ADAPTATION EXPERIENCES OF INTERNATIONALLY EDUCATED FILIPINO NURSES EMPLOYED IN THE UNITED STATES

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ABSTRACT

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ADAPTATION EXPERIENCES OF INTERNATIONALLY EDUCATED FILIPINO NURSES EMPLOYED IN THE UNITED STATES

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The nursing shortage is a global issue and countries throughout world, the United States (U.S.) more than others, are consistently challenged to meet their nursing needs. Recruitment of internationally educated (IE) Filipino nurses is one strategy used to fill gaps in the U.S. nursing workforce. Filipino nurses constitute over half of IE nurses in the U.S. This study described the adaptation process of IE Filipino nurses employed in the U.S. Hermeneutic phenomenology as espoused by Heidegger provided the philosophical underpinnings. Using the Philippine Nurses Association of Metropolitan Houston, 17 IE registered nurses were recruited through purposeful and snowball sampling methods. A demographic form and a semi-structured interview guide were used for data collection. Demographic data were analyzed using descriptive statistics. Interview transcripts were analyzed using a hermeneutic phenomenological approach incorporating the concept of hermeneutic circle.

The three phases of adaptation were identified (a) Pre-arrival Dreams and Motivations, Followed by Reality; (b) the Transitional Phase, and (c) Adaptation. Pre-arrival Dreams and Motivations, Followed by Reality reflected aspirations prior to

leaving the Philippines and the actualities of initiating U.S. practice. During the Transitional Phase nurses faced intrinsic and extrinsic barriers to adaptation as well as intrinsic and extrinsic factors facilitating adaptation. Intrinsic barriers consisted of being shy and timid, sensitive, and lonely. Extrinsic barriers included language and communication, variations in nursing practice and technology, cultural differences, fear of healthcare lawsuits, and facing discrimination. Intrinsic adaptation facilitators included quest for life-long learning, determination to succeed, strong faith in God, and love of family. Extrinsic adaptation factors related to support of management, preceptor, educator, co-workers, family, and friends; a thorough orientation and value of preceptor; interdisciplinary teamwork and partnership; utilization of evidence-based practice; and the impact of NCLEX-RN on practice. Adaptation strategies involved observing and listening to preceptors, educators, and co-workers; asking questions and hands-on practice; being a team player, and having a positive attitude, embracing the value of life-long learning; building relationships and finding meaning in nursing practice; capitalizing on personality traits; and self-reflection. During the Adaptation phase nurses found a balance between overcoming barriers and positively contributing to U.S. nursing practice.

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CHAPTER I

INTRODUCTION

Focus of Inquiry

The nursing shortage is a global issue and for many decades countries throughout world, the United States (U.S.) more than others, have been consistently challenged to meet their nursing needs. A number of factors have generated this global nursing shortage. Since 1990s, the trends clearly show an aging population that requires increased care, an aging nursing workforce many of whose members are moving toward retirement, increasingly high patient acuity and complexity of hospital care, and perceived difficult working conditions that may persuade nurses to leave the profession (Cho, Masselink, Jones, & Mark, 2011). Compounding the problem of the nursing shortage is the struggle of nursing programs to expand enrollment to meet the rising the demand for nursing care (AACN, 2009). According to Buerhaus, Auerbach, and Staiger (2009) despite the current easing of the nursing shortage due to recession, the U.S. nursing shortage is projected to grow to an estimated 260,000 registered nurses by 2025. The magnitude of this projected nursing shortage is twice as large as the one that the U.S. experienced in the mid-1960s (Buerhaus et al., 2009).

The nursing shortage continues to be a critical issue that threatens the healthcare of the public. In order to meet the healthcare needs of society the U.S., like other countries, has resorted to recruiting and hiring internationally educated nurses (IENs) (Nichols, Gessert, & Davis, 2007; Adeniran, Rich, Gonzales, Peterson, Jost, & Gabriel, 2008; Buerhaus, Auerbach, & Staiger, 2007; Brush, Sochalski, & Berger, 2004). In 2008, the National Sample Survey of Registered Nurses (NSSRN) showed that there are 146,097 IENs in the U.S., representing 5.6% of the U.S. workforce. Of that number, Filipino nurses make up the highest proportion, at 50.1% (HRSA, 2010). While hiring IENs helps to increase the U.S. nurse supply, these nurses face substantial and difficult challenges.

When internationally-educated (IE) Filipino nurses begin their careers in the U.S. barriers make their work more difficult as they adapt to a new culture, a new system, practice variations, communication difficulties, feeling like an outsider, and feeling that their knowledge and skills are marginalized (Xu, 2007; Adeniran et al., 2008; Parrone, Sedril, Donaubauer, Phillips, & Miller, 2008). Difficulty in communication and cultural differences are cited as barriers of foreign-born nurses in providing quality and safe patient care in the U.S. (Buerhaus et al., 2009).

As IENs begin to practice in the U.S., significant transitions must occur in order to provide quality and safe patient care. The transition process is not easy as IENs face a new set of nursing standards emphasizing safety and quality in practice. Additional

information was needed to fully understand the adaptation experiences of these nurses to the U.S. healthcare systems and their specific work environments. This qualitative study provided a deeper understanding of the IE Filipino nurses' adaptation experiences in the U.S. healthcare systems in order to provide quality and safe patient care. Such an understanding could assist agencies in providing transitional experiences to facilitate adaptation and perhaps help Filipino nurses better understand the task ahead.

Problem of Study

Internationally educated Filipino nurses constitute over half of the IENs in the U.S. The purpose of the study was to uncover, explore, and describe the process of adaptation of IE Filipino nurses employed in the U.S.

Three questions were explored in this study of IE Filipino nurses.

1. What are the adaptation experiences of IE Filipino nurses while learning to provide nursing care in the U.S.?
2. What strategies do IE Filipino nurses use to promote their adaptation to U.S. healthcare practices?
3. What facilitators and barriers to adaptation do IE Filipino nurses face during their transition to U.S. work environments?

Rationale for the Study

Buerhaus et al. (2009) projects that the number of foreign-born nurses in the U.S. workforce will continue to grow to fill the gaps in nursing. While IENs are recruited from many countries, Filipino nurses represent the 50.1% of IENs in the U.S. workforce (HRSA, 2010). A study by the Commission of Foreign Nursing Schools found that nurse

executives believed that hiring of IENs was beneficial to their organizations (Davis, 2005). However, they cautioned that transitioning IENs into U.S. nursing practice could prove challenging for both the IENs and for the employers.

Regardless of country of origin, age, educational preparation skills, and prior experience, literature documents that IENs will encounter challenges / barriers during transition into nursing practice in the U.S. (Xu, 2007; Adeniran et al., 2008; Parrone et al., 2008). The most commonly faced difficulties by IENs include, but are not limited to: (a) communication and language barriers, (b) variation in nursing practice from country of origin, (c) differences in nursing educational preparation, (d) cultural differences, (e) use of technology, and (f) marginalization and devalued skills and experience (Davis, 2005; Edward & Davis, 2006; Xu, 2007; Sherman & Eggenberger, 2008; Lin, 2009). Additionally, the perceived transitional issues may be different for the employer versus the perspective of the IEN. English language was the critical problem cited by the employers followed by clinical skills, knowledge of U.S. nursing practices as well as knowledge of medications and medication administration (Davis, 2005). According to IENs already working in the U.S., the top priority transitional issues were knowledge of U.S. healthcare systems followed by English language competency, clinical skills, and knowledge of medication and medication administration (Davis, 2005).

There are limited data to provide an in depth understanding about the adaptation experiences of IE Filipino nurses. The rationale for conducting this study was to uncover, explore, understand, and describe the adaptation experiences of IE Filipino nurses employed in the U.S. The findings add to a body of knowledge for nursing

leaders/administrators, nursing managers, nursing educators, and frontline nursing colleagues. They provide insight that can be applied to creating educational programs and work environments that support IE Filipino nurses and other IENs in similar situations for providing nursing care that meets U.S. practices. In addition, the findings of the study can provide valuable data to schools of nursing, recruiting agencies, professional organizations, and regulatory agencies in the Philippines (PH) for developing curriculum and educational programs to better prepare IE Filipino nurses prior to entering and working in the U.S.

This research study was profoundly important and of significant value to the researcher who is an IE Filipino nurse. She personally experienced the challenges of language and communication barriers, differences in nursing practice, and cultural differences while transitioning to the U.S. practice settings. Furthermore, for many years the researcher has been working with IENs from various countries of origin and has observed, heard, and experienced firsthand their struggles while transitioning to the U.S. healthcare systems. It is not enough just to know the issues confronting the IENs from literature review as well as personal experiences. Therefore, this was an impetus for the researcher to conduct a study utilizing the hermeneutic/interpretive phenomenological approach. This method was appropriate, as the researcher cannot bracket her personal understanding and experiences, having been in the U.S. practice environments as an IEN. In this study, the assumptions included: (a) adaptation occurs as IE Filipino nurses work in the U.S. healthcare systems and (b) there are facilitators and barriers to adaptations of IE Filipino nurses to the U.S. work environments and nursing practice.

Philosophical Orientation

Hermeneutic phenomenology as espoused by Martin Heidegger (1927/1962) provided the philosophical underpinnings for this study. Heidegger's focus is on interpretation and understanding of one's lived experiences rather than simply describing the human experience. Hermeneutics emphasize uncovering the ordinary in day-to-day life experiences, examining common life practices for their embedded meanings (Lopez & Willis, 2004; Polit & Beck, 2008). Heidegger (1927/1962) addressed the issue of being (*Dasein*) or existence as the beginning point that precedes other ways of knowing. He proposed that one difficulty in understanding being was that the only way to know what constitutes a being must be derived from the being. Time is the 'essence of being', which plays a critical role in terms of understanding beings. Further, context also shapes understanding of human experience. Beings exist between their birth and death. During this time, they are influenced by a world, which existed before them and at the same time extends possibilities that must be assumed. The historical past or tradition influences choices at a particular point in time as well as awareness of the future (ultimately death). The present is the moment centered between the past and future. Beings can make the choice of living their life authentically, actively making life choices, or inauthentically, fulfilling a designated life role.

Concepts derived from Heidegger's philosophy include the lifeworld, being in the world, and situated freedom. The concept of lifeworld means that the individuals' experiences/realities are always influenced by the world/environment in which they live. Being-in-the-world reflects that individuals cannot simply remove themselves from the

world. Therefore, elements of subjectivity are present and the researcher's interest is in this everyday world of participants (Lopez & Willis, 2004). Situated freedom reflects that while human beings have the ability to make life choices, this freedom is bounded by the circumstances of their lives. Consequently, understanding of context is an important aspect of hermeneutics.

Just as participants are bounded by time and context, so are investigators. Consequently, presuppositions play a role in research. Heidegger (1927/1962) proposed the concept of co-constitutionality, which holds that researchers arrive at a blended meaning between participant and researcher. Heidegger (1927/1962) believed that the person's prior knowledge and experience create better understanding and interpretation of human experience. Through the use of a hermeneutic circle, the researcher incorporates the contributions of participants, analyzes the parts, and then reconstructs the whole and thereby enables a shared understanding to occur.

In this study, participants shared their experiences of adapting as IENs who came to work in the U.S. Situated freedom informed participants' choices and experiences. Additionally, the researcher, an IEN who has been working in the U.S. for many years, possesses presuppositions that informed the analysis. Findings from this study reflect an interpretation of participants' experiences that show both time and context derived from use of the hermeneutic circle to achieve understanding.

Summary

While transitioning to the U.S. healthcare systems and nursing practices, IENs are faced with challenges in any practice setting. The nursing shortage continues to be a

critical issue and threatens the healthcare of the public. In order to meet the healthcare needs of society and address the growing nursing shortage, the U.S. like other countries in the world has resorted to recruiting and hiring IENs. In 2008, the NSSRN showed that IE Filipino nurses are the highest proportion, at 50.1%, of IENs in the U.S. nursing workforce (HRSA, 2010). However, there are limited data available to fully understand the adaptation experiences of IE Filipino nurses in the U.S healthcare systems. Hermeneutic phenomenology as espoused by Martin Heidegger (1927/1962) provided the philosophical underpinnings for this study.

The impetus to conduct a qualitative study was to uncover, explore, and describe IE Filipino nurses' adaptation experiences employed in the U.S. The findings could add to a body of knowledge for nursing leaders / administrators, nursing managers, nursing educators, and frontline nurses. The study findings provide insight that can be applied to creating educational programs and work environments that support IE Filipino nurses and other IENs in similar situations to provide nursing care that meets U.S. nursing practices. In addition, the findings of the study provide valuable data to schools of nursing, recruiting agencies, professional organizations, and regulatory agencies in the PH. Based on the findings they can develop curriculum and educational programs that could help IE Filipino nurses transition to the U.S. healthcare systems and work environments prior to entering and working in the U.S.

CHAPTER II

REVIEW OF THE LITERATURE

In order to ensure adequate registered nurse staffing, employment of internationally educated nurses (IENs) is a strategy that has been used to fill the gaps in the U.S. nursing workforce for decades (Nichols et al., 2007). According to Buerhaus et al. (2009), the number of IENs steadily increased from 2001–2008; during this period, the total workforce of full-time registered nurses (RN) increased by 476,000. Of that number, 155,000 RNs, or one-third, of the increase were IENs. In 2008, the NSSRN showed that there were 146,097 IENs in the U.S., representing 5.6% of the U.S. nursing workforce. Of that number, Filipino nurses make up the highest proportion of IENs, at 50.1%. Once here, IENs face many challenges as they work to provide safe and quality patient care. These nurses must adapt to a new language, different technologies, and new standards of care. Given that IENs are an integral part of the U.S. healthcare workforce and Filipino nurses are the largest group among IENs, it is important to fully understand their adaptation experiences in their host country, the U.S.

This literature review explores characteristics of Filipino nurses and elements of adaptation to U.S nursing practice. Databases used for the literature review include CINAHL, PubMed MeSH, OvidSP, ProQuest, and SAGE. In order to obtain comprehensive studies regarding adaptation experiences of IE Filipino nurses, no time limit was set when searching for studies, dissertations, and articles. Key terms used to

search the literature included: internationally educated nurses, foreign nurses, studies, adaptation, and experiences. This chapter includes sections describing the value of IENs in the U.S. and globally, characteristics of IE Filipino nurses; Philippine nursing education and transition to U.S. practice, and work experiences as well as transitional needs incorporating both barriers and facilitators in the host country's work environments.

Value of Internationally-Educated Nurses in the U.S. and Global Nursing Workforces

Internationally educated nurses have been filling in the gaps both in the American nursing workforce and globally and will continue to meet the healthcare needs of society for years ahead (Nichols et al., 2007; Adeniran et al., 2008; Buerhaus et al., 2007, & and Brush et al., 2004). Based on the study by Buerhaus et al. (2009), the projected RN deficit in the U.S. by 2025 will be about 260,000. This problem is further compounded because many nurses fall in the category of aging baby boomers who will be retiring in approximately five years. In order to fill gaps in the nursing workforce, Buerhaus et al. (2009) projected that the number of foreign-born nurses in the U.S. workforce will continue to grow. Foreign-born nurses are three times more likely to work in hospital settings than in nonhospital settings (Buerhaus et al., 2009).

