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**BARRIERS THAT IMPEDE FOREIGN-BORN AND EDUCATED MALE  
NURSING STUDENTS' SUCCESS IN A UNITED STATES NURSING  
PROGRAM: A CASE STUDY**

by

Lisa M. Dunn

A Dissertation

Submitted to the  
Department of Educational Services and Leadership  
College of Education  
In partial fulfillment of the requirement  
For the degree of  
Doctor of Education  
at  
Rowan University  
July 17, 2020

Dissertation Chair: Carol C. Thompson, PhD

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## **Dedications**

I dedicate this dissertation to all of my family and friends. I am so fortunate to have so many wonderful people in my life. I want to give a special shout out to my parents. Your support and love have been a stable part of my life, and I want to thank you for being there. I know my dad is looking down from heaven and smiling. I also dedicate this dissertation to my children Michael, Justin, Robert, and Jessica. You have always believed in me and kept pushing me forward. I recognize that this could not be possible without your endless love and support throughout this journey. I also want to thank my besties Shannon, Liz, Tracy, Crystal, and Adena. You all have made me feel a special kind of love that makes me know that you are my family forever. Lastly, the final product could not be possible without my biggest cheerleader, Dana. You were there at the bottom of the ninth inning routing me on. You made me feel as if anything is possible, and I thank you for all your love and support. Also, thank you for helping me prepare for the defense. You talked me off of the ledge a couple of times. There is a bigger power than both of us, and they brought us together. Only good things are coming our way.

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## **Abstract**

Lisa M Dunn

### **BARRIERS THAT IMPEDE FOREIGN-BORN AND EDUCATED MALE STUDENTS' SUCCESS IN A UNITED STATES NURSING PROGRAM: A CASE STUDY**

2019-2020

Carol C Thompson, PhD  
Doctor of Education

The United States has a 36% shortage of full-time nurses. This is projected to worsen. There will be a need for 260, 000 more nurses by 2025 and more than 581,000 new nursing positions will be created through 2024 (American Association College of Nursing, 2011; U.S. Bureau of Labor Statistics, 2015). By 2030, New Jersey's shortage of nurses will exceed 43% (U.S. Department of Health and Human Services, 2017). If a diverse population of students complete a nursing program and become nurses working in the field, the literature reports that there are better client outcomes when the healthcare industry mirrors the population that is being served (Kanchana & Sangamesh, 2016; NACNEP, 2013; NRC, 2004). This qualitative study gave insight into barriers that may impede foreign-born and educated male students' success in United States nursing programs. These students' prior pedagogical experiences, lack of social and family support, and stress appeared to play a significant role in their success while completing course work in a nursing program.

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## **Chapter 1**

### **Introduction**

Nursing shortages are commonplace in the healthcare industry. These shortages have been a pressing issue in the United States and a global concern according to the World Health Organization (World Health Organization [WHO], 2016). Moreover, nursing shortages are projected to worsen. The need for qualified nurses is determined by the healthcare needs of the communities they are serving. In the United States, several contributing factors are associated with the nursing shortages. The life expectancy trends have shown that people are living longer than previous generations. There is a higher percentage of older people partly due to the number of aging baby boomers. This term is used to describe people who were born in the United States between the years of 1946 and 1964. They currently make up 13% of the population (U.S. Census Bureau, 2011). The total population of all age groups in the United States is 308,745,538 which is a 9.7% increase from the previous decade (U.S. Census Bureau, 2011). Because of the increase in population, there are not enough qualified nurses to meet the demand especially with the aging baby-boomers in assisted living and nursing home facilities (National Advisory Council on Nurse Education and Practice [NACNEP], 2010; U.S. Department of Health and Human Services, 2010). Additionally, recent reforms in healthcare are providing more people access to healthcare systems thereby increasing the number of people using healthcare services.

To further add to the shortage, 62% of nurses who are 54-years old or older are planning to retire in the upcoming next three years (National Council of State

Board of Nursing [NCSBN], 2016). Additionally, 6.4% of all nurses in this country are 65 or more years old (Health Resources and Services Administration, 2013). The American Association of College of Nursing (2011) states there will be a nursing shortage of 260,000 nurses by 2025. According to the United States Bureau of Labor Statistics *Monthly Labor Review* (2015), more than 581,500 new nursing positions will be created through 2024 making nursing in the United States the top profession concerning projected job growth. Globally, there are an estimated nine million nursing shortages, and this is forecasted to worsen by 2030 (WHO, 2016).

According to the National Advisory Council on Nurse Education and Practice (NACNEP), in the year 2000, the supply of registered nurses was insufficient for the demand by 6%, and that demand shortfall is expected to increase to 36% by 2020. The United States Department of Labor (2018) reported that jobs for nurses are expected to grow from 2.7 million in 2014 to 3.2 million in 2024. A report in 2017 by The Department of Health and Human Services focused on nursing shortages at the state level. This report projected by 2030 that some states will have a deficit of 10,000 vacancies or more. The states with the highest shortages will be California (44,500), Texas (15,900), South Carolina (10,400), and New Jersey (11,400) (DHHS, 2017). The U.S. Department of Health and Human Services is predicting a 43% shortage of full-time registered nurses in New Jersey by 2020 compared to the 36% full-time registered nurse shortage at the national level (U.S. Department of Health and Human Services [DHHS], 2002). Moreover, New Jersey's population of seniors who are over age 65 reached 1.8 million increasing the demands for health-care related to chronic illnesses common in that population (Xu et al., 2016). These

chronic illnesses include heart disease, chronic lower respiratory diseases, strokes, diabetes, and cancers. With a growing population of older citizens and a shrinking population of nurses, there is a perceived need to hire people who have not traditionally been nurses - foreign-born male professionals. The ratio of female to male nurses in the nation is 10.3 to 1 (Henry J. Kaiser Family Foundation, 2017). Thus, the population of nurses does not adequately represent the population of people who are being served. The United States Census Bureau reported in 2011 that the population of males grew over the previous decade at a faster rate than females making their total population 49.2%. Moreover, racial and ethnic minorities comprise only 25% of the nursing workforce (Health Resources and Services Administration, 2013). With almost half of the nation's population being male, the ratio of nurses needs to be in alignment with the population they are serving in healthcare to ensure better client outcomes (Kanchana & Sangamesh, 2016; NACNEP, 2013; NRC, 2004).

### **Pathways to Become a Nurse**

Candidates who graduate from nursing programs in the United States or from abroad have two potential pathways to become licensed nurses in the United States. First, these potential candidates must graduate from accredited nursing programs in the United States and take a national exam to become licensed nurses. Secondly, foreign-born individuals can graduate from approved nursing programs in their countries of origin and then take a national exam to become licensed nurses and practice in the United States.



These national exams are provided by the National Council State Board of Nursing (NCSBN). This council is a non-profit, independent organization founded in 1978 that was designed to allow boards of nursing to cohesively act and counsel on matters involving the safety and welfare of the public (NCSBN, n.d.). Additionally, this organization develops and maintains the licensure examinations in nursing and provides statistical data regarding pass rates of candidates taking the RN or LPN examinations. The NCSBN's membership includes all 50 states and some United States territories.

The national exams that candidates take are called either the National Council Licensure Examination-Registered Nurse (NCLEX-RN) or the National Council Licensure Examination-Practical Nurse (NCLEX-PN). These standardized exams required by each state board of nursing protect the public safety by ensuring safe practice of newly licensed individuals and determine if candidates are prepared for entry-level nursing practice. Once candidates have completed an approved nursing program, they are qualified to apply to take the NCLEX-RN or NCLEX-PN examination (NCSBN, n.d.). After passing the exam, candidates are licensed as either registered nurses (RN) or a practical nurses (PN) and able to work in this capacity while following the rules and regulations of the state board of nursing in which they applied. These exams are given at testing centers throughout the United States and internationally. Although there is a global shortage of nurses, the United States is recruiting nurses and potential students from abroad to practice nursing or attend nursing schools in the United States.

## **RN Compared to LPN Scope of Practice**

There are many differences between the roles of registered nurses (RN) and licensed practical nurses (PN or LPN). Some candidates may want to pursue registered nurse licenses because RNs perform complex tasks such as caring for acutely ill clients, developing plans of care for clients, and adjusting those plans of care according to the client's response (American Nurses Association [ANA], 2015; NCSBN, n.d.; National League for Nursing [NLN], 2014). Moreover, RNs have more responsibilities than the LPN and can also assume administrative roles such as supervisor or charge nurse. Additionally, RNs have a certain amount of autonomy carrying out specific tasks without any guidance or directions (Billings & Halstead, 2016). Typically, RNs will attend a nursing school located within a college or hospital-based program. These schools of nursing take two to four years to complete. RNs can graduate from these programs with either an AAS, AS or BS degree. A licensed practical nurse (LPN) focuses on performing fundamental responsibilities under the direction of an RN. LPNs perform tasks such as taking vital signs, giving medication and caring for clients with chronic, stable conditions. A stable condition is one that has vital signs such as blood pressure, heart rate, and respirations that are within normal limits (Billings & Halstead, 2016). These candidates graduate from these programs with a diploma or certificate before taking the licensure examination.

## **Licensure**

The NCLEX is a computerized exam that has either a pass or fail score (NCSBN, n.d.). Candidates who qualify to take the examination have graduated from an approved program through their state boards of nursing. These programs

include registered nurse or practical nurse programs. The program the candidates are graduating from will dictate which exam they will take. Candidates take the NCLEX-RN if they graduated from an RN program, and candidates take the NCLEX-PN if they graduated from a PN program.

Candidates who pass the NCLEX exam have met the benchmark set forth by the standards of nursing to become licensed nurse generalists (NCSN, n.d.). The NCSBN collects and publishes statistics on candidates who have passed or failed the NCLEX in the United States. They further break down pass or fail rates in each state in the United States. Additionally, the NCSBN publishes data on pass or fail rates on different populations, depending on country of origin (NCSBN, n.d.). Lastly, the statistical data provided differentiates whether the candidates are applying initially or applying for a second time to take the NCLEX examination because they did not pass the exam on the first attempt. The 2019 NCSBN pass rate for first-time NCLEX-RN test takers educated in United States nursing programs is 88.18%, and the pass rate for the second attempt is 44.02% (NCSBN, 2020). The 2019 pass rate for first-time NCLEX-PN test takers is 85.63% and a 36.69% pass rate on the second attempt (NCSBN, 2020). Additionally, the NCSBN provides pass rates for international candidates. The NCSBN (2020) reports 45.47% of the first-time NCLEX-RN test takers were internationally educated in 2019, and 27% passed on the second attempt. First-time NCLEX-PN internationally educated test takers passed at a rate of 54.68%, and 25.98% passed on the second attempt (NCSBN, 2020). According to these reports, candidates educated in nursing programs outside of the United States have a lower pass rate when taking the NCLEX-RN and NCLEX-PN exams that are

given by the National Council State Board of Nursing. Thus, not passing the licensure exam will impact a person's ability to work in the healthcare setting as a nurse in the United States.

Accredited nursing programs are required to disclose their school's pass rates to the public. Accreditation status mandates that a nursing school meets the criteria and standards set forth by their governing bodies based on quality and effectiveness. Schools that have NCLEX pass rates that are consistently below the national average of pass rates can impact a nursing program's funding, accreditation, recruitment, and retention. The Accreditation Commission for Education in Nursing (ACEN), Commission on Collegiate Nursing Education (CCNE), and the National League for Nursing (NLN) are some examples of accrediting bodies in nursing, and these accreditors mandate that a certain percentage of candidates pass the NCLEX examination on their first attempt. The percentage these accreditors use is based on what the NCSBN reports as the national average. Nursing programs that have graduates who consistently fall below the national average for passing the NCLEX examination may place their accreditation status in jeopardy. Therefore, nursing programs must review the data of current passing rates for their programs in comparison to the national average and plan strategies to improve or maintain their NCLEX examination pass rates. Reviewing, aggregating, and trending data collected in a nursing program will allow nursing faculty members to understand areas needed for improvement and to keep the curricula current. Additionally, part of accreditation standards related to a curriculum is to measure program outcomes and program student learning outcomes, which are reflective of evaluating a nursing

curriculum. A nursing shortage of 43% of full-time nurses in New Jersey and 36% full-time registered nurse at the national level makes having qualified graduates from a nursing program pass the NCLEX examination a more pressing issue (U.S. Department of Health and Human Services [DHHS], 2002).

### **Men in Nursing**

To further add to the nursing shortage, the healthcare industry has an alarming gap in the number of men entering the nursing field in comparison to women. The latest research indicates that male nurses make up a small portion of the total number of registered and practical nurses. Although the number of male nurses is growing nationally, men are still not represented well in the field, and the overall supply of nurses is not meeting the demand (Bureau of Labor Statistics, n.d.; Henderson, 2012; NACNEP, 2010; U.S. Department of Health and Human Services, 2010).

The percentage of male registered nurses licensed between 2010 and 2013 was 11% of the total population of licensed nurses which was an increase from 7% before 2000 (Budden, Zhong, Moulton, & Cimiotti, 2013). The NCSBN reports that between 2013 and 2015, 14.1% of the RN workforce and 12.7% of the LPN workforce were males (NCSBN, n.d.). These studies are done every two years by the National Council State Board of Nursing, and the 2019 data is in the analysis phase. Nursing schools have a 15% admission rate of male nursing students in Associate Degree of Nursing (ADN) programs, 15% in Bachelor's degree programs, 13% in diploma nursing programs, and 9% of male nursing students are in License Practical Nursing (LPN) programs (National League for Nursing [NLN], 2014b). However, the national ratio of female to male nurses is 10.3:1. In New Jersey, this ratio is

11.6: 1 (Henry J. Kaiser Family Foundation, 2017). These ratios reflect professionally active registered nurses (RN) and licensed practical nurses (LPN). Moreover, these ratios are based on the gender information that was provided during the application of the license and does not take unspecified gender numbers into account (Henry J. Kaiser Family Foundation, 2017).

Male nursing students are a minority group because of their low admission rates into nursing schools. Males may not consider a career in nursing because of gender biases, role stereotypes, feelings of isolation in the academic and clinical environment, and the limited availability of mentors for male nursing students (Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). The Institute of Medicine (2011) encourages the nursing profession to place a greater emphasis on recruiting males into the nursing profession because they provide a valuable contribution to the profession. The IOM reports that recruiting more men into the profession will facilitate a more diverse nursing workforce to mirror the population of clients that are being cared for (Institute of Medicine of the National Academies, 2011). To further add to this, the 2010 U.S. Census reports that the population of males in the United States has grown at a rate of 9.9% as compared to the population of female growth which is 9.5%. So, the total population of males in the United States is 49.2% and the female population is 50.8% (U.S. Census Bureau, 2011). The ratio of nurses needs to be in alignment with the population they are serving to ensure the healthcare needs of every community member are met.

Global shortages of nurses and especially male nurses may be attributed to the limitations and restrictions in admitting male students and retaining them in nursing programs (Meadus & Twomey, 2011). The literature reports male nursing students' experiences and concerns of their nursing programs specifically in relation to their maternal-newborn clinical rotation which is a required component of nursing curricula (Cude & Winfrey, 2007; Ellis, Meeker, & Hyde, 2006; Grady, Stewardson, & Hall, 2008; Patterson & Morin, 202). Their concerns are grounded in the possible misinterpretation of a male nursing student's caring actions and their perceived ability to express caring to the clients (Grady et al., 2008; Kelly, Shoemaker, & Steele, 1996).

### **Ethnically Diverse Workforce**

In addition to male nurses not being represented well in the nursing profession, there is a more significant gap between the ethnic diversity in the United States and the nursing workforce (Gardner, 2005a; National Advisory Council on Nurse Education and Practice [NACNEP], 2013; NLN, 2014). A small percentage of male nursing candidates are foreign-born and foreign-educated. The National League for Nursing (NLN) states that the number of pre-licensed graduate nursing students who are members of racial or ethnic minority groups increased from 2008 to 2009 (National League for Nursing, 2009). Currently in the United States, 9.9% of nurses working in the profession identified themselves as black or African American, 8.3% are Asian, 4.8% are Hispanic or Latino, 1.3% identify themselves as two or more races, and 0.4% are American Indian or Alaskan Native (Health Resources and Services Administration [HRSA], 2013). This data points to an increasingly diverse nurse workforce (HRSA, 2013; IOM, 2011) but the

United States is still far from the goal of having a healthcare workforce that mirrors the diverse population. Racial and ethnic minorities comprise 33% of the United States workforce, but only 25% of the nursing workforce (HRSA, 2013).

### **Immigration Status**

According to the New Jersey State Board of Nursing, candidates who apply to take the National Council Licensure Examination (NCLEX) to become a licensed nurse must provide proof of United States citizenship or permanent residency (New Jersey Division of Consumer Affairs website, 2017). Candidates who are not naturalized U.S. citizens are required to submit a copy of a United States passport or certificate of naturalization before they can test for the NCLEX examination. If candidates are legal aliens or have another immigration status, they must submit United States Citizenship and Immigration Services (USCIS) immigration documents to the New Jersey Board of Nursing.

Current immigration rules mandate citizens of a foreign country who wish to enter the United States must first obtain a visa unless they are in a visa waiver program (VWP) (U.S. VISA: U.S. Department of State-Bureau of Consumer Affairs website, n.d.). This program enables citizens of an eligible country to travel to the United States for business or tourism for 90 days or less without having to obtain a visa. To travel to the United States for longer than 90 days requires a visa. This visa can be either a nonimmigrant visa for temporary stay in the United States or an immigrant visa for permanent residence. A citizen from a foreign country who only wishes to attend school in the United States must have a student visa bearing that



they are coming from a country that participates in this program (U.S. VISA: U.S. Department of State-Bureau of Consumer Affairs website, n.d.).

### **Foreign-Born Male Nursing Students**

Although male nurses are considered the minority in the nursing profession, foreign-born male nurses working in healthcare in the United States are even more sparse. Racial and ethnic minorities only comprise 25% of the nursing workforce in the nation (HRSA, 2013). Currently, there is no national dataset reported that is specific to the number of ethnically diverse male nursing students attending nursing programs in the United States. However, there are some estimates that have been reported from different organizations. The American Association of Colleges of Nursing (AACN) states that students enrolled in nursing programs that are ethnically diverse make up 32.3% in baccalaureate programs (American Association of Colleges of Nursing Advancing Higher Education in Nursing website, n.d.). The National League for Nursing (2014), states that Black/African American students make up 12.2% of enrollment in nursing schools throughout the nation, 8.1% make up the Hispanic enrollment, 5.9% are Pacific Islanders, 1.5% are American Indian, and 7.5% are composed of other or unknown. These statistics do not differentiate national and international male students.

### **High Attrition Rate of Male Nursing Students**

The National Advisory Council on Nurse Education and Practice acknowledged that the attrition rates for diverse students in nursing programs are high as well (NACNEP, 2013). Some of the reasons cited for a dismal percentage of foreign-born nursing students completing a United States nursing program are

because of a lack of financial aid, English language barriers, pedagogical challenges, technological disadvantages, and lack of resources (Alberts, 2008; Boshier & Bowles, 2008; Brown, 2008; Budden et al., 2013; Gardner, 2005a). Moreover, adding to these barriers, studies have shown that male candidates may not consider a career in nursing due to gender biases, role stereotypes, feeling of isolation in the academic and clinical environment, and a lack of male nursing mentors (Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). Furthermore, the literature lacks a source of data on diversity program outcomes that may be used to plan, evaluate, and revise initiatives according to these students' needs.

The research on male nursing students' reasons for not considering a career in nursing has been documented (Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). However, there is a gap in foreign-educated male nursing students admitted to a nursing program in the United States and their educational needs to complete a program. Moreover, there is a deficiency in the literature regarding these students' perceptions of the education system while enrolled in a nursing program in the United States. Additionally, there is no systematic documentation of the attrition rates for men or women enrolled in nursing schools. Individual schools may keep their attrition rate records for their outcomes, or they must keep them for their accrediting bodies. However, these records are not mandated for public disclosure.

The implications of having a diverse workforce in the healthcare industry that includes men and international males are related to research that has linked a diverse healthcare provider workforce to improving access to care for diverse patient

populations. In addition to this, a diverse nursing workforce may address cultural and linguistic factors that affect positive patient outcomes (Kanchana & Sangamesh, 2016; NACNEP, 2013; National Research Council [NRC], 2004). To increase the diversity of the nursing profession, nursing schools need to recruit and retain a diverse population of students. The attrition rates for male nursing students have been reported 50% for students enrolled in baccalaureate nursing programs and 47% for students enrolled in associate degree nursing programs. These attrition rates are higher for minority nursing students with a range that expands between 15% and 85% (Abele et al., 2013; Harris et al., 2013). Therefore, if diverse students do not complete their nursing programs, they will not be able to become nurses. This will impact the diversity of healthcare professionals caring for diverse community members, and client outcomes could be affected (Kanchana & Sangamesh, 2016; NACNEP, 2013; NRC, 2004).

### **Purpose of the Study**

The purpose of this study was to understand how nursing programs in community colleges foster the successful completion and graduation of their foreign-born male candidates by identifying potential barriers. The benefits of this study included the possibility that the students may gain clarity or new insights into their current or past experiences while attending the nursing program as well as participating in the development of knowledge that might be helpful to student nurses, faculty, and administrators in the future. Thus, this study was a qualitative study to capture these male nursing students' perspectives. Two nursing programs situated in community colleges located in New Jersey will be studied due to their open access policies that

accept students from a variety of backgrounds and abilities. Additionally, these colleges were selected in New Jersey because of the New Jersey State Board of Nursing's regulations for candidates that can apply to take the National Council Licensure Examination. Lastly, students admitted to registered nurse programs will be studied because of the need for RNs, especially in the hospital settings which primarily only hires registered nurses (New Jersey Collaborating Center for Nursing, 2016).

This study also allowed nursing educators to understand the learning needs of foreign-born and educated male nursing students. These students' prior pedagogical experiences appeared to be different from the pedagogies they experienced in the United States. There are studies and reports on diverse student populations attending nursing schools in the United States; however, the literature is unclear if those students were originally born, raised, and attended the school system in their country of origin before attending a nursing program in the United States. If there are pedagogical differences, this could impact a student's success in a nursing program. Therefore, potential differences will be studied in this investigation to understand how this could potentially impact these students' success in a nursing program. Moreover, this information will be analyzed to understand how these students learn to foster their success by increasing their completion rates in a nursing program and add to the diversity of the nursing workforce in the United States.

Furthermore, this research identified potential barriers in academia these male nursing students experienced while attending a nursing school in the United States. Barriers are being defined as anything the student perceives as blocking his successful completion of nursing courses as he progresses through a nursing program. Successful

completion of nursing courses is being defined as earning a passing grade and meeting all the objectives of that course. Barriers for these students successfully completing a class in a nursing program may include financial difficulties, language barriers, pedagogical challenges, technological challenges, lack of resources, feeling of isolation, and lack of male mentors. Third, this research identified resources, learning strategies, and factors that fostered or impeded foreign-born foreign-educated male nursing students' progression and successful completion through a nursing program. And lastly, this study investigated recommendations these students had for strengthening the successful completion of these male students in a nursing program. These recommendations will be provided to all nursing directors to disseminate to their faculty to potentially enhance the completion rates of these students, so they can take the NCLEX exam to become a licensed nurse. Additionally, this research may decrease a nursing programs attrition rate among these students.

### **Significance of the Study**

Because of the nursing shortages that impact the healthcare industry in the United States, this study will help educators and administrators understand the strategies that foster the successful completion of foreign-born and foreign-educated males that are being recruited to attend nursing programs in the United States. These nursing shortages continue to be a pressing issue globally, nationally, and statewide, so this study is both relevant and timely. This inquiry will impact two community colleges and their strategies for fostering the successful completion for nursing students, and it will also give insight to administrators regarding effective resources that may be needed. This research may give rise to additional questions breaking

down further what specific ethnicities have specific learning needs. Lastly, this research can expand what faculty can do to support and facilitate the integration, progression, and success of foreign-born foreign education male students in nursing programs.

