

STUDENT NURSE STRESS AND PERCEIVED FACULTY SUPPORT:

A TRIANGULATION STUDY WITH

FOREIGN-BORN BACCALAUREATE NURSING STUDENTS

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

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DENTON, TEXAS

DECEMBER 2008

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

November 10, 2008

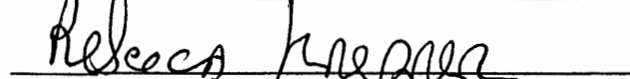
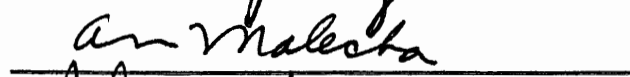
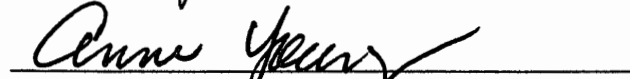
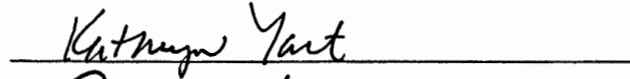
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by DeMonica L. Junious entitled "Student Nurse Stress and Perceived Faculty Support: A Triangulation Study with Foreign-born Baccalaureate Nursing Students." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing.



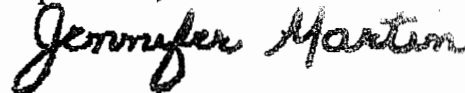
Ann Malecha, PhD, Major Professor

We have read this dissertation and recommend its acceptance:



Associate Dean, College of Nursing

Accepted:



Dean of the Graduate School

DEDICATION

To God Be The Glory For All The Great Things He Has Done!

Thank You Jesus for guiding me to and through this answered prayer, for without you leading and directing my path; none of this could have been done.

To my parents, Jimmie and Bobbie Junious:

thank you for supporting me in everything that I attempt to do.

To my grandmother, Laydonia Busby:

thank you for being there as my personal cheerleader throughout the years.

To all of my aunts and uncles:

thank you for your prayers, undying support, encouraging words, and tremendous faith.

To those that have gone before us to the other side:

thank you for treading the way and leaving a path for us to follow.

ACKNOWLEDGMENTS

This study is about foreign-born students and their experiences. Without their willingness to participate and tell of their experiences, this study would not have been possible. I will be forever grateful for those that willingly came forward and participated in this study.

I would like to acknowledge my parents, Jimmie and Bobbie Junious, who instilled in me the beliefs that all things through Christ, sacrifice, dedication, and perseverance, are indeed possible.

I am also grateful to my sister's Donneara and Detra, my niece and nephews, Zoi', Kalon, Jimmy, and Bobby, and the entire Junious and Busby family for their understanding, support, and abilities to help me get out and enjoy life while at the same time enduring the process of this journey.

I am truly thankful to my committee chair, Dr. Ann Malecha, who I really believe is an angel from above. Thanks also go to committee members, Dr. Anne Young and Dr. Kathryn Tart for their keen eyes to detail and unwavering support throughout this endeavor.

Finally, I wish to acknowledge the support and encouragement I received from my fellow doctoral students. The completion of this trajectory would not have been complete without all of you. Best wishes and Congratulations to all!

DeMonica Junious

ABSTRACT

DEMONICA LATRICE JUNIOUS

STUDENT NURSE STRESS AND PERCEIVED FACULTY SUPPORT: A TRIANGULATION STUDY WITH FOREIGN-BORN BACCALAUREATE NURSING STUDENTS

DECEMBER 2008

Nursing is a stressful profession, with stress situations starting as early as entry into nursing school. The purpose of this applied dissertation was to describe the essence of stress and perceived faculty support as identified by foreign-born students enrolled in a generic baccalaureate degree nursing program.

Using the triangulation technique at the method level, interpretive phenomenology and the qualitative paradigm was used as the core component, while quantitative data from a larger study examining stress and perception of faculty support with the same cohort of students served as the supplementary component of this mixed methods approach. Data were collected in four phases which included a focus group, individual interviews, focus group follow-up interviews, and triangulation between qualitative responses to quantitative data reported. Data were analyzed using the hermeneutic interpretive analysis process. The overarching theme reflected the student desire to be valued and accepted. Within this overarching theme, the two patterns of stress and strain and cultural ignorance supported the seven themes reflected in the student experience: personal relationships, financial issues, having no life, lack of

accommodation, language issues, stereotyping and discrimination, and cultural incompetence. Within each of these themes, there were twenty six subthemes.

Martin Heidegger's theoretical framework received validation through this exploration of stress experiences and perceptions of faculty support. Although experiences varied from individual to individual, these students confirmed that their foreign born status added to their levels of stress, and while faculty recognized their foreign born status, no special accommodations had been made on their behalf.

Implications of the study along with recommendations for nursing education and nursing research are included in this presentation.

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CHAPTER I

INTRODUCTION

Focus of Inquiry

In 2003, the foreign-born population in the United States (US) totaled 33.5 million, representing 11.7 percent of the total population (Larsen, 2004). These statistics are reflected in an influx of international students into educational programs, including nursing schools, throughout the United States (Abu-Saad & Kayser-Jones, 1981; Alexander & Shaw, 1991; Buddington, 2002; DeLuca, 2005; Doutrich, 2001). The changing demographics of nursing students (Choi, 2005; Evans & Greenberg, 2006), highlights the need to investigate not only the diversity within nursing education, but whether or not immigrant students are experiencing unique stressors.

Stress in nursing students has been well researched and indicates that nursing students greatly suffer from a variety of stressors such as fear of failure, lack of free time, and patient care responsibilities (Jones & Johnston, 1997; 1999). Additionally, the greater the stress experienced, the greater the negative impact stress has on student learning and success (Gwele & Uys, 1998; Jones & Johnston, 1997). Studies investigating the impact of stress on nursing students have indicated that perceived faculty support can mediate the effects of the stress experience (Griffith & Bakanauskas, 1983; Campbell & Campbell, 1997).

In almost all studies investigating stress in nursing students, foreign-born or immigrant nursing students have been grossly underrepresented. There have been studies focusing on the stressors of minority or ethnically diverse nursing students, as well as students for whom English is a second language (Amaro, Abriam-Yago, & Yoder, 2006; Choi, 2005; Guhde, 2003; Hayes & Lin, 1994). However, most of these studies lump together minority, ethnically diverse, and students for whom English is a second language and fail to differentiate between foreign-born and non-foreign-born students. This proposed study specifically addressed the stressors experienced by foreign-born nursing students as well as their perceptions of faculty support. This exploration of foreign-born student nurse stress, along with their perceptions of faculty support, may assist educators in identifying recruitment efforts and interventions for retention that are better utilized by this particular student population, thereby increasing the overall success of foreign-born nursing students.

Statement of Purpose

The purpose of this study was to describe the essence of student nurse stress and perceived faculty support as identified by foreign-born students enrolled in a generic baccalaureate degree nursing program. Through focus group and follow-up individual interviews, students described experiences which served as a reflection of values and behaviors that ultimately may have an impact on their personal and professional student lives. Results of this study that examined student experiences and perceptions has the potential to increase the overall success of foreign-born nursing students, and at the same

time help to alleviate the nation's overwhelming deficit of a culturally diverse nursing profession.

Rationale for the Study

According to the United States (U.S.) Census Bureau, there are 33 million foreign-born individuals in the U.S. (2003). According to participants of the Southern Regional Education Board (SREB), 52% of the sampled nursing education units showed an increase in student diversity within a 5-year time period (SREB, 2002). Research supports the premise of stressors experienced both in nursing school and the nursing profession alike (Jones & Johnston, 2000). Thus it is presumed, the foreign-born student enrolled in a nursing program of study will experience some of the same stressors as the general population as well as any additional stressors that may present solely to the foreign-born individual. The researcher believes the foreign-born nursing student holds an essential role in developing and sustaining the nursing profession in terms of the delivery of culturally competent care, yet an estimated 85% attrition rate has been reported among the foreign-born nursing student population (Dowel, 1996).

Various studies have examined the perceptions of stress among nursing students as well as stress reduction interventions (Amaro et al., 2006; Deary, Watson, & Hogston, 2003; Jones & Johnston, 1997, 2000; Leners, Sitzman, & Hessler, 2006). However, investigating these same phenomenon specific to foreign-born nursing students has not been reported in the literature. Studies have discussed barriers and factors that influence ethnically diverse nursing student success in relation to the barriers presented as a result

of being a student for whom English is a second language, which often involves being from a different country, difficulty communicating with others, and a lack of their usual support system consisting of family and friends (Abriam-Yago, Yoder, & Kataoka-Yahiro, 1999; Choi, 2005), issues of acculturation which tends to focus on the differences of a culture or country rather than any similarities (Abu-Saad & Kayser-Jones, 1981; Carty, Hale, Carty, Williams, Rigney, & Principato, 1998; Kayser-Jones & Abu-Saad, 1982), and the culturally competent educational needs of the student, which involve factors such as a change in the individual's self-esteem, a need for increased faculty commitment both inside and outside of the required clinical learning experiences, and possible mental health disturbances (Canales & Bowers, 2001; Dorrough 2006; Doutrich, 2001; Evans & Greenberg, 2006; Pacquiao, 2007; Papp, Markkanen, & von Bonsdorff, 2003). Literature related to the foreign-born student in the general college setting reports that barriers experienced are similar to that of the foreign-born nursing student (Erisman & Looney, 2008). Stressors for the foreign-born general studies student include limited finances, ignorance of the American college system, culture, and environment, increased familial and career obligations, and limited English skills (Hechanova-Alampay, Beehr, Christiansen, & van Horn, 2002; Erisman & Looney, 2008). A paucity of current and in-depth literature exists particularly regarding the foreign-born nursing student. Further research has been petitioned to include the phenomenological experiences of foreign-born nursing students (Amaro et al., 2006; DeLuca, 2005; Pross, 2003; Sanner, Wilson, &

Samson, 2002), and how cultural values and/or ethnicity may alter student perceptions of faculty teaching behaviors (Cook, 2005).

This research will reveal crucial information regarding student nurse stress and perceived faculty support experienced by foreign-born nursing students. This study will triangulate qualitative perspectives of foreign-born nursing students with the quantified results from standardized instruments; both sets of data examining the same phenomena of student nurse stress and perceived faculty support. Results of this study have the potential for expanding current conceptualizations of culturally competent nursing education, culturally competent nursing care, and an overall increased diversity within the nursing profession.

Theoretical Orientation

Philosophical principles outlined by Martin Heidegger (Benner, 1994; Heidegger, 1962), were used to guide this study. Heideggerian phenomenologists' believe the meanings, experiences, and questions of the individual are all related and tied into how that individual interacts, perceives, and defines the person and their relationship with themselves and others within their own world (Heidegger, 1962; Leonard, 1994). Hermeneutics, which is another term used to describe Heidegger's philosophy simply means to bring out human experiences and relations that are normally hidden (Spielberg, 1976). In essence, hermeneutics serves as the science of interpreting human meaning and experience (Heidegger, 1962; Gadamer, 1976). Heidegger's philosophy seeks to uncover hidden meanings held unconsciously by an individual (Heidegger, 1962). The overall

purpose of this philosophy is to seek a deeper understanding of a phenomenon by uncovering the true meanings of experiences encountered daily (Heidegger, 1962; DeLuca, 2005).

Assumptions

A basic tenet of Heideggerian thought or interpretive phenomenology is the relationship of the individual to the world. Heidegger believes the individual is so highly intertwined into their own *being* within the world, that they will not be able to separate themselves from the world for which they inhabit (1962). The hermeneutic researcher must seek to find true meanings about the individual's being by comments and experiences of everyday life. The researcher focuses on how the meaning of being in the world influences the unconscious values and decisions made on a daily basis (Heidegger, 1962; Lopez & Willis, 2004). In this study, Heidegger's philosophy served as the vehicle which allowed the researcher to uncover the world of foreign-born generic baccalaureate nursing students. The end results of a dialogical relationship between the researcher and sample reflected the set of relationships, questions, skills, perceptions of stress and faculty support, and common everyday practices related to the foreign-born individual's role as a generic baccalaureate nursing student.

The five basic assumptions and philosophical issues associated with hermeneutic phenomenology (Heidegger, 1962) are:

1. Humans are both social and dynamic beings that at all times have a basic understanding of a phenomenon.

2. Understanding constantly presents itself to humans through shared backgrounds and practices such as culture, language, skills, and activities.
3. Because all beings unconsciously embrace this basic understanding, they all are a part of the hermeneutic circle of understanding.
4. Hermeneutic interpretation allows the researcher “to bring personally held knowledge and experiences into the process in an attempt to determine methods, questions, and a correct understanding of the phenomena” (Plager, 1994, pg. 71).
5. Lastly, because interpretation is heavily made through verbal and nonverbal dialogues held between the researcher and sample under study (Heidegger, 1962); the researcher is allowed to bring previously held knowledge about the phenomena into the research process, which aids in developing research questions.

Keeping true to Heidegger’s assumptions throughout this research study, the foreign-born nursing student was constantly emerging and evolving into their individuality based upon interactions and shared experiences with individuals that shared time and space associated with the nursing school experience. True meanings of the foreign-born nursing student’s overall perceptions of the stress and faculty support phenomena were uncovered by engaging in conversations with another individual and/or researcher. Through direct observations, communications, previous experiences and knowledge, the researcher may be able to formulate a set of research questions that help to determine the overall focus of inquiry.

Research Questions

The four research questions for this study were as follows:

1. What are foreign-born senior level nursing students' perceptions of stress experienced in a generic baccalaureate nursing program?
2. What are foreign-born senior level nursing students' perceptions of faculty support while in a generic baccalaureate nursing program?
3. How do foreign-born senior level nursing students' perceptions of stress compare to reported scores on the Student Nurse Stress Index (SNSI) (Jones & Johnston, 1999)?
4. How do foreign-born senior level nursing students' perceptions of faculty support compare to reported scores on the Perceived Faculty Support Scale (PFS) (Shelton, 2003)?

Definition of Terms

The following conceptual and operational terms were used in this study:

1. Foreign-born students are conceptually defined as those students who are not US citizens at birth. Natives or US citizens are those who were born in the US, Puerto Rico, Guam, American Samoa, the US Virgin Islands, or were born abroad of at least one parent who was a US citizen (Larsen, 2004). Foreign-born students are operationally defined as senior II generic baccalaureate nursing students enrolled in course work at the Texas Woman's University (TWU) Houston campus, born in a country other than the US, and have immigrated within the past 10 years.