As foreign-born and educated RNs begin to practice in the U.S., significant transitions must occur in order to provide quality care. This transition is not always easy as IENs face a new set of care standards and an effort emphasizing safety and quality in practice. Conceptual components forming the basis of quality practice in the U.S. include

care that is safe, effective, patient centered, timely, efficient and equitable (IOM, 2001). Nurses play a critical role in contributing to patient safety in any clinical setting through their ability to coordinate, integrate, and apply evidence-based practice standards in the provision of nursing care, including services provided by other disciplines (Mitchell, 2008). Essential roles of nurses include monitoring and surveillance in order to proactively identify hazards and changes in patients' conditions. These roles prevent patient deterioration, errors, and adverse events from occurring and are imperative to patient safety and quality of care. The role of communication is critical in preventing errors, and the role of nurses cannot be overemphasized as the prime communication link in all healthcare settings.

Qualitative and quantitative studies show that IENs are a valuable and integral part of the nursing workforce both in the U.S. and globally and have contributed to the healthcare needs of their host countries: (Yi & Jezewski, 2000; DiCicco-Bloom, 2004; Magnusdottir, 2005; Matiti & Taylor, 2005; Alexis & Vydelingum, 2004, 2005a, 2005b; Alexis, Vydelingum, & Robbins, 2007; Allan, Larsen, Bryan, & Smith, 2004; Smith & Mackintosh, 2007; Henry, 2007; Larsen 2007; Omeri & Atkins, 2002; Withers & Snowball, 2003; Xu, 2007; Ea, 2008; Ea, Griffin, L'eplattenier, & Fitzpatrick, 2008; Ea, Itzhaki, Ehrenfeld, & Fitzpatrick, 2010; Alexis & Shillingford, 2011).

Characteristics of Internationally-Educated Filipino Nurses

This section will describe and discuss the characteristics of internationally educated Filipino nurses. It is important to fully understand the characteristics of IE Filipino nurses as they adapt to U.S. healthcare systems and practice settings. Okamura

and Agbayani (1991) describe Filipino nurses as very religious and having deep faith in God. Due to their desire to help their families in the PH, Filipino nurses have the courage to leave their native country and their families. In addition, Filipino nurses want to better themselves professionally (Parrone et al., 2008). According to Joyce and Hunt (1982), Filipino nurses are very hard working and well liked by their colleagues due to their work ethic. Furthermore, they want to work night shifts, holidays, and/or overtime. By nature, Filipinos are quiet, shy, and timid, especially women. Their culture stresses maintaining harmonious relationships with others. In addition, Filipino nurses always strive for non-confrontational disagreement or communication, which is often misinterpreted as passivity (Ordonez & Gandeza, 2004).

Livingston (1983) emphasized the influence of Filipino culture in the delivery of patient care and employee relations. He described Filipino nurses as one distinct group that avoids competition and conflict. They do not show their true feelings, making those feelings difficult for others to recognize. Furthermore, Filipino nurses, because they are respectful to authority, seldom question the orders of their superiors. The love for their family's well-being is of utmost importance to Filipino nurses. Thus, Filipino nurses will turn down professional advancement if it means less time with the family.

In an ethnographic study, Spangler (1992) investigated 26 Filipino nurses regarding nursing care values and caregiving practices. Nurses in this group espoused a professional obligation to care. Nurses expressed seriousness and dedication to work which was derived from a sense of duty, having a conscience to do right, and having a vocational commitment to work. Nurses articulated attentiveness to patients' physical

comfort and possessed a great deal of respect and patience for patient needs. The Filipino-American nurse's dedication and commitment to service are congruent and consistent with Filipino cultural traditions, which include respect for authority and social and communal interests.

Philippine Nursing Education and Transition to U.S. Practice

Nursing programs in the Philippines have common elements with U.S. nursing education programs. When nursing education was initiated in the Philippines around 1906, the curriculum was patterned after nursing schools in the U.S., and American textbooks were used (Giron-Tupaz, 1961). In addition, Filipino nurses were sent to the U.S. to attend nursing schools and upon return to the Philippines, they became administrators of nursing schools and/or hospital nursing services. According to Spangler (1992), since the 1980s, the educational preparation of IE Filipino nurses in the PH has been the Bachelor of Science in Nursing, which is the only entry-level nursing program in the country. The nursing program includes both theory and practicums to enhance critical thinking and clinical skills of students (de Guzman, Ormita, Palad, Panganiban, Pestano, & Pristine, 2007).

Although common elements may be shared in nursing education, meeting U.S. healthcare standards dealing with quality and safety can be a daunting task for IENs as they transition to a new healthcare systems. Significant adaptation is required as new technologies and new nursing roles – ones that often require greater assertiveness and communication with healthcare team members – are learned (Edwards & Davis, 2006; Xu, 2007; Kawi & XU, 2009).

Sherman and Eggenberger (2008) investigated the transitioning experiences and challenges of IENs. Twenty-one IENs and ten nursing managers were interviewed. The three themes that emerged from IENs' interviews related to: (a) differences in nursing practice which reflects differences in practice between the countries of origin and the U.S., (b) challenges in transitioning to a different culture- where nurses discovered that the "U.S. is a country of lawsuits and litigation" and found a need to stress the importance of documentation, and (c) educational needs during orientation where it was important for IENs to learn about Health Insurance Portability and Accountability (HIPPA) and other healthcare regulatory agencies. In contrast, themes emerging from nursing managers' interviews: (a) cultural challenges that IENs experience during transition- differences in nurse's autonomy, patient assessment and technology, (b) significance of leadership support- availability of leadership to help IENs transition in new work environments, (c) orientation needs of recruited IENs- require extensive orientation more than basic hospital orientation, and (d) contributions that IENs make to the nursing units- "smart, willing to learn, loyal, hard working and fewer disciplinary issues" (Sherman & Eggenberger, 2008 p. 540).

At Excelsior College, Edwards and Davis (2006) in partnership with CGFNS used a clinical competency survey that assessed 3,205 IENs' perceptions of their nursing knowledge and clinical competencies. The findings showed that IENs perceived themselves as less proficient in cardiac assessment and interventions and use of technology and more proficient in wound and skin management and general physical assessment.

Barriers Experiences by IENs in Host Countries

This section contains descriptions of the barriers and challenges that IENs faced when transitioning to the U.S. healthcare systems and work environments.

Studies have investigated the experiences of IENs' work environments in the U.S., Iceland, the United Kingdom, and Australia (Yi & Jezewski, 2000; DiCicco-Bloom, 2004; Magnusdottir, 2005; Matiti & Taylor, 2005; Alexis & Vydelingum, 2004, 2005a, 2005b; Alexis et al., 2007; Allan et al., 2004; Smith & Mackintosh, 2007; Lin, 2009; Ryan, 2003; 2010; Sherman & Eggenberger, 2008; Shen, Xu, Bolstad, Covelli, Torpey, & Colosimo, 2012; Henry, 2007; Larsen 2007; Omeri & Atkins, 2002; Withers & Snowball, 2003; Xu, 2007; Ea, 2008; Ea et al., 2008; Ea et al, 2010; Alexis & Shillingford, 2011). The commonalities among these studies included: (a) barriers in language and communication; (b) cultural differences; (c) variations in nursing practices; (d) lack of support from management and/or nursing colleagues; (e) marginalization, discrimination, lack of equal opportunity, and exploitation; (f) devaluing of professional nursing knowledge and skills; (g) adjustments; and (h) sense of being an outsider or not belonging.

Language and Communication Barriers

Buerhaus et al. (2009) cited communication barriers and cultural differences as barriers for foreign-born nurses in providing quality and safe patient care. A grounded theory study conducted by Yi and Jezewski (2000) investigated how Korean nurses adjusted to hospital settings in the U.S. Investigators interviewed 12 participants using a semi-structured formal interview questionnaire to collect the data. The findings of the

study showed the Korean nurses' adjustment to U.S. hospitals followed a basic social psychological process called their "adjustment". There were five categories included in their adjustment process: (1) relieving psychological stress- showing empathy was most important support to Korean nurses; (2) overcoming the language barrier- strategies they used 'talk slowly', 'repeat what is said', and 'carefully reading written English'; (3) accepting U.S. nursing practices- differences in the role of family, nurse aides, and primary nursing focus; (4) adopting the styles of U.S. problem-solving strategies- explaining the situation and discussing problem and solutions; and (5) adopting the styles of U.S. interpersonal relationships- emphasis on individualism and self-centeredness.

The Korean nurses in the study had difficulty communicating with patients and co-workers since English was not their primary language (Yi & Jezewski, 2000). These nurses had major verbal communication problems, particularly when talking over the phone. For example, the Korean nurses were apprehensive about answering the telephone while working, for fear of not being able to understand or be understood by the person on the other line. In the absence of face-to-face communication, Korean nurses were missing visual cues that could help them understand the verbal communication. This study supports the study conducted by Miraflor (1976) that showed that the Filipino nurse respondents also ranked communication as the number one problem in their adjustments to the U.S. They found it very difficult to communicate with patients, patients' families, and with nursing personnel, due to their accent and pronunciation problems.

Cultural Differences

One of the major challenges IENs experienced in the host country were cultural differences. The excitement of being in a new country, new healthcare systems, and new work environments can be overwhelming to IENs. However, the reality that the way of life is completely different from their country of origin is very challenging during their transition in the U.S. A study conducted by DiCicco-Bloom (2004) examined the experiences of ten IENs regarding their life and work in a culture other than their own. Participants were all women born in Kerala, India who were practicing in the U.S. The data collection was performed using semi-structured interviews with open-ended questions. There were three dominant themes derived from the content analysis: (1) the challenges of living between two cultures and countries- difficulty meeting traditions from country of origin and the norms of the host country; (2) the racism they experienced- in work places and at home; and (3) their marginalization as female nurses of color- feeling of not being valued and recognized in workplaces for lack of higher education, not respected by male colleagues and being a non-White.

In addition, the studies by Lopez (1990) and Davison (1993) clearly indicated IENs struggled with the new ways of life in the U.S. Major factors affecting adjustment included: lack of knowledge and understanding of U.S. culture; not speaking or being quiet, passive, or submissive to gain approval; and lack of assertiveness and avoiding confrontation. These profound cultural differences between their countries of origin and the host country were a shocking realization for the IENs.

Variations in Nursing Practice

Internationally educated nurses faced variations in nursing practice from their country of origin and the U.S. healthcare systems and practice settings. For example, nurses from the Philippines, India, and other Asian countries deliberately follow physician's orders without daring to question the unfamiliar orders, as this is the norm in their nursing practice. While in the U.S., nurses are encouraged to question and clarify physician's orders that are not clear for patient's safety (Xu, 2006). Other differences in nursing practice include but are not limited to: pain management being a patient right, legal aspects of care, importance of documentation, collaborative multidisciplinary team approach in the delivery of patient care, and regulatory agencies such as Health Insurance Portability and Accountability Act (HIPPA), Joint Commission (JC), and Emergency Medical Treatment and Active Labor Act (EMTALA).

Edwards and Davis (2006), in partnership with the Commission on Graduates of Foreign Nursing Schools (CGFNS), conducted a clinical competency survey of 3,025 IENs. The purpose of the study was to identify the learning needs of IENs, as they perceived their competency skills, while practicing safely in the U.S. The findings showed that IENs were less proficient in using technology, management of cardiac patients, medication administration, and planning care. Internationally educated nurses have to learn U.S. nursing practices, such as: use of modern equipment, machines, and supplies; nurses' role and legal aspects of care delivery; standards, policies, and regulatory agencies; and the different roles of nurses and families, to mention a few (Miraflor, 1976; Lopez, 1990; Spangler, 1991; Yi, 1993; Yi & Jezewski, 2000).

Marginalization, Discrimination, and Exploitation

In this section, IENs' feelings of marginalization, discrimination, and exploitation are explained. Internationally educated nurses have expressed their frustration about being devalued in spite of their knowledge, skills, and experience. They felt discriminated against for promotion because they were non-White and thought they were exploited by their employers because of their 'immigrants' status. The study by Davison (1993) captured the IENs' experiences of marginalization and discrimination from being "foreigners," made evident through substandard wages, undesirable shifts, being passed over for promotion, not being allowed to or demoted for speaking Tagalog during work breaks, and being treated with hostility and retaliation. Internationally educated nurses experienced nursing as a gendered profession where Asian women were seen as exotic and sexual objects, and felt they were constantly fighting against stereotyping. DiCicco-Bloom's (2004) study of 10 IENs described feelings of being discriminated against for being immigrants and non-white female nurses in a gendered profession, as well as experiencing alienation and racism at the workplace. Lopez (1990) found alienating factors that included: having no one at the airport to meet newly arrived Filipino nurses; lack of trust; frustrations with nursing aides; suffering quietly; having to learn the right to be heard; different treatment; hostility toward foreign nurses; jealousy; favoritism; and rejection by patients and physicians.

Miraflor's (1976) doctoral dissertation study on The Philippine Nurses: Implications for Orientation and In-service Education for Foreign Nurses in the United States examines workplace practices for new IEN employees. The quantitative design

also had a qualitative component using open-ended questions in the questionnaire that were subjected to thematic analysis. The findings for the 405 PH nurses showed that IENs were being taken advantage of by nursing aides and were not respected as team leaders by nursing aides.

Spangler (1991) further documented that Filipino nurses experienced: mistrust by U.S. nurses; having to prove themselves; having to "put up with a lot"; having to settle for less desirable shifts; being prohibited from speaking Tagalog in work areas; abuse; manipulation by patients; being made to float to other clinical areas more frequently; and frustration with heavier workloads.

Facilitators Experienced by IENs in Their Host Countries

Internationally educated nurses are remarkable individuals whose passion and desire to make a difference for themselves, their families, and for others are admirable and commendable. They want to contribute their nursing knowledge, skills, and experience for the well-being of others. For these reasons, they left behind their loved ones, friends, and the comforts and memories of home searching for their personal and professional growth. They traveled thousands of miles to find a new life in a new world…the U.S. Their courage and determination to succeed in their new environments are facilitated by both intrinsic and extrinsic factors. Intrinsic factors are inherent within the individual, the traits and passion that fuel or inspire the person to do the things above and beyond the norm in order to be successful. Extrinsic factors are resources that surround and support the IENs to succeed in his/her new work environments.

Intrinsic Factors—Traits of IENs for Successful Transition

There were intrinsic characteristics of IENs that facilitated IEN's adaptation and adjustments to the host countries' work environments and practice settings. Their strong character traits and convictions amidst the challenges they faced included (a) a desire to succeed; (b) recognition; (c) personal strength; (d) self-confidence; (e) determination; (f) being hard-working; (g) persistence; (h) resiliency; (i) a sense of belonging; (j) self-reliance; (k) strength; (l) independence; (m) patience and (n) positive attitude (Alexis & Vydelingum, 2005b; Allan & Larsen, 2003; Allan et al., 2004; Baumann, Blythe, Rheaume, & McIntosh, 2006; Buchan, 2003; Cooke, 1998; Daniel, Chamberlain, & Gordon, 2001; Davison, 1993; Ea, 2008; Hagey, Choudhry, Guruge, Turrittin, Collins, & Lee, 2001; Jackson, 1996; Jose, 2010; Kawi & Xu, 2009; Konno, 2006; DiCicco-Bloom, 2004; Lin, 2009; Lopez, 1990; Magnusdottir; 2005; Matiti & Taylor, 2005; Miraflor, 1976; Ryan, 2003; 2010; Shen et al., 2012; Sochan & Singh, 2007; Spangler, 1991; Turrittin, Hagey, Guruge, Collins, & Mitchell, 2002; Winkelmann-Gleed & Seeley, 2005; Withers & Snowball, 2003; Xu, 2010; Yi, 1993; and Yi & Jezewski, 2002).