### **Research Questions**

Recruitment efforts of foreign-born males to participate in a nursing program would be futile if the student did not complete a nursing program due to poor performance, not meeting course objectives, and non-passing grades. Fostering these students' successful progression and completion through a nursing program requires specific insight into their learning needs, resources, and strategies that they require for success. Inquiries regarding assessing their strategies for successful completion of nursing courses are essential. Here are four questions that I explored that stem from the central question of how do nursing programs foster the successful completion of foreign-born male nursing students enrolled in a community college nursing program.

1. How do foreign-born male nursing students describe the pedagogical differences in their country of origin as compared to the pedagogy of active learning in the United States?

2. How do foreign-born male nursing students at two community colleges describe how the resources they use differ from or are similar to the resources in their country of origin?

3. How do foreign-born male nursing students at two community colleges describe challenges they face while enrolled in the nursing program?

4. What recommendations do foreign-born male nursing students have for other foreign-born male nursing students to complete their nursing program?

### **Definition of Terms**

The following terms were defined for this study:

1. Baby-boomers: The baby boomer is a term used to define people born between 1946 and 1964.

2. Foreign-born: This is being defined as someone who was born in another country other than the United States of America.

3. Country of origin: This is being defined as a country outside of the United States where someone was born.

4. Birth country: This is being defined as the country a student was born.

5. Pedagogy: This is being defined as a method of teaching.

6. Active learning: This is being defined as a student who engages in the learning. They are participating and engaged in the classroom dialogue.

7. Foreign-educated: This is being defined as someone who has attended the education system in their birth country outside of the United States. This includes primary school, secondary school, or college.

8. Primary school: This is being defined as educational programs that children attend from the ages of approximately four years of age until eleven years of age. Primary education gives a solid foundation in learning fundamental reading and mathematics.

9. Secondary school: This is being defined as a school that students attend after primary school. Students attend this school until approximately sixteen years of age. This school prepares students for vocational school or tertiary school.

10. International male nursing student: This is being defined as the male nursing student who is foreign-born. Additionally, this student may be a hold an immigration status.

11. Nursing shortage: This is being defined as not enough qualified nurses to care for clients.

12. Professional Phase: This is being defined as a nursing student that has been accepted into the nursing program after completing all the admission requirements.

13. Candidates: This is being defined as a person who successfully passed and completed an approved professional nursing program as is eligible to take the NCLEX exam.

14. NCLEX-RN: NCLEX-RN is being defined as the National Council Licensure Examination for Registered Nurses developed by the National Council of State Boards of Nursing to provide an organization through which boards of nursing act together on matters of common interest affecting the public safety (NCSBN, 2004). The RN examination is explicitly designed for the registered nurse (RN).

15. NCLEX-PN: NCLEX-PN is being defined as the National Council Licensure Examination for Practical Nurses developed by the National Council of State Boards of Nursing to provide an organization through which boards of nursing



act together on matters of common interest affecting the public safety (NCSBN, 2004). The PN examination is explicitly designed for the practical nurse (PN).

16. Diversity in Nursing: This is being defined as a nursing population who are from an array of different genders, races, ethnicities, cultures, and religions.

17. Successful completion: This is being defined as earning a passing grade in a nursing course and meeting all the objectives in that course as a student progresses through a nursing program.

18. Informatics in Nursing: This is being defined by the Institute of Medicine (2003) as the ability to "communicate, manage knowledge, mitigate error, and support decision-making using information technology" (p. 4).

### **Overview of the Study**

This country will have a national nursing shortage of 260,000 nurses by 2025 according to the American Association of College of Nursing (2011). Additionally, New Jersey's long-term workforce projections for the state shows a shortage of nurses of at least 40,000 by the year 2020 (New Jersey Collaborating Center for Nursing, 2016). More than 581,500 new nursing positions will be created through 2024 making nursing the top profession in the United States concerning projected job growth (United States Bureau of Labor Statistics, 2015). Also, there are an estimated nine million nursing shortages globally, and this is forecasted to worsen by 2030 (WHO, 2016). Indeed, there are significant numbers of aging people in this nation, and the population is more racially and ethnically diverse. However, the healthcare workforce only comprises 25% of nurses that are racially and ethnically diverse (HRSA, 2013). Therefore, this study will focus on the male, foreign-born

student attending a community college's nursing program in New Jersey. The benefit of having a healthcare system that has a diverse nursing population will mirror the clients being cared for in hospitals, nursing homes, and long-term care facilities. Having this diverse workforce could further provide positive outcomes for diverse clients that seek specific healthcare needs (Kanchana & Sangamesh, 2016; NACNEP, 2013; NRC, 2004). Thus, this study may contribute to the diversity of the healthcare workforces in some communities where students completed a nursing degree in community college settings by allowing their educators to understand the learning needs of some diverse student populations.

Although the shortage of nurses in the nation and state is among registered nurses and practical nurses, the highest need for nurses is in the hospital setting which primarily only hires registered nurses (New Jersey Collaboration Center for Nursing, 2016). There are differences between a registered nurse (RN) and a practical nurse (PN) also known as a licensed practical nurse (LPN), and many of these differences are regulated by the state in which nurses will practice. The differences between the two disciplines range from job responsibilities to the amount of education required. Registered nurses usually have a more independent role in treating clients, administering medications, and providing client education, while LPNs usually work under the supervision of an RN (NCSBN, 2016). For these reasons, this study focused on the registered nurse candidates in community college nursing programs.

## Chapter 2

### Literature Review

The healthcare industry has been adversely affected by the shortage of qualified nurses over the last 20 years, a trend that is expected to continue (Kochanek, & Bastian, 2016; U.S. Census Bureau, 2012; DHHS, 2017, table 15; Xu, Murphy). There are not enough qualified nurses to care for clients in all types of environments including hospitals, clinics, and long-term care facilities (HRSA, 2013; NACNEP, 2010; National Center for Educational Statistics, 2014; NCSBN, 2016; NLN, 2014a; NLN, 2014b; United States Department of Labor, 2018; U.S. Department of Health and Human Services, 2010). More than 581,500 new nursing positions will be created through 2024 making nursing in the United States the top profession when it comes to projected job growth. The World Health Organization (2016) estimates there is a shortage of nine million nurses in the world which is projected to worsen by 2030. Moreover, the American Association of College of Nursing (2011) estimates that by 2025, there will be a nursing shortage in this country of approximately 260,000 nurses. Several contributing factors have been associated with the nursing shortages in this country such as an increase in the national estimates of life expectancies for the aging baby-boomers (NACNEP, 2010; U.S. Census Bureau, 2011; U.S. Department of Health and Human Services, 2010). The life expectancy trends have shown that people are living longer. Baby boomers are considered people who are born in the United States between the years of 1946 and 1964). The total population of all age groups in the United States is 308,745,538. This number reflects a 9.7% increase from the past ten years (U.S.

Census Bureau, 2011). Because of the increase in population, there are not enough qualified nurses to meet the demand. This is especially true for the aging baby-boomers in assisted living and nursing home facilities (National Advisory Council on Nurse Education and Practice [NACNEP], 2010; U.S. Department of Health and Human Services, 2010). Because of the average life expectancy growth, there are not enough qualified nurses to meet the demand of the aging baby-boomers in assisted living and nursing home facilities (National Advisory Council on Nurse Education and Practice [NACNEP], 2010; U.S. Department of Health and Human Services, 2010). Additionally, recent reforms in healthcare are providing more people access to healthcare systems thereby increasing the number of people using healthcare services. There are currently 4,153,657 licensed nurses that are active in this country (KFF, 2017). However, 62% of these nurses are planning to retire over the next three years further adding to the shortage (NCSBN, 2016).

This literature review discusses and addresses the nursing shortages and factors that contribute to the shortage. Additionally, this review will address strategies to help ameliorate the shortages, the need for a diverse nursing workforce, the implications of what a diverse workforce will contribute to the healthcare industry, and potential and perceived barriers experienced by ethnically diverse male nursing students attending a nursing program in the United States.

According to the Bureau of Labor Statistics Employment Projections 2014-2024 released in December 2015, nursing was listed as one of the top professions for projected job growth through 2024. However, there are not enough qualified nurses to meet the demand and fill these positions. Thus, not having enough qualified

nurses to care for clients could result in adverse effects in client care, increase client mortality, and closing of healthcare facilities. Nurses are the majority provider for clients, and they comprise 30% of the total number of all healthcare professionals (McHugh et al., 2012). With nurses making up the largest portion of healthcare, nursing is an integral part of the healthcare systems' infrastructure.

### **Nursing Curricula in the United States**

Nursing curricula are often designed, developed, and implemented by female nurse educators for female learners in the United States (Billings & Halstead, 2016). There is a lack of racial and gender diversity among nursing faculty in this country. According to the American Association of Colleges of Nursing (n.d.), only 12.3% of full-time nursing faculty are made up of minority backgrounds. Additionally, many experts in nursing academia are used as references while teaching a nursing program, and these experts have authored many of the textbooks that are used in nursing academia. Furthermore, these experts are the resources used to prepare nursing educators to educate. These textbooks often have a limited mentioning of men's contributions to the nursing profession (Anthony, 2004). Linda Caputi, Jean Giddens, Beth Rodgers, Diane Billings, Judith Halstead, and Mary McDonald to name a few are nurses that are considered experts, and they are referred to often in nursing academia. Foreign-born male nursing students are using these resources created for nursing programs to foster their learning. The commonality among these pioneers in nursing academia is that they are all American women. How are the foreign-born male nursing students able to learn and do these students have difficulty learning from a homogenous group of educators who are primarily White American

women? Additionally, are the schools providing the resources needed for these students to foster their successful completion of the nursing program?

### **Strategies to Overcome Nursing Shortages**

There have been many recruitments and retention strategies implemented to fill the demand for nurses in this country. With the predictions of the nursing shortage projected to worsen, some states have implemented nurse-to-client staffing ratios to lessen the workload nurses experience in the workforce. Also, a diverse healthcare industry has been encouraged. Despite these efforts, the needs for nurses to fill open positions remain a pressing issue.

**Nurse-to-client staffing ratios.** One of those strategies implemented is to institute nurse-to-client staffing ratios in the hospitals and healthcare facilities. Having staffing ratios in place will allow for an adequate number of nurses in acute care settings to care for clients which ultimately leads to better client outcomes (Twigg, Gelder, & Myers, 2015). Nurse-to-client staffing ratios are intended to address the escalating concern of clients being harmed by inadequate staffing of nurses in hospitals. Having mandated staffing ratios has been proven to decrease nurse “burnout” (Department for Professional Employees, 2016; Nantsupawat et al., 2016; Serratt, 2013; Tellez, 2012). Nurse burnout has been described by healthcare providers as a feeling of chronic fatigue, insomnia, irritability, headaches, weight gain, high blood pressure, and depression (DPE, 2016, Fedele, 2017; Nantsupawat et al., 2016; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004).

Nurse-to-client staffing ratios have been an ongoing issue and is still being introduced in legislation in several states across the nation. Shindul-Rothschild, Berry,

and Long-Middleton (1996) argued that morale among nurses was low because of increasing workloads with fewer nurses to care for clients. Research by Nantsupawat et al. (2016) also confirmed this notion and concluded in their study that nurses' retention was contingent on the environment where they were working with adequate staffing. California was the first state in the nation to initiate client-to-patient staffing ratios. This law has been in effect in California since January 2004, and some comparative studies done by Tellez (2012) and Serratt (2013) have shown that mandated nurse-to-client ratios in California had nurses reporting better workload conditions than did nurses working in states without ratio regulations. Additionally, nurses are then able to care for their assigned clients without the fear of having increased work assignments or an additional client assigned to them. These ratios ensure that the nurses are only assigned a standard number of clients while working in an acute care setting.

Despite California leading the way to initiate nurse-to-client staffing ratios, many states have not adopted this model. Massachusetts has a law that requires specific nurse-to-client staffing ratios; however, their law only mandate intensive care units (ICU) to support these ratios, and the law is further broken down depending on the acuity of the clients in the ICU (American Nurses Association, 2018). McHugh, Brooks Carthon, Sloane, Wu, and Aiken (2012) reported reasons why some states were not adopting nurse-to-client staffing ratios. Hospitals feared that they will not be able to staff nursing units with the number of nurses needed to meet the ratios. Additionally, there is a significant cost to healthcare environments adequately staffing these hospitals with nurses.

**Increase diversity.** Another strategy to decrease the nursing shortages is to encourage people from diverse ethnic backgrounds to consider a career in nursing. The healthcare industry has a lack of diversity in the nursing profession (Budden, Zhong, Moulton, & Cimiotti, 2013; Gardner, 2005a; NACNEP, 2016; National Research Council [NRC], 2004; Rajacich et al., 2013; Strong Anthony, 2004). Diversity in nursing is being defined as a nursing population who are from an array of different genders, races, ethnicities, cultures, and religions. Currently, the dominating population of the nursing profession is White females in the United States. The Institute of Medicine (IOM) is tasking the nursing profession to improve the representation of a diverse workforce, particularly in the areas of race/ethnicity and gender (2011). The IOM indicates there will be an improvement in the quality of client care if healthcare is more diverse because the profession will then mirror the population. Additionally, the IOM reports that the quality of client care and healthcare outcomes will improve because a diverse workforce will have a better understanding of a diverse population's healthcare needs (IOM, 2011). Therefore, a diverse healthcare industry is essential for health equity among all people in the United States (NACNEP, 2016; NRC, 2004).

**Inclusion.** According to Kelly, Shoemaker, and Steele (1996), schools need to present themselves as institutions of inclusion to increase the diversity in a nursing program when reaching out to diverse student populations. Male and ethnically diverse nursing students feel as if their academic and psychological needs are not being met due to a lack of role models and nurse educators from similar backgrounds (Stott, 2006; Tumminia & Peterson, 1984). As a result, strategies are often put in place to address



these students' needs such as academic support. Moreover, nursing educators must create an environment where all students feel safe to express their views and concerns throughout nursing curricula (Billings & Halstead, 2016; Walsh Brennan, Barnsteiner, De Leon Siantz, Cotter, & Everett, 2012). Additionally, according to Tumminia and Peterson (1984), mentoring a diverse population of students during the application process and throughout their schooling, until they graduate, are recognized as strategies to increase retention.

Kelly, Shoemaker, and Stelle's (1996) study determined that male nursing students expressed feeling overwhelmed by the academic load while attending nursing programs. Also, they argued that their experience of role strain related to loss of their role as the primary income provider, and experienced feelings of isolation while enrolled in school. They concluded that family members, who are the support network, should be included in the recruitment process because it may increase the retention of the nursing student in the program. By including significant family members in the recruitment efforts, they may begin to understand the academic demands that will be placed on the nursing student. High school counselors need to be informed and encouraged to promote nursing as a profession for males, as well as for females. Also, retention can be enhanced if the administration and faculty are aware of the tendency to identify male nursing students as different and therefore, isolating them (Dyck et al., 2009).

### **Male Nursing Candidates**

Male candidates may not consider a career in the healthcare industry due to perceived barriers such as gender biases, role stereotypes, feeling of isolation in the academic and clinical environment, and a lack of male mentors for male nursing

students (Banister, Bowen-Brady, & Windrey, 2014; Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). Male nursing students expressed that they experience these perceived barriers because nursing students are predominately female and they feel that their performance is more closely scrutinized (Strong Anthony, 2004). Men also state they feel marginalized and are often referred to as male nurses instead of nurses (Rajacich, Kane, Williston, & Cameron, 2013).

Male nurses make up a small portion of the total number of licensed nurses. However, that number is growing. The percentage of male nurses who were licensed between 2010 and 2013 was 11% of the total population of nurses in the United States, and this percentage was increased from 7% before 2000 (Budden, Zhong, Moulton, & Cimiotti, 2013). Despite this increase and recruitment, men are still not represented well in the field, and the overall supply of nurses is not meeting the demand. Additionally, there is a gap between the ethnic diversity in the United States and the nursing workforce. In addition to the IOM's initiative to increase the diversity in nurses in the workforce, Chang, Milem, and Antonio (2011) posit that educators have a core responsibility in higher education to keep diverse student populations enrolled in a program and guide them toward achieving high levels of academic success. Therefore, programs in higher education are responsible for sustaining the diversity initiative throughout all areas of their institutions.

**Feeling of isolation.** Many studies have argued that male nursing students are feeling isolated while in the clinical environment, and they have also described the sense of discrimination (Banister et al., 2014; Payton, Howe, Timmons, &

Richardson, 2013; Sanner et al., 2002; Stott, 2006). Additionally, foreign-born students stated they perceived a lack of sensitivity to their uniqueness because their classroom did not mirror their ethnic or cultural background. Often these students engage in diverse cultural activities such as major holidays which are not accommodated by the academic calendar.

A qualitative study conducted by Stott (2006) postulated that male nursing students are more likely to experience unique challenges while attending a nursing school such as the feeling of isolation in the clinical environment, particularly when it comes to performing specific tasks in the clinical environment. An example given in this study was when a nursing student who was male was asked to remove his shirt so his classmates can apply an electrocardiogram machine to his chest. An electrocardiogram (EKG), is a test that records the electrical activity of a client's heart through small electrode patches that a nurse attaches to the skin of a client's chest, arms, and legs. Additionally, male nursing students were concerned with test items that focused on nurses being female. Lastly, this study reported male nursing students requesting to have gender-neutral textbooks.

**Lack of male mentors.** Many nursing schools across the United States use mentors to support and reduce attrition rates. This model closely resembles the mentoring programs that many hospitals use to pair a novice nurse with an experienced nurse to support and develop these new nurses (Banister et al., 2014; Benner, 1984). Male and ethnically diverse student candidates may not consider careers in nursing because of a lack of diverse mentors. Because many nurses in the United States are female, a higher percentage of educators are also female (KFF,

2017; United States Bureau of Labor Statistics, 2015). The critical role that diversity takes on within higher education has helped to shape the principles and values that serve as the foundation for academia (Reason & Broido, 2011). The philosophical legacy proposed by John Dewey, "Education for Everyone," speaks to the notion that education must be tailored to meet each unique student's needs, for everyone is capable of learning, and all student populations can benefit from the higher education experience. According to Chang, Milem, and Antonio (2011), a key responsibility in higher education is to keep diverse student populations enrolled and guide them toward achieving high levels of academic success. Therefore, the college or university is responsible for sustaining the diversity initiative throughout all areas of the institution. Chang, Milem, and Antonio (2011) further add that the values essential to academia include equality, justice, and a sense of community, and all values that promote diversity on the individual, group, and organizational levels. The principles and values that are enduring in academia, such as the responsibility to society and social justice advocacy, also show how diversity permeates all aspects of the overall mission of higher education (Reason & Broido, 2011). According to the IOM (2011), men and ethnically diverse nurses will play a crucial role in creating gender inclusion and improve the overall quality of care for diverse client populations.

The small number of minority nursing educators, nurses, and hospital administrators that are available to serve as role models and nursing mentors further adds to the isolation and sense of difficulty many minority nursing students and nurses experience in school and the work environment (Payton, Howe, Timmons, &

Richardson, 2013). Additionally, male nursing students report the lack of male nursing faculty in nursing programs, faculty referring to a nurse as she, the limited opportunities to work with male nurses in the clinical setting, and no presentation of the history of men in nursing (Grady, Stewardson, & Hall, 2008). Research by Banister, Bowen-Brady, and Windrey (2014) suggest that mentoring among minority and male nursing students is vital because these students often emphasize not knowing what the expectations are for the program before their acceptance into the program. Moreover, students reported stress, anxiety, and fear they experience from not knowing what to expect and that a mentor would help alleviate these issues (Abu-Saad & Kayser-Jones, 1981; O'Lynn, 2004; Payton et al., 2013).

**Attrition of male nursing students.** Attrition rates have been a pressing issue in institutions of higher education (Tinto, 2012). Attrition is defined as a loss of nursing students from a program from the students either withdrawing from nursing programs or failing out of nursing programs. In other words, the numbers of students who begin the program is less than the number of students who finish a program (Abele, Penprase, & Ternes, 2013). Historically, nursing schools have low enrollment rates for men. Additionally, studies have reported that attrition rates for male nursing students exceed those of females (Abele et al., 2013; Anthony, 2004; Budden et al., 2013; Stott, 2006). However, there are gaps in the literature identifying the exact rate of completion for men and women in nursing programs. Moreover, the literature fails to determine a consistent and reliable tracking mechanism for nursing program attrition rates throughout the country (Abele et al., 2013; Harris, Rosenberg, & Grace O'Rourke, 2013; Jeffreys, 2007). Some programs

may track their own attrition rates because of their accrediting bodies requiring this information to be documented. There is a lack of evidence of the reasons why male nursing students have higher attrition rates than females. Some grounds for attrition may be comparable when taking into consideration work and family responsibilities; these are not gender specific roles. However, some additional grounds for an increase in male nursing students' attrition rate may be a lack of a "socialization process of becoming nurses" (Kelly, Shoemaker, & Steele, 1996, p. 171). Attrition rates have been reported to be as high as 50% for students enrolled in baccalaureate nursing programs and 47% for students enrolled in associate degree nursing programs. These attrition rates are higher for minority nursing students with a range that expands between 15% and 85% (Abele et al., 2013; Harris et al., 2013). Nursing programs need to assess their attrition rates of all students, seek to understand their student population learning needs, and determine the best strategies to increase completion rates.

### **Theoretical Framework**

Tinto's model (1975) of student retention is often referred to when attempting to understand attrition rates. This model suggests there are impacts on a student's performance in college that are either directly or indirectly attributed to their success. Tinto suggests that frequent contact with faculty directly impacts student retention. Additionally, his main idea is that social attributes in academia influence a student's integration into the higher education environment. Tinto (1975) further expands on this idea of integration by positing that students integrating into a school need to participate in the student culture, whether it is in or outside of the classroom.

Through mentoring, a student can become acclimated to these environments helping them to integrate into the student body culture. Tinto's (1975) idea of engagement can be directly applied to nursing students because they are attending a program situated in the community college environment. Students in higher education have a variety of educational values and experiences as well as a variety of socioeconomic statuses and backgrounds before entering higher education. Nursing faculty may lack a comprehensive understanding of the factors that place foreign-educated students at risk for not completing a nursing program whether it be from withdrawing or failing a course (Harris et al., 2013; Kelly et al., 1996).

Lastly, attrition rates may be related to the belief that society classifies nursing as a profession that is meant for females. This perception can further make male nursing students feel marginalized. Male nursing students report that they must often justify their decision of becoming a nurse and contend with the assumptions that they are homosexuals or not intellectually adequate to become physicians (Brady & Sherrod, 2003). These non-quantifiable beliefs by society may cause role strain further adding to attrition rates.

