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The Critical Factors That Influence Faculty Attitudes and Perceptions of Teaching English as Second Language Nursing Students

Traci J. Starkey

THE CRITICAL FACTORS THAT INFLUENCE FACULTY ATTITUDES AND

PERCEPTIONS OF TEACHING ENGLISH AS SECOND LANGUAGE NURSING

STUDENTS

DISSERTATION

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Traci J. Starkey

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by

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Abstract

Background: As the demographics of the United States change, nursing will need to become more ethnically diverse in order to provide culturally responsive care to the general population. Enrollment of diverse English as a Second Language (ESL) nursing students is increasing; however, these students often encounter academic difficulties related to cultural and language barriers. The increase in ESL students in the classroom and clinical setting has posed challenges for nurse faculty and has given rise to concerns within the context of nursing education.

Purpose: The purpose of this study was to use a grounded theory method to explore the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students.

Philosophical Underpinnings: The grounded theory method is based on the philosophical underpinnings of symbolic interactionism and pragmatism.

Methods: Semi-structured interviews and a focus group were conducted to collect data from nurse faculty. Data segments from the interviews were coded, categorized, and analyzed for conceptual relationships. Theoretical sampling and a focus group interview were used to validate the concepts, themes, and categories identified during the individual interviews. Conceptual relationships were developed into a substantive level theory that explained a domain of behavior and the interactive processes that were occurring between faculty and ESL students.

Results: The core category that developed from the data grounded in the voices of nurse faculty was conscientization. The three dominant categories that emerged from the data and supported the core category were overcoming, coming to know, and facilitating. The

theoretical framework of conscientization provided an in-depth understanding and explanation of the social processes involved in teaching ESL nursing students.

Conclusions: The theoretical framework developed from this study can be used to increase the effectiveness of teaching ESL nursing students, improve their chances of success, and ultimately lead to enhancing diversity in the nursing profession.

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DEDICATION

I would like to dedicate my dissertation to my brother, Keith Kreinik, whose strength and courage was inspirational. Keith gave me the incentive, motivation, and perseverance I needed to pursue my PhD and accomplish my goals. I know he was looking over me throughout this journey and would have been very proud of his sister.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

As the demographics of the United States change, the nursing profession will need to become more ethnically diverse in order to meet the healthcare needs of the general population. Presently, the ethnicity of Registered Nurses (RNs) contrasts with the proportion of minorities in the general population. The American Association of Colleges of Nursing (AACN, 2011), the National League of Nursing (NLN, 2009), and the Institute of Medicine (IOM, 2011) have recommended the need to increase diversity in the nursing workforce and in student populations. Recruitment efforts have resulted in a growing number of ethnically diverse English as Second Language (ESL) nursing students. These students often have limited English proficiency, which can result in academic, linguistic, and cultural barriers that impede their success in nursing programs.

In order to increase ethnicity in the nursing workforce, this problem needs to be addressed at the educational level. With the increasing enrollment of ESL students, nurse educators need to be more actively involved in finding strategies to promote the success of these students. To gain a more in-depth understanding and explanation of this phenomenon, the critical factors that influence faculty's ability to effectively teach and facilitate the success of ESL students need investigating.

Background of the Study

Census projections indicate that cultural and linguistic diversity in the United States is growing substantially. Between 2005 and 2050, 82% of the nation's growth will be due to the arrival of immigrants and their descendants, accounting for a 129% rise in the

foreign-born population (Pew Research Center, 2008). Between 2040 and 2050, the minorities are expected to become the majority, with one in five Americans being foreign born (Ortman & Guarneri, 2009). The percentage of the White population is projected to decrease to 47% while the Hispanic and Asian populations are expected to increase to 29% and 9%, respectively (Pew Research Center, 2008). The Latino population will triple in size and account for most of the nation's population growth. With Census projections moving in this diverse direction, the nation's racial and ethnic composition will be significantly different in the near future.

The changes in the demographics of the U.S. population have led to a shortage of racial and ethnic minorities in the healthcare workforce. According to the National Sample Survey of Registered Nurses, 65.6% of the U.S. population is non-Hispanic White, while 83.2% of RNs are non-Hispanic White (U.S. Department of Health and Human Services, 2010). Hispanics, Blacks, and American Indians/Alaska Natives are underrepresented in the RN population. The report from the Sullivan Commission on Diversity in the Healthcare Workforce (2004) stated that greater diversity and cultural competence are needed in all facets of the healthcare system. Given that nursing makes up the greatest percentage of the healthcare workforce, greater diversity is needed, or the delivery of culturally responsive healthcare will be compromised (IOM, 2011). The NLN (2009) has recommended that changes in nursing education and practice need to incorporate the culturally diverse values and beliefs of a growing multicultural population. The IOM (2011) report has further indicated that the underrepresentation of ethnic and racial minorities in the nursing profession needs to be addressed at the educational level.

As of 2011, minority students comprised 27% of the students in associate degree programs, 33% in baccalaureate programs (NLN, 2012), 26.6% in master's programs, and 24.7% in doctoral programs (AACN, 2012). The percentage of minorities enrolled in basic RN programs by race-ethnicity include 11% Black/Non-Hispanic, 6.4% Hispanic, 5.9% Asian or Pacific Islander, 0.8% American Indian, and 7.8% classified as other (NLN, 2012). Overall, the percentage of minority students in basic RN programs has decreased from 29% in 2009 to 24% in 2011. The AACN (2011) not only calls for enhancing diversity in nursing education but has collaborated with leading foundations and stakeholders to develop recruitment strategies and scholarship opportunities aimed specifically at minority students. The NLN (2009) has encouraged faculty to prepare for the challenges associated with teaching a diverse student body and work towards creating inclusive learning environments.

Recruitment efforts from schools of nursing, professional organizations, and stakeholders have resulted in a growing number of culturally diverse nursing students who speak English as a second language in U.S. schools of nursing. ESL students can be defined as students who were schooled in a country other than the United States and continue use a language other than English in their daily lives, or students who were raised in a non-English speaking environment and continue to use their native language in the home and in other social settings (Scheele, Pruitt, Johnson, & Xu, 2011). Some of the common language barriers ESL students face in the classroom include difficulty understanding lecture material, reading comprehension, correlating written material with

verbal lectures, interpreting colloquialisms, taking notes, and academic writing (Condrey & Derico, 2012).

Variances in English language proficiency among ESL students may be due to differences in the attainment of second language communication skills. The Cummins Model of Second Language Acquisition (1981) refers to two types of communication skills; basic interpersonal communication skills (BICS) and cognitive academic language proficiency (CALP). Second language proficiency involves the development of both BICS and CALP. Most ESL students have likely acquired BICS, which allows them to speak English fairly well within most social settings (Cummins, 1981). BICS usually develops over two years and requires little active cognitive involvement. Fluency of BICS tends to depend on the opportunities available for the student to communicate in English at school, home, work, and social environments. CALP is a higher level of communication that requires a deeper level of cognitive involvement. CALP requires the use and understanding of more abstract concepts and can only be developed through consistent exposure to academic readings and writings that provide a more meaningful context and are more cognitively demanding (Cummins, 1981). CALP can take approximately five to seven years for ESL students to develop. Salamonson, Everett, Koch, Andrew, and Davidson (2008) attributed a low level of English language proficiency to a lack of CALP, which can make it difficult for ESL students to meet the academic demands encountered in nursing coursework.

Unfortunately, the lack of English proficiency in ESL nursing students has been a significant factor that has negatively impacted their success and academic performance in nursing programs (Olson, 2012; Starr, 2009). ESL students have been found to have

higher rates of attrition, lower levels of academic achievement, and lower pass rates on the National Council Licensure Exam for Registered Nurses (NCLEX-RN] (Gilchrist & Rector, 2007; Mullholland, Anionwu, Atkins, Tappen, & Franks, 2008; O'Neil, Marks, & Liu, 2006; Salamonson et al., 2008; Salamonson et al., 2011). Common experiences among ESL nursing students have included language and communication barriers, difficulty with teaching/learning styles, perceived inferiority, stereotyping and discriminatory practices, lack of faculty and university support, and need for additional academic assistance (Amaro, Abriam-Yago, & Yoder, 2006; Brown, Kilstoff, Rogan & San Miguel, 2006; Donnelly, McKiel, & Hwang, 2009a; Jeong et al., 2011; Junious, Malecha, Tart, & Young, 2010; Sanner & Wilson, 2008; Wang, Singh, Bird, & Ives, 2008). Although the social and academic challenges encountered by ESL students are well documented in the literature, increasing retention rates are essential in order to provide quality healthcare to a growing multicultural population. The National Advisory Council on Nurse Education and Practice (2008) has stated that educators need to make concerted efforts to retain these students.

In view of the fact that only 12.6% of nursing faculty is from a minority background, it may be difficult for some educators to recognize the additional learning needs of diverse students (AACN, 2011), particularly those who have ESL. Some of the greatest frustrations and challenges for students and faculty relate to the language and communication differences that exist in the classroom (Bednarz, Schim, & Doorenbos, 2010). Given that language is the main mode of communication in the educational environment, language barriers can become a major impediment in the teaching learning process. Cultural variations in teaching/learning styles between ESL students and

faculty, perceptions of proper classroom etiquette, and cross-cultural communication issues in the clinical setting have created major obstacles (Bednarz et al., 2010) Communication differences can become even more complex when medical terminology and nursing jargon is interjected in the classroom and clinical environments.

Educators can be the primary source of support or the main barrier to success for ESL nursing students (Donnelly, McKiel, & Hwang, 2009b; Jeong et al., 2011). The challenges that come with teaching a diverse student body may make it difficult for educators to teach all students equally and effectively. Faculty challenges of teaching ESL nursing students have included language and cultural differences, lack of institutional resources and support, concerns regarding patient safety in the clinical setting, and balancing the needs of ESL and non-ESL students (Donnelly et al., 2009b). Since success in nursing programs is highly dependent on acquiring nursing knowledge and practice within a cultural and social context, the language differences between faculty and ESL students are creating barriers and challenges for both parties (Donnelly et al., 2009a).

The cultural competence of faculty is essential in the retention and graduation of diverse students (Ume-Nwago, 2012). The Commission on Collegiate Nursing Education (CCNE, 2008) and the National League for Nursing Accrediting Commission (NLNAC, 2013) have mandated that cultural content be incorporated into curriculum design. However, faculty tends to lack guidance, adequate preparation, and effective methods of integrating cultural courses into nursing curriculum (Lipson & DeSantis, 2007; Waite & Calamaro, 2010). Pedagogical approaches have been found to be inconsistent, lacking in

evaluative components, and neglectful in considering how situated contexts can influence beliefs, practices, and behaviors (Lipson & DeSantis, 2007).

Faculty's limited knowledge and experience on the subject may be due to the lack of focus on cultural research and theory in graduate studies (Waite & Calamaro, 2010). Nursing education tends to focus on the concept of culturally competent care as a set of processes or strategies that are used to meet a client's health care needs that are consistent with their cultural beliefs (Gustafson, 2005). The concept of culture is usually taught by emphasizing the cultural differences between groups and homogeneity within groups. Literature and textbooks tend to clump people together based on a shared language or set of cultural beliefs and practices. These goals and strategies for teaching cultural competence have had a tendency to reinforce rather than analyze how social differences, values, beliefs, and practices can influence behaviors.

Nursing education has often been criticized for its emphasis on objectivity and its lack of focus on how social and political differences can shape social practices, representations, and identifications (Bednarz et al., 2010; Campesino, 2006; Gustafson, 2005; Wait & Calamaro, 2010). This focus on objectivity has left little room for the consideration of the social, cultural, and language differences that exist in the classroom. Open dialogue, critique, and debate on cultural diversity topics tend to be discouraged and lack emphasis on the underlying social conditions of oppression and marginalization of minorities (Campesino, 2006). The NLN (2009) has recommended that the micro-inequities, biases, and injustices that exist in nursing education be made more explicit.

Cultural competence education has also been reluctant in addressing the influence of Eurocentrism on educational practices in nursing (Campesino, 2006). Since the

majority of nurse faculty is Euro-American, educational practices have tended to reflect a

Eurocentric culture that focuses on tradition and standards. Little attention and discourse

have been paid to the impact these demographics have on the issue of diversity in nursing

education. This Eurocentric power hierarchy tends to place minority students at a

disadvantage especially when their culture and linguistic patterns are different from the

majority (Hassouneh, 2008). The literature has been replete with criticisms of nursing

education that have emphasized faculty's adherence to academic traditions and standards

that have maintained and perpetuated a Eurocentric culture that has shaped nurse

educators, academia, and nursing curricula for decades (Bednarz, et al., 2010;

Campesino, 2008; Hassouneh, 2008; Waite & Calamaro, 2009; Warda, 2008).

Faculty members who tend to focus on cultural competence in the classroom and

in the clinical setting usually do so because of their interest in culture and exposure to

diversity (Lipson & DeSantis, 2007). However, most faculty have had little experience

with cultural diversity, lack preparation in teaching transcultural nursing concepts, and

have difficulty communicating with individuals from diverse backgrounds (Sealey

Burnett, & Johnson, 2006). The lack of cultural competence of nurse faculty, their

unpreparedness in teaching a diverse student body, and the Eurocentrism that has been

perpetuated in nursing education may be factors that impede the success of ESL students.

Studies have concluded that ESL students have higher rates of attrition and lower

levels of academic performance. If this trend continues, the lack of diversity in nursing

may compromise the quality and safety of healthcare delivery. Therefore, faculty need to

embrace diversity, commit to the creation of diverse learning environments, and examine

current educational practices. As the student body becomes more ethnically diverse, the

need to review and revise nursing curriculum may be necessary. The NLN (2009) has called for higher education to reflect on the status quo through dialogue and discussion as a means to raise awareness to the need for cultural humility and the need to assess decades of tradition and practice in nursing education.

Statement of the Problem

The language and communication differences between ESL students and faculty have created challenges within the context of the learning environment that may be contributing to the high attrition rate of ESL students. Though exact numbers are not made available from schools of nursing, the attrition rates of ESL students are high, and their pass rates on the NCLEX tends to be 10% to 15% lower than for their native English-speaking counterparts (O'Neill et al., 2006). If attrition rates of ESL students continue, the ability for nursing to provide culturally relevant care to the public may be compromised.

Challenges of teaching ESL nursing students are amplified by faculty's lack of cultural competence, inadequate preparation in teaching students with limited English proficiency, and traditional educational practices that have been entrenched in a positivist philosophy. The Eurocentric culture that has guided nursing education may need to be re-examined if the retention and graduation rates of ESL students are going to improve. For the most part, faculty has the responsibility for instituting a nursing curriculum; therefore, the critical factors that influence their attitudes and perceptions of teaching ESL students need to be explored.

Purpose of the Study

The purpose of this grounded theory study was to use an inductive approach to gain an in-depth explanation of the meaning of the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students.

Research Questions

The overarching research questions that guided this study were:

1. What are the critical factors that influence faculty attitudes of teaching ESL nursing students?

2. What are the critical factors that influence faculty perceptions in teaching ESL nursing students?

3. What challenges do faculty encounter in working with ESL nursing students?

4. Do faculty believe they are adequately prepared to facilitate the success of ESL nursing students?

Philosophical Underpinnings

The nature of a research problem lends itself to a particular paradigm and philosophical lens that may be used to help guide the inquiry. The qualitative perspective is taken when seeking answers to questions that involve examining individuals and/or groups within the social settings they inhabit (Berg & Lune, 2012). In view of the emphasis that this research problem placed on exploring interactional processes, it lent itself to the qualitative approach and the grounded theory method.

The qualitative approach is based in the interpretive and naturalistic paradigm where the focus of inquiry is gaining an in-depth understanding of the meaning individuals or groups ascribe to a social problem or human phenomenon (Crotty, 1998).

Grounded theory uses inductive reasoning where contextual details and the voices of the participants lead to emerging knowledge on the topic (Creswell, 2007). Qualitative research is commensurate with the constructivist paradigm that emphasizes that realities are dynamic and meanings of the world are constructed as individuals interact with others in the world.

Constructionism maintains the belief that an essential relationship exists between the environment and the subjective reality created by the individuals living in it (Crotty, 1998). Contextual conditions and social interactional processes influence the way human beings interpret their world and individuals respond in accordance with their interpretations (Mead, 1934/1962). Inherent in constructionism is the ontological position of relativism that espouses the existence of multiple realities that are composed of social and experiential factors mentally constructed by individuals (Guba & Lincoln, 1994). Therefore, in order to gain an in-depth understanding of the interactional processes occurring between nurse faculty and ESL students within the learning environment, the perceptions of faculty need investigation.