Positive work ethics. One of the best traits of IENs is their positive work ethic. They are dedicated, hard working, and flexible to work extra hours to help meet the staffing needs of the units. The integrative literature review by Kawi and Xu (2009) clearly explained that IENs not only navigated the difficulties and challenges in transitioning to their host countries, but also had facilitators that helped them to adjust and adapt. The IENs' positive work ethics had been well recognized and documented; for example, one IEN noted that "We are hard working. We can't enjoy a break" (Withers &

Snowball, 2003, p.286). According to Yi (1993), Korean nurses worked hard to prove themselves, and according to Spangler (1992), Filipino nurses felt an obligation to care for patients by providing physical comfort and viewed nursing as a duty. In addition, the Filipino nurses were serious, always demonstrated dedication to their work, were patient, and also worked hard to prove themselves (Spangler, 1992).

Persistence, perseverance, and resiliency. Internationally educated nurses have always demonstrated their characteristics of persistence, perseverance, and resiliency in their transition to the U.S. healthcare systems and U.S. nursing practice. Kawi and Xu (2009) believe that persistence is another strong and positive attribute of IENs who manage the daily challenges they encounter in host countries. Internationally educated nurses had demonstrated determination and perseverance over time by learning to strategize for survival, developing coping mechanisms, and being resilient and flexible in whatever came their way, both in their work and daily lives. In addition, the study by Miraflor (1976) showed that Filipino nurses were independent, self-directed, and self-reliant, which facilitated their adjustment and adaptation to their new work environments. Despite the Kerala nurses' hardships in transitioning to their workplace in the U.S., they always believed that they possessed the traits of persistency and work resiliency (DiCicco-Bloom, 2004).

Extrinsic Factors- Support System for IENs' Transitional Success

The literature clearly identified extrinsic factors that IENs recognized as valuable support systems in their adaptation to the host countries' work environments and clinical practice, including: (a) administration, supervisor, and mentor support; (b) welcoming,

mentoring, and support from staff in their process of learning the host culture, language, practices, and healthcare systems; (c) hospital orientation program; (d) continuing education to learn host customs, language, and nursing practices; (e) building a network of friends with similar experiences; (f) family support/friends—some Filipino nurses lived together during their transition periods; (g) going back to school to meet host country requirements/qualifications; and (h) joining professional organizations (Alexis & Vydelingum, 2005b; Allan & Larsen, 2003; Allan et al., 2004; Baumann et al., 2006; Buchan, 2003; Cooke, 1998; Daniel et al., 2001; Davidson, 1993; Hagey et al., 2001; Jackson, 1996; Konno, 2006; DiCicco-Bloom, 2004; Lopez, 1990; Magnusdottir; 2005; Matiti & Taylor, 2005; Miraflor, 1976; Sochan & Singh, 2007; Spangler, 1991; Turrittin et al., 2002; Winkelmann-Gleed & Seeley, 2005; Withers & Snowball, 2003; and Yi, 1993).

Psychosocial and Logistical Support

Being far from home and surrounded by unfamiliar faces, new customs, different nursing practice, speaking unfamiliar language, and being in strange work environments, IENs long for psychological and logistic support to help them acclimate and transition to a new and unfamiliar world. In the study by Davison (1993), IENs found it very helpful, reassuring, and comforting to receive support from their fellow IENs and social groups. In Yi's (1993) study, the Korean nurses had social support through friends and informal networks that allowed for stress reduction and minimized their "culture shock." A study participant was quoted as saying: "Whenever I was off, I went to my friends' houses...If I had no friends, I might not have survived" (Yi, 1993, p. 247). The study by Daniel et al.

(2001) was conducted to examine the expectations and experiences of newly recruited Filipino nurses in London. Their findings showed that adapting to the new healthcare systems was stressful. Furthermore, the results clearly found that the provision of support services, culturally sensitive orientation programs, reducing social isolation, and providing social support resulted in participants' positive job performance.

In the study by Hayne, Gerhardt, and Davis (2009), the main focus was to provide a thorough orientation and acculturation to newly recruited nurses from the PH. Their goal was to ensure a harmonious transition process for the new Filipino nurses in their new environments (Hayne et al., 2009). It was reported that the power of peer group support was the most important single factor enhancing successful adaptation (Hayne et al., 2009). The group of Filipino nurses who arrived together continued to be friends and had bonded for years, with lasting emotional ties (Hayne et al., 2009). These nurses have recruited and recommended other Filipino nurses to work in the same environment and had also bonded with them. Through other best practices learned from Hayne et al. (2009), the human resource specialist and the chief nursing officer were deeply concerned and interested in the well-being of the newly recruited IENs. Upon arrival of the Filipino nurses, they were met and welcomed by local U.S. Filipino community members (Hayne et al., 2009). The Filipino nurses were provided with housing and financial arrangements were made to bridge the period before their first check.

Orientation Program and Continuing Education

Orientation program and continuing education cannot be overemphasized to ensure that IENs have a solid orientation program more than a routine hospital

orientation. Having a consistent continuing education for IENs will enhance their knowledge, skills, and critical thinking that prepare them to provide quality, safe, and excellent patient care. In the study by Hayne et al. (2009), the orientation of the newly arrived Filipino nurses was about four weeks, and for the first 12 weeks, they worked closely with a mentor or supervisor. The orientation focused intensely on the use of technical equipment and implementation of specific therapies, due to differences of roles and responsibilities from their country of origin (Hayne et al., 2009). A greater emphasis was placed on these competency skills until Filipino nurses felt confident and safe enough to take telephone orders and be able to repeat back the orders correctly.

Ryan (2003) discussed a buddy program instituted in a community hospital to provide support and resources to IENs during their early phases of acculturation. The program included the following major components: (1) socialization to the professional role; (2) acquisition of language and other communication skills; (3) development of workplace competence, both clinical and organizational; and (4) availability of support systems and resources within the organization (Ryan, 2003).

Sherman and Eggenberger (2008) identified orientation needs of IENs on regulatory bodies and issues such as: (a) HIPPA; (b) JC; and (c) EMTALA. For transition programs, the following should be included: cultural aspects of care, confidentiality, importance of documentation, roles of interdisciplinary team members, core measures, legal aspects of care, and differences in English pronunciations (Sherman & Eggenberger, 2008). In addition, the following should be emphasized: communication with physicians and the interdisciplinary team, medication security and safety, pain

management/scales, conscious sedation, and review of assessment skills (Sherman & Eggenberger, 2008).

Discussion

Internationally educated nurses will continue to be an integral part of U.S. workforce both now and in the years to come (Nichols et al., 2007; Buerhaus et al., 2009). Juraschek, Zhang, Ranganathan, and Lin (2012), using projected changes in American population size and age, created demand and supply models to forecast the registered nurse (RN) job shortages in 50 states. Problems compounding the nursing shortage are aging nurses and the growing elderly population (Buerhaus et al., 2009). Both quantitative and qualitative studies strongly identified IENs' difficulties and challenges that affect both their personal and professional lives while transitioning in their host country.

The most daunting difficulty that IENs have encountered in the transition process in their host country, which could have significant effects on patient quality and safety of care, are language and communication barriers, variations in nursing practices, and cultural differences. Yet, there are no studies correlating IENs' transitioning challenges in the host country with quality and safety of patient care. Scholars and researchers have indicated the importance of and the need to conduct such studies (Buerhaus et al., 2009; Xu, 2007; Xu, 2012).

Xu (2008a) had emphasized the need for transition and integration programs for IENs practicing in the U.S. and other Western countries. This transitional program should not focus only on orientation programs to put IENs to work. Rather, the most important

considerations should include: psychosocial and logistical support (housing information, transportation, licensure, hospital-specific orientation, policies and procedures, unit-specific orientation, preceptorships, and mentoring "buddy systems.") More important is to meet and welcome IENs at the airport and settle them safely into their new homes. The second component of the transitional program is the provision of education on the difference in nursing practices between the U.S. and their countries of origin. The third component is language training to help IENs improve their communication proficiency. The fourth component is management and leadership on delegation, conflict management and resolution, and interpersonal dynamics. It is very important that IENs receive training on how to manage interpersonal conflicts, while keeping in mind that IENs are newly exposed to differences in cultural beliefs, values, norms, work ethics and lack of knowledge of each other's cultures.

Summary

Internationally educated nurses will continue to fill the gaps of the U.S. nursing workforce. In 2008 NSSRN, IE Filipino nurses were the highest proportion of IENs in the U.S. nursing workforce (HRSA, 2010). Internationally-educated Filipino nurses have unique characteristics which include: hard working and with good work ethics; women in particular are quite, shy, and timid; want harmonious relationships with others; strive for non-confrontational disagreement or communication and frequently are misinterpreted as being passive and avoiding competition and conflict (Joyce & Hunt, 1982; Ordonez & Gandeza, 2004; Livingston, 1983). The literature is rich when describing the value and contributions of IENs for providing nursing care in the U.S. and globally. The research

studies show that IENs are faced with difficulties and challenges in transitioning to the U.S. healthcare systems and nursing practice standards caused by: differences in nursing practices, communication and language barriers, cultural differences, and lack of management and collegial support to mention a few (Yi & Jezewski, 2000; DiCicco-Bloom, 2004; Edwards & Davis, 2006; Xu, 2007; Kawi & Xu, 2009).

There are intrinsic and extrinsic factors facilitating IENs' transitioning process in the U.S. healthcare systems and work practice settings. Hayne et al. (2009) identified psychosocial and logistical support as well as thorough orientation and continuing education being provided to newly recruited nurses from the Philippines to help them acclimate to the U.S. healthcare systems and work environments. Literature clearly indicates that there is limited information regarding the adaptation experiences of IE Filipino nurses for providing nursing care in the U.S. The purpose of this qualitative study is to examine, explore, and describe the adaptation experiences of IE Filipino nurses. The aim is to have a deeper insight and understanding of IE Filipino nurses' adaptation experiences as they meet the challenge for providing nursing care that meets U.S. practice standards.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The purpose of this hermeneutic phenomenological study was to explore, understand, and describe the adaptation experiences of the IE Filipino nurses who are employed in the U.S. Phenomenology is an approach to thinking about what life experiences of people are like and what they mean (Polit & Beck, 2008, p. 64). Hermeneutic phenomenology focuses on interpreting narratives from participants, attending to the context and meanings of the events. When using a hermeneutic / interpretive phenomenological approach, the researcher does not bracket preconceived knowledge (Polit & Beck, 2008). Rather, meanings derived from the research represent blended meanings of both participant and researcher (Lopez & Willis, 2004). This chapter presents information regarding the setting, participants, protection of human subjects, data collection, and analysis.

Setting

Study participants were recruited through the Philippine Nurses Association of Metropolitan Houston (PNAMH). The PNAMH is a professional organization in Houston, Texas founded by Filipino nurses in 1980. It was organized for the following purposes: (a) unite the PH nurses in Houston and strengthen their common bond as a professional group in a foreign land, (b) promote cooperation and effective

communication among nurses, among other members of healthcare disciplines, and among other PH organizations in the U.S., (c) assist the PH nurses in adjusting to their professional role in the American Society, (d) encourage the PH nurses in preserving the unique identity as professionals in the U.S., (e) maintain a link between the PH Association in the PH and the PNAMH, and (f) encourage participation of each member in professional, educational, and cultural activities. The PNAMH has 460 members which include two sub-chapters one in the Houston area called PNAMH-North with 75 members and PNAMH-Texas Golden Triangle (TGT) in Beaumont, Texas with 85 members. The PNAMH members work in various institutions in the Texas Medical Center and neighboring community hospitals, including those as far away as Beaumont, Texas. The annual membership varies depending on renewals and new membership. The approval letter from PNAMH agreeing to study participation can be found in Appendix A.

Participants

There were seventeen IE Filipino nurses recruited from PNAMH using purposeful and snowball sampling methods. The inclusion criteria included: (a) Filipino nurses who completed their basic education in the PH; (b) males and females; (c) 21-60 years of age; and (d) working as a registered nurse (RN) in the U.S. between one and five years. Data collection ceased once saturation was obtained.

Protection of Human Subjects

The Texas Woman's University (TWU) Institutional Review Board (IRB) guidelines for protection of human subjects were followed. Participants were told that participation was voluntary and that they were free to withdraw their participation at

anytime. The researcher explained the risks and benefits of participating in the study to potential participants. Confidentiality was maintained by assigning each participant an identifier using a code number and using pseudonyms during analysis. Tape-recorded interviews and field notes were stored in a cabinet inside the researcher's office. Only the principal investigator (PI), advisor, and transcriptionist had access to participants' tape recorded interviews and transcripts. The transcriptionist signed a confidentiality agreement for the study IRB application.

Data Collection

Following IRB approval from TWU and research site agreement from PNAMH data collection began from June 2013 through August 2013. The researcher recruited the study participants three ways: through e-mails that were sent by the PNAMH secretary to the members, during monthly general assembly meetings, and / or a face-to-face recruitment process. In addition, a letter of invitation to participate in the research study was provided to the members during the recruitment process.

Once a person agreed to participate, the researcher arranged an interview in a setting agreed upon by participant and researcher. At that time, informed consent was obtained. Participant's confidentiality was preserved through use of code numbers. Data collection procedures included: (a) collecting demographic data, (b) conducting a semi-structured interview of approximately 60 minutes, interviews were audio-recorded and then transcribed, and coded field notes were made.

A demographic data (Appendix B) sheet was used to collect demographic information. The demographic data included: age, gender, number of years working as a

registered nurse (RN) in the U.S., country where the National Council Licensure Examination for Registered Nurses (NCLEX-RN) was taken, country and number of years worked outside of the U.S., first language spoken at home, and additional nursing education after basic nursing education.

A semi-structured interview guide (Appendix C) consisting of six questions was used to guide the process of data collection, capturing the adaption experiences of IE Filipino nurses employed in the U.S. Each question was followed by probing questions, asking for examples to solicit further information or gather more narrations. Once an interview was finished, a verbatim transcription of the recording was completed. Analysis began once the first interview was completed and continued throughout the data collection process and beyond.

Data Analysis

Descriptive statistics were used to analyze the demographic data of the participants. Data were analyzed using a hermeneutic phenomenological approach that incorporated the concept of a hermeneutic circle. This circular methodological process allows a researcher to reach understanding in a continual movement between the parts and the whole of the text being analyzed (Polit & Beck, 2008). According to McConnell-Henry, Chapman, and Francis (2009) using the hermeneutic circle incorporates the contributions of all, deconstructing and then reconstructing the data, resulting in making a sense of the whole phenomenon under study.