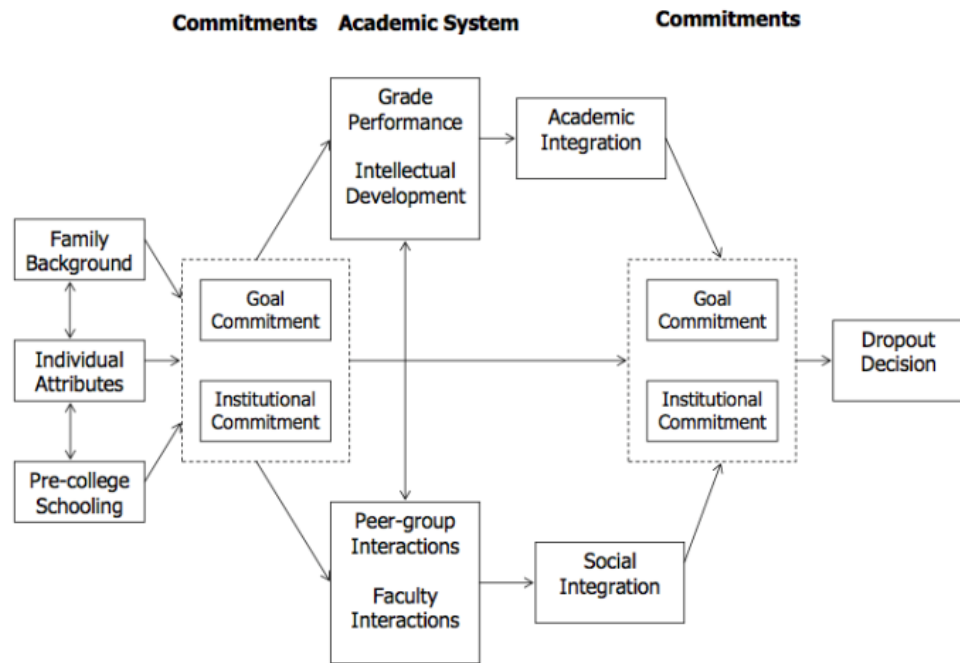


Figure 1. Tinto's (1975) student retention model

### Barriers for Male Nursing Students Who are Foreign-Born

Although there is ample documentation of barriers for male nursing students such as feeling of isolation, lack of male mentors, and attrition rates in literature, there have been no strategies to address potential issues that are specifically geared toward male nursing students that are foreign-born and progressing through nursing curricula in the United States (Banister et al., 2014; Dyke, et al., 2009; Grady, Stewardson, & Hall, 2008; Kelly et al., 1996; Rajacich, Willison, & Cameron, 2013; Payton, Howe, Timmons, & Richardson, 2013; Sanner et al., 2002; Stott, 2006; Wros & May, 2013). Foreign-born male nursing students may have additional barriers they need to overcome to complete a nursing program in the United States.



The National League for Nursing (NLN) data indicated that the number of pre-licensed graduate nursing students who are members of racial or ethnic minority groups increased from 2008 to 2009 (National League for Nursing (NLN), 2009). The population of foreign-born male nursing students and their perception of how to be successful in a nursing curriculum in the United States are understudied and often overlooked in the literature. Much research has been done to recruit and retain American born male nursing students (Banister et al., 2014; Dyke, et al., 2009; Grady, Stewardon, & Hall, 2008; Kelly, Shoemaker, & Steele, 1996; Rajacich, Williston, & Cameron, 2013; Wros & May, 2013). However, there is a plausible gap in the literature between the recruitment and retention of foreign-born male nursing students and the resources used to foster their successful completion of a nursing program in the United States.

In addition to male nursing students' perceptions of potential barriers they may experience in a nursing program, foreign-born male candidates may experience additional barriers such as financial aid, English language barriers, pedagogical challenges, technological disadvantages, and a lack of resources (Alberts, 2008; Boshier & Bowles, 2008; Brown, 2008; Budden et al., 2013; Gardner, 2005a). Moreover, there is a gap in the literature of nursing educators understanding the foreign-born male nursing students' perspectives especially if recruitment efforts of these students are gained from countries abroad.

**Financial aid.** Underrepresented populations may have concerns about their ability to afford school (Wros & May, 2013). Twenty-two percent of full-time students attending community colleges work-full-time while attending school

because they are the providers for their families, and 40% of full-time students work part-time (American Association of Community Colleges, 2016). Foreign-born nursing students may not have citizenship in the United States making them ineligible for financial aid. This further adds to their disparity as some students may still be providing financial assistance to their families back in their country of origin. At the university level, students who are applying for visas to attend nursing schools in the United States must also submit evidence that they can financially afford tuition and living expenses while attending school (Genovese, Schmidt, & Brown, 2015).

**Language barriers.** Language barriers may be a challenge for foreign-born male students who are seeking a nursing degree in the United States. For several years there has been an increase in linguistic diversity in the academic setting, especially in the community college because of their open access policies. Teachers have been challenged to integrate innovative ways to present material to non-native speakers while introducing the lesson plan that will foster all the students' successful completion of a nursing program (Bosher & Bowles, 2008). The National Council of State Boards of Nursing (NCSBN) states that international and domestic nurses need to be proficient in English and writing skills to communicate effectively (Breckenridge, Wolf, & Roszkowski, 2012; Woo, Dickison, & Banerjee, 2014). Some programs of study have English as a second language (ESL) students complete an exam called Test of English as a Foreign Language (TOEFL) before being accepted. This exam is a standardized test, and it is administered worldwide by testing centers. The exam measures the English language ability of ESL students (TOEFL, 2018). Passing this exam will allow the nursing program coordinators to

understand if the candidate is able to start taking higher education level courses in nursing or if they need to complete ESL courses first to learn how to read and write English.

Foreign-born students from the same ethnic background tend to form groups to study together which may lead poor academic outcomes (Abu-Saad & Kayser-Jones, 1981). The reason cited for this is students may not be able to recognize errors in language or comprehension of content. To further add to this, foreign-born students who speak and articulate well in English may have difficulty grasping critical thinking and articulating abstract nursing concepts (Abu-Saad & Kayser-Jones, 1981).

Some English as a second language (ESL) students perceive that they are being criticized for their accents, and this makes ESL students self-conscious about their discourse with clients, doctors, and other members of the healthcare team. This self-consciousness further makes it difficult for ESL students to participate in speaking or participating in group activities or conversing with their peers (Sanner, Wilson, & Samson, 2002). Therefore, students from diverse ethnicities tend to aggregate with students who have similar ethnicities (Abu-Saad & Kayser-Jones, 1981, Carter, 2007, Pettigrew & Tropp, 2006; Tatum, 1997; Walker & Hewstone, 2006). Tatum (1997) states that a person must go through a process of racial identity development. She further expands on this as “the process of defining for oneself the personal significance and social meaning of belonging to a particular racial group” (p. 16). During racial identity development, individuals move through a process to positively identify their race and ethnicity. Racial identity development

is a personal experience with the result of a positive sense of identity rather than one based on superiority or inferiority. Foreign-born students have reported that they often remained silent as an intentional defense mechanism to avoid feeling alienated and uncomfortable in the presence of other people. Linguistically diverse nursing students may have difficulty communicating effectively with clients in the clinical environment where interactive communication is integral to positive patient outcomes (American Nurses Association, 2015). ESL nursing students struggle with learning medical terminology and applying those terms in different scenarios. These barriers attribute to making ESL students' understanding of medical terminology more difficult (Wall et al., 2015).

Indeed, their communication skills are essential to enable safe practice in the nursing environment, and nurse educators must be able to adequately assess their communication skills effectively in all areas of practice (ANA, 2015). This may be challenging since ESL students generally may not be able to participate in general coursework.

In addition to nursing candidates having effective communication skills, another core concept in nursing is establishing interprofessional relationships which are an integral part of nursing (ANA, 2015). The collaboration among all members of the healthcare team is a way for clients and their healthcare providers to come together and understand each other's' perspective in caring for a patient holistically instead of providing care in a silo (Institute of Medicine of the National Academies, 2011). To have an effective collaborative approach to patient care while using interprofessional relationships, a clinician must be able to effectively collaborate and

engage in a team approach (Billings & Halstead, 2016). The purpose of interprofessional relationships is to incorporate all members of a patient's care team to enhance their recovery time and increase positive patient outcomes. According to the American Nurses Association [ANA], (2015), "building an interprofessional team is based upon values and ethics for interprofessional practices, roles and responsibilities for professional collaboration, interprofessional communication, and interprofessional teamwork and team-based care" (p. 27).

The importance of collaboration and interprofessional communication and teamwork are emphasized in the work of the Quality and Safety Education for Nurses (QSEN) group derived from the IOM studies with the competencies of teamwork and collaboration (Finkelman & Kenner, 2009). Additionally, the National League of Nurses (NLN) 2010 incorporates this concept with their definition of teamwork: "to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality care" (p. 69). A silo approach in caring for clients while professionals are working parallel to each other is no longer acceptable in the current healthcare environment. Health professionals must "cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable" (IOM, 2003, p. 4). Additionally, the Institute of Medicine (2010, p. 39) notes that 60 to 70% of adverse events happening to clients in the acute care setting can be traced to problems with communication. Nurses must understand the importance of team approaches to problem solving and safe patient care. Being proficient in English and writing will enhance a nurse's ability to communicate

effectively in all aspects of client care and are considered essential skills for a nurse (Benner, Sutphen, Leonard, & Day, 2010; NCSBN, n.d.; Woo et al, 2014).

**Pedagogical challenges.** Foreign-born students may experience differences in the learning styles from their country of origin as compared to nursing programs in the United States. Some foreign-born students may learn using rote memorization, and some may use essays as a form of assessment as opposed the multiple-choice exams that are the primary method of assessment for nursing students in the United States. Additionally, foreign-educated students coming to the United States to attend nursing school may not be adequately prepared to be evaluated at higher cognitive levels due to their previous forms of assessment and evaluation (Nicols, Davil, & Richardson, 2011). Nursing academia in the United States supports a model of an active learning environment (Billings & Halstead, 2016). Active learning strategies include case studies, debates, and group discussion on nursing concepts. The foreign-born student may not have been exposed to this type of pedagogy in their country of origin.

Moreover, foreign-born students may not have had the same math and science backgrounds as compared to the United States students, making it difficult for them to understand complex concepts as it relates to these topics. Many colleges and universities require entrance examinations related to basic skills, including standardized exams in mathematics, English, and reading skills. Some programs may also require the TOEFL exam to assess ESL students' English language ability. Benner, Sutphen, Leonard, and Day (2010) researched a variety of factors that contribute to the success of pre-licensure students seeking a career in healthcare. Their research concluded that comparisons

between grade point average (GPA), the scholastic assessment test (SAT) scores, and grades in higher education science courses showed a relationship between the students who were successful in healthcare related programs and those who struggled or were not successful. Research done by Breckenridge, Wolf, and Roszkowski (2012) found similar results in their research. They found that the single greatest predictor for nursing students completing a program was their science GPA. Lastly, a review of the literature suggests that students considering a career in healthcare related fields should have a broad knowledge base in science (Billings & Halstead, 2016; Breckenridge, Wolf, & Roszkowski, 2012; Kowitlawakul, Brenkus, & Dungan, 2013). The next most influential subject considered in potential applicants for a career in healthcare is having a strong reading ability. Based on the content and reading requirements, having a strong background in reading and retaining information has been shown to be a positive predictor in a healthcare field (Kowitlawakul et al, 2013; Wolkowitz & Kelley, 2010). Therefore, foreign-born students may have difficulty with the reading requirements and the terminology used in healthcare while critically thinking and applying these concepts to client conditions.

**Critical thinking.** Critical thinking is foundational for a nursing student's thought process. Emus, Millman, and Tomko (1985) claimed that critical thinking is a “reflective and reasonable thinking that is focused on deciding what to believe or do” (p. 45). Facione, Facione, and Sanchez (1994) discussed characteristics of a critical thinker's thought process.

The critical thinker is inquisitive, well informed, trustful of reason, open-minded, flexible, fairminded in evaluation, honest in facing personal biases, prudent in

making judgments, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results which are as precise as the subject and circumstances of inquiry permit (p. 345).

The expectations of critical thinking and high-level reasoning are required standards across health care disciplines (Association of American Medical Colleges, 2016; Benner, Tanner & Chesla, 2009; Billings & Halstead, 2016; Commission on Collegiate Nursing Education, 2013; National League for Nursing, 2010; Porter-O'Grady, 2010). This is directly related to and provides the basis for the concepts of clinical reasoning. The National League for Nurses (NLN) defines the concept of critical thinking as a nursing judgment which encompasses “integration of best evidence into practice” (NLN, 2010, p. 67). Further, critical thinking as the basis for clinical reasoning is evident when the nursing student interfaces with the healthcare system to deliver quality, safe, patient-centered care. This ability to reason or think through situations presented to them is crucial for clarity and discernment among various options (Simpson & Mary Courtney, 2002). Critical thinking can be fostered through the student’s use of the nursing process and clinical reasoning. These two components can move the students to become engaged, practical reasoning, and critical thinking practitioners (Benner et al, 2009). The student who demonstrates critical thinking must also be able to have the knowledge and skills to solve a problem. Porter-O'Grady (2010) posits that there has been an increased focus on the nurse being able to have the knowledge and skills necessary in the clinical environment to think critically. This also relates to the NLN’s Competencies for nursing graduates (2010): “Make judgments in practice, substantiated with evidence, that



integrate nursing science in the provision of safe, quality care and promote the health of clients within a family and community context” (p. 34).

**Technology.** Historically, the art of communication was often referred to as engaging in a verbal and a written exchange of information. Nursing standards regarding communication recently also include using information and communication technologies in the healthcare arena (American Nurses Association, 2015; Institute of Medicine, 2003). The use of information systems and nursing informatics in the healthcare environment requires students to become familiar with these types of new technologies. Additionally, because nursing practice standards mandate the use of these technologies, nursing schools throughout the country have student learning outcomes with specific competencies that are recommended by the Quality and Safety Education for Nurses (QSEN Institute, 2014).

The NLN also recommends knowledge of informatics in their 2008 position statement *Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. Informatics in nursing is defined by the Institute of Medicine (2003) as the ability to "communicate, manage knowledge, mitigate error, and support decision-making using information technology" (p. 4). In this position paper, the NLN called for nursing schools to incorporate informatics into the curriculum. Informatics, according to The National Council of State Boards of Nursing's *Transition to Practice Model* includes informatics as compelling content to be learned for safe patient care for registered nurse graduates (NCSBN, n.d.). Recently, many nursing schools have adopted a student learning outcome that addresses client care technology which refers to technology that monitors client information about their condition and effectively

communicates this information with the healthcare team. Nursing students must be educated how to use technology and how to assess the information reported using these technology systems because computer technology has been increasingly adopted by facilities to monitor and maintain client information. However, technology may not be accessible in some foreign countries, and this becomes a disadvantage to foreign-educated students attending nursing schools in the United States. Nursing students are expected to have some experience in technology and will be required to use technology while in school for national standardized exams, unit exams, and documentation of client care. Moreover, the healthcare industry primarily uses technology for their charting systems.

The NCLEX examination is a computerized test given to candidates across the United States at approved testing centers. The format of this examination is primarily selecting the best answer to a multiple-choice question, ranking answers in order of importance, or selecting all the answers that apply to a question. Passing this examination determines if the candidates will be licensed nurses. Pass rates for candidates taking the NCLEX-RN examination for the first time who were educated outside of the United States in 2019 were 45.47% as compared to 88.18% pass rate of candidates who completed a nursing program in the United States (National Council State Board of Nursing, 2020). This statistic varied slightly with candidates who took the NCLEX-PN examination. In 2019, students educated in the United States had an 85.63% pass rate; foreign-educated first-time test takers had a 54.68% pass rate, and this percentage was based on all foreign countries combined. The NCSBN further differentiates pass rates by country of origin. The variation in a foreign country's pass

rates may be due to some candidates' experiences with computerized exams and alternate format questions (Nichols, Davil, & Richardson, 2011).

**Lack of resources.** Nursing schools often accept many students of varying backgrounds into their nursing programs. This could impact a nursing faculty's ability to understand each student's learning abilities (Billings & Halstead, 2016). Foreign-born candidates may have had poor access to supplies and lack of classroom experience in their country of origin education, and this may be a source of constraint. In addition to this, foreign-born students may come from countries where they are disadvantaged and have little or no exposure to computers or any technology. Nursing students are often accepted into nursing programs with no admission criteria. The path of college-educated immigrants from India or China, for example, may be very different from that of an asylum-seeking refugee who fled Cambodia or Vietnam.

Asian Americans adults constitute the highest of all major racial and ethnic groups to have college degrees (National Center for Educational Statistics, 2014). Additionally, Asians traditionally have the highest test scores and grade point averages (GPAs) among high schools and colleges. However, Southeast Asians have the highest high school dropout rates in this country. The underlying assumption that all Asians are smart and do well in school puts an unrealistic expectation on many Asian students in the United States. Asians who are struggling to succeed tend to be immigrants who have limited English proficiency (Pak et al., 2014).

Resources and support services available for first-generation Asian American college students are significantly different than other diverse populations (Museus, 2011).

Asian Americans are often perceived as smart, academically successful students, and therefore, do not require special services afforded to other ethnic groups (Pak et al., 2014; Teranishi, 2012). This socially oppressive stereotype sees Asian Americans as easily assimilated into white culture and, therefore, without special needs. These racial barriers can mislead many educators into believing that all Asian Americans are well versed in the college process and do not need any additional services (Teranishi, 2012). However, educators and career counselors must play key roles in connecting first-generation Asian American students with the guidance necessary in navigating these students' success in college preparation, searching for the right college, admissions, and enrollment (Museus, 2011).

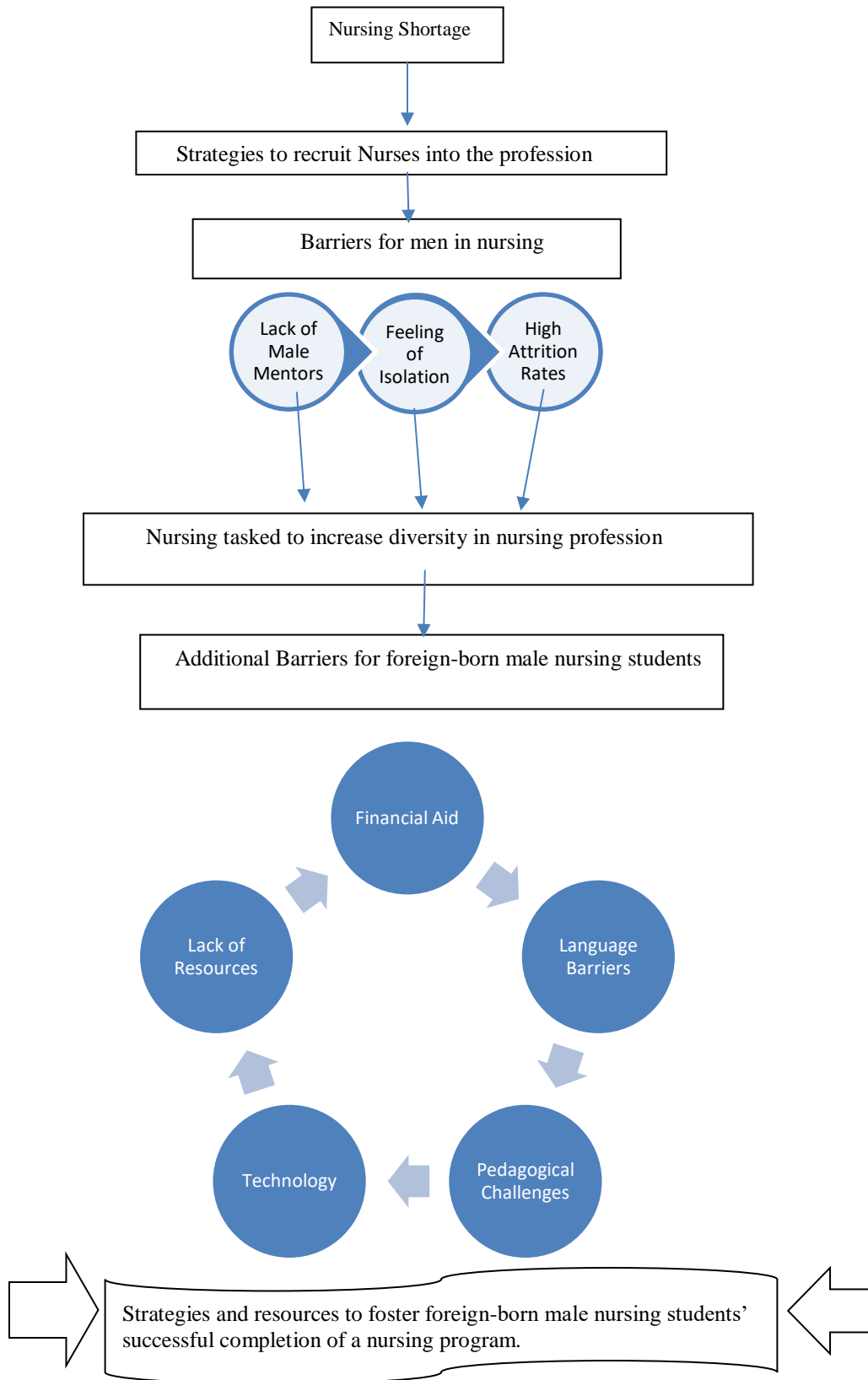


Figure 2. Conceptual Framework

## Summary

Nursing shortages have remained a pressing issue in the United States. There are not enough qualified licensed nurses to care for clients in need (Kochanek, & Bastian, 2016; U.S. Census Bureau, 2012; DHHS, 2017, table 15; Xu, Murphy). Strategies are in place to help ameliorate the shortages, but there remain more clients in need than nurses to care for them. One of those strategies is to initiate nurse-to-client ratios. Although some states have adopted this legislation, many states have not for fear that there will not be enough qualified nurses to fill the requirement mandated by the ratios. Another strategy is to increase the diversity of qualified nurses. Men and foreign-born male nurses are not represented well in the nursing profession despite there being a slight increase in their numbers at the bedside. Men have cited several reasons for not considering a profession in nursing. They include perceptions of gender biases, role stereotypes, feeling of isolation, and there being few male mentors in the field (Banister et al., 2014; Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). Foreign-born nursing students cite additional barriers including financial concerns, English as a second language concerns, pedagogical challenges, technological challenges, and a lack of resources for them (Alberts, 2008; Boshier & Bowles, 2008; Brown, 2008; Budden et al., 2013; Gardner, 2005a). Because of the nursing shortages being such a pressing issue in the United States, and the challenges that foreign-born male nursing students perceive as barriers while they are attending nursing school, this study will enlighten students, educators, and administrations to understand the strategies that foster these students' successful completion of a nursing program.

The next chapter will discuss the qualitative strategies of inquiry for this study which included the case study and the grounded theory methods. A case study approach framed the research questions and facilitated the collection of all the data, and a grounded theory approach was the basis for how the data was analyzed.

## **Chapter 3**

### **Method**

This chapter expands on the design of this research study. I will provide the details regarding the rationale for a qualitative strategy of inquiry, the case study and grounded theory designs of inquiry, strategies for eliciting participants in the study, strategies for the collection of data, data analysis, rigor, and ethical considerations.

#### **Purpose Statement**

The purpose of this study was to understand potential barriers that foreign-born and educated male nursing students may face while enrolled in a community college nursing program. To understand these students' perspectives, a qualitative study to capture their lived experiences while attending these programs was investigated. The benefits of this study included the possibility that the students gained clarity or new insights into their current or past experiences while attending a nursing program. Furthermore, this study will benefit nursing programs through the development of knowledge that might be helpful to student nurses, faculty, and administrators in the future with student retention.

Academic nursing is transitioning its pedagogical approach to active learning strategies (Halstead & Billings, 2016). These active learning strategies include case studies, role-playing, interactive activities, and detailed discussions regarding concepts. Furthermore, active learning strategies may be different from the pedagogies foreign-born students experienced in their country of origin. Additionally, foreign-born students may encounter several barriers to completing a nursing program in the United States such as language barriers, financial issues, and a feeling of isolation.



This qualitative study had several purposes that gave insight into the understanding of what potential barriers impeded these students' success in a nursing program in the United States. This study permitted nursing educators and students to understand the learning needs that foreign-born students needed to help them complete a nursing program. The literature does not address these students' perspectives. There are studies and reports on the diverse student populations attending nursing schools in the United States; however, the literature is unclear if those students were originally born, raised, and attended the school system in their country of origin before attending a nursing program in the United States (Banister et al., 2014; Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). The literature gives some guidance on how educators can help these students' completion of a program in an academic environment which may be different from what they had in their country of origin. However, the literature did not support if the guidance was appropriate to help these students complete a program (Alberts, 2008; Boshier & Bowles, 2008; Brown, 2008; Budden et al., 2013; Gardner, 2005a).