2. Generic baccalaureate degree nursing program is conceptually defined as a four-year college or university education that incorporates a variety of liberal arts courses with professional education and training, particularly designed for high school graduates with no previous nursing experience (Amos, 2005). Generic baccalaureate degree nursing program is operationally defined as the program offered by Texas Woman's University, Houston campus that results in the degree, Bachelor of Science.
3. Student nurse stress is conceptually defined as factors related to academic load, clinical sources, interface worries, and personal problems (Jones & Johnston, 1997, 1999). Student nurse stress is operationally defined as scores from the SNSI (Jones & Johnston, 1999), as well as the data collected from the focus group and interview transcripts.
4. Perceived faculty support is conceptually defined as the support that results from teacher-student interactions (Shelton, 2003). Perceived faculty support is operationally defined as scores from the PFS Scale (Shelton, 2003), as well as the data collected from the focus group and interview transcripts.

Summary

This chapter discussed the increased need and importance of investigating the sample population of foreign-born nursing students, the purpose including a rationale for which this type of study is needed, and the basic philosophical orientation and assumptions for which the research was based. This study examined student nurse stress

and perceptions of faculty support among senior level foreign-born nursing students enrolled in a generic baccalaureate program of study in the southwest United States. The theoretical context was based upon the philosophical underpinnings of German philosopher Martin Heidegger. Limitations of the study design included a lack of in depth knowledge regarding the triangulation technique at the method level, and the use of a purposive sample from specifically one nursing program in Southwest Texas.

CHAPTER II

REVIEW OF THE LITERATURE

The recruitment and retention of foreign-born nursing students has remained a challenge among baccalaureate nursing programs. Foreign-born nursing students must successfully navigate through a program of study in order to bring the continued and needed diversity into the nursing workforce. Although the foreign-born population enrolled in baccalaureate nursing programs has increased, minimal research has been dedicated to the academic, clinical, and personal stressors experienced among this particular group of individuals.

As a result of their ongoing experiences with academic, clinical, and personal stressors, foreign-born nursing students have been subjected to many different physical, emotional, and psychological ailments. Anxiety, depression, loneliness, and feelings of inferiority are only a few of the identified ailments discussed in the literature (Kayser-Jones & Abu-Saad, 1982). Even so, this group of students has continued to press through their many encountered barriers, and have found the strength needed to survive their life's destiny as it was in being a foreign-born student in a nursing program of study.

Presented in this chapter is a review of literature related to the stressor experiences and perceptions of faculty support held by foreign-born nursing students. The five areas that guided this literature search were suggested by Carl Counsell (1997) as

type of persons, outcome measures, study design, control, and type of exposure. The search strategies employed encompassed searching online databases including ERIC, CINAHL, MEDLINE, PsychInfo, Web of Science, and a hand search of article reference listings.

The primary focus of the search was to locate articles that identified stressors encountered by foreign-born nursing students and their perception of faculty support, using the key search phrases of foreign, immigrant, and international nursing students, nursing faculty support, and acculturation stress. An author search was also conducted citing scholars who had previously published on the topic of interest. Abstracts of relevant article titles were marked for review, not limiting the time frame of articles published. Inclusion criteria explicitly included literature focusing on the stress and acculturation of foreign-born nursing students, and their perception of faculty support. Articles were excluded if the population consisted of any minority group other than those that were foreign-born. A total of 56 references were saved for a more extensive review of the articles' abstract.

This review will cover concepts and topics related to stressors, barriers, and emotions encountered by foreign and American-born nursing students. The chapter will begin with a discussion of stressors experienced by nursing students in general, and gradually progress into the 3 general areas of stress experienced by nursing students; academic stressors, clinical stressors, and personal stressors. The chapter will then proceed into a discussion of issues, stressors, and needs specifically relevant to foreign-

born nursing students. The chapter will conclude with the perceptions of faculty support held by American-born and foreign-born nursing students alike.

Student Nurse Stress

A significant amount of literature has documented stressors of the nursing profession (Jones & Johnston, 1997; Marker, 2001; Timmons & Kaliszer, 2002; Tully, 2004), with initial stressors being introduced while enrolled in nursing school (Deary, Watson, & Hogston, 2003; Gwele & Uys, 1998; Jones & Johnston, 1997; Marker, 2001). Identified as a subjective experience, Selye (1974) defined stress as a “specific response of the body to any demand placed upon it (pg. 27).” Lazarus and Folkman (1984) on the other hand, identified stress as more of a psychological experience, being a “particular relationship between a person and the environment that is perceived as exceeding the individual’s resources” (p. 19). Stressors however are simply defined by Marker (2001) as any environmental demand placed upon an individual. For the purposes of this research, stress will be referred to as the individual’s perception of demanding experiences placed upon them in relationship to their perception of one’s capacity in meeting those demands (McVicar, 2003).

Past literature endorsed by Dowell (1996) discussed the current state of research in regard to recruitment and retention issues faced by minority baccalaureate nursing students. While not always seen as a high priority issue, strategies of recruitment and retention in nursing students have been recorded to mirror the cyclical nature of previous and current nursing shortages. This report mentions that though past recruitment

strategies have shown to be ineffective, to date those same incompetent strategies are still being utilized by institutions of higher education.

Research investigating stressors and coping strategies of academically successful nursing students include the works of Kirkland (1998). The study was conducted at 3 predominantly Caucasian universities in North Carolina. The theory-based COPE scales were administered to a convenience sample of 23 African American female baccalaureate students. Findings suggested that the transition from general college studies to an upper-level nursing program were extremely stressful.

A research brief reported by Gwele and Uys (1998) discussed a comparative descriptive study of major curriculum change during 1992 at Natal University. This study compared 39 students from their old program in 1992 for which students attended clinical coursework simultaneously while attending lecture, to 62 students enrolled in the new 1994 program for which clinical course work was completed at a different time from the lecture course. Study results have shown significant differences in student's perceived levels of stress ($p < .05$) with students from the old program displaying higher perceptions of stress, and feeling more threatened and harmed by the program of study compared to students in the new program.

Marker's (2001) recent dissertation examined the perceptions and practices of 314 nursing faculty in recognizing and addressing stressors experienced by undergraduate students among 157 baccalaureate degree nursing programs in the Midwest. Surveys were conducted across the Midwest in programs accredited by the National League for

Nursing Accrediting Commission (NLNAC) because this region was reported to be most affected by the nursing shortage. Conclusions of this research indicate that while nurse educators were aware of student nurse stressors, they felt helpless because stressors experienced by these students were not within the roles, responsibilities, and/or control of nurse faculty. In addition, nurse educators felt that stress reduction services and/or techniques were included within the nursing curriculum, yet it was seen as inefficient, and faculty felt the need to rely on their educational institution to provide this need for their students.

Deary, Watson, and Hogston (2003) used a longitudinal design to prospectively review antecedents of stress, burnout, and attrition in a total sample of 382 diploma level nursing students in Scotland at three different time points. The results of a scree slope analysis suggested four areas of concern in regard to stress. These four stressful areas were identified as clinical stress, confidence and stressful conflicts with college staff, education stress, and financial stress.

Tully (2004) measured the levels of distress, sources, and ways of coping with a convenience sample of 35 psychiatric nursing students. With the use of the General health questionnaire, the Student Nurse Stress Index, The Ways of Coping Questionnaire, and a demographics questionnaire, this study found that all students were significantly distressed (GHQ-30 scores $r = 0.529$; $p < 0.01$; SNSI scores $t = -2.11$; $p < 0.05$; and the mean GHQ-30 score had a significant correlation with the SNSI total mean score $r = 0.501$; $p < 0.01$) pg 45-46 of Tully article; more importantly, stress levels increased with

advancement in the program of study. The literature was consistent in identifying stressors experienced by nursing students. Although stated with varying terminology within the literature, the following section will group identified stressors and/or barriers into categories termed academic barriers, clinical barriers, and personal barriers.

Academic Stressors

Academic stressors are factors that are related to student involvement in the academic process, and include things such as study skills, academic support services, and academic testing and evaluation methods. While Kirkland's (1998) study documented the minimal significance of financial stressors, a recent longitudinal Australian case study conducted by Lo (2002), examined the perceived level of stress, coping, and self-esteem in a total of 333 undergraduate nursing students. Data analysis using frequency distributions, content analysis, and measures of correlation found that student reports of time management, broken relationships, illness, and the responsibilities of parenthood were identified as primary stressors. Timmons and Kaliszer (2002) also investigated factors that caused stress among third year nursing students in Ireland. A 12-item likert-type questionnaire was administered to one hundred ten students. The use of frequency distributions, mean scores, and principal component analysis confirmed that the emergence of finances and academic-related concerns were most stressful to these students.

A study conducted by Jones and Johnston (1997) used a cross-sectional, descriptive design to examine 2 cohorts of nursing students at different time points.

Cohort One sampled 109 students and Cohort Two sampled 111 students, totaling 220 students in all. With the use of questionnaires, this study revealed a general consensus between the two cohorts of common sources of academic stress. Stressors identified in this study included a fear of failing, amount and difficulty of coursework, lack of free time with long study hours, financial, childcare, and familial responsibilities.

Kornguth, Firsch, Shovein, and Williams (1994) surveyed a random sample of one hundred twelve baccalaureate nursing students from four separate programs. This research revealed that minority students were faced with issues of not being able to navigate and/or negotiate through the academic cultural system. Echoing Kornguth et al's survey, France, Shields, and Garth (2004) conducted interviews on the entire African American student body of a BSN program, which consisted of four participants; and added that minority students also failed to establish community ties, and develop collegial relationships within the educational system.

France et al. (2004) used van Manen's phenomenological methodology to explore the lived experience of the four black nursing students in a predominantly white university located within a southeastern rural community. Audio-taped face-to-face interviews revealed barriers that were interpreted into three emergent themes. These barriers to student success were identified as a lack of academic preparation while in high school, feelings of alienation and ethnic group isolation, and not knowing how the academic system works.

An opinion held by Rodgers (1990) is that minority nursing students are often academically unprepared, putting them at an educational disadvantage which can eventually lead to those psychosocial problems that manifest into perceptions of racism, social isolation, and loneliness. Rodgers further posits that minority students also lack basic skills in reading comprehension, writing, grammar, spelling, and math, as well as communication, synthesis, and analysis of information; however, Griffiths & Tagliareni (1999) challenged those assumptions with the implementation of a Project IMPART Program (Improving Minority Professionals' Access to Research Tracks), which was a collaborative effort between Thomas Jefferson University and the Community College of Philadelphia with two classes of students; the first class had 12 participants and the second class had 14 participants, which yielded a total sample size of 26 students. The outcomes of Project IMPART, which consisted of academic works, research assistantships, and career as well as academic counseling among minority nursing student's, reported that success in nursing school may be influenced by the individual's culture, relationships, and other external factors.

Clinical Stressors

Clinical stressors are those encountered in the clinical arena, and encompass things such as issues with death and dying, an unpredictable clinical setting, inadequacies with time management, and communication deficits with nurse faculty, hospital personnel, and hospitalized clients. Gwele and Uys (1998) reported that unpredictable clinical settings added to the student's anxiety levels, while a third of the students in the

Timmons and Kaliszer (2002) study reported that relationships with teachers and hospital ward personnel produced a certain level of stress among nursing students. These researchers report that being a witness to the process of death, and dealing with patients that may suffer from painful experiences are emotional issues students must encounter while in the clinical setting.

Students would greatly benefit from a faculty and hospital personnel that are supportive in helping them deal with this set of emotions. Tully (2004) echoed this sentiment as the study reports a need for clinical practitioners who encounter students in the clinical area to be more sensitive toward emotional needs and increased levels of stress. Deary et al. (2003) added that clinical, as well as academic factors have been noted as reasons why individuals withdraw from programs of nursing study.

Personal Stressors

Personal barriers are external to the academic process and include financial concerns, employment and familial obligations, and a lack of free time or outside social support networks. According to Rodgers (1990), the University Alienation Scale was administered to a group of minority nursing students on the predominately white campus, and results of the analysis of scaled scores revealed that black students had higher alienation scores than their white student counterparts. This finding adds authenticity to the fact that minority students lack adequate social supports. Rodgers further noted social estrangement was a major factor in the alienation of black students on their campus. Particularly of concern for nursing students in general on their college campus was that

these professional students became so involved in clinical and coursework that they were segregated from the general student population as well, which added credence to the claims of inadequate support systems as well as a lack of individual and/or family free time.

Jeffreys (1998) reported that those environmental or personal variables that a majority of students are destined to experience: (i.e., employment, finances, family responsibilities, and outside encouragement networks) have more significance on influencing a student's level of retention and academic achievement than academic variables (i.e., study skills, study hours, and academic support services). Simply stated, these students have the potential to pass or fail a program of study based upon personal stressors. "Environmental support is believed to compensate for weak academic support" (Jeffreys, 1998, p. 3), as those variables were often found to be restrictive in the areas of retention and academic achievement. This vision of a "can do" attitude may be verified by watching students who embody the characteristic of resilience, as they actually set out and accomplish their goals. Griffiths & Tagliareni (1999) echoed this sentiment as it became clear with Project IMPART students; having a sense of dedication and resilience provided their students with resources as well as opportunities for continued growth.

Kirkland (1998) reported that the most commonly cited personal stressor of nursing students were their reported perceptions of insensitive attitudes held by teachers, and Caucasian student peers, as well as a lack of social support. Survey data was collected from 23 students and analyzed via test-retest correlations and ranked in order of

reported frequencies. A total of 64 responses from these students reported priority stressors to be identified as Personal ($n=7$, 10.9%); Interpersonal ($n=8$, 12.5%); Financial ($n= 11$, 17.2%); Environmental ($n=14$, 21.9%); and Academic ($n= 24$, 37.5%). Although finances were an issue, these students compensated for their financial lack by obtaining loans and borrowing money from relatives. Family conflicts were the most frequently cited personal conflicts. Other stressors in this area were identified as conflicting situations with roommates, advisors, and competitive classmates. Time management or a lack thereof was also a problem reported among the student participants of this study.

Agreeing with this viewpoint, Marker (2001) found that many sources of student stress were attributed to a combination of the student's previously held roles and responsibilities. Lo (2002) added to this thought that broken relationships, work pressures, time management long distance travel to and from school, actual and/or impending illness, and parenthood added to levels of distress. Study results of Timmons and Kaliszer (2002) and Deary et al. (2003) documented financial constraints, and having to survive on such low income levels as a significant personal stressor among nursing students.

Jeffreys (2002) continued research in the area of student retention, in an evaluation study of students that were participants in a semester-long enrichment program (EP). A convenience sample of 28 associate degree nursing students described their perceptions regarding the influence of certain variables on retention and academic success. Results of this enrichment program supports previous findings by Jeffreys

(1998) and Griffiths and Tagliareni (1999) in that students perceived environmental or personal variables as those most influential than academic variables in attaining retention and academic success.

Foreign-Born Student Nurse Stress

Students immigrating to or born outside of the United States face a multitude of barriers while endeavoring to complete educational studies. Issues discussed in the literature include stressors that accompany acculturation and immigration, difficulties with English-as-a-second language, and inadequate cultural competence at the level of undergraduate and university education. The following sections of the review will present literature findings in this manner respectively.