Data analysis was conducted in three phases based on the methods suggested by Lindseth and Norberg (2004). Phase one consisted of the Naïve Reading. During this

time, the investigator read the text several times and begun initial thought formulation about the associated meanings. Phase two entailed Structural Analysis that involved a process of methodological interpretation. During this phase the investigator performed the following: (a) divided the text into meaning units, (b) read and reflected of the meaning units while considering the naïve understanding, (c) condensed the meaning units, describing them in everyday words, (d) decontextualized and reflected on the meaning units, (e) identified themes and subthemes, and (f) compared these themes to the naïve understanding. If the themes were validated when comparing them to the naïve understanding, the investigator moved forward to Phase three. If themes were not validated, then the whole texts were re-read to establish a new naïve understanding and Phase two was repeated. Phase three consisted of Comprehensive Understanding and involved the interpretation of the whole. This phase consisted of (a) summarizing themes in relation to the research question and study context, (b) reading the text as a whole, (c) reflecting on themes in relation to the literature, and (d) communicating the findings using everyday language. Analysis was ongoing with the data collection process. As information was collected the reading process, incorporating the new data continued. If indicated by new findings, interview questions were modified to capture information about additional topics uncovered during subsequent interviews.

The researcher established trustworthiness of the data using four operational techniques described by Lincoln and Guba (1985): (1) credibility, (2) dependability, (3) confirmability, and (4) transferability. To ensure credibility of the data the researcher returned to some of the study participants to confirm the accuracy and validity of the

findings (approximately 30 minutes per participant). To establish dependability of the data the researcher established an audit trail regarding the study processes. To ensure confirmability of the data the researcher maintained an audit trail for an independent expert qualitative researcher using field notes and transcripts from tape-recorded interviews. This method validates that the findings are based in the data and are not the interpretations of the researcher's imagination (Polit & Beck, 2008, p. 539). Transferability was facilitated by providing readers with thorough descriptions of the: inclusion and exclusion criteria for the participants, number of participants, research setting, data collection procedures, and the time period of the data collections.

CHAPTER IV

ANALYSIS OF DATA

The purpose of the study was to explore and describe the process of adaptation of internationally educated (IE) Filipino nurses employed in the U.S. Guided by a descriptive phenomenological method, and using semi-structured interviews, Filipino nurses shared their experiences of choosing to move to a new country in which to pursue their professional career. They recounted the experiences regarding their new career paths and of how they adapted to a professional practice that was markedly different from their home country. This chapter presents the sample characteristics and findings of the study.

Description of the Sample

Participants in this study consisted of 17 IE Filipino nurses who were currently practicing in the U.S. All 17 participated in semi-structured interviews while five were interviewed a second time during the member checking process. The participants were predominately female (n=12, 70.6%), although there were also 5 males (29.4%). The age of participants ranged from 25 to 52 years with a median age of 29 years and a mean of 30.9 years. The number of years the participants worked in the U.S. ranged from 1 to 5 years with a mean of 3.4 years. Participants took the NCLEX-RN in a number of different countries including the U.S. (n=6, 35%), Philippines (n=4, 24%), Hong Kong (n=4, 24%), Saipan (n=2, 12%), and Guam (n=1, 6%). Prior to coming to the U.S., participants worked in other countries including the Philippines (n=13, 76%) and

Kingdom of Saudi Arabia (*n*=1, 6%). Only four of the participants had no prior nursing experience (*n*=4, 23.5%) before coming to the U.S. The number of years worked outside of the U.S. ranged from 0 to 14 years, with a median of 2 years and a mean of 2.8 years. Predominantly, the participants first language spoken at home was Tagalog (*n*=11, 64%), while three (17.6%) spoke English and three spoke other dialects (17.6%). All participants were educationally prepared at the baccalaureate level (*n*=17, 100%). Three of the participants had a prior BS degree other than nursing (*n*=3, 18%). Eleven (64.7%) currently worked in hospital settings, while 4 (23.5%) worked in a nursing home facility. One (5.9%) nurse worked in home health agency and one (5.9%) in a rehabilitation center. All but one of the participants worked as staff nurses (*n*=16, 94.1%), and one as a supervisor (*n*=1, 5.9%).

Findings

Seventeen transcripts of the study participants were critically analyzed regarding adaptation experiences of IE Filipino nurses employed in the U.S. Over all, the participants had a strong sense of purpose and commitment. They had a driving force that fueled their dreams and motivations, made them face realities, overcome their struggles, and ultimately adapt to the new world. Three major phases emerged through analysis beginning with Pre arrival dreams and motivations, followed by reality. During the second phase, the transitional phase, IE nurses faced adaptation barriers: intrinsic and extrinsic factors; adaptation facilitators: Intrinsic and extrinsic factors; and utilized specific adaptation strategies. The final phase was Adaptation: Finding balance by overcoming barriers and contributing to nursing practice. A schematic diagram to show

the transition process of IE Filipino nurses in the U.S. nursing practice and work environments is in Appendix D.

Pre-Arrival Dreams and Motivations, Followed by Reality

Prior to coming to the U.S., these IE Filipino nurses had profound dreams and much excitement about practicing in the U.S., strong motivations for leaving their native country, and concerns about the new realities they would face. Nurses focused on the future for themselves and their families. One nurse, practicing in the U.S. for 4 ½ years shared her pre-arrival perceptions:

> ... I think I will have a great, I mean bigger future here in the U.S. Since [an] early age, I think of providing everything for my family. Also to support myself and my family and to provide for their needs and also to help my mom and dad financially.

The dreams and motivations of all participants include a better life for oneself and family, more opportunities for career advancement, and higher education, and meeting their personal goals which consisted of finding freedom, independence, making a difference, quest for life-long learning, and most importantly financial stability. Nurses felt the U.S. offered greater opportunities for advancement. One of the participants who have been working in the U.S. for 4 years expressed:

> **...** whenever I go to the U.S., my dreams will come true. I think mostly when I was young my dream was to be independent. I want to become like a type of person who's not going to depend on anyone.

Another nurse working in the U.S. for 3 ½ years stated:

> I hope for a better life for me and my family. There will be more jobs here for nurses as well as more opportunities to go further up the career ladder. You can be whatever you want to be in the U.S. While I was reviewing for my NCLEX-RN, I pasted this placard on my desk with my name and I put U.S.-RN.

Clearly, their dreams and motivations overpowered their fears and doubts of whatever realities they will encounter in the U.S. Part of the reality was good news while some of the realities faced were more difficult than expected.

These nurses were excited to experience first-hand the application of concepts, theories, and evidence-based practices learned from classroom lectures and U.S. based textbooks they learned used during their Philippine education. The vision of these nurses was to work in U.S. hospital settings and experience the U.S. nursing practice and work environments they have been dreaming and longing for many years.

On arrival, nurses were amazed by the amount of supplies and equipment for patient care that were abundant and readily available. In their country, supplies and equipment were scarce and very limited. Nurses learned to improvise and become resourceful in order to provide nursing care to patients. According to a nurse working in the U.S. for almost 5 years, nursing practice is very different.

> ... supplies and resources for patient care are available here in the U.S. Back home, let's say we start an IV... we don't use gloves although we use hand washing...IV catheters are autoclaved. When we use one sterile glove and the

other one is unsterile and you have to maneuver in which you try to make sure that it is sterile while using only one hand.

Another nurse in the U.S. for a little over a year illustrated the difference with a story from her PH practice:

> ... one night we admitted a patient who had a fracture of the arm and we have to immobilize the arm to reduce pain, swelling, and further aggravation of symptoms. We did not stop until we can improvise a splint made of material from a box wrapped with kerlix dressing.

The differences in practice were quite marked and provided an element of reality shock. One nurse working in the U.S. for 4 years indicated:

> ... at the beginning it was a shock, really. You go from learning about the U.S. healthcare systems from a book. Learning it in the PH, under a school setting is that you're trying to apply to U.S. healthcare systems, in the PH setting, which they don't have all of the equipment that the nurses have here in the U.S. So that was probably one of the biggest hurdles that we have to get over is learning the system and going from something you see in the book to actually using it.

Unhappily, the dreams did not always match the reality. Filipino nurses came to the U.S. with expectations to work in a hospital setting. Some of them came to the U.S. through recruitment agencies and found themselves placed in hospitals or freestanding rehabilitation center to meet the staffing needs of healthcare institutions. However, later when faced with issue on immigration work status, some IE Filipino nurses ended up working in nursing home facilities or home health agencies. Other IE Filipino nurses

who had families in the U.S. came to the U.S. after graduation in the PH. After passing the NCLEX-RN, some were unable to find work in hospitals and also ended up working in nursing homes and /or home health agencies. Even while working at these facilities, these nurses always long for the day they will be able to work in a hospital setting.

A nurse working in the U.S. for almost 5 years reminisced about her dream of working in a hospital setting. Her dream came to reality, however, two and a half years after she arrived in the U.S. and working in a hospital her working visa was not renewable. She was forced to move from her hospital setting and is now working in a home health agency. She shared her experience:

> ... I always wanted to work in the hospital but now I am working in home health agency. I just didn't know that it's a lot more difficult than I expected. Like for example, in my line of job now that I have to travel everywhere and you know I have to go places that are very, very far even in the middle of the night. Sometimes it leaves me with no choice because I have to do it ...when I am on-call duty. We have hospice patients where people are dying and they die anytime so like two in the morning or one o'clock in the morning, I have to go out and drive even if it's raining. When I came here in the U.S., I really did not have an idea of what home health is.

On the positive note, some of the IE Filipino nurses got their immigrant status settled and were able to work in hospital units such as emergency department (ED), medical surgical units, labor and delivery, and intensive care unit.

Transitional Phase

Following dreams for a better life with more opportunity and financial independence were strong motivators for coming to the U.S. However, once here nurses faced a new reality – part very positive and some negative – but all demanding adaptation on the nurses' part. All nurses regardless of gender, age, years of working in the U.S., practice setting, and years of experience outside the U.S. experienced difficulty, struggle, and painful experiences while transitioning to the U.S. nursing practice and work environments.

Adaptation Barriers: Intrinsic and Extrinsic Factors

The barriers to IE Filipino nurses' adaptation process while transitioning to the U.S. nursing practice and work environments are divided into two categories. One is intrinsic factors are those inherent from within one's self (inner self) and extrinsic factors are external environments that are barriers and challenges to nurses' adaptation process to the U.S. nursing practice and work environments.

Intrinsic factors: Being shy and timid, sensitive, and lonely. Nurses described barriers existing within themselves that affected their adaptation to the U.S. nursing practice and work environments. Nurses found that their inherent shyness presented difficulties in the work settings. While intent on getting their work done, they were not always able to tell supervisors what they needed to help. One nurse, now working in the U.S. for 4 years in a hospital setting, described his experience of being shy when he first started:

> ... you know how sometimes, we Filipinos are very shy. When I get to the OR, I don't talk very much. I get there, people would talk to me but I would be very

quiet. I'm that kind of person. I was like that...I was very quiet. If people don't talk to me first I would just be quiet and I would just go and do my job.

Another nurse in the U.S. for almost 3 years also said:

... you know sometimes there is this thing in me, the character you know that I tend to be timid, you know Filipinos they are timid, like that. I do not want any trouble I just want peace and harmony with my co-workers. I also feel timid to tell my CNO what I need...she is always making rounds asking how you are? How can I help you? But I do not say anything.

These nurses, being new to this new world were suddenly exposed to a different work place, new climate, culture, different people, and leaving behind their loved ones and everything familiar. Many times these nurses felt very sensitive, lonesome, and feeling of emptiness living by themselves without their loved ones. One nurse, working in the U.S. for 3 ½ years shared her experience of being very sensitive and feeling of loneliness and she explained:

... I mean I've seen myself go through a lot of things that I won't even dream of coming out alive. I mean, even before, even when I was back home, I never even dreamed that I would be undergoing all these trials here. I mean just to survive in a different country, different climate, cultural background, the diversity of people and you know, plus the work place, it's a major, major change in one's life that's totally out of your comfort zone. I mean to be flying across the world and to leave your family behind, to leave everything familiar with you behind is not easy ... I really miss my family.

In a similar situation another nurse who has been working in the U.S. for 2 ½ years experienced being lonely and homesick:

> ... what made it difficult of course this is a new place for me... when I came here I just came by myself, no friends, you know, it's more on the socialization part. I felt lonesome, homesick, and really missed my family. I came from a city which is a very busy city and I came here without anything, like no bars, no car. You know this adjustment made it difficult for me.

Leaving families behind was a critical issue.

> A nurse working in the U.S. for 4 years said ... I miss my family. I mean family for me is very important, even if there's ups and downs still I wish they're gonna be happier but unfortunately they're not. My mom and dad are old already. It hurts you and you feel the loneliness after you know being with them. Of course your family is your support system and I'm missing them.

Extrinsic factors. Extrinsic factors are barriers found in the external environments in which IE Filipino nurses worked while adapting to U.S. nursing practice and work environments. Major barriers include language and communication, variations in nursing practice and technology, cultural differences, fear of lawsuits, and facing discrimination.

Language and communication. During transition to U.S. nursing practice and work environments, Filipino nurses clearly expressed the challenges experienced with language barriers. One nurse working in the U.S. for 3 ½ years after previously working in different healthcare settings stated:

> ... language was the hardest in transitioning to U.S. practice and work environment. When I first came here it was a struggle for me. First, even if I was educated in English, there is a language barrier because of the different accents. Especially with the doctors, we have Indian doctors, we have Jewish doctors, I mean it's a whole new world of accents to my ears.

Another nurse in the U.S. for 2 ½ years and working in a hospital indicated:

> ... and then in the hospital it's more on the communication problem as well. The barrier because some doctors they speak too fast. They used to speak some terms that you don't know and because of that it is very difficult. You know we have different accent and it makes the word hard to communicate sometimes. And then, it comes to the point that they are frustrated because you did not get what they are trying to say.

Language barriers were further compounded when nurses found themselves working in hospitals in South Texas where most of the patient population is Hispanics who have Spanish as their primary language. This issue further intensified the struggle with language and communication.

Variations in nursing practice and technology. Another extrinsic barrier that IE Filipino nurses experienced as they adapted was variations in nursing practice and technology. Although U.S. textbooks and nursing journals were used in the nurses' PH education, they were shocked to find that U.S. nursing practice is completely different. In particular, the use of technology in the clinical settings, such as computerized documentation and medication administration, as well as discovering equipment they

have never used before such as ventilators and feeding pumps. Nurses found the difference overwhelming as one participant shared:

> ... well, at the beginning it was a shock. You go from learning about the U.S. health care systems from a book and learning it in our country under a school setting. It is very difficult that you're trying to apply a U.S. healthcare system to our country setting which they don't have all of the equipment that the nurses have here in the U.S. So that was probably one of the biggest hurdles that we have to get over is learning the system and going from something you see in the book to actually using it.

