statements illuminate the theme "competing demands."

Sub-Theme: Work. Eight of the nine participants reported working while they were enrolled in their nursing program, with six of the participants working more than

part-time. The following statements express the challenges participants faced while attempting to balance financial and academic responsibilities.

I used to work at [facility X] full time, and then full time for the school, which wasn't easy. It was very, very busy. You know, you feel a lot of frustration, but you know, I was working hard both at school and at work . . . my agreement with the place where I used to work was twenty hours. I used to work three, four, five days a week, ten hours, and then overnight. I had to spend all night there and then going back to school again. It wasn't good. (Dan)

So, I told you how I came here and I had to work to get the rest of my family even though I didn't really have time to be working sixty hours a pay period. (Debra)

Another challenge was balancing school and work. I was working full time on campus and I never had another off-campus job. Sometimes I would work the night shift, leave work at seven, come shower, be in class at eight, making it through with some coffee and dozing. (Emma)

Then while I was in the nursing program, I took classes for the certified nursing assistant, CNA. Then I worked as a CNA while I was going for my associate program. (John)

You know, my wife works full time, and I work only on the weekends, so I have more time to attend class and go to class on the week days and have more time to read. (John)

So it was a challenge on that I got that D because I didn't know, because the classes challenging, I had a job full time. Two. I had two jobs. Then I added this class as 12 credits. Then this biology I need to study. Then I'm going to the teacher, and I'm, like, tired from work. Then this lady that is teaching in front of me is telling me 1000 things about photosynthesis. Like what is this going on? And at other times I was doing a job and then my baby was born, so I can say it was pretty tough, but, you know. (Mike)

Participants voiced a number of reasons for working while enrolled in school. For some, family responsibility was the basis for their decision.

So, you know, I was trying to cover myself, even helping my family back home because I have massive responsibility back home. I used to take the refund and then send the money back home because they don't understand what's the challenge here. (Dan)

That never ends for us Africans. That's why it is very, very hard for us to go to nursing school and not work. Because not only do we have families here, but we also have families back home that we care for. (Katherine)

You know, as I told you, you come from Africa, people have this expectation. You are going away, you are going to send money back home. . . . And problem, like, my father was sick. Was misdiagnosed for cancer. Who was to pay? I was a CNA. Paying \$1300 every 21 days. . . . You need money, you need to save this daddy's life . . . and you feel like, oh, let me not pay my car today, send you the money so that it can help. (Mike)

Participants also voiced concerns over acquiring debt and identified this factor as their reason for working while enrolled in nursing school.

Just taking loans—loans and I would be, you know, I would be dead. (Dan).

I mean, take loans for everything that you expense in the school, but the impact or the consequence would be very much. Yeah, very much different. So I was trying to minimize. To take a limited amount of loans. And then to achieve it at the same time. For the nursing program that was. Otherwise, there wasn't any motivation. (Dan)

But I think for me it was like, you know what, I have to make it, and I don't want to sign a loan. Even it got to a point where it was so hard financially, and I went to speak to an advisor at my school, and she was like, [Emma], you've made it this far and you know what, we can sign a \$6,000 loan, you know, and then you could go on average gradually to \$20,000, and it would be awesome. I looked at her, and I don't think that is what I want. I mean, I took the forms, but when I went home I prayed about it and I said no, I don't want to do any loans. So I talked to my family, so how they could support me, and it was my goal to finish debt free. So financially that's a hurdle that I make sure I balanced, because I had to cut my hours at work, but then I would not have enough money and then I'm not able to register because you still have a hold, so that was something. (Emma)

Sub-Theme: Family Responsibilities. In addition to financial responsibilities, participants also experienced pressure to uphold family responsibilities. These responsibilities challenged the participants' ability to stay focused and made it difficult to dedicate time to studying.

This is an education. I have to study hard, forget. I used to miss, I had a longing to visit family members or friends here, but I can't. Just like missing my family. Even if they call me, I didn't have any communication with friends because I don't have time. I have to work, I have to go to school, I have to spend with my fiancée. (Dan)

So coming here was not only that I was by myself; I carried all of the problems from Africa. They were on my shoulders. . . . I wanted to fix them. Five years down the road, I tell you today, I look at back. I've done as much as I could. Because I come from a communal culture. So you feel like all the problem that you are they're there for you. You want to be the bridge to all those people. Be better. For the first time, somebody has died in my family was my father. And I was only 21. . . . Miles away. Every decision is expected from you. You are the power of attorney, you are everything because you live in the U.S., not because you are the all in the family, because you are in the U.S. You leave class, you getting phone calls from Africa. You would listen to the way he's breathing, he's going through all those things, you have a class test coming up. It's too much! I came back, stressed and depressed like no, what was I to do better. . . . So those things were the much stressor in my life. It's like, if I didn't have those luggages is from Africa, it is easier to concentrate. You know, like it's work to concentrate in class. So those are the areas we feel. We come with all those things. You feel like you are subjected to do things. Because at the moment you call your mama and she tells you all the problem in Africa. (Mike)

Overcoming Competing Demands Through Optimistic Determination

Participants offered the following comments when discussing how they coped with competing demands. In most cases, participants turned to internal motivation rather than reducing the number of hours worked or caregiving responsibilities. The descriptions that follow demonstrate optimism and determination to finish the nursing program.

So, you have to see this would be for a limited time. That's what I used to say to myself because I'm not going to live this way for the rest of my life. (Dan)

It was a short time, that was the biggest motivation I had because you know because I had a lot of friends, I had a lot of coworkers when I was in [x employer], and then within a short time I graduate and then I became a nurse, and then "come on man, while we were in coffee house you became

a nurse” and they were very surprised, they were shocked. You see the impact from the community. (Dan)

So, that’s when some of the reality came to me. I was like, okay, I’ve done five years, I was in school, was doing this, helping these people. They are not being helped. Wherever we didn’t get that like to be helped, I’m sorry. God help your people. I can do not much, but I gonna pray for them. That’s the best I can do. Because, I need myself too. (Mike)

One participant identified actions that led to a reduction in competing demands.

Then I spoke with my supervisor. So I told him, don’t give me more than twenty hours a week. I just want twenty hours. (Dan)

No participants identified specific support systems that assisted in competing demands.

Theme Summary

The third theme, competing priorities, identified heavy financial and family burdens that participants carried while enrolled in their nursing programs. The effect of these burdens on their nursing education experience was illuminated through the stories presented. Participants turned to optimistic determination to cope with competing demands.

Main Theme: Culture

Culture is defined as “the learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living” (Leininger, 2001, p. 95). When sharing their stories, participants identified a number of cultural elements that influenced their perceptions and impacted their performance within their nursing education. In addition to specific cultural practices that participants identified, four sub-themes were identified and include (1) cultural competency, (2) motivation, (3) view of nursing, and (4) view of education. These themes and sub-themes are demonstrated in the following excerpts.

Sub-theme: Cultural competency. Cultural competency is defined as the ability to function within the cultural context of the beliefs and values of a specific community (Office of Minority Health, 2013). In the following excerpts, participants describe their ability to function within the educational environment in which beliefs and values differed.

I think it was different, and cultural competency, I think, is a big thing for minorities. Because there are things that are considered taboo: being gay is taboo for an African. I remember this time when I had just immigrated, and it was my nursing assistant class, and I was going to Subway. So I'm walking to Subway and I'm holding this guy's hand, so the guy gets upset with me and says, you know you cannot be holding my hand, you cannot be doing this stuff. So I think there are some things that immigrants need to learn to become cultural competency and the differentiation between religion and school, because being brought up in a society where religion is drilled into you in school. You have a religious class, so religion is pretty much incorporated in the schools. So things like the nursing home: from an African perspective, there is no nursing homes. People care for their parents at home, so there is a lot of things that you get shocked, you know. Looking you straight in the eye is another thing. From an African perspective, an older person, you cannot look them straight in the eye. You need to look down, and that might be viewed from a Western perspective that you are either lying or you are not being out straight forward. . . . So I had a tough time with, am I saying the right thing, or am I not saying the right thing. I am pretty hesitant to speak because I don't know if I'm saying the right thing or not. . . . I think it's just the cultural aspect of it, that's the biggest thing I took out of it. Until today I was, I'm still learning and growing, trying to understand, because sometimes to somebody like you, it sounds like second nature because you were born here and you are used to it, so it's something that you don't even think of, it's subconscious and you just do it. But me, I have to think twice or three times before I say something or engage something, and if somebody like what the? I feel like, did I say something wrong, and now I am nervous that I said something wrong. For example, my first classes, say that someone would give me a rub and people were laughing in class, and I was like, oh okay. (Charlie)

We have different culture, you know. As Americans, you are expected to establish eye contact when talking to somebody, but in our culture you know, it is a sign of rudeness, you know, if you continuously stare on somebody. People think that you are disrespecting them or undermining them if you continuously, but here they misinterpret that as lack of

confidence, lack of knowledge, you are trying to run away from things you know. (John)

Sub-theme: Motivation. The sub-theme motivation emerged as participants shared experiences and circumstances that inspired them to pursue nursing as a career. This inspiration was a motivational factor in their success. Participants described previous experiences with an educational system that offered little choice in career path. As a result, they expressed gratitude in their ability to choose a career that they felt was their calling.