The constructivist paradigm is commensurate with philosophical underpinnings of grounded theory: symbolic interactionism and pragmatism. Symbolic interactionism involves the meaning-making process and the construction of meanings as human beings engage in their world (Blumer, 1969). The meaning faculty ascribes to the learning environment is the result of the interaction between previously ascribed meanings, meanings embedded in the institution, and meanings being newly constructed. The aim of inquiry is to gain an understanding of the "reconstruction of previously held constructions" (Guba & Lincoln, 1994, p. 12).

Pragmatism emphasizes the usefulness of practical knowledge over established theoretical frameworks. When studying the interactional processes of individuals within a social environment that is time and context dependent, inductively developing theory can provide the most effective means of getting to the truth (Glaser & Strauss, 1967). Therefore, the generation of theory will provide a useful explanation of how student diversity is affecting the attitudes and perceptions of faculty.

The social context of the learning environment is changing as a result of the increase in diverse nursing students who speak English as a second language. The interactions occurring between ESL students and faculty may be influencing the effectiveness of their education and success in the nursing program. This study explored these social processes from the perspectives of faculty. "Because a grounded theory captures a social process in a social context," it is the most useful approach when attempting to explain a domain of human behaviors (Munhall, 2012, p. 230). Glaser and Strauss (1967) recommend an initial systematic discovery of data in order to generate theory that can be applied to a particular situation when no current theory exits. Using the inductive process of grounded theory helped to develop an explanation of the interactive processes taking place between ESL students and faculty within the context of nursing education.

Grounded Theory

The language differences and limited English proficiency of ESL students have created difficulties, frustrations, and challenges in the learning environment particularly since language is the main mode of communication between instructor and student. Communication issues can impact the learning process and success of ESL students and

lessen the effectiveness of educational strategies. In addition, the professional language of nursing and medicine can cause these communication issues to become even more complex. Grounded theory can therefore be used to help explain the interactional processes and communication issues occurring between faculty and ESL students within the context of nursing education.

Grounded theory contains the underlying assumptions that a) change is an inherent component of social life that can be examined by studying the interactional processes of individuals and groups within a social context and b) interactional processes and changes in patterns of social behavior can be best understood by eliciting the viewpoints of the participants (Munhall, 2012). Grounded theory can thus provide useful information to explain the structure and process of a situation that is time and context dependent (Glaser & Strauss, 1967). "A substantive grounded theory that corresponds closely to the realities of an area will make sense and be understandable to the people working in the substantive area" and will thus be useful and applicable for those involved (Glaser & Strauss, 1967, p. 239).

Symbolic Interactionism

Symbolic interactionism is the process by which individuals ascribe meanings to various things, people, and phenomena within their social and cultural context (Munhall, 2012). George Herbert Mead, social psychologist and philosopher, laid the foundation for symbolic interactionism. He viewed the self as a reflection of one's experiences and interaction processes within a social context (Mead 1934/1962). Meaning develops "in the relationship among the various phases of the social act to which it refers, and out of which it develops" (Mead, 1934/1962, p. 76). The development of meaning, therefore,

occurs through the social process of experience and behavior as individuals respond to the acts and gestures of one another. Herbert Blumer, influenced by Mead, expounded upon the concept of symbolization and identified three main processes involved in symbolic interactionism: (a) human beings ascribe meanings to things and others, and people's actions are based on these meanings; (b) the meanings that people ascribe to things and others are derived through social interactions; and (c) meanings of the world are modified through the interpretations people have as they interact with others in the world (Blumer, 1969). The formation of social behavior is thus a result of the meanings and interpretations people attach to things and others in the world.

According to symbolic interactionism, meanings are social products that arise out the activities that people engage in as they interact with others in the world (Blumer, 1969). Meanings are formed through a process of interpretation that is composed of an internalized social process of self-interaction and the transformation of meanings to situations. Patterns of social behavior can be disrupted and transformed when interpretations and definitions are changed or undermined. During the flow of group life, participants may need to redefine and reinterpret the actions of others, which may give rise to new perceptions, meanings, relations, and behaviors (Blumer, 1969).

In this study, the meanings faculty has ascribed to teaching ESL nursing students were related to the interactional processes that occur within the social context of the learning environment. ESL students and faculty each have their own set of culturally specific values that guide their attitudes, perceptions, and behaviors. Meanings are being continuously constructed and reconstructed based on the social interactions faculty and students have with one another. Thus, the attitudes, perceptions, and behaviors of faculty

are a result of previously formed meanings being reconstructed as ESL students change the social context of the learning environment.

Pragmatism

Pragmatism refers to the usefulness and practicality of knowledge over knowledge based on a priori theoretical frameworks. From a pragmatist viewpoint, meaningful knowledge is inductively gathered through observations and interactions involving individuals within their social environment (Munhall, 2012). Pragmatism takes into consideration the social, historical, and cultural context that shape people's lives, experiences, and perceptions. The usefulness of knowledge may be better determined by the individuals involved, not based on a theoretical framework that does not pertain to the situation or behavior being studied (Age, 2011). Therefore, information obtained inductively may be closer to the truth than information obtained deductively.

Pragmatism originated from the works of philosopher C.S. Pierce. Pierce studied the theory of meaning and argued that practical knowledge is greater than any knowledge explained through the use of theory (Ormerod, 2006). William James attributed a more personal connotation and stated that truth is an individual's perception of reality. John Dewey applied pragmatism to more practical issues including education and politics. Summarizing the works of these pragmatist philosophers, Mounce (2000) stated that truth is individually determined, is relative to one's experiences and situated context, and cannot be separated from the human experience.

Pragmatism includes the assumptions that (a) truth is not just deduced from previous theories but can be discovered through the study of social interactional processes, (b) interpretation of reality is individually based and directly related to one's

historical and cultural context, and (c) the legitimacy, usefulness, and value of knowledge are dependent on the situated context and perspectives of the individuals involved (Munhall, 2012). Thus, according to the tenets of pragmatism, scientific knowledge is not absolute, is dependent on contextual conditions, and is relative to time and place (Munhall, 2012; Ormerod, 2006). The ideas of pragmatism inform the process of the grounded theory method originated by Glaser and Strauss by emphasizing the consequences of discovery, not the antecedents (Bryant & Charmaz, 2007).

In this study, the philosophy of pragmatism was used as a guide to generate theory that provided practical knowledge about the changing social context of the learning environment. Previously established theoretical frameworks do not appropriately address this phenomenon; therefore, inductively generating theory from the voices of the participants was a more appropriate means of explaining the interactive processes involved in educating ESL nursing students.

Significance of the Study

Enrollment of ESL nursing students has been increasing as recruitment efforts from professional organizations, leading foundations, stakeholders, and schools of nursing have encouraged their entry into nursing programs (AACN, 2011). The literature has been replete with the perceptions, experiences, and academic difficulties these students face in nursing programs but has been limited in information that addresses the perspectives of faculty. As classrooms become more diverse, the challenges this presents for faculty has implications for the future of nursing education, nursing practice, nursing research, and health and public policy.

Implications for Nursing Education

While the need to increase student diversity in nursing education has been established, the impact on faculty has not yet been fully considered. Investigating faculty attitudes and perceptions of teaching ESL students can prove useful in the development of effective retention strategies for these students. Currently, a number of remediation programs exist; however, there has not been a uniform strategy or empirical evidence that has addressed their effectiveness (Brown, 2008; Hicks, 2011; Koch et al., 2011; Salamonson, Koch, Weaver, Everett, & Jackson, 2010; San Miguel & Rogan, 2009; Sutherland, Hamilton, & Goodman, 2007).

Curriculum re-development that questions long-standing traditions and develops new pedagogies can also be introduced from this study. Ingrained educational practices may be contributing to the challenges faculty face in teaching and promoting the success of ESL students. Gaining a more in-depth understanding of these challenges can provide a framework for the development of educational practices that are more responsive to the needs of ESL students and address the concerns of faculty.

Cultural competence inadequacies, health care disparities, and the changing demographics of the general population have resulted in the need for educators to be more culturally competent (NLN, 2009). Despite the evidence that many nurse educators feel uncomfortable teaching cultural content, they are expected to prepare students to deliver culturally congruent healthcare (Starr, Shattell, & Gonzales, 2011). Knowledge of the issues and barriers that prevent faculty from increasing their level of cultural competence is critical for addressing the deficiencies and disparities that currently exist in nursing education.

Implications for Nursing Practice

Having an understanding of the challenges faculty face as classrooms become more diverse is needed in order to increase student retention rates and diversity in the practice setting. This study explored the challenges faculty face teaching ESL nursing students. Changes in educational practices can then be developed that increase retention rates and diversity in practice.

Health care disparities are also affected by the proportion of diverse nurses in practice (Heller, Oros, & Durney-Crowley, 2011; IOM, 2011). Language barriers can limit access to care, reduce patient satisfaction, and compromise health outcomes (Kalist, 2005). The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has implemented standards that address the language needs of patients who have limited English skills. Increasing the proportion of bilingual nurses in practice may help remove these communication barriers and reduce disparities in care.

The need to recruit and retain ethnically diverse nurses is paralleled by the need to recruit more minority faculty. Nursing schools have had to turn away qualified students primarily because they do not have enough faculty members and classroom space (NACNEP, 2008). Giving a voice to faculty can provide insight into the strategies that may help to retain and recruit more nurse educators from different cultural backgrounds. As the number of minority faculty grow, the number of diverse nurses in practice will also grow.

Implications for Nursing Research

Nursing research is designed to enhance knowledge about the issues that are important to nursing in the areas of nursing practice, nursing education, nursing

leadership, and technology (Polit & Beck, 2004).   As changing demographics bring about modifications in learning environments, the traditional system of nursing education in the United States will need closer examination. Research in this area is essential in order to develop alternative pedagogies that address the needs of ESL students and the concerns of faculty.

Presently, there is a paucity of information that focuses on the concerns of faculty who teach ESL students. Language barriers between ESL students and faculty have created challenges and frustrations in the learning environment for both parties (Bednarz et al., 2010). Research in this area can provide the missing element needed to gain a more comprehensive understanding of this problem.

Implications for Health/Public Policy

Public health involves protecting and improving the health of communities through the promotion of healthy lifestyles, education, and ongoing research for health promotion and disease prevention (Association of Schools of Public Health, 2012). Health and public policy is implemented by government sectors in the areas of agriculture, trade, education, industry, and communications in order to create a supportive healthy environment for all individuals (World Health Organization, 1988).

As the U.S. population becomes more diverse, the need to increase diversity in nursing is necessary to ensure the provision of culturally responsive care to the public (IOM, 2011). The provision of financial incentives for minority nursing students was one of the recommendations made by the Sullivan Commission in 2004 (Sullivan Commission on Diversity in the Healthcare Workforce, 2004). Findings from this study

may influence policy-making and financial incentives for retention strategies specifically aimed at ESL students.

In response to healthcare reform legislation, the Tri-Council for Nursing (2010) has issued a policy statement compelling more nurses to advance their education in order to increase the number of qualified faculty in schools of nursing. Creating a nursing workforce that can meet the complexities of the healthcare environment will require educators who embrace diversity and are culturally competent. Knowledge gleaned from this study provided insight into the barriers that prevent faculty from making this commitment. Meeting the complexities of the healthcare environment must begin with those who are responsible for preparing a culturally competent nursing workforce (Lou & Siantz, 2008).

Scope and Limitations of the Study

The purpose of this study was to use the grounded theory method to explore the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students. The grounded theory method uses purposive sampling and theoretical sampling techniques. Therefore, the scope of the study consisted of two phases. The first phase of this study incorporated a purposive sample of full- or part-time nurse faculty, who had at least one year's experience teaching ESL students. The second phase consisted of a theoretical sample of three nurse faculty who had more than five years of experience teaching ESL students and are working full or part time in both the clinical and/or classroom setting. The geographical area included seven designated accredited schools of nursing in Port St. Lucie, Palm Beach, Broward, and Miami-Dade counties. The

emphasis was placed on faculty experiences, feelings, attitudes, perceptions, and strategies for teaching ESL students.

The limitations inherent in this study included the lack of ethnic representation of faculty, faculty not being forthright in their responses, variances in administrative support and educational resources, and the researcher being a novice. Because this was a qualitative study, the sample size was determined by data saturation and limited to a certain geographical area. Purposeful sampling techniques also limited the transferability of findings. Though purposeful sampling may be viewed as a limitation in this study, the grounded theory approach is a theory-building methodology, "thus we are talking more about the language of explanatory power rather than that of generalizability" (Strauss & Corbin, 1998, p. 267). The merit of a substantive level theory is its ability to address the specific populations from which the data were derived and use the information to apply to the individuals involved (Strauss & Corbin, 1998).

Chapter Summary

This chapter discussed the background and significance of the nursing problem regarding culturally diverse students who speak English as a second language in U.S. schools of nursing. The purpose of this study was to explore the critical factors that influence faculty attitudes and perceptions of teaching these students. Currently, there is a paucity of research on faculty perspectives regarding the challenges involved in educating nursing students who speak English as a second language. In order to gain a more in-depth explanation of this phenomenon, the grounded theory method, which is based on the philosophical underpinnings of symbolic interactionism and pragmatism, was used to guide the inquiry. The research problem and research questions were

demonstrated to be commensurate with the qualitative approach and the grounded theory method. The scope and limitations of the study were also discussed. Chapter Two will present the literature review pertaining to this phenomenon.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this study was to use a qualitative approach and the grounded theory method to explore the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students. This exploration led to the generation of theory that explained the interactive processes involved in teaching and promoting the success of ESL students. Glaser and Strauss (1967) stated that "discovery can give us a theory that 'fits or works' in a substantive or formal area when a speculative theory may only force a connection" (p. 29).

Increasing diversity in nursing is necessary in order to meet the complex healthcare needs of a growing multicultural population. Currently, there is an underrepresentation of ethnically diverse RNs compared to the proportion of ethnic minorities in the U.S. population. Efforts are being made in the education sector to increase diversity in the nursing student body; however, language and cultural barriers have created challenges and obstacles for both faculty and students. Students who speak English as a second language tend to have higher attrition rates, experience lower levels of academic performance, and face a number of academic challenges related to language barriers (Choi, 2005; Donnelly et al., 2009a; Jeong et al., 2011; Junious et al., 2010; Olson, 2012; Salamonson et al., 2008; Starr, 2009; Wang et al., 2008). Faculty has also reported challenges and frustrations related to communication issues with ESL students (Bednarz et al., 2010; Donnelly et al., 2009b). A review of the relevant nursing literature was conducted in order to investigate the phenomenon of increasing student diversity, the

attrition of ESL students, and the challenges of teaching students with limited English proficiency.

Using First Search, Lilinet Online, and ProQuest search engines, the following computerized databases were used for this search: Academic OneFile, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Dissertation Abstracts, Educational Resource Information Center (ERIC), GALE, Google Scholar, Journal Storage (JSTO), Medline, and SOCIndex. The key words used in this search were English as a second language, international nursing students, foreign-born nursing students, nurse faculty/educators, cultural competence, cultural diversity, acculturation, retention, attrition, NCLEX predictors, and academic performance. The literature was limited by language to English, by subject to exploration of the concepts, and by publications since 2006 with the exception of classic sources. The literature review was in accordance with the disciplines of nursing and education and addressed major theoretical and research literature that pertains to ESL nursing students, nurse faculty, cultural diversity, and cultural competence. After synthesizing the literature, the topics that revealed what is known and not known about this phenomenon were categorized into ESL student experiences, the academic challenges of ESL nursing students, and the cultural competence of faculty. The literature was replete with the experiences and challenges of ESL nursing students in nursing programs; however, the literature on the perspectives of faculty was minimal. Gaining a more in-depth understanding and explanation of the critical factors that influence faculty's attitudes and perceptions of teaching ESL students helped to provide insight into the reasons for the high attrition rates of these students.

This literature review addressed the following content areas: historical context, ESL nursing students, academic challenges, and the cultural competence of nurse faculty.