### **Research Questions**

Although there are strategies in place to recruit nursing students from all segments of society, male nurses remain underrepresented and comprise only 11% of all nurses (Budden, Zhong, Moulton, & Cimiotti, 2013). Moreover, The National League for Nursing (2014), posits that Black/African American students make up 12.2% of enrollment in nursing schools throughout the nation, 8.1% make up the Hispanic enrollment, 5.9% are Pacific Islanders, 1.5% are American Indian, and 7.5% is made up of other races. However, these statistics do not differentiate if these

students were born in the United States or foreign-born which may add to their perceptions of barriers.

Fostering these students' progression and completion through nursing programs requires insight into their learning needs. Thus, the central question that is guiding this study is what potential barriers impede their successful progression and completion of a United States nursing program? Several sub-questions were formed to answer this central question.

1. How do foreign-born male nursing students describe their pedagogical differences in their country of origin as compared to the pedagogy of active learning in the United States?

2. How do foreign-born male nursing students at these two community colleges describe how the resources they use differ from or are similar to the resources in their country of origin?

3. How do foreign-born male nursing students at two community colleges describe challenges they face while enrolled in the nursing program?

4. What recommendations do foreign-born male nursing students have for other foreign-born nursing students to complete their nursing program?

The National Advisory Council on Nurse Education and Practice (2010) and the Institute of Medicine (2011) have tasked the nursing profession to increase the diversity in the profession. Males and foreign-born nurses are not accurately represented in the profession. Known and unknown educational barriers may prevent foreign-born males to consider a career in nursing.

## **Qualitative Strategy of Inquiry**

A qualitative design was used to capture these male nursing students' perspectives using semi-structured interviews, graphic elicitations, and observations. According to Creswell (2013), qualitative research is inductive typically taking place in a natural setting. A qualitative design was chosen for this study because it will allow the participants to express the specific ways in which they experience United States nursing programs and reflecting on what strategies or resources fostered their success in nursing courses. Moreover, this approach allows me to understand their experiences while providing a detailed account of their experiences in the program.

The case study methodology chosen is an appropriate approach when an investigator is seeking to understand a specific group of people, a problem, or unique situation by exploring a few examples in great depth (Merriam, 1998; Patton, 1990; Stake, 1995; Yin, 2002). Additionally, this methodology allows researchers to understand the conditions being studied from the actor's perspective. In this case, the actors are the male nursing students who were born in another country and attended the school system in their country for their primary or secondary education before coming to the United States. These students are currently enrolled in an associate's degree nursing in the United States.

## **Case Study**

Case studies are a common methodology in education; however, the number of available resources are scant for case study researchers (Merriam, 1998; Stakes, 1995, Yin, 2002). Additionally, using a case study as the methodology has not always been well received in the literature as a research strategy because of the lack of resources. The

reason for this is because the literature also identifies that this methodology is deficient in protocols that are well-defined and well-structured for conducting this type of research. Yin (2014) posits that there is a lack of a "standard catalog" of research designs for an investigation in a case study. Moreover, there is an absence of consensus on the development and implementation of a case study methodology.

Yin (2002), Merriam (1998), and Stake (1995) are three primary researchers who aid in conducting case study methodology. In addition, they support the concept that case studies are an ideal methodology when attempting to understand the complexities of the questions of "how" or "why" in a holistic manner. Although there are some differences in their design of a case study, these foundational case study methodologists provide researchers concrete steps in implementing a case study approach that aids the researcher's quest for answering their research questions. Furthermore, they report that using a case study as the methodology is starting to become a recognized tool in many social science studies especially concerning education. These methodologists consider a case study strategy to be a robust method for research, particularly when an in-depth and holistic investigation is required (Merriam, 1998; Stake, 1995; Yin, 2014).

Yin (2014) posits that using a case study is a methodology used "when a researcher has little or no control over behavioral events, and the focus of a study is contemporary as opposed to entirely a historical phenomenon (p. 2). Merriam (1998) and Stake (1995) have a broader definition of a case study which further expands on the flexibility in using a qualitative case study to research a much wider array of a case. Merriam (1998) posits that a case study consists of an "intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process,

or a social unit" (p. xiii). Stake (1995) posits that a qualitative case study is a "study of the particularity and complexity of a single case, coming to understand its activity within important circumstances" (p. xi).

Case studies add additional sources of evidence not usually available as part of, for example, the historian's approach to research. Direct observations of the events being studied in real-time and interviewing the participants in their environment are two sources of evidence that add to the triangulation of the research. Triangulation refers to a researcher's use of multiple sources of data or a variety of methods to build a complete picture of the investigation instead of only one part of a complex picture (Rossman & Rallis, 2012; Stringer, 2014). Triangulation enhances a researcher's credibility while investigating a study and assists them in gaining a feeling of trust in their integrity of the processes used in their inquiry. Although using a case study or a historical perspective can overlap in their approach to inquiry, the case study's unique strength is its "ability to deal with a full variety of evidence beyond what may be available in a conventional historical study" (Yin, 2014, p. 12).

Exploring the variations in the different approaches to a case study can promote a better understanding of how to apply the principles to practice. Yin (2002) commits himself to fostering the strategies of implementing a very detailed approach to a case study with specific protocols in every aspect of the design including the research questions, the collection and analysis of the data, and the conclusion and recommendations. Merriam (1998) provides an informative and detailed guideline for a relevant literature review that fosters the inquiry of the research. This process enhances the researcher's perspective to allow them to develop research questions and points of

emphasis. Additionally, the literature review will help the researcher to conceptualize the inquiry to inform the theoretical framework, which will enhance the whole research process. Merriam's approach in a case study design recommends a flexible approach suggesting a "purposive or purposeful sampling usually occurring before the data are gathered, whereas theoretical sampling is done in conjunction with data collection" (p.66). She claims that throughout the research process, a researcher must have "tolerance for ambiguity" (Merriam, 1998, p. 20). This is because there are no standard procedures or protocols for conducting this method of research. However, Merriam has established guidelines and protocols to allow the researcher to adapt to events that may be unforeseen. This methodology allows the researcher to change the direction of their research in the pursuit of finding true meaning and understanding to their research questions.

Advantages of using a case study in this investigation are that the data will be collected at the nursing school these students are attending, and the observations will be taking place in real-time during the lecture or lab classes. Furthermore, the detailed accounts obtained in the interviews will not only help to explore or describe the data in real-life settings but also contribute to explain the complexities of situations these students are experiencing which may not be captured through experimental or survey research. An observational protocol will be used to ensure that students are observed consistently. Using persistent observation as a strategy allows for a variety of information from different perspectives. A case study of the experiences these foreign-born foreign-educated male nursing students encounter, for instance, can give access to not only the numerical information concerning the strategies used for success, but also

the reasons for the strategy they used, and how these strategies are used concerning other issues they may encounter.

The disadvantages of a case study are, perhaps, best described by Yin (2014). The most significant concern with case study research is the presumed lack of rigor. Yin posits “too many times, the case study investigator has been sloppy, has not followed systematic procedures, or has allowed equivocal evidence to influence the direction of the findings and conclusions”(Yin, 2014, p. 21-22). Additionally, a person who uses a case study as a teaching tool may confuse case study research in their view as using this strategy as a research method. Case studies provide a small basis for generalization since a case study uses a limited number of participants. The question commonly raised is “How can you generalize from a single case?” (Yin, 2014, p. 20). Lastly, case studies are often labeled as taking too much time resulting in an exorbitant number of documents. Yin posits that this may have been true in the past; however, this is not accurate with today's case studies. For example, case studies of ethnographic or longitudinal nature can elicit a lot of data over a period. Yin describes how the data can become unclear and unreadable when it is not managed and organized systematically.

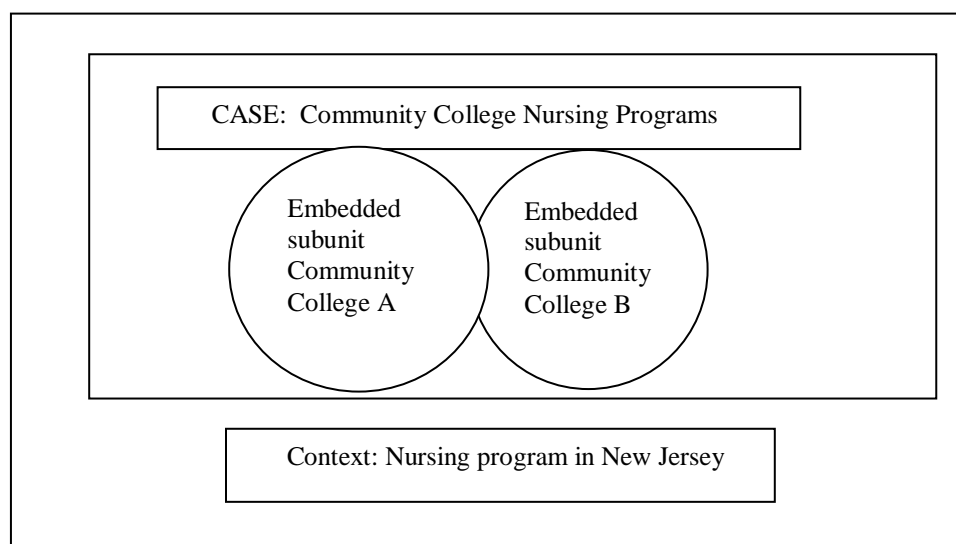
A case study will fit this investigation because it will allow the researcher to answer the research questions by fostering the exploration of this phenomena among the foreign-born foreign-educated male nursing students in two community college associate's degree nursing program in the Northeastern United States. Furthermore, this methodology will allow the researcher to follow leads and sampling purposefully to deepen their understanding of their research questions. Lastly, this method of inquiry

will allow the design to emerge flexibly as new understandings open new paths of inquiry.

Interviews will be structured with a set of predetermined questions. While interviewer flexibility and responsiveness are more limited when structured interviews are used, structuring the topics reduces variability and makes more efficient use of the student's time than does the unstructured approach (Polit & Hungler, 1999). The case study is preferred when direct observations are being studied and interviews of the people involved in the events are taking place (Yin, 2014). The term triangulation in research refers to collecting information using a variety of sources and methods (Fielding and Fielding, 1986). This research study involved personal interviews, graphic elicitations, and persistent observations to exhaust all avenues of collecting data. This investigation also used constant comparison, member checking, and peer debriefing to ensure credibility.

This research used the embedded single-case study design. This design was a single-case design, with two subunits of analysis (Yin, 2002). In this research, community colleges are the single case being studied and the two individual institutions are the embedded units. Therefore, the rationale for the use of this strategy of inquiry is that community colleges are the case being studied because they serve as the main network of nursing education; the two individual institutions are embedded because of their *relationship* to the network.





*Figure 3. Case study design: Embedded single-case*

### **Grounded Theory**

A grounded theory approach was also used in this investigation. Creswell (2013) describes grounded theory and a case study as two separate entities. Considering Creswell's notion, this investigation used a case study to frame the research questions and will be used as a methodology to collect the data. Rossman and Rallis (2012) view grounded theory as more of an "analytic approach than an overall approach to qualitative inquiry" (p. 106). Thus, a grounded theory will be used as a general strategy for analyzing the data while ensuring trustworthiness. Therefore, a grounded theory will be the basis for how the data are analyzed from the case study.

### **Sampling**

Qualitative sampling of participants included foreign-born male nursing students that attended their native schools and are now enrolled in a nursing program

in the United States. All participants are volunteers. An email will be sent to nursing directors at two community college nursing programs in New Jersey introducing them to the research study (Appendix A) and requesting a meeting either on the telephone or in person. The three community colleges were chosen based on their open access admissions criteria and their diversified student population. Permission was asked to attend ten minutes of each lecture or lab to introduce the study to the students. The purpose was described including selection criteria, types of data and methods to be collected, and anticipated time commitments. Consent forms were handed to every student. Students turned in the form signed or unsigned to the co-investigator, and the students' names remained confidential. A follow-up email was sent after permission was granted from the nursing director again describing the project, outlining the characteristics of the desired participants, and requesting confirmation of the participants to meet with me at a scheduled time to conduct the interviews (Appendix B). These strategies may be supplemented with new participants through snowballing. Eventually, this will evolve to a purposeful sampling which is one of the most common sampling strategies in qualitative research (Coyne, 1997; Rossman & Rallis, 2012). Purposeful sampling groups the participants according to criteria that are relevant to the research questions (Polit & Hungler, 1999). Additionally, this type of sampling will allow for in-depth, rich data from a few participants (Patton, 2002). Purposeful sampling places the participants according to criteria that are relevant to the research questions that are being investigated (Polit & Hungler, 1999).

## Setting

Foreign-born male nursing students who were currently admitted to two community college registered nursing programs were studied in this research inquiry. Understanding what these male nursing students' needs are and strategies for their successful completion of each nursing course as they progress through a nursing program is paramount especially since there is a gap in male nurses in the workforce and an ethnically diverse workforce caring for diverse client populations. Two nursing programs situated in a community college setting located in New Jersey will be used in this study. New Jersey was chosen as the state to be studied because according to The U.S. Department of Health and Human Services is predicting a 43% shortage of full-time registered nurses in New Jersey by 2020 compared to the 36% full-time registered nurse shortage at the national level (U.S. Department of Health and Human Services [DHHS], 2002). Moreover, according to Health Resources and Services Administration (2017), the projected shortages of full-time registered nurses for New Jersey will be more than 11,000 by 2030. These two programs were specifically chosen because of their diverse population. The community college setting was chosen for this study because these two-year institutions have an open access policy which allows students to attend college from all different backgrounds and academic abilities. Moreover, attending a community college is a practical option for many low-income, underserved diverse populations and nontraditional students who may attend school part-time while working. To add to this, 40% of undergraduates who live in poverty attend community colleges, as do about half of all minority undergraduates (Ginder, Kelly-Reid, Mann, 2017). These two community colleges will be called Community College 1 or 2. The two campuses were specifically

chosen because they serve a diverse population with approximately 25-49% of minority enrollment.

### **Participants**

The sample was made up of male nursing students who were born and educated in another country. These students were in the professional phase of the program. The professional phase was defined as those students who were accepted into the program after completing all their admission criteria.

To elicit volunteers, an email was sent to the directors of nursing at these two colleges explaining the purpose of the study and to request a meeting on the phone or in person (Appendix A). With the intended cooperation of the nursing directors, I sought out opportunities to meet with the students after receiving permission from the nursing directors. Some of those opportunities were through nursing organizations or clubs on campus to inform the students of the research project. Also, I asked permission to present the study to the students the first ten minutes of their theory class or lab on days that are approved by the instructors. Additionally, with the permission of the director, a follow-up email was sent explaining the purpose of the research project and to kindly reply to the email if they wish to participate and if they meet the criteria (Appendix B). All participants remained confidential. Fifteen volunteers for this study were going to be accepted from each school contingent on their meeting all criteria including being accepted into the professional phase of the nursing program and are taking nursing courses. Data storage, both in electronic or paper form, are being stored on a secure computer that is password-protected and/or in a locked file cabinet in my home office. Recordings of interviews were secured on an iPhone that is password protected and then

downloaded to a secured password-protected computer. Further, to preserve participant confidentiality, the community colleges were each assigned a pseudonym 1 and 2. All participants were each assigned a different pseudonym that was used throughout the data analysis and reporting process. They were called participant 1, 2, 3, 4, or 5.

With the permission of the nursing directors, a secondary email or follow-up email was sent as a reminder two weeks after the initial email requesting participants in this study. I also visited the school a second time to elicit volunteers. This strategy added new participants volunteering to take part in this study through snowballing. This strategy evolved into a purposeful sampling which is one of the most common sampling strategies in qualitative research (Coyne, 1997; Rossman & Rallis, 2012). According to Polit and Hungler (1999), purposeful sampling grouped the participants according to criteria that are relevant to the research questions that are being asked in this study. Additionally, this type of sampling allowed for in-depth, rich data from the nursing students participating in the study (Patton, 2002).

### **Data Quality and Rigor**

A qualitative inquiry is influenced by the beliefs that a researcher brings with them to the investigation (Guba & Lincoln, 1994). Transparency and honesty are key components to establish the credibility of research. Indeed, a researcher needs to separate their beliefs, assumptions, and experiences from the stories of the subjects being investigated. Also, researchers need to employ empathetic neutrality and reflection of the data to ensure that this separation exists as posited by Patton (2002). Theory develops from the data as it is collected and analyzed in a cyclical process in grounded theory

(Corbin & Strauss, 2015). The process of analyzing the data is continuous until the research is complete, and the data that is being presented must be trustworthy.

### **Trustworthiness**

Guba (1981) outlined specific aspects a qualitative researcher needs to employ for the trustworthiness of their research; these components include truth value, applicability, consistency, and neutrality. First, Guba (1981) states that a researcher must show truth value which is credibility in the claims they make about their data. Second, the researcher conducting a qualitative study must demonstrate the applicability of the research (Guba, 1981). In other words, a researcher must confirm the ability of a study's findings to be replicated or transferred in another context. However, this component in a qualitative study is a challenge to the researcher because the phenomena being investigated are unique to the participants and setting of that study (Guba, 1981; Guba & Lincoln, 1994). Moreover, a researcher must collect thick, rich descriptions of the participants and the setting allowing future investigations to compare research done in a similar context. The third component that Guba (1981) states of trustworthiness is known as consistency. A reliable test or instrument in quantitative research will produce consistent results. However, in qualitative research, the person conducting the research is the instrument. This makes for inconsistencies because human nature is not consistent. Guba posits that a researcher needs to acknowledge differences and their causes (Guba, 1981). Lastly, Guba (1981) posits that for a researcher to show trustworthiness, they must display neutrality while presenting research findings. Qualitative research is intrinsically managed by the belief and value systems of the researcher. However, the key to neutrality or objectivity is the ability for a researcher

verify the data generated in a qualitative study (Guba, 1981). Qualitative research trustworthiness techniques are designed to consider the naturalistic inquiries and interpretive analyses that are the essence of a qualitative research design. This grounded theory research uses constant comparison and member checking to address questions of trustworthiness. Additionally, peer debriefing will be employed as a third component in this study to ensure trustworthiness.

**Constant comparison.** In a qualitative research study, regardless of the type of data collected, it is organized and broken down in manageable pieces; then the data is continually being compared for similarities and differences (Corbin & Strauss, 2015). This approach ensures trustworthiness because the researcher collects and interprets the data and then categorizes while comparing it to other rich data that was collected. This data will be examined and compared in a continuous cycle by collecting the data, analyzing the data and then comparing. Moreover, this approach affords the researcher to reflect on the data collected, analyze what has been discovered and use that information to guide the direction of where the research will take the researcher. Corbin and Strauss (2015) posit that researchers need to be flexible in the grounded theory approach to data collection and analysis because it is a complex methodology with no standard design. Merriam (1998) also contends with this notion, and, therefore, fosters a researcher's inquiry with their framework and data collection by using a case study methodology.

Additionally, the use of writing memos immediately following an interview or observation will be a valuable tool for constant comparison of the rich, thick data obtained. Furthermore, these memos will document the process of exploration and

the interpretation of the participant's descriptive responses. These memos will also represent a written audit trail of the data analyses which is a fundamental component for establishing the neutrality of this investigation and for addressing issues of dependability and consistency (Corbin & Strauss, 2015; Guba, 1981).

**Member checking.** This technique is used in a qualitative grounded theory design to verify that the interviews are invariably represented by the participants (Lincoln & Guba, 1985). The male nursing students in this study will be given opportunities to review the transcripts of their interviews. This will give the students the opportunity to acknowledge that their lived experiences are accurately captured. Moreover, sharing the transcripts of each interview with the participant will allow them to clarify or restate any information they shared generating credibility or truth value (Guba, 1981). Lastly, the original transcript, the record of inquiry, and the documented changes if any will be kept as part of an audit trail.

**Peer debriefing.** The last approach to ensure trustworthiness in this investigation is through peer debriefing. Multiple nursing faculty who are familiar with qualitative data but not involved in this qualitative research will be participating in analyzing the data. Peer debriefing allows researchers to test their observations and reflect upon their line of questions by interacting with colleagues (unrelated to the study) who are willing to work through a process of examination (Guba, 1981). Moreover, the data will be shared with members of the dissertation committee to ensure that interpretations were accurate and appropriate (Guba, 1981). Again, the changes and, perhaps, the shift in direction of this investigation by the feedback provided by the peers will be documented as part of an audit trail to ensure credibility and confirmability.



## **Data Collection**

This research was a single case study with foreign-born male nursing students being privately interviewed. These students were previously educated in the school systems in their country of origin and now are attending a nursing program in the United States. Interviewing participants is the major source of gathering data regarding the phenomena in qualitative research (Merriam, 1998). An email will be sent to the nursing directors of these programs explaining the purpose of the research and requesting a meeting to further clarify the research study. While anticipating the nursing directors' cooperation, I will then ask if I can attend any nursing organizations or clubs on campus to inform the students of the research project. I will also let the students know that I will send an email after receiving permission from the directors explaining the purpose of the research project and to kindly reply to the email. The students who volunteer will remain confidential. Participants will be accepted into the study based on their meeting the criteria for the study. Additionally, a follow-up email will be sent. The interviews will take place in a semi-structured format at the convenience of the students. They will be held in a quiet, private location on campus. Field notes and journals in the form of memos will be used in this study during the observations. Field notes are a primary recording tool for qualitative investigators (Glesne, 2010). These field notes and journals will be transcribed immediately to organize thoughts and insights. Field notes will be transcribed in a descriptive and analytical manner striving for details and accuracy while avoiding being judgmental. A notation will be made of where the observation took place, who was there and not there, what occurred, when did the events occurred, and why events took place. These field notes that will be obtained during the didactic and college

lab time will be used to add commentary and catch vague statements needed for clarification.

### **Semi-Structure Interviews**

This study will be conducted using in-depth semi-structure interviews from male students who are foreign-born and have been educated in their mother country, and now are attending a nursing program at a community college in central New Jersey. A semi-structured method was chosen to allow for elaboration of a participant's ideas. Additionally, open-ended questions will be asked to obtain information with many possible alternative responses. A survey protocol was developed to ensure the interview questions align with the study's purpose (Appendix D). Two similar studies with already established protocols were used to guide the creation of this protocol (Bertram, Poulakis, Elsasser, & Kumar, 2014; Lee, 2011). Each question was closely examined by myself and a nursing peer for simplicity, clarity, and answerability.

Conducting personal interviews engages participants and provides an exploration into the lived experiences of these nursing students in a nursing program in the United States. Moreover, advantages of qualitative methods are the use of open-ended questions and probing which gives participants in the study the opportunity to respond to their lived experiences in their words rather than having them choose from a selection of answers. Probes encouraged the students to elaborate on their answers to get a better understanding of their experiences (Rubin & Rubin, 2012). This type of data collection will allow the participants to share richer and more complex experiences. Follow-up interviews will be scheduled for

clarification of unclear responses and to ensure the participants agree with their interpretations of their experiences while they review the transcripts.

Permission to conduct this research will be obtained from the students prior to the interviews or observations (Appendix C). Once permission is conferred, data for this study will be collected using audiotapes for recording interviews and note taking. The interviews will take approximately 30 minutes. This method will be used to obtain rich data from the students' perspectives. Additionally, this type of data collection will capture the personal experiences the students are involved in while enrolled in the nursing program and how the program is fostering their success. The interviews will be conducted at the convenience of the student in an office that will be private and distraction free.

The audio recordings of the interviews will be transcribed verbatim. Once the transcriptions are completed, the students will be asked to view the transcripts to ensure their words are captured correctly and to clarify any misinterpretations. A preliminary set of codes will be determined after the member checking technique is completed. These codes will be assessed with each student interview. Coding will organize the data that shares the same characteristics. Once the coding cycle is completed, themes from the transcripts will start to emerge and the main themes will be used to refine and define the main themes in each interview (Saldana, 2013).