Issues of Immigration and Acculturation

Abu-Saad and Kayser-Jones (1981) and Kayser-Jones and Abu-Saad (1982) conducted a 2 phase qualitative research study at the University of California, San Francisco between 1979-1980, in an attempt to identify problems that foreign-born students experienced while enrolled in nursing programs located in the US. In phase one, 26 interviews were conducted and pilot tested on 8 participants at the same university, then the content was revised for clarity for use in phase two. During phase two, 82 questionnaires were sent to foreign-born students enrolled in 50 accredited programs throughout the US. Findings from phase two of this study revealed that students had difficulties adjusting to the nursing program in that it was very competitive, the pace was fast, and faculty as well as student peers were viewed to be non-supportive. In the clinical

area, these students verbalized difficulty with communicating with their clinical instructors as well as with patients, staff, and medical doctors. In their perception, understanding classmates, supportive faculty members, a better program orientation, and a foreign student advisor, along with more verbal and written feedback from the clinical instructor and additional time in the clinical area would have helped to facilitate their adjustment to the nursing program as well as the clinical area.

Ryan, Markowski, Ura, and Lie-Chiang (1998) initiated the Nursing Education Partnership Program (NEPP) between the BSN program at Emory University and Foo Yin Junior College of Nursing and Medical Technology in Taiwan. Developed in the fall 1994 semester, and continuing with the third group of students in the fall 1997 semester, the program goal was to provide opportunities for associate degree nurses from Taiwan to earn a Bachelor of Science degree in nursing. These authors discussed challenges and successful strategies that were experienced with the program's development. Challenges presented included students with limited verbal and written skills, cultural differences, adjusting to a new social environment, fear and anxiety, being separated from family and friends, and attending to their basic needs of survival. Some students needed assistance with opening a bank account, using American currency, shopping for apartment and living needs, and knowledge in using the public transit system. In an attempt to facilitate the student's success, measures were taken to offer support. Faculty-to-student ratios were kept to a minimum of one to six, with only two of their students being foreign-born and a part of the NEPP program. Because of this low faculty-to-student ratio, instructors

were able to devote more one-on-one time with these students; which helped to provide the student with a sense of acceptance. As communication skills and experiences in the environment increased, foreign-born and American students found common interests, and began to share the “universal anxieties” of higher education. In a sense, the integration of two cultures has served as a method of validating the success of the NEPP program, as program faculty continually strive to keep their focus on the goal of successful cultural blending.

In the May 1995 study conducted by Carty et al. (1998), George Mason University collaborated with a university in Saudi Arabia for the purposes of providing a cross-cultural educational experience. Twelve students that held degrees in different fields participated in a fifteen month accelerated BSN program. Results of this study showed that English proficiency was the greatest challenge to their nursing education. Testing also posed many difficulties because of the student’s limited English proficiency. Clinical experiences often required one-on-one experiences with the faculty simply because of major differences between the western and Saudi Arabian cultures. In the Saudi culture, nurses were viewed as second class citizens, and male/female interactions were strongly segregated, so students in this study had to adjust to caring for members of the opposite sex. Also, American faculty members had to make allowances for the student’s life of continued, around the clock prayer routines in a time intensive nursing program. In addition to all of these things, the Saudi students had to learn to care for themselves by way of cooking, cleaning, household maintenance and repairs. Overall, the

experiences encountered by program participants showed that these students required a great amount of guidance, structure, and encouragement, especially in the clinical area.

Elizabeth Pross (2003) conducted a qualitative descriptive phenomenological study among 27 nursing students in North Dakota, for the purposes of exploring the meaning of international education in the US. Sixteen nursing students completed mailed surveys, while eleven students participated in the phenomenological interviews. The four themes that emerged from the surveys and interviews were identified as preparing, adjusting, caring, and transforming. The preparing phase occurred before immigrating to the US, and included feelings of anticipation and excitement. In this phase, students should have spent their time preparing for their move by researching the new culture, developing a new language, and making any additional advanced plans. In the adjustment phase, students began to feel more comfortable with feelings of shock, after their actual immigration experience to the new country. The theme of caring evolved when students were put in clinical situations that they may not have been prepared for; thus evolving into a more caring attitude. Transforming occurred when the changes made through acculturating to the host country were embedded and accepted within the individual. All of these things of course were reported to be influenced by cultures, values, and beliefs held by the individual student.

Koskinen and Tossavainen (2004) conducted an ethnographic research study with twelve Finnish nursing students between 1995 and 2001 to describe an intercultural exchange program in the United Kingdom. The main categories identified from shared

perceptions of this experience were the transition from one culture to another, adjusting to differences, and gaining intercultural sensitivity. During the transition phase, all study abroad participants reported struggling with feelings of anxiety, anger, frustration, and ignorance in regard to the differences of their host culture. Adjusting to the differences of the host culture in regard to language was the biggest barrier encountered. In the beginning phases of the program, these students shied away from class instructions as well as local inhabitants; as a result, they were totally isolated among Finnish students until they faced their barriers with communication. Gaining intercultural sensitivity was somewhat hindered as there was no debriefing period prior to re-entry into the home country. Students either accepted, minimized, or denied intercultural sensitivity.

Non-Nursing Students

Kosic (2004) used structural equation modeling to examine the influence of motivational factors, socio-cognitive factors, and acculturative stress. Study participants included two groups of immigrants from Rome, 156 from Croatia, and 129 from Poland. Using structural equation modeling (Path Analysis, pg 273-274), results of a 5-page questionnaire revealed that when individuals immigrate to another country against their own personal will, acculturating and adapting to the host country takes a longer time to occur, versus emigrating at will.

Bhattacharya and Schoppelrey (2004) conducted a preliminary exploratory study that retrospectively explored the links between preimmigration beliefs of success with post immigration experiences as they influence acculturative stress among participants.

These researchers conducted semi-structured qualitative interviews with 75 sets of parents residing in New York City. Findings from this study showed immigrants felt that moving to the US would help them in acquiring wealth and *The American Dream* through better opportunities. They felt that they would be able to provide their families with a bigger home, a nice car, and be able to travel; when in reality, their post immigration experiences differed greatly. Once settled in the US, parents found themselves settling for jobs that were not comparable to what they were doing in their home countries in regard to education and levels of experience. Multiple stressors including economic hardships, inadequate housing, and the inability to develop vocational skills were experienced. Although their educational levels were more advanced than earlier immigrants, they reported more difficulties with acquiring the English language. Even after struggling with the realities of immigrating to the US, their preconceived beliefs of wealth and prosperity in the US were unchanged. These parents' beliefs of acquiring a good education only intensified, as they felt their children would experience a better life than they did.

Issues of Education

English as a Second Language Issues

Sanner, Wilson, and Samson (2002) conducted a qualitative study for the purposes of exploring the experiences and perceptions held by international baccalaureate nursing students. The study used a convenience sample of eight female nursing students with heavy Nigerian accents. Transcript analysis revealed 3 themes: social isolation, resolved attitudes, and continued persistence. English as a second language (ESL)

difficulties topped with a heavy Nigerian accent and hesitancy with classroom participation added to the concerns of these students, and further increased perceptions of social isolation. While these issues were viewed as areas of concern, these students relied upon each other for support and encouragement, eliminating their need and/or desires for support services outside of their International network of peers.

Kuo and Roysircar (2004) used the snowball technique among 506 Chinese adolescents who resided in Canada for the purpose of testing the predictors of acculturative stress. Cohort group one included 284 individuals was termed early immigrants, and consisted of Canadian and foreign-born adolescents who arrived in Canada prior to completing elementary school studies. Cohort two included 106 individuals and was termed late immigrants, this group included foreign-born adolescents who immigrated to Canada after elementary school, and Cohort three, consisted of 108 individuals and was termed internationals, which included nonimmigrant students who held visas in Canada. These authors hypothesized that a longer length of stay, cohort status, English reading ability levels, and socioeconomic status would result in a higher level of acculturation, and a lower level of acculturative stress. Actual study results revealed that the variables of this study were significant in predicting acculturation levels (younger immigrants faced less stress and/or difficulties than did older immigrants). Results showed that students for whom English is a second language creates many challenging barriers for immigrant students.

It is the viewpoint of Abriam-Yago, Yoder, and Kataoka-Yahiro (1999) nursing faculty are in a good position to address the learning needs of students for whom English is a second language by instituting aspects of the Cummins Model into their methods and teaching strategies. The Cummins Model has developed a foundation of methods that may be used to make the students for whom English is a second language feel more comfortable, and it also encourages these students to interact more freely within their educational environment. The fundamentals of this model state that faculty are in a position to take highly complex, abstract, and demanding content, and present it in the form of a less demanding, more concrete manner. Sample methods of achieving this task include assessing the students previous experiences with learning, identifying important concepts that will be needed in real life prior to experiencing it, having the students write out learning objectives related to communication for which they may get continued practice and evaluate their own progress, and providing opportunities for the students for whom English is a second language to prepare themselves prior to speaking in front of a group of peers.

Klisch (2000) discussed strategies used at Pacific Lutheran University, located in the Pacific Northwest. Eighteen students for whom English is a second language were the recipients of the services implemented between 1991 and 1998. Services offered included things such as pairing students with one advisor to the students for whom English is a second language throughout their program of study; English language enhancement opportunities, which included meeting monthly one-on-one with an English peer to talk

casually; extended testing time for required nursing exams; increased social supports for which four students for whom English is a second language social events were held each year, faculty development workshops were conducted to help increase cultural competence among nursing faculty; and an implementation and introduction of a required course in culturally competent health care were instituted. Satisfaction survey results of program implementation included very positive feedback. Students were particularly pleased with having their very own advisor who helped to validate feelings of inadequacy and acceptance.

Choi (2005) conducted a literature review regarding issues surrounding the education of nursing students for whom English is a second language. This review discussed problems faced by nursing students for whom English is a second language, The Cummins Model on Language Acquisition, and strategies for educating general students for whom English is a second language as well as nursing students for whom English is a second language. Common problems encountered by these students were issues related to culture shock, depression, anxiety, and discrimination. One key issue identified was the student's ability to effectively speak and understand the English language.

The Cummins Model of Language Acquisition involves understanding the cognitive processes involved in learning the English language. Students for whom English is a second language must first articulate and understand concepts in their native language before interpreting, grasping, and understanding it in the English language, a

process that takes time to master. This model also proposed visual and environmental cues will aid the student in understanding difficult and abstract concepts.

Strategies for educating nursing students for whom English is a second language included the use of computers to enhance reading skills, attending a course on note-taking to improve comprehension and recording of the English language, and continued encouragement to interact with individuals that speak English as a primary language. For the non-nursing, general students for whom English is a second language; the literature reports the importance of building trust between the student and the educator (Abriam-Yago et al., 1999). Faculty should be knowledgeable of different cultural backgrounds, and finally faculty should be aware that individuals from varying cultures may benefit from multiple or different learning styles.

Culturally Competent Needs

Yoder (1996) conducted a study using the principles of naturalistic research and grounded theory to discover issues of educating ethnically diverse nursing students. In-depth interviews were conducted with 26 nurse educators employed in California nursing programs and 17 minority nurses who graduated from California nursing programs. The minority nurse participants represented the Asian-American, African-American, and Mexican-American cultural groups. Findings of this research revealed that responding to nursing students in a culturally sensitive manner is imperative for the minority student population involved. One's cultural awareness needs to be acknowledged so that the process of communication which involves sending cues, interpreting cues, and

acting/interacting based upon cues can occur successfully. Nursing faculty in this study had to learn that there was no magical formula for dealing with one specific culture, but that individuality will emerge within each cultural group, and possessing a basic knowledge of cultural norms, values, and routines would help to facilitate the process of communication.

Yoder (2001) went on to discuss these findings, specifically in relation to one teaching strategy identified in his previous research study, the bridging pattern, which was effective in producing a bridge between two or more cultures. In the bridging pattern, educators adapted their teaching methodologies to the cultural and/or ethnic identity of the student. The results of the bridging pattern yielded many positive results for the ethnically diverse students as their faculty members valued diversity and were competent with varying cultures. These students became empowered by sharing experiences within and among their personal cultures, all while embracing the dominant culture of the university. The issue that was cited most by participating students was a lack of, or a desire for an ethnically diverse role model within their educational institution. The incorporation of the bridging approach simply stated, helped these students deal with feelings of inadequacy, racism, and feeling accepted.

Increased levels of stress among foreign-born nursing students resulted from a lack of cultural competence among American-born faculty members and student nurse peers. Yurkovich (2001) conducted a qualitative grounded theory study in a Western University to identify enablers supportive of Native American Indians in completing

nursing school at the university level. Saturation of interview data occurred after 18 individuals were interviewed. Study results revealed that success of these students was dependent upon and strongly webbed with core variables identified as instructors, institutions, and other external factors. Yurkovich (2001) added that a cultural dominance within nursing programs did not account for the values or beliefs of outside cultures, which further added to the student's general feeling of not fitting in.

Heideggerian phenomenology was used by Doutrich (2001) to explore experiences of 22 Japanese nurse scholars within academic settings located inside the US. Cultural issues and communication differences in regard to meaning interpretation were the main emphasis of perceptions of the participants. In the Japanese culture, they are not quick to provide self-disclosure, whereas self-disclosure is common in the American culture. With this in mind, these scholars struggled with this issue and suffered from feelings of loneliness, stress, and isolation. The importance of an advisor was a strong theme echoed in this research. Communication exchanges were often missed due to cultural differences, and students were reluctant to seek out their instructors for help; likewise, faculty initiated the needed communication, but it was often too late as the student was already in academic jeopardy. The two most difficult aspects of receiving an education in the US were reported by these participants as learning to speak out in lecture class and learning how to function in a group situation.

Koskinen and Tossavainen (2003) conducted research to describe the relationship between Finnish nurse tutors and British nursing students at Pohjois-Savo Polytechnic in

Finland. Forty-six nursing students participated in a program lasting for 3 to 4 months between March 1997 and June 2001. Study participants consisted of seven Finnish nurse teachers who also served in the role of nurse tutor. Findings of this research revealed that in the eyes of the tutor, students faced a culture shock in regard to cultural differences as well as language barriers, and that tutors were also successful in reducing levels of student nurse stress, which helped to facilitate learning in a foreign culture.

Janelle Gardner (2005) described a qualitative study conducted at four different university campuses in California with an approximate nursing student enrollment between 150 to 200 students, and a minority enrollment of approximately 15% at each school. A total of fifteen racial and ethnic minority students participated in this study. Results of this study identified eight emergent and common themes among foreign-born as well as American-born minority students. Themes were documented as loneliness and isolation, differentness, absence of acknowledgement of individuality from teachers, peers lack of support from teachers, coping with insensitivity and discrimination, determination to build a better future, and overcoming obstacles. Garder (2005) reveals that foreign-born and American-born minority students perceive their white peers to have a lack of respect in regard to discussion style.