Historical Context

The attitudes and perceptions of teaching ESL students in U.S. nursing programs have been influenced by the language policies and paradigms that have prevailed within the context of larger society. Language has played a significant role in politics, policy making, and pedagogical approaches of teaching ESL students (Ovando, 2003). The nation's attitudes and responses towards linguistic diversity and ESL students have in turn influenced perspectives and educational practices in nursing education.

During the 18th and 19th centuries, the United States maintained a laissez-faire attitude towards linguistic diversity and a permissive stance towards immigration. When the United States declared war on Germany, European nationalism brought forth a push towards linguistic and cultural homogeneity. There were concerted federal efforts to promote national unity and standardization throughout the country including the Naturalization Act of 1906, which stipulated that immigrants be able to speak English if they wanted to become a U.S. citizen (Ovando, 2003).

As a result of the Civil Rights Movement, the Naturalization Act of 1906 was revoked and larger numbers of Asians and Latin Americans started to enter the country, increasing the number of language minority students (Ovando, 2003). The Bilingual Education Act of 1968 marked a significant step towards recognizing the ancestral language of minority students and addressed the needs of those who speak English as a second language (Ovando, 2003). In 1975, the Office for Civil Rights issued the *Lau Remedies*, which specified pedagogical strategies and standards for mainstreaming

English language learners. Schools were required to provide evidence that they were meeting the language, academic, and sociocultural needs of minority students. The No Child Left Behind Act of 2002 provided federal funds for state and local school programs to identify children whose primary language was not English and to hold schools accountable for measuring their progress towards English proficiency. English as a second language education thus became a federal mandate (Ovando, 2003). As ESL students began to enroll in colleges, the issue of finding methods to overcome language barriers became the challenge of higher education (Starr, 2009).

Pedagogical approaches in nursing education have been reflective of the history of ESL students in the United States and the history of the nursing profession. Hospital-based nursing programs and textbooks in the early 1900s depicted medicine's influence over nursing curriculum. Teaching practices were inherently pragmatic, sequential, and orderly (Walker & Holmes, 2008). In the early 1940s and 1950s, nursing education's transition to the collegiate level and standards were defined by professional accrediting bodies. During this period, the philosophical approach to educating nurses was grounded in positivism.   Instructional strategies were teacher oriented, and students were viewed as a collective with little attention paid to their individuality (Campesino, 2008). Conservative pedagogical approaches were the mainstream, and the medical model continued to play a significant role in nursing's epistemology (Walker & Holmes, 2008).

During the Civil Rights Movement in the 1950s and 1960s, nursing education was emblematic of conformity and uniformity. An emphasis was placed on treating everyone the same in order to avoid discrimination (Campesino, 2008). Students were viewed as

passive recipients of knowledge, and textbooks sent conservative messages that shaped generations of nurse educators.

The concept of transformative learning began to surface in the late 1990s. Rather than focusing on the direct transmission of content, the teacher was viewed as a catalyst for the reflective process (Newman, 2008). The role of the student shifted from being an observer to being a participant in the learning environment. Transformative learning included the provision of adequate academic support to ensure equal access to information and processes of information exchange (Newmann, 2008).

Towards the end of the 20th century, nursing education reform became a prominent theme of discourse among professional organizations, in national conferences, and in the nursing literature (Valiga, 2012). At the same time, the proportion of racial and ethnic minorities in the United States was increasing and the lack of diversity in nursing was becoming apparent. In 1991, the American Nurses Association (ANA) released a position statement that emphasized the need to enhance diversity in the practice setting and stated that ethnocentric approaches to care were no longer effective. Several years later, the AACN (1997) reinforced the need for schools to provide culturally responsive learning environments that incorporate the perspectives and needs of ethnically diverse students.

The demographic changes of the United States spurred the need for increased cultural competence in the delivery of nursing care and in the education of nurses. In 1991, Madeline Leininger derived her theory of transcultural nursing (Alligood & Tomay, 2010). In 1998, the Purnell model for cultural competence was created to provide a framework and assessment tool to help nursing students incorporate the cultural

aspect of care into the assessment process (Purnell, 2002). During the same year, Campinha-Bacote derived a theoretical model that focused on cultural competence as an ongoing process (Campinha-Bacote, 2002). While the need for enhanced cultural competence in nursing education was being recognized, the cultural competence among nurse educators was being questioned regarding their ability to respond to diverse students (Yoder, 1996).

In 1998, Malu and Figlear reported that an increasing number of ESL students was enrolling in nursing programs. In 1996, Yoder published one of the first qualitative studies using a grounded theory approach that looked at the interactive processes and consequences of faculty actions towards ethnic nursing students (Yoder, 1996). Responding to diverse students in a culturally aware and sensitive manner emerged as a central theme. Faculty who used generic response patterns and universal teaching methods and viewed all students as the same resulted in social isolation, pressure to conform, lack of support, and unacknowledged barriers. Since Yoder's study, a number of other qualitative studies have reported similar themes (Amaro et al., 2006; Donnelly et al., 2009; Gardner, 2005; Jeong et al., 2010; Sanner & Wilson, 2008; Wang, et al., 2008).

The federal government, professional nursing organizations, and stakeholders have since encouraged nursing education to work towards creating a more culturally responsive learning environment. The 2004 IOM report emphasized the need to increase recruitment and retention of ethnic minorities by removing institutional and policy level barriers. The 2011 IOM report stated that the under-representation of ethnically diverse nurses needed to be addressed across all levels of nursing education (IOM, 2011). The recommendations of the Carnegie report also spoke to the need for the radical

transformation of nursing education (Benner, Sutphen, Leonard, & Day, 2009). Included in the recommendations was the need to recruit and retain more diverse faculty and students.

The growing number of ESL students in nursing programs has created challenges for both students and faculty related to language and communication barriers. In light of the lack of minority faculty, conservative educational practices, and the challenges of teaching ESL students, faculty perceptions and attitudes on this phenomenon needed to be explored. The increasing number of ESL students is prompting nursing education to critically examine its educational practices.

ESL Nursing Students

The challenges ESL nursing students face related to language barriers are not only evident in the United States, but in other English-speaking countries as well. Australia, like the United States, has been experiencing increasing numbers of international students enrolling in nursing programs, with Asians comprising a significant proportion of the nursing student population (Wang et al., 2008). Wang et al. (2008) investigated the experiences of Taiwanese baccalaureate and graduate nursing students studying in Australia to get a better understanding of their learning experiences. A qualitative exploratory survey design was used. Participants consisted of 9 post-registration and 12 postgraduate Taiwanese nursing students who studied in Australia during 1999 and 2000. Semi-structured interviews were used to collect the data.

All 21 participants experienced obstacles to learning related to a deficiency of the English language. Language difficulties were in the areas of oral communication, reading, understanding, and writing. Most of the participants experienced a lack of

cultural awareness and understanding from faculty, social isolation, and perceived differences in teaching/learning styles. Coping strategies included a propensity to succeed, seeking assistance, and immersing themselves in the English language. All the students desired academic assistance including language support, counseling, provision of learning resources, and student organizations. More than half of the students needed additional help in English even though they had passed the English entry test.

Jeong et al. (2011) used an exploratory qualitative research design to investigate the experiences of culturally and linguistically diverse nursing students, academic faculty, and clinical staff in a baccalaureate nursing program in Australia. The purpose of the study was to: (a) explore the factors that impede or enhance the learning experiences of diverse students, (b) explore the factors that impede or enhance the teaching experiences of faculty with diverse students, and (c) identify support systems for diverse students and staff. Students and faculty were invited to participate via email. The study sample consisted of 11 students, 3 clinical facilitators, and 4 academic staff members.

Through the use of thematic analysis, four major themes were found: a) lack of English language competence, b) feelings of isolation, c) limited opportunities for learning, and d) inadequate academic support. Within the theme of English language competence, students, academic, and clinical staff reported communication obstacles. Issues of social isolation included feelings of rejection and discrimination from faculty and domestic students. Limited opportunities for learning included lack of time for individualized support and inconsistent and inexperienced mentors. Both students and faculty stated that the university lacked adequate support services for diverse students.

Sanner and Wilson (2008) conducted a qualitative study in the southeastern

United States to find out how ESL students describe their experiences in a nursing

program in order for faculty to develop a better understanding of the reasons for their

course failure. Miles and Huberman's (1994) inductive approach was used to guide the

inquiry. Three ESL students who met sample criteria and failed a nursing course during

the first year participated in the study: two Asians from the Philippines and one African

from Liberia. Three individualized interviews were conducted over a six-month period.

Each interview had a specific focus: life history, details of their experiences, and

reflections on the meaning of these experiences. Data were coded, and themes were

identified and conceptualized.

Findings consisted of major themes and subthemes. Major themes included:

walking the straight and narrow, being an outsider and looking in, and doing whatever it

takes to succeed. Subthemes included: family and educational experiences, differences in

learning styles, having to prove oneself worthy, getting a second chance, and choosing

the path of least resistance. Students reported feelings of isolation, discrimination, and

the need to prove themselves due to assumptions that they were weaker than the other

students. Perseverance to achieve was reported as feeling grateful to be given a second

chance and having a willingness to do "whatever it takes" to make it through the program

(Sanner & Wilson, 2008, p. 811).

Junious et al. (2010) used a triangulated approach in order to explore and describe

the essence of stress and perceived faculty support by foreign-born students in a

baccalaureate nursing program in Texas. An interpretive phenomenological research

design guided by the philosophical underpinnings of Heidegger was the core component

of the study. Semi-structured interviews and a demographic survey were used to collect

data from focus group discussions and follow-up individual interviews. The quantitative

portion was viewed as a supplementary strategy and employed the use of two instruments

that measured student stress and faculty support. Validity and reliability of both scales

were reported.

The sample consisted of foreign-born senior students (n=10) that were recruited

from a larger quantitative study that had examined the stress experiences of nursing

students. The participants were born outside the United States and lived in the United

States for less than 10 years. Purposive sampling was used.

Qualitative findings revealed an overarching theme of a desire to be accepted.

Stress and strain and cultural ignorance were identified as patterns. Stress and strain

were related to a lack of institutional support, difficulty with personal relationships, and

financial issues. Cultural ignorance was related to language differences, stereotyping,

discrimination, and the cultural incompetence of faculty. Quantitative findings were

based on the mean scores on the student stress index and perceived faculty support scales.

Academic load and interface worries had the highest mean student stress scores. Scores

on the perceived faculty support scale revealed high overall support with the lowest area

of support being faculty assistance outside of class.

Donnelly et al. (2009a, 2009b) conducted two studies at a university in Canada in

order to identify the factors that influence the academic performance of ESL nursing

students from the perspectives of the students and from the perspectives of the

instructors. The following areas were addressed in both studies: a) the learning needs,

concerns, and strengths of ESL students; b) the extent to which existing resources and

opportunities meet the needs of ESL students; and c) possible teaching/learning strategies for facilitating the academic performance of ESL students.

In the first study, Donnelly et al. (2009a) used a qualitative approach with a descriptive exploratory mini-ethnographic design. A maximum-variation purposive sampling procedure was used to obtain the participation of 14 students identified as having English as a second language. Participants were recruited via e-mail and represented China, Korea, Romania, Ukraine, Hong Kong, and Japan. Individual interviews were conducted and data were analyzed through ATLAS T1 and manually.

Findings revealed the emergence of two categories: student challenges and motivators. Student challenges included limited language and writing skills, cultural differences, social isolation, perceived inferiority and discrimination, and lack of academic support. Motivators were attributed to support systems including family, church, ethnic communities, instructors, peers, ESL support groups, personal strengths, and determination. Recommendations included the need for instructors to provide additional academic and emotional support and to provide opportunities to enhance communication skills and cultural understanding.

In the second study, Donnelly et al. (2009b) focused on faculty perspectives. An exploratory qualitative research design was used with maximum variation purposive sampling. The study sample consisted of nine full and part-time faculty identified as having ESL students in their academic or clinical courses. Two focus groups were conducted where the instructors were asked to describe their experiences teaching ESL students.

Findings revealed the emergence of several themes: challenges for instructors, strengths of the students, and challenges for the students from the instructors' perspectives. Challenges for the instructors included a lack of university resources, concern for patient safety in the clinical setting, and balancing the needs of ESL and non-ESL students. Faculty perceptions of student strengths included a determination to succeed, a strong work ethic, and perseverance. The challenges of the students from the instructors' perspectives were the lack of university support and resources, lack of English proficiency, and cultural differences. Recommendations included a more comprehensive screening process, a support system of instructors, expanding the ESL support group, hiring more culturally diverse instructors, initiating collaborative efforts with local schools, and promoting student advocacy. Donnelly et al. (2009a, 2009b) was one of the more comprehensive research projects found in the literature and the only studies that addressed faculty perspectives.

These six studies mainly focused on the experiences of ESL nursing students with a dearth of information that focused on the perspectives of faculty. Though language and cultural barriers were prevalent throughout these studies, the lack of cultural understanding by faculty seemed to contribute to the negative feelings experienced by the students. Junious et al. (2011) revealed high degrees of stress felt by foreign-born nursing students as a result of faculty cultural incompetence. Wang et al. (2008) stated "there appears to be a lack of cultural awareness and understanding of the educational practices of Asian countries among faculty" (p. 149). Sanner and Wilson (2008) stated that "their education [ESL students] warrants responsive attention to their needs" (p. 813). Donnelly et al. (2009b) suggested that the challenges experienced by ESL nursing

students are not just due to language differences but also reside in the lack of cultural awareness and support of faculty and the institution. This study took a different approach and used a grounded theory method to explore the interactive processes taking place between faculty and ESL students. Eliciting the viewpoints of nurse faculty provided a more comprehensive understanding of this phenomenon.

Academic Challenges

Mullholland et al. (2008) conducted a quantitative study to explore the relationship between selected diversity variables and nursing student progression and completion at a university in the United Kingdom. A longitudinal cohort research design was employed using retrospective data from student records collected between 2003 and 2005. The participants included 1,444 females and 354 males. The median age was 25.1 years. Out of 1,808 sets of student records, 377 students did not complete the program and 146 withdrew voluntarily. The students represented a variety of ethnic origins including White (non-Irish), Irish, Black, Asian (Chinese, Indian, or Pakistan), or mixed race.

The association between selected variables and completion of the program was analyzed using Chi square tests. Predictor variables included sex, age, country of birth, ethnic group, highest entry qualification, visa required, and absences. Significant predictors of success were age at the start of the program (p=0.011), ethnic group (p<0.011), highest entry qualification (p=0.008), and whether the student required a visa (p<0.001). Logistic regression was used to predict outcome on the basis of all variables except ethnicity since it was redundant with country of birth. Among the diversity variables, students born in Ireland (OR=2.58), Zimbabwe (OR=2.35), and other English-

speaking countries (OR=2.69) had higher odds of success than those born in the U.K. Statistically significant predictors for not completing the nursing program included country of birth (p=0.003), ethnic group (p=0.002), and entry qualification level (p=0.016). Students who had a larger number of absences as measured by the Bradford score were more likely to fail than withdraw voluntarily.

Salamonson et al. (2011) conducted a quantitative study using a prospective longitudinal survey research design at a large university in Sydney, Australia. The purpose of the study was to assess the entry characteristics of students, attrition, progression, and completion in an undergraduate nursing program over a period of three years. The selected predictors of nursing program completion included gender, language spoken, prior nursing experience, employment status, and grade point average (GPA). Out of 740 first-year nursing students, 352 were surveyed and followed up upon completion of their sixth semester. There were 66 females and 16 males. The mean age was 25.7, and one-third (n=33) spoke a language other than English.

Logistic regression was used to analyze predictors of course completion. Findings revealed that being a native English speaker was the only significant predictor of course completion over the three-year period (p=0.012). Adjusted odds ratio revealed that native English speakers were twice as likely to complete the program compared to non-native English speakers (OR=2.00). Course completers also had a higher GPA (p<0.001) and were engaged in less hours of paid employment (p=0.018) compared to the group that withdrew.

In one of the only studies to examine the relationship between English-language acculturation and academic performance, Salamonson et al. (2008) conducted a

quantitative study using a prospective correlational research design. The purpose of the

study was to a) validate the English Language Acculturation Scale (ELAS) developed by

the authors and b) determine if a relationship exists between English language

acculturation and the academic performance of ESL nursing students. This study was

part of a larger study being conducted at a large university in Sydney, Australia, likely at

the same location as the previous study (Salamonson et. al. 2011).