### **Persistent Observation**

Lincoln and Guba (1985), recommend several activities in addition to the interview to make it more likely that credible data and interpretations will be elicited. Therefore, these students will also be observed through persistent observation while they

are in the classrooms and college labs. Observation is fundamental to all qualitative inquiry (Rossman & Rallis, 2012). Credible data collection involves persistent observations to note body language and the students' affect in addition to their spoken words; this will provide the depth of inquiry needed for this study (Lincoln & Guba, 1985; Merriam, 1998; Rossman & Rallis, 2012; Stringer, 2014; Yin, 2014). Descriptive notes will be taken to reflect what was seen in the classroom and college lab during the semester using an observation protocol to ensure consistency (Appendix E).

### **Graphic Elicitations**

Additionally, graphic elicitations will be used by all participants in the study. This method was chosen because it will allow the students to use their expressions in the form of drawing to help answer the research questions. These students' experiences in the nursing program are made up of multiple dimensions which cannot always be articulated (Bagnoli, 2009). Moreover, using graphic elicitations may encourage the students to express their thoughts that may be difficult to obtain just by an interview. Thus, visual elicitations will be used to gain a perspective that students may not have been able to express verbally. A piece of paper will be given to the students with specific instructions and the purpose of the activity (Appendix F). The purpose of this activity will be to gather data about resources and support systems the students have used while enrolled in the nursing program. The square with the stick figure inside of it on the paper will represent the student. They will be asked to draw circles and label them with the names, groups, or objects that have been helpful to them. Additionally, they will be asked to draw the circle close to them if someone or something has helped them and draw a circle further away from them if this person, group, or object has helped them the least.

Lastly, they will be asked to draw a circle with the letter X through it if a person, group, or object has not helped them while enrolled in the program.

To understand the two strategies for collecting data, here are the research questions again and the methods by which the data will be collected.

Table 1

*Data Collection Techniques*

<b>Research Questions</b>	<b>Data Source 1</b>	<b>Data Source 2</b>	<b>Data Source 3</b>
1- How do foreign-born male nursing students describe their pedagogical differences in their country of origin as compared to the pedagogy of active learning in the United States?	Transcription of student semi-structured interviews.	Transcription of persistent observations of student in natural setting and field notes.	Transcription of student graphic elicitations.
2- How do foreign-born male nursing students at two community colleges describe how the resources they use differ from or are similar to the resources in their country of origin?	Semi-structured transcriptions of student interviews	Transcription of persistent observations of student in natural setting and field notes.	Transcription of student graphic elicitations.
3- How do foreign-born male nursing students at two community colleges describe challenges they face while enrolled in a nursing program?	Semi-structured transcriptions of student interviews.		Transcription of student graphic elicitations.
4- What recommendations do foreign-born male nursing students have for other foreign-born male nursing students to complete their nursing program?	Semi-structured transcriptions of student interviews.	Transcription of persistent observations of student in natural setting and field notes.	Transcription of student graphic elicitations.

## **Data Analysis**

Preparing for data analysis requires exploring the data, analyzing the data, interpreting the results, and validating the results. Preparing for qualitative data analysis requires organizing the documents, transcribing the interviews, and gathering observation notes. The process requires reading through all the data such as the interviews, memos, and field notes (Saldana, 2013). The grounded theory method was chosen for data analysis because it allows for data collection and analysis to occur at the same time (Corbin & Strauss, 2015). Additionally, this analysis will employ an ongoing process called constant comparison. Researchers can pause and see if their data collection techniques chosen are capturing the data to answer their research questions (Mills, 2003). Doing this will allow the researcher to get a sense of the whole. Keeping the data organized and accessible facilitates the analysis. This process is required before coding takes place. Coding is the formal representation of analytic thinking and entails thinking through what the researcher takes as evidence of a category or theme. Moreover, a code is a word or short phrase that captures and signals what is going on in a piece of data in a way that links the phrase or word to some conceptual issue (Saldana, 2013). In coding, the researcher will have to be clear about what words or phrases illustrate and elaborate each concept. Lastly, coding is data reduction, and it helps a researcher break down the data into manageable chunks of information without losing the essence of the concepts. Fundamentally, coding entails a process that must be documented and presented graphically to ensure trustworthiness of the data.

Themes are formed using two criteria. First, the knowledge of patterns and relationships in the data need to be ascertained. Second, a researcher needs to consider

their research questions when developing themes. Third, the researcher needs to have a familiarity of their literature review regarding their topic. This research inquiry will be using theming to analyze the data. Theming the data provides a brief statement rather than a short code (Saldana, 2013). This type of coding is appropriate for this research inquiry which will explore the lived experiences of male foreign-born nursing students. Rubin and Rubin (2012) posit that themes are simple examples of what someone says during the first cycle of analysis. After that, these themes will be woven together during second cycles of coding to detect "possible tensions, explanations, causes, consequences, and, perhaps, conclusions" (p. 206).

Additionally, writing memos is an important part of capturing concepts for further exploration into this study. Essentially, memos are analytic insights based on chunks of data. A preliminary codebook based on the research questions, the researcher's experiences, and the researcher's conceptual framework will be constructed throughout this process. This codebook will be developed over time as a researcher looks at their data and analyzes the data. When analyzing this data there should be a broad sense of two processes which include early data analysis and later data analysis. Initial data analysis should be developed while the researcher is collecting data (Saldana, 2013). This early data analysis facilitates the emergence of new ideas and allows the researcher to follow up with these ideas during the study. Additionally, this enables the researcher to further shape their study that is under investigation.

Moreover, method triangulation will be used in this evaluative qualitative study. This refers to the use of multiple references to analyze data and draw inferences (Lincoln & Guba, 1985). Method triangulation refers to varied methods used in collecting data.



The researcher will use multiple methods such as interviews, observations, graphic elicitations, and memos to analyze the data. Qualitative studies often use a robust blend of techniques to develop an analytical view of understanding a research question or questions. Varied data collection methods provide an opportunity for evaluating the extent to which an internally consistent picture of the research questions emerges. Establishing trustworthiness of data will be done by displaying the data in a matrix, chart, concept map, graph, or audiovisual.

Researchers engage in early data analysis by reflecting on their data, making notes, and writing memos. Later data analysis signifies they are actively constructing their findings in a study. There must be a transition from the stories retrieved from the focus group to the connections that a researcher makes as they are looking for patterns. Thereafter, engaging in analytic coding will help to classify and categorize the data that is retrieved. This will allow the researcher to see patterns and themes to make comparisons and build theoretical explanations.

Coding involves organizing the data which is an analyzing step (Maxwell, 2013). Coding is a starting point to make and look for patterns, make comparisons, and produce explanation (Saldana, 2013). While I am coding my transcripts, I will not just look for a significant word or phrase; I will look for a deeper meaning. The dialogue made by the students may prompt or trigger my reflection on a deeper, more in-depth and complex meaning. This reflection will elicit critical thinking gained from the research and foster more reasons for additional investigation. Additionally, this will allow a researcher to go beyond the data and reexamine it to find phenomena that may not necessarily be immediately apparent by the dialogue in the interviews. First, I will develop a codebook

reflecting on my research questions and emerging ideas from the data from all interview transcripts and graphic elicitations. This code book will include a definition of each code, data that supports the code, inclusion and exclusion criteria for each code, and notations for when codes overlap. After this, a second cycle of coding will be completed. A researcher must recode and compute new variables that are made available and establish them in the codebook the researcher created based on the data (Saldana, 2013).

### **Ethical Considerations**

Ethical considerations have a noteworthy effect on the trustworthiness of qualitative research (Patton, 2002; Rossman & Rallis, 2012). Approval by my dissertation committee and Rowan University's IRB will be obtained before data collection will commence. Participants will be versed on the purpose of the study, how data would be collected, my role as a non-participatory observer, methods of maintaining confidentiality, risks, and scope and sequence of the study. Participants will be given opportunities for questions to clarify information before obtaining their voluntary consent. Lastly, I will follow the planned methodological design and maintained a journal with detailed field notes to establish and maintain integrity and trustworthiness of the study (Mills, 2003; Patton, 2002; Rossman & Rallis, 2012).

Though anticipated risks of participation in this research inquiry are minimal, the nursing students may experience distress or emotional discomfort when reflecting on their experiences in the professional phase of the nursing program and made to articulate these experiences. Benefits may include the possibility that the students may gain clarity or new insights into their current or past interactions in the nursing program as well as

participating in the development of knowledge that might be helpful to student nurses, faculty, and administrators in the future.

### **Summary**

In addition to a nursing shortage in the United States being a pressing issue, the National Advisory Council on Nurse Education and Practice (2010) and the Institute of Medicine (2011) are tasking the nursing profession with increasing the diversity in the profession. A qualitative research study will investigate strategies that foster the successful completion of foreign-born males in a nursing program. This investigation will use a case study to frame the research questions and as a methodology to collect data. In addition, a grounded theory will be used as a general strategy for analyzing the data while ensuring trustworthiness. This will be elicited through constant comparison, member checking, and peer debriefing.

This study will use three different methods to gather data to answer the research questions. Those methods are semi-structured interview, persistent observations, and graphic elicitations. A case study approach was used to frame the research questions and will be used to facilitate the collection of the data, and a grounded theory approach will be used to analyze the data from the case study.

## **Chapter 4**

### **Findings**

The purpose of chapter four is to summarize the findings from the data analysis of this case study. I will begin by revisiting the context of the study, focusing on the research questions, and reviewing my discoveries. I will then discuss the perceptions of the participants' pedagogies and resources identified in their birth countries' school system compared to those in their current settings in the United States. Last, I will focus on the emergent themes discovered in participant interviews, observations, and from participants' graphic elicitations.

This case study sought to understand foreign-born male students' perceptions of pedagogy, resources, and challenges in their current academic setting. The students taking part in this study attended either primary school, secondary school, or college in Nigeria, Africa, Haiti, Israel, Kenya, Philippines, Saudi Arabia, and Vietnam and are now in a United States nursing program. Throughout this study, I dedicated special attention to specific insights into the students' perceptions of their learning needs, resources, and strategies required to complete a nursing program and ultimately to become registered nurses. The following research questions guided the study:

1. How do foreign-born male nursing students describe the pedagogical differences in their country of origin as compared to the pedagogy of active learning in the United States?
2. How do foreign-born male nursing students at two community colleges describe how the resources they use differ from or are like the resources in their country of origin?

3. How do foreign-born male nursing students at two community colleges describe challenges they face while enrolled in the nursing program?
4. What recommendations do foreign-born male nursing students have for other foreign-born male nursing students to complete their nursing program?

I chose a qualitative design using open-ended questions for this study because it allowed the students to articulate the specific ways in which they experienced a United States nursing program. This design permitted participants to reflect on the pedagogical strategies and resources that they perceived either fostered success in their nursing courses or served as barriers.

This study took place at two community college nursing programs in New Jersey during the fall 2018 and spring 2019 semesters. The colleges were given pseudonyms to maintain confidentiality. They were called Community College 1 and Community College 2. The colleges were selected because of their diverse nursing student populations. Participants in the study were born and initially educated in various countries outside of the United States and were currently in the professional phase of a nursing program in the United States. This study was conducted using semi-structured interview sessions with each participant that lasted between thirty-minutes and one hour and were held in private meeting rooms on campus at the students' convenience. After the interviews, students completed a graphic elicitation that allowed me to see the students' expressions or their thoughts that may not have been obtained by their individual interview. Lastly, observations were done of all of the participants in their academic setting. The observations were conducted either during the students' lecture or

lab. No observations were done during their clinical portion to protect the anonymity of clients in the hospitals.

The data gathered in the interviews gave substantial insight into the participants' perceptions of pedagogy while they attended their nursing programs compared to their perceptions of pedagogy from their initial education in their birth countries. In addition, the participants described their perceptions of resources, achievements, and challenges in academia in both their birth country and in the United States. Students from Community College 1 were born and raised in Nigeria, the Ivory Coast of Africa, Haiti, and Israel. Three of the students received a college degree in their birth country while one attended some college but did not obtain a degree. Students from Community College 2 were born and raised in Kenya, Saudi Arabia, Vietnam, and the Philippines. One student from the Philippines attended and finished secondary school, and one student from Vietnam attended some primary school. All nine of the participants were in a nursing program in the United States and had already completed the first nursing course of the program.

Table 2

*Participant Demographic Information*

Community College	Participant	Gender	Birth Country	Years of School Completed in Birth Country
1	1	Male	Nigeria	College Degree
1	2	Male	Ivory Coast Africa	College Degree
1	3	Male	Haiti	College Degree
1	4	Male	Israel	Some college
2	1	Male	Kenya	College Degree
2	2	Male	Philippines	Finished secondary school
2	3	Male	Saudi Arabia	Finished high school
2	4	Male	Vietnam	Five years of Primary school
2	5	Male	Philippines	Some college

The participant demographic information in Table 2 presented useful information regarding how much exposure to the educational pedagogy the participants experienced in their birth country.

**Themes**

The participants highlighted barriers they perceived that may have impeded their success, including the stress they experienced while in the nursing program, which was a prevalent theme. Factors that were identified relating to stress were having multiple jobs while in school, having little or no family support, and taking twelve credits or more each

semester. Participants also identified potential issues surrounding being English as second language (ESL) learners, and how they perceived professors speaking too quickly in class when reviewing the materials and instructions. Learning to keep up with the information and to process what they were learning proved quite challenging from their point of view.

Another theme that emerged was the ability of foreign-born students to memorize material in their birth country, where each participant voiced there were a lack of resources. The students perceived that the ability to memorize what little material they had made them successful in their coursework and on their exams. They perceived that this was how they progressed in academia in their birth country. However, the students elaborated how memorizing information was not useful to them while in the nursing program because they were unable to apply the memorized information into another context. The data provided strong evidence that students perceived a connection between these barriers and completing a nursing program.

Additionally, the perceived pedagogical difference among participants' schooling compared to the United States was that foreign-born students learned by passive techniques. Passive learning happens when a student memorizes information received through lecture, videos, or reading assignments (Billings & Halstead, 2016). Students were not active participants in the learning, and this passive learning did not vary by country.

Table 3 displays the themes that were prevalent throughout the semi-structured interviews with the participants.



Table 3

*Common Themes in Interview Transcripts*

Code	Number of Times Referenced
Lack of resources in birth country	9
Stress	9
Passive learner	9
Full-time credits	9
Language barrier	9
Teachers not accessible in birth country	9
Peer support	9
National Exams	8
Lack of family presence in United States	7
Financial barriers	7
Memorizing	4
Prior Degree	4

After the first cycle of coding was completed, the research findings were organized into three emergent themes: pedagogical differences, socialization and family support, and stressors.

Table 4

*Emergent Themes in Findings*

Code	Number of Times Referenced
<u>Pedagogical Differences</u>	
Lack of resources	9
Teachers not accessible in birth country	9
Passive learner	9
National Exams	8
Memorizing	4
Prior Degree	4
<u>Socialization and family support</u>	
Peer Support	9
Lack of family presence in United States	7
<u>Stressors</u>	
Stress	9
Full-time credits	9
Language barriers	9
Financial barriers	7

**Pedagogical Differences**

Participants were asked to describe how information was presented to them in schools in their birth country and how they were evaluated to establish whether or not they retained the information. Four of the nine students interviewed described how memorizing information was important for performing well on their national exams. These national exams were compulsory and given at the end of their primary and

secondary education. The exams tested students' ability in math, basic science, and social studies. Once students completed primary school and took their national exams, they would receive certificates of primary education (CPE) and were ranked among other students based on their exam results for entry into their secondary or technical schools. The purpose of primary education was to provide a solid foundation in learning fundamental reading and mathematics. Once they completed their secondary education, students would complete compulsory national exams and receive their certificates of secondary education (CSE). Based on the results of these exams, the top performing students would qualify to attend a university.

While the students' perception that memorizing helped them pass their national exam, memorizing information in nursing programs did not allow them to understand the information they were learning and to place that information into another context. Student 2-2 described how students from his country "did well with memorizing, but when it came to critical thinking they get stuck." He clarified and stated, "If you only memorize, you will not be able to assimilate the information into another context which is challenging in the nursing program." Therefore, students had issues with transferring the knowledge they learned into another scenario that patients could possibly present within the healthcare settings. Student 2-2 went on to describe how students are expected to understand the information in the nursing program and then apply that information in every patient scenario. He later described, "If you have a bigger brain that functions at a higher capacity, you will be able to hold on to more information to memorize every circumstance, but that is not realistic. This is why some of us fail." This student reflected on how he completed a nursing exam earlier in the week and did not do well

because he memorized the information. He had difficulty assimilating the information he learned into another context. Later, student 2-2 commented that he perceived that not having a “bigger brain” was challenging for a student with the rigor of a nursing curriculum and performing well. He later described that having a “bigger brain” just means that you are able to memorize more information than the average student who was studying liberal arts. He went on to say that if you were able to memorize more information, you were more successful in school. The lack of self-competence this student experienced may have affected his performance in the nursing program. Additionally, students 1-1 and 1-3 both stated they had to memorize information while in primary and secondary school, which helped them pass their national exams.

Passing these national exams allowed students to academically progress to the next level of education. Student 1-2 stated the national exams were important because the outcome would determine whether or not a person went on to college. Student 1-1 proclaimed that if a student could not get a “decent” score on the national exams they did not go on to college and would not be able to get a high paying job to support their families. Student 1-1 reflected on his education in Nigeria and stated that “it wasn’t up to the government to fix everyone. If you didn’t do well on the national exam, you didn’t go to college.” Student 1-1 has a college degree from Nigeria in computer science, and reports that memorizing helped him obtain that degree. Thus, memorizing was an essential skill for these students to pass their national exams and progress through academia.

Student 1-3 described how he had to memorize a lot of information while obtaining his college degree in Haiti. He said, “When it came to learning, you really

didn't know the material if you only memorized things.” This led to additional stress for him because he needed to pass the national exams to go on to college. A follow-up interview with this student led to greater clarification. He explained there is a difference between learning and memorizing. He stated, “You truly didn't learn anything if you only memorize it. You can forget things you memorize, and you don't really understand things simply with memory.” For example, the student relayed how he forgot basic formulas he learned in school “back home” because he did not understand the relevance of the formula. In nursing school, he understood that “oxygenation is needed by every cell in the body. Without oxygen, our cells can die.” He described how he understands the significance of oxygenation and did not need to memorize this information to be able to apply it in another context.

In addition, Student 2-5 also stated, “Students had to memorize a lot of material. That was very important at home [in the Philippines] when we were in school.” He stated:

You had to memorize. If you were able to memorize everything and everything you read and everything the teachers said to you, you would do well on your tests and national exams. Even if you really didn't understand it, if you memorized it exactly like the teacher showed you, you would do well. In the nursing program, memorization won't help you. You have to really understand what is being taught. Memorizing will get you nowhere and that was hard to understand.

Student 2-3 mentioned “if you were able to memorize everything in school, you did well.” However, he went on to describe “memorization was not working for him in this country and he did not do well on his last exam.” He went on to describe that

memorization is not helping him in his current nursing course, and that he wished he was taught how to critically think.

These students have shared their perceptions that memorizing helped them academically in their birth country but did not help them pass their nursing courses. Memorizing information in nursing curricula limits students' ability to transfer knowledge they learned and apply that knowledge into different patient scenarios (Bristol & Sherrill, 2019). Throughout the coursework in nursing programs, educators are pressed to increase students' cognitive levels of thinking to successfully pass the national council licensure examination for registered nurses (NCLEX- RN) (NCSBN, n.d.). Memorizing information inhibits students from higher levels of thinking, unless educators taught and then evaluated students at higher cognitive levels (Bristol & Sherrill, 2019). Nursing programs in the United States have historically used Bloom's taxonomy to address the cognitive levels of knowledge students need in order to be critical thinkers (Billings & Halstead, 2016). Bloom's taxonomy encompasses five hierarchical levels of learning that increase in complexity (Bloom, 1956). The first two lower levels involved the students' ability to recall knowledge and comprehend knowledge, which required memorization. The National Council State Board of Nursing addressed higher levels of cognition that students need to pass the NCLEX-RN examination. In their detailed test blueprint, The National Council stated, "Since the practice of nursing requires application of knowledge, skills, and abilities, the majority of items were written at the application or higher levels of cognitive ability, which required more complex thought processing" (NCSBN, 2018, p. 4).

Memorizing information appears to have played a significant role in these foreign-born students education in their birth country. Their perceptions were that if they were able to memorize information, they would be successful on their national exams and progress through academia. Passing these national exams meant that they were able to go to better schools so they can obtain a better job that would allow them to support their families. However, the students stated that they struggled in the nursing program using this skill to take nursing exams. They feel as if they were unable to adequately transfer the knowledge they learned in nursing and applying that knowledge to the clinical context of live patient scenarios and exams.

**Academic resources.** To further understand the students' perceptions of their academic experiences, I asked the nine participants to describe the academic resources in their birth country. I wanted them to describe who or what helped them if they experienced academic difficulties and to describe their support systems while in school. These questions aligned with the research question of how foreign-born male nursing students at two community colleges describe how the resources they use differ from or were similar to the resources in their country of origin. All nine participants stated their resources were different in the United States as compared to their birth country. Eight of the students reported that they did not have many resources in their birth country to help them achieve their academic goals. For example, student 1-1 from Nigeria stated that available resources where he went to college were similar to those in the United States; however, even though the government paid for the education system, not all schools were equipped with the same resources. Student 1-1 said some areas of his country did not

have books, libraries, or teachers for the schools. Many students relied on tutors for whom their families paid.

In the same way, student 1-2 has a bachelor's degree from the Ivory Coast of Africa. He explained that the government funds education, and if a student did well and passed the national exams, that student could go on to college. He went on to describe how there were "no books or reference materials to study for these national exams, and if there were books and materials to study from, they were often outdated." One classroom holding 60 students would have four computers for everyone to share. He described his frustration and the stress of trying to do well and provide for a family with so few resources.

Student 1-3 from Haiti also described how the books in his country were written in French, but the teacher would teach in both Creole and French, which would add to the students' stress. The major differences between the French language and Haitian Creole is the spelling of some words and the grammatical differences, especially with the conjugation of verbs. This made it difficult for students to focus on learning; they had to constantly switch back and forth between proper French spellings and grammar and the more colloquial Creole dialect. Student 1-3 stated that at least "95% of Haitians are taught to speak Creole first, then they are taught to speak proper French when they start school." This made it difficult for him to analyze the information that he was being taught because he had to translate what was being said.

Student 2-1 from Kenya described how, in terms of personnel, the ratios to teachers was very high and he was "forced to study and learn on his own to pass the national exams even when I didn't have a syllabus or a curriculum." He further



explained that if there was a teacher present, that teacher would have over 30 students for each school. He described that if you passed the national exams, you would be given credit and could attend the national schools.” If a student did not pass the national exams or scored low on the exams, they would have to attend one of the district schools that were lacking in resources, including teachers. Student 2-1 described how getting into the national school gave students’ a better chance of an education because there were “limited spots for entering a university with a well-developed curriculum.” He described the stress he and his peers experienced because of the competition for limited, available spots for a quality education. In their interviews, students 2-2 and 2-5, both from the Philippines, described how their lack of resources was similar to Kenya: few books and teachers, and limited internet service. Many areas were poor and the only resources they would have were books and teachers. Student 2-5 described that if you did not understand a concept after seeing the teacher, there was nothing else you can do. He said that the only extra help was if you could afford a private tutor. Student 2-4 mentioned that “having pen and paper was a luxury in Vietnam. Mostly, the students would have to go to the board in front of class and show how to solve a problem. We would have to go in front of everyone, one person at a time.”

Teachers were also described as a resource to all participants. Many did not have a teacher to plan and conduct class in their birth country. Therefore, many were left to learn the information on their own. Student 2-1 from Kenya stated that teachers in his birth country were not accessible. He further stated, “It was hard to determine what is important when studying because of the lack of teacher presence.” The students described how they did not have books or a library to use, and if there was a library, the

books were old and outdated. More importantly, students were “forced to share the one book that was in the library.” Student 2-1 communicated how his classmates were “deprived of learning opportunities from a qualified teacher because they did not have one or they had to share a teacher with many students.”