I wanted to do medicine originally from back home, but I was really a teenager, you know. You get started in the lifestyle of life, and you start doing partying all the time, you're going after girls, it's just you get distracted from your view and focus, despite my father wanting us to become physicians. So I ended up distracting from that goal and doing a lot of partying. So after I graduated from high school, there the grades, it's not like America. There is a national-wide test, and that test determines whether which career you will go. So my tests weren't good enough, so I decided pursuing pharmacy technician, and then we got a lottery visa, so we came to the United States, but my brother was here before me. . . . So he is the one who say, you know, okay we'll do nursing. Nursing is good because, number one, it's flexible. You can be able to read, go to school, and still work. You can go morning, you can go nights, you can even go PM. So it will introduce you to medicine quickly because you'll get to see exactly what was done, and that's the reason I went and took nursing as my undergraduate part of medicine. (Charlie)

My passion to be a nurse started a long way back when I had an infection. . . . So in the process, when you come from a poor family whereby people are ignorant, they even say that you are bewitched. So I went to the hospital where nobody understands what is going on, so they kept on just giving me injections. I don't know what kind of injections they were giving me. I remember it was a shot, like, I don't know. They give me like around ten shots, and I was ten years old, so I started limping. My leg was this big. After three months, the small bone just started coming from the wound. That's when one of my cousins who lives in Texas, he works in the operation room. He used to be, like, a sergeant in Africa. Right now he is just an aid in the operation room. He was the one who came to the village and was like, why are you doing to this kid, like, this he asked my dad. My dad told him, I don't know what to do. So he had to take me from

the village into the city, where he used to work. That was when I think I was given Augmentin. I was given an antibiotic, and after a month I was done. . . . Yeah, I almost lost the leg, because ignorance was contributing much. Because people don't know. . . . They don't understand of the infection and the sanitary things. So many things are like substandard, not like there. Small things like mosquitos kills people, malaria kills people. So that thing inspired me so, like, okay what can I do to help another person? I would see everything coming from one he comes and washes my leg, cleans it up, does everything. It inspired me to think like what I need to do to myself. What can I do to help another person? (Mike)

So when I got here, education in Africa, it is different than it is here. Here you choose, over there they choose for you. They look at your grades. They say you are good in business, you are good in math, you need to do just [marketing]. It's not your passion. They choose for you, you don't choose for yourself, so that's when you go to the university, give your grades, and they look at your report, and then they say, okay, you, you're good in finance, that's how they choose. So when I come here, it's like, okay, I have the opportunity to do nothing again, okay, I hit the road. I said okay, I am going to do the exam, do everything. (Mike)

Nursing was my favorite career from the time I was young. Where I come from malaria is high, it is kind of more. We have seasons from May through August; it's always like malaria season. So I was sick and I had malaria, that typhoid, so I went to the hospital, and I was admitted for dehydration. And then on the admission I just, you know, I found the people who were taking care of me were so nice. They were really concerned about my wellbeing, you know, making sure I'm eating well, making sure asking me how I'm feeling. That kind of get into my mind that this looks to be a really nice profession, so after that I decided, I think when I grow up, I want to become a nurse. The reason why I didn't kind of like the doctor part, the doctor would come, assess me, and just go away. No more questions—do you have pain? Such kind of question. . . . You know, it was kind of a short stay. But the people spend more time with were the nurses, so I kind of felt it was important for me to be a nurse so I can care for people. (Ryan)

When I was in my second year of college, they introduced Bachelor of Science in nursing, but it was expensive, really expensive for me to go through, so. When you finish your education in my country, we have national exams that we do at high school. So and then they select the best top students, so if it depends. If you have an A you go for medicine. If you have an A minus you go for the pharmacy. If you have a B plus (that was the score that I had) you go for things like a Bachelor of Science,

biochemistry, you become a teacher and stuff. You don't have too much choices because that is the way the system is. . . . And I was lucky, they said I was selected, so when I came here, I was like, RN is what I want to do, and that is why I started to pursue nursing. (Ryan)

Sub-theme: View of nursing. As participants shared their stories about nursing education, they also shared a different perspective of nursing practice. This perspective impacted their understanding of the role of the nurse in the United States. Two participants described the nurse's role as more autonomous in their home country.

I felt like, because back in Kenya the nurses do a lot more. They deliver babies, they do suturing, and it's more almost like a physician. The physician is there just to oversee that things are going pretty smoothly. So the work the nurse does back in Africa is really, really, really intense, more than the scope of the nurse in America. So I felt, wow, this is going to be a big undertaking for me as a nurse. Coming to the U.S. and seeing the scope and seeing the limitations, and there is a lot of limitations, I felt a nurse in America, it's a good career, you give a lot of service, but there is a lot of limitation towards autonomy, which I think it's good to some degree, but at least some autonomy needs to be granted to nurses. (Charlie)

It's like, you know, it's quite different. I don't really know how it is now over there. I guess I heard that a lot of the schools here now are becoming sister programs to schools over there. But, like, the nurses in Liberia when I was growing up, they did a lot more stuff than nurses do here. . . . So they don't have a lot of these, like, you know, practice guidelines where, oh, this nurse's scope of practice, so you can't do that. Nurses over in Liberia, I swear to God, a lot of them are practicing like nurse practitioners or even MDs. Like, they're the ones in the communities, they're your first line. You'll see the doctor if the nurse can't help you. Right, you know. So, you know, they're delivering babies. They're, like, starting you IVs, you know. I mean, they're doing like literally everything. They're doing like minor procedures and stuff like that . . . Yeah. The nurses, they run the pharmacy and the neighborhood clinics or whatever. . . . This is a lot more restricted; I mean, you can get in trouble for saying hi to someone. (Debra)

Alternatively, two participants described nursing practice that is more complex than in their homeland.

And then there is a lot of responsibilities here too. It's much more responsibility here than the experience I had before. . . . And in the community, it's the same too. I mean, the American community have the knowledge. They know the medication they need to, you know. . . . So you have to compete. You have to be more knowledgeable to answer their questions, so you need more practice and you have to study; otherwise, even the community will challenge you, because they have basic knowledge. Even sometimes I learn from the patient. Yeah, it's true. They know the medication, they can tell you, okay, how old each is. Yeah, so, here the standard is different. . . . Yeah. You think, you know, the mindset is the same; okay nursing is—and then you think the same. And then at the same time, here, you know, everything is updated. Even this year would be different compared to next year. (Dan)

If I remained in Kenya and did not come here, I would have still been nursing in Kenya. It is almost like a totally different profession because they are seen as doctor's maid servants. It's not really deemed and given the esteem as it is here in this country, but I would have still done nursing. (Emma)

Sub-theme: View of education. When discussing their nursing education experience, participants offered examples of how education in their African homeland differed from education in the United States. These differences had an effect on the expectations that participants had for their nursing education. The following excerpts were offered by participants in relation to their view of education.

In America, people are gauged based on, I know the answer. The more questions you answer, the more intelligent you look, and the more smarter you look, and the better you look, like, you know, you're answering questions and you know more. But being raised in a society where you are told, you know, you have to be polite, you cannot be talking in front of your elders, so we are not gauged on participation, so you have to force yourself, you know, to answer questions. You are trying to compete with what you are taught not to do, so that's another thing that I struggled with, is trying to be out there, trying to answer questions, trying to be, to fight to be . . . (Charlie)

Oh, and then the educational system, the schooling system we have in our country, it doesn't fit with the American because we were more relaxed there. You are more relaxed, you have enough time. Sometimes you don't work, you just go to school and then enjoy. But here there is a lot of challenge. You have to live too. (Dan)

Especially when you were born in a village whereby education is not fast, like the one in the [Xtown]. You have a big challenge to jump. So for me, that was the case because I was not taught in the city. I was raised in the village. (Mike)

Actually, I did know, it was lack of, you know when you are doing bad, you don't want to be messing up with your grades. I didn't know how to withdraw from a class. So I think Africa, where we come from, there's one thing we lack. We lack to read instructions. I tell you, you be an instructor for a student from Africa, and um, that was one of the easiest thing which fails most African people. We don't read the instructions. Because we are not polished into reading instructions. You are given a paper, you are told it is essay just write what you know, and you are done. So I think, I went through an orientation, but some of the things were new. What's to withdraw? So, like, they said they set deadlines for withdrawing classes, I didn't know what it was. (Mike)

Coming from Africa, you know, I probably appreciated this more than my other classmates because, you know, I understand that, like, high school and grade school education here in America you kind of, like, you do it if you want to, and then you know everybody gets moved ahead. It's not like that in Africa. It's like totally authoritarian. You are the student, that's the teacher, the teacher tells you what to do, you will do what the teacher says, and if you don't do what the teacher says, you are out of here. And if you don't make the passing score, you're out of here. You don't get to go forward until you pass. (Debra)

In Africa, there are three things. In Africa, there are classes. Classes of people. Royal family, when you're poor, you're poor. There's no middle class. That when changes. Right now me and you, your college professor. I'm a student. We can't have this conversation in Africa. I could meet three secretaries before I meet you. And I couldn't have this time that you are interviewing me for one hour. (Mike)

Participants with a nursing or medical background discussed how their expectations for nursing education differed from their actual experience.

