

MANAGEMENT OF FACILITATORS AND OBSTACLES EXPERIENCED BY
HISPANICS IN THEIR FIRST SEMESTER OF A BACCALAUREATE
NURSING PROGRAM

A DISSERTATION

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DEDICATION

For my husband William, who has exhibited patience, love, and support during my educational pursuits even when I wanted to quit. Also for our family - Mario and Stephanie, Randy and Aubrie for your love and inspiration to always pursue life with wonderment. Lastly, dedicated to my original family Mom, Dad, and Joe L for all the love and laughter.

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ABSTRACT

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MANAGEMENT OF FACILITATORS AND OBSTACLES EXPERIENCED BY HISPANICS IN THEIR FIRST SEMESTER OF A BACCALAUREATE NURSING PROGRAM

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The purpose of this grounded theory study was to explore how Hispanic nursing students enrolled in their first semester of a baccalaureate nursing program managed their academic activities in order to promote their academic success. This qualitative study identifies factors experienced by students as they adjust to become successful students. Grounded theory methods were used to explore and interpret students' perspectives regarding their academic journey, leading to the development of a model of Hispanic student progression through their initial nursing school semester. Focus group and individual interviews of 15 students were conducted at the beginning and end of their first semester in a baccalaureate nursing program. Interviews were coded to extract the essence of the students' experience. The students' perceptions, struggles, and adaptive processes leading to final success or failure at the end of the semester were examined.

A model delineating students' trajectories throughout the first semester was developed. Major model elements included Arrival, Managing, and Evaluation. Following each evaluation period students moved through a cycle of managing their continued academic progress that included either effective or ineffective academic responses. This study found family and financial issues were the two major areas of anxiety and concern

for these students. First generation Hispanic students felt they were at a disadvantage navigating through the maze of academics. Confidence and anxiety levels were directly correlated to the students' trajectory. The adaptive processes used by the students lead to successful or unsuccessful trajectories of course completion. Students who realized early on their trajectory that they were heading toward academic failure, sought help, and altered their behavior. These altered behaviors allowed them to be more likely to successfully complete the semester. Students who did not realize early on their trajectory that they were failing or failed to change their methods of academic preparation continued to experience the poor results and ultimately failed the semester. The more direct ownership and early interventions exhibited by the students' resulted in the ability to change their outcomes.

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CHAPTER I

INTRODUCTION

Hispanics are the largest growing minority population in the United States (U.S.). Nationally, Hispanics constitute 16% of the total U.S. population and embody 50.5 million people as of 2010 (U.S. Census Bureau [USCB], 2011). The growth of the Hispanic population from 2000 till 2010 was 43%, which is over four times that of all other ethnicities at 10% growth (USCB, 2011, pg. 2). The magnitude of the Hispanic population and the growth over the past 10 years are significant factors concerning the healthcare needs of the nation.

Evidence has linked the ethnic/racial makeup of healthcare professionals to the health disparities in a population (Gilliss, Powell, & Carter, 2010). Minority healthcare providers are more likely to work in minority rich environments (Gilliss et al., 2010). Minority patients have higher quality care when able to speak to a provider in their native language, which in turn increases adherence to programs and improves outcomes (Gilliss et al., 2010). Therefore, the nursing population should be reflective of the general population to best meet the needs of the community. The effect of increasing the number of native Hispanic baccalaureate student nurse (BSN) graduates would allow the provision of culturally responsive health care and help to eliminate health disparities.

Several health care organizations have identified concerns about the ethnic discrepancies of the nursing workforce and the influence of those disparities on patient care. The Institute of Medicine of the National Academies (IOM) report on the future of nursing recommended that in order to “improve the quality of patient care, a greater

emphasis must be placed on making the nursing workforce more diverse, particularly in the areas of gender and race/ethnicity” (IOM, 2010, pg. 2). This same concern has been expressed by other leading nursing organizations. The American Association of Colleges of Nursing (AACN) noted in 2012 there were 154,639 baccalaureates nursing students in the U.S. The racial composition of these students consisted of 72% White non-Hispanic origin while only 7% were of Hispanic origin (AACN, 2012). According to the Sullivan Commission report entitled *Missing Persons: Minorities in the Health Professions* (2004), racial and ethnicity equality of representation affects the nursing care delivered. The U.S. needs nurses who are culturally similar to the population they serve, and therefore understand the complexities and culture of the local population in order to provide optimal patient care. This aim is congruent with the stated goals of the U.S. government program *Healthy People 2020* (USHHS, 2011) and the IOM (2010) nursing report, which includes eliminating health disparities among various segments of the population.

The Texas Center for Nursing Workforce Studies (TCNWS) indicates that while Hispanics comprise 37.4% of the Texas general population, they represent only 12% of the professional nursing workforce (Texas Department of State Health Services [TDSHS], 2011). Currently, Hispanics represent 23.1% of the professional nursing students enrolled in Texas (USCB, 2011). These disproportional numbers of Hispanic nursing students, together with a 2010 Hispanic nursing workforce representation of only 12%, indicate the nursing population is not representative of the general population. This lack of correlation potentiates disparities in patient care (TDSHS, 2011). More Hispanic nurses and nursing students are needed to care for Texans. While the number of Hispanic Texan nursing students in baccalaureate of nursing programs is increasing, the

increase does not offset the current Hispanic nurse shortages or the growth occurring in the state's Hispanic population.

Initiatives are needed to increase the number of native Hispanic Texan baccalaureate nursing students that attend and graduate from Texas universities. It is important that native Hispanic Texans not only attend but also successfully graduate from baccalaureate nursing (BSN) programs. Increasing the number of Hispanics in nursing would strengthen the quantity and diversity of healthcare provided to Texas residents.

Research is needed to understand the educational perspectives of native Hispanic Texan nursing students. There is minimal research to explain the uniqueness of the Hispanic nursing student experience and no research specific to native Hispanic Texan nursing students. The rigor of nursing school presents barriers for all nursing students; however, there is no research specific to native Hispanic Texan students to provide insight on their experience. This population should represent almost half of all nursing students in Texas to meet the diversity recommendations of national organizations. Research concerning the lack of native Hispanic students entering the field of nursing and the ability of students to complete the rigorous program would provide understanding and opportunities for educators to increase the number of students entering nursing while also adding to pedagogical knowledge concerning the population.

Purpose of Study

The purpose of this grounded theory study was to examine the management of facilitators and obstacles experienced by Hispanic Texan baccalaureate of science

nursing students (HTBSNS) enrolled in their first semester of an undergraduate nursing program. Examining the process that occurs during the first nursing academic semester enabled identification of adaptive processes that students use as they progress through the program. The goal was to understand native Hispanic Texan nursing students' perspectives and perceived experiences. This examination of perspectives and the processes used to promote academic success facilitated developing a model to promote successful initiatives for future Hispanic Texan baccalaureate nursing students.

Rationale for the Study

When examining population demographics as well as demographics of nursing student enrollment, statistical evidence suggests there is, and will be, a widening disproportion of diversity in the Texas Hispanic nursing workforce compared to the Texas population as a whole. The Hispanic population is rapidly growing, outstripping other ethnic and racial groups while the growth of Hispanics in nursing education remains substantially lower (TDSHS, 2011). A culturally diverse nursing workforce is needed to understand the traditions, provide culturally congruent healthcare, promote bilingual understanding and promote healthcare in the context of the culture. This disproportion of Hispanic registered nurses and shortage of nurses adds to disparities of care for the residents of Texas. The need to decrease disparities of care is listed as a primary concern of the *Healthy People 2020* initiative (USHHS, 2011).

Hispanic nursing students face a number of obstacles while in their academic programs. Current literature indicates that Hispanic students have variances from other nursing student populations. There is a lack of information concerning the students' perception of the college experience and factors leading to unsuccessful completion of

nursing programs. Differences that need to be considered include financial needs, family issues, understanding and navigating the academic environment, mentoring, and cultural/discrimination issues (Alicea-Planas, 2009; Bond et al., 2008; Loftin, Newman, Gilden & Bond, 2012; Moceri, 2010; Sheils, 2010). Financial issues include increased needs of funds for more than tuition and books. Funding is needed for food and housing since the student is also responsible for other family members (Loftin et al., 2012; Evans, 2008). Other financial issues include assistance understanding the application process for scholarships and FAFSA forms. Students need assistance navigating through the financial maze of forms and where to look for funding (Moceri, 2010). Financial advisors are needed to assist because many of these students are first in the family to attend college and they do not have family mentors to assist them (Evans, 2008).

Family issues and expectations are another concern. The Hispanic family expectations must be changed so student can put nursing school and studying first instead of family obligations such as social events (Alicea-Planas 2009). Hispanics also need mentors and role models. There are few Hispanic faculty members to act as models for the students. Students need these mentors to promote success and provide professional examples of successful Hispanics (Alicea-Planas, 2009).

The college experience is different for the Hispanic student and research is needed to clarify the experience. More information is needed regarding the obstacles faced by Hispanic nursing students and their strategies to overcome these obstacles. Studies are needed to assess success throughout nursing school and retention in the profession. Multiple factors affect nursing students in recruitment, retention, and success

in nursing school and on licensure exams. Research in all areas of nursing education is needed. Factors such as family support, financial insecurity, faculty and staff support, mentorship, advising support and academic unpreparedness were common threads of the research findings. The study provided pedagogical information concerning Hispanics in nursing education. Findings will be used to promote faculty understanding of this special student population and provide needed information for increasing the academic success of Hispanic baccalaureate nursing students.

Philosophical Underpinnings

The philosophical underpinnings for this research were based on symbolic interactionism as interpreted by Charon (2010). The philosophical roots of this perspective include the works of Immanuel Kant, George Herbert Mead, and Herbert Blumer (1969). These philosophical underpinnings provided a sociological perspective for qualitative research. Symbolic interactionism is based in the pragmatist perspective and focuses on the dynamic nature of human beings engaging in behaviors that are based on past experiences, personal values, and beliefs. Pragmatists believe humans interpret the world according to values established by the person dictated from their life experiences. There is no real truth, only an interpretation of events based on the person experiencing the event.

A primary belief of symbolic interactionism is a person's freedom and ability to choose their actions or response to societal situations. Charon (2010) defines the concept of freedom as human's ability to:

- (1) Control their "thoughts and actions". Humans choose their behavioral responses to social activities. Humans are able to assess, think, and decide how they will behave.
- (2) Have a socialized self/actor, which can be controlled by the person. Everyone has a thinking self-reflective ability that controls the physical self. People are able to think about their behavior and their identity.
- (3) The actor can analyze situations and life events in the context of their experiences. The actor uses social tools or symbols to respond and interact with the environment.
- (4) The actor continually assesses and redefines their social construct. This allows the actor and self to plan behavior or responses to stimuli.

From a symbolic interactionist perspective, there are three social limitations to freedom concerning the actor. The first limitation is that situations provide constraints that affect the actor. The situation can only be manipulated to a certain extent because the history of the situation and other actor's perceptions also play a role. The second limitation is the actor does not always control or think about their behavior. There are human responses that are habits, spontaneous, and not always thought out. Finally, the actor's limited understanding due to education, exposure to information, or preconceptions that are not challenged but accepted and is self-limiting.

Human behavior consists of both covert and overt actions. The person responds to society covertly by internal dialog and interpretation of social events. The person's outwardly response is the overt expression of their symbolic interpretation. The use of symbolic interactionism perspective requires researchers to observe and question the actor in order to understand the meaning of terms, words, and symbols in their relation to social behavior.