English language acculturation was measured using the ELAS adapted from the

Short Acculturation Scale for Hispanics, a previously validated assessment tool (Marin,

Otero-Sabogal, & Perez-Stable, 1987). Scores on the ELAS ranged from low, medium,

or high, which represented the level of English language acculturation of the student.

The sample consisted of all first-year nursing students who were born overseas and in a

non-English speaking country (n=273). Information concerning the academic

performance of the students in four nursing core subjects was collected at the end of the

semester.

The psychometrics of the ELAS were examined using principal components

analysis. Intercorrelations among the items on the ELAS and appropriateness of factor

analysis were examined by the Kaiser-Meyer-Olkin measure of sampling adequacy and

Bartlett test of sphericity. Findings indicated the sampling adequacy was .87 and that the

ELAS demonstrated high internal consistency (alpha = .89). ELAS scores were then

examined in relation to student grades in the four nursing core subjects.

The results of the analysis of variance (ANOVA) revealed that the relationship

between ELAS scores and student grades were statistically significant in all four subjects:

behavioral science (p=.022), theoretical frameworks (p<.001), nursing practice (p<.001),

and bioscience (p=0.10). Multiple regression analysis was used to examine the

relationship between student grades, age, sex, hours in part-time employment, and ELAS

scores. ELAS scores were found to be the only statistically significant predictor of

student grades in all four subjects: behavioral science (p=.010), theoretical frameworks

(p<.001), nursing practice (p<.001), and bioscience (p=.001).

O'Neill et al. (2006) used a quantitative descriptive study to examine differences

in pass/fail rates between first time ESL and non-ESL candidates and to determine if the

individual items on the exam are biased in favor or against ESL candidates. The sample

of NCLEX candidates was limited to U.S.-educated examinees. Retrospective data from

2002, 2003, and 2004 NCLEX-RN and NCLEX-PN pass rates were computed in

accordance with the candidates' self-reported language status: English, English and

another language, another language, and no response. The highest pass rates were found

for those who indicated that English was their primary language or did not identify their

primary language. Candidates that indicated their primary language was another

language or English and another language had a 10-15% lower pass rate.

Differential item functioning was used to detect if there was a difference in the

probability of answering a question correctly between ESL and non-ESL candidates. The

sample consisted of U.S.-educated candidates who took the exam between April and

September 2004. Of the 2,000 test items in the RN pool, 1,924 were analyzed. Out of

1,700 test items in the PN pool, 1,646 were analyzed. Findings revealed that there was

no difference in the probability of a correct response for 82-83% of the test items, which

indicated no advantage for English speakers and no disadvantage for ESL candidates.

Bosher and Bowles (2008) used a qualitative approach to determine the effects of English language modification on ESL nursing students' comprehension of test items. The purpose of the study was to find out a) if linguistic modification results in an increased comprehensibility of test items, b) if there is relationship between linguistic complexity of test items and students' comprehension of those test items, and c) from an ESL student's perspective, what makes a test item difficult to understand. The sample consisted of five first-year ESL students from a baccalaureate nursing program in Minnesota who had reported difficulty with multiple choice tests. Students were from India, Malaysia, Laos, and Ethiopia and varied in the number of years lived in the United States and in English proficiency. During the interview process, the students reviewed four tests from a pathophysiology course and identified test items that were confusing from a linguistic perspective. Out of 171 test questions, 67 were deemed problematic.

A group validation committee linguistically revised 38 out of the 67 identified questions. Readability statistics were obtained on both the original and modified versions using the Fleisch-Kincaid scale. The modified version was found to be less complex and easier to read than the original. The reading ease score increased from 47.6 to 51.8, and the reading grade level decreased from a tenth-grade to an eighth-grade level.

The comprehensibility of the modified test items involved analysis of the participants' assessment on a questionnaire that consisted of the original and modified versions of the 38 items. Participants identified the revised items as more comprehensible 77% of the time and the original items as more comprehensible 23% of the time. When the evaluations were calculated as a group, 84% of the modified items were found to be more comprehensible than the original, and only six of the original

versions were found to be more comprehensible. The reasons reported for the increased comprehensibility of the test questions included the use of shorter and more simple sentences, information being stated in a more direct manner, use of question verses completion format, highlighting of key words, and use of more common words.

These five studies supported the findings that ESL students tend to have more academic challenges compared to non ESL students. Mulholland et al. (2008) examined diversity as a predictor in attrition and progression where Salamonson et al. (2011) found native English speakers as being more likely to complete a nursing program than non-English speakers. Salamonson et al. (2008) more specifically looked at academic achievement in relation to English proficiency and found that a positive correlation exists. O'Neill et al. (2006) supported the findings of Salamonson et al. (2008) when comparing NCLEX pass rates in ESL and non ESL students.   Bosher and Bowles (2008) described how the complexity of the language used in test questions can create challenges for ESL students. These outcomes are important in identifying strategies to retain these students however faculty perceptions of why ESL students may perform lower than other groups of students was not addressed. This study explored faculty challenges of teaching ESL students and illuminated their perspectives on why they may be experiencing more academic difficulties and face higher attrition rates than non ESL students.

Cultural Competence of Faculty

Rivera-Goba and Campinha-Bacote (2008) conducted a qualitative study using a phenomenological approach to gain a deeper understanding of the educational experiences of Latina nursing students in the United States. The purpose of the study was to use a process of storytelling to identify the factors that have influenced their

experiences. Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare Services Model served as the theoretical framework.

The sample consisted of three Latina/Hispanic students enrolled in an undergraduate nursing program. Participant profiles were created from their stories that consisted of family information, their experiences in nursing school, and understanding their experiences. The main theme that emerged was perseverance and determination to succeed despite having to overcome obstacles. Obstacles were characterized as faculty being culturally incompetent, culturally ignorant, and biased towards students with language differences. An example of cultural ignorance was depicted by *Mary* quoting a nursing instructor: "We've had Hispanic people in the program before, and, for some reason, I don't know why it is but Hispanic people just don't make it in nursing" (p. 219). Perseverance was demonstrated in a comment made by *Ashley*: "If you think you can be a nurse or whatever, you can do it. If I'm doing it and I'm going to get it done, anybody out there can do it" (p. 210). Participant profiles also included the need for more supportive and culturally inclusive learning environments as described by *Aida Rosa*: "Just knowing that there are people there if I had a problem, I could go talk to them and they would understand" (p. 215). The author created a model where cultural desire was at the center of connecting with diverse students. Faculty can enhance their cultural desire by examining the attributes of love, humility, caring, and sacred (meaningful) cultural encounters.

Sealey, Burnett, and Johnson (2006) examined the level of cultural competence among faculty teaching in baccalaureate nursing programs in Louisiana using a quantitative cross-sectional descriptive research design. The study objectives were: a) to

determine the cultural competence of faculty as measured by the Cultural Diversity Questionnaire for Nurse Educators and b) to determine the separate and collective contribution of each of the components to the overall cultural competence scale. The researcher developed instrument was adapted from Campinha Bacote's model and was field tested with nurse faculty and reviewed by a panel of experts to ensure content validity.

All nursing faculty members in BSN programs in Louisiana were included in the study sample (n=313). The median age was 49, and participants were predominantly female Caucasians (n=122) and African Americans (n=18). The response rate on the questionnaire was 55%, with 163 respondents used for data analysis purposes.

Multiple regression analysis was used to determine the contribution of each one of the four subscale components on the questionnaire to the overall score. The maximum score for each subscale was 5.00. Findings included faculty's scores on cultural awareness (M=4.14), cultural desire (M=3.67), cultural knowledge (M=3.65), cultural skill (M=3.65), and cultural encounters (M=3.56) with an overall cultural competence score of M=3.73. Though faculty agreed that they were culturally aware, scores on the cultural knowledge and cultural skill index were on the lower end. Items within the cultural skill component indicated that faculty were undecided about their skills in communicating with individuals with limited English language proficiency (M=3.00). Respondents generally agreed that they included transcultural content in the classroom (M=3.97) but tended not to screen educational materials for negative stereotypes. Multiple regression analysis demonstrated that cultural encounters (R^2=.14, p<.001) and cultural knowledge (R^2=.73, p<.001) explained 87% of the variance in the model. A

roundtable discussion of participants revealed concerns about teaching transcultural content, promoting stereotypes, and a lack cultural knowledge regarding cultural concepts.

Kardong-Edgren (2006) conducted a randomized, stratified, descriptive, cross-sectional survey design to assess the cultural competence of randomly selected baccalaureate nursing program (BSN) faculty in the United States. The study also compared the cultural competence of BSN faculty teaching in states with the most immigrants to those teaching in states with the least immigrants. Campinha-Bacote's Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R) was used for data collection purposes. Content validity was established by a panel of experts, and reliability was established from two previous studies (alpha = 0.85, 0.90).

The sample consisted of full- or part-time faculty from schools that were randomly selected from the NLNAC's *2000 Directory of Accredited BSN Nursing Programs*. The sample was stratified into faculty teaching in states with the most immigrants (n=87) and faculty teaching in states with the least immigrants (n=83). Out of 319 surveys mailed, 192 were returned, for a 60% return rate, and 170 surveys were used for data analysis purposes.

Independent t-tests were used to compare differences in cultural competence scores between the two groups. ANOVA was used to determine differences based on when faculty received their highest degree. The mean score on the IAPCC-R for all faculty was 75.72 (SD=8.31), which indicated cultural competence. Faculty teaching in states with the most immigrants had significantly higher cultural competence scores than faculty teaching in states with the least immigrants (p=0.028). There was no statistical

significance in cultural competence scores based on highest degree. Faculty reported working with cultural groups and immersing themselves in various cultures increased their comfort level teaching cultural content. They also reported that they were teaching more cultural content than they were taught.

The study by Ume-Nwago (2012) was the only study to address faculty cultural competence in relation to recruitment, retention, and graduation of minority students. The purpose of the study was to a) measure the cultural competence of nurse faculty teaching in a BSN program in Tennessee and b) to examine if a relationship exists between the percentage of minority nursing students admitted to and graduating from these schools in the past five years. The study used a descriptive correlational survey design. The instrument used to measure cultural competence was the Cultural Diversity Questionnaire for Nurse Educators.

The sample consisted of nurse faculty teaching in nine accredited BSN nursing programs in Tennessee. Out of 164 survey questionnaires delivered, 87 responded, and 76 were used for data analysis purposes. The majority of the respondents were Caucasian (n=68), with the next largest group being non-Hispanic African-American (n=5). Most of the participants were between 51 and 60 years of age and reported a mean of 13.58 years in education.

Spearman's rho correlation revealed that there was no relationship between the cultural competence scores of faculty and the percentage of minority nursing students admitted. However, a significant positive correlation was found between faculty cultural competence scores and the percentage of minority students who graduated (p=0.015). Using one-tailed t- tests, a significant difference was found in cultural competence scores

in faculty who had lived in a country with a culture different from that of the United States compared to faculty who had not (p=0.01). A significant difference in scores also existed between faculty who had attended multicultural education in the past five years and those who had not (p=0.0005).

Wilson, Sanner, and McAllister (2010) conducted a study to measure the process of cultural competence in a group of Health Science faculty teaching nursing and other allied health students. A longitudinal correlational survey design was used to examine the relationship between faculty's cultural competence before and after a cultural competence training session and their cultural competence levels at three months, six months, and one year. Campinha-Bacote's model of cultural competence provided the framework for the study, and the IAPCC instrument was used to measure cultural competence.

The sample consisted of 28 healthcare educators in a southern university of which 78% were from nursing (n=22), 11% dental hygiene (n=3), and 11% health care management (n=3). Faculty responded on the IAPCC before and after the cultural workshop and at the end of 3, 6, and 12 months. Statistical significance was found between the pre and post-administration of the IAPCC with the posttest scores being higher (p=.006). There was also a significant difference in posttest scores at 6 (p=.03) and at 12 months (p=.03). The IAPCC also demonstrated high internal consistency reliability in this sample (alpha=.86 on pretest and .81 on posttest).

These five studies revealed that faculty's level of cultural competence is not as high as it should be. Sealey et al. (2006) demonstrated that faculty felt they were culturally aware but uncertain regarding their ability to communicate and interact with

people with limited English proficiency. Cultural competence as an ongoing process was a common theme in all the studies as demonstrated by the frequent use of Camphina Bacote's model as the theoretical framework. Cultural competence levels were found to increase after cultural education (Wilson et al. 2010), while exposure and immersion in different cultural groups also increased cultural competence and comfort in teaching cultural content (Kardon-Edgron, 2007; Ume-Nwago, 2012). Ume-Nwagbo (2012) demonstrated that a relationship exists between faculty cultural competence and minority student graduation rates. While cultural competence was found to be an important attribute in faculty, none of these studies addressed faculty's perceptions on whether they felt their level of cultural competence was sufficient to promote ESL student success. This study using grounded theory explored faculty's perceptions of their level of cultural competence and whether they felt it was an influential factor in teaching ESL students.

Experiential Context

My interest in this topic has been related to my personal experiences as a nurse educator at a private university that has a significant percentage of ESL students. I have witnessed the academic challenges these students encounter due to their language differences. Many of the students tend to perform poorly and not progress through the program as expected. Faculty members seem to have difficulty relating to and interacting with these students and often make derogatory comments about their limited language skills. Several complaints from educators have included the tendency for ESL students to isolate themselves, not participate in class, maintain minimal eye contact, not understand the meaning of common words, have poor writing skills, have an "attitude," not assimilate as they should, and speak their primary language in the halls.

Faculty resentment towards ESL students is often felt due the lack of university resources that could enhance the language and writing skills of ESL students, the lack of time to properly assist them, ineffective strategies for addressing their learning needs, and lack of cultural competence among the educators themselves. As a new faculty member, I found myself sharing the resentment at times until one experience that impacted my decision to explore the literature regarding this phenomenon. I was asked to be involved in a simulated scenario to assess the skills and knowledge of a particular ESL student who was at risk for failing the semester. During the scenario, I noticed that the student was unusually quiet, did not maintain eye contact with any of the instructors, and seemed to lack an understanding of what was being asked of her. Rather than jump to the conclusion that the student should fail the course, I began to realize that language and cultural barriers may be impacting her ability to demonstrate her knowledge.

As I explored the literature, I began to look at myself and others around me and realized that the attitudes and perceptions of many nurse educators may play a role in hindering the success of these students. Amaro et al. (2006) stated that ESL students not only encounter academic challenges due to language and cultural barriers but faculty bias could also impose further barriers that impact their success. As a Caucasian American, I began to realize that my limited exposure to other cultures may be preventing me from truly understanding what these students are going through and may be limiting my ability to intervene effectively.

To effectively bracket my previous experiences, knowledge, biases, and assumptions, I decentered myself and adopted a perspective of "unknowing" (Munhall, 2012, p. 137). Through the process of journaling and memoing my beliefs, thoughts, and

feelings in pre- and post- reflective thought, I attempted to capture the essence of the subjectivity of each experience as told by the participants. The journaling process enabled me to be truly engaged while maintaining sensitivity to theory as it emerged from the data.

Reflexivity is "the responsibility of researchers to examine their influence in all aspects of qualitative inquiry – self-reflection" (Speziale & Carpenter, 2007, p. 36). I was able to maintain my reflexivity by being attentive to biases, presuppositions, and suppositions, through the journaling process. I also discussed my thoughts with significant others and dissertation committee members. By being continuously aware of my limitations and my social and contextual conditions, I was able to gain a true understanding and accurately reflect the experience as told by the participants.

Chapter Summary

This chapter discussed a review of the literature regarding the phenomenon. Although the literature review was limited, it focused on four main topics that relate to the historical context, ESL student experiences, the academic challenges of ESL students, and the cultural competence of faculty. Chapter Three entails a detailed account of the research strategies that were used to investigate faculty attitudes and perceptions of teaching ESL nursing students. Research rigor and ethical considerations are also addressed.

CHAPTER THREE

METHODS

The purpose of this qualitative study using the grounded theory method was to explore faculty attitudes and perceptions of teaching ESL nursing students. Grounded theory involves the discovery of theory through the systematic analysis of data that is grounded in the viewpoints of the participants (Glaser & Strauss, 1967). Recent demographic trends in the general population have resulted in an increasing number of nursing students who speak English as a second language. This study used the grounded theory method to explore faculty attitudes and perceptions of teaching ESL nursing students. Exploration of this topic led to a substantive level theory that described a phenomenon taking place in nursing education that will have a significant impact on the future of diversity in the nursing profession.