I had a nursing degree. I mean, even I was trying to be certified as a nurse with the associate degree, however, you know, they asked me to bring license and work experience, even the practice I did in back home wasn't enough to qualify for an associate degree in the United States, especially psychiatric and in other requirements. So, yeah, and then I decided to start from the beginning. . . . You know, nursing is pretty much the same, but at

the same time it is not the same. There is the public view of nursing and the teaching system of nursing. For example, when I was in back home, we had limited in theory content compared to the clinical practice. . . . Even when I was in Europe, you practice a lot. In the European union, they have the same teaching style. You have to spend a lot, a lot in clinical practice. . . . And then here clinical practice is very, very limited. It's very short and then you have a lot of things to do at the same time. You have a lot of assignments—there is a quiz, you are always overwhelmed. You are always on the go, busy, and then you have to catch, you know, you have to catch with the schedule. Sometimes, you know, I don't see even what we have and then. . . . So it's a little bit busy, and then it is more focused on theory. (Dan)

We knew, like, in just going to the high school over there, I think I was way advanced when it came to the sciences, and, you know, math and that kind of stuff compared to the American students here. Because coming here and they're like, oh you have to take biology, microbiology, and anatomy and physiology before you go to the nursing program. Whereas my stepmom was struggling through those classes, I kind of breezed through it. . . . And I'm like, what you're calling microbiology here, that's tenth grade biology where I come from. . . . And your general biology, that's what they do in seventh grade where I come from. You know, and the chemistry and the anatomy and physiology, we do this stuff in ninth and tenth grade. So by the time I get to the twelfth grade, I am doing stuff that your freshman and, you know, sophomore college students do here. (Debra)

I expected to be exposed more to this environment that I'm going to be working in. In Kenya, the exposure is a lot because I guess, you know, because the healthcare system is different, and the resources are more in terms of exposure to actual clinical setting and clinical work. (Emma)

Overcoming Cultural Barriers Through Optimistic Determination

Statements for overcoming cultural barriers were imbedded in previous comments. Participants overcame these barriers through an internal desire to learn the culture and be successful. The following statements demonstrate optimistic determination as they relate to culture:

You know, and I was just like, oh my God, thank you; you know, God Bless America, this is really you know, the country of opportunity. This would never happen in Africa, you know. (Debra)

I entered the class not with 0% working my way to 100%, but I entered with 100%, and if anything happened it would subtract, so kind of having

an optimistic perspective of my teachers, even if I was from a different culture, different accent, different everything. . . . I kept reminding myself nothing is permanent, nothing is permanent. . . . So I would say that was a point where I was discouraged in terms of you know, think big, think outside the box, and I made up my mind. (Emma)

And that is why I was like, I am not going to be discouraged. I'll fight on. It was more you become discouraged, and then you have to look the reason why you came to the problem in the first place. And then I always say to myself, anything that doesn't kill you will make you strong, and for sure I know it wasn't going to kill me, so it was going to make me strong, and the only way I could find my strong points were to lean on or to see in one person who doesn't like me, what about the other people. So I found that the people are kind of more receptive, willing to help me, so it was a time, it was only a season that's going to pass. I realize after that I was going to be fine. (Ryan)

Theme Summary

The theme culture described how different beliefs, values, and experiences influenced the participants' nursing education experience. Excerpts were provided to illuminate the sub-themes of cultural competency, motivation, view of nursing, and view of education. Participants overcame challenges relating to culture through optimistic determination

Chapter Summary

The lived experience of black African nurses educated within the United States was explained in four main themes of academics, relationships, competing demands, and culture. An additional 13 sub-themes were included within the descriptions. The essence of optimistic determination was demonstrated throughout the participants' statements. Combined, the essence, themes, and sub-themes provided an exhaustive description of the lived experience of black African nurses educated within the United States.

CHAPTER VI

DISCUSSION AND INTERPRETATION

The purpose of this phenomenological inquiry was to gain an understanding of how black African nurses experience nursing education within the United States. Through this research study, four main themes with 13 sub-themes revealed “optimistic determination” as the overall essence of the participants’ experiences. This chapter provides an interpretation of findings as they relate to the current literature and makes recommendations that guide nursing programs toward a culturally competent educational environment.

Findings as They Relate to the Current Literature

Despite the unprecedented growth of minority populations in the United States, the nursing profession has remained relatively homogenous. Nursing education has increased the number of minority students entering nursing programs. However, attrition rates for minority nursing students continue to be high. As the population grows in diversity, the need for nurses fluent in foreign languages and who understand minority values, traditions, and cultural practices will be essential in delivering culturally competent care. Improving the retention of minority nursing students is an important step in increasing the diversity of the nursing workforce.

Although several studies have identified barriers and challenges of minority students, few have addressed retention from an individual minority standpoint. Cultural competence in education requires that the unique characteristics of individuals’ values and beliefs be considered. Black Africans are among the fastest growing immigrant and

refugee populations in the United States, and literature relating to their experiences in nursing education in the United States is scarce.

The results of this study are unique. Through a review of the literature, this researcher was able to identify only one other published study related to nursing education that was restricted to a black African population. In some respects, one could say that this study builds on the findings of Sanner et al. (2002) by improving the generalizability of findings. Sanner et al. (2002) studied eight female Nigerian nursing students to determine how international students describe their experience in a single United States baccalaureate nursing program. In contrast, the participants in this study were both male and female, originated from various African countries, and were graduates of varying baccalaureate and associated degree nursing programs within the upper Midwest. Additionally, all study participants within this study were currently working as registered nurses, whereas the participants studied by Sanner et al. (2002) were recruited after successfully completing two nursing courses. Table 1 (appendix H) provides a comparison between this study and the 2002 study conducted by Sanner et al.

This author could find no other published studies that included a sample of exclusively black African nursing students. Therefore, findings from this study are also compared to studies relating to English-as-a-second-language (ESL), English-as-an-additional-language (EAL), and minority nursing students. Although many of these studies include black African participants, comparisons should be interpreted with caution. Some of the participants of this study did not identify themselves as ESL or EAL students because their primary language was English. Additionally, findings from the

comparison studies often included other minorities that likely influenced data through differences in cultural beliefs, values, and practices.

Overall Essence: Optimistic Determination

Optimistic determination was found to be the overall essence of the experience for participants in this study. When challenges in academics, relationships, culture, or competing demands arose, it was the participants' optimistic determination that helped them to succeed and accomplish their goals. Several studies relating to minority and ESL students confirm these findings.

Merriam-Webster Dictionaries (n.d.) defines *determination* as the firm or fixed intention to achieve a desired end. Batykefer-Evans (2013) studied the influence of non-cognitive variables on the intention of baccalaureate nursing students to complete their program of study. Minority students scored higher on their level of intention than non-minority students (Batykefer-Evans, 2013). Minority and ESL students persisted despite obstacles (Amaro et al., 2006; Sanner, 2002), and were described as self-motivated, optimistic, and determined (Amaro, Abriam-Yago, & Yoder, 2006; Mulready-Shick, 2013; Napierkowski & Pacquiao, 2010; Sanner et al., 2002; Starr, 2009).

The literature supports the findings from this study and suggest that optimistic determination is major factor in the success of black African nursing students.

Self-Efficacy as It Relates to Optimistic Determination

A primary focus of Bandura's social cognitive theory is self-efficacy. Bandura (1997) defines *self-efficacy* as an individual's belief in his or her ability to succeed in a particular situation. Concepts of self-efficacy are found within the definitions of optimism and determination. This researcher has chosen to use the terms used by

participants to identify the essence of the phenomenon. However, given the similarity in definitions, Bandura's (1997) theory of cognitive development is ideal for determining the origin of the participants' optimistic determination. Bandura (1997) proposed four sources of self-efficacy: enactive mastery experience, vicarious experiences, verbal persuasions, and physiological and affective states. Each source is discussed as it relates to the participants' experiences.

Enactive Mastery Experience. According to Bandura (1997), the mastery of experiences effects how individuals perceive new challenges. Mastery strengthens one's belief that he or she can be successful, while failures undermine this belief. With that said, individuals must experience some hardship in order to develop resiliency.

According to Bandura (1997), "a resilient sense of efficacy requires overcoming obstacles through perseverant effort" (p. 80). Many of the participants in this study shared stories of overcoming obstacles related to finances, living conditions, and education in their African homeland and the United States. According to Bandura (1997), this mastery assisted in the development of self-efficacy. As a result, students displayed optimism and determination in the face of challenges that they encountered in their nursing education.

Vicarious Experiences. The second source of self-efficacy, according to Bandura (1997), is vicarious experiences: "Modeling serves as an effective tool for promoting a sense of self-efficacy" (p. 86). When black African students see other black African and minority students succeed in nursing education, they are inspired and encouraged. Several participants discussed role models that were influential in their nursing education. Modeling was an important influence in participants' sense of optimistic determination.

According to Bandura (1997), “seeing or visualizing people similar to oneself perform successfully typically raises self-efficacy beliefs in observers that they possess the capabilities to master comparable activities” (p. 87). While discussing role models, participants identified with a similarity, whether it was gender, race, or ethnic background.

Verbal Persuasion. Bandura (1997) identified the third source of self-efficacy as verbal persuasion. Verbal persuasion involves receiving positive reinforcement that helps an individual overcome self-doubt. Bandura (1997) stated, “People who are persuaded verbally that they possess the capabilities to master given tasks are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when difficulties arise” (p. 101). Most participants spoke of a particular faculty member, employer, peer, or family member that provided positive reinforcement. This reinforcement strengthened participants’ optimistic determination.

Physiological and Affective States. The fourth and final source of self-efficacy identified by Bandura (1997) is physiological and affective states. An individual’s physiological state impacts their perception of the situation and their ability to achieve a desired goal (Bandura, 1997). For example, a nursing student who becomes extremely agitated while inserting an IV may develop a weak sense of self-efficacy in future situations involving IV insertions. Although this type of response diminishes an individual’s self-efficacy, the ability to effectively recover from stressful events can have the opposite effect (Bandura, 1997). This ability to mediate stressors implies that black African nursing students’ physiological responses to earlier experiences impacted their perception of their ability to overcome obstacles. Participants of this study identified

stressful experiences with health, relationships, and education in their African homeland. The effective mediation of these stressors contributed to the students' optimistic determination.

Theme One: Academics

As participants discussed their experiences with nursing education, topics relating to academic performance emerged within the theme "academics." Participants discussed aspects of testing, language, and technology. Although a search of the literature pertaining to African-born nursing students provided no results for the aforementioned sub-themes, the search did reveal a number of articles in relation to ESL and minority students. Findings from this study are consistent with this literature.