Blumer (1969) described five principles of symbolic interactionism. When scientific investigations are performed, the researcher must understand the history, beliefs, language, and values of the actors. An understanding of the actor's reality is central to understanding the roots of their behaviors. The second principle is the importance of data gathering in the natural environment through observation. The researcher must use the perspective of the actor to understand the context, symbols, and behaviors of the interaction. Promoting storytelling and family histories help to understand the perspective of the actor. Third, the researcher seeks to understand how people define, act, and solve situations using empirical methodology. Investigators using symbolic interaction are challenged to define the root "cause" of behavior from the actor's perspective, while distinguishing freedom as a factor in the behavior. The fourth principle consists of breaking down social interactions and defining the meaning of the behaviors in the context of the actor. The scientist describes, names, interprets, and defines the meaning of social behavior between individuals. The fifth principle of symbolic interactionism relates to analyzing and defining the process of behaviors. Every behavior is examined, categorized, and defined into a process of thoughts, beliefs, understanding, and then responses.

Symbolic interactionism is a social perspective that can be applied to studying native Hispanic nursing students because of their shared experiences, communication, and culture. Native Hispanic Texans are a separate racial subgroup. Nursing students are also a social group with their own behaviors and interactions. The use of a sociological perspective that dissects the behaviors of social groups, individual freedoms, and the use of symbols helps us to understand the process of becoming a nursing student.

The nursing student experience is an interpretation of the students' own perspective, based on previous experiences, beliefs, and values. An understanding of the student's perspective including their interpretations and interactions with the environment provided the bases of this study. A person also has the ability to think and decide on a response dependent on their interactions with others in society. Therefore the behavior and adjustments made by the students in nursing school are a reflection of their perceptions and responses to the experience.

Research Question

The research question for this grounded theory study was: How do Native Hispanic Texan baccalaureate nursing students manage their academic activities in order to promote success during their first semester of the nursing program?

Definitional Orientation

Discerning who fits into the category of Hispanic is sometimes confusing. During the 2010 census, the U.S. Census Bureau (USCB) classification of race was determined using two questions one related to ethnicity and then the other race. For the question specific to ethnicity regarding the terminology of "Hispanic origin" by subgroups included

Mexican, Mexican American, Chicano, Puerto Rican, or Cuban (USCB, 2011). In this study, Hispanic baccalaureate of science nursing students (HBSNS) are nursing students who were born and raised in the United States, have at least one parent of Hispanic origin, and self-identify as Hispanic in ethnicity.

First semester baccalaureate nursing students are enrolled in the first semester of their junior year. They were accepted into the generic nursing program and were enrolled in the first semester of nursing classes including Fundamentals of Nursing Care, Health Assessment, and Nurse as therapeutic communicator. These students were first-degree students who have completed forty-five hours of core curriculum and a HESI A² examination (TAMUCC, 2013). Students were not limited by age, gender, or other factors.

Summary

The shifting demographics of the Hispanic population in the U.S. population provide an imperative for increasing the number of Hispanic nurses to serve as health care providers. Currently, Hispanic nurses are under-represented when compared to population demographics. One mechanism for increasing the number of Hispanic nurses is to enroll and successfully graduate Hispanic nursing students. This research provides a mechanism for understanding the Hispanic students' perspective of engaging in study in a baccalaureate nursing program. While the number of native Hispanic baccalaureate of nursing students in Texas is growing, research about their experiences is missing.

The use of grounded theory methodology, guided by symbolic interactionism, provided a perspective for identifying academic activities of barriers and facilitators specific to the native Hispanic nursing student. This study provided seminal scholarly

information of the academic experience from a growing student population and adds to the body of pedagogic knowledge concerning native Hispanic Texan nursing students.

CHAPTER II

LITERATURE REVIEW

This chapter presents a literature review regarding the difficulties Hispanic nursing students experience in educational programs. Using the PRISMA (2009) algorithm, a comprehensive literature review was conducted using CINAHL Plus, Health Reference Center-Academic, Health Source: Nursing /Academic edition (EBSCO), Medline, PubMed, PsychInfo, ProQuest, Academic Search Psychology and Behavioral Sciences collection, ERIC, ProQuest, and dissertations and theses databases. Results were narrowed and refined to include articles representing Hispanic students' perspectives regarding their educational experiences. The work below is a manuscript that was submitted to *Hispanic Health Care International* for review and potential publication (Appendix A).

Decreasing Health Disparities: Successfully Educating Hispanic Nursing Students

The composition of the U.S. population is undergoing a major demographic shift that will influence health care provision. Hispanics are the largest growing minority population in the United States (U.S.). According to the 2010 U.S. Census, the national Hispanic population has reached 50.5 million people and 16% of the total population (U.S. Census Bureau [USCB], 2011). Between 2000 and 2010, the Hispanic population grew by 43%, which is over four times all other ethnicities which grew at a rate of 10% (USCB, 2011, p. 2). The rapid growth of the Hispanic population represents a significant factor concerning the healthcare needs of the nation.

Evidence has linked health disparities in a population to the ethnic/racial makeup of healthcare professionals (Gilliss, Powell, & Carter, 2010). Minority healthcare providers are more likely to work in minority rich environments (Gilliss et al.). Higher quality care is linked to minority patients having the opportunity to speak to a provider in their native language, which in turn increases adherence to programs and improves outcomes (Gilliss et al.). To ensure quality of care, the nursing population should be reflective of the general population in order to best meet the needs of the community.

According to the Institute of Medicine (IOM)/Robert Wood Johnson Foundation (RWJF) report entitled *The Future of Nursing: Leading Change, Advancing Health* (2010) to “improve the quality of patient care, a greater emphasis must be placed on making the nursing workforce more diverse, particularly in the areas of gender and race/ethnicity” (IOM, 2010, p. 2). Other leading nursing organizations have expressed similar concerns. In 2012 the American Association of Colleges of Nursing indicated that of the 154,639 baccalaureates nursing students in the U.S. the racial composition of these students consisted of 72% White non-Hispanic origin compared to only 7% of Hispanic origin (AACN, 2012). The Sullivan Commission report entitled *Missing Persons: Minorities in the Health Professions* (2004) noted that racial and ethnicity equality of representation affects the nursing care delivered. In order to provide optimal patient care, the U.S. needs culturally similar nurses that appreciate the complexities and culture of local populations. Increasing the number of Hispanic baccalaureate of nursing graduates would allow the provision of culturally responsive healthcare and help to eliminate health disparities.

Significance and Purpose

When compared to Hispanics in the general U.S. population the number of Hispanic student nurses represents over a 7.4% deficit of upcoming future registered nurses (RWJF, 2010). This disproportion is further compounded because the current level of practicing Hispanic nursing staff in the U.S. is 1.7%, much lower than the 16% of Hispanics in the general population (RWJF, 2010; USCB, 2011). These statistics reveal a growing Hispanic population while the size of the Hispanic nursing population substantially lags behind in relation to the overall national population. To further compound the problem, there are insufficient numbers of future Hispanic nurses in the educational pipeline.

Healthy People 2020 (USHHS, 2011) indicates there is a need to decrease health care disparities in the U.S. Yet, a culturally diverse nursing workforce is needed to understand the traditions, provide culturally congruent healthcare, promote bilingual understanding, and promote healthcare in the context of the culture. This disproportion of Hispanic registered nurses adds to disparities of care for Hispanics.

Education plays a critical role in increasing the number of Hispanic nurses. Schools of nursing need to actively recruit Hispanic students and work to facilitate their success in educational programs and subsequent nursing licensure. This systematic literature review gathered research concerning Hispanic BSN students' experiences in college including the barriers and facilitators towards success. Students' adaptive process in completing nursing education programs and subsequent licensure success has direct implications for the future healthcare of the United States. Examination of this

student process is essential to understanding the Hispanic baccalaureate of science in nursing student (HBSNS).

Procedure

The design of the literature review followed the PRISMA 2009 algorithm (Liberati, Altman, Tetzlaff, Mulrow, Gøtzsche, Ioannidis, ... Moher, 2009) (Figure 1). Methodology for the systematic literature review followed the integration of concepts as algorithm steps which include identification of potential articles, screening of identified article abstracts, eligibility in which articles retained following abstract review are read and evaluated, and inclusion which consists of making a final decision about which articles are most relevant and should be included in the review.

Identification

The identified problem guiding the literature search was: How do Hispanic baccalaureate of nursing students manage the educational demands of their selected nursing program? Research exploring the students' perspective was emphasized.

With a focus on Hispanic nursing education, the following databases were searched: CINAHL Plus, Health Reference Center-Academic, Health Source: Nursing /Academic edition (EBSCO), Medline, PubMed, PsychInfo, ProQuest, Academic search complete psychology and Behavioral sciences collection, ERIC, ProQuest, and dissertations and theses databases. Key search terms included "nursing" and "education", and Hispanic". To include all forms of the word a truncation of "Hispan*" was used in the search. Additional limits included the term "baccalaureate" or "BSN" to specify the results. Terminology included Hispanics, Hispanic Americans, Latinos, and minorities combined with the Mesh terms education, nursing, and baccalaureate were

also searched. The search limitations included the years 2008 through 2013, United States articles, availability in English, and peer reviewed. The search identified forty-eight peer-reviewed articles that met the criteria. There are also twelve dissertations identified that met the search guidelines.

Screening

The sixty articles and dissertations abstracts were then reviewed for pertinence to the topic and categorized by the subtopics, Minorities, Hispanic specific, student participants, and university focused. The literature review produced quantitative as well as qualitative research findings including a metasynthesis of articles, qualitative descriptive interpretations, and a meta-ethnography. The articles identified barriers and support needed for retention of Hispanic nursing students in baccalaureate programs.

The majority of the studies consisted of institutional studies without the student voiced perspective. The largest sample was provided by the metasynthesis consisting of 164 participants (Alicea-Planas, 2009). Criteria for elimination of abstracts included associate degree registered nursing research, practicing registered nurses participants, registered nurses to baccalaureate degreed nurses. All duplicates were extracted by title, prior to abstract assessment. These abstracts were read in detail and thirty-five were excluded due to focus on the faculty or an incorrect population. Articles that were about minority nursing education but not Hispanic specific were also eliminated.

Eligibility

Articles and dissertations were selected by the information on the abstracts. After all the abstracts were assessed, twenty-five articles were then read in their entirety. All articles were peer reviewed and printed in national journals. The intended subjects

were baccalaureate of nursing students, self-identified as Hispanic (from any origin) and schooled in the United States. Articles that did not have the student perspective were excluded. Articles with a focus on BSN level students were included in the review.

The six included studies consisted of five journal articles and one dissertation, in which all the criteria were met. Studies included were all qualitative. One of the articles was a qualitative integrative review (Loftin et al., 2012) and another was a qualitative metasynthesis (Alicea-Planas, 2009). Relevant details of these articles were placed on an Excel spread sheet according to design and type of study, participants and settings, and data collection and synthesis (Figure 1). Once selected each article was reread and assessed for student perspectives, particularly for concerns encountered in their educational programs. The key terms of facilitators and obstacles were identified and a table was made to monitor frequency of occurrences. This allowed for not only the recognition of facilitators and obstacles but may suggest the importance of each in the educational process.

Findings

All the included studies are qualitative studies with data collection completed using interviews and/or focus groups. One study, (Sheils, 2010), focused on Puerto Rican Hispanics while the five other studies concentrated on Mexican American Hispanics (Alicea-Planas, 2009; Bond et al., 2008; Evans, 2008; Loftin, et al., 2012; Mocerri, 2010). Table 1 contains summaries of these studies. Each of the studies and literature reviews contained common elements.