Amaro, Abrian-Yago, and Yoder (2006) reported the ambivalence to the impact that family can have on the student nurse in a qualitative research study, using the previous research by Yoder (1996) as a foundation. Using grounded theory, this study explored the perceived barriers and factors that hindered and/or facilitated the completion

of the nursing program among ethically diverse students. All 17 study participants had previously graduated between six months to two years of an Associate Degree Nursing or Bachelor of Science program. Results of this study confirmed the earlier findings of Yoder (1996) in that the four categories of student needs were identified as personal needs, academic needs, language needs, and cultural needs. Emotional support and motivation were viewed as a positive factor in the student's life, while financial responsibility and familial expectations added to the student's stress level. These students needed the benefits of tutoring and also lacked adequate study skills.

In the opinions and viewpoints of several authors (Pardue & Haas, 2003; Xu & Davidhizar, 2005; Pacquiao, 2007), cultural competence in nursing education is paramount. Success with any international teaching endeavor will require complex communication patterns, cultural competence, and a willingness to adapt to new ways of teaching. Continued contact with diverse groups of people will lead to the practice of intercultural communication, and enhance the process of acquiring advanced knowledge among all cultures which inadvertently will increase diversity among those involved in the process. Stereotyping and generalized assumptions need to be avoided as there are varied levels of diversity between and among cultural groups.

Perceived Faculty Support

Reviewed literature supports the notion that a characteristic of a supportive faculty is beneficial in the overall success of nursing students (Cook, 2005; Griffiths & Tagliareni, 1999; Jeffreys, 2002). Timmons & Kaliszer (2002) echo this notion as they

report student-faculty relationships to be a possible source of stress for and among nursing students. This section of the review will first discuss student nurse perceptions of faculty support, then progress to the perceptions of faculty support as viewed in the eyes of the foreign-born nursing student.

Student Nurse Perceptions of Faculty Support

Gignac-Caille and Oermann (2001) used a descriptive exploratory design and a self-reporting questionnaire to identify perceptions of both student nurses and nursing faculty of an associate degree nursing program (ADN) in regard to characteristics of effective clinical faculty. Two hundred ninety-two students ($N=292$) from various levels of the ADN program and 59 full-time and part-time nursing faculty were randomly selected from five programs located throughout Michigan completed the Nursing Clinical Effectiveness Inventory Survey, which ranked 48 clinical teaching behaviors on a Likert-type rating scale. Results of this study were grouped into five subscales, identified as teaching ability, interpersonal relationships, personality traits, nursing competence, and evaluation. “Demonstrates clinical skill and judgment,” and “explains clearly” were the two most important characteristics identified by both students and faculty.

Elisabeth Shelton (2003) used a cross-sectional design to study the relationship between student’s perceptions of faculty support in relation to nursing student retention. Nine NLNAC accredited ADN programs from Pennsylvania and New York used The Perceived Faculty Support Scale to sample viewpoints held by 458 nursing students. Study results showed that students who progressed from the beginning to the end of the

program held a more positive perception of faculty support than students who either failed academically or withdrew voluntarily from the ADN program. These completing students were also reported to have received more psychological support from faculty as well as were able to utilize other functional support services more than their counterpart peers.

In a qualitative study conducted by Papp, Markkanen, and von Bonsdorff (2003), Colaizzi's phenomenological approach used unstructured interviews to describe perceptions held by 16 of the second, third, and fourth year Finnish student nurses in regard to learning experiences in the clinical area. The four themes describing clinical learning experiences were identified as the students need to feel appreciated by the nursing care team, their need for support from a clinical mentor, a need to experience quality client care assignments to help prepare them for future clinical care as a professional, and finally their need to maintain self-directedness and becoming aware of personal limitations, potential, and responsibility in the clinical practice area.

Wieck's (2003) descriptive study explored two very different groups of people in an attempt to identify those qualities that younger students desire of those in leadership or faculty positions. The Emerging Workforce Preferences Survey, which groups 56 descriptors into the four categories of intrinsic qualities, acquired skills, attitudes, and personal characteristics used a modified Delphi technique to examine preferences among entrenched workforce members ($n=40$) and include individuals between the ages of 40 and 68, and emerging workforce members ($n=176$), and was representative of

baccalaureate degree, associate degree, and diploma programs statewide. Study findings revealed that emergent workforce members desired educators that have the ability to provide a great deal of personal attention. As a supplement to classroom activity, the emergent workforce want educators that are willing to both motivate and nurture them through the process.

Cook (2005) used a descriptive, correlational, and comparative quantitative design to study the perceptions of inviting teaching behaviors of clinical nursing faculty among 123 junior level and 106 senior level baccalaureate nursing students. A demographic data questionnaire, The Clinical Teaching Survey, and a Self-Evaluation Questionnaire were completed to reveal student perceptions. Study results indicated that when clinical faculty show inviting behaviors towards students, anxiety levels are increased. In contrast, anxiety levels are decreased when these behaviors are viewed to be uninviting by the student. Also, junior level students perceived faculty to display more personally inviting behaviors than sampled senior level students even though their levels of anxiety were comparable, meaning senior level students also desired, and could possibly benefit from the same levels of emotional support received by junior level students.

Foreign-Born Student Nurse Perceptions of Faculty Support

With a surge towards culturally competent care as well as culturally competent education, foreign-born student perceptions of faculty support may hold an even greater level of significance. Shakya and Horsfall (2000) explored the experiences of nine first-

year English as a second language (ESL)/International nursing students. This empirical research study was conducted by an international honors student at a large Australian University. Main issues articulated by these student participants were separated into two categories, identified as challenges and supports. Challenges were incorporated into areas listed as language, perception of ethnocentrism, and lack of orientation. Supports were documented from not only family and friends, but from the students own personal will to survive, and from the University as well. In terms of faculty supports, study participants felt that it was there, yet they still had a desire for more.

Nahas and Yam (2001) used a convenience sample of 189 undergraduate nursing students ($N= 58$ first year students; 46 second year students; 44 third year students; and 41 fourth year students) in a descriptive design at one four year university in Hong Kong to identify and explore student nurse perceptions of effective characteristics of clinical faculty. Study results reveal that nursing students regard clinical faculty as role models. The most important characteristics were listed as professional competence, no matter what level or year the student is in the program. Following the importance of professional competence was that of interpersonal relationships, and the clinical teacher's personal attributes.

Evans and Greenberg (2006) conducted a comparison study between the atmosphere of a baccalaureate program and the milieu of a nursing workforce diversity grant with a population of 15 Hispanic/Latino and American Indian nursing students. A 76-item questionnaire measuring the effectiveness of grant services revealed that students

desired a more trusting, caring, and culturally congruent environment to feel verified. A difference ($t(34)= 3.174, p = .003$) in satisfaction across the two climates was noted on “caring and respect” and “atmosphere” ($t(33)= 3.267, p = .003$), with the grant climate rating higher (p. 301-302).

Summary

An extensive review of the literature has suggested the importance of attending to the needs of International nursing students in the United States. Added to this fact, multicultural healthcare personnel are needed to provide culturally competent client care within and throughout the community (Abriam-Yago et al., 1999). In a profession that is facing a national nursing shortage, an aging workforce, and a shortage of adequately prepared nursing faculty (Buerhaus, Staiger, & Auerbach, 2000; Donelan, Buerhaus, Ulrich, Norman, & Dittus, 2005; Evans, 2004; Government Accountability Office, 2001; Goodin, 2003; Health Resources & Service Administration, 2001; HRSA, 2004; Leners et al., 2006; National Advisory Council on Nurse Education and Practice, 2000; Sigma Theta Tau, 2000; SREB, 2002), diversity within and among nursing students and professionals are essential.

Outcomes of many studies revealed congruence regarding foreign-born student reports of experienced racism, social isolation, not fitting in, and feelings of alienation and depression (Amaro et al., 2006; Evans & Greenberg, 2006; France et al., 2004; Gardner, 2005; Kornguth et al., 1994). Other important barriers echoed in the literature (Jordan, 1996; Kirkland, 1998; Rodgers, 1990; Yoder, 1996, 2001) were: discrimination,

isolation, and loneliness. Also of importance, the literature reviewed (Abriam-Yago et al., 1999; Abu-Saad & Kayser-Jones, 1982; Carty et al., 1998; Doutrich, 2001; Pardue & Haas, 2003; Ryan et al., 1998; Sanner et al., 2002) indicated that English proficiency was highly correlated with success in nursing school.

Among those study's that discussed second degree seeking nursing students (Carty et al., 1998; Ryan et al., 1998), adaptation to community resources, faculty members that demonstrate flexibility in teaching modalities, and clinical experiences that oftentimes required extensive one-on-one encounters with faculty were areas identified as essential to the international nursing student's overall academic success. When students take on the task of "cultural blending," even the minutest of interactions were likely to cause conflicting moments. Value systems and a totally new way of life must be initiated and adapted in addition to the student's academic studies. Acculturating into a new culture may not only become time consuming, but difficult as well, adding to an increase in the experienced stressors of those students involved.

Of particular significance to this study, students struggling with language interpretation and ESL issues (Abrium-Yago et al., 1999; Klisch, 2000) had difficulties keeping up with fast paced lectures, as well as take home reading assignments. The reviewed literature suggested that students are stressed in areas of time management, familial and financial responsibilities, a non-supportive faculty environment, and navigating through the college system. More importantly, identified factors of immigration and acculturation add to the stressors experienced by foreign-born students

which may directly reinforce or influence the experienced stressors, barriers, and pressures associated with nursing school enrollment.

Increased faculty support by way of cultural competence and diversity will be beneficial in aiding these students as they reach their academic and professional goals. The literature was consistent in identifying the need for a designated minority faculty member in the role of a student mentor and/or personal contact for non-dominant cultured individuals. Students have continued to long for a faculty member that is not only caring and understanding of their needs, but they also desire one that can be a respectful and trusting role model. After all, as gatekeepers to the profession, the faculty member is in a very influential position in regard to the future careers of their students.

The findings of the reviewed literature are consistent with the research questions of this study, as the student's experienced stressors and perceptions of faculty support are issues still relevant among nursing programs of study today. Foreign-born nursing students have and will continue to experience a multitude of barriers while seeking educational advancement in the U.S. until serious endeavors are initiated to close the gap in the issues of acculturation and adaptation, stress, and perceived faculty support as identified by the foreign-born nursing student are fully understood. Because of this, there is a marked need to conduct the current study which will focus on the experiences and perceptions of foreign-born baccalaureate nursing students. This study will assist educators in recognizing the needs of students who will more than likely benefit from the use of new recruitment and retention strategies to be successful in completing a nursing

program of study and pass the NCLEX-RN exam, which will ultimately aid in alleviating the nation's severe shortage of a culturally diverse workforce.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

An interpretive phenomenological study design was used to examine the stress experiences and perception of faculty support among foreign-born generic baccalaureate nursing students. The phenomena of student nurse stress and perceptions of faculty support were examined using a triangulation methodology. According to Dabbs, Hoffman, Swigart, Happ, Iacoma, and Dauber (2004), triangulation occurs when differing paradigms are alluded to in the research technique. Although support is mounting for this methodology, Dabbs and colleagues (2004) concur that there remains a need to further explore its use. By definition, triangulation involves the use of two or more data collection methods while studying the same phenomenon (Polit & Beck, 2004). The goal of interpretive phenomenology is to study persons, events, and practices within their own terms, while the researcher moves back and forth between the participant's described situations and the researcher's personal knowledge of the phenomena, so that an in-depth description of the world and self, according to the participant's voice, can be clearly understood (Heidegger, 1962; Benner, 1994; Polifroni & Welch, 1999; Lopez & Willis, 2004). This study examined and uncovered the meaning of stress experiences encountered by foreign-born nursing students enrolled in an upper division baccalaureate program curriculum, as described by the participants upon their

reflection of how they live, experience, and cope with the stress phenomenon (Creswell, 1998).

In order to further gain a more accurate representation of the phenomena, this study incorporated a triangulation or mixed-methods approach. Triangulation, often referred to as mixed methods, is defined as the use of more than one theoretical perspective, methodological approach, data source, or investigator in the same study (Polit & Beck, 2008; Speziale & Carpenter, 2007; Thurmond, 2001). Sandelowski (2000) states that the mixed-methods approach is neither paradigm nor method linked. Rather, triangulation can occur at the paradigm, method, or technique level. Green, Caracelli, and Graham (1989) believe that combining these techniques at this level will accomplish (a) triangulation which ensures corroborated data; (b) full elaboration with the analysis of results; and (c) guiding further sampling, data collection, and analysis techniques. The overall purpose and benefit of a triangulation or mixed-methods study is to study data about phenomena in order to better present an accurate representation of reality and reveal new information related to the problem (Polit & Beck, 2008; Thurmond, 2001).

Morse, Wolfe, and Niehaus (2005) further refine the role of the qualitative theoretical paradigm, also referred to as the theoretical drive or thrust, in a mixed-methods design. The core component of a mixed-method's study is the primary study and the core method is used to examine the research questions (Morse et al., 2005). The supplementary component can be one or more strategies used to obtain additional data to

supplement and provide additional description of the phenomenon under study (Morse et al., 2005).

For this study, the qualitative paradigm remained as the worldview of the researcher. This research triangulated qualitative and quantitative data at the methods level. Methodological triangulation has the potential benefit to uncover meaningful information and research findings that may not have been revealed with the use of a single methodological approach (Thurmond, 2001)

This study had a qualitative theoretical thrust and the core data collection method was a combination of two types of qualitative data collection methods: focus group interviews with follow-up individual interviews. The quantitative data, also referred to as the supplementary component, was composed of data collected in a larger study that examined nursing student stress and perceived faculty support. This quantitative data was collected at the same time, during the last weeks of the senior semester, and therefore is referred to as a simultaneous supplementary strategy (Morse et al., 2005).

A focus group approach with follow-up individual interviews was utilized to collect qualitative data. Quantitative data was obtained from a secondary data analysis of a larger study that included the same foreign-born nursing students. Demographic data were collected to describe the student population. Standardized instruments, the Student Nurse Stress Index (SNSI) and Perceived faculty Support (PFS) scales, were used to provide a means for quantitatively measuring student nurse stress and perceived faculty support. An interview schedule was developed and pilot tested by the researcher and was

used to guide focus group and individualized follow up interview discussions. This chapter will discuss the setting, sampling procedures, and the handling of human subjects; followed by a discussion of quantitative instruments, and findings of the pilot study. Data collection and analysis methods will also be reviewed.