Language. When discussing academics, participants of this study identified the need to translate and process content into their native language in order to clearly understand concepts. This is consistent with several authors who have identified ESL and minority students' need for extra time for translation as a barrier for minority and ESL students (Caputi, Engelmann, & Stasinopoulos, 2006; Chiang, 2009; Olson, 2012; Starr, 2009;). Choi (2005) applied the Cummins model of language acquisition to ESL nursing students in order to explain this process. According to the Cummins model, language acquisition occurs in two stages. The first stage is identified as basic interpersonal communication skills (BICS), while the second stage is described as cognitive academic language proficiency (CALP; Cummins, 1983). In order to facilitate the transition from BICS to CALP, it is important for nursing students to explain nursing concepts in their native language, in addition to communicating them in English (Choi, 2005). This translation is an extra step for ESL and minority students and as such takes extra time.

In addition to the need for additional time, participants of this study identified difficulty with understanding slang words and other terms that were unique to the day-to-day English of the United States. Literature concerning ESL students reported similar difficulties (Bosher, 2009; Caputi et al., 2006; Wessling, 2003). In one example, a Hispanic student explained that the problem in testing was not due to the medical terminology or the concept, rather with the day-to-day English (Wessling, 2003).

Testing. Multiple-choice testing is the gold standard in nursing education and is the format of the national RN licensing exam. Participants of this study expressed difficulty with a multiple-choice format of assessment. This finding is consistent with the findings of previous studies. Multiple-choice testing was identified as a barrier by several authors (Bosher & Bowles, 2008; Brown, 2008; Caputi et al., 2006; Fernea, Gaines, Brathwaite, & Abdur-Rahman, 1994; Napierkowski & Pacquiao, 2010; Starr 2009). In some cases, participants identified the format of multiple-choice testing as new to them and described the use of essay and fill-in-the-blank as the sole means of assessment in their native country. This finding is consistent with the findings of authors studying ESL student barriers (Fernea et al., 1994; Napierkowski & Pacquiao, 2010). In addition to the format of testing, the participants in this study voiced difficulty with the critical thinking skills necessary to be successful on exams. Napierkowski and Pacquiao (2010) reported that students who had experience studying internationally were experienced in the memorization of facts. In addition, a meta-synthesis performed by Starr (2009) revealed that EAL students spend more time on “memorization of facts rather than on understanding concepts and abstractions” (p. 483).

The final area of difficulty in testing relates to bias. Klisch (1994) defines test-item bias as “test items that are slanted toward a specific group, and as a result discriminate against another group of examinees” (p. 36). Participants in this study identified specific examples where test items were slanted toward American culture. This type of bias is also referred to as cultural bias (Bosher, 2009). Bosher (2009) identified two additional areas of linguistic difficulties for ESL students. These difficulties are described as irrelevant difficulty, and linguistic/structural bias (Bosher, 2009).

Irrelevant difficulty relates to flaws in test items that are unrelated to content or the focus of the exam (Bosher, 2009). An example of irrelevant difficulty is a test item that requires the test-taker to complete the sentence. Other examples include those test items that include double negatives or best answer questions that use descriptive terms such as *least* or *most*. In a review of 73 test questions from a nursing textbook publisher’s test bank, Lampe and Tsao (2010) found that all items demonstrated flaws in irrelevant difficulty. Irrelevant difficulty is problematic for all students because it requires an additional amount of time for the student to determine what the question is asking. For ESL students, irrelevant difficulty is an added burden because, as discussed, they already need additional time to translate materials into their native language.

Linguistic/structural bias refers to unnecessary complexity in the stem or options within the exam question (Bosher, 2009). Two forms of linguistic/structural bias are embedded and reduced clauses, and unclear wording (Bosher, 2009). *Embedded and reduced clauses* can be described as run-on sentences with multiple ideas within one sentence. *Unclear wording* is described as uncommon terminology (Lampe & Tsao, 2010). As with irrelevant difficulty, questions with linguistic and structural bias require

extra time for students to understand what the question is asking. ESL students have the added challenge of translating these questions into their own language and are therefore stressed to complete these questions in the time allotted (Lampe & Tsaouse, 2010).

Technology. Technology was identified as the third and final sub-theme under academics. A few participants discussed an unfamiliarity and lack of experience with technology as a barrier to their nursing education success. Although institutional support was provided to learn the technology, speed was a factor in the ability to use the technology efficiently. Participants felt that American students had an advantage over them in terms of early exposure and years of practice. This is a new finding that is undocumented in the nursing literature. As the use of technology in nursing education increases, this is an area that may require further investigation.

Theme Two: Relationships

Participants within this study felt that relationships were an important part of the nursing education experience. When discussing relationships, participants told stories relating to faculty, classmates, and patients within the clinical setting. Relationships were described as both positive and negative. In all cases, language had a significant impact on the development of relationships.

Language. Previous studies have revealed language differences as the primary source of discrimination (Amaro et al., 2006; Gardner, 2005; Sanner et al., 2002). Participants in this study described feeling devalued and misunderstood as a result of their thick accents. Similar to findings from this study, Sanner et al. (2002) reported that participants felt that they were perceived as unintelligent and of no value in group

participation as a result of their strong accents. Mulready-Shick (2013) also reported that participants felt unappreciated and de-valued due the accent and language differences.

Faculty. The importance of student-faculty relationships in education has been studied extensively. It is well known that supportive relationships between faculty and students improve student retention and success. This is not a finding that is unique to black African nurses and applies to all nursing students regardless of ethnic or racial background (Cho & Auger, 2013; McEnroe-Petitte, 2011; Shelton, 2003). Although some participants of this study experienced discrimination at times, all valued their relationships with faculty and identified supportive faculty relationships as a contributing factor in both their motivation and success. These findings are consistent with the current literature (Amaro et al., 2006; Gardner, 2005; Starr, 2009).

When describing supportive faculty, most participants in these studies identified a specific faculty member that showed a particular interest in them, demonstrated caring behaviors, and/or accommodated their unique cultural needs or differences. Gardner (2005) reported that supportive faculty were described by participants as those who took an interest in, provided emotional support for, and treated them as individuals with unique needs. Similarly, Starr (2009) described supportive faculty as those who reach out, listen, and respect cultural differences. Similar to this study, participants of Amaro et al. (2006) described one particular faculty member that reached out to them and made a difference.

Although all participants in this study found support, motivation, and inspiration within their nursing faculty, a few participants experienced discrimination. Participants reported being passed over during class discussion and questioning. Additionally, some

participants felt that some nursing faculty were unapproachable and unwilling to accommodate cultural needs and differences. The meta-synthesis performed by Starr (2009) identified instances of discrimination and insensitivity from faculty. The findings from Wong, Seago, Keane, and Grumbach (2008) also support this finding. Authors reported that African American students had less interaction with faculty compared to other racial and ethnic groups. However, this comparison should be made with caution because it is unclear from the sample description whether the category of African American was inclusive of black African students or whether they were native to the United States.

Classmates. Similar to faculty relationships, participants of this study described relationships with peers as both positive and negative. Many participants encountered support both academically and socially from students within and without similar ethnic and racial lines. Amaro et al. (2006) described peer support as a “major pillar” of support for minority students (p. 252). Participants of this study provided a similar description of support in terms of study groups. Fernea et al. (1994) concluded that minority students prefer to study in groups. Mulready-Shick (2013) found that minority students focused on the establishment of relationships with peers as a response to feeling segregated or isolated. Although participants of this study worked hard to establish relationships, they often formed relationships with students of the same ethnic and racial background when they felt isolated. Several authors described negative interactions with peers as primarily a result of the language difficulties, as previously discussed (Amaro et al., 2006; Gardner, 2005; Mulready-Shick, 2013; Napierkowski & Pacquiao, 2013; Sanner et al., 2002; Starr 2009; Wong et al., 2008).

Clinical: Patients and Classmates. The final sub-theme of relationships discusses by participants pertained to clinical experiences. Participants described examples of patients who refused their care based on their racial background and language differences. Amaro et al. (2006) identified similar findings and stated that discrimination happened most frequently in the clinical setting. Although the participants of this study identified discrimination only in the form of patient interactions, the participants of the Amaro et al. (2006) study described unfavorable interactions with clinical staff and patients. Relationships with peers in the clinical setting were described in a more positive light both within this study and within the literature. The small-group nature of the clinical setting created an atmosphere of dependability among peers. As a result, participants of this study identified stronger peer relationships within the clinical setting. A student in Sanner et al. (2003) was quoted as saying, “It’s different when we are in clinical, we have to work together as a team” (p. 210).

Relationships are an important part of the lived experience for black African nursing students. Language plays a role in the development of relationships with faculty, peers, patients, and clinical staff. Although some participants described negative aspects of relationships, all found support from their peers and/or faculty. The evidence provided suggests that these findings are consistent with the current literature relating to minority and ESL nursing students.

Theme Three: Competing Demands

The third theme, competing demands, emerged while students were discussing aspects of their lives that competed with the time and attention needed for studying.

Participants spoke of work and family responsibilities. A search of the literature relating to ESL and minority nursing students produced similar findings.

Work. Nearly all of the participants in this study reported working at least part time while enrolled in their nursing program. Participants cited family obligations and living expenses as a basis for this decision. The studies relating to minority and ESL students reported similar findings. In general, minority and ESL students work while enrolled in academic programs and perceive this as a stressor on their academic progress (Amaro et al., 2006; Fernea et al., 1994; Mulready-Shick, 2013; Napierkowski & Pacquiao, 2010; Starr, 2009). In all cases, researchers identified family obligations and personal support as the motivating factor behind students' decision to work. Participants of this study provided a third rationale for working. Many participants voiced concern about taking out student loans and voiced a need to remain debt free. Although no studies reported this specific rationale for working, Starr (2009) concluded that minority and ESL students have a lack of financial aid. It could be assumed that a lack of financial aid would require students to take out loans. The fact that most ESL students are working at least part time provides support to the findings that this student population is not taking out loans to support an education.