Articles represented a geographic range from Washington state, the Northeast United States, and Texas (Bond, M.L. et al., 2008; Loftin, C. et al., 2012; Mocerri, J.T.,

2010; Sheils, C.A., 2010,). The metasynthesis and integrative review included studies from multiple locations, which were not specifically identified (Alicea-Plana, 2009; Loftin et al. 2012). There were a small number of participants in all the studies including sample sizes of six, twelve, thirteen, and fourteen students in each. The two integrative reviews represented larger numbers of participants (Alicea-Plana, 2009; Loftin et al. 2012).

Fourteen types of educational issues were derived from findings of these studies. Financial support and family issues were the most frequently mentioned factors. These factors can be both positive and negative factors towards student success. The second tier of concerns included a resolve to succeed, mentoring, emotional and moral support, advising, discrimination, and cultural competency. Less mentioned topics were isolation and loneliness, lack of academic preparation, professional socialization, lack of technical support, fear of failure, and increased need for flexibility.

Financial Support

Financial support was consistently listed as a major concern for students. Most of the students were listed as first generation college students and economically had a need for financial support. Many were primary financial support of themselves and others. Students are uncomfortable with taking out loans for education since this is not historically done in the Hispanic culture. Therefore students are working full time and taking a full load of classes. Students are many times the head of household and cannot take the time off to attend college exclusively.

Family

Family was listed second as a concern. Family is tied to the financial concerns due to students need to provide financial support for others. The student has family social obligations expected from them. There is an expectation for Hispanics to attend family functions and the need to study is not an acceptable excuse. Family can be both a positive and negative factor. The family is proud of the student and provides emotional support; however, there is a lack of understanding concerning the time and expense needed to achieve the academic goal of graduation. Students are still expected to maintain their role as a family member.

Second Tier Concerns

A resolve to succeed, mentoring, emotional and moral support, advising and academic support, cultural understanding and discrimination all were mentioned the same number of times. College is a new experience for many Hispanic families and guidance and support is needed to aid them through the application, financial aid, and new culture of academia. Other concerns were isolation and loneliness, lack of academic preparation, and little professional socialization. Students who miss their interaction with family need the support of new friends and fellow students who also understand the family and academic expectations. Students do not all come from the same level of education and therefore they do not all have the same academic preparedness or have the computer expertise needed to transition well into college. Students need assistance in transitioning into the healthcare role and need supportive systems to promote interaction with other students.

Less Frequently Mentioned Concerns

Concerns that were mentioned less often included the need for technical support; increase flexibility of class hours, professional socialization, and fear of failure. Technical support includes the importance of individual computer usage and maintenance.

Increased flexibility of class hours is important to the student who works forty hours along with attending school. Such students sometimes need due dates extended to meet their assignments. Professional socialization is the knowledge of the social norms both in the clinical setting and the classroom. Students are unsure when and whom to ask for assistance including the need to make appointments with professors. Fear of failure had no specific causes except an underlying fear of being the first and unsure they know enough to succeed.

Discussion

The 14 identified areas of concern regarding nursing education for Hispanic students indicate that college education is a new experience for many Hispanic students and their family. In light of these concerns, Hispanic students need assistance with all aspects of academic activities from filling out financial aid forms to behavioral expectations in the clinical setting. A resolve to succeed was a positive quality found in the students, but there is a need for academia to assist by providing advising and academic support, emotional and moral support, mentoring, and help with limiting discrimination while students increase their cultural competency. Students find themselves isolated and lonely, unprepared for the rigor of academia, and lacking in understanding of the professional socialization expectations. There is a steep learning curve students must maneuver upon entering nursing school. This learning curve includes learning new ways

to interact with their families so their family members understand the academic challenges they are faced with and the ways in which the family members can support them to be successful.

University administrators and faculty members who assess the identified areas and apply them in their programs can expect to increase the academic success of their Hispanic students. Instructors need to recognize that they are the role models that students look to and work to break down intimidating walls. Academia needs to realize each student brings a limited knowledge of how the academic system works. BSN students need technical support and may need flexibility with assignments because of their other commitments and poor academic preparedness.

Conclusions

Research about Hispanic nursing students has been limited since the mid-2000s. There is a lack of large or quantitative studies in the literature. There were more articles written about Hispanics in the 1990s and early 2000, but fewer articles have been recently published. The small number of studies concerning BSN students' obstacles to success is a concern. We now have a new generation of Hispanic students and there is a need to be mindful of their experiences and expectations. There are growing numbers of male Hispanics whose views have not been explored. Furthermore, the current Hispanic generation may have differences from that of the late 1990s and early 2000. Academia should adjust to the new generation and provide assistance to stop these issues from limiting students from completion of a diploma.

Many of the issues mentioned existed in the 1990s; yet they have not gone away. With the increase of Hispanic patients it is time for academia to take positive

action to promote academic success of Hispanic students. Academia needs to weave these concerning topics into orientation or classes since most students do not know who to ask or where to look for assistance. In order to decrease health disparities for all Hispanics, we need to provide a diverse nursing population that includes a proportional Hispanic representation. Working to increase the supply of Hispanic nursing students and to increase their academic success is instrumental to achieve this goal.

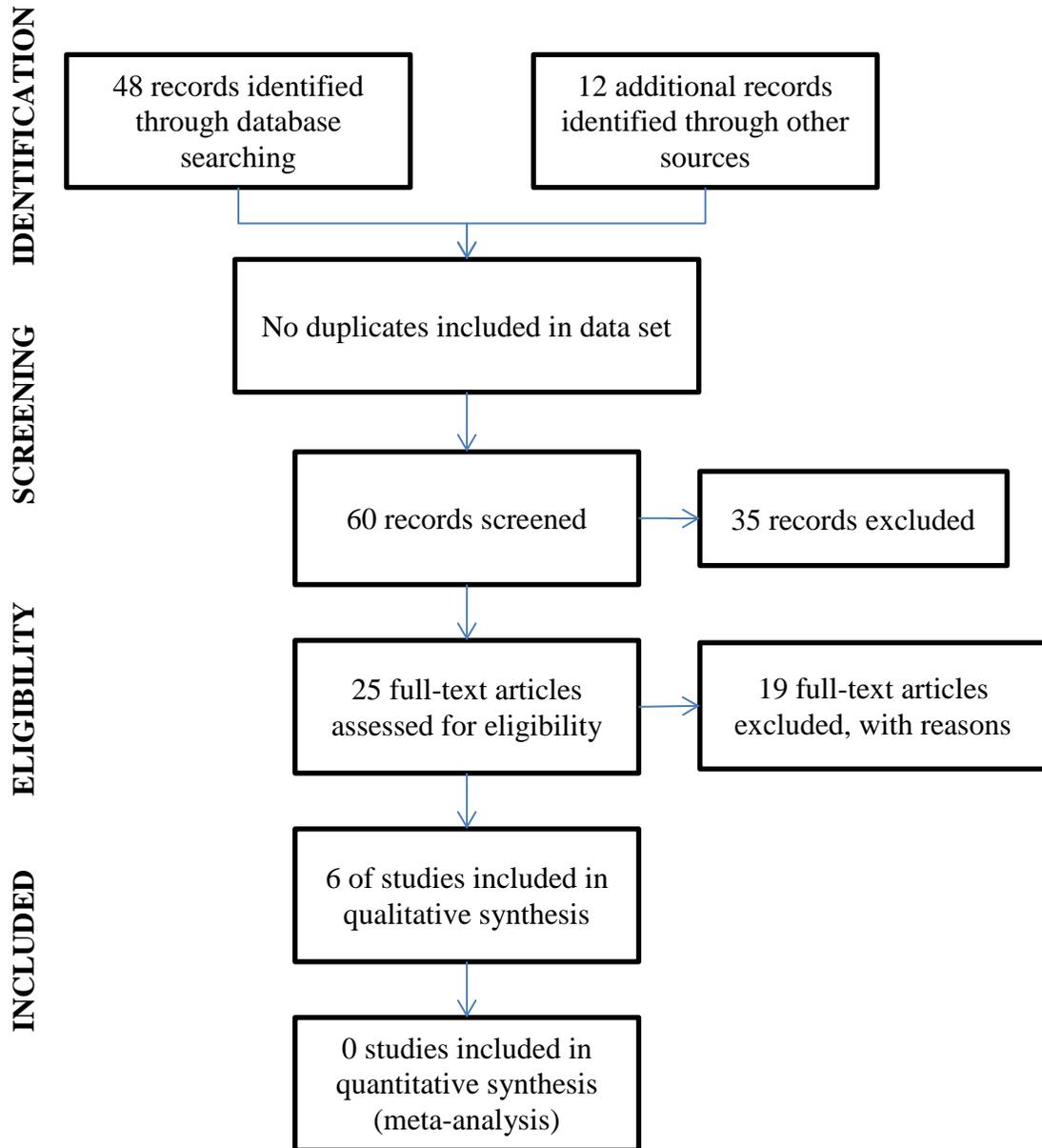


Figure 1. PRISMA flow diagram

Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gøtzsche PC, et al. (2009). The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration. [PLoS Med 6\(7\): e1000100. doi:10.1371/journal.pmed.1000100](https://doi.org/10.1371/journal.pmed.1000100)

Table 1

Summation of Qualitative Studies

Article Name	Design & Type of study	Participants & Settings	Data Collection & Synthesis
Alicea-Planas (2009). Hispanic nursing students' journey to success: A metasynthesis	Qualitative / metasynthesis of 12 studies (8 articles and 4 dissertations)	12 studies with total population = 164, made up of Mexican American students.	Success for Hispanic nursing students were dependent on factors including financial, family obligations, role models, personal experiences, and faculty /school support.
Bond et al. (2008). Voices of Hispanic Students in baccalaureate nursing programs: Are we listening?	Qualitative / Phenomenology research	Convenience sample of 14 Mexican American BSN students from 2 colleges in Texas	Financial support, advising, emotional and moral support, mentoring and professional socialization, technical support & personal determination. Application was supportive of the Model of institutional support for Hispanic students.
Evans, B. (2008). Attached at the umbilicus: Barriers to educational success for Hispanic/Latino and American Indian nursing students	Qualitative / Comparison descriptive, semi structured interviews.	N = 14; 12 Hispanic women and 2 American Indians located near Spokane, Washington. The study analyzing views of Anglo versus Hispanic/Latino & American Indian students in nursing program. It found differences between the expectations from	Semi structured interviews concerning how they were welcomed into the program, quality of peer relationships. Results were differences between the expectations from middle class and lower socioeconomic class. Hispanic viewpoint is much different concerning giving back to the community and the

		middle class and lower socioeconomic class.	family role. There is a need for emotional, financial, and peer support.
Loftin, C., Newman, S., Dumas, B., Gilden, G. & Bond, M.L. (2012). Perceived barriers to success for minority nursing students: An integrative review.	Integrative review 16 qualitative studies with BSN and ADN students	Both associate and baccalaureate degreed participants.	Financial support, emotional & moral support, isolation & loneliness, discrimination, family issues, advising & academic support, mentoring, professional socialization, technical support, new themes include resolve to succeed and cultural competence.
Moceri, J.T. (2010). Being Cabezona: Success strategies of Hispanic nursing students	Qualitative with descriptive interpretive interviews.	N=13. Located in Washington state. Focus groups and individual interviews in Pacific Northwest using convenience sampling	Findings include racism, need for mentoring support, increased flexibility, financial support, assistance with navigating, role models, and curricular content about issues of privilege and oppression in nursing programs.
Sheils, C.A. (2010). Latinas in the pipeline to baccalaureate prepared nursing: Challenges and supports in persistence to degree and professional licensure.	Qualitative ethnographic interviews	N = 6 Puerto Rican students in Northeast United States.	BSN barriers of Puerto Ricans found family, financial constraints, and academic under preparedness as key findings.