Setting

The study was conducted at Texas Woman's University (TWU), College of Nursing, Houston campus, which is a satellite location that houses an upper division generic baccalaureate nursing program, graduate nursing programs, and other programs of health-related disciplines. The satellite campus is located within a large metropolitan city in Southwest Texas with an enrollment of more than 1,300 students majoring in nursing, physical therapy, library science, healthcare administration, occupational therapy and nutrition. As reported by *US News and World Report* (2008) magazine, TWU ranks third in the state and 21st in the nation among universities with the most diverse student populations.

Population and Sample

A purposive sample of ten foreign-born baccalaureate senior II nursing students enrolled at Texas Woman's University, College of Nursing, Houston Campus, and who were, at the time also enrolled in a larger quantitative study examining nursing student stress, were recruited to gain qualitative perspectives of the stress and perception of faculty support phenomenon. Although phenomenologist's tend to rely on 10 or fewer participants to study a phenomenon, previous studies examining the student nurse stress

experience reported using sample sizes that ranged from 4 to 15 participants (France, Fields, & Garth, 2004; Gardner, 2005; Griffiths & Tagliareni, 1999; Leners, Sitzman, & Hessler, 2006). A projected sample size of twenty was used simply as a means of establishing credibility and increasing validity of research findings. Adjustments to the projected twenty participants was then guided by and based upon the data saturation process. Data saturation, which involved the redundancy of information, occurred when no new data became evident with further data collection efforts (Polit & Beck, 2004). Sample size was “considered adequate when interpretations were visible and clear, new informants revealed no new findings and meanings from all previous narratives became redundant” (Crist & Tanner, 2003, p. 203). In this research, the use of a 6 member focus group, followed by individual interviews with new informants aided in validating and confirming ideas, themes, and affirmations for the analysis process. Students were recruited from a cohort of foreign-born students ($N= 30$) enrolled in a larger study that examined student nurse stress. The rationale for recruiting these students was to receive exposure to the quantitative data previously collected on the stress and perceived faculty support study variables. These students were recruited via email and classroom announcements as well as by flyers and word-of-mouth.

Protection of Human Subjects

The proposed study was approved by the Texas Woman’s University Institutional Review Board in Houston, Texas (Appendix A). Potential risks related to participation in the study were minimal, and included loss of confidentiality, discomfort and/or

embarrassment, and fatigue during the focus group and/or follow-up interview discussions. Participant confidentiality was protected to the extent that is allowed by law. To avoid loss of confidentiality, a code name rather than real names were used on transcription. Audio tapes, digital recordings, and data analysis files were retained in a locked file cabinet in the researcher's home. Only the research team had access to the data. Participants were made aware that they may refuse to answer questions if discomfort and/or embarrassment regarding the interview questions were experienced. The researcher was in the room at all times leading the focus group session, and solely conducted the follow-up interviews. The researcher notified participants that she would continually monitor for non-verbal cues indicating potential discomfort or embarrassment, and would stop the interview if participants were distressed. The researcher stated that she would refer and encourage individuals to contact a personal health care provider if necessary.

Research participants were allowed to take a break and/or stop the interview at any time if fatigue occurred. At the end of the study period, all tapes were erased and identifiers eliminated from transcription jump drives. No names or other identifying information were included in any publication. The researcher attempted to prevent any and all problems that may have occurred due to this research. TWU did not provide medical services or financial assistance for injuries that might have occurred due to taking part in this research study. Participants were instructed to let the researcher know at once if there was a problem that needed to be addressed.

Instruments

A demographic survey form (Appendix B) and a semi-structured interview schedule (Appendix C), based upon literature related to foreign-born students, stressors, and perceptions of faculty support, was developed by the principal investigator. Stress related questions were also derived from the Student Nurse Stress Index (SNSI) developed by Martyn Jones and Derek Johnston (1999). Questions related to perceptions of faculty support were based on information from the Perceived Faculty Support Scale (PFS) developed by Elisabeth Shelton (2003). Questions for the follow-up individual interviews will be formulated from the findings of the focus group discussion as well as confirmed and validated information from previous individual interview participants.

Student Nurse Stress Index

The SNSI was developed by Jones and Johnston (1999) and tested in the United Kingdom (Appendix D). Derived from the 43-item Beck and Srivastava Stress Index (BSSI) (Jones & Johnston, 1999), the SNSI is a 22-item scale that was developed using the four factor structures of academic load, clinical concerns, interface worries, and personal problems. Scoring instructions for the SNSI were written clearly and were easy to understand. No special training or expertise was required to administer or take the SNSI. For each situation encountered during the education process, student participants were asked to indicate how stressful each situation had been in the past month. Items were ranked from 1 to 5 with 1 meaning not stressful and 5 meaning extremely stressful (Jones & Johnston, 1999). Scores were summed on items 1 to 22 with an overall total

score ranging from 22 to 110. The academic load factor relates to the students involvement in the academic process, and included things such as study skills, academic support services, academic testing, and evaluation methods (Jones & Johnston, 1999). This factor summed items 1, 2, 3, 8, 14, 18, and 20 to give a subscale total ranging from 7 to 35. The clinical concern factors involved those encountered in the clinical arena, and encompassed things such as issues with death and dying, an unpredictable clinical setting, inadequacies with time management, and communication deficits with nurse faculty, hospital personnel, and hospitalized clients (Jones & Johnston, 1999). This factor summed items 13, 14, 16, 17, 18, 19, and 20 to give a subscale total ranging from 7 to 35. Personal problem factors were external to the academic process and included financial concerns, employment and familial obligations, and a lack of free time or outside social support networks (Jones & Johnston, 1999). This factor summed items 9, 10, 11, and 12 to give a subscale total ranging from 4 to 20, and the interface worries included things such as competition with peers, attitudes and expectations of professionals towards the student, and the college response to student needs (Jones & Johnston, 1999). This factor summed items 4, 5, 6, 7, 15, 21, and 22 to give a subscale total ranging from 7 to 35. Subscale scores were not to be summed in an effort to obtain an overall SNSI total (Jones & Johnston, 1999). The SNSI demonstrated concurrent and discriminate validity, cross-sample factor congruence, and good reliability measures with reported Cronbach alpha \geq 0.70 across a range of reporting conditions (Jones & Johnston, 1999; Tully, 2004).

Permission to use the tool was obtained from Dr. Martyn Jones, corresponding author of the Jones and Johnston (1999) derivation of a brief SNSI.

Perceived Faculty Support Scale (PFS)

The PFS scale (Appendix E) was developed by Shelton (2003) as a means for measuring student perceptions of faculty support received in their nursing program. Factor analysis of the 24 item PFS scale revealed two subscales of 12 questions each designed to measure psychological and functional support. Psychological support involved an enhanced sense of competence and self-worth, whereas functional support involved those behaviors that aid students in performing tasks and achieving established goals (Shelton, 2003). The factor analysis further revealed that the PFS scale provided greater emphasis on psychological support than functional support (Shelton, 2003). Scoring instructions for the PFS scale were written clearly and were easy to understand. No special training or expertise was required for tool administration. For each situation encountered during the education process, the student participants were asked to think of all faculty members within their program of study and indicate how strongly they agreed or disagreed with the statements presented. Each item within the PFS scale was scored using a 5-point scale that ranged from strongly disagree to strongly agree, with 1 meaning strongly disagree and 5 meaning strongly agree (Shelton, 2003). Scores were summed on items 1 to 24 to give an overall total score that ranged from 24 to 120. The higher the overall score, the higher the student's perception of faculty support. The PFS Scale showed content validity and excellent reliability measures, with Cronbach's alpha

coefficients that ranged from 0.92 to 0.96 among two reporting conditions (Shelton, 2003).

3.2.2 Data Collection

After recruitment efforts consisting of email and classroom announcements, posting flyers, and word of mouth, interested participants contacted the researcher. At that time, an introduction to the study along with four screening eligibility questions:

1. In what country were you born?
2. What year did you immigrate to the US?
3. Are you a TWU-Houston nursing student?
4. What semester are you enrolled in? Once participant eligibility was determined,

student participants were asked to meet the researcher over lunch, which was provided.

A focus group agenda and ground rules were disseminated for use by the research investigator. The researcher developed discussion guide which included a semi-structured list of interview schedule questions was used to guide the focus group discussion. There was one focus group session lasting 45 to 60 minutes in length and consisted of 6 senior II students. Follow-up individual interviews were conducted with 4 different senior II students in order to clarify, validate, confirm, and compare findings. New lines of inquiry were established for follow-up interviews according to comments, questions, and group discussions that emerged in the focus group session. From that point, the researcher may have potentially conducted one additional focus group; approximating 30 to 45 minutes in length as a method of making final changes or confirmations in the depth of

understanding. In combination, the use of focus group and individual participant interview sessions helped establish credibility while investigating, and uncovering how the senior II baccalaureate students experienced stress (Patton, 1990).

To maintain credibility, the researcher, who had undergone training on data collection techniques, participated in the focus group session, as well as conducted all follow-up interviews. The researcher used the original interview schedule to conduct the focus group session, and developed new lines of inquiry as they emerged for all follow-up interviews. The researcher is a former Professor of Nursing of an ADN program of study. For approximately 6 years, the researcher held the responsibility of interacting with junior and senior level students in a large community college setting located in Southwest Texas. To further enhance validation of participant comments, the triangulation method was used to confirm as well as compare qualitative and quantitative data.

All focus group and individual interviews were audio-taped, using 2 digital voice recorders and transcribed word for word immediately after the cessation of each segment of the data collection process (by a professional transcriptionist). The use of two digital voice recorders helped to alleviate and avoid loss of data due to human error or technological difficulties. Any names mentioned in the interview or focus group discussion process were deleted or converted into a pseudonym for confidentiality purposes. At the conclusion of the focus group, participants were thanked for their interest and compensated with \$20.00 cash. Immediately following the focus group

session, the principal researcher identified obvious themes, emergent follow-up questions that may have needed to be asked, and rated the effectiveness of the focus group meeting. Analysis of the focus group session occurred by first comparing tapes for integrity, then transcribed verbatim. The principal researcher analyzed data for common themes, differences, and identified patterns, and submitted to committee members for auditing and accuracy. New lines of inquiry were finalized for use in the follow-up interviews, while the researcher began recruitment efforts for the follow-up interviews by sending email announcements, posting flyers, and making verbal announcements. Individual follow-up interviews concurred until data saturation was obtained. All individual interview participants were thanked for their participation in the research, and compensated with \$20.00 cash. Audiotapes, digital recordings, and data analysis files were retained in a locked file cabinet in the researcher's home for the duration of the research study process.

Data were derived from comparing qualitative research findings to the SNSI and PFS score results, which both consisted of identified subscales. Student confidentiality was protected by removing all identifiers from the spreadsheets of quantitative data, and assigning pseudonyms to all qualitative interview participant data. Scores were obtained during the months of April and May 2008 at the same point in time, the end of year 2 (senior) just prior to graduation.

Pilot Study

A hermeneutic interpretive phenomenological pilot study was conducted in order to test the methodology. The study was approved by the Texas Woman's University (TWU) Institutional Review Board in June 2007. Pilot study participants were recruited from junior II generic baccalaureate nursing students enrolled at TWU, College of Nursing, Houston campus. A total of 5 students were recruited however all did not meet the eligibility criteria of length of time in US. The final sample consisted of three females, ranging between the ages of 20 and 40 ($M= 28.7$ years, $SD= 5.4$). The countries represented were Brazil, Nigeria, and Vietnam. These women reported being in the US between 53 and 117 months ($M= 80.7$ months, $SD= 9.0$); an average of 6.7 years. Two women reported naturalized U.S. citizenship.

Repeated and enduring patterns throughout data collection resulted in six emergent themes. To preserve the richness of meanings, and to strengthen credibility, the researcher remained truthful to the participants' own words. The six salient themes were identified as (a) an overwhelming feeling, (b) false expectations, (c) issues of communication, (d) feelings of guilt, (e) demeaning experiences, and (f) desires for support. The pilot study confirmed that being enrolled in a baccalaureate program was stressful for a small group of ethnically diverse foreign-born nursing students. In order to address cultural competence and increase the overall diversity within the nursing profession, educators must seek to bridge the gap of stressors encountered by foreign-born nursing students. As highlighted in this study, until the perspectives of foreign-born

nursing students are fully understood, the bridging of these gaps will not occur; hence limiting foreign-born student success and cultural diversity within and among the overall nursing profession.

Treatment of Data

Demographic information was analyzed using descriptive statistics. Qualitative data was transcribed using Crist and Tanner's (2003) 5-phase hermeneutic interpretive analysis process, which included (1) Early focus and lines of inquiry; (2) Central concerns, exemplars, and paradigm cases; (3) Shared meanings; (4) Final interpretations; and (5) Dissemination of the interpretation. During phase 1 of the analysis process, transcripts were evaluated for any missing or unclear data. In phase 2, central concerns, themes, or meanings that emerged from the transcripts were written, revised, reviewed, and re-written.

As central concerns of each participant became clear, Phase 3 occurred while common themes, meanings, and shared practices were identified through comparing and contrasting interview, observation, and focus group texts. Phase 4 involved the final in-depth interpretations that resulted from central themes and summaries of interview texts. The final one-on-one follow-up interviews served as an attempt to address pending or overlooked lines of inquiry. In Phase 5, the interpretive research team incorporated the final process of scrutiny, rigor, and credibility by sharing findings with faculty for further input and analysis (Lincoln & Guba, 1985; Patton, 1990). Responses of faculty advisors and the interpretive team were incorporated into the final draft.

Quantitative data was analyzed using SPSS Version 16.0 software. Descriptive statistics were obtained on subscales and total scores of the research instruments. Data was triangulated by comparing meanings of the qualitative research statements to the quantitative research scores obtained from the results of the SNSI and PFS scales to further ascertain and establish credibility and confirm the reality of research findings to the actual stress and perceived faculty support phenomenon. Crist and Tanners (2003) hermeneutic method of analysis was used to develop thematic statements from the focus group and follow-up individual interviews. Transcripts from the qualitative interviews were used to ascertain the overall congruency of the two methods in the same cohort of students and phenomena.

Research Questions 1 and 2, which examined the student's perception of stress and perceived faculty support among foreign-born nursing students in a generic baccalaureate program were analyzed by presenting a description of qualitative responses from the interview and focus group session contrasting the description to the quantified scores of the SNSI and PFS scale; using a sample of the same cohort group of students. Questions 3 and 4, which required a comparison of qualitative and quantitative analysis results were reviewed for similarities or differences in identified types of stressors or perceptions of faculty support.

Summary

This chapter began with a discussion of the interpretive phenomenological method of inquiry and the application of the theoretical thrust and supplemental

component of the triangulation methodology. A comprehensive description of the setting and sample was included as well as the program of nursing education within that setting. The protection of human subjects, informed consent, and instruments used including issues of reliability and validity were discussed. The processes of collecting, analyzing, and storing data were also described.