Another nurse who has been working in the U.S. for 3 years and 6 months in different clinical settings clearly remembered the challenge:

> ... the computerized system in the hospital is also another hurdle that we have to adjust to as new nurses here in the U.S. I was overwhelmed by the use of different equipment. All those we only seen in books back in our country. We know about these things but we learned them from U.S. textbooks and when you get here it's the actual thing. So you know the theory but then there has to be some adjustment when you apply the theory to actual setting.

Cultural differences. Cultural differences represented another barrier encountered by IE Filipino nurses during their adaptation experiences. Although some of these nurses were informed, knew the hospitals and places they were assigned, they acknowledged they were not prepared to experience first-hand the impact of cultural differences in their personal life and professional practice. While nurses often know that the values are

different, they fear offending people from a different culture. This picture is complicated by the fact that these nurses care for patients from other cultures as well- such as Hispanics. A nurse in the U.S. for almost 5 years recalled her struggle to understand the cultural differences.

> ... As for cultural, it's a completely different demographic, it's a completely different culture. First off, I am dealing with not only U.S. people but those who are here in the U.S. I wasn't only dealing with them but I have dealt with a lot of people from different cultures. So that poses as a challenge. So let's say for example, the Americans have a different set of acceptable practices and where I started off, most of our population is Hispanics and they have a different kind of practices as well. So let's say for example, an American, for them, you know there are things that you don't say because they would think it is rude. For example women, they do not want to have their age and / or weight mentioned in the presence of other people even their family member. Also for example, they don't have as much family that comes to the hospital and they follow the visiting hours as opposed to another set of population where the Hispanics, they have like a whole bunch of people that comes in and you have problems in terms of letting them know of the visiting hours. They don't think that there should be any time constraints with regards to visitation...so that's cultural and very difficult in my practice.

Fear of lawsuits in healthcare. Another barrier experienced by IE Filipino nurses during their transition to U.S. nursing practice and work environments is their fear of

liabilities and lawsuits in healthcare. This issue is totally not a problem in their country of origin but nurses feel that it is of a high level of concern in the U.S. healthcare environments. The level of documentation takes precious time away from bedside patient care. However, due to legal liabilities and fear of lawsuits they comply with strict rules about documentation which add to the workload and takes nurses away from bedside patient care. After almost 5 years working in U.S. hospitals, one nurse commented:

> ... it is the legal liabilities. I don't know if it's cultural but here in the U.S. … really for me you tend to be defensive just because you are aware of that they [hospitals] do have the tendency to be more legally conscious as opposed to from the setting that I came from. It does not necessarily hinder me, but it posed as a challenge for me to modify my way of delivering my practice and also my ways of documenting. Yes, especially because you are now aware…well, first and foremost is [sic] the legalities … the fear for legal actions by the patients.

Nurses need to become accustomed to the documentation process. Another nurse who has been working in the U.S. for two years commented:

> One of my colleagues here always told me that every time you notify a medical doctor (MD) or like nurse practitioner (NP), even if just small urine output or let's say pain medication was needed you have to document it. You have to put any notification so that if ever something happens at least they know that you notified them. Even with a fever, some doctors they get mad for getting called in the middle of the night for elevated temperature and they have to order for Tylenol. So I will give the patient Tylenol 650 mg, so one of my colleagues told me just

> put everything down even if the MDs get mad at you, just put there that you called them so that if anything happens to the patient you know that you called them.

Facing discrimination. Forty-one percent of the study participants felt they experienced discrimination from the patients and co-workers during their transition to U.S. nursing practice. Most of these nurses worked in home health agencies and other healthcare institutions. Some home health nurses experienced being thrown out of the patient's home because they are Filipino nurses. Although they felt embarrassed and offended these nurses were able to handle the situation either by leaving the patients' homes or informing the home health agency main office to send an American nurse per patient's request. One nurse who has worked in the U.S. for 4 years in different healthcare settings recalled:

> ... working as a nurse here in the U.S. is really hard, especially the type of people you're working with. I remember that I worked as a home health nurse the first time so most of my clients are from different races, like white people and all that. Some people are racist, some would actually just tell you to stop. Especially my age ... when I graduated, I started working in home health agency and I was twenty-one years old. For me, doing home health care and going to their houses - they actually don't trust me, some people did actually kick me out of their houses. Some people even asked me what my race is, if I'm black or white because they don't know if I am. I didn't know that's racist at that time. I just answered their question.

Another nurse who has worked in the U.S. for almost five years in different healthcare settings shared her experience and said:

> ... like you have to explain it to them again and again, even if they don't like you. You know, sometimes there's just people that you know, when they see, oh, you're a Filipino. There's people like that. I even had a patient that said I don't want a Filipino nurse. Really like he really mentioned I want a white, give me a white nurse not a Filipino nurse.

Adaptation Facilitators: Intrinsic and Extrinsic Factors

With the number of barriers faced, Filipino nurses found factors that facilitated their successful adaptation to U.S. practice. Adaptation occurred in all types of practice including the hospital, rehabilitation centers, nursing homes/rehabilitation facilities, and in home health care. Facilitators fell into two categories: intrinsic factors and extrinsic factors.

Intrinsic factors. Intrinsic factors are inherent or innate in one's self, which are strong motivators to IE Filipino nurses' adaptation to the U.S. nursing practice and work environments. These nurses believe they possess the drive within themselves that will help overcome barriers to their success. The nurse's determination for success was a driving motivation. Intrinsic factors include quest for life-long learning, determination to succeed, and strong faith in God.

> ***Quest for life-long learning.*** Filipino nurses possessed the desire to learn every day and utilized different strategies to expand their knowledge and skills. One nurse expressed:

> ... I think it's because I'm determined to learn. So it's like when I see something new I'm not afraid to ask. I always ask and it is basic in nursing. If you don't know, ask. I always believe that you're not supposed to stop learning. You should even keep on learning because in the long run that's what going to help you.

Another nurse in a similar situation also expressed the importance of continually learning:

> ... don't be afraid to learn something new. You're always gonna have experts and specialists that are around. Don't be afraid to follow them and ask them what they're doing. You want to learn and follow because there's so many things that are done here in the U.S. that are not done in our country. You can only get so much from reading a book. Hands-on practice by observing a wound care specialist and you learn for example when you follow the wound care nurses when they are on the unit. I was fascinated with what they did and you know, even though it wasn't my patient I feel like kind of just watch them see what they are doing and sometimes you assist them and that broadened my skill range and hope I'll be able to pass on the knowledge I learned from them to others and it's like don't be afraid to ask questions.

Determination to succeed. Participants had clear personal goals and a strong determination to succeed in the U.S. nursing practice and work environments. Journeying to the U.S. by herself 3 ½ years ago one nurse talked about her goals:

> ... I think, first and foremost I have a personal goal … to adjust and to stay here … So whatever it takes I think pretty much I know what I want, so I think that very

thing to have a goal, you would go through great lengths to adjust, to learn, to cope in order to achieve and succeed the goal.

The importance of determination and self-motivation was further explained by a nurse in the U.S. for four years:

> ... it's my determination to succeed and to learn and because nobody is gonna motivate you more except yourself.

Another nurse working in a hospital setting explained the importance of personal goals and their effect on motivation:

> ... I think I have set a personal goal. There's a lot of ways in achieving that goal. But the thing is I have specific goal and I was very motivated. Motivated from day one to the end. I have to believe that I can do it. I have to believe that I can accomplish things. I have to know my priorities and need to know that I can do well. I have to believe in myself and of course prayers. Because at the end of the day I am alone here in the U.S., that's what keeps me strong.

Strong faith in God. Another intrinsic factor facilitating IE Filipino nurses' adaptation is their strong faith in God. These Filipino nurses have always acknowledged that it is God's blessing that they are able to practice nursing in the U.S. They believe that it is their faith in God that kept them stronger as individuals amidst the ups and downs in their adaptation to the U.S. nursing practice. Nurses prayed for strength. They

also prayed before they reported for work. One nurse who has been working in the U.S. for 2 years stated:

> ... It's from God. Because without Him I won't be here. I always say that to myself, like before I go to work I need to pray because you're taking care of life so I need to ask guidance from Him. I know I have a lot of challenges at work but just guide me what I need to do for my patients. Like give me strength to overcome all the challenges. It's like my strength and motivation itself and then from what I've been through coming from the Philippines. Like I'm already here so that's a lot of blessing. Just give me strength. All Filipinos are like that. They're religious. I can see them praying in the car, make a sign of the cross before they clock in but I do it in the car.

Another nurse shared: "… God makes me stronger all day and when I'm a little bit weaker I just pray and you know, that God help me to pass through this."

Another nurse who has been working in the U.S. for 4 years stated

> ... it's important that you hold on to your values, your principles, and faith in God. Wherever you go, whatever your situation may be, I think that's the core of a person. Your faith, your positive belief in the goodness of people and the goodness of God. Those things specially your faith in God is something that will guide you. I mean, keep you afloat in life.

Love of family. An intrinsic factor, love of family, inherent in each of the nurses was a strong motivator that facilitated the adaptation of IE Filipino nurses in the U.S. nursing practice and work environments. The nurses' dreams and motivations before

coming to the U.S. (pre-arrival) up to the present were strongly driven by their love of family. Some are able to sacrifice being away from their loved ones and face the uncertainties of life in the U.S. Their goal is to provide a brighter future and financial stability for their family. One nurse explained:

> ... the love for my family gives me more energy and more strength to go on and strive to be the best nurse and to be successful in the U.S. Because it's in the culture of Filipinos that we are so attached to our family that whatever we gain, whatever we have, it's all for the love of the family. It's not just for ourselves, it's for everybody, for everyone that we love.

Nurses derived courage from love for their families which provided the impetus to work in the U.S.

> ... since early age, I think of providing everything for my family and if I work here in the U.S. I will provide everything for them and if I start with my own family also I can provide them whatever they want. For the love of family, I will do my best to meet whatever my family needs I can support their education since you know I have nieces and nephews who are dependent for my support...as they grow older.

Extrinsic factors facilitating adaptation. Extrinsic factors are those environmental factors that facilitated the adaptation of IE Filipino nurses in the U.S. nursing practice and work environments. These nurses heartedly described their experiences of the following extrinsic factors: support system: management, preceptor, educator, co-workers, thorough orientation and role of preceptor /colleagues,

interdisciplinary teamwork and partnership, utilization of evidence-based practices, and impact of NCLEX to practice.

Support system: Management, preceptor, educator, co-workers, family, and friends. Filipino nurses expressed their profound gratitude and deep appreciation for the support system that provided all the help during their transition to U.S. nursing practice. The support network was comprehensive and included professional and personal relationships. Professional relationships included the management at their institution as well as their preceptor, the educator, and coworkers. Personal support systems consisted of family and friends.

The breadth of the support network is explained by one participant.

> ... number one that really supported me are my colleagues. Of course my nurse manager and those senior nurses. They are, they are so generous to lend a hand with me and that make things easier for me and they let you feel comfortable in the work place. Because they are going to say, "you know, you're doing right." All of the support...emotional and professional not only from co-workers but from family and friends during the transition to U.S. nursing practice really make all things easier for me and other IE Filipino nurses.

Another nurse talked about the ease of working with nurses and/or preceptors who were also Filipino.

> ... the thing is, I could express whatever I wanted to say to my Filipino nurse colleagues and they would let me learn something about a procedure and /or equipment. They would provide me input with whatever my weaknesses and then,

it's like an open communication with them, especially if you have the same nationality with your preceptor. The support of everyone in the workplace tremendously helped me.

Receiving support also had another aspect – giving back to others by providing support to newer nurses who then moved into the system:

... the staff are very nice, the manager is very supportive and the director as well...however especially the manager. They all helped me and they supported me, they taught me, and I learned from my experience. Then afterwards or in return, I helped my colleagues who were brand new nurses.

Thorough orientation and value of preceptor. Another extrinsic factor is a thorough orientation to both classroom and clinical area with a knowledgeable, clinically competent, and patient preceptor is very valuable in facilitating adaptation to the U.S. nursing practice and work environments. Filipino nurses emphasized the importance of hands-on training on equipment such as IV pump, feeding pump, wound vac, ventilator, and other commonly used equipment in clinical settings. All of the IE Filipino nurses have consistently expressed the value of understanding and following the healthcare institutions' policies and procedures. A nurse working in the U.S. described the process of her orientation:

... my orientation, it was like two months in the classroom. Basically they taught us everything, like IV pumps and other equipment, charting, customer service, policies, procedures, JACO, and pain management. They taught all those in two months. And then after that I was assigned on the clinical area. It was my charge

nurse who had me in orientation. It was good because what they had, not only a program but a pattern, like the first two days I'm just gonna observe my charge nurse. What she does and then I think the third day I had one patient and then fourth day I had I think still one patient ... then gradually until I had all her patients. And then that's what I also did ... that was during the day. And then at night I started with three patients until I had the full load.

Nurses described their orientation where they actively participated in the unit activities, but did so with the safety net of a preceptor.

...during orientation on daily basis you deal already with doctors and doing hands-on computer documentation and you get to give medications to your patients. So it's like working already but with a preceptor. I think the preceptor and director met with me on weekly basis to evaluate my progress and also the ICU educator and preceptor they see me every day. They would ask me the areas I need to work on, do I have any questions, they ask me regarding my ICU training. This process was very helpful to my transition period.

Interdisciplinary teamwork and partnership. Another extrinsic factor that facilitated the adaptation experiences of IE Filipino nurses was work as part of an interdisciplinary team and the experience of a partnership in practice. The nurses' experienced first-hand the value and importance of an interdisciplinary team approach for patients' continuity of care. One nurse expressed her appreciation:

... an interdisciplinary team approach facilitates quality patient care and access to healthcare programs. It helps the nurse to coordinate the patient's plan of care.

> Like if you have questions with the patient's diet, there's a dietitian ... your nutritionist. And then if you have problems with the patient with regards to wound care at home, there's case manager for home health care needs. If patients' don't have financial resources there's a social worker who can assist for community resources.

Another Filipino nurse working in an intensive care unit emphasized the importance of teamwork:

> ... what worked well for me was sitting down together with the interdisciplinary team to figure out what went wrong and see if the process needs to be changed. It becomes an inter-disciplinary team approach rather than it's your fault. In our work place there are resources for coordinating and facilitating patient's plan of care. For example, we have the nurse, MD, NP, pharmacist, dietitian, physical therapist, respiratory therapist, case manager, social worker, and chaplain in planning patient's plan of care. We have a daily huddle in the morning and each patient's plan of care is reviewed and updated. Just the openness of upper management, if you have any questions they're always available to you as well as your more senior nurses are always there to help you. There's always a good resource person to help the staff.

Utilization of evidence-based practice. Working on their units, IE Filipino nurses discovered how evidence based practice impacted patient care. These nurses believe the healthcare institutions provided them with evidence-based practice standards for patients' quality and safe care. All of these nurses truly understand the value of the nurse's role in

quality and safe patient care in all clinical settings. One nurse working in the hospital acute care telemetry unit said:

> ...when a patient gets admitted everyone has to have the venous thrombo embolism (DVT) screening and prophylaxis, peptic ulcer protocol, and pneumonia and influenza vaccines screening, and medication reconciliation as evidence-based practices for prevention of complications and illnesses.