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CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The purpose of this grounded theory study was to explore how Native Hispanic Texan nursing students enrolled in a baccalaureate program managed barriers to academic success and the facilitating characteristics that promoted success. Grounded theory studies are done in order to develop a theory by breaking down all the interactions experienced in an event and then analyzing the small steps involved in the process to provide understanding. This grounded theory research design used group focus interviews at the beginning of the semester and individual interviews at the end of the semester to determine the process of behavior and social adjustment which affected the students' academic status. Findings from this study identified the evolving process that native Hispanic Texan baccalaureate students undergo during the first semester of their nursing program. This chapter presents information concerning the setting, sample selection criteria, protection of human subjects, data collection method, and data analysis.

Setting

The location for the research was a four-year state university located in urban South Texas. The general population of the University is upwards of ten thousand students and recognized as a Hispanic Serving Institution (Texas A & M University Corpus Christi, 2012). While out of state and international students compose a portion of the student body, the majority of students are in state residents (TAMUCC, 2012). The College of Nursing and Health Sciences maintains a thirty to forty percent Hispanic

population. The College of Nursing accepts students three times a year during the fall, spring, and summer semesters for a total of approximately two hundred to two hundred and sixty students per year. In the fall and spring semesters the university admits approximately one hundred students per semester and approximately 60 students for the summer semester. Students are admitted to the nursing program after completing two years of lower division pre-requisites. Therefore, students in the nursing program enter at the junior level.

Participants

The sample for this study consisted of first semester self-identified native Hispanic Texan nursing students in their junior year of college enrolled in the baccalaureate nursing program. Inclusion criteria for participants consisted of the following: (a) at least one parent of Hispanic descent, (b) born in the United States, and (3) raised in Texas. Country of Hispanic Origin was not considered. Theoretical sampling methods were used to identify potential study participants. In order to maintain an accurate representation of the college population the sample had a representation of fifteen to twenty percent male students.

Protection of Human Subjects

Compliance with the current rules and regulations of the Institutional Review Board (IRB) at Texas Woman's University as well as the primary research University was secured before the study began (Appendix B). Students were recruited during student orientation, given an explanation of the study, permitted to ask questions about the study, and sign a consent form. Students were also given the information and an email address for the investigator if they decided later to participate or change their mind

and withdraw from the research study. Participation had no bearing on students standing with the College of Nursing and Health Sciences or Texas Woman's University.

Participants were informed of their right to stop participation at any time and for any reason during the study. Students were informed that participation or non-participation would have no bearing to their standing with the University or their class grades.

Participants participated in focus groups and interviews conducted in a private room in the research lab. Each person involved in the research signed a confidentiality agreement. Each participant in the focus group was assigned a letter given for identification in order to increase confidentiality. The focus group interviews and the individual interviews were transcribed. All information and transcripts were kept in a locked office, with a password secured computer. All participants received a twenty dollar Target gift certificate upon completion of the consent and initial focus group interview. A second twenty dollar gift card was provided to all participants when the final interviews are completed.

Data Collection

The study had three aspects: recruitment, focus group participation, and an individual student interview. During recruitment purposeful and quota sampling was used for sample recruitment. Quota sampling was used to ensure an equivalent number of male participants were in the study as in the nursing class. Demographic data collection was obtained from the college demographic data form. This information included age, gender, parent's education, first generation, and birth parent ethnicity (Appendix C). At the end of the first nursing class, all students meeting the inclusion criteria were asked to stay so an explanation and request for volunteers could be made. Consent forms were

given to the students, time was provided for students to ask questions regarding the study, and a request was made for willing participants to sign the consent form. Participants were informed of a time and location for the focus group.

During the first week of the semester, students participated in a focus group interview with approximately five students in each group. Open-ended interview questions were utilized during the focus groups to assess the students' thoughts and expectations concerning nursing school (Appendix D). All participants were asked, if comfortable, to answer each of the questions. Each participant was allowed to comment or add to his or her answer after each student had answered the questions. As questions were asked, the students were requested to raise their hand to respond and identify themselves by assigned letter on their index card. This system was used to maintain confidentiality and correctly identify the participants on the digital recordings.

Participants were provided refreshments, access to a bathroom, and the ability to stop at any time during the one-hour interview. Participants were asked to elaborate on their responses to the open-ended questions. Two recorders were used to record the questions and answers. After the interviews were completed, the transcripts were transferred to the transcriptionist for written copies to be made.

The individual interview phase occurred at the end of the semester and was conducted one-on-one with the primary investigator. These interviews were scheduled before final exams at the students' convenience and before leaving the campus for the semester.

Questions on this semi-structured interview guide were specific to the process, barriers, and facilitators of success by native Hispanic Texan BSN students during the

first semester of nursing classes (Appendix E). The questions were modified with each completed interview to probe themes developing from the coding process. To increase understanding perspectives, participants were asked to provide examples of the themes emerging in the interviews. Participants were asked to clarify any unclear terms or expressions. Participants were asked to review the transcriptions and clarify any thoughts they felt were unclear. Participants were asked to verbalize their experiences through examples.

Data Analysis

The use of grounded theory research techniques based on Corbin and Strauss' (2008) methodology provided the framework for data collection and analysis. The final product is the evolution of concepts adapted from the summation of data collected (Becker, 1998). The questions were modified as the interviews evolved dependent on the emerging concepts.

Following transcription of each interview the primary researcher used line-by-line analysis to evaluate the raw data or properties (Corbin & Strauss, 2008). Open coding was used to identify areas of the text that were about the same concepts. Constant comparison was used to examine and maintain accuracy in the coding. Axial coding was used to interconnect and organize the concepts. Coding the emerging ideas was then reconstructed using quotes and examples. Then selective coding of raw data into concepts was then used as a framework to develop a theory of student evolution from generic novice student to a nursing student (Corbin & Strauss, 2008).

Scientific Rigor

Guba and Lincoln (1994) define the components of trustworthiness as credibility, dependability, confirmability, and transferability. These elements were supported within the design and implementation of the study. Credibility is promoted by selecting students who fit the inclusion criteria. Credibility included using the participants' own words in direct quotes to assure accuracy and believability. Dependability was met by having a thorough explanation of the data gathering and analytical methods. To insure confirmability field notes and audit trails were used. The use of digital recordings and providing the participants with opportunities to reread their answers from the first interview to allow for further clarification before the secondary interviews provided for confirmability. The constant comparison of field notes and emerging themes were used to understand the perception of the participants and search for congruence. To facilitate transferability, the investigator provided an in depth description of the sample and setting.

CHAPTER IV
MANAGEMENT OF FACILITATORS AND OBSTACLES EXPERIENCED BY
HISPANICS IN THEIR FIRST SEMESTER OF A BACCALAUREATE
NURSING PROGRAM

A Paper Submitted for Publication in
Hispanic Health Care International Journal

Diana Martinez Dolan, Anne Young, Sandra Cesario, and Lene Symes

The following paper is a manuscript submitted to the *Hispanic Health Care International* journal. The abstract is written in English and Spanish per the journals specifications. The editor's letter of acceptance for review is in Appendix F).

Abstract

Although an ethnically diverse workforce is believed to enhance patient care quality, Hispanics are under-represented in nursing. Recruiting and retaining Hispanic students in nursing programs is essential for greater workforce participation. This grounded theory study explored practices used by Hispanic nursing students to promote their academic success during the first semester of a baccalaureate of science in nursing (BSN) program. Fifteen Hispanic nursing students participated in focus groups and individual interviews. As students moved through their first semester, a trajectory of adaption was identified consisting of arrival, managing, and responding to evaluations. Finances, family dynamics, dealing with potential failure, and time management were significant factors.

Abstract in Spanish

Aunque se cree que una fuerza laboral étnicamente diversa mejora la calidad del cuidado del paciente, los hispanos están poco representados en el campo de enfermería. Reclutar y retener estudiantes hispanos en los programas de enfermería es esencial para una participación de mayor fuerza laboral. Este fundamentado proyecto teórico identifica el proceso vigente de los estudiantes hispanos de enfermería durante el primer semestre en el programa de bachillerato de ciencias en enfermería (BSN). El proyecto consta de 15 estudiantes tanto en grupos de enfoque como en entrevistas individuales. A medida que los estudiantes aprobaban el primer semestre, se identificaba una trayectoria de adaptación en relación a su llegada, manejo personal, evaluaciones, resultados exitosos y fallidos, y comportamientos resultantes. Los factores más significativos se relacionan con las finanzas, dinámica familiar, reconocimiento de un posible fracaso y manejo del tiempo.

Introduction

The ethnic composition of the United States (U.S.) is changing. One of the largest changes is the increase of the Hispanic population in contrast to the non-Hispanic Caucasian population. The U.S. 2010 census identified 16% of the total population as Hispanic (United States Census Bureau [USCB], 2011). Between 2000 and 2010 the Hispanic population growth was 43% while the population of other ethnicities grew by 10% (USCB, 2011). This growth has significant implications concerning national healthcare needs.

According to the Robert Wood Johnson Foundation (2010), Hispanics represent 14.4 percent of the population but only 1.7 percent of nurses. The current cohort of nursing students is not a reflection of the general population. The American Association of Colleges of Nursing (AACN) identified 7% of the 2011 generic baccalaureate students as Hispanic (AACN, 2012). The following fall only 6% of BSN nursing students were identified as Hispanic (National League of Nurses [NLN], 2014). The Sullivan Commission report entitled *Missing Persons: Minorities in the Health Professions* (2004), stated ethnicity and racial equality of representation has a direct effect on nursing care delivery. The Institute of Medicine of the National Academies (IOM) 2010 report, the *Future of Nursing*, calls for a diverse nursing workforce specifically in relation to sex and ethnicity (IOM, 2011). There is evidence linking the ethnic/racial makeup of healthcare professionals to health disparities in a community (Gilliss, Powell, & Carter, 2010). Healthcare providers from minorities are more likely to practice in a minority environment (Gilliss et al., 2010). When minority patients can speak the same language as the healthcare provider, adherence to treatment improves and better patient outcomes are reported (Gilliss et al., 2010). It is recommended that the nursing population be a reflection of the general population in order to decrease disparities and meet the needs of patients (AACN, 2012; Gilliss et al., 2010).

Many factors affect the retention and persistence of Hispanic BSN students. There are institutional as well as personal factors that influence these students. Walls (2011) found that self-efficacy was a factor for success; although other researchers did not find a similar association in studies of minority nursing students (Lewis, 2011; Peterson, 2009; Woods, 2010). Studies have shown that institutions need to provide

strong academic support such as advisors, faculty role models, and navigating assistance for first generation college students (Alicea-Plana, 2009; Bond, Gray, Baxley, Cason, Denke & Moon, 2008; Loftin et al., 2012; Mocerri, 2010; Sheils, 2010). Hispanic BSN students' success also depends on personal factors such as persistence and a supportive social connection (Bond et al., 2008; Bosch, Doshier, & Gess-Newsome, 2012; Wood, Saylor, & Cohen, 2009). Overarching factors influencing success were family obligations, finances, academic under-preparedness and being first in the family to attend college (Alicea-Plana, 2009; Bond et al., 2008; Evans, 2008; Loftin et al., 2012; Mocerri, 2010; Sheils, 2010).