Research Design

Quantitative and qualitative research approaches could be taken to investigate the challenge of teaching nursing students who speak English as a second language. Quantitative inquiry has often been described as the traditional scientific approach to research and is based in the positivist paradigm where nature is believed to be regular, orderly, objective, and predictable (Kerlinger & Lee, 2000). Deductive reasoning is used to generate a hypothesis about a phenomenon that is then tested through strict methods of observation and experimentation. Qualitative research, on the other end of the continuum, is based in the interpretive and naturalistic paradigm where the focus of inquiry is to gain an in-depth understanding of the meaning individuals or groups ascribe to a social problem or human phenomenon (Crotty, 1998). The nature of reality is

believed to be multiple, constructed, and holistic and can only be known through the perspectives of the participants (Creswell, 2007).

The nature of a research problem lends itself to a particular research approach (Creswell, 2009). When little is known about a phenomenon and it needs to be better understood, the qualitative approach is taken. Grounded theory is the appropriate research design when attempting to explain a domain of human behaviors and/or social processes (Wuest, 2012). Because the problem under study explored a social process, it lent itself to the qualitative approach and the grounded theory method. A substantive level theory was inductively derived of a social process, action, or interaction that was grounded in the viewpoints of the participants (Glaser & Strauss, 1967). Generating theory from data grounded in faculty perspectives provided the insight needed to gain a better understanding of the interactional processes that were occurring between ESL nursing students and faculty.

The process of grounded theory was developed by Glaser and Strauss (1967) during a period when empirical methods were primarily being used to test theories in sociological research. Realizing that conventional deductive approaches often failed to generate new theories, the inductive process of grounded theory was found to provide a more appropriate means to explore the problems often confronted by social scientists. Glaser and Strauss (1967) emphasized the method of comparative analysis as the primary strategy from which theory is formulated. The goal of the research is "not to provide a perfect description of an area, but to develop a theory that accounts for much of the relevant behavior" (Glaser & Strauss, 1967, p. 30).

Glaser and Strauss came from different philosophical and research traditions. Glaser was highly influenced by Paul Lazarsfeld and the quantitative tradition of Columbia University. Strauss, in contrast, studied at The University of Chicago where the emphasis was on symbolic interactionism and the research of pragmatist philosopher, George Herbert Mead. Glaser and Strauss came together at the University of California in the 1960s and developed the grounded theory method in order to provide a more systematic approach to qualitative inquiry. Though the philosophical underpinnings of grounded theory were not specifically discussed in their methods manual, *The Discovery of Grounded Theory*, Glaser made the assumption that people actively shape their world through the process of symbolic interactionism and that life continuously undergoes change and variability (Wuest, 2007).

Grounded theory involves the discovery of theory from data that is systematically gathered and analyzed through the method of comparative analysis. Rather than using a logico-deductive approach to predict and explain behavior, the inductive approach is used to formulate theory that fits the situation being studied (Glaser & Strauss, 1967). The process of grounded theory involves the generation of theory through the method of comparative analysis. Data is gathered that is grounded in the perspectives of the participants. Through the continuous examination and analysis of data, conceptual categories emerge that describe a relevant theoretical abstraction about what is going on in the area being studied. As theory is generated, it is intentionally verified and modified through the constant comparative analysis of evidence as more notions emerge from the data. This is in contrast to testing a logico-deductive theory, which is based on an a priori assumption that may have little connection with the behavior it was purported to explain.

Grounded theory has since evolved from the original works of Glaser and Strauss (1967). Strauss and Corbin (1998) took an alternative approach to theory development by providing a set of techniques and guidelines to assist the novice researcher in the use of the method. They also took the model one step further by providing a conditional matrix to use as a coding device. Feeling that Strauss and Corbin's techniques were too mechanical, Bryant and Charmaz (2007) emphasized the construction of data, analysis, and methodological strategies that took into account the positions and perspectives of the researcher. Constructivist grounded theory lies in the interpretive approach and focuses on the viewpoints of the participants rather than the method. Adele Clarke (2005) took a postmodern turn and supplemented basic grounded theory with a situational analysis that addressed the contextual complexities of a social problem.

In considering the approaches of Glaser and Strauss (1967), Strauss and Corbin (1998), Charmaz (2007), and Clarke (2005), the researcher chose Strauss and Corbin (1998) to guide the use of the grounded theory method for this study. Strauss and Corbin (1998) offered a systematic procedural approach that can be helpful to individuals who are learning grounded theory (Creswell, 2007). Data were collected through semi-structured interviews from individuals and groups who could contribute relevant information to the problem being studied. The analysis of data proceeded in stages that involved open coding, axial coding, and selective coding (Strauss & Corbin, 1998).

Open coding involved the development of concepts from the examination of the data. Abstract concepts and categories were formed through the data analysis process. Categories were defined in accordance with the properties and characteristics they represented. Axial coding involved the examination of categories for their relationships

(Strauss & Corbin, 1998). Through the axial coding process, a core category developed that linked the other categories together, providing an emerging theoretical framework. Selective coding involved the process of examining how the categories related to the core category and to one another. Data continued to be collected, compared, and analyzed until categories reach theoretical saturation and there was no further variation in the emerging framework. The result was a theoretical explanation of the phenomenon being studied.

The grounded theory approach moved beyond description of the problem under study and rendered a theoretical explanation of human behavior within a social context (Wuest, 2012). Human behavior that is related to situational challenges in nursing is well suited for grounded theory research. The situational challenge in this domain of study involved the interactional processes that were occurring between faculty and ESL nursing students. Communication barriers due to language differences have led to challenges, barriers, and frustrations for both students and faculty. The literature has emphasized the experiences, perspectives, and challenges ESL nursing students face, but few studies have focused on faculty perspectives. This study was undertaken to more closely examine the perceptions and attitudes of faculty.

Sample and Setting

Purposive and theoretical sampling was used to obtain the sample of participants for this study. The power of purposive sampling was its emphasis on selecting individuals and/or groups who could offer in-depth understanding to the problem under investigation (Patton, 2002). As data were collected and abstract categories were formed, purposive sampling progressed to theoretical sampling where participants were

interviewed based on the relevancy of information they could provide to the emerging

concepts and theory (Glaser & Strauss, 1967). Thus, during the phase of theoretical

sampling, the emerging theory dictated further data collection, selection of participants,

and the modification of research questions (Glaser & Strauss, 1967).

In grounded theory, the researcher continues to collect data until theoretical

saturation is achieved and no further variation is noted in the conceptual categories and

emerging theoretical framework (Wuest, 2012). Sample size can vary depending on the

domain of inquiry. A broader domain of study may encompass up to 40 participants

where a narrow domain may require between 10-15 interviews (Weust, 2012). Creswell

(2007) recommended 20-30 interviews. Flick (2009) recommended the creation of a

provisional grounded theory research design that indicates the number and kinds of

participants to expect. The sample size for this study consisted of 16 participants: 13

participants for the individual interviews and 3 participants for the focus group.

In order to select a purposive sample of participants who could offer valuable

information to the problem under inquiry, nurse faculty who had experience teaching

ESL students were chosen. Participants included full- and part-time nurse faculty that

were employed at various accredited associate degree and/or baccalaureate schools of

nursing in the Southeast Florida including Port St. Lucie, Palm Beach, Broward, and

Miami-Dade counties.

Access and Recruitment of the Sample

Approval to initiate the study was initially obtained from Barry University

Institutional Review Board (IRB). Once IRB approval was granted, the Dean/Program

Chair from each of the designated schools was contacted via telephone to request access

to the facility. Any further IRB approvals were then sought as applicable. Upon permission from the Dean/Program Chair to access their facility, a letter to request the participation of undergraduate faculty was sent via email (Appendix C). A recruitment flyer was attached to the email (Appendix D).

The Dean/Program Chair from each facility was asked to forward and/or distribute the attached recruitment flyer to all nurse faculty requesting their voluntary participation in the study. The faculty had the option to respond to the researcher via phone or email from the information provided on the flyer. Those individuals who responded and met inclusion criteria were scheduled for an interview at a time and place that was agreeable.

Study participants were also recruited through the use of snowball sampling. Snowball sampling is a variant of convenience sampling where early study participants are asked to refer other people who meet eligibility criteria (Polit & Beck, 2004). It begins with a few study participants and then continues on the basis of referrals from those who initially agree to participate.

Recruitment for participants occurred in two phases. Phase I involved 11 individual participants. Phase II of the data collection process consisted of a focus group of three participants who had five years or more experience teaching ESL nursing students. The focus group was scheduled to meet at an agreeable time and location that was decided upon by the participants. Focus groups are frequently used as a validity check on the findings from the individual interviews (Berg & Lune, 2012). Typically, a focus group will consist of a small number of participants in order to effectively elicit the breadth of responses, feelings, and perceptions from each member (Berg & Lune, 2012).

Larger groups can be more difficult to manage, are at risk for certain participants monopolizing the discussion, and may lead to groupthink. The participants for the individual and focus group interviews were given a $35.00 gift card in appreciation for their participation prior to the interview session

Inclusion Criteria

Inclusion criteria for the individual interviews included:

- Full-time and part-time nurse faculty who had at least one year of experience teaching ESL nursing students in the classroom and/or clinical setting in an accredited associate and/or baccalaureate degree nursing program

- Nurse faculty who were currently teaching ESL students in the classroom and/or clinical setting

Inclusion criteria for the focus group interview included:

- Full-time and part-time nurse faculty who had at least five years of experience teaching ESL nursing students in the classroom and/or clinical setting in an accredited associate and/or baccalaureate nursing program

- Nurse faculty who were currently teaching in the classroom and/or clinical setting

- Nurse faculty who did not participate in the individual interviews

Exclusion Criteria

Exclusion criteria for the individual interviews included:

- Nurse faculty did not have at least one year of experience teaching ESL nursing students in an accredited associate or baccalaureate degree nursing program

- Nurse faculty who were not currently teaching ESL students in the classroom and/or clinical setting

Exclusion criteria for the focus group interview included:

- Nurse faculty who had less than five years of experience teaching ESL students

- Nurse faculty who were not currently teaching in the classroom and/or clinical setting

- Nurse faculty who participated in the individual interviews

Ethical Considerations/Protection of Human Subjects

Ethical considerations of scientific research in nursing involve six responsibilities: the responsibility to science, society, students, apprentices, research trainees, and participants (Sales & Folkman, 2000). This section focuses on ethical considerations surrounding the participants. In accordance with these ethical responsibilities, certain steps were taken to ensure that the following moral principles that underlie ethical guidance were provided: a) respect for persons and their autonomy, b) beneficence and non-maleficence, c) justice, d) trust, e) fidelity, and f) scientific integrity.

In accordance with the ethical considerations involved in scientific research, approval from the Institutional Review Board of Barry University was obtained (Appendix A). Additional IRB approvals were also obtained from designated schools as required. IRB approval ensured the following: risks to subjects were minimized and reasonable in relation to anticipated benefits, selection of subjects was equitable, informed consent was appropriately sought, adequate provisions were in place to protect the privacy of the subjects and confidentiality of data, and the rights and welfare of vulnerable populations were safeguarded (Sales & Folkman, 2000). Faculty were requested to contact the researcher via telephone or email if they were interested in participating. This measure ensured that the participants were voluntary and received no

coercion from the researcher. Participants were informed of the reason for the study, the type of questions to be asked, the expected time frame, the process of audiotaping and transcribing the interviews, the ability to stop the interview and/or withdraw from the study at any point in time, and the confidentiality of information obtained. The participants in the focus group were informed that confidentiality could not be guaranteed due to the nature of the focus group process. Participants received a $35.00 gift card in appreciation for their participation in the study.

There was a separate informed consent for the individual and focus group interview that was obtained from each participant (Appendix B). The researcher explained the purpose, procedures, risks, benefits of the research, and the obligations and commitments of the participants and researcher. There were no direct benefits and no known risks to the participants. Audiotapes, transcriptions, and the results of the study contained only pseudonyms chosen by the participants. All data pertaining to the study were kept in a locked file cabinet in the researcher's home office. Informed consent forms were kept in a separate file in the same locked cabinet. Transcriptions were kept in a locked file cabinet and secured in computer files. Audiotapes were destroyed after transcription and member checking. All data pertaining to the study will be destroyed after five years.

Data Collection Procedures

The data collection process began after IRB approval and involved two phases. The first phase involved the individual interviews. Interviews may be defined as a conversation with the intent of gathering information (Berg & Lune, 2012). It is particularly effective when investigators are interested in understanding the perceptions

of participants or learning how the participants came to ascribe meanings to phenomena or events.

Once the email and attached recruitment flyer was sent to the Dean/Program Chairs, a follow-up phone call was made to ensure that the information had been received. Nurse faculty who were interested in participating and met inclusion criteria were scheduled for an individual interview. The interviews were held in a quiet venue with minimal distractions to ensure privacy and confidentiality.

Prior to commencing the individual interview session, a full verbal explanation of the purpose of the study was given by the researcher, and informed consent was obtained. Participants were reminded that they could stop the interview and withdraw from the study at any point in time. Demographic data from the participants was obtained prior to beginning the semi-structured interview. In semi-structured interviews, the researcher prepares a general set of questions that encourage the participants to speak freely and explore the topic (Polit & Beck, 2004). Semi-structured interviews are used in grounded theory, where a leading question acts as a catalyst for the participants to share their experiences and perceptions (Munhall, 2012). Additional probing questions were used for further elaboration and clarity.

The time frame for the interview was approximately 40-50 minutes. Participants chose a pseudonym that was used as an identifier. Permission was obtained from the participants to audiotape the interviews and use a backup device. The audio-taping device was in full view of the participants at all times. Face-to-face interviews were conducted using open-ended questions. Open-ended type questions ensured sufficient latitude and encouraged the participant to explore the topic in his or her own way

(Munhall, 2012). Participants were given a $35.00 gift card at the beginning of the interview as a token of appreciation for their participation.

Audio tapes were transcribed by the principal researcher within two days following the interview. The transcription was given to the interviewee to review via email for member checking purposes. Member checking was used as a criterion for credibility where the interviewee verified the responses and information transcribed by the researcher (Lincoln & Guba, 1985).

The second phase of the data collection process consisted of theoretical sampling and the focus group interview. Theoretical sampling was the process of ongoing data collection and analysis that was controlled by the emerging theory (Glaser & Strauss, 1967). In this study, the theoretical sample consisted of a group of nurse faculty experts who had been teaching ESL nursing students for a minimum of five years, were currently teaching in the classroom and/or clinical setting, and had not participated in the individual interviews. The focus group interview was conducted after the individual interviews close to the point of data saturation. In grounded theory, data saturation refers to the point where no new information is being provided that offers further insight into the categories (Creswell, 2007). The purpose of the focus group interview was to confirm and validate the data, themes, concepts, and categories that emerged from the individual interviews.

The number of participants in the focus group was three. The focus group session took place in a quiet office with the door closed. A pseudonym was chosen by the participants to protect their identity. Informed consent for the focus group interview was obtained prior to commencing the session, and a full verbal explanation was given

regarding the study and purpose of the focus group. Permission was granted from the participants to audiotape the interview session and use a backup device. The audiotaping devices were in full view of the participants. The participants were informed that confidentiality could not be guaranteed due to the nature of the focus group process. The focus group began by collecting each of the participant's demographic information. The focus group session lasted one hour. A $35.00 gift card was given to each participant as a token of appreciation for their participation in the interview.

Interview Questions

Grounded theory interviews are semi-structured to allow participants to share their experiences and perceptions in detail (Munhall, 2012). A general overarching question acted as a catalyst to elicit the thoughts, ideas, and perceptions of the participants (Appendix E, Appendix F). Follow-up probing questions further explored and clarified the emerging concepts, categories, and their relationships. Questions became more focused as the theoretical framework developed.

The format for the individual and focus group interviews contained several questions that served as a guide for the researcher. In an exploratory research design such as grounded theory, it was appropriate to decide on an opening question and then to remain flexible throughout the interview process (Wood & Ross-Kerr, 2011). The leading question for the individual and focus group interview was the following: What are your experiences and thoughts on teaching English as second language nursing students? Several open-ended questions followed. The researcher remained flexible during the interview process and encouraged the elicitation of the participants' values,

attitudes, and beliefs while maintaining a semi-structured format that kept to the purpose of the study (Berg & Lune, 2012).