Student 1-3 stated, “I would go to teachers if I had difficulties, and they would encourage me to study harder.” Receiving no clarification on the information from the teacher led him to learn and understand the information on his own. This response also led to a considerable amount of stress when approaching any teacher for clarification because Student 1-3 thought he would not be supported or helped. Further expanding on this idea, Student 2-5 from the Philippines stated that if a student did not understand the material, he could go to the teacher. He would get a brief amount of time with the teacher, and “if you still did not understand the information, then there was nothing else.” There were no other resources a student could use to understand the material unless they could afford a private tutor. On the other hand, in reference to the United States nursing program, Student 2-5 stated, “I receive a free tutor in this nursing school, and she is a registered nurse.”

All nine participants said they receive free tutoring in their nursing program, something they did not receive in their birth country. Two students reported that the resources in their birth country were similar to the United States. Student 2-5 from Saudi Arabia shared that he had teachers, books, and computers; however, he described how often the teachers were angry and would often physically discipline the students if they gave a wrong answer. They would either slap the students on the arm or head using their hand or a ruler. This form of discipline caused this student to be fearful of answering or

asking questions. Student 1-4 from Israel also stated the resources were similar; however, “they were not as plentiful as in the United States.” There was only one library that served a large population, and the internet was “very slow” as compared to the internet at his current school in the United States. The congested library and slow internet service became a challenge for students doing research.

As the students reported, having professors readily available to answer questions was a resource they appreciated in their nursing programs. Having resources such as books, professor, and tutors allowed the students a greater opportunity to be successful in their nursing courses.

### **Socialization and Family Support**

All nine students reported that peer support in their birth country helped them to study and progress academically. Student 1-1 described how, initially, he did not have friends to help him study while in the nursing program in the United States. He reflected on instances from his birth country in Nigeria and how everyone supported each other because “they didn’t have the resources to study on their own.” He further reported that now that he is in his last semester of the nursing program, he has grown to “love” his peers because they have been working together since the beginning of the program. He also reported that the nursing program instructors made him work with his peers on group projects, which allowed him to grow closer to his peers and work together. Student 1-1 elaborated how it was difficult to “make friends” initially in the nursing program because he spoke differently than other students, and they did not always understand. He purported that his classmates were unsure if he was speaking English because of his

“thick accent.” Student 1-1 further stated that his classmates know he speaks English and were able to have conversations with him after working together in group projects.

To add to this, eight of the nine participants elaborated on students leaving after class to go home. Student 1-1 stated, “No one stays after class. Students either go home to their families or go to work.” The students reported that a lack of socialization impacted their academic performance because they could not review the material with their classmates in order to understand certain concepts.

Student 1-4 from Israel stated:

I have no friends here. It’s hard for me to get a social life. Even right here and now, I don’t have many friends, and I have been here three years now. At home, I knew everyone in the whole school. Everyone stayed after school. Also, everyone knew everyone’s parents. My friends would ask me how my parents were because they knew them. But here, that doesn’t happen. It’s different. People are colder here. I am forced to fend for myself when it comes to understanding nursing.

Moreover, Student 1-4 stated his group’s success in school depended on friendships. These friendships would help each student pass exams and perform well on the coursework. He stated that it is hard for him to maintain a social life in the United States, despite him being in the nursing program for three years. Student 1-4 explained that in Israel, he knew everyone that attended the school because students would stay after class to socialize and get to know everyone.

Student 1-2 also elaborated on how he enjoyed his friendships when he lived on the Ivory Coast of Africa. He purported the thing he liked most was his time in

school and the friendships that developed between students. He stated, “We were very close and that allowed each other to survive.” He explained that it was important to have those friendships because they allowed him to grow academically, which is what he meant by surviving. Student 1-2 feels that he does not have those close relationships with his classmates in the United States and, if he did, it would have help him grow academically as it did in the Ivory Coast of Africa. Moreover, he stated that these relationships with classmates did not develop until the end of the program.

**Family support.** Besides peer support systems, seven students focused on family support and how important it was for them while attending a nursing program. For example, Student 2-1 from Kenya has his family living with him in the United States. Initially, he came to the United States by himself, and after he gained a job and an apartment, he sent for his wife and children. Student 2-1 had a small business in Kenya and could support his family there. However, coming to the United States would require him to start over. He and his family decided this would be the best move for them because the “United States is the land of opportunity.” Once his wife came to the United States, she felt that he “was wasting his time going to school when he could work, especially since he already had a degree.” His degree is in computer science. He explained, “I don’t get emotional support from my wife, but I find a lot of emotional and academic support here in college, a lot of it. I cannot even imagine anything that I want. It’s here at my disposal. There is a lot of support here.” He expanded on this by stating the nursing faculty are very supportive of his education. The faculty make themselves available to the students in person or by email. Student 2-1 stated, “It surprised me so

much because back in my country this is something that never happened.” He had tears in his eyes as he was reflecting on his lack of family support. He added that his “circumstances are difficult now, but his sacrifices will be worth it in the end.”

Unlike the other participants, Student 2-3 stated that he “really didn’t need his friends in Saudi Arabia because he had his parents to help him with school content.” Moreover, he found the English language easy compared to Arabic. However, he is having difficulty transferring the English language concepts he is learning into another context.

Socialization and family support appeared to play a significant role in these students’ perception of being successful in nursing programs. From their point of view, having these support systems made a positive impact on their academic performance.

### **Stressors**

Besides the variances in academic resources and the lack of socialization and family support, students perceived other barriers that impeded their success. I asked the students about the most difficult or rewarding part of their experience in the nursing program so far. This aligns with the research question describing challenges they face while enrolled in the nursing program.

**Language barriers.** While all nine students commented on how the teachers were accessible, the resources were plentiful, and the tutoring was free in their nursing program, students also noted stress, being an English as a second language learner, taking full-time credit loads, and financial obstacles as having the greatest academic impact. Student 1-2 from the Ivory Coast of Africa explained how English

is not his primary language and how reading exam questions and trying to understand what was being asked was challenging and caused a lot of stress and anxiety.

Despite already achieving a college degree, he struggled to understand the concepts being taught in the nursing program. Student 1-4 from Israel shared that all the classes in the nursing program are in English and “If you translate the information in your language, your notes will take longer to write.” He described how professors talk fast in the classroom; therefore, it is harder to process what the professor is saying. Student 1-1 from Nigeria added that he would ask the professors to slow down because they talked too fast. He stated, “They would slow down for that class, but then in the next week, they would talk fast again.” The professors instructed two of the students to record the class lecture with an audiotape or recording device if they were missing notes due to the speed of the lecture. They both recorded their classes with an electronic recorder so they would not miss any instruction. However, when they would listen to the recordings later, they articulated that the professor was still too fast to understand, even after listening for a second time.

On the other hand, Student 2-1 from Kenya stated that he did not have difficulty understanding English because he speaks and understands the language. However, he stated that the professors and patients did not understand him because of his accent. He said, “As soon as I opened my mouth and spoke, people wanted to know my background. They wanted to know where I was from instead of answering the question I originally asked or continuing with the topic we were discussing.” Therefore, student 2-1 emphasized how the attention was displaced from the topic or the patient, to him and his background.

Student 2-3 reported that some of his classes in Saudi Arabia were in English and this gave him a good grasp of the language. However, he has trouble speaking English and perceives that his classmates do not socialize with him because they cannot understand him. This student stated that he had reservations about participating in this survey because he feared the researchers may have difficulties understanding him, too.

As the students reported, having a lack of mastery of the English language was a major barrier to learning and caused some of the participants to have emotional stress.

**Financial barriers.** Students' emphasized how they had to work "a lot of hours" and had more than one job to pay for their education and their living expenses while in school. Student 1-3 stated, "It is difficult to balance work and school especially when we have a big load at school." He explained that a student had to take 12 or more credits each semester if they received financial aid. Additionally, many of the credits this student was "forced" to take were not nursing courses or courses that would count toward his nursing degree, and this caused him a considerable amount of stress. He stated, "As long as I was taking 12 credits, I was meeting the obligation for receiving financial aid." Depending on how many credits were fulfilled with each nursing course, students were required to take enough courses to equal 12 credits each semester. Student 2-1 said, "I worked to pay for my apartment, so I had two full-time jobs." All nine participants asserted that they worked several hours each week to pay their expenses while in school. The students later defined expenses as housing, food, car insurance, and school supplies.



Student 1-4 went on to state that “obtaining a visa is very expensive, and you must maintain 12 credits to have the student visa. Taking additional courses while taking nursing courses is a “heavy load with a lot of work involved to maintain.” He also elaborated on how immigration and immigration laws also act as a barrier in his education. Student 1-4 stated:

Many of the nursing students complete their prerequisites and general education courses required to get a degree in nursing before they actually take the nursing courses. This way they concentrate on the nursing courses. I have to take 12 credits each semester just to maintain my visa. So, while they are concentrating on nursing, I have to make sure I am passing my art class that has nothing to do with nursing.

Having to take 12 or more credits while in the nursing program to satisfy their financial aid requirements or to maintain their student visa proved to be challenging for the students while attending a nursing program.

### **Graphic Elicitation**

These students’ experiences in the nursing program are comprised of multiple dimensions, which cannot always be articulated (Bagnoli, 2009). All nine students completed a graphic elicitation after the interview to enhance their reflexivity and to gather a holistic picture of the resources or barriers they may have experienced in their education, both in their birth country and in the United States. The graphic elicitation asked participants to display their thoughts visually -- some of which may have been difficult to obtain through interview alone. Therefore, visual elicitations were used to

gain perspectives that students may not have been able to express verbally about their resources, support systems, and potential barriers in academia.

Students were asked to draw on a piece of paper provided to them. There was a square drawn in the center of the paper with a stick figure inside of it representing the student. They were asked to draw a circle close to them and label it if someone or something had helped them while in school, and draw a circle further away from them if this person, group, or object had helped them the least. Lastly, they were asked to draw a circle with the letter X through it if a person, group, or object has not helped them and, perhaps, acted as a barrier to them while enrolled in the nursing program.

Besides books, library, laptop, WIFI access, and free printing being noted on Student 2-5's graphic elicitation, he added that an open-door policy has helped him the most while in the nursing program. Student 2-5 from the Philippines stated in his interview that there were several poor areas in his country. Although books and teachers were accessible, if you did not understand the information after going to the teacher, there were no other resources a student could use unless they privately paid for a tutor.

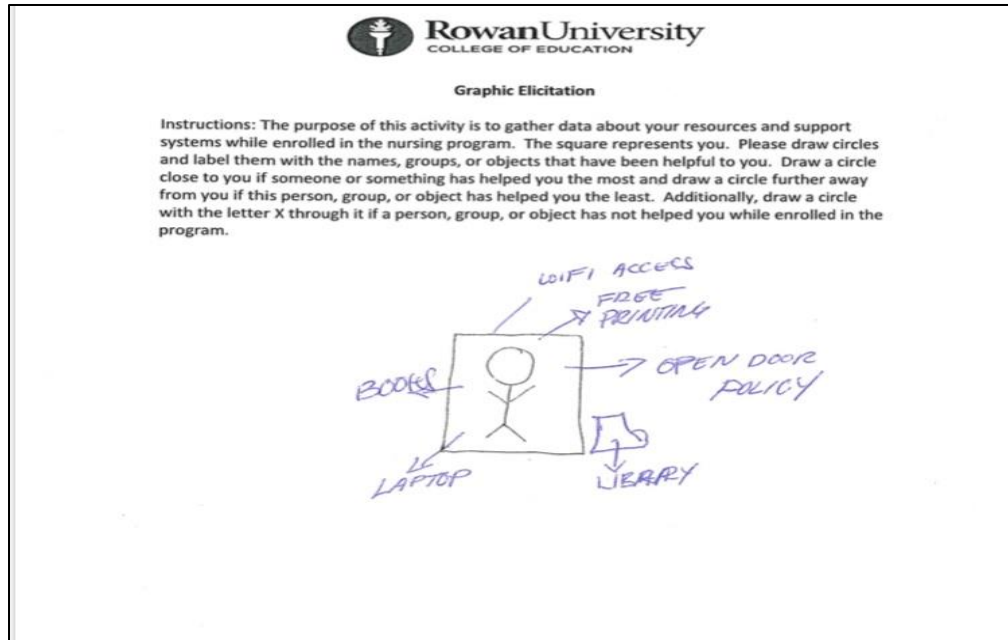


Figure 4. Graphic elicitation completed by participant 2-5.

In his interview, he talked about being able to go see a tutor without having to pay.

Student 2-5 stated that this served as an advantage for him and his classmates. “You can go anytime without needing an appointment. There are scheduled hours for tutoring. But those hours are when I work.”

Similarly, student 2-2 from The Philippines added the word “tutor” to his resources in his graphic elicitation. He went on to say, “The good professor let you ask a question.” During his interview, this student elaborated that in his birth country his teachers had the attitude that if “you don’t get it, you don’t get it.” There were no resources to help the student try to understand the material if they did not comprehend the concepts. This student added, “In the United States nursing program, the teachers try to explain the information to you. They would encourage you to come to their office and

ask questions. If you still did not understand the information, you could use the tutor as a resource to explain further.”

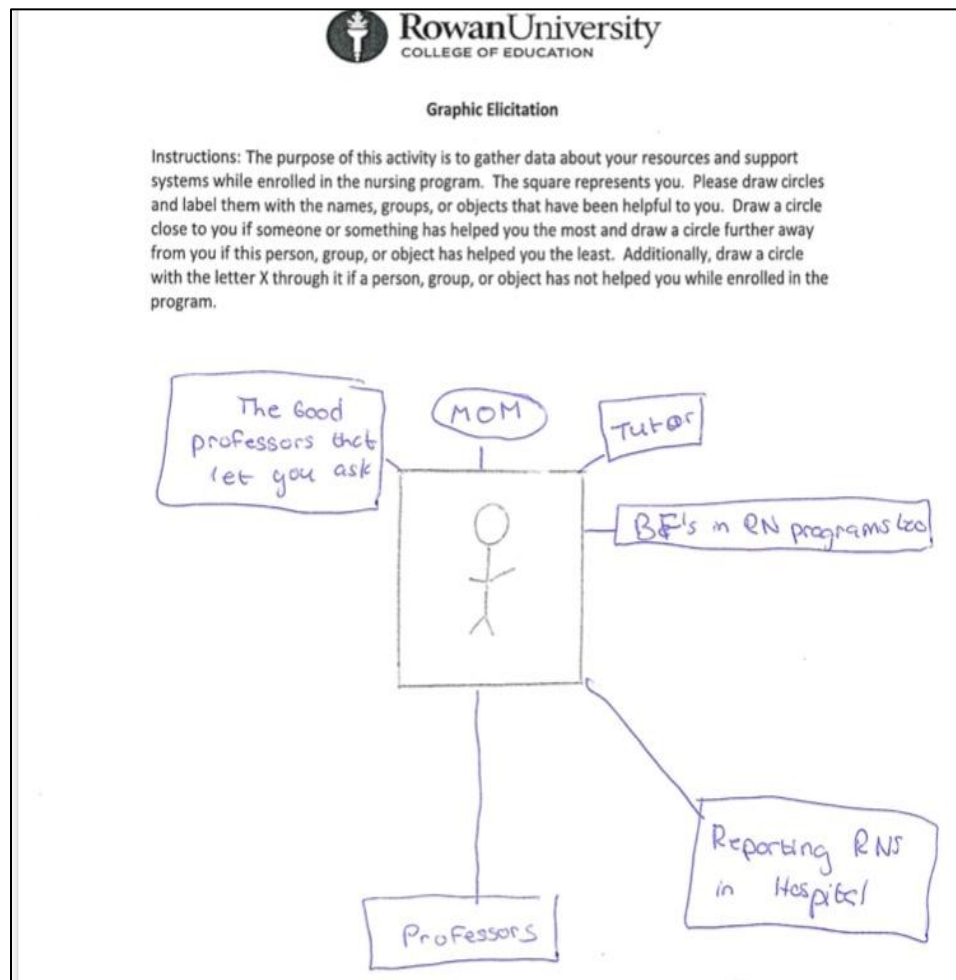


Figure 5. Graphic elicitation completed by participant 2-2.

In his interview, Student 1-1 explained how socialization was an important part of his college experience. He stated that he speaks British English, which, he stated, is different from American English. Some of the differences he purported were punctuation, spelling, and some vocabulary. Therefore, he perceives that students did not

initially socialize with him because they could not understand him. He further explained how in Nigeria he had many friends, and they studied together. Also, some of his socialization took place during outside activities such as bible study. Student 1-1 felt that socialization was a large part of his academic success in Nigeria, and he wanted to see that happen in the nursing program; therefore, after lecture, a group of students would meet and have lunch together. They discussed issues they were having with some of the nursing concepts in order to understand. Also, they would talk about their families and upcoming events. Student 1-1 stated this helped alleviate some of the stress they were experiencing while in the nursing program. Student 1-1's graphic elicitation supported how his nursing school friends were important to his success in nursing school.



### Graphic Elicitation

Instructions: The purpose of this activity is to gather data about your resources and support systems while enrolled in the nursing program. The square represents you. Please draw circles and label them with the names, groups, or objects that have been helpful to you. Draw a circle close to you if someone or something has helped you the most and draw a circle further away from you if this person, group, or object has helped you the least. Additionally, draw a circle with the letter X through it if a person, group, or object has not helped you while enrolled in the program.

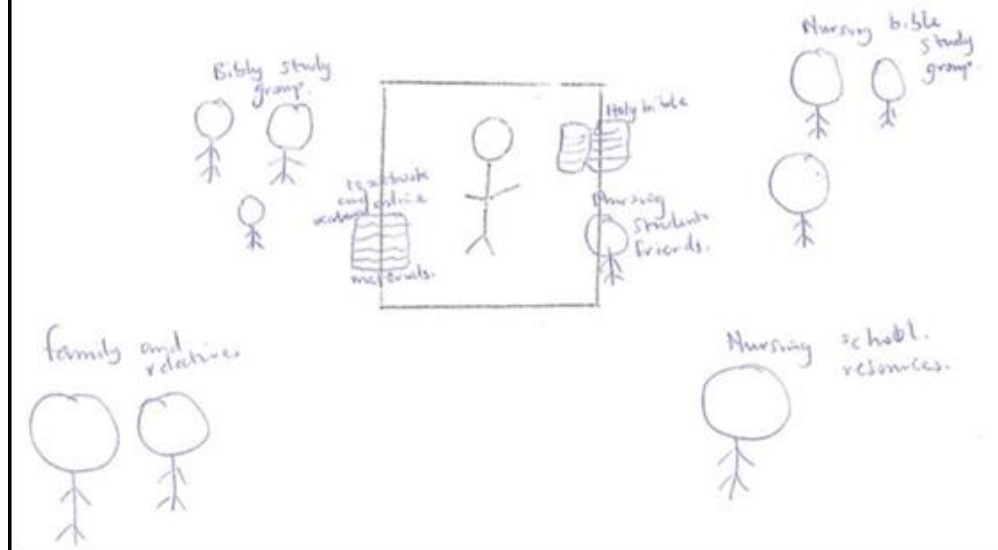


Figure 6. Graphic elicitation completed by participant 1-1.

Students 1-2 and 1-3 also graphically displayed how their nursing study groups were important for their success in the nursing program.



### Graphic Elicitation

Instructions: The purpose of this activity is to gather data about your resources and support systems while enrolled in the nursing program. The square represents you. Please draw circles and label them with the names, groups, or objects that have been helpful to you. Draw a circle close to you if someone or something has helped you the most and draw a circle further away from you if this person, group, or object has helped you the least. Additionally, draw a circle with the letter X through it if a person, group, or object has not helped you while enrolled in the program.

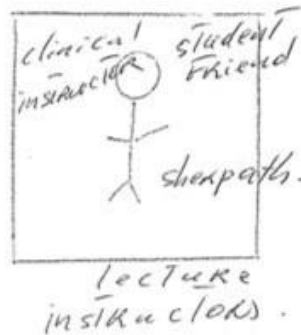
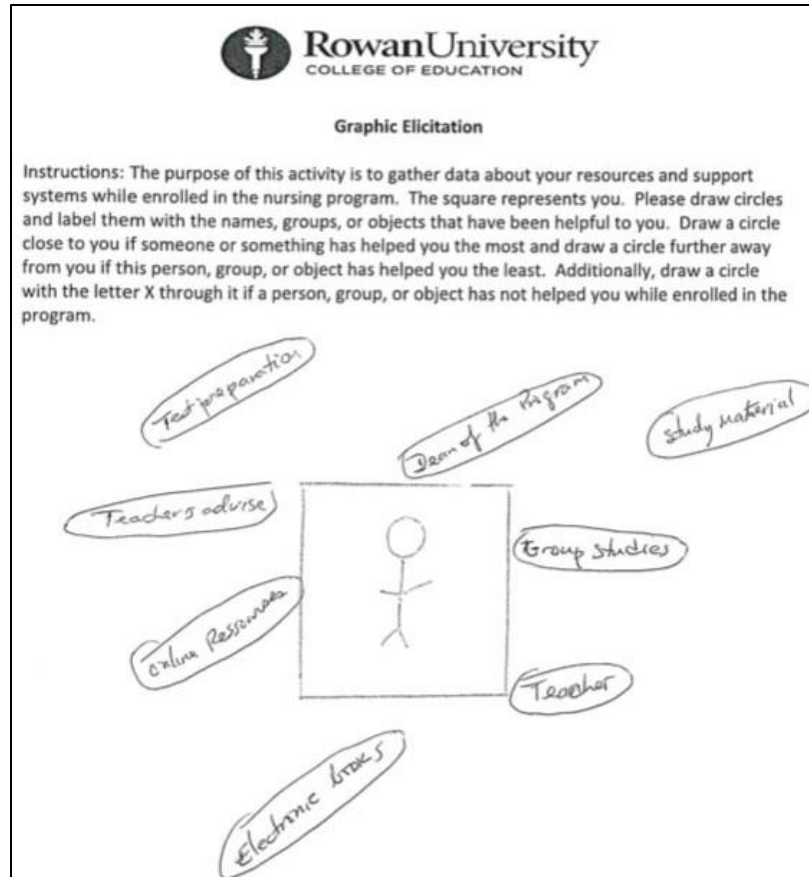


Figure 7. Graphic elicitation completed by participant 1-2.



*Figure 8.* Graphic elicitation completed by participant 1-3

I also identified what the students perceived as barriers throughout the graphic elicitations. Student 2-1 displayed his spouse further away from him with an X through the circle, stating that his wife was a barrier in his education. His wife did not emotionally support him going back to school especially when he already had a degree from Kenya in computer science.