The purpose of this study is to provide insight into the educational perspectives and processes used by Hispanic nursing students during their first nursing semester in order to improve student outcomes. Research findings concerning the retention of Hispanic nursing students in a rigorous nursing program would promote educators' understanding of student perspectives and provide knowledge that will support the development of effective strategies to retain Hispanic students. The research question addressed was: How do Hispanic BSN students manage their academic activities in order to promote success during their first semester of nursing school?

Methodology

Design

Grounded theory was chosen to provide insight into Hispanic students' expectations, experiences, perceptions, and behaviors exhibited throughout the first semester. Grounded theory is used to promote understanding of a process and the development of a theory. The framework for data collection and analysis was based on

Corbin and Strauss' methodology (Corbin & Strauss, 2008). Interviews were conducted and transcribed. Axial coding was used to explore the relationships between central ideas and to establish categories. Selective coding then systematically connected the core categories for theory development of the processes experienced by the students throughout the semester. The students' adaptive processes in response to adversity were noted in relationship to success or failure.

Data Collection

Following Institutional Review Board approval, the researcher discussed the proposed study with the fundamentals nursing class, which consisted of over 100 students, of whom 30-40% had Hispanic heritage. Those meeting the study criteria were provided with a general description of the study, including the limited risks involved, and then an invitation to participate was made. The inclusion criteria were having at least one parent of Hispanic origin, United States of America citizenship, fluency in English, and registration as a student in the first semester foundations nursing class. Interested participants were asked to provide an email address and sign up for an interview time. During the fall semester of 2013, 15 students participated in focus groups held the first week of class and then in individual interviews held the last week of the semester before finals.

The focus group interviews consisted of open-ended questions regarding the students' expectations, hopes, and plans for the semester. The students were asked to define success in the context of the upcoming semester. During the interviews at the end of the semester, the participants were asked open-ended questions to capture the essence and process of the individual students' experiences. Also, probing questions

were asked to identify possible hurdles on the road to successful completion of the semester. The opening remark was “tell me about your semester” and was followed by eleven more questions. Participants were asked to interject any thoughts they had concerning the semester at the end of the interviews.

The focus groups and individual interviews lasted less than one-hour each. Interviews were digitally recorded and transcribed. The resulting transcriptions were checked for accuracy by reading the transcript while listening to the recording. Transcripts were then coded using grounded theory methodology to identify the perceptions, experiences, and behaviors of the Hispanic nursing students. The process of identification and modification of student behaviors to achieve success were discussed. A gift card to Target was provided at the end of each interview as compensation for participation.

Trustworthiness

Trustworthiness was maintained using Lincoln and Guba’s framework (1985). Credibility was promoted by selecting students who fit the inclusion criteria and by the use of direct quotes to provide evidence that the findings were true to the participants’ meaning. Participants were asked to clarify any remarks or statements that were unclear. Dependability was supported through explanation of data gathering and analytical processes. Thick descriptions and details concerning engagement with participants addressed transferability. Confirmability was assured by the use of field notes and audit trails. Checking verbatim accuracy of the transcripts to the recordings also facilitated confirmability.

Participants

The sample consisted of 15 Hispanic students recruited from a first semester BSN nursing program in Texas. The research was conducted at a college of nursing within a public university system. Students' ages ranged from 20 to 32 with a mean age of 23.6 ($SD = 2.38$) years. Students self-identified themselves as Hispanics and met the study criteria as stated orally and also provided on the signed consent. Prior education varied from a general educational development (G.E.D.) completion to post baccalaureate degree status. Students had completed all prerequisites and were academically considered juniors in college. Two (13%) students were male which reflects the general male population in the college of nursing. Three (20%) of the students were repeating the fundamentals class after a previous failure. One student was originally from Ecuador and another was raised in Las Vegas, Nevada. All other students were from urban areas throughout Texas. Eight (53%) students were the first in their family to attend college. Four (26%) were married and had children. Education level of students' fathers varied from less than an eighth grade education to completion of training as a physician. Students' mothers' level of education varied from not completing eighth grade to baccalaureate degrees. Fourteen (93%) participants received some form of financial aid. Eight (53%) students had at least one part time job and hoped to continue working during the semester. Three (20%) participants indicated that Spanish was the primary language spoken at home. All participants had some exposure to the Spanish language at home. Two (13%) students commuted over an hour each way between their homes and the University.

Findings

Hispanic Students Cyclical Process

The process Hispanic BSN students use to manage their academic activities in order to promote success during their first semester of nursing school was revealed and is described here. The steps of the process are delineated and the model that illustrates the students' possible trajectory accompanies the text (Figure 1). The model elements are articulated and students' decision-making options are examined. The steps in the process included arrival, managing, evaluation, and cyclical behaviors. Students progressed through the semester in a cycle of managing their academic activities, being evaluated, obtaining either a successful or unsuccessful outcome, then either altering or not altering their trajectory. This pattern or modified pattern continued with opportunities for altering behavior throughout the semester. The managing phase had a direct impact on the evaluation phase and course outcomes. Students had the opportunity to change from a trajectory of failure if they altered their processes. Students who did not recognize their maladaptive pattern of behavior and pending outcomes continued the cycle of low or failing performance. Students who had positive processes increased their confidence and decreased their anxiety. This group's adaptive behavior and processes were reinforced with positive feedback and evaluation results. The different forms of evaluation they faced in the rigorous did not become easier over the semester. The students either maintained or learned adaptive behavior and followed a trajectory that promoted success or did not result in failure.

Students who modified their academic practices tended to be more successful than those who did not change their habits and who tended to have unsuccessful

outcomes. This cyclical process continued throughout sequential evaluations until success or failure was achieved at the end of the semester.

Arrival

Initially, all participants were excited and somewhat nervous at the beginning of nursing school. Students had visions of becoming an RN, but also held expectations of large reading assignments and the challenges ahead. Participants defined success as passing the class with an A or B grade.

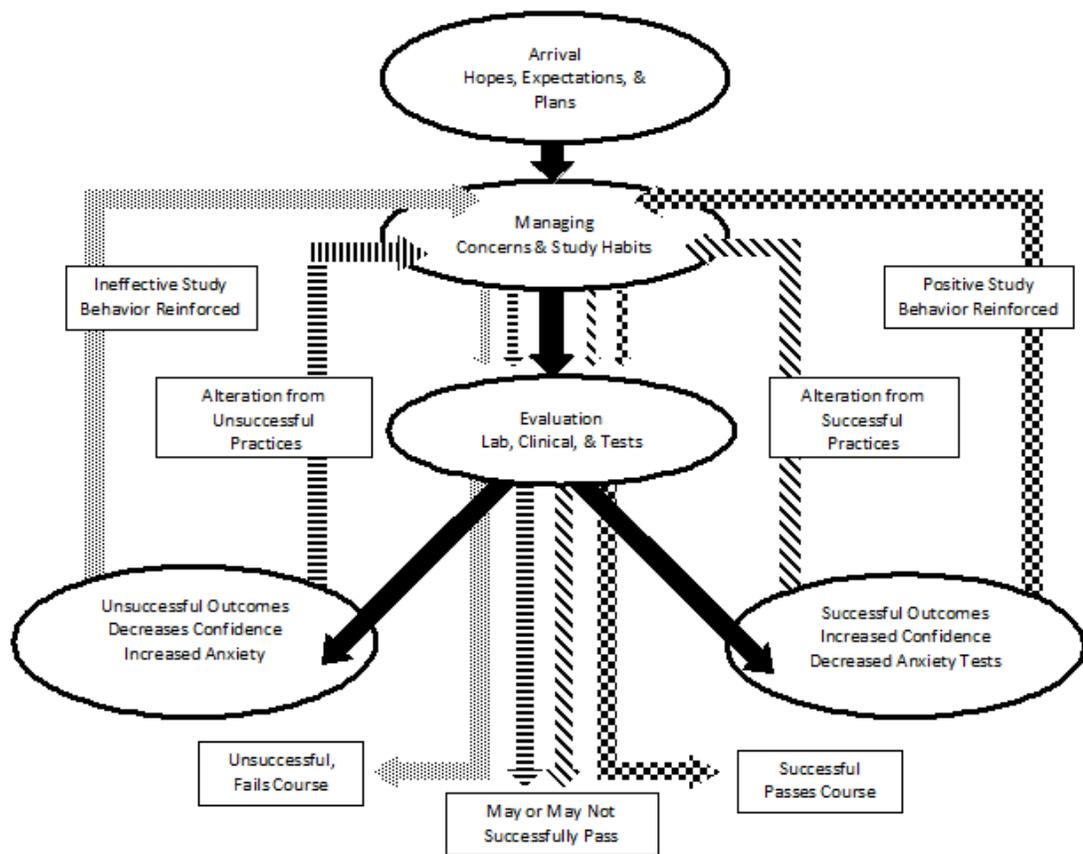


Figure 2. Process outcomes of Hispanic students' academic management during the first semester in a baccalaureate nursing program

Language and vocabulary was identified as the first barrier to success. A few students acknowledged language difficulties in translation from English to Spanish, then back to English. One student stated, “You already learned English, the language, and now you got to learn the language of nursing or medicine. You know, it’s challenging. It’s like you are learning a different language again.”

As full time students, finances were a significant concern for the majority of the students. Thirteen of the students had some form of financial assistance while one student had a full scholarship but worked for incidentals. One student denied receiving any financial support outside of the family. Another student did not answer the questions concerning finances. At the beginning of the semester nine students were employed while three students had more than one job. This level of employment markedly changed over the semester with only two students retaining jobs. Even these two students dramatically decreased their hours in order to keep up with the pace of school and quit at least one of their multiple jobs. Financial concerns extended beyond the cost of being a student because several students were supporting their families. One student spoke of caring for her mother:

She is a diabetic and she’s constantly just having to deal with her diabetes. So, I’m the only one there that really helps her. And my father and her are separated and my brother is not really there. So, that impacts me. So, I’m here at school but at the same time in the back of my head I’m having worry about her.

The socioeconomic status of the family was dependent on the success of the student. Students attempted to prioritize their education and to find other ways to financially survive.

All students had family and extended family support systems. Fourteen participants indicated that as Hispanics, family was very important and being away from family because of academia was difficult. Students' communication and visits with family decreased during the semester due to the volume of studying demanded for success. Eight (53%) participants discussed their excitement and pride in being the first in the family to attend college, but they also questioned their ability to fulfill the expectations of their family. Students stated the goal of success was "doing it for them (family/parents)" and to obtain "a better life for my family". While parents and spouses acknowledged their pride in the student, they did not understand the time commitment necessary for studying and being successful in the academic environment. The participants' felt their culture made it more difficult to adjust to the separation from family. Male and female students especially were used to frequent conversations with their parents. Visiting with family was a daily or weekly commitment that the students' had to decrease due study obligations. There were paradoxes dealing with the family behavior. Members of the family expressed being proud of them (students) for attending college yet teasing students about their reduction in participation of family activities. One student related:

They [family, brothers, and sister] were kind of angry at me because I haven't gone over there. But they don't understand that I have to focus on school. So ...sometimes they don't want to talk to me or you know, but I mean I know that they just don't understand.