Demographic Data

Demographic data were obtained from a researcher-designed questionnaire (Appendix G). Demographic data for this study included the following information: age, gender, race, ethnic background, title/position, type of nursing program, highest level of education, years of teaching ESL nursing students, languages spoken other than English, and whether cultural competence courses/continuing education courses were taken in the last five years. Demographic data were used for descriptive purposes only and contained relevant information for this study since differences among the sample participants influenced the findings. Transferability of the findings from the study was limited to the type and demographic characteristics of the sample.

Data Analysis

Data analysis followed the techniques and procedures outlined by Strauss and Corbin (1998). Following each interview, data were transcribed into a Microsoft Word document within two days. The Word document contained three columns: one that contained the pseudonym, one that contained the verbatim transcription, and one that contained the conceptual codes/categories. During the open-coding process, phenomena were given a name in order to encourage the comparative analysis process (Strauss & Corbin, 1998). The concept was an abstract label given by the researcher that was used to identify data segments that were deemed significant to the theory-building process.

```
┌─────────────────────────┐
│  Transcription Analysis │
└─────────────────────────┘
              │                    Individual interviews,
              ↓              ──→   constant comparative
                                   analysis
┌─────────────────────────┐
│      Open Coding        │
└─────────────────────────┘
              │                    Comparative
              ↓              ──→   analysis, grouping
                                   concepts into categories,
                                   memos, journaling
┌─────────────────────────┐
│      Axial Coding       │
└─────────────────────────┘
              │                    Reducing categories,
              ↓              ──→   memos, journaling,
                                   focus group interview
┌─────────────────────────┐
│     Selective Coding    │
└─────────────────────────┘
```

Category   Category

Core Category   Data saturation,
forming relational
statements

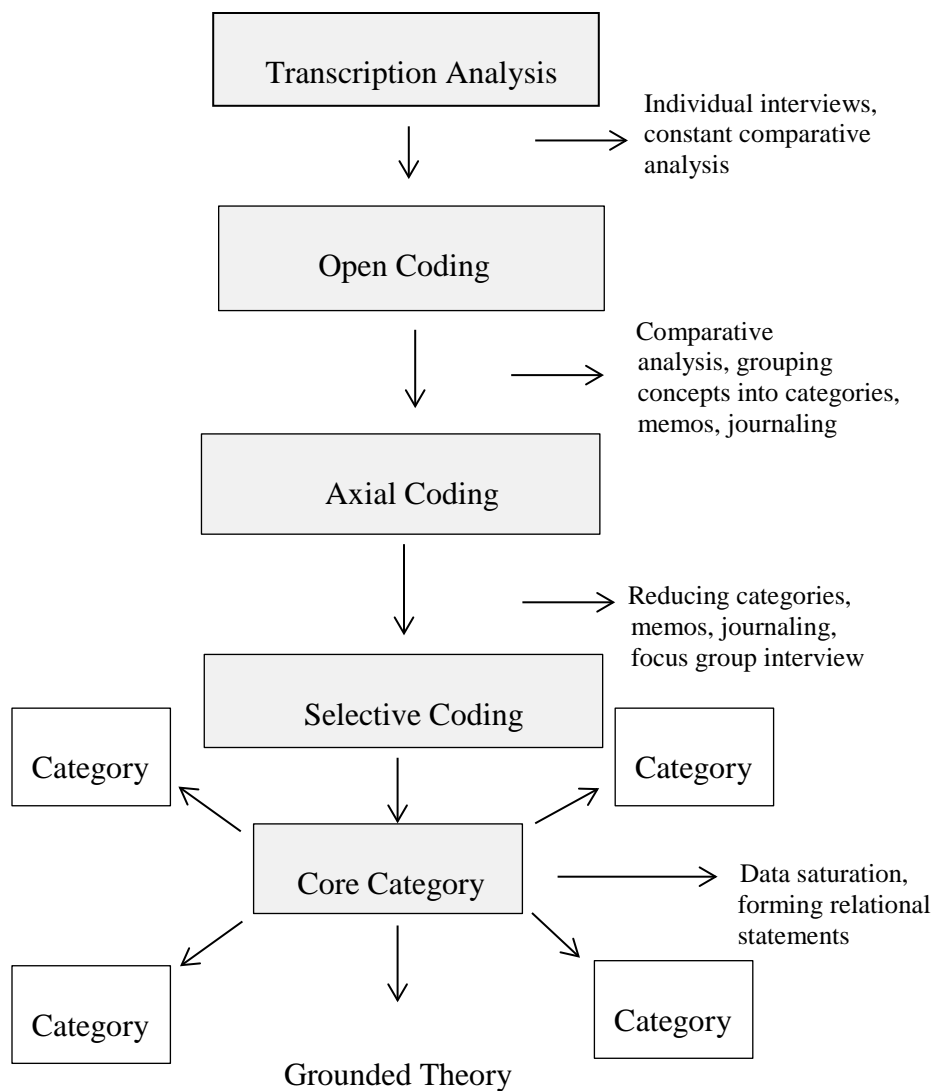Category   Category

Grounded Theory

Figure 1. Schematic representation of the grounded theory process (Starkey, 2013) adapted from Strauss & Corbin (1998).

Data segments and concepts from each interview were then compared and

grouped for similarities and differences.

The first step in the grounded theory method and theory building was the process

of open coding and conceptualizing (Strauss & Corbin, 1998). Open coding began with

the first interview where the researcher broke down the data into segments that were

deemed significant. The data segments were given a name that represented or stood for

the meaning it evoked. Table 1 depicts the open coding from the current study.

Table 1

Open Coding

Participant	Narrative	Open Coding
Summer		
7/11/13	I was concerned about them when they took tests and that they were doing really poorly…more poorly than the other students…my concern was about their knowledge and whether they were able to interpret the language…they would say I have to read it in English convert it to whatever my language was and then answer it in that…it was **hard for them to keep up** with the readings…it was **hard for them to keep up** with everything	being aware feeling concern translating hard to keep up (in vivo coding)
Field Notes	Quiet venue. Calm, direct eye contact, attentive, appeared to be reflecting	
Memos	Explore concerns, challenges, barriers, meaning of 'hard to keep up.' It was apparent that she felt concerned and was challenged by this. Explore how she dealt with this.	

As data were analyzed, it was continuously examined and compared for similar

characteristics. In accordance with Strauss and Corbin (1998), the process of

comparative analysis involved identifying data segments that shared common

characteristics or attribute. The data segments were then labeled with the same

conceptual code. As conceptual codes accumulated, categories were formed.

Categorization involved grouping similar concepts together and giving them an abstract label. Categories referred to conditions, actions/interactions, or consequences (Strauss & Corbin, 1998). Through the analytic process, categories were further developed in terms of their properties and dimensions. Properties represented the characteristics/attributes of the category, and dimensions represented the properties along a continuum.

Following categorization, the process of axial coding began. The purpose of axial coding was to reassemble the data that was fragmented during the open-coding process. The researcher looked for answers to questions such as why, how come, where, when, and how in order to uncover relationships among the categories. Categories were examined for how they related to the subcategories. As the categories were linked together, a more clear and comprehensive explanation of the phenomenon emerged. Table 2 represents an example of the axial coding process.

Table 2

Axial Coding

Participant	Narrative	Axial Coding
Elise		
7/25/13	They could not figure it out because of the language barrier…not stupid…but they struggle…even when I wrote the test I was overly cognizant of it	awareness/ Coming to know
	It's extra work …but I do it…some people say it should all be the same no matter who they are…but somehow I feel like there is this unfairness thing	barrier/attitude/ Overcoming
	If you can provide a multifaceted way of teaching…like something visual and auditory so they can better understand	modifying/ Facilitating
Field Notes	Quiet office, door closed, no distractions, attentive throughout interview.	
Memo	Desire to help students, appeared in deep thought, leaned forward when she spoke of "unfairness thing." Main categories – overcoming, coming to know, facilitating – having a realization, critically looking at the situation	

As theoretical saturation of the categories was reached, the selective coding process began. Data saturation was reached at 11 participants. Two additional faculty members were interviewed to ensure that no new information was being added to the categories. The comparative analysis phase ensured that data were being constantly compared until the categories were saturated. By inductively building theory, theoretical sampling was used to build on the representation of concepts and their variability. Sampling was complete when the categories were saturated (Strauss & Corbin, 1998).

During selective coding, the categories were integrated and refined to form the larger theoretical scheme (Strauss & Corbin, 1998). Categories were examined for their

interrelationships. Explanatory statements were formed that represented the researcher's interpretation of how the categories were linked together. The statements were not presented as explicit hypotheses or propositions; rather, they were innocuously woven together in accordance with the researcher's theoretical perspective. During the selective coding process, the core category was formed, which represented the main theme of the research (Strauss & Corbin, 1998). The core category integrated the other categories with the central idea it represented.

Memos, field notes, and journaling were conducted throughout the data collection and analysis process. Memos reflected the researcher's thoughts, interpretations, questions, conflicts, and directions for further data collection (Strauss & Corbin, 1998). Field notes were taken after each interview that reflected details, descriptions, actions, and gestures that put the social interaction in context (Munhall, 2012). Journaling assisted the researcher in reflecting and bracketing personal experiences, biases, and presuppositions. Diagramming conceptual and theoretical schemes, reviewing memos, field notes, and journals assisted the researcher in identifying the concepts and categories, developing the core category, and analyzing how the categories interrelated.

Once the central category was selected, a theoretical scheme was developed that answered the overarching research question regarding the critical factors that influenced faculty attitudes and perceptions of teaching ESL nursing students. The theoretical framework was then presented. The grounded theory approach allowed the researcher to explain the interactional processes that were occurring between ESL students and faculty.

Research Rigor

Trustworthiness in qualitative research ensures that the study is examined for rigor, truthfulness, and value. The goal of rigor in qualitative research is to accurately represent the participant's perceptions (Speziale & Carpenter, 2007). Rigor is demonstrated by confirming and accurately documenting the information provided. Lincoln and Guba's (1985) framework was used as the criterion from which to base the trustworthiness of this study. Research rigor was demonstrated by addressing the constructs of credibility, dependability, confirmability, and transferability.

Credibility

Credibility ensured that the findings and interpretations from the study were credible (Lincoln & Guba, 1985). The following techniques were used to ensure the credibility of the study:

- Theoretical sampling was conducted until data saturation of the categories occurred in order to gain a complete understanding of the problem. Sufficient time was allotted for each interview in order to obtain rich descriptive data.

- Member checking was conducted after each interview to ensure that transcriptions were written verbatim from the participant's viewpoint. A focus group session was conducted towards the end of the individual interviews and close to the point of data saturation. The focus group provided an additional data collection strategy and was used to verify the information obtained in the interviews.

- A private venue was selected for the interviews and was scheduled at the convenience of the participants. Procedures to maintain confidentiality were specified to the participants in advance.

- Sessions were conducted with dissertation committee members to obtain feedback on data interpretation, emerging concepts and theory, and the process of the grounded theory method.

- Throughout the study, the researcher bracketed biases, assumptions, and preconceptions and explored ideas, thoughts, and emerging conceptual relationships through the journaling and memo writing process.

- Peer debriefing was conducted at regular intervals in order to confirm data interpretation.

Dependability

Dependability in qualitative research was achieved by using more than one method of data collection and describing the research process in complete detail in order for the study to be replicated. The researcher used member check, constant comparison, and a focus group to validate the data and verify the point of data saturation. The demographics stated for each of the participants was the same in order to provide congruency in the reporting process. The study was documented in complete detail, and an audit trail was kept.

Transferability

Transferability ensured that the information provided in the study was sufficient and that the findings could be used and compared to similar instances of the phenomenon

with a similar demographic sample (Lincoln & Guba, 1985). Transferability was

addressed through the following:

- The researcher provided thick rich descriptions of the data and explained the

  research process in detail to ensure that replication of the study could be easily

  attained.

- An accurate representation of the type of participants was documented. The use

  of purposive and theoretical sampling maximized the information obtained.

Confirmability

Confirmability minimized the effect of investigator bias (Shenton, 2004). Lincoln

and Guba (1985) emphasized the use of reflexive journaling and keeping a detailed audit

trail. Confirmability was addressed through the following:

- Field notes, memo writing, and journaling were conducted throughout the

  research process in order to remain cognizant of predispositions, assumptions,

  distractions, thoughts, and emerging ideas. Reflexivity of the researcher was

  maintained in order stay sensitive to the participants, the data, interpretations, and

  role in the study (Munhall, 2012). An audit trail was kept and used to

  demonstrate that the findings were supported by the inquiry.

- Reflective commentary was engaged in during the study in order to acknowledge

  weaknesses and limitations.

- All data were stored on a computer hard drive and backed up on an external

  device.

- A detailed methodological description and diagram was documented to

  demonstrate each step of the conceptual and theoretical process.

- All documentation pertaining to the study will be kept for a period of five years and then destroyed.

Chapter Summary

This chapter discussed the research approach and research design that was used to guide this inquiry. The qualitative approach and grounded theory method was the most appropriate means to explore the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students. The procedures outlined by Strauss and Corbin (1998) were the guiding framework that was used to assist the researcher in the data collection, analysis, and theory formation process. The ethical considerations were described. Purposive and theoretical sampling was used in accordance with the grounded theory method. The types of participants were described and locations of the study were discussed. Research rigor to ensure the trustworthiness of the study included the constructs of credibility, dependability, transferability, and confirmability.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

The language differences between ESL students and nurse faculty have created challenges within the learning environment that may be contributing to the high attrition rate and lower levels of academic performance of these students. The purpose of this qualitative study using the grounded theory method was to explore the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students. This chapter described the data provided by 16 nurse faculty participants. The data collection process involved two phases: the individual interviews and the focus group interview. In accordance with the grounded theory method, the constant comparative analysis process was used to generate conceptual codes, categories, and a core category that emerged from the data. This chapter will provide a description of each participant and the results of the data that was provided.

Overview

Using the guidelines of Strauss and Corbin (1998), 13 participants were interviewed during Phase I of the data collection process. The initial open coding process involved the act of conceptualizing. Data were broken down into discrete parts that revealed the thoughts, behaviors, events, and actions of the participants. Abstract labels and/or "in vivo codes" were given to various sections of the data in accordance with the meanings they evoked (Strauss & Corbin, p. 105). As data were examined and compared for similarities and differences, concepts that shared certain properties were grouped together to form categories. Each category was an abstract description that represented phenomena that were grounded in the context of the data. The categories that emerged

during phase one of the research process were overcoming, coming to know, and facilitating. The core category that described the basic social process that emerged from the findings was Conscientization.

Prior to data collection, Barry University IRB approval was obtained along with IRB approval from other educational institutions as directed. Access was granted by the Nursing Program Directors and/or Academic Deans (Appendix C). The researcher commuted to various schools of nursing in the Southeast Florida region that encompassed Martin, Palm Beach, Broward, and Miami-Dade counties. Sampling was initially purposeful and consisted of participants who met inclusion criteria since these individuals offered valuable insight into the domain of study. Face-to-face semi-structured interviews were conducted. Open-ended probing questions were used to encourage participants to elaborate on their thoughts, perceptions, and attitudes regarding teaching ESL nursing students. Questions were revised as data were collected and analyzed.

As categories became saturated, subsequent recruitment of participants became more refined. During Phase II of the data collection process, purposive sampling turned to theoretical sampling where individuals were chosen based on their level of expertise. These individuals had five years or more experience teaching ESL nursing students and were working as full-time faculty. Three nurse educators comprised the focus group. The purpose of the focus group was to confirm the categories and subcategories that emerged during the individual interviews.

Throughout the data collection and analysis process, data were constantly compared, which verified and further illuminated the conceptual categories that emerged. The constant comparative process assisted in generating subcategories that represented

the properties and dimensions that were inherent in the categories. The researcher remained sensitive throughout the analytic process by bracketing assumptions, preconceptions, and biases through journaling. Memo writing and field notes were conducted after each interview to write down thoughts, ideas, and beliefs that contributed to theory development.

After analyzing the data, field notes, memos, and journals, linkages among the categories were formed. Strauss and Corbin (1998) referred to these conceptual relationships as an organizational scheme or "paradigm" that represents how the researcher perceives the data (p. 128). The basic social process that emerged was a result of integrating and refining the categories and developing a core category that captured how the categories formed the explanatory whole. The following is a description of the participants who provided the data from which the theoretical scheme originated.