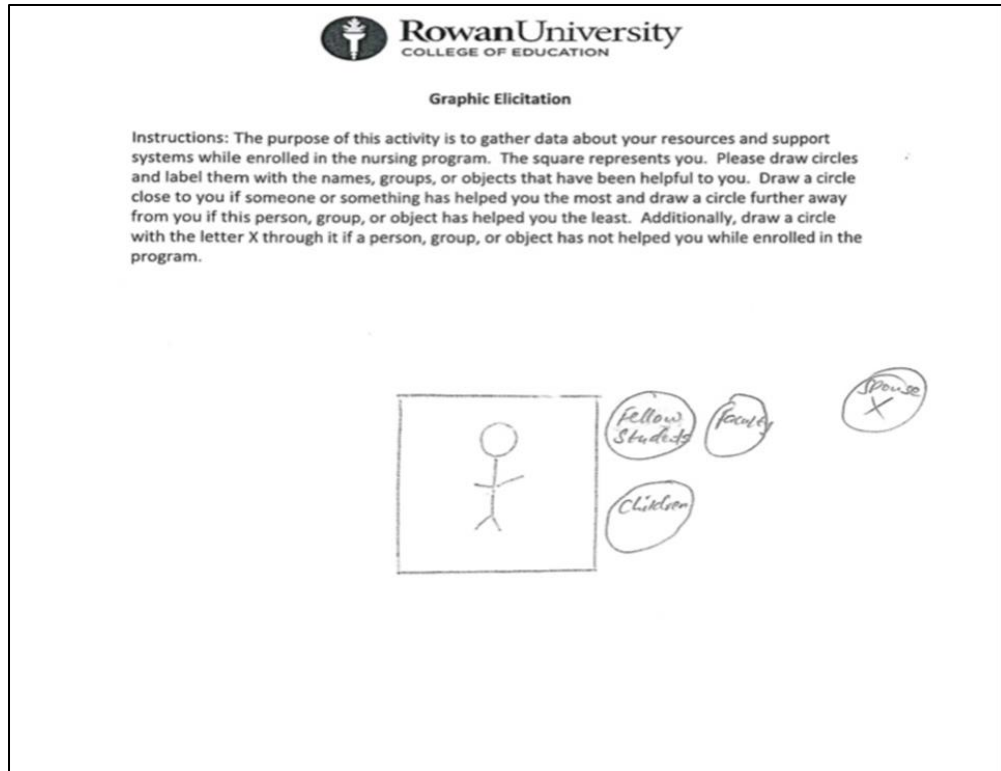


Figure 9. Graphic elicitation completed by participant 2-1.

Student 1-4, during his interview, commented on how immigration and immigration laws were a barrier to his success. He explained how obtaining a visa was a financial hardship for him, and having to take 12 credits each semester to maintain the student visa impacted his time he needed to study for nursing. Further, he added that taking courses he did not need and not initially having the socialization with his classmates in the nursing program amounted to stress.

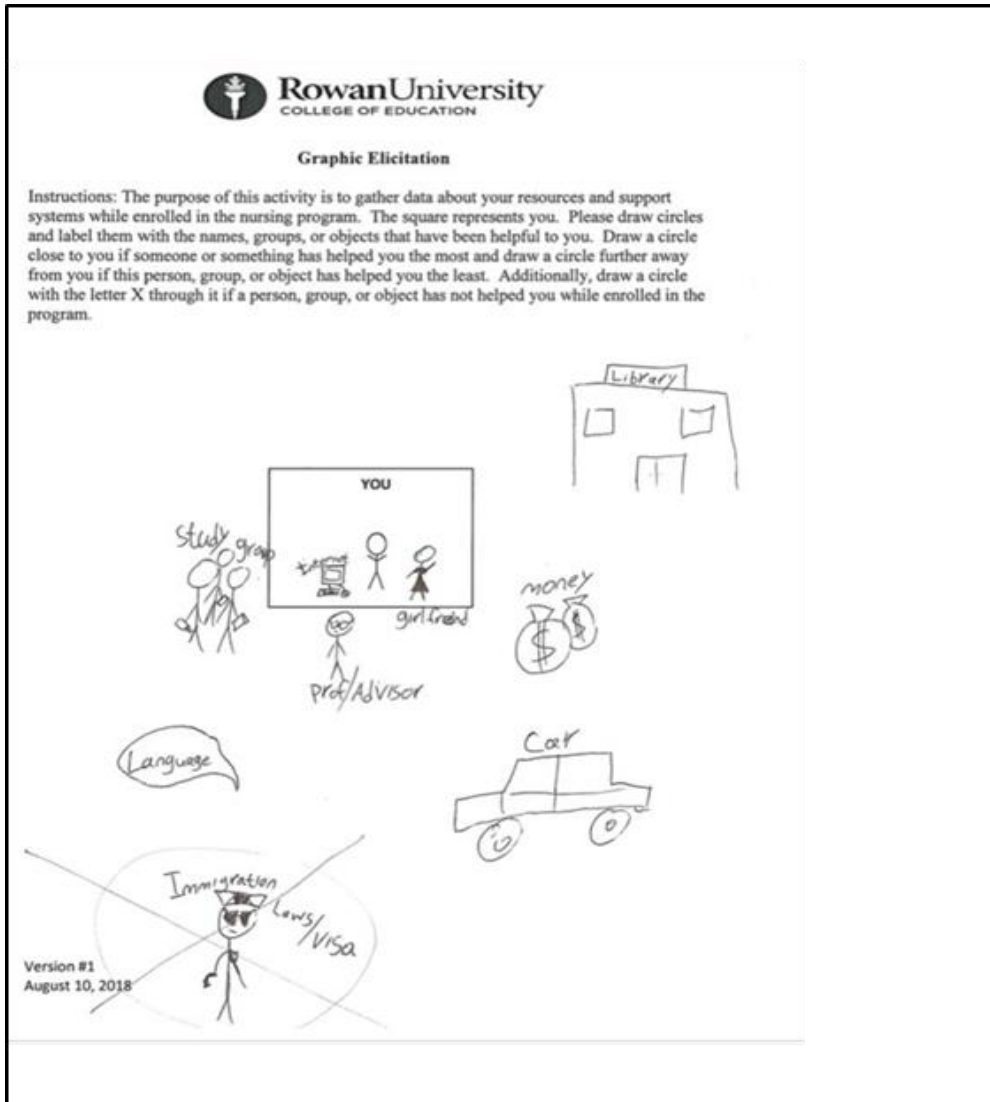


Figure 10. Graphic elicitation completed by participant 1-4.

Social and family support, stressors such and financial obligations and taking 12 or more credits each semester while in nursing school again appeared to have an impact on the students' perceptions of being successful in a nursing program. This theme was prevalent throughout the personal interviews and in the graphic elicitations.

## **Student Observations**

According to Rossman and Rallis (2012), observation is fundamental to all qualitative inquiry. Creditable data collection involves persistent observations to note the students' body language and affect besides their spoken words; this provided depth to the inquiry for this study (Lincoln & Guba, 1985; Merriam, 1998; Rossman & Rallis, 2012; Stringer, 2014; Yin, 2014). Throughout the interviews, I used an observation protocol to collect descriptive notes that reflected observations in the classroom and college lab during the semester (see Appendix E).

One scheduled, informal classroom observation of each participant occurred as part of the study. Both nursing programs have three parts for each class: theory, clinical, and lab portions of the course. The theory portion was the didactic part when students learned about a concept, such as oxygenation for example. During the didactic instruction, students discussed exemplars of oxygenation and case studies related to the concept. During the lab portion, students received further instruction of the concept, and then demonstrated the skills used to care for patients, with alterations. For example, a patient with an alteration in oxygenation would need oxygen and respiratory support. Therefore, students would use mannequins and the appropriate equipment, such as oxygen masks, to perform that skill. The clinical portion was when students cared for patients in chronic or acute care settings such as a hospital. Eight of the students were observed during the theory portion, and one was observed during lab. No students were observed during the clinical portion of the class due to preserving and protecting the rights of patients' private healthcare information.

Table 5

*Student Observation Data*

Community College	Participant	Total Observation Time	Where Observation Took Place
1	1	3 hours	Lecture
1	2	2 hours	Lecture
1	3	2 hours	Lecture
1	4	2 hours	Lecture
2	1	3 hours	Lecture
2	2	3 hours	Lecture
2	3	3 hours	Lecture
2	4	3 hours	Lecture
2	5	3 hours	Lab

Each student was observed one time for two to three hours. The goal of the observation was not to observe the professor, but to observe the student(s) in real-time during class.

The data gathered in the observations gave insight into the students' classroom experience. All of the students participating in the study arrived on time for class. Student 1-1 sat in the back of the classroom furthest away from the instructor. The seating was not predetermined or arranged; the students were allowed to sit where they wanted. There were approximately 35 desks in the classroom. Student 1-1 appeared to be taking notes during class, but had his eyes closed for ten minutes after an hour of

instruction. He did not raise his hand to answer any questions, did not offer any discussion, and did not ask any questions. A follow-up conversation that was initiated by the student brought to light that he worked the night before class. The student stated that although he was prepared for class, he was tired from sitting in the same seat for many hours.

Students 1-2, 1-3, and 1-4 were observed together during theory class. Again, the seating was not determined by the instructor. The three students did not sit near each other; they sat towards the back of the classroom. There were approximately 35 desks in the classroom. Student 1-2 was an active learner. He raised his hand to answer all twelve questions asked by the instructor. He was called on two times and answered the questions correctly. The questions that he answered required a yes or no answer. Students 1-3 and 1-4 sat silently and appeared to be taking notes about the discussion. Once the observation was over, the students left the classroom without further discussion.

Students 2-1, 2-2, 2-3, and 2-4 were observed in a large classroom. The seating was in a stadium-style arrangement where the desks ascended from the instructor's desk. This allowed the instructor to view all the students. There were approximately 140 desks in this classroom. The students participating in this study sat together towards the back of the classroom. They would discuss with another the questions that were posed by the instructor. They infrequently raised their hands once they discussed the question with each other. However, they raised their hands after several students had already raised their hands to answer the question, when the instructor already selected a student to answer. Student 2-2 and 2-4 raised their hands to answer open-ended questions. Student 2-1 and 2-3 did not raise their hand to ask or answer questions. Student 2-3, from Saudi

Arabia, stated during his interview how he was physically disciplined when he gave a wrong answer in class. This form of discipline caused him to be fearful of answering or asking questions during class. After class, the students in this study approached me and informed me that they were all going to study together in the library.

Lastly, student 2-5 was observed in the lab portion of the course. There were approximately 24 desks in the lab, and the student sat towards the back of the classroom. This student remained silent throughout the class; however, he appeared observant to all skills that were being presented. He was taking notes but did not ask or answer any questions. Students often called out answers instead of raising their hand. After class, approximately six students voluntarily stayed for further instruction. Student 2-5 stood next to the instructor as the instructor provided one-on-one instruction to demonstrate the skill from class. Student 2-5 asked questions at that time and was taking notes. His questions were confirming what he heard in class and if he understood the content correctly. Student 2-5 was able to touch and hold the equipment while reiterating what he knew about the concept that was taught.

### **Summary**

The findings in this qualitative case study showed that foreign-born male students perceived they have many barriers that may have had an impact on their success in nursing programs. These barriers including a significant role in how their pedagogical experiences in their birth country led them to feel they were not adequately prepared in critical thinking while in a nursing program. Students have commented that memorizing information allowed them to pass their national exams. Passing these exams helped them to progress academically in their country of origin. However, memorization did not

help them in their nursing program, and students stated they struggled with higher cognitive levels of thinking which is required to pass nursing exams and ultimately the NCLEX. Moreover, students cited they struggled with applying nursing concepts that they learned with different patient scenarios allowing them to transfer the information into another context. Additionally, they had difficulty making connections with other concepts. Student also perceived the lack of socialization and family support played a significant role in their progression throughout the nursing program. Students reflected on their relationships with their peers during their education in their birth country and how these relationships mentored them to progress academically despite having a lack of resources such as teachers and books to pass their national exams. Students acknowledged that these relationships are needed to help them feel supported and progress throughout their programs.

To add to this, students focused on how taking 12 or more credits while enrolled in a nursing program proved to be a challenge. These foreign-born students must take at least 12 credits to receive financial aid or maintain their visa status. The students' graphic elicitation gave light to what the students were saying about their resources, family support, and the heavy load of taking twelve or more credits. The students reflected on how their peers played a significant role in helping them to understand and apply nursing concepts throughout the curriculum. However, these students perceived that they were not given the opportunity to interact with their peers until they were at the end of their program.

Lastly, the observation portion of this study gave more insight into how the students performed in their classroom setting. Most of the students in this study did not

readily participate in the discourse throughout the classroom discussion, distanced themselves in regard to seating from the instructor in the classroom, and rarely interacted with their peers other than those who had similar backgrounds. These findings suggest that there is a need for more intrusive advising, invasive coaching, peer interaction, and active learning strategies in the classroom for these students to be successful in a nursing program. Chapter five will include a discussion of the major findings explained in this chapter and future implications and recommendations to help answer questions regarding barriers that impede the successful completion of foreign-born male nursing students in a nursing program.



## **Chapter 5**

### **Discussion of Findings**

The purpose of this study was to understand how community college nursing programs help the successful completion and graduation of their foreign-born male nursing students by identifying potential barriers they may experience. In this study, three major themes emerged. These themes included pedagogical differences, socialization and family support, and stressors. I will present an overview of the findings in terms of themes and then will present the implications regarding those themes for foreign-born and educated nursing students enrolled in nursing programs. Helping these students progress in a nursing program by identifying potential barriers they may experience is essential for them to graduate and become registered nurses. Further, the Institute of Medicine (IOM) has tasked the healthcare industry to increase the diversity of the healthcare professionals that are serving the community to improve healthcare outcomes (Institute of Medicine of the National Academies, 2011).

#### **Pedagogical Differences**

The findings in this study aligned with current research, focusing on foreign-born students experiencing pedagogical differences from the way they learned in their country of origin. Students perceived that using rote memorization enabled them to pass their national exams in their country of origin, and, therefore, could progress academically. However, this form of learning did not support students' progression to think critically at higher cognitive levels and being successful in nursing coursework (Billings & Halstead, 2016; Bristol & Sherrill, 2019). The National Council of the State Board of Nursing affirms that candidates taking the

National Council Licensure Examination (NCLEX) to become licensed registered nurses must be able to answer questions at the application and analysis level to pass the licensure examination (NCSBN, n.d.). This higher-level cognition allowed students to think critically and transfer information they learned into another patient scenario (Bristol & Sherrill, 2019). The students in this study proclaimed that because of their pedagogical experiences in their birth country, they were not adequately prepared to answer questions at higher cognitive levels. Memorizing is passive learning, and to critically think, students must engage in active learning strategies for them to apply and analyze the information they learned (Billings & Halstead, 2016; Bristol & Sherrill, 2019). Foreign-born nursing students perceived that applying nursing concepts was challenging, especially since they were used to memorizing information in their birth country. Expanding their thinking to higher cognitive levels might have improved their ability to transfer concepts learned into another context. Thus, students perceived they performed poorly on exams because they were not skilled in answering questions at the application and analysis level.

Another pedagogical difference the students perceived was a lack of resources in their birth country. This topic aligned with the research question of how the students' described the resources they used that differed from or were like the resources in their country of origin. Students commented that many of them did not have books, computers, or sometimes even a teacher to instruct them on the information they needed to know in their birth country. Students also stated that if they did not understand the concepts being taught to them, they would not go to the teacher for clarification because they either did not have a teacher or the teacher could not help them any

further. Families that could afford private tutoring gave an advantage for some students to help them with their studies. All nine students commented they had several resources in their nursing programs in the United States. However, students stated they would go to a professor in nursing school seeking help as a last resort because teachers forced them to learn the information on their own in their birth country and this was what they were comfortable doing. Although the community colleges offered free tutoring, sometimes the schedules were not conducive to the students' schedules.

These two pedagogical differences seemed to impact the students' perceptions of their performance throughout the nursing program. During the interviews and graphic elicitations, all nine students focused on these differences. Having the skill to memorize information to pass exams and the fortitude to learn the information on their own proved to be a challenge when completing nursing coursework. Nursing students need to have higher cognition to transfer the nursing concepts they learned into several patient scenarios.

**Implications for pedagogical differences.** Nursing educators who implement active learning strategies into the coursework in nursing programs will increase nursing students' cognition (Billings & Halstead, 2016). However, these strategies that promote thinking critically may prove challenging for students previously educated outside of the United States. Nursing programs required students to be active participants in the classrooms. This is in direct contrast to the way the students' pedagogical experiences were in their birth country. All nine participants stated that in their birth country, they were forced to memorize information or learn for themselves what the concepts were. Further, they proclaimed that as students they were silent observers and listeners in their

country of origin. Because of this, the students may not be prepared to fully engage in their nursing courses. Students were still trying to memorize data which made them perform poorly on nursing exams.

Nursings academia in the United States supports a model of active learning strategies which include students actively engaged in their learning (Billings & Halstead, 2016). Active learning strategies require opportunities for students to engage in case studies, debates, and group discussions on nursing concepts. Passive learners who do not engage in conversations and take in information from either lectures, audiovisual presentations, or reading chapters in nursing books use lower cognitive levels while preparing for nursing exams (Billings & Halstead, 2016). Studies have proven that passive learners will only be able to achieve the cognitive level of knowledge and comprehension (Puppe & Nelson, 2019). This required the students to recall information by memorizing and understanding that information. Because of this, these students struggled to analyze the information and apply the information into another context.

Using active learning strategies in the classroom will foster students' cognitive thinking to answer more complex nursing questions that professors write at the application and analysis level. Also, this will allow students to interact with their peers. Instructors may introduce these active learning strategies in the students' first semester of the nursing program and followed throughout the program. Student 1-1 stated how his peers helped him, but he did not work with them until his last semester. Using active learning strategies in nursing students' first semester may increase their cognitive ability early in the program. An example of an active learning strategy that involves peers working together is Think-Pair-Share (TPS). This activity has been well-

documented as a learning process that uses higher level thinking and reflection (Billings & Halstead 2016; Kaddoura, 2013; Puppe & Nelson, 2019). TPS allows students time to think about their responses and then share their responses with partners. According to an advice guide published in the Chronicle of Higher Education by Sathy and Hogan (2019), using this learning strategy will allow all students time to reflect on their responses and ensure that everyone hears their responses. Some students need more time to think about a concept or they may lack the confidence to take part. Also, some students may monopolize a conversation with professors by calling out answers or answering all the questions asked during class. Therefore, students may not think of their own ideas and may “accept someone else’s ideas as correct and valuable” (Sathy and Hogan, 2019, p.9). This was clear during the observation portion of all nine students. Student 1-2 raised his hand to answer the questions given by the professor. The other eight students did not raise their hands to take part, or they raised their hands after most of the class already had their hands raised to answer the questions or heard the answers called out. Student 2-5 from Saudi Arabia did not raise his hand during class to answer questions. He stated in his interview that teachers physically disciplined him in his birth country when he gave a wrong answer to a question. Perhaps this instilled a fear in him to respond in class, and therefore, he did not take part. The professor chose the students to answer, who raised their hands first.

To use the think-pair share activity in class, there are three steps to consider. First, the professor will pose a question and allow time for the students to think about the answer. The professor will then inform the students in advance how much time they have to think about the concept. Second, the professor will then have students pair up with their

classmates to share their ideas and talk about the answers. Again, the professor will give the students a predetermined time frame to complete this task. Third, the professor will then have the students share their answers with the rest of the class. This strategy will increase student engagement and will increase critical thinking.

Another active learning strategy to include all students in class is the use of note cards or web-polling devices. Educators can use both strategies, and students can remain anonymous if they have an increased level of anxiety taking part in active learning strategies. Students can write answers to questions on a note card. The professor can collect the cards, scramble them, and then give them back to the students. Discussions can ensue by having students read what is on the note card they received. Also, students can respond to questions in another anonymous form by using technology. Students can use discussion boards and web-polling in the classroom. Many of these external web-polling activities are free for both the professors and the students. Professors need to ensure their students have a computer or smart phone to access these web-polling systems. Allow the professors to have extra devices in the classroom if students do not have devices with them. Work with the Information Technology (IT) department to purchase devices for students to take part in web-based polls while in class. Students could do these activities outside of the classroom such as the library if students do not have access to computers. Using these active learning strategies will also help connect students with their peers. Encouraging study groups will help all students to review concepts they learned in class. Also, students can clear up any misunderstandings they may have had of the content.

This leads to another topic that students focused on in their pedagogical differences, which was their perception of a lack of the way the professors engaged with them. Two students in the study commented how they did not take advantage of the free tutoring offered at the college because the schedules for this resource were when they had to work. More diverse time slots need to be available to afford the opportunity for students to take advantage of tutoring. Professors can offer tutoring in an online discussion forum on the colleges' learning management software (LMS) system. Students can ask questions anonymously if they choose in discussion forums set up by the professors. Another option is to have the senior nursing students provide peer tutoring besides the faculty tutoring. This will help senior nursing students to recall concepts previously learned and will help mentor lower level classes. Research has proven that benefits from peer tutoring include reaching out to all groups of students including addressing certain inequities, especially among minority students (Capp, Benbenishty, Astor, & Pineda, 2018; Robinson, Schofield, & Steers, 2005).

Given the students experiences, these ideas may be useful. Make tutoring mandatory for both senior nursing students and lower level students who did not have a passing average may benefit students and foster their success in a nursing program. Provide areas where nursing students frequent; Call these designated areas learning centers or success centers. Ensure that these areas are student friendly by providing current nursing books, dry erase boards, and a few computers readily available for students. Have senior nursing students make grids to sign up for time slots for tutoring, which suits their schedules at the beginning of each semester. Allow two to three students sign up for each shift. Faculty within the program can work together to

plan specific tutoring days around exams days. Make the schedule conducive to the senior class schedules and around lower level nursing course exams. Encourage the senior students to bring their notes from previous classes. Have the lower level nursing students attending the peer tutoring fill out an anonymous evaluation. This will allow faculty and senior nursing students the ability to assess where there may be areas of improvement. These suggestions of faculty and peer tutoring may also help ease the next prevalent theme discovered in this research study, which was students reported feeling isolated.

### **Lack of Socialization and Family Support**

The second prevalent theme that emerged was the students reporting the lack of socialization and family support. The students perceived that these issues affected their success in the nursing program. These findings aligned with the current research, focusing on male nursing students feeling isolated while in their academic environment (Banister et al., 2014; Payton, Howe, Timmons, & Richardson, 2013; Sanner et al., 2002; Stott, 2006). This feeling of isolation led to emotional stress, and the students considered possibly withdrawing from their nursing programs. Students also discussed how they relied on their peer friendships to review the material, and this helped them prepare for their national exams in their birth country.

Male nursing students have a higher attrition rate than females. Further, The National Advisory Council on Nurse Education and Practice recognized that the attrition rates for diverse students in nursing programs are higher than their White, female colleagues (NACNEP, 2013). According to the HRSA, 2006, racial diversity in healthcare can improve the access available to under-served population and



minorities. Having a healthcare industry that mirrors the population being served is a priority to ensure equity in healthcare. Therefore, the nursing administrators and educators must rise to the challenge with increasing student retention and completion.

The literature supports that a lack of male mentors led to further feelings of isolation for male nursing students (Dyck, Oliffe, Phinney, & Garrett, 2009; Gardner, 2005a; Stott, 2006; Strong Anthony, 2004). The two community colleges in the study accepted 50-60 new students into the program twice a year. Two students reported from each school that their colleges accept an average of 10 male students each semester into the program. This is approximately the same percentage as what the New Jersey Collaborating center for nursing reported in 2016. However, this percentage does not differentiate if the students were born and raised in another country where the pedagogies may differ from what the students experienced in United States nursing programs. Enrollment numbers may vary depending on the geographical location of the community colleges and the populations.

**Implications for lack of socialization and family support.** Students in this study described how they did not have friends in the nursing program, and they started socializing at the end when forced to work together with their peers. To help close the achievement gap and promote a sense of belonging, the recommendations are to have students align with their peers early in the nursing program. Align first semester students with second or third semester students in peer mentorship programs. This will allow the students to make connections with someone who has already been through the course. This may help the first semester students to understand concepts, understand the

challenges that they will go through, and it may promote a sense of belonging to a group.

The faculty should strategically plan peer mentoring groups by connecting upper classman students with first semester students for at least 30 minutes after class perhaps during a lunch or dinner break. Making the mentoring meetings 30 minutes should give an adequate amount of time to foster connections between the students. If the peer mentoring is too long, it will lose its luster. If students want to continue to have conversations with their peer mentors, they can continue to have conversations outside of class or exchange phone numbers. Faculty can build this time into the syllabus and inform students on the first day of class. This will give students time to plan for this 30 minute activity that can take place biweekly.

Besides the recommendations of peer mentoring, another would be for faculty, deans, and directors to reach out to communities that are diverse and offer flexible evening and weekend courses. Promoting nursing programs in communities of interest might increase the awareness of the programs to people who may be interested in nursing. Ensure there are diverse students representing the programs when advertising to the communities. Another strategy would be to have students teach community members specific topics that they learned about in nursing school. An example may be how to make food and nutrition choices to local high school students during career fairs. This will represent the community college while teaching high school students a lesson in nutrition. The nursing students could use this as a community project goal in their nursing programs.