A female student reported that family members sometimes were unsupportive due to traditional role expectations. A student stated:

I think with the Hispanic it's just, um, I think they feel like the men is always or the man is always the one who has to provide for the family and now I understand like with my husband or his family they don't understand why I'm going to school. Or what you know what was--what's the purpose of it when he has to provide for his family.

This student is attending college to improve her family financial situation, yet her spouse would not support her in providing gas money for her to attend college stating, "He's just like, you figure out how to come to school". Another student interpreted having to study as being "selfish" or self-centered behavior:

I just spent so much time focusing on myself and I'm very not like that. I've never been very selfish like that. It was hard, but that's how I managed to – to overcome all of it. I just had to think about myself and focus on myself and shut a lot of people out.

Eight students (53%) felt at a disadvantage because they were the first in the family to go to college. This meant they did not know the ins and outs of the academic maze for enrollment and finding financial support. Several students verbalized self-doubt concerning their ability to succeed. These students were entering a new environment, untested by anyone in their family. Some participants felt that as a Hispanic they were new to the environment while one stated that she felt it was a socioeconomic difference not due to ethnicity. Participants shared concern about their ability to survive or succeed in the untested waters of academia. The success or failure of the student had

implications for the entire family, so pressure to do well was intensified. Participants strived to reach the overall goal of “finding balance” between school, studying, and family, yet found it was very hard to achieve.

Managing

As students proceeded through the semester the challenge to be successful became a major concern. All students had required textbooks and access to resources from the publishers’ website as well as full access to the nursing lab, advisors, a University academic support center, a remediation specialist, and free group tutoring available specifically for nursing classes. A range of study techniques were promoted by the professors including individual and/or group studying, note taking, lecture Power Point slides, access to an optional test taking class, and a strategy for test taking book was recommended. All students were encouraged to make appointments and meet with instructors anytime during the semester. Students used traditional study techniques including note taking and highlighting during class. One student recommended not taking notes and instead concentrating on listening to the lectures. Scheduling study time was deemed important whether with a study group or alone. Students varied their learning styles to become successful. Some were tactile learners and felt that practice in the nursing lab and clinical setting was the best way to absorb the content. Visual learners felt that highlighting the book, note cards, or reviewing PowerPoint slides were the most useful. Other resource recommendations included reviewing test questions in the textbook, listening to Hurst recordings, and reviewing test results after class. All of these activities were time consuming so planning ahead was an essential element of preparation.

Students identified time management, preparation, and the ability to prioritize as the most important factors leading towards success. Students used some form of calendar as check off lists to organize assignments and due dates. These were prominently kept and updated daily. Statements from students included, "I have a schedule and I write down per...week what needs to be done." Another participant stated, "I like physically write out what needs to be done as per month. And then I look at per day and make a checklist of what I need to do per day."

Students emphasized the importance of preparing for "every single class" and every test. All recommended looking over and/or reading the chapters before arrival for lecture. Some of this activity was because of surprise quizzes and group discussions initiated by the professor at the beginning of each class. Preparation before class included reading the chapter and printing the corresponding PowerPoint presentations. Professors sometimes posted "blue prints" concerning upcoming test content. Participants recommended in-depth studying of the subjects listed on the blue print.

The ability to prioritize was deemed essential. Students would have testing on several subjects as well as assignments and care plans due in one week. Therefore, it was important for students to estimate the time allocation needed for each task. Students had to decide when to stop working on an assignment and progress to the next obligation. Students who were able to recognize the weight of the different assignments and adjust time and energy accordingly were the most successful.

I think the hardest part would be ... having to learn to prioritize. Because we have like even for instance this week we had our care plan and our TC [therapeutic communication] paper due on the same day. So we kind of have to learn like

prioritization and time management. If I left my TC paper the way it was, it's going to pass ... and the care plan you have to get a 75.

All students completed the semester however, there was a distinct difference in their behavior and processes concerning adversity during the semester. All students appeared to be progressing until the first exam.

Evaluation

Evaluation and course grades were based on three elements: lab, clinical, and exams. Students were required to participate in weekly lab time including simulation scenarios. First, there were lab check offs with memorization and charting assignments. Second, students were expected to attend clinical and provide safe care for the patients at their practicum while under the supervision of a clinical instructor. Hispanic students who spoke Spanish felt empowered by their ability to communicate with elderly Spanish speaking Hispanic patients.

Every time I'd go to clinicals I'd at least help one-somebody be able to tell the CNAs or the LVNs what they needed or what was bothering them, or--and that made me feel really happy because if--it feels like oh, my God, if I wasn't here who would you tell.

The grading for labs and clinicals consisted of a pass/fail 75-point average. Third, didactic knowledge was measured by administering three tests during the semester and a fourth, comprehensive HESI final. After each of the tests students reconvened and the test answers were discussed to promote clarification and review of the concepts. Exams represented the largest obstacles to student progression. The critical thinking necessary for distinguishing the correct answers was different than

students' previous experiences in other classes. Students who passed the exams felt the challenge was difficult but achievable. One student shared:

It's been crazy but it's doable. Like I guess at the beginning you're not going think you can do it, and then you look back, like now I only have my finals to take. And I'm like, oh, my goodness, like where did the time go. So, like if I could tell anybody anything, I'm like you can do it. Just you have to be determined. And you have to be, um, just time management, uh, seriously.

A second student commented:

I just look back and it was positive. I wasn't completely torn down by my first semester where people were saying it's so hard and so this and so that. Yes, it was hard. But it's not like it's not doable. Like if you put all your time and effort, it's I mean worth it.

Successful students became more confident in their ability to do well. If these students continued their positive trajectory, they were successful in the course. On the other hand, unsuccessful students felt less confidence and increased anxiety concerning their abilities. Some students did not understand the weight and importance of the different assignments and then ignored the subsequent grades. This evaluation cycle was repeated throughout the semester. The students' interpretation of their evaluation dictated the trajectory of their behavioral path.

Successful outcomes. Successful students developed a pattern and process of behavior that promoted positive outcomes. These students gained confidence with each

positive outcome on exams and stated they felt successful:

I do feel successful at being able to manage my time. Being able to manage my family...like my self-confidence is higher. Because at the beginning I think everybody kind of felt like oh, my gosh what did I get myself into? I can't do this and now at the end of the semester knowing that we went through all this stuff. And we overcame all these obstacles and tests and learning how to do things that are completely different. I just felt successful.

Two other students affirmed, "I want to like move on and I know I can" and "I felt very confident towards the end". The increasing confidence and decrease in anxiety promoted the students question answering ability. Students increased their test taking skills and belief in their ability to master the class.

Reinforcement of effective study practices. With growing confidence students were less likely to second guess or change answers. They developed a pattern of behavior that supported a positive learning environment and mastery of the subject. A student stated "learning to say no when I can't – when I'm not able to do something, um, because I have school work to do, you know". Some students realized the amount of time needed to be successful and scheduled accordingly. These students expressed decreased anxiety and more confidence.

Alteration from successful study practices. When the second (of four exams) was conducted the resulting behavior of some students changed. One student was

successful on the first test and then stated he “slacked off for the second test because I did well on the first”. This student found himself at risk of failure.

I remember on Thanksgiving break my family came to visit and...I just didn't do anything with school because they were staying with me. You know we were having fun enjoying the holidays and everything. And in my head I just thought like oh, I have my care plan due that next Thursday and I have that test on Monday, I'll be fine. And so I show up on Monday and then it's like you have care plan, evaluations for other classes. The paper was due and I was oh, I didn't do any of this...I just thought like two days wouldn't make that big a difference. But I remember I stayed late every day at the library and got it done.

This student reverted to his studying preparation from the first exam in order to be successful throughout the rest of the semester.

Unsuccessful outcomes. Unsuccessful students exhibited an array of behaviors including decreased self-confidence, increased anxiety, lack of understanding of the repercussions of the grades, denial of their academic situation, or a call to action. Students spoke of developing insecurity concerning their knowledge when met with failing grades. The lack of confidence then influenced their test taking behavior. Lack of confidence resulted in anxiety causing students to second-guess themselves and change answers on exams. One student said “I would go blank when I mean I knew it and I would reread the question. I would go too in depth and I would just start doubting myself and changing the answers.” A female student described her biggest problem as “myself”. She revealed, “I wish I would not be so negative on myself. I know - I know I

can get through it. And there's no - there's no reason why I should be doubting myself. I mean I made it this far into - and I'm in the program so why start that now."

Several students spoke of "anxiety attacks" and "freaking out". When these feelings were shared with faculty, students were referred to the University counseling office. Some students decreased their anxiety by "breaking down the content into small chunks of information" then scheduling and sticking to study times.

The second interviews were held the week before finals. Most of the students knew exactly what their grades were and what they needed on the final to pass the class. Yet there were a few students who had not tallied their grades even though, when asked for the numbers, they were at risk of failure.

Reinforcement of ineffective study practices. Three of the students who had failed at least one test did not recognize the need for alterations in study habits and continued to prepare in the same way as before, thereby reinforcing the ineffective study patterns. These students, who received low grades throughout the semester, continued the same pattern of class preparation they had in the past. They lacked or denied awareness concerning the severity of the situation thereby they did not alter their behavior. One student stated, "So I had to like - I don't know what to study first". Another student who had failed more than one test stated she thought about talking to the professor, but did not, and she then attempted to "study harder." This student was unable to define what "study harder" entailed. The same student felt that the addition of prayer alone would improve her chances of passing the tests. These low scoring students expressed less ownership of their situation or denied completely that they were

at risk of failure. Interventions attempted by at-risk students were not directly related to the subject matter or class.

Procrastination and “non-productive studying” were used to escape the subject of failure. The “non-productive studying” was described as “acting like you are studying but daydreaming or not paying attention even with your book opened in front of you.” The opposite behavior was “over studying for long periods of time without breaks” staying up all night cramming before a test. This also had negative outcomes. Listening to music was another unsuccessful intervention by an at risk student. One student stated she would get up and dance to increase focus and wake herself up. Another student described how she would avoid checking the course announcements, which caused her to miss deadline reminders and changes in the course.

Alteration from unsuccessful study practices. Some students who received low evaluation scores used the event as a wake-up call. They became concerned about their grades and changed their behavior. These students either met with the teacher and/or altered their academic behavior to increase the effectiveness of their studying process. One student shared, “I was really reorganizing my habits and my time and everything like that. Just because it’s a transition like I basically restarted my semester after the first test.” Students modified their study routines. A student indicated she needed to “learn the right way to study for these tests” and joined a study group. Others left their study group. Most unsuccessful students made some form of adjustment in preparation before the next evaluation. One student said her most successful action was turning off her phone.

I put my phone away. I literally sat down for almost eight hours a day. I took it as a full time job...I utilized all my resources. I went to tutoring and I got all the extra stuff that they provided you with and, went through all of that. I mean pretty much changed my work ethic.

Students who failed the first test but passed the second test were using more resources, increasing their study time, participating in tutorials or working with a study group. All the students changed their social behavior and quit or decreased their work time as much as possible. A student with two jobs commented:

I really struggled with that first fundamentals test. Because I would have to stay up extra late and go to the library and read over the PowerPoint stuff like that. So I was like, I could just use all this extra time and it really had helped a lot after quitting.

By the time the second didactic evaluations were completed most students had a distinct study pattern. The majority of participants, who were not in denial, knew their capabilities and put forth the effort needed for obtaining success.