Sample Description

Two groups of participants were interviewed for this study. The first group of participants comprised the individual interviews of 13 part-time and full-time nurse faculty who had a minimum of one year experience teaching ESL nursing students. Theoretical sampling comprised the second group of participants who formed the focus group. The focus group was composed of three full-time nurse faculty who had five years or more years of experience teaching ESL nursing students. The focus group was conducted upon data saturation in order to confirm the categories and subcategories that emerged during the individual interviews. A demographic questionnaire was given to record the characteristics of each participant. The researcher followed the characteristic variables that in turn added to the similarities and differences in their perceptions,

attitudes, and behaviors, thereby increasing the credibility of the study. Confidentiality was maintained throughout the research process by asking the participants to choose a pseudonym to protect their identity. The following section describes the participants' characteristics.

Demographic Characteristics

This section discusses the group characteristics in aggregate form collected from the participant's individual demographic questionnaire. The researcher explained the purpose of the study in detail to each participant. Each individual agreed to voluntarily participate in the study. The first group of 13 nurse faculty were interviewed on an individual basis and consisted of educators who had at least one year of experience teaching ESL nursing students. The focus group was conducted after the individual interviews. The characteristics of the focus group will be discussed following the discussion of the individual participants.

The nurse faculty who participated in the individual interviews worked in Martin, Palm Beach, Broward, and Miami-Dade counties. These individuals were part-time or full-time faculty who were teaching in an accredited school of nursing at the associate, baccalaureate, and/or master's level. All participants were female and ranged in age from 37 to 68 with a mean age of 54.8 years. The sample included 11 (85%) White non-Hispanic, 1 (8%) Hispanic-Latino, and 1 (8%) Black or African American. The ethnicities represented included 9 (69%) Americans, 1 (8%) Puerto Rican, 1 (8%) Jamaican, 1 (8%) British, and 1 (8%) Canadian. The educational level varied with 3 participants (23%) holding an EdD, 1 (8%) having a PhD degree, 2 (15%) holding a DNP degree, and 7 (53%) holding an MS/MSN degree. Three (23%) participants were

teaching at an associate degree level, 2 (15%) at the associate and baccalaureate levels, 3 (23%) at the baccalaureate level only, 1 (8%) at an associate and master's degree level, and 1 (8%) at the master's level only. Twelve (92%) of the participants spoke only English with 1 (8%) who spoke a language other than English. The participants' years of experience teaching ESL students varied with 1 (8%) having 1-3 years, 5 (38%) having 4-6 years, 2 (15%) having 6-8 years, and 5 (38%) having 9 or more years. Eight (62%) participants reported that they had taken courses in cultural competence within the past five years, and 5 (38%) reported that it had been over 5 years. The next section presents the individual characteristics of the participants in accordance with the pseudonym they chose.

Individual Characteristics

This section represents the authentic data obtained from each of the participants. The data included information reported in the demographic questionnaire and statements from each respondent, which together comprised an outline of the true image of the individual. A pseudonym was chosen by each person in order to ensure her confidentiality.

Summer. Summer was 64-year-old White non-Hispanic female from Canada. She held an MSN degree, was a part-time faculty member at a private college, was teaching in a baccalaureate level nursing program, and was enrolled in a PhD program. She had taught ESL nursing students for 6-8 years and had lived in another country where she was a second-language speaker. Summer stated:

I tended to be concerned about the students (ESL) and was frustrated when I

heard other people say that they should just learn to speak English because it's

just not like that. Elaborating on her concerns she also stated that "once they got into the program (nursing) they couldn't speak English at the level that they needed- it was very hard for them to keep up.

V. V was a 53-year-old Black/African American from Jamaica. She held an EdD degree and was a full-time faculty member at a private university. She was teaching at the baccalaureate level and had over nine years of experience teaching ESL nursing students. V stated that when she was first aware that these students were having difficulty was when "they would take exams … reading test questions, sometimes they just couldn't comprehend the words … the words just did not exist in their vocabulary and sometimes you found yourself acting it out to give them an understanding." When speaking about her experiences, she said, "sometimes they have that glazed look or that blank look on their face and I try to pick up on that."

Joanna. Joanna was a 46-year-old White non-Hispanic female from England. She held an MSN degree and was a full-time faculty member at a private university in a baccalaureate nursing program. Joanna had 4-6 years of experience teaching ESL students. When she spoke about the challenges involved in teaching, she stated "teaching ESL students really does add an extra layer of challenge to the whole process of teaching- not only do we have students of different intellectual abilities we now have students with different language abilities." Pertaining to the difficulties encountered in the classroom, Joanna stated that "sometimes they get questions wrong because they simply don't have the vocabulary for it—it's apparent that they don't understand most of the lecture and that they haven't read the textbook even if they bought it."

Empress of the Western Hemisphere. Empress was a 61-year-old White non-Hispanic female born in the United States. She held a PhD degree in nursing and was employed as a full-time faculty member at a community college. She taught at the associate and baccalaureate degree level. Empress had over nine years' experience teaching ESL students. When she spoke about the challenges of ESL students, Empress stated that:

> I have a very strong feeling that if you can't read you can't learn so they struggle
> —it's hard for them to learn—it's not that they're not intelligent but they can't
> read the words—then not only is the language different but the culture is different
> so I think that has an impact on how the students learn or what they value.

Michelle. Michelle was a 62-year-old White non-Hispanic female born in the United States. She held an EdD degree and taught at a private university in a baccalaureate degree program. She had 1-3 years experience teaching ESL nursing students. Michelle stated that ESL students have a very hard time decifering medical terminology "it is another level of complexity—the medical terminology—they seem to get lost in that more so than the other students." Referring to the difficulties in communicating with these students, Michelle stated:

> sometimes it's the language barrier from my side to theirs—I can't understand
> their language, words are not fluent even though they are trying to speak them in
> English they come out with a very broken accent and that impedes me trying to
> get to them.

Mary. Mary was a 37-year-old White non-Hispanic female who was born in the United States. She held an MSN degree and was enrolled in a PhD nursing program.

Mary taught at an associate degree level at a private college. She had 4-6 years experience teaching ESL nursing students. When she discussed the difficulties faculty encounter in the classroom, Mary stated: "I think sometimes faculty just gets frustrated, sometimes they go on the defensive and look at the student like they're not even trying to integrate or assimilate themselves into American society." When she spoke about the frustrations of the students, she stated that "sometimes they get on the defensive—like you are prejudice against me—you think I'm not capable of doing this because I don't speak English very well."

Rerun. Rerun was a 68-year-old White non-Hispanic female who was born in the United States. She held a DNP degree and taught at two private colleges as an adjunct faculty member. Rerun was a nurse educator at the associate degree and master's level and had over nine years experience teaching ESL students. When she discussed the problems of ESL students, she stated:

> Students tell me when they take a test they put it into their language and back into English—so it takes more time—so students are misdiagnosed as having a learning disability but for the most part they don't—it's just their language.

Because of how these students may be perceived she stated that "the confidence level of the student gets very very diminished because of the ESL problem."

Elise. Elise was a 55-year-old White non-Hispanic female who was born in the United States. She held an MSN degree and taught at the master's level at a private university. Elise had 4-6 years of experience teaching ESL nursing students and spoke some Spanish as a second language. When she talked about the need for a more diversified nursing workforce, she stated:

The more I look at the goals of the IOM and the more you look at the big picture

of healthcare in the U.S.—if we are truly meeting the diversity of our clients, our

patients, we need that broad-spectrum of multiethnic folk in the nursing

profession and we need to find a way to acculturate them.

When she discussed the difficulties in facilitating the success of these students, she stated

"you think you know but you don't know the culture of these students—you really don't

know—there's so much more to it—it's so in depth."

    Ninja. Ninja was a 53-year-old Hispanic female from Puerto Rico. She held an

MSN degree and was enrolled in a DNP program. Ninja taught at a private university in

an associate degree progam. She had 4-6 years experience teaching ESL students and

spoke fluent Spanish. She commented on the challenges she had communicating with

these students "…their heavy accents—and that's on their part—trying to understand

them and what they might need from me. She further stated that:

if you don't have clear communication then the learning breaks down … it's my

part as an instructor—to be aware and seek them out … it takes effort and really

knowing their culture and how to approach them.

    Dorothy. Dorothy was a 52-year-old White non-Hispanic female who was born in

the United States. She had an MSN degree and taught as a full-time faculty member at a

private college at both the associate and baccalaureate level. Dorothy had 4-6 years of

experience teaching ESL nursing students. When she spoke about ESL students in the

clinical setting, she stated:

When you walk into a patient's room—if they are not of the same culture and

background—as soon as the students opens their mouth … I believe the

perception is—is that they are not smart—that they are stupid—and that's the patient's words not mine- my strategy was for them to not say anything - just to smile and touch—that connects you with the patient and then you can say hello slowly - once they start seeing you do things they can perceive your confidence and the rest will fall away.

Silvia. Silvia was a 55-year-old White non-Hispanic female who was born in the United States. Silvia had an MSN degree and taught as a full-time faculty member in a assoicate degree nursing program at a private college. Silvia had over nine years of experience teaching ESL nursing students. When she discussed obstacles ESL students face, she stated: "testing is a big issue because all testing is in English and even though we use words that we use daily … when they see it written—it doesn't translate and they have a lot of questions." When speaking about her interactions with the students, she stated:

> I would be looking at them and have eye contact and not understand a word that they're saying and I think if I'm not understanding … how is the patient … how is the family understanding—and where does the teaching come into place.

Peggy. Peggy was a 52-year-old White non-Hispanic female who was born in the United States. She held an MSN degree and was enrolled in a PhD program. She was working as a part-time faculty member at a private university and taught at the baccalaureate level. Peggy had over nine years of experience teaching ESL nursing students. When she discussed some of the challenges she encountered in the classroom, she stated:

You're just thinking everybody is getting it the same way—just thinking that their

understanding English the way English is supposed to be understood—but when

you go back and ask aquestions or when they ask questions—sometimes they

completely misunderstood what you were teaching.

When she referred to resources for the students, she stated " the last two universities that

I worked at had nothing … no resources put in place … so it was a faculty call on what to

do with the student—most of the time those students didn't pass to tell you the truth.

Diane. Diane was a 57-year-old White non-Hispanic female who was born in the

United States. She had an EdD degree and was a full-time faculty member at a private

university. Diane taught at the baccalaureate level and had 6-8 years experience teaching

ESL nursing students. When she spoke about her concerns, she stated:

I think language is a problem and think they have missed a lot of class discussion

because of that … I don't know for sure but I think that would be one of the reasons

for poor test scores … my ultimate concern in regard to language is in an emergency

situation - the safety of the patient because if their English is not good- they may

misinterpret or miss a lot of the order.

She further stated that "when they come in they almost got two languages to learn … they

have to learn the medical-ease plus English … we have to prepare them to take the boards

… so when they don't understand the terminology that is a huge barrier for success."

Each individual interview was transcribed and analyzed by the researcher using

the constant comparative method in accordance with the procedural guidelines of Strauss

and Corbin (1998). While open coding turned to axial coding, three main categories were

revealed: overcoming, coming to know, and facilitating. Within each category, several

subcategories emerged that encompassed the properties and dimensions of the main category. The next section discusses the emergent categories and verifies their meaning with supportive statements from the participants.

<div align="center">**Emergent Categories**</div>

Three dominant categories emerged from Phase I of the data collection process. Phase I included the individual interviews of 13 participants. Data saturation was reached after 11 interviews. Two interviews were subsequently held to verify that no new information was being added to the categories. Data were coded and analyzed on a continuous basis with participant responses being constantly compared in order to identify patterns and variations in the data. Field notes and memos were taken directly after each interview and throughout the research process. As data were collected, analyzed, and compared, conceptual patterns and relationships were discovered, and three dominant themes emerged. The emergent themes were: overcoming, coming to know, and facilitating. Each theme contained several subcategories that represented the meaning of the phenomenon. The core category that emerged from the open and axial coding process was Conscientization. The main categories will be discussed in the following section.

Overcoming

Overcoming referred to the ability to work through or surmount an issue, problem, obstacle, or situation (Brush, Kirk, Gultekin, & Baiardi, 2011). It is an active and conscious effort that is made willingly do to the desire to move beyond a difficult situation or set of circumstances. The concept of overcoming emerged from the responses and conversations of the 13 participants. The subcategories that emerged from

the concept of overcoming were language and cultural barriers, school environment,

attitudes, desire, and responsibility.

The concept of overcoming was explored by discussing the difficulties faculty

face teaching ESL students. All of the participants emphasized language and cultural

differences as being the most prominent barriers they encountered. Test taking was a

common concern. The time required to help these students was also seen as a challenge

but was given willingly by all of the participants.

Joanna stated: " sometimes they get questions wrong because they simply don't

have the vocabulary … it can be very very challenging. The language difference is

really a significant problem for them when it comes to understanding what is going on."

Michelle commented:

Sometimes the language barrier from my side to their side— I can't understand

their language—words are not fluent—words come out with a very broken accent

and that impedes me trying to get to them … they're trying their very best to tell

me but their English is so poor it makes it hard—it's a hard problem.

Ninja commented:

Every culture is different … how I would treat Hispanics who are more macho is

different than how I would treat the Haitian population … it's very complicated

… I have to have the cultural knowledge and awareness that I may need to

rephrase that just a little bit differently.

Language challenges also included difficulty with reading and writing as supported by

the following participants' statements.

Mary stated that "the grammar itselt can be difficult so not only is it affecting them verbally but also written communication is a concern."

Summer stated:

We have to be very understanding of the papers that we get and not come to the assumption that because it is so poorly written that this is an unintelligent or uneducated person—your gut reaction is - this is garbage because it is so hard to read.

The concept of barriers surfaced when the participants spoke of their school environment and faculty attitudes. Mary commented, "proprietary schools are popping up left and right and really seeking out these folks without making sure that we really have the support and resources to teach them."

Rerun replied: "It's so frustrating—minimal resources, minimal financing, and lack of management support because they want the student in and they want to get them out and that is the attitude that you feel you are getting sometimes."

Joanna commented:

We have people coming in with 3.5 GPAs, and when we do the English test, they are at a fifth-grade reading level … often that is not known before the start of the program and the results do not become apparent until midway through the first semester—too late—they've already failed two exams so I worry that we are setting them up to fail.

Peggy was the only participant that viewed her school environment as a source of support:

>…the facility I am at now is so culturally diverse … they have a lot of programs
>set in place to help the students and the other part of that component is that a lot
>of the faculty is also culturally diverse … the resources for the students right out
>of the starting gate are there—it's all pre-set up for them—wherever you are
>from—because they know they have so many culturally diverse students that are
>just going to need some support - that extra something.

Ten out of the 13 participants referred to the existence of other nurse faculty as having a negative attitude towards ESL students.

>Elise stated: "I think you find that nursing faculty has a broad range of people but the majority are white, older, Anglo-Saxon, and they may have a problem with it—having an open mind—they don't want to go there."

Peggy commented:

>I tended to always get the ESL students and they always would say nobody's
>listening to me—thinking why should we individualize teaching or assistance
>when they (students) should be on the same page with everybody else - but
>they're (students) not on the same page with everybody else.

>Empress stated: "sometimes I see an attitude like if they can't compete they can't compete … if they can't finish the program they can't - they can come back when they can read English."

All of the participants spoke of their desire to help these students. Ninja stated:

>I'd like to see each and every student that has the potential no matter where they
>come from … if they have a heart for nursing- I'd like to see that we have the
>resources, training, cultural competence, the caring, and compassion because we

need them—we need to grow these English as a second language students—no

matter what it takes.

Joanna commented: "I make myself available regularly and students know that
they

can come in and sit with me and go over anything."

Michelle reflected: "I go above and beyond because I want to see them succeed

… I spend extra time with them prior to them taking an examination." Though the desire

to overcome was apparent, the participants also expected the students be motivated and

take responsibility.

Michelle stated: "they (students) have to take the initiative and think that if

Dr.____ has given us this opportunity we must come." Diane stated: "it is the

responsibility of the student to identify when they are struggling and to come and seek

help." Dorothy also commented:

  The student has to come prepared to know that they are asking to work in the United

  States - as long as there is that understanding that they are willing to work hard to

  overcome and acknowledge that they have challenges - whether it is language or

  whatever—is the first step toward helping overcome it.. if the student is going to put

  the work in—I will be right there for them.