CHAPTER IV

RESULTS

Student Nurse Stress and Perceived Faculty Support:

A Triangulation Study with Foreign-born Baccalaureate Nursing Students

(Junious, Malecha, Tart & Young, 2008)

In 2003, the foreign-born population in the United States (US) totaled 33.5 million, representing 11.7 percent of the total population (Larsen, 2004). The number of international students enrolled in colleges and universities in the US increased by 3% to a total of 582,984 in the 2006/07 academic year (Institute of International Education, 2007). These statistics are reflected in the changing demographics of nursing students (Choi, 2005; Evans & Greenberg, 2006) with research indicating that minority nursing students are at high risk for failure and attrition (Gardner, 2005a; Jeffreys, 2007b). Within nursing education, there continues to be a need to investigate not only the growing diversity within nursing education but whether or not minority, including foreign-born and international, nursing students are experiencing unique stress or stressors that impact their success.

Stress in nursing students has been well researched and nursing students suffer from a variety of stressors such as fear of failure, financial issues, patient care responsibilities, and balancing school work with personal life (Jones & Johnston, 1997; 1999). Additionally, the greater the stress experienced, the greater the negative impact

stress has on student learning and success (Gwele & Uys, 1998; Jones & Johnston, 1997). Studies investigating the impact of stress on nursing students have indicated that perceived faculty support can mediate the effects of the stress experience (Campbell & Campbell, 1997; Magnussen & Amundson, 2003). In almost all studies investigating stress in nursing students, foreign-born or immigrant nursing students have been grossly underrepresented. There have been studies focusing on the stress and stressors of minority or ethnically diverse nursing students, as well as students for whom English is a second language (Amaro, Abriam-Yago, & Yoder, 2006; Choi, 2005; Gardner, 2005a; Jeffreys, 2007a). However, most of these studies lump together these diverse student populations and fail to differentiate between foreign-born and non-foreign-born students.

A review of the literature focusing exclusively on those study samples with only foreign-born or international nursing students found that the main stressors related to nursing school were language and communication concerns, difficulty adjusting to the host culture and customs, and lack of support from faculty and fellow students (Abu-Saad & Kayser-Jones, 1981; Brown, 2008; Carty, Hale, Carty, Williams, Rigney, & Principato, 1998; Gardner, 2005b; Kayser-Jones & Abu-Saad, 1982; Pardue & Haas, 2003; Ryan, Markowski, Ura, & Liu-Chiang, 1998; Sanner, Wilson & Samson, 2002). Studies conducted within the general college and university setting with foreign-born students report that the barriers experienced are similar to that of the foreign-born nursing student (Erisman & Looney, 2008; Hechanova-Alampay, Beehr, Christiansen, & van Horn, 2002; Olivas & Li, 2006). Overwhelmingly, most of the literature examining minority or

ethnically diverse and foreign-born nursing students concludes that the role of the faculty and faculty support can have significant impact on the success of the student (Amaro et al., 2006; Gardner, 2005b; Jeffreys, 2007b; Sanner, Wilson, & Samson, 2002). A paucity of current literature exists examining the experiences of foreign-born nursing students and how these experiences, as well as cultural values and/or ethnicity, may affect student perceptions of faculty support (Cook, 2005; Shelton 2003).

The purpose of this phenomenological study was to describe the essence of stress and perceived faculty support as identified by foreign-born students enrolled in a generic baccalaureate degree nursing program. Philosophical principles outlined by Heidegger (1962) were used to guide this study. Students described experiences which served as a reflection of values and behaviors that ultimately had an impact on their personal and professional lives. Results of this study of student experiences have the ability to increase the overall success of foreign-born nursing students, and at the same time help to alleviate the deficit of a culturally diverse nursing profession. This exploration of foreign-born student nurse stress, along with perceptions of faculty support, may assist educators in identifying interventions for retention that are better utilized by this particular student population, thereby increasing the overall success of foreign-born nursing students.

Research Questions

The four research questions for this study were:

1. What are foreign-born senior level nursing students' perceptions of stress experienced in a generic baccalaureate nursing program?

2. What are foreign-born senior level nursing students' perceptions of faculty support while in a generic baccalaureate nursing program?
3. How do foreign-born senior level nursing students' perceptions of stress compare to reported scores on the Student Nurse Stress Index (SNSI) (Jones & Johnston, 1999)?
4. How do foreign-born senior level nursing students' perceptions of faculty support compare to reported scores on the Perceived Faculty Support Scale (PFS) (Shelton, 2003)?

Methods

An interpretive phenomenological design was utilized to examine the stress experiences and perceptions of faculty support among foreign-born generic baccalaureate nursing students. The qualitative data were triangulated with quantitative data at the methods level. Triangulation, often referred to as mixed methods, is defined as the use of more than one theoretical perspective, methodological approach, data source, or investigator in the same study (Polit & Beck, 2008; Speziale and Carpenter, 2007). Morse, Wolfe, and Niehaus (2005) further refined the role of the qualitative theoretical paradigm in a mixed-methods design. The core component of a mixed-method's study is the primary study and the core method is used to examine the research questions. The supplementary component is one or more strategies used to obtain additional data to supplement and provide additional description of the phenomenon under study. For this study, the qualitative paradigm was the worldview and theoretical thrust of the

researcher. The core data collection method was a combination of focus group interviews with follow-up individual interviews. The quantitative data, the supplementary component, was composed of data collected in a larger study that examined nursing student stress and perceived faculty support. The quantitative data was collected using a simultaneous supplementary strategy; that is both qualitative and quantitative were collected with the same participants during the same time period.

Setting and Sample

The study was conducted at the Texas Woman's University (TWU) College of Nursing, Houston campus. TWU ranks third in the state and 21st in the nation among universities with the most diverse student populations (US News & World Report, 2008). A purposeful sample of ten foreign-born baccalaureate senior level nursing students participated in this study. Participants were recruited from a larger quantitative study examining the stress experiences in nursing students. Inclusion criteria for this study were born outside of the US or its territories and have lived in the US for less than 10 years. All participants, one male and 9 females, spoke English and were between the ages of 20 and 41 years ($M=29.0$; $SD\ 7.1$). Self-reported races/ethnicities were African ($n=3$), Asian ($n=3$), and black ($n=4$); representing the countries of Nigeria ($n=5$), Cameroon ($n=2$), China ($n=1$), India ($n=1$), and Vietnam ($n=1$). Length of time in the US ranged from 46 to 86 months ($M=62.0$; $SD\ 12.3$). Participants reported having no US citizenship ($n=3$), not being a resident alien ($n=3$), being a naturalized US citizen ($n=2$), possessing an I-20 student visa ($n=1$), and a F1 working visa ($n=1$). Eight of the ten participants were not

employed and two worked part time. Most reported being either married or in a committed relationship ($n=6$) and having no children, siblings, or other dependents living in their household ($n=6$), while four reported having children. All participants reported having a supportive family structure in their homes.

Instruments

A demographic survey form and a semi-structured interview schedule were developed and piloted by the principal investigator (PI). The interview schedule was used during the focus group and individual interviews as a guide to collect the qualitative data on the students' stress experiences and their perceptions of faculty support. The quantitative data were collected using the Student Nurse Stress Index (SNSI) (Jones & Johnston, 1999) and the Perceived Faculty Support Scale (PFS) (Shelton, 2003).

The SNSI (Jones & Johnston, 1999) is a 22-item scale that measures nursing student stress related to 4 factors: academic load, clinical concerns, personal problems, and interface worries. Academic load refers to issues such as study skills, academic support services, testing and evaluation methods. Examples of clinical concerns are dealing with death and dying, an unpredictable clinical setting, inadequacies with time management, and communication deficits with nurse faculty, hospital personnel, and clients. Personal problem stressors are external to the academic process and include financial concerns, employment and familial obligations, and a lack of free time. Interface worries occur when academic and personal issues conflict such as competition with peers, attitudes and expectations of professionals towards the student, and the

college response to student needs. The higher the scores on the SNSI, the greater the stress. Score ranges for the SNSI are: total score 22-110, academic load 7-35, clinical concerns 7-35, personal problems 4-20, and interface worries 7-35. Validity has been demonstrated by confirmatory factor analysis and internal consistency reliability coefficients have all exceeded 0.70 (Jones & Johnston, 1999). For this study, reliability coefficients were total score 0.92, academic load 0.86, clinical concerns 0.91, personal problems 0.53, and interface worries 0.86.

The PFS (Shelton, 2003) is a 24-item scale that measures two types of faculty support, psychological and functional, as perceived by the student nurse. Psychological support includes those faculty behaviors that promote a sense of competency and self-worth, whereas functional support involves those behaviors that aid students in performing tasks and achieving established goals. The higher the scores on the PFS, the greater the faculty support as perceived by the students. Score ranges for the PFS are: total score 24-168, psychological support 14-98, and functional support 10-70. Validity was demonstrated by factor analysis and internal consistency reliability ranged from 0.92 to 0.96 (Shelton, 2003). For this study, reliability coefficients were PFS total score 0.96, psychological support 0.94, and functional support 0.93.

Data Collection

Phase One: Focus Group Session (n=6)

After receiving approval from the university institutional review board, students (n=25) who were enrolled in a larger quantitative study examining personal stressors

were recruited. Interested individuals were asked to contact the researcher. Of the ten students that responded, six met inclusion criteria. The four students were excluded due to living in the US more than 10 years. Eligible students were asked to meet with the researcher over lunch to participate in a focus group session on stress experiences and perceived faculty support while enrolled in their program of nursing studies. The focus group session, including completion of consent forms and a review of the session agenda and ground rules, was led by the PI and lasted 2 hours. Each participant received lunch and \$20. The session was audiotaped and transcribed. Data were analyzed prior to Phase Two.

Phase Two: Individual Interviews (n=4)

Recruitment for the individual interviews was conducted using email and telephone and sent to those students enrolled in the larger quantitative study who did not participate in the focus group session ($n=15$). Four students responded and, using the focus group interview guide, individual interviews were conducted by the PI in order to confirm and validate the findings of the focus group session. These 60-minute interviews were also audiotaped and transcribed, and each participant received \$20 at the end of the interview. Data were analyzed prior to Phase Three.

Phase Three: Focus Group Follow-up Interviews

Following the data analysis of the focus group and individual interviews, an email invitation was sent to three participants of the initial focus group with two responding and agreeing to meet the PI. These 45-minute follow-up individual interviews proceeded with

a short review of the consenting procedures, an identification of the currently identified themes, and a 30 to 45 minute discussion to confirm, validate, alleviate, or identify any new themes. Both follow-up interview participants received \$20.00 cash for their time and contribution to the research study.

All of the qualitative data were analyzed using the Crist and Tanner (2003) 5-step hermeneutic interpretive analysis process. During step 1, transcripts were evaluated for any missing or unclear data. In step 2, central concerns, themes, and meanings were extracted from the transcripts. During step 3, the common concerns, themes, and meanings were further identified through comparing and contrasting all of the transcripts. Step 4 involved the final in-depth interpretations that resulted from central themes and summaries of interview texts. The final one-on-one follow-up interviews served as an attempt to address pending or overlooked lines of inquiry. In step 5, the PI incorporated the final process of scrutiny, rigor, and credibility by sharing findings with faculty for further input and analysis (Lincoln & Guba, 1985; Patton, 1990).

Phase Four: Triangulation

The quantitative data, a secondary data analysis of the SNSI and PFS data, was obtained from the PI of a larger study examining student stress. These data were collected on the same study participants within 2 weeks of the focus group session and the individual interviews. Quantitative data were analyzed using SPSS Version 16.0 software. Data were triangulated by comparing meanings of the qualitative research statements to the quantitative scores obtained from the results of the SNSI and PFS scales

to further ascertain and establish credibility and confirm the reality of research findings to the actual stress and perceived faculty support phenomenon. Transcripts from the qualitative interviews were then used to ascertain the overall congruency of the two methods.

3.2.2. Data Analysis and Reporting Results

The qualitative findings of foreign-born baccalaureate senior nursing students are summarized with a description of patterns, themes, and subthemes (Table 1). This study uncovered one overarching theme, two patterns that spanned seven themes, and 26 subthemes. The overarching theme, *Desire to be valued and accepted*, meant the participants experienced a series of interactions that caused students to cling to the hope of being accepted. The two patterns were: *Stress and strain*, and *Cultural ignorance*. Each pattern is described in more detail below. The quantitative data is first discussed.

3.2.2.1. Quantitative Data

Mean scores from the SNSI and PFS are displayed in Table 2 and the instrument items are ranked order in Tables 3 and 4. For the SNSI subscale, academic load had the highest stress score closely followed by interface worries. Personal problems had the lowest stress score. The highest possible score, meaning most stressful, for each individual item on the SNSI is 5 with only two items having mean scores of 4.0 or higher: *amount of classwork material to be learned* and *not enough time for my family*. Eight of the items had mean scores of 2.5 or lower. The midpoint range score for academic, interface, and clinical concerns is 21. Students reported mean scores for academic load

(22.9) and interface worries (22.5) slightly higher than midpoint while the mean score for clinical concerns (18.4) was lower than midpoint. The mean score reported for personal problems (10.5) is lower than the midpoint range score of 12. Overall, these students did not report high stress scores as measured by the SNSI. Rather, their scores were close to or lower than the midpoint range scores.

For the PFS, both of the subscale findings were above the standard midpoint; meaning high perceived faculty support. The highest possible score per item is 7 (midpoint=4) and 23 of the 24 items had mean scores greater than 5.0. The midpoint range score for subscale psychological support is 56 and for functional support is 50 with the students reporting mean scores of 73.4 and 60.2, respectively. *Encourage students to ask questions* was the highest perceived faculty support item (6.2) and the lowest item of perceived faculty support was *provide assistance outside of class* (4.7). Overall, faculty support was quantitatively perceived as high.

Qualitative Data Triangulation

Pattern: Stress and Strain

The presence of stress and strain associated with being a foreign-born student enrolled in a baccalaureate nursing program was a reflective pattern communicated among all the participants. Study results confirmed that nursing students experienced stress and strain in the areas of personal relationships, financial issues, feeling as though they have no life, and feeling their institution made no accommodations for them.

Personal relationships. Participants described the demands of the nursing program as extremely time consuming leaving them with no time for physical contact or communication with family and friends regardless if their loved one(s) lived in the US or in their home country. At times their status of living abroad and loss of contact made them feel like outcasts. Ranked as the 2nd highest stressor on the SNSI by this group of participants, *not having enough time for my family*, was noted as a real stressor both qualitatively and quantitatively. *Other personal problems (relationship with partner)* ranked 9th on the SNSI, while *relationship with parents* ranked 13th. One of the female students, Agnes (all names used are pseudonyms), 23 years old, discussed the impact that nursing school placed upon the relationship she had with her mother back home and with friends in the Houston area:

Like sometimes, I always have problems with my mother when she would call and tell me what's wrong with me, I haven't called in, like, two weeks and honestly, I hate to say it, but sometimes I just forget that I haven't spoken to her. It's because your entire life really is nursing. You have friends that you haven't seen for years, and they stay in Houston. I mean, they are asking me, "Where are you?" Nursing school. Nursing, nursing, nursing, nursing.