Cyclical Behaviors

Initial evaluations began a cycle where student response varied depending on the outcome. Successful outcomes reinforced effective study practices and confidence, placing students on a trajectory for further success. In subsequent evaluations, students who maintained their good practices continued to do well however, if students lapsed into poor habits, the next evaluation was not as successful. Unsuccessful students were

faced with a choice of altering unsuccessful study practices to become more successful or to simply move forward still using their unsuccessful practices.

Discussion

Many of the concerns mentioned in the literature were found to be factors of success in this study. However, this study looked more at the processes used by students when dealing with obstacles. The nursing students in this study found finances and family obligations to be the large hurdles during the semester. This finding was consistent with the literature (Alicea-Plana, 2009; Bond et al., 2008; Evans, 2008; Loftin et al., 2012; Mocerri, 2010; Sheils, 2010). Institutional support such as navigation assistance for first generation college students, advisors, and faculty role models were provided (Alicea-Plana, 2009; Bond et al., 2008; Loftin et al., 2012; Mocerri, 2010; Sheils, 2010). Several students felt confused before they were accepted in the college. It would be helpful if more outreach would be provided for potential first generation students. Hispanic BSN students' success was found to depend on personal factors such as persistence and a supportive social connection (Bond, 2008; Bosch et al., 2012; Wood, Saylor, & Cohen, 2009). This study supports the literature. Students talked of their study groups and "their college family". This research looked at the students' reaction and how the students dealt with their evaluations results. Students that looked for help and modified their study patterns were more likely to be successful during evaluations. The students who did not recognize, modify, or seek assistance when they were at risk for failure remained on an unsuccessful trajectory. An element of self-ownership was a large factor in success. The students' who felt success would be dictated by external factors

did not attempt to control their destiny. Factors such as prayer, music, and attempting to improve focus did not alter their trajectory without changes in the management phase.

All the participants completed the course and stated they reported feeling successful concerning the semester during the interview before the final exam. Students who stated they were at risk of failure during the semester acknowledged learning from the experience and were prepared to continue to the next semester. Thirteen students (87%) who participated in the study were successful in passing the course. Of these 13, there were four students (27%) who passed the course; however, they were within points of failure. These students were identified as a risk for the next semester and the college would offer remediation to support them. While there were internal and external factors concerning success, these factors were useless if students do not recognize, acknowledge, seek help and modify their patterns of behavior. Students who were proactive and altered their studying were more likely to succeed. Two students (13%) were not successful at the end of the semester. When asked about next semester these students were unable to articulate what they would do different if given a second chance.

Two of the three (67%) students repeating the course were successful. In discussion concerning next semester the struggling students hoped to start studying earlier but had no concrete plans to alter their behavior. A student who was successful after struggling during the semester summed up what she had learned "Shortcuts, not effective; reading, more effective."

Conclusions

The first semester of a nursing program is an adjustment for all students. There are some challenges specific to Hispanic students. Students who were proactive in

recognizing and seeking help when at risk were able to alter their trajectory of behavior. The students that were able to recognize their unsuccessful trajectory developed techniques to change their outcome. Students who asserted themselves and altered their behavior felt empowered. The two (13%) students who depended solely on prayer or music but did not alter their behavior were unsuccessful.

The purpose of this study was to explore how first semester Hispanic nursing students in a BSN program managed the academic program, dealing with potential difficulties as the semester progressed. Other minorities may experience similar academic trajectories however, further studies to explore those issues are necessary. Recognizing students at risk for failure is important because students who become aware of their behavior could alter their outcomes. Nurse educators who recognize the patterns and intervene when possible may promote change in behavior. Hopefully, Hispanic students at risk of failure can be identified and interventions attempted. The need to prepare a nursing workforce that resembles the general public is recognized as a factor in decreasing disparities of health care. Having students continue to the next course increases the hope for a representative nursing force.

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CHAPTER V

SUMMARY OF THE STUDY

The purpose of this grounded theory study was to identify the educational perspectives and management of academic activities Hispanic baccalaureate of science in nursing (BSN) students use in order to promote success during the first semester of the nursing program. Grounded theory studies are conducted to permit development of substantive theory regarding phenomena (Streubert & Carpenter, 2007). Findings from this study facilitated development of a theory concerning student progression. This chapter provides a summary of the study, conclusions and implications based on the findings, and recommendations for future research concerning Hispanic BSN student population.

Summary

A grounded theory design was used to identify the processes BSN students' use in management of their academic activities during the first semester of the nursing program. Focus groups at the beginning of the semester and individual interviews at the end of the semester were utilized for identification and analysis of the processes experienced by fifteen Hispanic BSN students as they manage course work during their first semester. Focus group interviews identified the students' thoughts, expectations, and plans for management of the nursing course work during the fall semester of 2013. Individual interviews conducted during the final week of the semester, identified the adaptation processes utilized by the students. Participants responded to open-ended,

semi-structured questions during the focus groups and the interviews. As transcriptions were analyzed, patterns of behavior began to emerge.

The theory identified a process of students' behavioral transition from arrival, managing, evaluation, and then a dichotomy of outcomes. These outcomes initiate a trajectory of responses. The cycle then returns to the managing stage and repeats until the student ultimately fails or passes the class.

The arrival phase encompasses the students' first encounter with nursing academics. Students bring their hopes, expectations, and plans related to their perceptions regarding their nursing education experience. This is the students' dream of what nursing school will be. Hispanic BSN students expressed excitement, nervousness, and apprehension about course work expectations. Students articulated concerns that included language and vocabulary challenges, financial worries for self and family, emotional responses to missing their family interactions, apprehensions of letting the family down if unsuccessful, and perceived disadvantages of being the first in the family to attend college.

During the managing phase students' develop trajectories of academic behavior. The method of preparation varies with students' learning style. Every student develops a process of managing his or her concerns and study habits. Some students participate in study groups while others study individually. Some students studied everyday while others waited to assess the outcomes of the first exam. All students verbalized the importance of time management, preparation, and prioritization. In order to be successful, students adjusted personal and social activities with family. Students working one or multiple jobs found the outside work did not allow sufficient study time.

The evaluation phase incorporates the laboratory setting (including simulation), clinical rotations in a healthcare settings, and classroom exams. Students were evaluated in varied methodologies and locations. As evaluation occurs, students enter a cycle that feeds back into the next series of evaluations. Successful evaluation outcomes lead to a student trajectory of increased confidence and decrease anxiety, which lead to further positive study behavior. However, unsuccessful evaluation outcomes lead to a student trajectory of increased anxiety and decreased confidence, which leads to ineffective study behavior or alteration from successful practices. Both evaluation outcomes support a circular path toward the management of future course work and the subsequent evaluation stages. Each time evaluation occurs students have the option of (a) continuing successful study habits and experiencing subsequent success; (b) allowing their successful study habits to slip and possibly experiencing poor subsequent evaluations, (c) improving study habits following unsuccessful outcomes and then receiving successful evaluations, and (d) continuing unsuccessful study habits and continuing to receive unsuccessful evaluations. Throughout the semester, students proceed through the cycles until they either successfully complete the course and advance, or they are unsuccessful and fail the course. A students' trajectory can only be altered if the student recognizes the need for change and is able to make the needed adjustments to alter the outcome. Students who realized and altered ineffective study behaviors were usually able to adjust their trajectory. However, all the students verbalized feeling successful at the final interview, just before the exams that were the culmination of the semester.

Hispanic students expressed an advantage in the clinical setting. Students fluent in the Spanish language were able to converse with more of the patients. Students felt empowered with the ability to assist these patients.

Conclusions

Conclusions based on the findings of this study include the following.

1. Hispanic BSN nursing students enter their first academic semester with hopes and dreams for the future coupled with confusion and self-doubt regarding the academic environment.
2. Family dynamics and finances are major concerns for novice Hispanic nursing students.
3. For Hispanic BSN students, navigating the first academic semester is a complex process that evolves over the semester as they meet academic challenges through study management and evaluation cycles.
4. Hispanic nursing students experience trajectories of success and/or failure.
5. Throughout the semester, students had the opportunity to adjust their academic performance following evaluation periods in order to maintain or promote success.
6. Spanish speaking Hispanic students felt their ability to communicate with Spanish speaking patients was a positive attribute.

Implications

Implications based on the findings of this study include the following.

1. Academic deans and faculty should be aware of student trajectories during the evaluation cycle in order to mentor students towards successful outcomes.

2. Students need to carefully attend to their study habits and academic performance in order to recognize and change unsuccessful behaviors.
3. Instructors and students should be educated on how to identify potential unsuccessful student trajectories and strategies for intervention.
4. Nursing schools should be aware of the potential financial concerns experienced by Hispanic nursing students in order to help meet the needs of their student population.
5. Hispanic students need to verbalize to their family the academic demands of higher education.

Recommendations for Further Studies

Recommendations for further study based on the findings of this study include:

1. A larger, multisite study with a geographically diverse population of Hispanic nursing students to verify study results.
2. Other minorities should be researched to identify potential similarities of the model trajectory.
3. Conduct a longitudinal study to observe the long-term outcomes of Hispanic nursing students' who altered their trajectory as they progress to graduation.
4. Studies are needed to assess success of Hispanic nursing students who have implemented specific interventions after recognition of an unsuccessful trajectory.
5. Interventional studies should be conducted to assess if a mentor/student monthly meeting could identify and improve student success.
6. An interventional study with a monthly Hispanic Support Group to discuss academic issues should be conducted to assess if student success would increase.

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Appendix A

Manuscript Letter from Editor

Email received October 18, 2013 5:07 pm

Hispanic Health Care
International To: Dee
Dolan

Manuscript HHCI

Dear Ms. Dolan,

I regret to inform you that the reviewers did not recommend your manuscript for publication in HHCI. While the reviewers felt that the topic was interesting, the manuscript did not meet the minimum rating for acceptance by the journal.

One reviewer wrote, "This manuscript is not well written. For example, both present and past tense used throughout the manuscript. Other problems are noted in the attached file.

I have read other manuscripts that are very similar – so not much new in this manuscript. It is similar to others I have read/reviewed in the past 10+ years. The conclusion section needs to include some new ideas, rather than expecting "academia" to pick up the ball and make things better for these new students.

The other reviewer commented, "This article addresses a very important topic, but it is not of high quality. Starting with the conclusion in the introductory material before discussing the review is not appropriate. It is unclear how the results of the studies were compared so it is hard to accept the accuracy of the bits and pieces of information reported, particularly when all of the studies reviewed were qualitative and thus, not generalizable."

We will not be able to review this manuscript again. Thank you for your interest in

HHCI.

Sincerely,

Katherine
Maidenberg
Managing
editor, HHCI

Appendix B

IRB Approvals



Office of Research
6700 Fannin Street
Houston, TX 77030-2343
713-794-2480 Fax 713-794-2488

August 16, 2013

Ms. Diana Dolan
College of Nursing
6700 Fannin Street
Houston, TX 77030

Dear Ms. Dolan:

Re: *Management of facilitators and obstacles experienced by Hispanics in their first semester of the baccalaureate nursing program (Protocol #: 17442)*

Your application to the IRB has been reviewed and approved.

This approval lasts for one (1) year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. If you have any questions, please contact the TWU IRB.

The signed consent forms, as applicable, must be filed with the request to close a study file at the completion of the study.