Family responsibilities. Participants of this study discussed the burden of financially supporting family in their homeland. Mulready-Shick (2013) identified familial responsibility in participants' homeland as a stressor for ESL students. Napierkowski & Pacquiao (2010) reported similar findings. Additionally, participants of this study discussed the struggle of providing support for their family and children here in the United States. Amaro et al. (2006) reported that minority students continued to carry

most or all of the financial and care-giving responsibilities of the family. The meta-analysis performed by Starr (2009) concluded that many participants were single parents supporting other members of their family. Although no participants in this study identified themselves as single parents, many spoke of the expectation to care for family, both emotionally and financially, back in Africa.

Although many participants of this study spoke of family and work as a stressor, some denied that these factors were competing demands in their education. A few participants indicated that spouses took on more financial and care-giving responsibility in order to provide them with the time necessary to be successful in their nursing program. In addition, one participant reported that family members in Africa supported some of the participant's costs of education and living. Amaro et al. (2006) was the only author with similar findings and reported that some participants received financial and emotional support from family that helped to lessen competing demands.

ESL, minority, and black African nursing students have considerable stressors as a result of family and financial obligations. These stressors have an impact on the performance and success of this population in nursing education. Although some students receive support from spouses and family members, the majority balance the demands of being a provider and student. The results of this study are consistent with the literature.

Theme Four: Culture

While discussing their lived experience of nursing education, participants shared a number of cultural considerations that had both positive and negative effects on their progress and performance. *Culture* is defined as “the learned, shared and transmitted values, beliefs, norms and life way practices of a particular group that guide thinking,

decisions, and actions in patterned ways” (Leininger, 2001, p. 95). Participants of this study identified a number of cultural elements that influenced their perception and performance within their nursing education. In addition to specific cultural experiences, beliefs and practices influenced their motivation, their understanding of nursing as a profession, and their view of education.

Cultural competency. Participants of this study identified culture as the basis for fear in speaking up in class. In addition, respect for authority prevented participants from maintaining eye contact, reaching out to faculty, and being assertive in the classroom. Literature relating to minority and ESL students supported these findings (Amaro et al., 2006; Starr, 2009). Additionally, participants of this study discussed needing assistance navigating the educational systems in terms of applying for financial aid, withdrawing from classes, and meeting program requirements. The current literature supports the need for orientation and mentoring related to the education system (Starr, 2009).

Participants of this study discussed instances where culture influence how they acted in patient situations, and their understanding of nursing concepts, such as therapeutic communication, obstetrics, and mental health. In a meta-analysis, Starr (2009) concluded that culture can influence what a student learns and how a student perceives the information. In a systematic review of the literature, Olson (2012) concluded that “therapeutic communication is culture bound and requires the student to firmly understand American mainstream culture and terminology” (p. 30).

Motivation. Although there were similarities relating to the discussion of culture, there were several findings from this study that were undocumented in the literature pertaining to minority and ESL students. First, participants of this study discussed a rigid

educational system in their African homeland. This rigidity offered participants little choice in their career path. Participants were grateful for the opportunity to have a choice to pursue nursing in the United States. This freedom provided them with motivation and inspiration.

View of Nursing. Second, participants of this study discussed how nursing practices in their African homeland differed from the practice requirements they have experienced in the United States. Some participants experienced a much more autonomous environment in Africa, with a scope of practice that was non-existent. Others described the African nurse in a subordinate role with little responsibility. In either case, these cultural experiences impacted the participants' understanding of the role of the registered nurse in the United States.

View of Education. Finally, participants discussed how their expectations for their nursing education differed from their actual experience. Participants of this study expected their education to focus more on physiological concepts, provide more clinical time, and include advanced concepts in the sciences. These viewpoints were the result of previous educational experiences in their homeland.

Participants identified a number of examples of how culture plays a role in the nursing education experience. Some of the aspects of culture were documented in the literature pertaining to minority and ESL nursing students. However, several aspects of the participants experience were unique to black African nursing students and were new findings.

Implications for Nursing

The findings of this study offer several implications for the discipline of nursing. First, the research findings contribute to the science of nursing education by offering nursing faculty, nursing students, and researchers a better understanding of how black African students experience nursing education. It is especially important for faculty to recognize and appreciate the cultural differences of the black African student in order to provide a supportive and inclusive classroom environment. Leininger's (2001) theory of nursing provides a framework for the development of culturally competent nursing education practices. Leininger (2001) proposed that nursing care can be improved by considering the patient's culture. This recognition decreases stress and promotes recovery (Leininger, 2001). When translating this concept to the nursing classroom, it can be assumed that nursing education can also be improved by considering the student's culture. The literature and the findings of this study have demonstrated clearly that relationships with faculty are an important part of the education experience for black African nursing students. Leininger (2001) identified the need to recognize the fact that an individual's culture affects the nurse-patient relationship (Sitzman & Eichelberger, 2011). The same could be said for the faculty-student relationship. In many cases, participants identified supportive faculty as those who took a personal interest in them and their cultural differences. Several studies support this finding (Amaro et al., 2006; Batykefer-Evans, 2013; Gardner, 2005; Napierkowski and Pacquiao, 2010; Olson, 2012; Starr, 2009). Faculty need to reach out and take an interest in the black African student in order to form strong, supportive, and caring relationships. Reaching out includes very clearly asking black African students what their cultural experiences and preferences are in relation to education (Sitzman & Eichelberger, 2011).

Second, Leininger (as cited in Sizman & Eichelberger, 2011) described the culturally competent nurse as one who “incorporates the client’s personal, social, environmental, and cultural needs and beliefs into the plan of care whenever possible” (p. 97). Therefore, the culturally competent educator needs to do the same when planning learning activities for the black African student. Yoder (1996) identified five patterns of responding to ethnically diverse students that run along a continuum of low to high cultural awareness. In the first pattern, the generic pattern, educators work from a non-existent appreciation of cultural diversity and deny that ethnicity influences the educational process. In the second pattern, mainstreaming, faculty are culturally aware but attribute the problems of ethnically diverse students to the student’s knowledge deficit related to the dominant culture. In the mainstreaming pattern, faculty force the student to conform. In the third pattern, non-tolerant, the educator creates barriers for minority students by being unwilling to tolerate cultural differences. In the fourth approach, the struggling pattern, educators recognize the cultural differences and attempt but struggle to find ways to adapt to individual needs. They have moved from a lower to higher cultural-awareness level. In the fifth and final response pattern, bridging, faculty display a high level of cultural awareness and value diversity. They encourage students to “maintain their ethnic identity and function biculturally” (Yoder, 1996, p. 6).

A bridging faculty makes adjustments to meet students’ cultural needs and does not force the student to conform to the norms of the educational environment. In terms of the black African nursing students, this could mean possibly providing additional time for the translation of course content and exams, facilitating language development, providing advisement within the academic environment, and demonstrating caring and flexibility in

terms of family commitment and responsibilities. Although it is a natural tendency of a nurse to want to “fix” every situation, the findings from this study indicate that the most powerful contributor to the participant’s success comes from within.

The overall essence of the participants’ experience was optimistic determination. Using Bandura’s (1997) model of social cognitive develop, nursing educators can aid in the development of optimistic determination by reaching out to students and providing encouragement. Providing the black African student with a peer mentor of similar racial and ethnic background can establish modeling. Interventions that promote faculty relationships, boost self-confidence, and provide inspiration are likely to see the most favorable results.

Limitations

Participants in this study attended nursing programs in the upper Midwest. Therefore, results of this study may not be generalized to all regions of the country. In addition, not all African countries were represented in this study. Therefore, it is possible that nursing students from other African countries may provide different perspectives and experiences.

Recommendations for Further Research

Max van Manen (2007) described phenomenology as a method that “opens up possibilities for creating formative relations between being and acting” (p. 13). It is the hope of this researcher that findings from this research open up possibilities for implementing culturally competent care in the nursing classroom. Further studies are needed to explore the effects that the above-mentioned interventions have on the retention and success of black African nursing students. Further, because the results of

this study are an interpretation of this researcher, replication studies are important. It is this researcher's hope that this study is replicated with black African nurses in other parts of the United States, and that study samples are representative of all sub-Saharan African countries. Finally, because this study provided results that were unique to the black African population, it is this researcher's hope that future studies are conducted into the needs of other minority students so that culturally competent education can become a reality.

Chapter Summary

This chapter provided a discussion of the findings in relation to the current literature. Although literature pertaining to minority and ESL nursing students supported many of the findings, new findings unique to black African nursing students were presented. Included in the discussion were implications for nursing education, limitations, and recommendations for further research.

CONCLUSION

The purpose of this study was to determine how black African nurses experience nursing education within the United States. Nine participants volunteered to share their stories. Together, their stories resulted in the identification of four themes and 13 sub-themes that contribute to a rich description of the phenomenon. The essence of the phenomenon was optimistic determination. Participant validation provided evidence that the interpretation of the phenomenon was accurate. Understanding how black African nurses experience nursing education in the United States has implications for nursing education. This study provided evidence that black African nursing students have unique

needs. Because culturally competent nursing education has the ability to improve educational outcomes, faculty have a duty to recognize and accommodate these cultural differences to the best of their ability. Through this awareness, gains in the retention of black African nursing students, and a growth in nursing workforce diversity can be realized.