Similarly, another nurse working in a nursing home / rehabilitation facility shared how evidence was used in her facility.

> ...if the patient is having fever and being work up for sepsis, the facility has a standard protocol that needed to be instituted. Lab works have to be drawn right away and to immediately administer antibiotics. For new patient admission, there's a specific lab test that need to be drawn, to find out if the patient has an infection, has problem with kidneys or blood oxygenation and to implement evidence-based practice standards per protocol.

Impact of NCLEX-RN on pactice. In order to be able to practice IE Filipino nurses had to pass the NCLEX exam. These nurses described their NCLEX review process as very intense and structured. Review materials were all based on U.S. case studies and clinical situations. Therefore, the study materials provided them with clear perspectives of the U.S. nursing practice. All of them remembered that the NCLEX questions were focused on the nurse's critical thinking, prioritizations, and delegations. An operating room nurse describes the benefits of NCLEX study in terms of its impact on practice.

... the NCLEX... it really helped me a lot in my practice. There are major things in the exam that helped me. Number one is the transcultural aspect of patient care. When you come here in the U.S. ... you know the culture is very different from that of our country. Number two, when it comes to legal issues the exam provides valuable lessons and so it helped me a lot. Number three, it's more on the medical terms, because we have some drugs in the U.S. that you know from the brand name however not available in the Philippines. And then number four, the standards of operation (SOP) are used in the U.S. and therefore healthcare providers are more vigilant.

An intensive care nurse expressed her validation that passing the NCLEX helped her prepare to practice in the U.S.

... yes... the theories that you learn and then the examples that they have in the NCLEX exam, I incorporated it here in the U.S. ICU setting. So that it helped me a lot. Yes...all the scenarios that you would think that would help you prioritize your interventions specific to the patient's needs. The scenarios and the questions are more focus on the nurse's critical thinking and prioritization in managing the patient's condition. It's like doing the step-by-step process and also selecting all that applies. It's like you have to think everything that would apply on one patient and then that will make you think more with whatever the patient needs. ... so everything that applies.

Adaptation Strategies

Internationally educated Filipino nurses' strategies to promote their adaptation to U.S. nursing practice and work environments included (a) observing and listening to preceptors, educators, and co-workers; (b) asking questions and hands-on practice; (c) being a team player and maintaining a positive attitude; (d) participating in life-long learning; (e) building relationships with colleagues and other disciplines; and (f) capitalizing on personality traits.

Observing and listening to preceptor, educator, and co-workers. Filipino nurses were always attentive and focused to all the teachings of their preceptor, educator and co-workers. They learned from these colleagues the best kept secrets in dealing with patients, families, physicians, and other healthcare providers. One nurse discussed how these strategies were used:

> ... Observing and listening to my co-workers advice and their teachings. So listening...is when certain co-worker would tell me about their strategies how to handle and respond with this particular doctor, with this kind of patient so I learned to listen to them and then I do it myself. This strategy really helped me a lot.

Another nurse working in a nursing home also experienced the value of observing and listening to co-workers.

> ... I learned from observing my co-workers and also from the people around me. In the nursing home most of my co-workers are Filipinos, they made me feel welcomed. I appreciated them for making me feel a part of the family. It is easy

for me to ask questions and understand better the standards of care for patients. I found it helpful that my fellow Filipino nurses understood my needs because they were once in my shoes. They helped me, because I observed and listen to them on how to work well with other co-workers from different ethnic backgrounds and cultures.

Asking questions and hands-on practice. Asking questions and getting hands on practice promoted adaptation. These nurses believe in the culture of quality and safe patient care. They asked questions to clarify key points and thus preventing healthcare errors. They also want hands-on practice of different equipment which included feeding pumps, IV pumps, wound vacs, and ventilators with return demonstration. One nurse's account emphasized the need for hands on practice and most importantly return demonstrations:

> ... I learn more on hands-on practice. If I don't know something I'm gonna ask my supervisor to show it to me. So next time I know how to do it the correct way. Because sometimes it's different if you read something in the book or manual and sometimes it's so hard to do hands-on or to practice. I make sure I ask my director of nursing (DON) or assistant DON, or my supervisor to show me how the equipment works or to demonstrate the procedure. I always perform a return demonstration so that next time I know how to do it by myself.

Asking questions proved to be an effective strategy for this nurse who had only been in the U.S. for a little over a year:

> ... So you really have to learn, you really have to read, when you know that you don't know something. I see to it that I ask people so that I will learn doing the procedure correctly or be able to use the equipment such as IV pump, feeding pump, wound vac and ventilator correctly and safely. I don't let myself not know something that I don't know. So I just make sure that if I don't know something I will ask my resources and I'm gonna make sure that I learn. I will know how to use the machine / equipment and what to do in case of a problem.

Being a team player and having positive attitude. Filipino nurses' adopted positive attitudes and tried to be good team players as strategies for practice adaptation. Filipino nurses experienced welcoming and helpful peers and co-workers who taught them the culture and all the important things they should know in the work place. Working as a team player and having a positive attitude was a gateway to the hearts of co-workers who helped them navigate their new world. One nurse described how she experienced being a team player and the benefits being part of a team conferred:

> ... But so far, the nice thing our co-workers, we didn't have problems really with the co-workers even though we were different races or nationalities they were very much accommodating. We made a lot of friends, close friends with these co-workers and they pretty much assist us during the orientation period and throughout our transition to the U.S. work environments. We can easily voice out your concern, you know, if there's a problem where if you need help with a patient as well, especially difficult patients, how they treat the nurses particularly if you're foreign nurses. So we can tell our co-workers and they would really

help us by talking to the patients and explaining the situation. Our co-workers really helped ease up the difficult situation between IE Filipino nurse and the patient. In return, we work together as a team and we do it well.

Another nurse described her conception of a team player:

> ... For me, I always try to be a team player. I mean I would go the extra mile for a patient or a co-worker so they would also see that I'm willing to help if they need me. My positive attitude and willingness to work as a team member were my best strategies in adapting and learning the U.S. nursing practice and work environments. I think that's what makes a team successful.

Embracing the value of life-long learning. Lifelong learning as a strategy has facilitated the IE Filipino nurses' successful adaptation to the U.S. nursing practice and work environments. All of these nurses expressed their determination to learn nursing in the U.S. and they used multiple methods and strategies to achieve their learning objectives. They learned the institutions policies and procedures by heart, they attended nursing conferences and seminars, read books and nursing journals, electronic learning modules, and used resources such as websites /you tubes. One nurse described her strategies for learning:

> ... studying and reading in a sense that for example, you're giving medications and then it's my first time to give the medicine. We have certain resource / reference in the computer that you just look it up and you would learn that this medication is for this purpose. So studying, in a sense studying would make you more adaptive to whatever settings they have here in the U.S. Reading, it's the

same as studying. So studying I attended some of seminars and also reviews from other facilities wherein we attended and then they gave us reviews on, critical care registered nurse board certification and also electronic cardiogram (EKG) interpretations. Also by asking questions if I'm not familiar with some procedures I ask my charge nurse or I ask my co-workers for clarifications, so that it doesn't hurt my patient.

Another nurse talked about learning all that she could and following the hospital policies and procedures:

... I made sure I followed the hospital policies and procedures and unit protocols. I also attended nursing seminars, reading books, and having to do a return demonstration to another experienced nurse and by them asking me some questions about what am I thinking about this patient, how do I think as a critical thinker with this kind of patient, how do I prioritize my nursing interventions. For me these were and still are very successful strategies that I used to successfully adapt.

Building relationships and finding meanings in nursing practice. Building relationships and finding meanings helped all these nurses adapt successfully to the U.S. nursing practice and work environments. By building good relationships they developed trust and friendship among their co-workers and other disciplines. This strategy created teamwork and partnership while their co-workers taught them about the U.S. culture, nursing practice, and how to handle difficult situations. On the other hand, finding meaning to providing quality and compassionate care to patients brought self-satisfaction

and contentment. One nurse who has worked in the U.S. for 3 ½ years in different healthcare facilities shared her experiences and said:

> ... For me I would always think that wherever I am whether in the U.S. or not I would always strive to be the best person that I am. So I think that has worked best for me because I always try to rise above. Most of all, I build relationship with my co-workers, other disciplines and particularly with my patients. I always find something special with my patient and I believe I always have a special relationship with the patients that keeps me going. It is not just the day- to- day giving to patients their medications because it becomes just a routine and it will mean nothing. I think for me it's my other goal to find meaning in everything that I do for my patients and building relationships with them, their families, and my co-workers. I think that's the core of nursing.

Another nurse who has worked in the U.S. for 2 years described his experience in building relationships with co-workers and finding meaning in his contributions to patient care:

> ...sometimes before I go to work I meet up with my co-workers prior to the beginning of the shift and I will ask them do you want to have lunch first prior to our shift? I believe in building relationships with my co-workers because it's not just you're working by yourself. You work with them too. So it's good and valuable that you establish friendship with colleagues and co-workers. I have a lot of friends there, Filipino friends and also blacks, whites, and Hispanics. On some weekends, we are invited by our Filipino co-workers for gatherings to

celebrate birthdays and this really helped build our friendship. We also share our meaningful experiences in providing compassionate and empathetic care to our patients.

Capitalizing on personality traits. These nurses described their personal characteristics with so much pride. They honestly expressed that they are hard worker, flexible / resilient, dedicated, compassionate / caring, patient, and empathetic. They believe that capitalizing on these characteristics made them confident and adaptable to the U.S. nursing practice and work environments. One of the nurses who has worked in the U.S. for 4 years and has worked in different healthcare facilities stated:

> ... Filipino nurses are usually dedicated nurses. Dedicated nurses per se is, we grew up in a place wherein it's all poverty, so we know first thing how to take care of people, how to take care of our family. We basically grew up in respecting older people, respecting other people. In our culture, if somebody is sick you have to take care of them. That's basically how we grew up. So being a Filipino nurse is we actually have that innate, I'm not sure if it's attitude or it is innate or inner self. Inner self means we have it in us, it is who we are. Any Filipino that you know of would actually have that caring, caring for in their soul. Every Filipino has, this attitude to care for other people. And that being said, is I think that's one of the main things why we as a Filipino nurses are really dedicated to our job.

Another nurse described how she used her traits to manage her work experiences:

> ... I had to keep the mindset of being flexible. To be more adaptive to all types of situations you're thrown at. Because every day is not the same especially in home health and also in nursing, even if it's a long-term facility, all sorts of things can happen. So, and you have to know how to manage the situation to de escalate an angry patient and you have to be considerate and empathetic of the family too. It's not just the patient that you have to consider, it's the family too. As Filipino nurses we are patient, compassionate, caring, and 'carinioso' meaning charismatic individuals...this is who we are as nurses.

Self-reflection. Self-reflection was a strategy used by all IE Filipino nurses in their successful adaptation to the U.S. nursing practice and work environments. Through self-reflection Filipino nurses were able to identify the triggers and causes for those difficult situations. They developed proactive interventions to prevent reoccurrence of difficult situations. They also shared these lessons with their peers for process improvement. One nurse who has worked in the U.S. for 4 years in different healthcare facilities described her experience using this strategy and stated:

> ... For example, in my workplace, emergency department it is very stressful. Therefore, the main thing I do, I try to watch myself how I respond and react to my patients especially when I can sense that a particular patient is getting annoyed. In improving myself and handling the situation better ... when I go home I always analyze and reflect on my day's work and situations that were difficult. I always ask ... what were the triggers or causes of that particular

challenging situation, I encountered or the team experienced. So I can make the necessary proactive approach in preventing the same situations from reoccurring. Yeah... you just learn every day. Every single day is another day.

Another nurse shared how self-reflection made a difference in her practice:

> ... For me self-reflection makes a situation meaningful and a strategy for improving oneself and / or process. I don't treat patients just like any other patients, because they're individuals going through something hard in their life. And being there in bed 24 hours a day, being dependent on all the people around is not easy. So they maybe cranky, they may be demanding, they may try to control the caregivers and of course if we don't go beyond that façade that they may be putting up because of what they are going through we will just feel like it's such a burden to take care of such difficult and demanding patients. It's not easy, but if we put a personal touch to it and get to know the patient more...it's teamwork between the caregivers and the patient and the job becomes easy.

Adaptation: Finding Balance by Overcoming Barriers and Contributing to Nursing Practice

This theme describes the IE Filipino nurses' adaptation and transformation that facilitated and molded the nurses that they become in the U.S. Nurses reported personal growth and modified perspectives about their goals. These nurses regardless of age, years of experience, and level of education, all participants experienced the barriers (intrinsic and extrinsic factors) in transitioning to the U.S. nursing practice and work environments. Furthermore, these nurses also experienced the facilitators (intrinsic and

extrinsic factors) that positively facilitated their adaptation to the U.S. nursing practice and work environments. Strategies that these nurses' utilized are valuable to their successful adaptation and contributions to nursing practice and society as a whole. Adaptation promoted feelings of success as nurses continued to work within the health system. A nurse working in a variety of roles in various health institutions reflected on her adaptation experiences:

> ... For me I'm already a successful nurse. I learned a lot, now being here telling you my story, I could think that I did for the last four years. I'm happy that I became a nurse. I think that's what I could say...I'm really happy to become a nurse. There's some ups and downs becoming a nurse but then for me I still have a lot of things to learn and I can't even imagine myself not being a nurse right now. I don't even know why. But I really love my job. From all those experiences I really love my job.

The struggle and adaptation process made nurses reflect on their capacities and changed who they were as a person. One nurse who has worked in the U.S. in two states and in different healthcare institutions honestly shared her struggles and her ultimate success:

> ... I would say that in the three years and a half that I've been here by myself and without my family, I have grown a lot as person. I mean I've seen myself go through a lot of things that I won't even dream of coming out alive. I mean, even before, even when I was back home, I never even dreamed that I would be undergoing all these trials here. I mean just to survive in a different country,

different climate, cultural background, the diversity of people and you know, plus the work place, it's a major, major change in one's life that's totally out of my comfort zone. I mean to be flying across the world and to leave my family behind, to leave everything familiar behind is not easy. I would think that there's only certain people that can survive in that kind of setting and still come out and, you know, and be a better person. It will either make or break you. It's so major that's like, I mean it took all my strengths to adapt and to survive by myself in a foreign land. I mean for the past three and a half years I have moved to six cities, two states and that was not easy. All in all those experiences have its own part in where I am today and who I am today. I mean I got to know more about myself, about my strengths and most of all I've learned about my priorities in life because at this point in my life, I realize that it's not just monetary anymore. It's more of like from all my experiences and from what I've seen, I've realized that life is short and I will not be living the rest of my life just for financial gains. I would want my life to be more, to have more substance... I want to make a difference.

Summary of the Findings

The purpose of the study was to uncover, explore, understand, and describe the adaptation experiences of IE Filipino nurses employed in the U.S. Seventeen Filipino nurses working in the U.S. completed semi-structured interviews. Using data analysis based on the methods suggested by Lindseth and Norberg (2004), a process reflecting the journey to competence extracted. The process began with Pre arrival dreams, motivations that were followed by the realities of U.S. practice. This was followed by a

transitional phase that dealt with adaptation to U.S. practices and work environments. During this phase nurses faced intrinsic and extrinsic adaptation barriers that were coupled with facilitators to the adaptation process that also contained intrinsic and extrinsic factors. Nurses used a variety of strategies to achieve success. During the final phase adaptation contributed to finding balance by overcoming barriers and contributing to nursing practice.