Sincerely,

Carolyn Kelley, PT
Carolyn Kelley, PT, DSc, NCS
Institutional Review Board - Houston

cc. Dr. Karen Lyon, College of Nursing - Houston
Anne Young, EdD, College of Nursing - Houston
Graduate School



ERIN L. SHERMAN, MAcc, CRA, CIP, CPIA
Research Compliance Officer
Division of Research, Commercialization and Outreach

6900 OCEAN DRIVE, UNIT 3844
CORPUS CHRISTI, TEXAS 78403
O: 361.825.2497 • F: 361.825.2755

Human Subjects Protection Program Institutional Review Board

APPROVAL DATE: August 6, 2013
TO: Ms. Diana Martinez Dolan
CC: Dr. Anne Young
FROM: Office of Research Compliance
Institutional Review Board
SUBJECT: Initial Approval

Protocol Number: 84-13
Title: Management of Facilitators and Obstacles Experienced by Native Born Texas Hispanics in Their First Semester of a Baccalaureate Program
Review Category: Expedited
Expiration Date: August 6, 2014

Approval determination was based on the following Code of Federal Regulations:

Eligible for Expedited Approval (45 CFR 46.110): Identification of the subjects or their responses (or the remaining procedures involving identification of subjects or their responses) will NOT reasonably place them at risk of criminal or civil liability or be damaging to the their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

Criteria for Approval has been met (45 CFR 46.111) - The criteria for approval listed in 45 CFR 46.111 have been met (or if previously met, have not changed).

- (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Provisions:

Comments:

This research project has been approved. As principal investigator, you assume the following responsibilities:

1. **Informed Consent:** Information must be presented to enable persons to voluntarily decide whether or not to participate in the research project unless otherwise waived.
2. **Amendments:** Changes to the protocol must be requested by submitting an Amendment Application to the Research Compliance Office for review. The Amendment must be approved by the IRB before being implemented.
3. **Continuing Review:** The protocol must be renewed each year in order to continue with the research project. A Continuing Review Application, along with required documents must be submitted 45 days

before the end of the approval period, to the Research Compliance Office. Failure to do so may result in processing delays and/or non-renewal.

4. **Completion Report:** Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted to the Research Compliance Office.
5. **Records Retention:** Records must be retained for three years beyond the completion date of the study.
6. **Adverse Events:** Adverse events must be reported to the Research Compliance Office immediately.

Appendix C

Nursing Orientation Form

Welcome

to

NURSING

ORIENTATION

Please complete and return before leaving Orientation:

*Student Data Sheet/Questionnaire (attached)
Student Handbook Receipt
Photography/Recording Release and Confidentiality Agreement
Licensure Eligibility Form*

Name: _____

Date: _____

 **Texas A&M University-Corpus Christi**
The Island University

DEAR STUDENT:

Please complete the attached questionnaire; your answers will be kept confidential. After your answers are entered into a secure database, the questionnaire is destroyed.

Please return the completed questionnaire before leaving today's Orientation. If for any reason you cannot complete and return this questionnaire today, please do so as soon as possible.

PLEASE RETURN THE QUESTIONNAIRE & STUDENT HANDBOOK

RECEIPT FORM TO:

Undergraduate Department Database Asst
College of Nursing & Health Sciences
6300 Ocean Drive - Island Hall – 3rd Floor
Texas A&M University – Corpus Christi
Corpus Christi, TX 78412-5805
361-825-2648 / FAX 361-825-2484

WE THANK YOU FOR YOUR COOPERATION!

STUDENT QUESTIONNAIRE**Section A: Background Information**

The background information provided by completion of this survey will assist us in analyzing demographic data on new students as well as evaluating the possibility of having a Pre-Entry Workshop. Please provide only one response for each question.

1. What is your gender? _____
2. Ethnicity: (circle one) White/Non-Hispanic Hispanic Native American
 African-American Asian/Pacific Islander Other
3. What is your primary language? (circle one) English Spanish Other
 If Other, what is your primary language? _____
4. What is/was the primary language spoken in your home? (circle one) English Spanish Other
 If Other, what is the primary language spoken in your home? _____
5. In what town and state/province were you born? _____
6. In what **county or district** were you born? _____
7. In what town do you now reside? _____
8. In what **county** do you now reside? _____
9. In what type of area were you raised?
 ____ (a) Urban community - inner city
 ____ (b) Urban community - suburb
 ____ (c) Rural community
10. How did you acquire your high school diploma? ____ High School ____ G.E.D. ____ Home School
11. If you graduated from a high school, from what high school did you graduate? _____

12. What year did you graduate from high school or receive your GED? _____
13. Approximately how many students were in your high school graduating class?
 ____ (a) Fewer than 50 ____ (d) Greater than 300
 ____ (b) 50 - 150 ____ (e) N/A - Home Schooled
 ____ (c) 151 - 300
14. Were you a member of a Future Nurses Club or of a Health Care Careers Club?
 ____ Yes ____ No If Yes, which? _____
15. Did a Future Nurses Club or Health Careers Club influence your decision to enroll in the Nursing Program?
 ____ Yes ____ No
16. Did you access our website via AllNursingSchools.com? ____ Yes ____ No
17. How did you learn of Texas A&M University – Corpus Christi Nursing Program?

18. Are you the first member in your family to attend college? Yes No

19. What is the approximate level of your father's education?

- (a) Less than an 8th grade education
- (b) 8th grade graduate
- (c) High school graduate
- (d) College graduate
- (1) Associate degree
- (2) Baccalaureate degree
- (3) Masters degree
- (4) Doctorate degree

20. What is the approximate level of your mother's education?

- (a) Less than an 8th grade education
- (b) 8th grade graduate
- (c) High school graduate
- (d) College graduate
- (1) Associate degree
- (2) Baccalaureate degree
- (3) Masters degree
- (4) Doctorate degree

21. Did you attend any colleges prior to entering Texas A&M University-Corpus Christi?

Yes No

If Yes, which college(s) did you attend: _____

22. Did you hold any degrees prior to entering the College of Nursing at Texas A&M University-Corpus Christi?

Yes No

If you answered "Yes," what type of degree(s) do you hold?

Associate Baccalaureate Masters Doctorate

Year(s) in which granted: _____

In what field(s) of study? _____

23. Did you hold any certifications prior to entering the College of Nursing at Texas A&M University-Corpus Christi?

Yes No

If you answered "Yes," what type(s) of certification(s) did/do you hold?

LVN/LPN CNA EMT Paramedic Other

If "Other," please specify certification(s): _____

24. What is your marital status?

- (a) Single, widowed or divorced
- (b) Married
- (c) Married with children
- (d) Single, widowed or divorced with children over the age of 12 years
- (e) Single, widowed or divorced with children under the age of 12 years.

25. Number of dependents: 0 1 2 3 4 5 6 7 8 9 10 More

Section B: Financial Information

Please mark only one response to the following questions regarding your finances. Indicate the answer that is the closest to accurate for you.

26. What is the amount of your college loans/grants/scholarships that you receive annually? _____
27. Is it necessary for you to work while attending college? Yes No Unsure
28. Are you currently employed? Yes No
29. If you are currently employed, what is the place of your employment?
- (a) Healthcare facility (please specify) Long-term Care Short-term Care
- (b) Hospital
- (c) Medical office
- (d) Agency
- (e) Food service industry
- (f) Retail
- (g) Other (please specify) _____
30. If you plan to work while going to college, approximately how many hours per week will you work?
- (a) Not applicable. I do not intend to work.
- (b) Fewer than 5 hours per week
- (c) Greater than 5 hours per week, but fewer than 12 hours per week
- (d) Greater than 12 hours per week, but fewer than 24 hours per week
- (e) Greater than 24 hours per week, but fewer than 30 hours per week
- (f) Greater than 30 hours per week, but fewer than 40 hours per week
- (g) Greater than 40 hours per week
31. If you do receive financial support from your parents, what was the approximate amount of their reported taxable income last year?
- (a) less than \$10,000
- (b) \$10,000 - \$20,000
- (c) \$20,000 - \$40,000
- (d) More than \$40,000
- (e) Not applicable. I do not receive financial support from my parents.
32. If you do receive financial support from your parents, and their combined reported taxable income last year was less than \$10,000, please check one of the following statements:
- (a) Not applicable. My family's combined income was above \$10,000.
- (b) Not applicable. I do not receive financial support from my parents.
- (c) I work and keep my additional income for my personal expenses.
- (d) I work and contribute some or all of my additional income to my family.
- (e) I do not work.

33. If you do not receive financial support from your parents, please indicate the approximate amount of combined taxable and non-taxable income you expect to receive for the coming academic year.

- (a) Not applicable. I receive financial support from my parents.
- (b) Less than \$10,000 - no dependents
- (c) Less than \$10,000 - 1 or more dependents
- (d) \$10,000 to \$15,000 - no dependents
- (e) \$10,000 to \$15,000 - 1 or more dependents
- (f) \$15,000 to \$20,000 - no dependents
- (g) \$15,000 to \$20,000 - 1 or more dependents
- (h) \$20,000 to \$30,000 - no dependents
- (i) \$20,000 to \$30,000 - 1 or more dependents
- (j) \$30,000 or more - no dependents
- (k) \$30,000 or more - 1 or more dependents

Section C: Student Concerns

Please circle the number on the scale that reflects your degree of concern regarding the influence that each factor will have on your ability to complete successfully the Nursing Program.

34. Family responsibilities.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 NOT AT ALL CONCERNED VERY CONCERNED

35. Amount of time devoted to outside employment.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 NOT AT ALL CONCERNED VERY CONCERNED

36. Lack of financial resources.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 NOT AT ALL CONCERNED VERY CONCERNED

37. Quality of academic background.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 NOT AT ALL CONCERNED VERY CONCERNED

38. Language other than English spoken at home.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 NOT AT ALL CONCERNED VERY CONCERNED

Appendix D

Focus Group Interview Questions

Focus Group Interview Questions

1. Once you decided to become a nurse, tell me about the process and experience of getting into a nursing program.
2. What factors (people) supported your admission into nursing school?
3. What factors (people) hindered you getting into nursing school?
4. What do you envision nursing school will be like?
5. What kinds of things do you plan on doing in order to be successful in the nursing program?
6. What are your concerns about being in nursing school?
7. What does success mean to you in terms of academics?
8. What are your hopes and plans for this semester?

Appendix E
Individual Interview Questions

End of the Semester Individual Interviews

1. Tell me about your semester.
2. How was this semester like what you envisioned?
 - a. What was different than you envisioned?
3. Tell me about your biggest triumph during the semester.
 - a. What was the hardest part of the semester?
4. How did you manage to meet the demands of nursing school?
 - a. Course work?
 - b. Outside commitments?
5. How is your family adjusting to you being in school?
6. What strategies that you used to promote success seemed to be the most effective?
 - a. Least effective?
7. What were the most supportive things during the semester?
 - a. Least supportive?
8. How are you going to adjust for the next semester?
9. Knowing what you know now, what would you do differently?
10. What advice would you give students of Hispanic heritage who were coming into the nursing program?

Appendix F

Manuscript Submission Acknowledgement

Hispanic Health Care International

CC: eyoung@mail.twu.edu, scenario@mail.twu.edu, Isymes@mail.twu.edu

Dear Diana Dolan,

Your submission entitled "ARRIVING AT ACADEMIC SUCCESS: HISPANIC NURSING STUDENTS DURING THE FIRST SEMESTER OF A BACCALAUREATE PROGRAM" has been assigned the following manuscript number: HHCI-D-14-00007.

You will be able to check on the progress of your paper by logging on to Editorial Manager as an author.

The URL is <http://hhci.edmgr.com/>.

Thank you for submitting your work to this journal.

Kind regards,

Katherine Maidenberg, BA, MPA
Managing Editor