Another strategy to increase students' socialization is to establish club memberships. Seek state and national organizations such as the Student Nurses Association (SNA). Develop a chapter within nursing programs to allow students to take part in this organization. These organizations offer state-wide workshops and scholarships to students throughout the year. The New Jersey Nursing Students (NJNS) organization has annual workshops as well for nursing students to take part in. These workshops afford students an opportunity to network and receive professional development.

Intrusive advising is another recommended strategy. Faculty use intrusive academic advising to reach out to students to be proactive in retention and student success (Chan et al., 2019). Although intrusive academic advising is not new, colleges are finding this to be a positive, proactive approach to ensure student success. Intrusive academic advising involves the advisor or faculty member and the student meeting together. Intrusive advising leads to ways the faculty can provide mentorship for students in their academic studies, personal issues, and future job placement (Chan et al., 2019).

Last, students have noted that they do not have a lot of support while in the nursing program from either their friends or families. As stated by some students, taking nursing courses involves a lot of time studying and reading. Two students specifically stated that "it was a heavy load." Having events at the college inviting the students family and friends can be a supportive measure. Students can demonstrate and showcase the skills they are learning on the mannequins or on a volunteer. This may give friends and family members a better understanding of the rigorous curriculum, so they, perhaps, may be more supportive of the students throughout their studies.

## **Stressors**

Another prevalent theme throughout this study was stressors. This theme aligned with the research question of how would foreign-born male nursing students describe challenges they face while enrolled in the nursing program. Students reported the stress they felt because of the full-time credits they needed to take. The government forces students to take full-time classes if they are on a student visa or receiving financial aid while attending a nursing program. The students also reported that some classes they take to maintain full-time status may not count towards their nursing degree. Lastly, some students stated that obtaining a student visa and taking full-time credits caused financial hardships for them.

Another stressor that students perceived was that of being an English as a second language learner (ESL). Students stated that understanding the information took them longer than non ESL learners because they had to translate the information being said to them in their language. They perceived that this may have affected their ability to be successful in nursing courses.

**Implications for stressors.** Because of these stressors, intrusive advising before each semester may ensure that students have a pathway to completing their degree. This will also ensure that if students need to take extra courses to fulfill their full-time status, they are taking courses that might transfer to a four-year college so they can obtain their bachelor's degree in nursing after completing the nursing program. Offer incentives to ease some of their financial issues such as scholarships. Establish a work-study program to help students with their financial obligations of paying for courses.

Besides meeting their full-time obligations, these students stated that having a full-time schedule and being an ESL student proved to be a challenge. Refer students to ESL courses or programs within the college as part of their credits, and if those courses do not exist, establish them. Crawford and Candlin (2012) stated linguistically diverse nursing students that took part in their study suggested “ongoing exposure to academic, clinical, and social settings helped to improve their listening comprehension, and confidence with speaking English” (p. 799). Nurses need to be able to articulate with clients in the healthcare setting. If a healthcare provider is not able to accurately explain treatments or plans of care to the client, the client is less likely to make informed decisions which may put their health in jeopardy.

### **Recommendations for Practice**

Acute and subacute care facilities continue to seek professional registered nurses to care for their clients. Promoting the retention and completion of diverse nursing students from nursing programs may increase the total of diverse healthcare professionals to mirror the populations being served. Thus, a diverse healthcare population may be knowledgeable in the diverse needs of unique cultures, will assist in positive patient outcomes, and will decrease the inequity in healthcare disparities. Professional development for professors to engage in active learning strategies to have an inclusive learning approach for all students will increase student retention and ultimately may increase the diversity in nursing healthcare professionals.

### **Recommendations for Further Research**

The recommendations for further research would be to add foreign-born females to the sample. Although male nursing students are a minority, foreign-born females are a

minority as well. Throughout the gathering of participants in the study, several foreign-born female nursing students wanted to be a part of the study. Several of them approached me from both community colleges stating “we have a lot to say.” Conducting a study from foreign-born females’ perspectives may provide interesting data as a comparative study to see if there are any consistencies or inconsistencies in the barriers that foreign-born males reported. Another recommendation would be to include the administrators and faculty members’ perspectives on foreign-born male nursing students and how they would describe their involvement in their successful completion of the nursing program.

There was a gap in the literature regarding how foreign-born male nursing students receive counseling either in their country of origin or by the community college regarding a career in nursing. Researchers should study this area to discover if there is counseling by the community colleges regarding careers in nursing, especially since there is a demand for nurses and ethnically diverse nurses.

### **Recommendations for Nursing Education**

Nurse educators can change their classroom by providing an inclusive environment where many active learning strategies can foster students to use higher cognitive levels while enhancing their critical thinking. Having students engage in activities allowing them to think at the application and analysis level will prepare them to pass successfully the NCLEX examination and become licensed professional registered nurses. Incorporating diverse patient needs in nursing curricula and having student input when addressing these topics may add to the students being prepared to care for a diverse population. The nine students taking part in this study were willing to share their

perceptions, and there appears to be a dialogue that needs to happen between students and faculty about their concerns. There also needs to be a discussion regarding support services to enhance students' abilities to perform well in class. Having friends and family events will also add to the personal connection with students, faculty, and their support systems.

### **Recommendations for Faculty Leadership**

There are many students in the pre-professional nursing phase in community colleges. The pre-professional phase of the nursing program encompasses nursing students that are completing their prerequisite courses before applying to the nursing program. Have mandatory nursing information sessions for all potential candidates who will apply for acceptance into the nursing program. In these sessions, give information regarding the requirements of being accepted into the nursing program and also inform these pre-professional phase students about the requirements once they are in the program. Offer these sessions a few times every month during the day, in the evening, and on weekends for potential candidates to attend. Second, connect these students with a nursing faculty member for advising once they attend the information session. There they will connect with someone in the nursing program and they can discuss any challenges they face along with establishing a personalized plan to proceed through the program until graduation.

### **Recommendations for Administrative Leadership**

Recruiting a wide range of diverse nursing students in a nursing program starts with the nursing administrators. Having a diverse healthcare workforce can improve access and availability of care for minorities and under-served populations (HRSA, 2017;

Wyatt, Botwinick, Mate, & Whittington, 2016). The Institute of Healthcare Improvement (IHI) published recommendations as a guide for healthcare facilities to improve equity in healthcare (Wyatt et al., 2016). The IHI developed these recommendations after reviewing the Institute of Medicine's (IOM) six original aims for healthcare improvement (IOM, 2001). The sixth aim was to improve equity of healthcare. However, the IHI described how equity is the "aim that still has lagged behind" from the original IOM aims for healthcare improvement (Wyatt et al., 2016, p. 4). The IHI's recommendations to improve equity in healthcare industries can also apply to nursing programs. Some of those recommendations for leadership are to dedicate resources in the program budget that support equity. Leaders need to reach out to communities of interest to show that their nursing program has an inclusive curriculum. The uncertainty at the time of this writing about the reopening of programs may prove to be challenging for students interested in nursing. Ensure that the program is following the Center for Disease Control (CDC) recommendations for social distancing and safety. When advertising for a faculty role, ensure placing advertisements in several locations that will allow for a diverse application pool. Work with a nurse recruiter or headhunter to find diverse applicants for faculty positions. Having diverse faculty members may serve as mentors to diverse students in nursing programs. This aligns with the IHI's recommendation to "show leadership commitment to improving equity at all levels of the organization" (Wyatt et al., 2016, p. 11).

## **Conclusion**

The aim of this study was to understand perceived barriers that foreign-born and educated male students may experience while enrolled in a United States nursing



program. This study provided insight into some pedagogical difference, the students reported. Many of them relied on memorization and recalling facts to progress in their education. However, many of them also reported that this strategy did not work for them while in the nursing program. For candidates to pass the national licensure exam to become registered nurses, they need to have higher cognitive levels of critical thinking. Therefore, instructors need to write test questions at the application and analysis level. Using active learning strategies in the classroom will promote critical thinking for all students and allow them to have higher levels of cognition.

Another key finding was the difference in academic resources. Students elaborated that if they had the finances, they could afford a private tutor in their birth country. Although their nursing programs offered tutoring for free, many of the schedules were not conducive with the students' work schedules. By offering peer tutoring, online tutoring, and more tutoring days, students have more opportunities to take advantage of this service. Also, by having senior nursing students provide tutoring at several time slots throughout the semester, this will allow for peer-to-peer interaction and a more robust schedule for students to attend.

This study also provided insight into the students' feelings of lack of socialization while in the nursing program. Many students reported that they relied on their friends in their birth country to study. However, some reported that they do not have a connection with friends in the nursing program or students were forced by teachers to work with their peers later in the program. By introducing students early with a peer mentor, this could ease some of those feeling of isolation. Inviting the friends and families of the students to events in the nursing lab and having the students perform critical thinking

simulations may give some insight into the academic performances and requirements of the nursing students. This may help friends and families of the student to understand the rigors of the program and be supportive of them while they are in the nursing program. Also, establishing clubs will allow the students to obtain professional development and network.

Finally, this study revealed the stressors that these students perceived throughout their program. Financial resources were a major barrier to student success. Through intrusive advising, students that must take full-time credits because of financial aid or having a student visa may establish academic goals and take courses that can easily transfer to a four-year college once they complete their nursing degree. Establishing scholarships and work-study programs for students may ease some of their financial burdens.

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## **Appendix A**

### **Email to Nursing Director**

Hello Nursing Director. My name is Lisa Dunn, and I am a doctoral candidate at Rowan University. I am seeking students to interview to gain insight into the experiences and perceptions of foreign-born male nursing students who were educated in their country of origin before coming to the United States and are now enrolled in a nursing program. These students also must be in the professional phase of the nursing program. The professional phase is being defined as a nursing student that has been accepted into the nursing program after completing all the admission requirements. The information shared by the students will be used to complete a dissertation study. I would like to ask if your students would consider participating in the research endeavor.

Participation will be voluntary and at the convenience of the students. Their time commitment will include an interview lasting approximately 30 minutes during which they will share their experiences. Also, participants will be observed during their lecture and lab time for approximately three hours.

Though anticipated risks of participation are minimal, students may experience distress or emotional discomfort when reflecting on their experiences. Benefits include the possibility that they may gain clarity or new insights into their current or past interactions in the nursing program as well as participating in the development of knowledge that might be helpful to student nurses, faculty, and administrators in the future. Thank you very much for your time and consideration to participate in this study. I would like to request a meeting at your convenience to formally introduce myself and answer any questions you may have. My email address is [DunnL5@students.rowan.edu](mailto:DunnL5@students.rowan.edu).



Sincerely,

Lisa Dunn

## **Appendix B**

### **Engagement Email**

Dear Nursing Student,

My name is Lisa Dunn, and I am a doctoral candidate at Rowan University. I am seeking students to interview to gain insight into the experiences and perceptions of foreign-born male nursing students who were educated in their country of origin before coming to the United States and are now enrolled in a nursing program. These students must be in the professional phase of the nursing program. The professional phase is being defined as a nursing student that has been accepted into the nursing program after completing all admission requirements. The information shared by the students will be used to complete a dissertation study. I would like to ask you to consider participating in the research endeavor. This email is purely informational and you are not being asked to sign an informed consent form now.

Should you meet the criteria for the study, your participation will be voluntary. Your time commitment will include an interview lasting approximately 30 minutes during which you will share your experiences. Also, participants will be observed during their lecture and lab time for approximately three hours. If you meet the study criteria and are selected for inclusion in this endeavor, you will be provided more information about the study and a consent form to participate in the study.

Though anticipated risks of participation are minimal, you may experience distress or emotional discomfort when reflecting on your experiences. Benefits include the possibility that you may gain clarity or new insights into your current or past interactions in the nursing program as well as participating in the development of

knowledge that might be helpful to student nurses, faculty, and administrators in the future. Thank you very much for your time and consideration to participate in this study. Please feel free to email me with any questions or concerns that you may have at [DunnL5@students.rowan.edu](mailto:DunnL5@students.rowan.edu)

Sincerely,

Lisa Dunn

## Appendix C

### Participant Consent



#### **STUDENT CONSENT TO TAKE PART IN A RESEARCH STUDY**

**TITLE OF STUDY:** Barriers that impede foreign-born and educated male students' success in United States nursing programs: A case study.

**Principal Investigator:** Carol C. Thompson, PhD

**Co-Investigator:** Lisa Dunn, Doctoral Candidate

This consent form is part of an informed consent process for a research study and it will provide information that will help you to decide whether you wish to volunteer for this research study. It will help you to understand what the study is about and what will happen in the course of the study.

If you have questions at any time during the research study, you should feel free to ask them and should expect to be given answers that you completely understand.

After all of your questions have been answered, if you still wish to take part in the study, you will be asked to sign this informed consent form.

The principal researcher and/or the co-investigator will also be asked to sign this informed consent. You will be given a copy of the signed consent form to keep.

You are not giving up any of your legal rights by volunteering for this research study or by signing this consent form.

#### **1. Why is this study being done?**

This study is being conducted as a partial requirement for the degree of Doctor of Education. The purpose of this qualitative study is to understand foreign-born and

educated male nursing students' experiences while enrolled in a nursing program in the United States.

**2. Why have you been asked to take part in this study?**

You are being asked to take part in this study because you are a foreign-born male nursing student currently enrolled in a community college nursing program and taking nursing classes. Additionally, you attended the school system (primary, secondary, and/or post-secondary) in your country of origin before coming to the United States.

**3. Who may take part in this study? And who may not?**

Appropriate participants include foreign-born male nursing students currently enrolled in a registered nurse program at a community college in New Jersey and taking nursing courses. Additionally, participants in this study attended the school system in their country of origin before coming to the United States. All participants must be 18 years old or older.

Students who were born in the United States and attended the school system in the United States will be excluded from this study. Also, female students will be excluded from this study.

**4. What will you be asked to do if you take part in this research study?**

During the duration of this study, you will be asked to take part in one interview to describe your experiences in the nursing program so far. The interview will last at least 30 minutes. We are asking for your permission to allow us to include audiotape (sound) as part of that research study. You do not have to agree to be recorded in order to participate in the main part of the study.

The recording(s) will be used for analysis by the research team. These recordings will be transcribed verbatim and you will have the opportunity approximately one week later to view the transcriptions to check for accuracy and/or clarification. The purpose of these recordings is to capture your words and perspectives.

The recording(s) will be stored both electronic and paper form, on a secure device/computer that is password-protected and/or in a locked file cabinet in the co-investigator's home office.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Additionally, questions may be asked at that time to clarify any misunderstandings. Immediately following the interview, you will also be asked to draw circles on a piece of paper and label them with resources, people, or objects that have or have not been helpful to you. Lastly, you will be observed by the co-investigator during one lecture or lab. **No personal academic or educational records will be reviewed.**

To preserve confidentiality, the community colleges and all participants will be assigned a pseudonym. The pseudonym link document will be stored in a second locked file apart from the informed consents, audio transcripts, field notes, observations protocols, and graphic elicitations. If participants' actual names are used during audio recorded discourse, actual names will be assigned pseudonyms and immediately substituted in all typed transcriptions that will be used during data analysis.

**5. What are the risks and/or discomforts you might experience if you take part in this study?**

Though anticipated risks of participation in this research inquiry are minimal, you may experience distress or emotional discomfort when reflecting on your experiences in the nursing program and made to articulate these experiences. Participation in this research poses no physical risks to the participants. Despite no physical risk to participants, there is still a possibility of breach of confidential information that was collected.

**6. Are there any benefits for you if you choose to take part in this research study?**

The benefits of taking part in this study may be:

1. The possibility that you may gain clarity or new insights into your current or past interactions in the nursing program.
2. You will be participating in the development of knowledge that might be helpful to student nurses, faculty, and administrators in the future regarding student retention.

However, it is possible that you might receive no direct personal benefit from taking part in this study. Your participation may help us understand which can benefit you directly and may help other people to understand what resources can be helpful to successfully progress through and complete a nursing program.

**7. What are your alternatives if you don't want to take part in this study?**

There are no alternative treatments available. Your alternative is not to take part in this study.

**8. How many subjects will be enrolled in the study?**

There will be approximately 45 subjects enrolled in the study.

**9. How long will my participation in this study take?**

The study will take place over two semesters at three different community colleges. As a participant, we ask you to participate in one interview that will last for approximately 30 minutes at your convenience. You will then will be asked to review the transcripts approximately one week later and clarify any further questions. Immediately following the interview, you will be asked to draw circles and label them on a piece of paper with resources, people or objects that have been the most or least helpful to you. This will take approximately 10 minutes. You will also be observed by the co-investigator during one lab or lecture.

**10. Where will the study take place?**

Your participation in this study will take place on your campus in a private room or office at your convenience. During that time, you will participate in an interview and asked to draw circles and labels those circles with the resources, people or objects that have been the most/least helpful to you. The observation will take place during your regular scheduled class time.

**11. How will you know if new information is learned that may affect whether you are willing to stay in this research study?**

During the course of the study, you will be updated about any new information that may affect whether you are willing to continue taking part in the study. If new information is learned that may affect you, you will be contacted.

**12. Will there be any cost to you to take part in this study?**

There will be no financial costs to you as a participant.

**13. Will you be paid to take part in this study?**

You will not be paid, monetary or grade incentives (extra credit), for your participation in this research study.

**14. How will information about you be kept private or confidential?** All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Your personal information may be given out, if required by law. Presentations and publications to the public and at scientific conferences and meetings will not use your name and other personal information.

To maintain confidentiality, data storage, both electronically and paper form, will be stored on a secure computer that is password-protected and/or in a locked file cabinet in the co-investigator's home office. To further preserve confidentiality, the community college and participant will be assigned a pseudonym. The pseudonym link document will be stored in a second locked file apart from the informed consents, audio transcripts, field notes, observation protocols, and graphic elicitations. If participants' actual names are used during audio recorded discourse, actual names will be deleted and assigned pseudonyms will immediately be substituted in all typed transcriptions that will be used during data analysis. The pseudonym link document will be stored until data entry and analysis are completed at which time it will be destroyed in a shredder. All other aggregated research data will be maintained and stored for a period of five years after the conclusion of the research.

**15. What will happen if you are injured during this study?**

This study does not include procedures that could place participants at risk for physical injury.

**16. What will happen if you do not wish to take part in the study or if you later decide not to stay in the study?**

Participation in this study is voluntary. You may choose not to participate, or you may change your mind at any time.

If you do not want to enter the study or decide to stop participating, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to **Lisa Dunn** at **DunnL5@students.rowan.edu**

If you decide to withdraw from the study for any reason, you may be asked to participate in one meeting with the Principal Investigator.

We are asking for your permission to allow us to include audiotape (sound) as part of that research study. You do not have to agree to be recorded in order to participate in the main part of the study.



The recording(s) will be used for analysis by the research team. These recordings will be transcribed verbatim and you will have the opportunity to view the transcriptions to check for accuracy and/or clarification. The purpose of these recordings is to capture your words and perspectives.

The recording(s) will be stored both electronic and paper form, on a secure device/computer that is password-protected and/or in a locked file cabinet in the co-investigator's home office.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

**17. Who can you call if you have any questions?**

If you have any questions about taking part in this study or if you feel you may have suffered a research related injury, you can call the Principal Investigator or Co-Investigator:

**Principal Investigator:**

Carol C. Thompson, PhD  
Rowan University, College of Education

Educational Leadership Program  
[ThompsonC@rowan.edu](mailto:ThompsonC@rowan.edu)  
856-256-4500 x53030

**Co-Investigator:**

Lisa Dunn  
Rowan University, College of  
Education  
Educational Leadership Program  
[DunnL@students.rowan.edu](mailto:DunnL@students.rowan.edu)  
609-213-0346

If you have any questions about your rights as a research subject, you can call:

Office of Research Compliance  
(856) 256-4078– Glassboro/CMSRU

**What are your rights if you decide to take part in this research study?**

You have the right to ask questions about any part of the study at any time. You should not sign this form unless you have had a chance to ask questions and have been given answers to all of your questions.

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## AGREEMENT TO PARTICIPATE

I have read this entire form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form or this study have been answered.

Subject Name: \_\_\_\_\_

Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Signature of Investigator/Individual Obtaining Consent:**

To the best of my ability, I have explained and discussed the full contents of the study including all of the information contained in this consent form. All questions of the research subject and those of his/her parent or legal guardian have been accurately answered.

Investigator/Person Obtaining Consent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D

### Interview Script



**TITLE OF STUDY:** Barriers that impede foreign-born and educated male students' success in United States nursing programs: A case study.

**Principal Investigator:** Carol C. Thompson, PhD.

**Co-Investigator:** Lisa M. Dunn, Doctoral Candidate

### INTERVIEW SCRIPT

**Introduction:** I want to thank you for taking the time to meet with me today to help me conduct my research. I would like to ask you some questions to help me understand about your experiences in the nursing program. Specifically, I am interested to know what strategies, resources, and possible barriers you have experienced while in the nursing program.

### **Background:**

1. Tell me about your secondary and postsecondary education in your birth country.

How was the information presented, and how were you evaluated on that material?

2. Describe the academic resources that were available to you in your secondary and postsecondary education in your birth country.

3. How would you describe your academic experiences in your country of origin? What was the most difficult or rewarding part of your experience?
4. Who would you go to if you experienced academic difficulties in your country of origin? What did these people usually do and say? Who and/or what usually helped you the most?
5. Describe your relationships and support systems in your secondary and postsecondary education before coming to the United States.
6. How did you make the decision to come to this college? What were/are your expectations?

**Main Questions:**

7. How would you describe the academic resources available to you in this nursing program? What academic resources would you describe as being most beneficial to help you?
8. What would you describe as the biggest challenges while you're in the nursing program?
9. Who would you go to if you experience academic difficulties in the nursing program? What did these people usually do and say? Who and what usually helped you the most?
10. What is/was the most difficult/rewarding part of your experience so far?
11. What has surprised you the most while in the nursing program?
12. Describe your relationships and support systems in the nursing program.
13. What recommendations do you have for a foreign-born student to transition to a nursing program in the United States?

**Potential Probes:**

1. Can you go back to \_\_\_\_\_? (to redirect back to the topic)
2. Can you tell me more about that? (to extend the topic)
3. Can you give me an example of \_\_\_\_\_? (to clarify)
4. It sounds like you are saying, “\_\_\_\_\_”. Is that a fair summary? (restate what was just said to clarify)

**Conclusion:**

Thank you for your time and participation. The next step will be transcribing our conversation and analyzing the information you shared. I will send you a copy of my transcript to verify that my transcription and interpretation of our conversation is accurate. Once I report my findings, I will be happy to share a copy for your review if you are interested

Appendix E

Structured Observation Form



**TITLE OF STUDY:** Barriers that impede foreign-born and educated male students’ success in United States nursing programs: A case study.

**Principal Investigator:** Carol C. Thompson, PhD.

**Co-Investigator:** Lisa M. Dunn, Doctoral Candidate

**STRUCTURED OBSERVATION FORM**

Observation Date\_\_\_\_\_

Class\_\_\_\_\_

Total Number of students being observed\_\_\_\_\_

Was the observation during lab\_\_\_\_\_ or lecture\_\_\_\_\_

Total Observation Time \_\_\_\_\_

Physical Arrangement of Classroom: (Sketch of classroom)

<u>Observations:</u>	<u>Comments/Interpretations:</u>

## Appendix F

### Graphic Elicitation

Instructions: The purpose of this activity is to gather data about your resources and support systems while enrolled in the nursing program. The square represents you. Please draw circles and label them with the names, groups, or objects that have been helpful to you. Draw a circle close to you if someone or something has helped you the most, and draw a circle further away from you if this person, group, or object has helped you the least. Additionally, draw a circle with the letter X through it if a person, group, or object has not helped you while enrolled in the program.