CHAPTER V

SUMMARY OF THE STUDY

One of the ways that the U.S. has helped to resolve its nursing shortage is through the recruitment of nurses educated in other countries. Filipino nurses represent the largest number of IENs who have come to the U.S. to pursue nursing careers. While this process helps to alleviate the U.S. nursing shortage, Filipino nurses face substantial challenges as they adapt to a very different health care system and practices. The purpose of this hermeneutic phenomenological study was to explore the adaptation process of IE Filipino nurses who have been practicing in the U.S. for less than five years. This chapter provides a summary of the study, a discussion of findings as they relate to current literature, conclusions and implications, and recommendations for further research.

Summary

The purpose of this study was to explore, the adaptation experiences of IE Filipino nurses employed in the U.S. Purposive and snowball sampling methods were used to recruit seventeen IE Filipino nurses through the PNAMH. These nurses had practiced in the U.S. between one and five years and worked in hospital or community based settings. The sample consisted of 12 females and 5 males who completed a semi-structured interview regarding their experiences. Using Lindseth and Norberg (2004) data analysis method identified a process beginning with Pre arrival dreams and motivations that was followed by facing the reality of U.S. practice. This phase was

followed by a transitional phase in which nurses found intrinsic and extrinsic barriers to their adaptation to U.S. practice. During this phase, Filipino nurses also found intrinsic and extrinsic factors facilitated their adaptation. Nurses describe specific strategies they used that facilitated their adaptation. Finally, nurses were able to adapt, finding a balance by overcoming barriers and contributing to nursing practice.

These motivated nurses sought to improve their lives and the lives of their families. Prior to leaving the Philippines, these nurses envisioned what practice in the U.S. would be like. On arriving, the expectations did not necessarily meet the realities they faced. Nurses found both intrinsic and extrinsic barriers in their adaptation to practice. Intrinsic factors are barriers existing within themselves, which include: being shy and timid, sensitive, and lonely. Extrinsic factors are found in the external environments, which include: language and communication, variations in nursing practice and technology, cultural differences, fear of lawsuits in healthcare, and facing discrimination.

However, barriers were often overcome by facilitators both intrinsic and extrinsic factors. Intrinsic facilitators are those factors innate in ones self, such as the determination to learn and a quest for life-long learning, personal goals and determination to succeed, strong faith in God, and love of family. Extrinsic factors are environmental factors that facilitate the adaptation which include: support systems from management, preceptor, educator, co-workers, families, and friends; thorough orientation and value of preceptor; interdisciplinary teamwork and partnership, utilization of evidence-based practice, impact of NCLEX-RN to practice. These nurses developed strategies to

promote adaptation to U.S. nursing practice and work environments. The strategies include: (a) observing and listening to preceptors, educators, and co-workers, (b) asking questions and hands-on practice, (c) being a team player and maintaining a positive attitude; (d) participating in a life-long learning; (e) building relationships with colleagues and other disciplines; and (f) capitalizing on personality traits. Finally, nurses found a balance, adapting to their new practice world and contributing to nursing practice and society.

In this study, findings demonstrate that all participants went through struggles as they transitioned to U.S. nursing practice. Each had dreams and motivations as they faced the realities of their successful adaptation to the U.S. healthcare systems. Facilitators eased nurse transition to U.S. nursing practice, providing a support system during the transition period. Most importantly, participants were able to identify barriers to their adaptation and they developed strategies to overcome each barrier. The most profound message they want to share with the nursing profession and society is their love of nursing and their ability to contribute to the lives of their patients and people they serve. This contribution creates contentment and happiness within them.

Discussion of the Findings

In the current study findings showed that regardless of participants' gender, age, level of education, and prior years of experience, all of these nurses were faced with daunting challenges in their transition to the U.S. nursing practice and work environments. This finding is similar to those found by Edwards and Davis' (2006) study of perceived competencies.

Findings emphasize three major phases of the participants' professional journey to the U.S. nursing practice regardless of healthcare the type of health care institutions in which they worked. These three major phases included: 1) dreams, motivations, and realities pre-arrival, 2) transition to the U.S. healthcare systems, and 3) adaptation to U.S. healthcare systems and nursing practice. In each phase, discussions are presented about the study findings and literature review.

Pre-arrival Dreams, Motivations, and Realities Faced

In this study, participants described the dreams and motivations they held prior to leaving the PH and realities found in U.S. nursing practice. Prior to coming to the U.S., all participants held dreams, inner desires, and motivations to work in the U.S. in order to have a better life for themselves and their families and the opportunity to advance professionally. According to Okamura and Agbayani (1991) because of Filipino nurses' desire to help their families financially in the PH, they have the courage to leave their native country and their families in search for a better life for themselves and their families.

Filipino nurses one hope was always to practice in a hospital setting. However, the study findings showed, many of the participants worked in different healthcare institutions during their first arrival to the U.S. Some nurses were only able to find work in nursing homes and/or home health agencies and some worked in hospitals through recruitment agencies. Participants felt confident that their nursing education and training prepared them to practice in the U.S., particularly since they were educated using U.S. textbooks and nursing journals throughout their nursing program in the PH. When

participants started working in the different clinical settings they realized that theories and evidence-based practices they learned in U.S. based textbooks and nursing journals were not adequate to make them feel confident to practice safely in the U.S. work environments.

Transition to the U.S. Healthcare Systems

Following their arrival in the U.S., Filipino nurses began a difficult transition process. Regardless of the type of health care institution nurses were employed in, there were practice and cultural barriers to face that were characterized as either intrinsic factors or extrinsic factors.

Intrinsic barriers. Intrinsic barriers are those factors that are innate within each nurse such as being shy and timid. Many times, colleagues and other healthcare disciplines mistook the quietness of Filipino nurses as signifying that he/she did not understand the instructions or conversations. The reality was that many participants were quiet because they did not want to offend colleagues, co-workers, and/or other disciplines, so they kept their concerns to themselves instead of utilizing constructive criticism. According to Joyce and Hunt (1982), Filipino nurses by nature are quiet, shy and timid especially women. Ordonez and Gandeza (2004) report that behaviors for Filipino nurses are often misinterpreted as passivity for always striving a non-confrontational disagreement or communication with colleagues and other people. In the study findings, participants' recognized this intrinsic factor as a safety issue. Therefore, participants fully understood and learned the value of their role as patient's advocate.

They learned to speak up and question physicians' orders as well as contacting physicians regarding any change in patient's condition.

Extrinsic barriers. Extrinsic barriers were the environmental factors serving as barriers to the participants' adaptation to the U.S. nursing practice. One of the most common extrinsic barriers was related to struggling with language and communication problems. Participants were faced with different accents, use of slang words, and idiomatic expressions. All participants expressed that in their transition process they encountered challenges and difficulties understanding and communicating with patients, families, physicians, co-workers, and other disciplines. This factor was further complicated by participants' exposure to various patient and co-worker ethnic groups. For some participants working, in South Texas, caring for mostly Hispanic, Spanish speaking patients was even more difficult.

Xu (2007), in a metasynthesis of lived experiences of immigrant Asian nurses working in the Western countries, described language and communication as one of the barriers due to unfamiliar accents, usage of slang, idioms, jargons, and abbreviation to mention a few. Buerhaus et al. (2009) also cited communication barriers and cultural differences as barriers for IE nurses in providing quality and safe patient care. Miraflor's (1976) study of Filipino nurses found that communication was the number one problem in their adjustments to the U.S. nursing practice. They found it difficult to communicate with patients, patients' families, and with co-workers due to their accent and pronunciation problems. Yi and Jeweski (2000), reported that Korean nurses in the study had difficulty communicating with patients and co-workers since English was not their

primary language. The Korean nurses were apprehensive about answering the telephone while working, for fear of not being able to understand or be understood by the person on the other line. In a similar situation, the author has personal experience working with IE nurses in a hospital setting. She has observed that IE nurses who are new to the clinical setting have fear when talking over the phone with physician or other healthcare discipline.

Variations in nursing practice and use of technology presented overwhelming barriers to participants' adaptation. Having only seen equipment in U.S. textbooks and nursing journals, participants struggled to use equipment such as IV pumps, patient controlled analgesia (PCA) pumps, feeding pumps, wound vacs, bedside monitors, and ventilators to mention a few. Learning computerized systems such as documentation and medication administration was a struggle but once participants learned how to navigate the systems, they like it for its efficiency, real time, and accuracy. A study conducted by Edwards and Davis (2006) showed IENs' use of technologies with lowest proficiency were computerized charting, computerized medication delivery systems, PCA pumps, use of mechanical devices and use of technology–doplers. The other variation in practice is that medications brand and generic names are different from the ones in the PH. According to the study, participants became knowledgeable in utilizing electronic resources such as IPhones and other computerized medication resources available in their healthcare settings**.**

Cultural differences were one of the barriers identified by IE Filipino nurses in their adaptation process. The findings of the study showed participants' lack of

knowledge and understanding of U.S. culture. Co-workers and other healthcare disciplines misunderstood the participants' characteristics of being quiet, shy, and timid as an inability to communicate and/or understand instructions. The researcher's personal experience with IENs is their lack of providing ample explanation and/or not updating patient and family members about the plan of care. Fear of lawsuits in healthcare is one of the study findings that participants worry about and is a barrier to their adaptation. The participants felt they have to be extra careful in the delivery of patient care. In addition, they have to document thoroughly their notification to physicians and other healthcare disciplines to protect them from any problems that might arise. These practices were not norms in the PH. They felt that in the U.S. the amount of documentation was taking them away from actual patient care. Xu (2007) reported that Asian nurses were shocked by the amount of paper work and documentation required of nurses institutionally and legally. Many Asian nurses felt that in the U.S. because of the fast work pace, heavy paper work, and understaffing they were torn between providing quality patient care and getting everything done on time. These factors led to stress, job dissatisfaction, changing job, or even leaving the profession (Xu, 2007). The qualitative findings of Sherman and Eggenberger (2008) also confirmed that other IENs found divergent nursing practices between countries of origin and U.S. practice and that issues such as potential litigation and the need to follow regulations such as HIPPA required adaptation.

A major finding was that 41% of IENs in this study claimed patients refused their services because they were a non-American nurse. This provides supports for Xu's

(2007) findings that IE nurses felt marginalized and discriminated by patients and co-workers because of race, gender, culture, and language. In addition, they experienced unfair treatment and racism, including stereotyping and rejection by patients and peers.

Adaptation Facilitators: Intrinsic and Extrinsic Factors

Just as barriers had intrinsic and extrinsic characteristics, participants also reported that facilitators included intrinsic and extrinsic factors as well. Intrinsic facilitators are those factors innate in oneself such as the determination to learn and a quest for life-long learning, personal goals and determination to succeed, and strong faith in God.

All participants regardless of any challenges were determined to succeed in the U.S. nursing practice and work environments. In addition, participants' had deep desire to learn the U.S. culture and healthcare systems and to utilize their nursing education and training, positive attitude and behaviors to meet the needs of patients. All participants expressed their strong faith in God, which kept them strong amidst the challenges they faced. They believed they have the purpose for making a difference in the lives of people and society as a whole. Literature review also reports that IENs have strong character traits and convictions amidst the challenges they faced which included: a desire to succeed, recognition, personal strength, self-confidence, determination, being hard-working, persistence, resiliency, sense of belonging, self-reliance, strength, independence, patience, and positive attitude (Alexis & Vydelingum, 2005b; Allan & Larsen, 2003; Allan et al., 2004; Baumann, Blythe, Rheaume, & McIntosh, 2006; Buchan, 2003; Cooke, 1998; Daniel, Chamberlain, & Gordon, 2001; Davison, 1993; Ea,

2008; Hagey, Choudhry, Guruge, Turrittin, Collins, & Lee, 2001; Jackson, 1996; Jose, 2010; Kawi & Xu, 2009; Konno, 2006; DiCicco-Bloom, 2004; Lin, 2009; Lopez, 1990; Magnusdottir; 2005; Matiti & Taylor, 2005; Miraflor, 1976; Ryan, 2003; 2010; Shen et al., 2012; Sochan & Singh, 2007; Spangler, 1991; Turrittin, Hagey, Guruge, Collins, & Mitchell, 2002; Winkelmann-Gleed & Seeley, 2005; Withers & Snowball, 2003; Xu, 2010; Yi, 1993; and Yi & Jezewski, 2000).

The extrinsic facilitators were those environmental factors that supported and facilitated participants' adaptation to the U.S. nursing practice and work environments. In the study findings, extrinsic factors include: support systems from management, preceptor, educator, co-workers, families, and friends; thorough orientation and value of preceptor; interdisciplinary teamwork and partnership, utilization of evidence-based practice, impact of NCLEX-RN to practice. Numerous studies identified extrinsic factors that IENs recognized as valuable support in their adaptation to the host countries work environments and clinical practice including: (a) administration, supervisor, and mentor support; (b) welcoming, mentoring, and support from staff in their process of learning the host culture, language, practices, and healthcare systems; (c) hospital orientation program; (d) continuing education to learn host customs, language, and nursing practices; (e) building a network of friends with similar experiences; (f) family support/friends—some Filipino nurses lived together during their transition periods; (g) going back to school to meet host country requirements/qualifications; and (h) joining professional organizations (Alexis & Vydelingum, 2005b; Allan & Larsen, 2003; Allan et al., 2004; Baumann et al., 2006; Buchan, 2003; Cooke, 1998; Daniel et al., 2001; Davidson, 1993;

Hagey et al., 2001; Jackson, 1996; Konno, 2006; DiCicco-Bloom, 2004; Lopez, 1990; Magnusdottir; 2005; Matiti & Taylor, 2005; Miraflor, 1976; Sochan & Singh, 2007; Spangler, 1991; Turrittin et al., 2002; Winkelmann-Gleed & Seeley, 2005; Withers & Snowball, 2003; and Yi, 1993).

In the study findings, participants stressed the importance of interdisciplinary teamwork and partnership, which facilitated their adaptation to the U.S. nursing practice and work environments. Participants appreciated the availability and assistance of the dietitian, physical therapist, respiratory therapist, case manager, social worker, chaplain, and physician in coordinating patients' plans of care. These nurses only learned the concept of the interdisciplinary team approach in U.S. based textbooks and nursing journals. In the PH, due to lack of resources, participants claimed that there is no such thing as interdisciplinary team available that coordinate patient's plan of care.

Utilization of evidence-based practices in all healthcare institutions was an important part of institutional emphasis and expectations. The participants claimed that core measures and hospital consumer assessment of healthcare providers and systems (HCAHPS) were part of their orientation. A study by Sherman and Eggenberger (2008) identified orientation needs of IENs on regulatory bodies and issues such as: (a) HIPPA; (b) JACO; and (c) EMTALA. For transition programs, the following should be included: cultural aspects of care, confidentiality, importance of documentation, roles of interdisciplinary team members, core measures, legal aspects of care, and differences in English pronunciations.