Financial issues. Most of the participants willingly discussed the financial strain placed on their families related to their educational costs. For the most part, students were not granted any type of tuition assistance, nor could they seek employment, due to their status as an international student, yet they desired to work to help defray expenses.

Maintaining regular contact (phone calls, travel) with family back home was cost prohibitive. Another female student, Ena, 20 years old, addressed the financial issues:

First of all, the dollar is not the same as America. You spend a thousand dollars on tuition, we spend two, three times more and our parents back home have to work hard. Our tuition a semester is sometimes a yearly salary for our parents, so honestly, you can't even compare.

The SNSI does not have an item that addresses financial stress.

Having no life. All of the students described attending nursing school as having no life with multiple school commitments leaving them tired with no time to do anything but study and prepare for the next lecture, exam, clinical day. Results from the SNSI found that participants reported *no time for fun, entertainment, and recreation*, and *lack of free time* ranked equally as the 3rd and 4th highest stressors among foreign born students. A female student, Hanna, 23 years old, discussed how nursing school consumed her life, "No time for anything else. Just come to school, read, and read, and read. Don't even sleep."

Lack of accommodation as an international student. All participants shared the same viewpoint in that the institution did not do a good job in accommodating for the needs of foreign born students. In particular, they disclosed a pressing need to be informed about (a) the process to obtain citizenship, a visa, or a green card; (b) a list of hospital employers that will or will not hire foreign born individuals with or without these legal documents; (c) appropriate disclosure of nationality in the interview process; and

(d) having a campus office or contact person available to address the needs of international students. Students ranked *college's response to student needs* as the 10th highest stressor on the SNSI. In terms of having a supportive or accommodating faculty, it was perceived or believed that not all professors practiced what they taught in the classroom. While the students agreed that faculty did recognize them as being foreign-born, no special efforts outside of the classroom had been initiated on their behalf. Results of the PFS scale ranked *provide assistance outside of class* to be the least supportive faculty behavior for these students. A female student, Irene, 41 years old, openly discussed her thoughts of accommodations made by the institution:

I don't think the school or the administration accommodated for foreign students...it's like all they care about is for all students to study and make the name for the school, but they really didn't care for our individual needs as foreign student.

The topic of visa retrogression was brought up and some of the students were familiar with the meaning of the term. Simply defined, visa retrogression is a delay in obtaining an immigrant visa when there are more people applying for immigrant visas in a given year than the total number of visas available (Hammond Law Firm, 2007). Individuals must then wait until a visa number becomes current before the final adjustment of status to permanent resident can occur. The students were very vocal about retrogression and believed they would eventually be forced to resign from their jobs and move back to their

home country, leaving all of their school efforts in vain. Most of the students want to stay and work in the US.

Pattern: Cultural Ignorance

All of the students experienced some form of cultural ignorance at a point in their nursing education. Their experiences included language issues, stereotyping, discrimination, and cultural incompetence by the dominant culture.

Language issues. All students experienced issues with language and communication. Some discussed the need to read and re-read chapter assignments in order to translate and back-translate between two languages. Some expressed limitations place on themselves due to difficulty expressing oneself because of a heavy accent as well as having to decipher the marked differences between British English, American English, and modern slang words. A female student, Kimmy, 26 years old, brought up problems encountered with the verbiage and wording on exams, "...they use words that are not internationally recognized, words that are just American. I mean, I'm a foreign student. I'm British colonized, and you use words that only somebody...that grew up in America—would understand."

A few of the students mentioned the use of non-verbal communication of looking into another person's eyes as something they are not comfortable with, especially with instructors. Traci, a 34 year old female student, shared an experience she had with a faculty member:

...but in my culture when you talk to someone, like, that has authority above you—like an elderly, we try to show respect...I will just look down. I'm listening, but I don't have to necessarily look into your eyes, but when my teacher does this—literally do this—look at me and gets so close, I'm so uncomfortable...they talk about cultural sensitivity, and she's still doing this.

The SNSI and the PFS do not address language issues.

Stereotyping and discrimination. Students felt as though people associated with nursing school, such as faculty, classmates, and patients, thought they were “dumb” because they had an accent and had difficulty speaking and/or understanding the English language. All of the students were very much aware of their accents. They often felt devalued and discriminated against because their culture, accents, or dialogues were difficult for Americans to comprehend. They felt as if they must act a certain way to “fit in” at the university. Ena elaborated on how this made her feel:

...you come to Rome, you act like the Romans. If you want to come here and get an education, you need to get yourself up to whatever level the school is on, whatever culture America is at and grab that. You don't have to accept it or believe it, but act that way.

Both the SNSI and the PFS address related concerns such as *relations with other professionals* (SNSI #13), *patient/client attitude towards me* (SNSI #16), *demonstrate respect for students* (PFS #2), and *correct students without belittling them* (PFS #8), as well as others. None of these items scored as stressful or as low faculty support.

Cultural incompetence. All students felt as though their fellow American classmates, as well as faculty, were incompetent in terms of understanding their foreign values and traditions. These students were typically more private in nature, many of them had a desire to be less competitive, and they held a much higher level of respect for older adults and authority figures. These students ranked *atmosphere created by faculty* as a low stressor on the SNSI. However, PFS #22, *have genuine interest in me*, is one of the lower scored perceived faculty support items.

The focus group discussed the issue of being culturally competent versus culturally ignorant. Students verbalized that although cultural competence was addressed in class and in their textbooks, the actions of their nursing faculty were not sensitive to their cultural needs. Irene shared what she felt to be an embarrassing encounter in the classroom setting, "...we were talking about women seeing their period. I said, "Seeing their period," because that's what we say. If you're on your period, you see it, so the instructor was like, "What?" And she wasn't joking..."

All participants discussed experiencing some form of competition among peers, and for the most part, thought it was a healthy aspect of their program. Competition was consistent with their responses to *competition with peers/classmates* on the SNSI. They verbalized the peer review grading system used in several classes was biased because they felt it were based solely upon whether or not a student liked or disliked a person. Participants agreed that failure for them as a foreign-born student was not an option. Failure would have a major impact on their lives: (a) alter their course load and set them

back in their program for a minimum of 6 months, (b) possibly having to return to their home country, (c) losing face with their families, (d) losing all monies spent on living and studying and traveling to the US, and (e) jeopardizing their visa and/or citizenship status. However, *fear of failing a course* was not considered a top stressor on the SNSI. Agnes provided the group with a profound statement of what it means to be a foreign-born student receiving an education in the US, “people don’t realize that being international is not just having the name that you can’t pronounce... it’s a trail of stress.”

Discussion

The results of this study suggest that while foreign-born nursing students may endure immeasurable amounts of stress, strain, and cultural ignorance imposed by their classmates and faculty members, they still hold onto a strong desire to be both valued and accepted as individuals. This overarching theme and the resulting patterns and subthemes were not captured as well in the quantitative data. Both the SNSI and the PFS failed to uncover the major themes of language issues, stereotyping, discrimination, and cultural incompetence. While personal relationships and lack of a personal/social life are measured by the SNSI, financial issues and lack of accommodation for international students are not measured. Both instruments demonstrated high internal consistency reliability for this group of foreign-born nursing students. However, without the qualitative data, it appears this group of students has very low student nurse stress and highly rate faculty support. Triangulating this data has revealed incongruent data findings

as the focus group and individual interviews revealed the foreign-born nursing students to have tremendous stress and strain with faculty support needing improvement.

Consistent with previous studies, issues related to language, heavy accents, and overall communication emerged as a significant stressor in the qualitative data of this study (Amaro et al., 2006; Carty et al., 1998; Yoder, 1996). The findings of Sanner and colleagues (2002) bear many similarities to this current study. In their study, eight Nigerian female students spoke of “verbal retreats” (p. 209) as a means to protect themselves when they felt uncomfortable verbally expressing due to their accents and English language skills. These Nigerian students also spoke of social isolation and nonacceptance inside and outside of the classroom. In spite of these feelings, these students reported persistence and resolve with no obstacles getting in the way of graduation. It should be noted that the current study findings not only are similar to research conducted more than 10 years ago but that foreign-born student continue to voice a major concern without intervention.

The findings of this study reflect previous with studies indicating that foreign-born nursing students report issues concerning discrimination, stereotyping, and cultural incompetence or incongruence (Gardner, 2005b; Jeffreys, 2007). The students in the current study extensively described many examples of cultural incompetence displayed by fellow American students and nursing faculty. They also reported cultural differences in dealing with the competitiveness of nursing school, a fast paced learning environment, and unique financial concerns related to being an international student. Many of these

students shared an extremely strong desire for support, understanding, and overall acceptance from nursing school classmates and faculty. Along with wishing for an advisor solely responsible for the foreign-born student population, the students also expressed wanting additional information that related to international students at the time of their program orientation. These findings were all echoed in past literature more than 20 years ago as well as in recent literature (Abu-Saad & Kayser-Jones, 1981; Brown, 2008; Kayser-Jones & Abu-Saad, 1982).

As reported in previous studies, perceptions of faculty support can be critical to the foreign-born nursing student's success (Abriam-Yago et al., 1999; Shelton, 1997). The students in this study quantitatively reported high perceptions of faculty support. However, the focus group data told a different story of faculty who were not culturally competent and non-supportive. Additionally, some methods of evaluation, such a peer grading, were not fully accepted by these foreign-born students.

There are numerous reports in the literature outlining various strategies to enhance the retention and success of foreign-born and/or minority students. Most of these programs incorporate academic and language support components (Brown, 2008; Guhde, 2003; Pardue & Haas, 2003). Other programs highlight the need to include faculty support as a crucial component to student success (Brown, 2008; Choi, 2005; Yoder, 1996, 2001). The Cummins Model provides a framework for nursing faculty to develop educational programs that may address the needs of foreign-born students (Abriam-Yago, 1999). This model includes 11 teaching strategies such as preparing learning

objectives related to communication, permitting expression of identity and sharing their world, providing bilingual and bicultural opportunities, modeling the use of texts and resources, and assessing continuously. Some build faculty support into the program in the form of cultural awareness (Abriam-Yago et al., 1999; Amaro et al., 2006; Brown, 2008). In fact, several researchers summarize that faculty awareness of culture and faculty support are key to the success of ethnically diverse students (Shelton, 2003; Yoder, 1996, 2001).

Limitations and Recommendations

The findings of this study should be interpreted within the context of the limitations. First, triangulation is a relatively new and unknown methodology within nursing research. However, this study demonstrated the value of triangulation in that the qualitative and quantitative data revealed incongruent representations of the phenomena. Additional research examining nursing student stress is needed and the methods of data collection must be highly scrutinized prior to commencement. While the instruments demonstrated reliability, they did not capture the essence of student nurse stress and perceived faculty support for this group of foreign-born nursing students. Further review, development, and refinement of such instruments are needed for future research with the growing diversity within the student nurse population. Second, the unique inclusion criteria of the study limit the generalizability of findings to all foreign born nursing students as well as minority and ethnically diverse students. Various racial/ethnic/gender groups were not well represented within the sample. It is clear that additional work is

needed in this area to not only understand and promote diversity, but to also identify those unmeasured variables identified by study participants.

Implications for Practice Conclusions

This study does provide insight into the experiences of foreign-born students enrolled in a US nursing program. Heidegger's theoretical framework received validation through an exploration of stress experiences and perceptions of faculty support. Foreign-born nursing students were able to uncover true meanings as they pertained to the individual student, and provide a deeper understanding of their present world far away from home. Although stressors experienced varied from individual to individual, being a foreign-born nursing student in the US was cumulatively confirmed to be a stressful experience. Students verbalized having to deal with a "trail of stressors" that may follow *any* foreign born student enrolled in a baccalaureate nursing program. In summary, they desire acceptance and support from other students, faculty and the educational institution.

Table 1

Overarching Theme, Patterns, Themes, and Sub-Themes Representative of 10 Foreign-Born Baccalaureate Senior Level Nursing Students

Overarching Theme	Patterns	Themes	Sub-themes
Desire to be Valued and Accepted	Stress and strain	Personal relationships	No time for family and friends both in US and back at home "Black sheep" of the family Cannot disappoint family
		Financial issues	Not eligible for most scholarships and loans Want to work but not allowed Out-of-state tuition fees costly High costs of maintaining contact with home (calling cards, travel)
		Having no life	No time for self Study all the time Tired all the time
		Lack of accommodation as an international student	Visa and green card issues Process of becoming a citizen Want to stay and work in US Would like someone at the university to serve as an advocate Retrogression issues

Table 1 (Continued)

Overarching Theme, Patterns, Themes, and Sub-Themes Representative of 10 Foreign-Born Baccalaureate Senior Level Nursing Students

Overarching Theme	Patterns	Themes	Sub-themes
	Cultural ignorance	Language issues	Need extra time for reading, writing, testing, people talk too fast, translate audiotapes
			Use of American words/phrases and slang
			Very aware of own accent
			Non-verbal communication (eye contact)
		Stereotyping and discrimination	Must act American to fit in
			People think you are dumb because cannot speak/understand English and have an accent
		Cultural incompetence	Respect for authority and elders
			Desire more privacy
			Non-competitive
			Failure not an option

Table 2

Mean Scores for the Student Nurse Stress Index and Perceived Faculty Support Scales (N=10)

Instrument	
Subscale	<i>M (SD)</i>
SNSI	
Academic load	22.9 (6.5)
Interface worries	22.5 (6.2)
Clinical concerns	18.4 (8.1)
Personal problems	10.5 (3.8)
Total score	65.4 (17.6)
PFS	
Psychological support	73.4 (9.2)
Functional support	60.2 (9.9)
Total score	133.6 (18.2)

Table 3

Student Nurse Stress Index Items Ranked Ordered from Highest Stressors to Lowest Stressors (N=10)

Item #	Item Description	M (SD)
1	Amount of classwork material to be learned.	4.1 (.737)
22	Not enough time for my family.	4.0 (1.33)
21	No time for fun, entertainment, recreation.	3.9 (1.10)
6	Lack of free time.	3.9 (1.10)
3	Examinations and/or grades.	3.8 (.918)
2	Difficulty of classwork material to be learned.	3.5 (.849)
14	Too much responsibility as a student nurse.	3.4 (1.34)
5	Attitudes/expectations of other professionals towards nursing.	3.3 (1.49)
20	Unsure what is expected of me.	3.1 (1.44)
10	Health problems of family member (s).	3.1 (1.37)
12	Other personal problems (relationship with partner).	2.8 (1.54)
7	College's response to student needs.	2.7 (.948)
8	Fear of failing a course.	2.6 (1.71)
19	Relations with staff in the clinical area (nurses, physicians).	2.6 (1.42)
13	Relations with other professionals (faculty, nurses, MDs).	2.5 (1.64)
11	Relationship with parents.	2.5 (1.71)