APPENDICES

APPENDIX A

SUMMARY OF LITERATURE

Reference	Description of Study	Results/Conclusion
REVIEW OF LITERATURE RELATED TO BLACK AFRICAN NURSES EDUCATED WITHIN THE UNITED STATES		
Black African Migration		
Migration Policy Institute, 2011	Expository	Presents current information related to migration patterns for black African immigrants; data related to employment, education, and health status of immigrants.
Remington, 2008 (Institute for Agriculture and Trade Policy)	Expository	Presents data and general information related to African immigrants living in Minnesota.
Terrazas, 2009	Expository	Presents data and general information related to African immigrants in the United States.
Workforce and Educational Diversity		
American Association of Colleges of Nursing, 2011	Expository	Identifies the need to increase diversity as a priority for the profession of nursing in the United States.
Brown & Marshall, 2008	Expository article	Identifies retention strategies for minority students. Strategies include mentoring, academic support, cultural competence education. Two years into implementation, the program has identified an increased enrollment, retention, success, and cultural competence.
Escallier & Fullerton, 2009	Expository article	Presents a review of literature related to retention

		strategies for diverse nursing students. Discusses the use of cultural competence in teaching, mentorship, and technology support to increase retention at Stony Brook University, Long Island, NY. Only slight improvements to retention were made and could not be attributed to the intervention strategies described.
Evans, 2007	Descriptive non-experimental design to identify student perception of the influence of a workforce diversity grant on retention. Questionnaires completed by 15 Hispanic/Latino and American Indian students	Found participants identified feelings of isolation despite receiving grant services and support. Participants regularly cared for patients from their own cultural background. Grant services were successful in boosting self-confidence of students. Grant services included mentoring, tutoring, financial support, counseling, and development of pipeline by recruitment at the middle-school level.
Gilchrist & Rector, 2007	Literature review	Concluded that a diverse nursing workforce is needed to address current health disparities within the U.S. Nursing programs must attract and support diverse students in order to build a diverse nursing workforce. Strategies for retention include tutoring, stipends, diversifying curriculum, aiding in time management, mentoring, and the early identification of problems.
National Advisory Council on Nurse Education and Practice, 2001	Report	Reports on the need for diversity to reduce health disparity and provide

		culturally competent care. Provides statistics relating to disparity in the nursing workforce.
National League for Nursing, 2012	Expository summary of findings from annual survey of schools of nursing 2010–2011	Provides current enrollment data related to racial-ethnic minorities.
Noone, 2008	Literature review	Addresses lack of diversity in the nursing workforce within the United States. A comprehensive approach is most often used for recruitment and retention of diverse students.
Sanner, Wilson, & Samson, 2002	Qualitative study to explore the perceptions and experiences of eight female Nigerian students enrolled in a baccalaureate nursing program	Identifies three themes: social isolation, resolved attitudes, and persistence despite perceived obstacles. Perceptions indicated that isolation was the result of not being American and the presence of foreign accent and difficulties understanding language and expressing oneself.
The Sullivan Commission, 2004	Expository	Provides data and conclusions regarding minorities within the healthcare workforce.
The United States Department of Health and Human Services, 2010	Non-experimental descriptive survey of 33,549 RNs employed within the United States	Provides information related to current racial/ethnic demographics of the RN workforce, RN graduates, and nursing student populations.
Wilson, Andrews, & Leners, 2006	Literature review	Addresses diversity trends within the United States, nursing profession, and educational setting. Mentoring is found to be a valid strategy to retain diverse populations.
Wilson, Sanner, & McAllister, 2010	A focus group methodology was used to evaluate perceptions of faculty a	Identifies three faculty themes: role modeling, caring, and academic

	faculty mentoring program; the study sample consisted of 10 faculty mentors and 10 student mentees from disadvantaged backgrounds	success. Three student themes identified were support system, enhanced perception of the nursing profession, and academic enrichment. Results supported the need to mentor disadvantaged students in programs of nursing.
African Immigrant Health Beliefs and Practices		
Adepoju, 2012	Qualitative micro-ethnographic study of the health beliefs and practices of Yoruba immigrants living in the United States; 13 males and three females participated in face-to-face and phone interviews	Concludes immigrants use a combination of traditional medicine, western medicine, and prayer when confronted with illness. The nature of the illness determines which approach is taken. Western medicine is typically used during emergency and preventative care as practiced in their homeland. When western medicine is unsuccessful in treatment or diagnosis traditional medicine is consulted. There is a general lack of trust relating to western practitioners. Prayers often supplemented western medicine approaches.
Buckley, Blanchard, & Neill, 2000	Literature review	Discusses the contributing factors to PTSD and discusses how PTSD affects vigilance and cognitive processes.
Carroll, Epstein, Fiscella, Volpe, Diaz, & Omar, 2007	A descriptive design was used to assess the experiences and beliefs of 34 Somali refugee women about health promotion and about health care services to prevent disease in the United States	Reports participants demonstrated good knowledge of U.S. preventative health guidelines including healthy diet, regular exercise, access to primary health care services, and avoidance of

		risky health behaviors such as alcohol and tobacco. Participants had low levels of understanding related to preventative health services such as cancer screening. Religion and spirituality played a major role in the adoption of health promotion beliefs and attitudes.
Murphy, Sahakian, O'Carroll, 1998	Expository	Identifies and discusses depression as a contributing factors in attention, short-term memory, and cognitive processes.
Palinkas, Pickwell, Brandstein, Clark, Hill, Moser, & Osman, 2003	Expository	Identifies access points for Somali and East African refugees, wellness beliefs and practices, and methods for health promotion and education.
Pavlish, Noor, Brandt, 2010	Qualitative social action design; six focus groups composed of 57 Somali women along with 11 key healthcare informants were interviewed	Concludes Somali view health and illness from a holistic perspective. Women expected a meaningful relationship with providers and had limited understanding of disease management. Somali women had clear expectation for diagnosis and cure when seen by providers. Language differences significantly impacted trust and relationship with providers.
Read, Emerson, & Tarlov, 2005	A descriptive non-experimental study to examine the heterogeneity of the black immigrant population within the United States in relation to health disparity; researchers used merged data from the National Health Interview	Reports the health profile of black Americans demonstrates heterogeneity with regard to country of origin with black immigrants from Africa reporting superior health over white Americans, and black immigrants from the

	Survey (NHIS); the sample included 85,707 U.S.-born whites, 16,891 U.S.-born blacks, and 2015 foreign-born blacks; of the foreign-born blacks, 427 (21.2%) were born in Africa	West Indies and European nations.
Shelp, 2004	Descriptive, non-experimental design to measure the effectiveness of a Somali doula initiative; a survey of 26 registered nurses; an additional survey of 104 birth records from 2002–2004	Concludes nurses who worked with Somali doulas demonstrated greater levels of cultural competence and care. A reduction in caesarian birth was noted. Healthcare providers that shared similar cultures were effective in improving patient outcomes.
Simmelink, Lightfoot, Dube & Blevins, 2013	Qualitative study to understand the health beliefs of East African refugees in the Minneapolis, MN, area; 15 participants in two focus groups were interviewed	Concludes that refugees maintain strong cultural practices and beliefs related to religion, social support, food and traditional medicine. Healthy behaviors are challenged as acculturation occurs.
Tiong, Patel, Gardiner, Ryan, Linton, Walker, Scopel, Biggs, 2006	Descriptive quantitative study	Surveys the records of six general practice physicians in Australia to determine the most common health problems among African immigrants. Most common countries of origin were Sudan and Liberia. Most common problems noted were lack of vaccination, vitamin D and iron deficiency, GI infections, schistosomiasis, latent TB, and dental disease.
Vaughn & Holloway, 2010	Qualitative design to understand the health beliefs and practices of Africans and West Africans to better serve African immigrant children in Cincinnati; 10 West African	Reveals four themes: pediatric healthcare practice and expectations including barriers, cultural values and identity, health beliefs and traditions/customs, and quality of life.

	parents were interviewed	
Venters & Gany, 2010	Literature review	Summarizes findings related to health practices and beliefs of African Immigrants in relation to mortality, infectious disease, chronic disease, female circumcision, mental health, health insurance, nutrition, traditional medicine.
Nursing Practice in Africa		
van der Doef, Mbazzi, & Verhoeven, 2011	Cross-sectional descriptive design to explore job conditions, job satisfaction, somatic complaints, and burnout in East African nurses; the sample consisted of 309 female nurses working in both private and public hospitals within the countries of Kenya, Tanzania, and Uganda	Reveals East African nurses identified high levels of depersonalization and emotional exhaustion. However, higher levels of social support, decisional latitude, and sense of personal accomplishment were reported. East African nurses experience high levels of burnout according to Western definition.
REVIEW OF LITERATURE AS IT RELATES TO FINDINGS		
Academics		
Amaro, Abriam-Yago, & Yoder, 2006	Grounded theory study. 17 participants: 8 Asian, 4 Latino, 2 Portuguese, 1 African American, and 2 native African	Identifies academic needs as a major theme. Study workload and time needed for studies was identified as a barrier. Translation of nursing content to native language was necessary for understanding and takes additional time.
Brown, 2008	Mixed methods study of 35 ESL students enrolled in a baccalaureate nursing program. Participants were primarily from Africa (Ghana, Ethiopia, Nigeria, and Kenya) as well as from the Philippines, Vietnam, Mexico, Panama, and the Caribbean Islands	Reports that participants identified reading and interpreting multiple choice test questions as the most difficult aspect of the nursing program. Therapeutic communication is culture bound.