Orientation was an important facet in adapting to U.S. practice. However, some variability existed in orientation depending on the type of institution that was involved. Participants who worked in hospital settings expressed appreciation for their thorough orientation that incorporated both classroom and clinical with a preceptor. The average orientation was six to eight weeks. An educator or unit manager/director met weekly with participant and preceptor to assess the orientation process and progress of participant. However, participants who worked in nursing homes and/or home health agencies received minimal orientation due to staffing needs. They described their classroom orientation watching a video and they followed their preceptors in a clinical setting or home visit. The average orientation lasted about three to five days. These nurses immediately became part of the healthcare institution's staffing. In addition, findings of the study showed that participants who had Filipino nurse preceptors learned faster and felt more confident after their orientation period. The participants claimed, with Filipino nurse preceptors they felt comfortable asking questions, which helped them feel confident and competent in their clinical skills. Sherman and Eggenberger (2008) found that IENs- required extensive orientation in addition to basic hospital orientation. Studies showed that a thorough orientation and continuing education cannot be over emphasized in order to ensure that IENs have a solid orientation program more than a routine hospital orientation (Hayne et al., 2009).

In the study findings, participants confirmed that passing the NCLEX–RN helped them apply theories to actual U.S. nursing practice. Most of the participants indicated that they went through rigorous and intensive studying/preparation before taking the NCLEX-

RN. The participants used different methods in preparing for the NCLEX–RN. Some participants attended two months of review classes offered by review centers or self-review using books and NCLEX-RN review manuals. Three of seventeen participants had to take NCLEX-RN more than once. All participants firmly believed that passing the NCLEX-RN increased their critical thinking, prioritization, delegation, culturally sensitive care, and safe medication administration. All participants acknowledged the value and importance to pass the NCLEX-RN in order to practice safely and effectively in the U.S. According to the National Council of State Boards of Nursing (NCSBN) entry into the practice in the U.S. and its territories is regulated by licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires candidates for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level RN (https://www.ncsbn.org/RN_Test_Plan_2007_Web.pdf).

Adaptation Strategies that Promote Adaptation to the U.S. Healthcare Systems

The study findings captured the participants' everyday strategies to adapt to the U.S. healthcare systems and nursing practices. Participants wanted to share their best practices so other colleagues will know, understand, support, and even learn from similar situations. These nurses' found practical but helpful strategies to promote their adaptation to a work environment they dreamed to be a part. At first, this new work environment was overwhelming and scary. However, utilizing simple and practical strategies, they uncovered ways of learning and adapting to the U.S. healthcare systems. In the study findings, participants stressed the value of observing and listening as well as

asking questions, which is the key to clarify misconceptions. Because these nurses never have seen this equipment except in books and nursing journals, hands-on practice of commonly used equipment was the best way participants developed their clinical skills and confidence. In addition, participants were team players and always demonstrated positive attitude, which co-workers appreciated and in turn also helped and taught them their culture and unit best practices. The participants' continuous embrace and value of life-long learning was a very effective strategy. They emphasized the importance of reading nursing journals, attending conferences, and participating in unit case studies and huddles. For example, participants believed in learning new skills with enterostomal (ET) nurses for managing complex wound (ET) and nurse practitioners (NPs) for their clinical expertise.

Participants emphasized the value and importance of building relationships and finding deeper meaning in nursing practice. Most importantly, participants capitalized on their personality traits for being hard working, flexible / resilient, dedicated, compassionate /caring, patient, loyal, and empathetic. The participants utilized these traits in their daily practice and appreciated by patients, co-workers, and managers. Self-reflection was a strategy that helped promote adaptation through analysis of situations for improving oneself and practice. Sherman and Eggenberger's (2008), study indicated that nurse managers perceived IENs as making contributions to the nursing units, characterizing IENs as "smart, willing to learn, loyal, hard working and fewer disciplinary issues" (Sherman & Eggenberger, 2008 p. 540). Spangler's (1992), ethnographic study of 26 Filipino nurses regarding nursing care values and care giving

practices found that nurses in this group espoused a professional obligation to care. Nurses expressed seriousness and dedication to work which was derived from a sense of duty, having a conscience to do right, and having a vocational commitment to work. Nurses articulated attentiveness to patients' physical comfort and possessed a great deal of respect and patience for patient needs. The Filipino-American nurse's dedication and commitment to service are congruent and consistent with Filipino cultural traditions, which include respect for authority and social and communal interests.

Adaptation: Finding Balance by Overcoming Barriers and Contributing to Nursing Practice

In this final phase, the participants believed they adapted to the U.S. healthcare systems after about a year of working in a healthcare institution. Each participant had a story to tell about his / her transformational journey. All participants went through personal and professional struggles while learning, adjusting, and adapting to the U.S. nursing practice and work environments. All of the barriers and facilitators that participants experienced during the transition to the U.S. healthcare systems molded these nurses into the nurse that they became in the U.S. The researcher's assumptions were supported by the findings of the study: (a) adaptation occurred as IE Filipino nurses worked in the U.S. healthcare systems and (b) there were facilitators and barriers to adaptations of IE Filipino nurses to the U.S. work environments and nursing practice. The researcher was not aware before the study that IE Filipino nurses came to the U.S. not only for personal and professional advancements, but also to make a difference in the lives of patients and society as a whole.

Conclusions and Implications

The following conclusions are based on the findings of this study:

1. Regardless of gender, age, level of education, prior experience, or type of healthcare institution, IE Filipino nurses face significant challenges when transitioning to U.S. practice.
2. Adaptation to U.S. practice can be achieved through a combination of intrinsic strength of resolve on the part of the nurse and institutional support.
3. While personal and professional advancement are motivators for IENS to engage in U.S. nursing practice, IE Filipino nurses possess a strong aspiration to make a difference in the lives of patients and society as a whole.

Successful transition to U.S. nursing practice needs facilitation on many levels. The following implications were derived from the study findings.

1. International recruitment agencies have responsibilities to the nurse and should be required to provide language and communication training including slang, idiomatic expressions, and jargons of the host country. Before leaving the PH, recruitment agencies should provide IE Filipino nurses a face-to-face in-service about U.S. customs, traditions, and important annual events and a U.S. book or video materials on customs and traditions.
2. U.S. healthcare institutions- should provide institutional and unit specific orientation as well as education regarding U.S. customs, language and effective communication, and developing assertiveness. Valuable resource materials for commonly used slang words, idiomatic expressions, and jargons

would be beneficial for IE Filipino nurses. Orientation to equipment should focus on hands-on practice in operating equipment and machines for patient care. These equipment include but are not limited to: IV pump, feeding pump, respiratory machines, would vac, and ventilator.

3. Unit leadership / Managers should provide a welcoming and supportive atmosphere to IE Filipino nurses by assigning a Filipino big brother or sister, conducting informal monthly meetings with staff or unit leadership. Solicit information regarding successes and concerns of IE Filipino nurses and provide resources to alleviate concerns. Introduce and connect IE Filipino nurses to a local chapter of Philippine Nurses Association of America (PNAA).
4. Educators, together with the preceptor, preceptee, and unit manager, should meet weekly to evaluate the preceptee's milestones, progress, and areas of improvement until orientation period is completed. Strong emphasis on the importance of understanding and utilizing the institution's policies and procedures including unit guidelines and standard operating procedures (SOPs) should be given. Provide follow-up for orientees during work hours, reinforce strengths, and create developmental plans for areas needing improvements.
5. Colleagues and other healthcare disciplines should learn about IE Filipino nurses' culture. Raising awareness on cultural sensitivity and diversity in

workplace brings mutual respect and harmony among nursing staff, promote positive work environments, and positive patient outcomes.

6. Experienced IE Filipino nurses who have adapted to U.S. practice should provide support and mentoring for new IE Filipino nurses who are beginning their U.S. practice.

Recommendations for Further Study

The following are recommended for future studies:

1. Conduct additional qualitative studies on the transition to U.S. practice of IENs using different race and ethnic backgrounds in order to expand and contrast the findings.
2. Examine how positive workplace environments positively impact adaptations of IE Filipino nurses to U.S. nursing practice.
3. Conduct collaborative research studies with colleagues from academia and service agencies regarding interventions to facilitate successful transition for IENs in the U.S.

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APPENDIX A

Approval Letter from Philippine Nurses Association of Metropolitan Houston

Philippine Nurses Association of Metropolitan Houston
2626 Holly Hall #311, Houston, TX 77054 Tel. 713-747-1463

January 8, 2013

Gloria Beriones
College of Nursing
Texas Woman"s University
Houston, TX 77030

Dear Ms. Beriones

The Executive Board of the Philippine Nurses Association of Metropolitan Houston (PNAMH) has approved your request to utilize the PNAMH Chapter as the site for your study, *"Adaptation Experiences of Internationally Educated Filipino Nurses Employed in the United States".*

We wish you the best in the successful implementation of your research.

Sincerely,

Luz M. Reyes, BSN, RN, CNOR, RNFA
President, PNAMH
2012 - 2014

APPENDIX B

Demographic Data Sheet

Demographic Data Sheet

ID: #_____

Age: _____

Male: ____ Female: _____

Number of years working as a RN in the US: _____

Country the NCLEX-RN was taken:_____

Places worked outside of the U.S. and number of years:

a. Country: _____ number of years_____

b. Country: _____number of years_____

c. Country: _____number of years_____

First language spoken at home: _____

Additional nursing education after basic nursing education:

a. BS: _____

b. MS: _____

c. PhD: _____

APPENDIX C

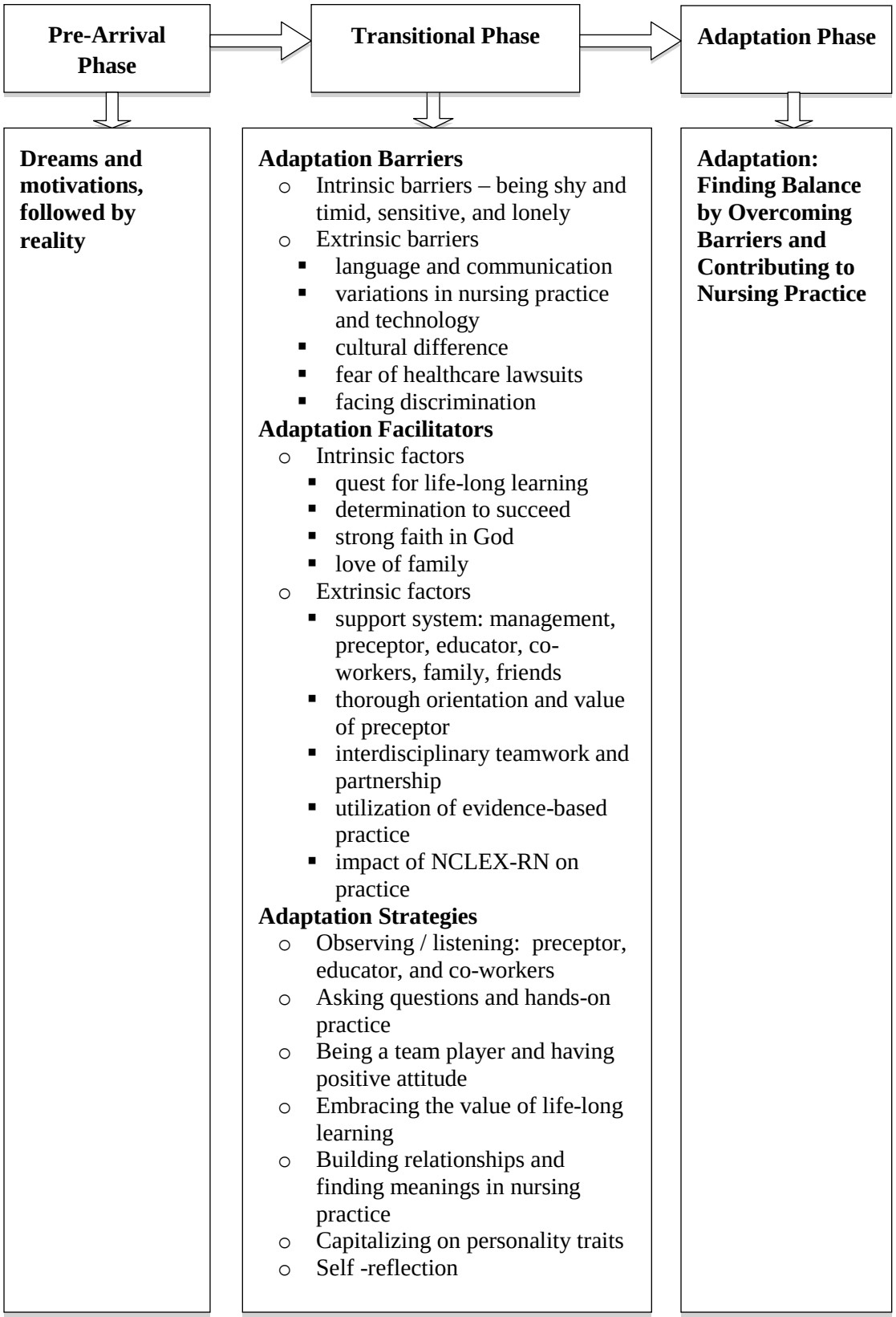
Semi-Structured Interview Questions

Semi-Structured Interview Questions

1. Tell me about your experiences when you began working as a nurse in the US.
    - What type of position?
    - What work did you do?
    - Tell me about your orientation period.
    - What type of things helped make the transition to nursing in the US easier?
    - What worked?
    - What did not work?
2. Did passing the NCLEX help you prepare to practice in the US?
    - Did you have difficulty passing the NCLEX? How many times and what made it difficult?
    - What helped you prepare for the NCLEX?
3. What strategies did you use to successfully adapt to the U.S. work environment?
4. How does your work environment support you in providing nursing care that meets U.S. practice standards?
    - What about it that helped you? [Example]
    - What made it difficult? [Example]
    - What could have helped to change the situation to support you?
5. What advice about adapting to practice would you want to give to IE Filipino nurses who are new to the U.S.?
6. Is there anything else that you want to add?

APPENDIX D

Adaptation Process of IE Filipino Nurses Employed in the U.S.


Pre-Arrival Phase
Transitional Phase
Adaptation Phase
Dreams and motivations, followed by reality
Adaptation Barriers
Intrinsic barriers – being shy and timid, sensitive, and lonely
Extrinsic barriers
language and communication
variations in nursing practice and technology
cultural difference
fear of healthcare lawsuits
facing discrimination
Adaptation Facilitators
Intrinsic factors
quest for life-long learning
determination to succeed
strong faith in God
love of family
Extrinsic factors
support system: management, preceptor, educator, co-workers, family, friends
thorough orientation and value of preceptor
interdisciplinary teamwork and partnership
utilization of evidence-based practice
impact of NCLEX-RN on practice
Adaptation Strategies
Observing / listening: preceptor, educator, and co-workers
Asking questions and hands-on practice
Being a team player and having positive attitude
Embracing the value of life-long learning
Building relationships and finding meanings in nursing practice
Capitalizing on personality traits
Self -reflection
Adaptation: Finding Balance by Overcoming Barriers and Contributing to Nursing Practice