Table 3 (Continued)

Student Nurse Stress Index Items Ranked Ordered from Highest Stressors to Lowest Stressors (N=10)

Item #	Item Description	M (SD)
18	Atmosphere created by instructors/faculty.	2.4 (1.42)
4	Competition with peers/classmates	2.4 (1.34)
17	Patient/client attitudes towards my profession.	2.3 (1.49)
15	Lack of timely feedback about performance.	2.3 (1.05)
9	Actual personal health problems.	2.1 (1.28)
16	Patient/client attitudes towards me.	2.1 (1.19)

Table 4

*Perceived Faculty Support Items Ranked Ordered from Highest Support to Lowest**Support (N=10) : 1 = very poor to 5 = excellent*

Item #	Most faculty members...	<i>M (SD)</i>
13	Encourage students to ask questions	6.2 (0.92)
2	Demonstrate respect for students.	5.9 (.875)
11	Give helpful feedback on student assignments.	5.9 (.737)
4	Acknowledge when students have done well.	5.8 (.918)
23	Provide study guides and written materials.	5.8 (1.13)
24	Demonstrate confidence in students.	5.8 (.788)
5	Are helpful in new situations without taking over.	5.7 (1.05)
6	Stress important concepts.	5.7 (1.25)
12	Are open to different points of view.	5.7 (.823)
18	Are good role models for students.	5.7 (1.25)
3	Set challenging but attainable goals for students.	5.6 (.966)
7	Are approachable.	5.6 (1.07)
8	Correct students without belittling them.	5.6 (.966)
9	Listen to students.	5.6 (.966)
10	Can be trusted.	5.6 (.699)
15	Vary teaching methods to meet student needs.	5.5 (1.17)

Table 4 (Continued)

Perceived Faculty Support Items Ranked Ordered from Highest Support to Lowest

<i>Support (N=10)</i>	<i>Item #</i>	<i>Most faculty members...</i>	<i>M (SD)</i>
20		Present information clearly.	5.5 (1.17)
19		Are realistic in expectations.	5.4 (1.07)
21		Clarify information that is not understood.	5.4 (1.17)
22		Have a genuine interest in students.	5.3 (1.33)
16		Make expectations clear.	5.3 (1.25)
17		Are patient with students.	5.2 (.421)
1		Know if students understand what is being taught.	5.1 (1.19)
14		Provide assistance outside of class	4.7 (1.34)

CHAPTER V

SUMMARY OF THE STUDY

The purpose of this study was to describe the essence of student nurse stress and perceived faculty support as identified and reflected by the voice of foreign-born students enrolled in a generic baccalaureate degree nursing program. Using the mixed methods approach, data was triangulated at the method level by comparing qualitative statements and responses to the quantitative scores computed on the SNSI and PFS scales. The use of this method allowed for the corroboration of data, which resulted in a more accurate examination of the foreign-born baccalaureate student's reality. Stressors for student nurses in general, which include academic, clinical, interface, and personal stressors, along with those stressors experienced by foreign-born students including English as a second language, cultural competence, and student perceptions of faculty support were all discussed. An extensive literature review, data collection and analysis procedures, as well as an in depth review of quantitative instruments ensued.

In answering the four research questions posed, the researcher completed an assessment and review of the stress phenomenon. Study results may assist educators in meeting the needs of this student population which will ultimately enhance student success and increase diversity within the nursing profession. Although study findings were consistent with previous literature, differences were noted while comparing or triangulating qualitative and quantitative responses. Reliability of each quantitative

instrument was assessed by calculating reliability coefficients for the scales and subscales. Results indicated total scores and subscale scores had alphas of great than 0.70 with the exception of the Personal Problems subscale of the SNSI (0.53). This finding adds to the overall summary that the quantitative measures did not capture the phenomena of stress, and in the case, the measurement of personal problems was not reliable. This chapter contains a summary of the investigation, a discussion of findings, conclusions, and study limitations.

Chapter 5: Implications for Practice

As the population throughout the United States continues to become more diversified, the need for a culturally competent nursing population will continue to emerge. Nursing institutions along with nurse educators will continuously be faced with the challenge of producing more nurses in number, which inevitably will include the foreign born population. Prior to the development of any type of intervention, an assessment of the students' specific personal as well as cultural needs should occur. This study sought to find meaning in the everyday experiences of a small number of foreign born baccalaureate nursing students. Analysis of the interviews related to the stress experiences and perceptions of faculty support provides the direction needed for future nursing research and has significance for both nursing education and nursing practice.

Recommendations for Further Research

This study should be replicated with other foreign born nursing students in other types of nursing programs and institutions. Studies should also be conducted with a larger and more diverse group of foreign born students in an attempt to begin building a foundation of knowledge regarding the needs of foreign born and diverse learners within nursing education. Once this has been done, studies will need to be conducted using the triangulation or mixed method technique with a tool better equipped in dealing with the personal needs and/or variables specific to being a foreign born nursing student.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD
APPROVAL LETTER

APPENDIX A

Institutional Review Board Approval Letter



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

April 29, 2008

Ms. DeMonica Junious
College of Nursing - Ann Malecha Faculty Advisor
6700 Fannin Street
Houston, TX 77030

Dear Ms. Junious:

Re: *"Student Nurse Stress and Perceived Faculty Support: A Triangulation Study with Foreign Born Baccalaureate Nursing Students"*

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 changes in the study or informed consent procedure must receive review and approval prior to implementation unless the change is necessary for the safety of subjects. In addition, you must inform the IRB of adverse events encountered during the study or of any new and significant information that may impact a research participant's safety or willingness to continue in your study.

Remember to provide copies of the signed informed consent to the Office of Research, IHS 10110 when the study has been completed. Include a letter providing the name(s) of the researcher(s), the faculty advisor, and the title of the study. Graduation may be blocked unless consents are returned.

Sincerely,

Dr. William P. Hanten, Chair
Institutional Review Board - Houston

APPENDIX A: Survey of the Literature

Introduction

Background and Context

Research Objectives

Methodology and Data Collection

Results and Findings

Discussion and Conclusion

References

Appendix A: Survey of the Literature

Appendix B: Demographic Data Form

APPENDIX B

Appendix B: Demographic Data Form

Section 1

Demographic Data

Section 2

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Section 9

Section 10

Section 11

Section 12

Demographic Data Form

Code Name _____

Date _____

Age _____

Gender _____

Race _____

Are you a U.S. Citizen? _____ Are you a Resident Alien? _____

In what Country were you born? _____

Length of time in the U.S. (in months) _____

Length of time enrolled in college studies at TWU _____

Length of time at other college(s) _____

Do you have any other college degree(s)? (If so, please list) _____

Are you currently employed outside the home? Full-time Part-time Not Working

Relationship Status

In a committed relationship

Not in a committed relationship

Married

Divorced

Widowed

Other _____

Number of Children living at home? _____ Dependents at home? _____

Age of children listed above _____

Is spouse living in the U.S.? _____ Living with you in Houston? _____

Is spouse working at a job outside the home? Full-time Part-time Not Working

Is Spouse/Family Supportive of your Educational Endeavors? _____

Interview Schedule

- a. How you have the power of the Internet?
- b. How much do you know about the Internet?
- c. How much do you know about the Internet?
- d. How much do you know about the Internet?
- e. How much do you know about the Internet?
- f. How much do you know about the Internet?
- g. How much do you know about the Internet?
- h. How much do you know about the Internet?
- i. How much do you know about the Internet?
- j. How much do you know about the Internet?
- k. How much do you know about the Internet?
- l. How much do you know about the Internet?
- m. How much do you know about the Internet?
- n. How much do you know about the Internet?
- o. How much do you know about the Internet?
- p. How much do you know about the Internet?
- q. How much do you know about the Internet?
- r. How much do you know about the Internet?
- s. How much do you know about the Internet?
- t. How much do you know about the Internet?
- u. How much do you know about the Internet?
- v. How much do you know about the Internet?
- w. How much do you know about the Internet?
- x. How much do you know about the Internet?
- y. How much do you know about the Internet?
- z. How much do you know about the Internet?

APPENDIX C

Appendix C. Focus Group Semi-Structured Interview Schedule

- a. How much do you know about the Internet?
- b. How much do you know about the Internet?
- c. How much do you know about the Internet?
- d. How much do you know about the Internet?
- e. How much do you know about the Internet?
- f. How much do you know about the Internet?
- g. How much do you know about the Internet?
- h. How much do you know about the Internet?
- i. How much do you know about the Internet?
- j. How much do you know about the Internet?
- k. How much do you know about the Internet?
- l. How much do you know about the Internet?
- m. How much do you know about the Internet?
- n. How much do you know about the Internet?
- o. How much do you know about the Internet?
- p. How much do you know about the Internet?
- q. How much do you know about the Internet?
- r. How much do you know about the Internet?
- s. How much do you know about the Internet?
- t. How much do you know about the Internet?
- u. How much do you know about the Internet?
- v. How much do you know about the Internet?
- w. How much do you know about the Internet?
- x. How much do you know about the Internet?
- y. How much do you know about the Internet?
- z. How much do you know about the Internet?

Interview Schedule

1. When you hear the terms stress and stressor, what does it make you think about?
2. This study is about stressors that foreign-born nursing students may experience while in nursing school.
 - a. Tell me about what you found to be stressful when you first started nursing school?
 - Tell me more about what this stressor was like for you.
 - How did you handle this situation?
 - b. What about stressors you experienced at the end of your junior year?
 - Tell me more about what this stressor was like for you.
 - c. What about stressors you are experiencing at the end of your senior year?
 - Tell me more about this stressor.
 - d. Tell me about stress as it relates to the grading system (exams and course assignments).
 - e. Tell me about stress as it relates to competing with peer nursing students.
 - f. What about stress as it relates to the fear of failing an exam or the semester course?
 - g. Tell me about the stress of having too much responsibility and lack of free time for self, family, or friends.
 - h. Describe how being a foreign-born nursing student may have impacted the stress of being a student?

Now, think about faculty members in your nursing program.

3. When you hear the phrase “faculty support,” what do you think about?
4. This study is about the foreign-born nursing students’ perceptions of faculty support. Probes:
 - a. Tell me about how nursing faculty support you. Tell me how you would like to be supported by nursing faculty.
 - b. Give me an example of an experience you had or observed when a faculty member was correcting you? Or correcting a fellow classmate? What was that experience like?
 - c. Can you tell me of a time that the nursing faculty provided you with help outside of the scheduled class time?
 - d. Can you give me an example of when the nursing faculty has acknowledged that you did a good job in the clinical setting, with a class assignment, or on an exam?

5. Tell me more about the stress of being a nursing student who was not born in the U.S.
6. Are there any stressors you experienced that I did not mention? Could you tell me about them? What about stressors that have impacted your school work?
7. Describe how being a foreign-born nursing students may have impacted your perceptions of faculty support?

APPENDIX D
Student Nurse Stress Index

Student Nurse Stress Index

*For each situation you have encountered in during your educational preparation to become a nurse, indicate **HOW STRESSFUL** it has been for you in the past month:*

	NOT Stressful.....EXTREMELY Stressful 1.....5				
1. Amount of classwork material to be learned	1	2	3	4	5
2. Difficulty of classwork material to be learned	1	2	3	4	5
3. Examinations and/or grades	1	2	3	4	5
4. Competition with peers/classmates	1	2	3	4	5
5. Attitudes/expectations of other professionals towards nursing	1	2	3	4	5
6. Lack of free time	1	2	3	4	5
7. College's response to student needs	1	2	3	4	5
8. Fear of failing a course	1	2	3	4	5
9. Actual personal health problems	1	2	3	4	5
10. Health problems of family member (s)	1	2	3	4	5
11. Relationship with parents	1	2	3	4	5
12. Other personal problems (relationship with partner)	1	2	3	4	5
13. Relations with other professionals (faculty, nurses, MDs)	1	2	3	4	5
14. Too much responsibility as a student nurse	1	2	3	4	5
15. Lack of timely feedback about performance	1	2	3	4	5
16. Patient/client attitudes towards me	1	2	3	4	5
17. Patient/client attitudes towards my profession	1	2	3	4	5
18. Atmosphere created by instructors/faculty	1	2	3	4	5
19. Relations with staff in the clinical area (nurses, physicians)	1	2	3	4	5
20. Unsure what is expected of me	1	2	3	4	5
21. No time for fun, entertainment, recreation	1	2	3	4	5
22. Not have enough time for my family	1	2	3	4	5

APPENDIX E

Perceived Faculty Support Scale

PERCEIVED FACULTY SUPPORT

Think about faculty members in your nursing program. Indicate how strongly you agree or disagree with each of the following statements by circling the appropriate number.

Most faculty members:	Strongly Disagree.....Strongly Agree						
1. Know if students understand what is being taught.	1	2	3	4	5	6	7
2. Demonstrate respect for students.	1	2	3	4	5	6	7
3. Set challenging but attainable goals for students.	1	2	3	4	5	6	7
4. Acknowledge when students have done well.	1	2	3	4	5	6	7
5. Are helpful in new situations without taking over.	1	2	3	4	5	6	7
6. Stress important concepts.	1	2	3	4	5	6	7
7. Are approachable.	1	2	3	4	5	6	7
8. Correct students without belittling them.	1	2	3	4	5	6	7
9. Listen to students.	1	2	3	4	5	6	7
10. Can be trusted.	1	2	3	4	5	6	7
11. Give helpful feedback on student assignments.	1	2	3	4	5	6	7
12. Are open to different points of view.	1	2	3	4	5	6	7
13. Encourage students to ask questions.	1	2	3	4	5	6	7
14. Provide assistance outside of class.	1	2	3	4	5	6	7
15. Vary teaching methods to meet student needs.	1	2	3	4	5	6	7
16. Make expectations clear.	1	2	3	4	5	6	7
17. Are patient with students.	1	2	3	4	5	6	7
18. Are good role models for students.	1	2	3	4	5	6	7
19. Are realistic in expectations.	1	2	3	4	5	6	7
20. Present information clearly.	1	2	3	4	5	6	7
21. Clarify information that is not understood.	1	2	3	4	5	6	7
22. Have a genuine interest in students.	1	2	3	4	5	6	7
23. Provide study guides and written materials.	1	2	3	4	5	6	7
24. Demonstrate confidence in students.	1	2	3	4	5	6	7