Caputi, Engelmann, & Stasinopoulus, 2006	Qualitative study of seven English-as-another-language nursing students enrolled in a single associate degree nursing program. Countries of origin include Poland, Mexico, China, and the Phillippines	Reports that participants identified timed tests as a barrier due to the time needed to translate material into their native language. Multiple choice testing was identified as a barrier along with the use of slang words and abbreviations in academic materials and lectures.
Fernea, Gaines, Brathwaite, & Abdur-Rahman, 1994	Descriptive study using entrance test data of 173 students in a baccalaureate nursing program. 24 participants were from Africa.	Concludes that the accent, habits, customs, and beliefs of culturally diverse students make them hesitant to speak up in class or actively participate in class discussions.
Mulready-Shick, 2013	Hermeunetic phenomenological study with six participants originating from Central America, South America, and Africa	Reports that participants identified learning medical terminology along with English language took more time. Language affected participant's confidence in asking questions and participating in class and approaching faculty for assistance.
Napierkowski & Pacquiao, 2010	Qualitative study to understand the perceptions of barriers to and facilitators of academic success. Sample consisted of 12 students enrolled in an accelerated BSN program.	Reports that participants discussed the need to translate information into their native language. Giving immediate response to questions was difficult because of the time needed to process the content in their native language. The need to translate material results in the need for additional time for studying and exams. Students had difficult with multiple-choice exams because their educational experience was based on essay type assessment and focused on

		memorization. Multiple-choice questions did not exist in their country of origin.
Starr, 2009	Meta-synthesis of 10 qualitative studies relating to educational issues of nursing students with English as an additional language (EAL)	Concludes that students who think and process in their native language require more time for testing and written work. Other academic challenges included lack of orientation to the academic setting, the need for study groups, and the volume of coursework.
Relationships		
Amaro, Abriam-Yago, & Yoder, 2006	Grounded theory study. 17 participants: 8 Asian, 4 Latino, 2 Portuguese, 1 African American, and 2 native African	Reports that very few participants experienced prejudice from faculty. Some experienced prejudice from classmates. Many encountered prejudice in the clinical setting. Participants identified language as the primary sources of discrimination. All participants received emotional and motivational support from nursing faculty and many identified one faculty member that reached out to them. Peer support was a “major pillar” of support for the participants. Relationships with peers, faculty, and family had both a positive and negative effect.
Cho & Auger, 2013	Quantitative survey of 156 public relations major students.	Concludes that students who have quality interactions with faculty are more satisfied with their academic department and program, have a greater commitment to the program, and demonstrate greater

		empowerment.
Fernea, Gaines, Brathwaite, & Abdur-Rahman, 1994	Descriptive study using entrance test data of 173 students in a baccalaureate nursing program. 24 participants were from Africa.	Concludes that culturally diverse student prefer learning in groups.
Gardner, 2005	Qualitative study of 15 minority baccalaureate nursing students. Sample included East Indian, Hispanic, Hmong, African American, African, Filipino, Nepalese, Vietnam, and Chinese students.	Concludes that participants experienced racial segregation due to cultural and language differences. Participants felt that White students perceived them as less valuable and as a result they felt de-valued. Participants described supportive faculty as those that took an interest in, provided emotional support, and treated them as an individual with unique needs.
McEnroe-Petitte, 2011	Expository	Argues for caring as a foundation for nursing curriculum. Faculty need to take a personal interest in at-risk students to bolster self-confidence in the students.
Mulready-Shick, 2013	Hermeunetic phenomenological study with six participants originating from Central America, South America, and Africa	Reports participants felt unappreciated and de-valued due to their accent and language differences. Participants focused on connecting with peers
Napierkowski & Pacquiao, 2010	Qualitative study to understand the perceptions of barriers to and facilitators of academic success. Sample consisted of 12 students enrolled in an accelerated BSN program.	Reports participants felt they lacked the social support of the family and meaningful social connections in general. Participants perceived faculty as unwilling/unable to understand their obligations. Faculty and student interest in participants' cultural differences provided

		affirmation, sense of belonging, and motivation Participants feared speaking up in class due to language and cultural differences.n.
Sanner, Wilson, & Samson, 2002	Qualitative study to explore the perceptions and experiences of 8 female Nigerian students enrolled in a baccalaureate nursing program.	Reports participants' strong accent contributes to social isolation both inside and outside of the classroom. Participants felt they were perceived as un-intelligent and of no value in group participation.
Shelton, 2003	Descriptive study to explore the relationships between students' perceived faculty support and retention. Samples consisted of 458 associate degree nursing students.	Concludes students who reported greater perceived faculty support were more likely to persist throughout the nursing program than those that withdrew either voluntarily or through failure.
Starr (2009)	Meta-synthesis of 10 qualitative studies relating to educational issues of nursing students with English as an additional language (EAL)	Concludes lack of language skills may lead classmates and faculty to believe EAL students are less intelligent. Participants also experienced social isolation in regard to peers, and insensitivity and discrimination from faculty. Participants described supportive faculty as those that reach out, listen, and respect cultural differences.
Wong, Seago, Keane, & Grumbach, 2008	Quantitative study to determine if race/ethnicity affect students' perceptions of Institutional, Dispositional, and Situational factors. 1,377 students from 12 california colleges and universities. Participants identified themselves as White, African American, Latino, Asian, Filipino, Southeast	Concludes African American students from all institution within the study had less interaction with faculty and peers. It is unclear whether the African American sample included black African students.

	Asian	
Competing Demands		
Amaro, Abriam-Yago, & Yoder, 2006	Grounded Theory study. 17 participants : 8 Asian, 4 Latino, 2 Portuguese, 1 African American, and 2 native African	Concludes participants continued to carry the most or all of the financial and care-giving responsibilities of family. Some participants received financial and emotional support from family that helped to lessen competing demands.
Fernea, Gaines, Brathwaite, & Abdur-Rahman, 1994	Descriptive study using entrance test data of 173 students in a baccalaureate nursing program. 24 participants were from Africa	Concludes culturally diverse participants had significantly more perceived family and workplace stressors than American-born students. African students discussed strong ties to family in homeland.
Mulready-Shick, 2013	Hermeunetic phenomenological study with six participants originating from Central America, South America, and Africa	Reports participants recognized the impact of work on their academic progress and reduced work hours to be more successful. Familial responsibility in the homeland was a stressor for participants.
Napierkowski & Pacquiao, 2010	Qualitative study to understand the perceptions of barriers to and facilitators of academic success. Sample consisted of 12 students enrolled in an accelerated BSN program	Reports obligation to care for and support family back home was identified as a competing demand.
Starr, 2009	Meta-synthesis of 10 qualitative studies relating to educational issues of nursing students with English as an additional language (EAL)	Report lack of financial support and financial aid required students to work and was identified as a challenge to educational success. Many participants were single parents or supporting other members of their family.
Culture		
Amaro, Abriam-Yago, &	Grounded Theory study. 17	Conclude speaking up and

Yoder, 2006	participants : 8 Asian, 4 Latino, 2 Portuguese, 1 African American, and 2 native African	being assertive in asking questions can be perceived as rude in their culture.
Olson, 2012	Systematic review of literature concerning ESL nursing student success	Conclude culture and language differences resulted in students feeling apprehensive to participate. Therapeutic communication is influenced by culture and can affect performance on exams.
Starr, 2009	Meta-synthesis of 10 qualitative studies relating to educational issues of nursing students with English as an additional language (EAL)	Conclude culture can influence what students learn and how they respond to the information being presented. Cultural differences made it difficult for participants to speak up and be assertive in class.
Optimistic Determination		
Amaro, Abriam-Yago, & Yoder, 2006	Grounded Theory study. 17 participants : 8 Asian, 4 Latino, 2 Portuguese, 1 African American, and 2 native African	Report all participants demonstrated self-motivation and determination as a means of coping with barriers. Participants persisted despite obstacles.
Batykefer-Evans, 2013	Exploratory survey to explore the predictive value of non-cognitive variables on the intention of minority baccalaureate students	Report minority students had higher intention to complete their nursing program than non-minorities.
Mulready-Shick, 2013	Hermeunetic phenomenological study with six participants originating from Central America, South America, and Africa	Conclude participants overcame doubt and anxiety with acts of determination, diligence, and resolve to succeed.
Napierkowski & Pacquiao, 2010	Qualitative study to understand the perceptions of barriers to and facilitators of academic success. Sample consisted of 12 students enrolled in an accelerated BSN program.	Identifiy personal ambition and self-determination as facilitators of success.

Sanner, Wilson, & Samson, 2002	Qualitative study to explore the perceptions and experiences of 8 female Nigerian students enrolled in a baccalaureate nursing program.	Conclude participants demonstrated persistence despite obstacles and were internally motivated to assimilate with peers, and balance work and school. Optimism was displayed by “keeping an open mind” to challenges and barriers that occurred. Participants were described as hard-working, motivated, goal-oriented and determined.
Starr (2009)	Meta-synthesis of 10 qualitative studies relating to educational issues of nursing students with English as an additional language (EAL)	Identify participants’ inner strength and motivation as their greatest resource. Participants were described as self-motivated, and persistent.

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

1. Name: _____
2. Current Age: _____
3. How old were you when you first enrolled in a nursing program? _____
4. What brought you to the United States? _____
5. What is your country of origin? _____
6. How long have you lived in the United States? _____
7. How long had you lived in the United States when you first began your nursing education? _____
8. What was your pre-licensure nursing degree? (i.e., associate, baccalaureate, diploma) _____
9. Do you have a degree in fields other than Nursing?

Yes	No
-----	----

10. What was your primary language spoken while you were enrolled in a nursing program? _____
11. Did you speak any addition languages while you were enrolled in a nursing program?
 - a. If yes, list any additional languages spoken _____
12. Did you work while you were enrolled in a nursing program?
 - b. If yes, where and how many hours? _____

APPENDIX C

INTERVIEW QUESTIONS

1. Tell me about your nursing program experience.

Prompts

1. Tell me about your teachers, classmates, classes, and assignments.
2. What helped to support you in your nursing program?
3. How was your actual experience with your nursing education the same or different than your expectations for the program?
4. Tell me about a time when you felt particularly discouraged in your nursing education.

Follow up: How did you resolve this problem/situation/challenge?

5. Tell me about a time when you felt empowered/encouraged/inspired during your nursing education
6. What was your most significant accomplishment during your nursing education?

APPENDIX D

RECRUITMENT FLYER



African Nurses Wanted for Research Study

Inclusion Criteria

- An Immigrant or Refugee of Africa
Study participants will be required to be from a sub-Saharan country of Africa excluding South Africa.
- Completed Nursing Education in the United States
Study participants will be required to have graduated from a nursing program within the United States. Participation will be limited to participants completing a registered nurse program.
- Currently Working and Licensed as a Registered Nurse
Study Participants will be required to be currently employed as a registered nurse.

Do you have time to share your story about your nursing school experience?

My name is Amy Smith and I am faculty at the University of South Dakota, and a doctoral student at the University of Nevada, Las Vegas where I am conducting a research study titled, *"The Lived Experience of African Nurses Educated in the United States."*

Participants will have to agree to face-to-face, audio-taped interviews. The interviews will be held at a private location that is convenient to the participant.

A follow-up meeting will be used to clarify any errors verbatim transcription, misinterpretations of researcher regarding themes, and to allow participants the opportunity to add additional thoughts and insight.

Total anticipated time will be 2 hours. A **\$10 gift card** will be given at the end of the first meeting, and a **\$15 gift card** will be given at the end of the second meeting. I hope you will consider being part of this important study!

For additional questions or to participate contact Amy Smith: 507-440-2418 or amy.smith01@usd.edu

Tish Smyer, Faculty Chair: 702-895-5962

APPENDIX E

INFORMED CONSENT AND AUDIO TAPING CONSENT



INFORMED CONSENT

Department of School of Nursing

TITLE OF STUDY: The Lived Experience of Black African Nurses Educated in the United States.

INVESTIGATOR(S): Dr. Patricia Smyer, DNSc, RN

For questions or concerns about the study, you may contact Dr. Patricia Smyer at **702/895-5952**.

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 877-895-2794 or via email at IRB@unlv.edu.**

Purpose of the Study

You are invited to participate in a research study. The purpose of these study is to gain an understanding of how black African immigrant and refugee nurses experience nursing education within the United States.

Participants

You are being asked to participate in the study because you fit this criteria: have emigrated from a sub-Saharan African country and have graduated from a United States based undergraduate registered nurse program.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: Participants will agree to a face to face, audio-taped interview. In addition, the participants will agree to a follow-up interview which will be used to clarify any errors of the verbatim transcription, misinterpretations of researcher regarding themes, and allow

participants an opportunity to add any additional thoughts they may have had about their lived experiences. Participation is voluntary and confidential. Each interview will last approximately one hour and will be held at a private location that is convenient for the participant.

Benefits of Participation

There may not be direct benefits to you as a participant in this study. However, we hope to gain insight into factors that affect the recruitment and retention of black African immigrant and refugee nursing students in nursing programs in the United States. This information can help nurse educators and administrators to make targeted changes in curriculum and policies that support diverse students. Increasing the number of black African immigrant and refugee nurses is important to provide culturally sensitive care.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. Participants may experience some emotional discomfort while discussing the feelings associated with school experiences. There will be an assurance that the participants may withdraw from the study at any time without penalty. This is no risk for declining participation.

Cost /Compensation

There will not be financial cost to you to participate in this study. The study will take approximately 2 hours of your time. You will be compensated for your time through gift cards. A \$10.00 gift card will be given to you at the completion of the 1st interview. A \$15.00 gift card will be given to you at the completion of the 2nd interview.

Confidentiality

All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Participant Consent:

I have read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant

Date

Participant Name (Please Print)

Audio/Video Taping:

I agree to be audio or video taped for the purpose of this research study.

Signature of Participant

Date

Participant Name (Please Print)

APPENDIX F

DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

	Charlie	Dan	Debra	Emma	Grace	John	Katherine	Mike	Ryan
Sex	Male	Male	Female	Female	Female	Male	Female	Male	Male
Age *	25	33	22	19	26	31	36	27	30
Country of Origin	Kenya	Eritrea	Liberia	Kenya	Ethiopia	Ethiopia	Sierra Leone	Kenya	Kenya
Program Type	ASN	ASN	ASN	BSN	BSN	ASN	ASN	ASN	BSN
Years of Residency**	3	1	<1	< 1	2	1	5	1	1
Primary Language***	English	Tipripna	English	English	Amharic	Amharic	Mendé	Kiswahili, Kisii	Swahili
Reason for Immigration	Visa Lottery	Refugee	War	Study Purposes	Family	Diversity Visa	Family	Study and Work	Green Card
Other Degree	No	No	No	No	No	Yes	No	Yes	Yes
Hours Worked	Full Time	20 +/wk	60 hrs/ pay period	40/wk	0	24 hrs/ wk	16 hrs/ pay-period	Full Time	24/wk

*Age refers to the age of the participant at the start of their nursing program.

** Years of residency refers to the number of years the participant had lived in the United States when they began their nursing education.

***Primary language refers to the language participants spoke most frequently at the time they were enrolled in the nursing program.

APPENDIX G

IRB APPROVAL



Biomedical IRB – Exempt Review Deemed Exempt

DATE: October 11, 2013
TO: Dr. Patricia Snyder, Nursing
FROM: Office of Research Integrity – Human Subjects
RE: Notification of IRB Action
Protocol Title: The Lived Experience of Black African Nurses Educated within the United States
Protocol # 1309-4549

This memorandum is notification that the project referenced above has been reviewed as indicated in Federal regulatory statutes 45CFR46 and deemed exempt under 45 CFR 46.101(b)2.

PLEASE NOTE:

Upon Approval, the research team is responsible for conducting the research as stated in the exempt application reviewed by the ORI – HS and/or the IRB which shall include using the most recently submitted Informed Consent/Assent Forms (Information Sheet) and recruitment materials. The official versions of these forms are indicated by footer which contains the date exempted.

Any changes to the application may cause this project to require a different level of IRB review. Should any changes need to be made, please submit a **Modification Form**. When the above-referenced project has been completed, please submit a **Continuing Review/Progress Completion report** to notify ORI – HS of its closure.

If you have questions or require any assistance, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 895-2794.

Office of Research Integrity – Human Subjects
4505 Maryland Parkway • Box 451047 • Las Vegas, Nevada 89154-1047
(702) 895-2794 • FAX: (702) 895-0805

APPENDIX H

COMPARISON OF SANNER ET AL. (2002) AND SMITH (2014)

Criteria	Sanner, Wilson, & Samson (2002)	Smith (2014)
Sample	Eight female Nigerian baccalaureate nursing students	Nine practices nurses (4 female, 5 male) from Nigeria, Kenya, Ethiopia, Eritrea, and Sierra Leone. Pre-licensure education was at both associate degree and baccalaureate level programs.
Purpose	“To explore the perceptions and experiences of international nursing students after their junior year of study in a baccalaureate nursing program” (p. 206).	To gain an understanding of how black African nurses experience nursing education in the United States.
Themes	<u>Themes:</u> Social Isolation, Resolved Attitudes, Persistence Despite Perceived Obstacles	<u>Overall Essence:</u> Optimistic Determination. <u>Themes:</u> Academics, Relationships, Competing Demands, Culture
Comparison of Themes	Social Isolation <ul style="list-style-type: none"> • All participants identified social isolation and discrimination. • Social isolation occurred less often in small clinical settings. • Language differences prohibited students from becoming involved in classroom and extracurricular activities. • Participants felt American students perceived them as stupid due to language difficulties • Participants remained silent to avoid feeling uncomfortable. • No relationships with faculty were discussed. 	Relationships <ul style="list-style-type: none"> • Participants described both negative and positive relationships with classmates. • Participants described less discrimination and isolation in the clinical setting. • Language differences were the primary cause of relationship issues. • Some participants expressed that American students perceived them as stupid. • Participants remained silent or sought support from other minority students when they experienced discrimination. • Participants described positive and negative interactions with faculty. • Participants described supportive faculty as those who showed a personal interest in them and respected their culture.
	Resolved Attitudes <ul style="list-style-type: none"> • Participants resolved themselves that the attitudes of American students could not be changed. 	Optimistic Determination <ul style="list-style-type: none"> • Participants reported “going with the flow” when relationship difficulties arose.
	Persistence Despite Perceived Obstacles <ul style="list-style-type: none"> • Participants were determined to make necessary changes to be successful. • Participants maintained 	Optimistic Determination <ul style="list-style-type: none"> • Participants reported their main support came from within and was their determination and optimistic thinking that helped

	<p>persistence by keeping an open mind and accepting differences.</p>	<p>them to overcome obstacles.</p>
	<p>Persistence Despite Perceived Obstacles</p> <ul style="list-style-type: none"> • Participants worked in healthcare to gain experience and pay tuition. • Family obligations were not discussed. 	<p>Competing Demands</p> <ul style="list-style-type: none"> • Most participants worked at least part time to support themselves and their families in Africa. • Participants discussed family obligations as an additional stressor.
		<p>Culture</p> <ul style="list-style-type: none"> • Participants described early experiences with education and nursing. • Participants discussed family responsibilities in Africa.
		<p>Academics</p> <ul style="list-style-type: none"> • Multiple-choice testing was a difficulty for most participants. • Language differences resulted in participants needing more time to study and test. • Language and cultural differences made test questions difficult. • Some participants experienced difficulty with technology.

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