Overcoming language and cultural barriers involved the desire to help ESL students

succeed, although the majority of participants spoke of other faculty who did not embrace

the same willingness. It was also interesting to note that the majority of the participants

viewed their school environment as a barrier. Only one participant referred to her

environment as a source of support for the students.

Coming to Know

Bonis (2009) described knowing as a dynamic process that entails a unique personal experience that is constructed of objective knowledge integrated with subjective perceptions of experience. Its antecedants include experience, awareness, and reflection with the consequences of understanding, finding meaning, and transformation. Personal reflection is considered integral when an individual comes to know. The participants' comments revealed that they are in the process of coming to know and understand the ESL student. Coming to know encompassed the subcategories of awareness, understanding, sensitivity, caring, and acceptance. Through experience and exposure to other cultures, participants revealed an increased awareness and understanding of ESL students. Nine out of the 13 participants stated that they felt unprepared to deal with the challenges diversity brings. Four of the participants felt more comfortable in this area due to their cultural encounters and experience. Quotes from the participants support the theme of coming to know.

Peggy stated:

…I was not ready—no I don't think any of us are ready as educators unless we speak another language or at least are culturally competent dealing with other cultures—if you look around most of the faculty are of English descent American speaking only … we are very ignorant about other cultures and languages.

Ninja commented:

Being a Hispanic Latino and growing up in New York City, I was acquainted with many diverse cutures and peoples; plus, I've also been in the military for 12 years and have learned to rub shoulders with people of all walks of life … seeing the

world I think really enhanced my dealing with people and the students expecially

this student ... I think all those experiences have helped me.

Joanna stated:

We talk a lot about cultural sensitivity and cultural competence, but do we really

practice it? I think now I really am practicing at this … it is something that I have

grown into and learned with experience - interacting with the students … I hear

their stories, and you can see how hard it is for them.

V commented: "Having been to other countries where English is not the first

language - I quickly came to realize how scary and how frustrating that can be … it's

very scary when you can't comminicate very well."

Coming to know also involved going beyond an awareness to having a sensitivity,

gaining an acceptance, and caring about the students as revealed by the following

participant comments:

Summer stated: "I just know differently not more than … it's just having an

experience—a sensitivity that I did not have before I had that experience … I'm still

accepting and still growing as I learn about culture."

Diane commented: "I think caring encompasses that concern for other human

beings."

Elise stated: "It was a self-awareness and an acceptance- I think part of it is

because I am an accepting person anyway … it's been a growth for me, and I'll continue

to grow.

Michelle commented:

I like the challenge of learning about their culture and trying to understand it to

the best of my ability—it's been a very rewarding experience for me…when they

(students) see me in the hallway they say Dr____ let me give you a hug and a

kiss, that makes my day … so it's like I told them I said I want you to accept me

into your culture just as much as yours into mine.

It was clearly gleaned from the participants' comments that they wanted to better

understand the ESL student. All of the participants voiced a caring attitude and

acceptance of diversity. There was a realization being voiced as they all spoke of their

experiences and interactions with these students as they were coming to know.

Facilitating

Facilitating involves the act of deliberately supporting others by using

multifaceted strategies with the intent of progressing toward change (Doughery, Harrison,

& Graham, 2012). Attributes of facilitators involve being flexible in adopting different

styles, being responsive, having good problem-solving skills, being an active listener,

thinking strategically, being resourceful, and influencing change. Facilitating was

supported by the participants' statements. Some of the approaches used to assist ESL

students included changing the wording of exams, altering teaching strategies, offering

remedial help, and providing additional resources. Though the participants voiced a

willingness to help, they felt that there were limits to accomodating these students. The

subcategories of modifying, balance, and change emerged from the participants

comments.

Joanna stated:

I try to aim it down the middle so that it is not too hard and not too easy … I try to

make myself available for those students who are struggling, and I try to explain

things in a very simplified manner to them. I use a lot of visuals so that they can

see things, and I use different forms of teaching … different ways to look at

things and different resources so they can find whatever works best for them …

it's not one size fits all.

Rerun stated:

You have to use your teaching strategies very simplistically … I use PowerPoints

more than I'd like to and cannot be as interactive as I like … I use more role-play

so that you can see the character more … I use more learning labs and resources

… I don't make them do a lot of independent work … I give them case studies

that they can work in groups, and I try to mix the group up with people that speak

English very well.

Limits to modifying and accommodating ESL students were also voiced.

Empress stated:

I personally help every student as much as I can- no matter how long it takes but I

cannot make content easier—I can't make the tests easier it wouldn't work …

there's no sense spending two or three years in school and not being able to get

your license.

Dorothy replied:

I will remediate, I will take the extra time and do whatever … I am providing

NCLEX success workshops …but I do sometimes think we are making too many

accommodations for these students and I think nursing is suffering for it and because

of it - I feel really strongly about that.

Ten out of the 13 participants expressed the need for change in nursing education as revealed by the following comments:

Elise commented: "We probably should pay more attention to our standards … cultural competence is in our standards - we probably need to pull that through more."

Peggy stated: "Maybe some bits and pieces of curriculum need to change but it's the faculty who needs to change with the times - they need to be better prepared."

Ninja stated:

With the trend of ESL students coming we need to have the resources to help the faculty meet their needs …we need more diverse faculty not just to speak their language but to understand …we need to educate from within about different nationalities and ethnicities … so when approaching ESL students we can remember what we were taught-we need to break down some of these barriers so we can help them assimilate into our language.

All of the participants engaged in some form of facilitating; however, they also voiced that they expected the students to learn English. Empress stated: "I think it is their responsibility to learn English—when you don't—you isolate yourself and you won't grow." Mary commented: "to get into this program and be successful—to get through the prerequisites, you should be able to speak proper English." Though the participants willingly engaged in facilitating, there seemed to be no agreed-upon strategy that was more effective than another. It was also apparent that most were altering their teaching practices to better meet the needs of diverse students.

The individual participants represented a fairly heterogenous group of nurse faculty that represented different school environments, varied in age, ethnicity, and years of teaching experience. All educators were master's and/or doctorally prepared. The three dominant themes that emerged were grounded in the data provided by the participants.

Focus Group Characteristics

Four nurse faculty who were considered experts in nursing education agreed to participate in the focus group interview. These participants were selected based on the their years of experience teaching ESL nursing students. On the day of the scheduled interview session, one of the participants was unable to attend. The focus group thus consisted of three nurse faculty. All of the participants had over five years of experience and worked full time at the same university at a different school than the participants from Phase I of the data collection process. Prior to the interview, the participants were given an explanation of the purpose of the study and the rationale for the focus group. Each individual signed an informed consent and were reminded that the confidentiality of the information relayed during the interview process could not be guaranteed due to the nature of focus groups. Each participant chose a pseudonym and completed a demographic questionnairre. The interview was audio taped and transcribed by the researcher.

The participants remained very attentive during the interview process and for the most part spoke one at a time. It was apparent that one individual dominated the group, the Program Director, who would interrmittently monopolize the conversation by speaking first and talking for longer periods of time. Several times during the interview

process, the researcher would re-engage the others by asking if they had anything to add to the discussion. This strategy proved effective and helped to stimulate conversation among all the members.

Anna. Anna was a 61-year-old White non-Hispanic female who was DNS prepared and taught at the baccalaureate and master's degree level. Anna had over nine years of experience teaching ESL students and was currently the Nursing Program Director. She developed a multicultural course as part of the nursing curriculum. Anna stated that the student population at her university was very culturally diverse. She demonstrated a strong commitment to diversity as supported by her comments:

> We have been very commited to cultural acceptance and cutlural diversity. I was
> involved in developing a course in 2002 because I was seeing a real shift and split
> among our students … we use the Purnell and Purlanka model - it was eye-opening
> for the students and faculty … we have incorporated the threads of that course and
> have kind of woven it throughout our philosophical framework … it is evident
> throughout the program.

May. May was a 46-year-old White non-Hispanic female who was MSN prepared and enrolled in a DNP program. She taught at a master's degree level and had over nine years of experience teaching ESL nursing students. May spoke of her challenges working with ESL students:

> The comprehension of the readings that are assigned in the classroom … I had
> students come to me and say its just too much reading - having to look up words all
> the time ... they would ask me is there a way I could outline the chapter for them.

May also spoke of cultural challenges when she stated: "I think one of the things that has been a challenge for me is not recognizing that culturally many students hesitate to ask for help."

Beatrice. Beatrice was a 60-year-old White non-Hispanic female who was PhD prepared and taught at the master's degree level. Beatrice had over nine years of experience teaching ESL nursing students. She stated that she has taught courses in cultural competence at the graduate and doctoral level. When she spoke of herself as a teacher, she stated:

> I try to be a cheerleader because I hope that that will encourage them (students) to open up to me more and think that I probably give them some of my personality … because I do get so excited about nursing theories and research and the students hate that stuff (laughing) but that's what I try to do … I try to make myself available and I work with them (students).

Confimation of the Categories by the Focus Group

The purpose of the focus group was to impart valuable constructs that were based on the data obtained from the individual interviews and to validate the categories and subcategories that emerged during phase one of the data collection process. The dominant themes that emerged during the individual interviews were supported by the focus group participants. The following was an overview of the conversation that took place during the interview session.

Overcoming

The focus group participants confirmed the concept of overcoming. A strong and commited desire to overcome the challenges and barriers met with teaching ESL nursing

students was voiced by all of the participants. The challenges emphasized the limited English vocabulary of ESL students, difficulty with reading comprehension, poor writing skills, and cultural differences. In discussing their desire to overcome these challenges, they also spoke of the existence of negative attitudes among nurse educators that could impede their success.

Anna stated:

Sometimes students call me over to have me define a word for them- it's a word they need to make a point of learning- so I just tell them what the word means ... I will give you an example - we once had a student (ESL) who was very very weak in testing and failed a significant med-surg course … I never saw anybody work so hard … when she came back to repeat the course she worked so hard and did all the extra stuff … she graduated and passed her boards on the first time ... the instructor made that difference for her - she reached out to her … I've seen people who may have dismissed someone like that - thinking that person doesn't have a chance that person doesn't have prayer (appeared teary-eyed, wiping eyes with a tissue).

Beatrice commented:

Sometimes those words are not in their culture, so it's impossible for them to spontaneously know what they mean … I have spent inordinant amounts of time with them … here we have an academic support center and they are very good, very hands on but still when I'm grading their papers it takes me three times as long as it doesthe other students - but I do it because I feel that I need to.

May added:

Cultural challenges can definitely take the forefront— we've had cultural

challenges such as with homosexuality—how it is accepted in our culture—it can

be a challenge as well in the translation of becoming a nurse and supporting that

patient and presenting a nonjudgmental front regardless of what your beliefs are.

The participants did not see their school environment as being a barrier to overcoming;

they felt that adequate support services and resources were available for the students.

Anna stated: "We have an excellent library; it's small but it is very user-friendly and well

staffed, and all of the librarians are extremely helpful to students and will even help them

to do research."

Coming to Know

All of the participants spoke of an increased awareness as they came to know the

ESL student, confirming this category. Their comments reflected a breadth of experience

that contributed to their sensitivity, sense of caring, and compassion towards these

students. They spoke of being exposed to various cultures and growing from their

experiences due to their culturally diverse student population. All three participants were

involved in teaching cultural competence courses and have attended continuing education

in this area within the past five years.

Anna stated:

Our student population is so diverse … especially the black Caribbeans being the

majority group of our student population; we also have students from Haiti and

Jamaica—they comprise about 60% of our population … look at the photos (pulls

several photo albums from shelf, opens them, and points) … every group is

different … we have students from South America, India, Bangladesh-Tobago-

Trinidad- as well as from Europe … Russia … everyone here brings a unique

perspective to the education experience and into the relationships they form with

the faculty … I think more so than anything faculty have grown with learning

about students as people and not really focusing on the cultural differences but on

the similarities … I feel the students feel accepted and I don't think that they feel

culturally unaccepted or that bias exists towards them as a group.

May commented: "I think my views are continuing to evolve as I grow older and also as I

gain more experience … I hope that I am more sensitive to various cultures and aware of

my body language."

Beatrice stated:

Working with culturally diverse students has made me a much much better person

and much better teacher … I mean I started out in a very homogenous environment

and it was almost boring… I by nature have a very diverse background—I wasn't

challenged until I moved to South Florida -so I feel very blessed I much

enjoy my students.

Facilitating

The concept of facilitating was confirmed by all of the participants in the focus

group. Each participant spoke of their willingness to facilitate the success of ESL

nursing students. They discussed various teaching strategies they have used, though there

did not appear to be a uniformed method since each student was considered "unique."

They also perceived that nursing education was in the process of change.

Beatrice stated:

Thinking about my situation here, I think that we have a lot of support

academically … I say things like - no question is a stupid question and when they

respond I say things like that's really a good answer … I think this university does a

lot with our cohort model and everything to cluster our activites so it can fit with

busy lifestyles.

May commented: " I am trying to become more animated-to engage people that don't

necessarily speak English as their primary language to keep them visually engaged if I

can't keep them verbally engaged."

Anna stated:

We have tutors and the tutors are diverse—we have student tutors and I think

that's really helpful—we also have some faculty tutors … we have a culturally

diverse faculty and I think that is a huge thing … I think it is meaningful having

someone from your same ethnicity, it helps that student relate and there have been

times when if I was stuck on something I would go to those particular faculty for

some help or some advice—and interesting the faculty members who are Haitian

they would take ownership of their students … that contact was so strong that you

could not penetrate it—that was a huge huge thing to help those students.

When speaking about changes in nursing education, Beatrice stated: "Well, we are

actually in the lived experience of it, we don't know any different." May stated: "Yes,

that's a perfect saying, the lived experience." Anna commented: "Part of our

multicultural class we did luncheons (pointed to more photos) … it's important to make

opportunites to break down language and cultural barriers."

Based on the comments made by the focus group participants, the categories were

confirmed. The basic social process that influenced faculty attitudes and perceptions of

teaching ESL nursing students was conscientization. The following section discusses the core category and demonstrates the theoretical framework that was used to describe this basic social process.

The Basic Social Process: Conscientization

From the data collection and analysis process and the emergence of the three dominant categories, the basic social process of conscientization was revealed. The participants' viewpoints uncovered the development of a critical awareness that has led to their beliefs, actions, and behaviors. Conscientization was conceptualized as being the core category that uncovered and described the social process that influenced their attitudes and perceptions of teaching ESL nursing students. Paulo Freire (1970), in his book *Pedagogy of the Oppressed*, used the term "conscientizacao" when referring to the liberation of victims of injustice through the awakening of a critical consciousness (Freire, 1970, p. 36). Conscientizacao is the Portugese translation of conscientization. It is considered the process of engaging in the critical awareness of social reality mediated through common reflection, dialogue, and action. By engaging in conscientization, people discover the knowledge needed in order to uncover real problems and actual needs, initiate change, and progress towards recreating a situation for the betterment of all those involved. The process of conscientization involves attaining a higher level of intentional consciousness and may include gradual as well as revolutionary changes at multiple levels (Sleeter, Torres, & Laughlin, 2004).

Restatement of the Research Questions

As the researcher proceeded through the coding procedures outlined by Strauss and Corbin (1998), the core category, conscientization, emerged and answered the research questions that were used to guide the inquiry:

1) What are the critical factors that influence faulty attitudes of teaching ESL nursing students?

2) What are the critical factors that influence faculty perceptions in teaching ESL nursing students?

3) What challenges do faculty encounter in working with ESL nursing students?

4) Do faculty believe they are adequately prepared to facilitate the success of ESL nursing students?

Connection to Theory

The three dominant categories—overcoming, coming to know, and facilitating—revealed the process of conscientization. Conscientization influenced faculty attitudes and perceptions of teaching ESL nursing students and depicted the development of a critical consciousness as faculty increased their awareness and understanding of the changing reality of the learning environment. The common voice heard by the participants demonstrated that faculty was in the process of growing their level of consciousness as they interacted, communicated, and related with ESL students: "trying to get an understanding of what I don't know …there's so much to it, " "we're changing things," "we need to teach one another and grow," "realizing that we don't know the other like we're supposed to know the other … understanding somebody different," "we need to find a way." Figure 2 depicts the process of conscientization.
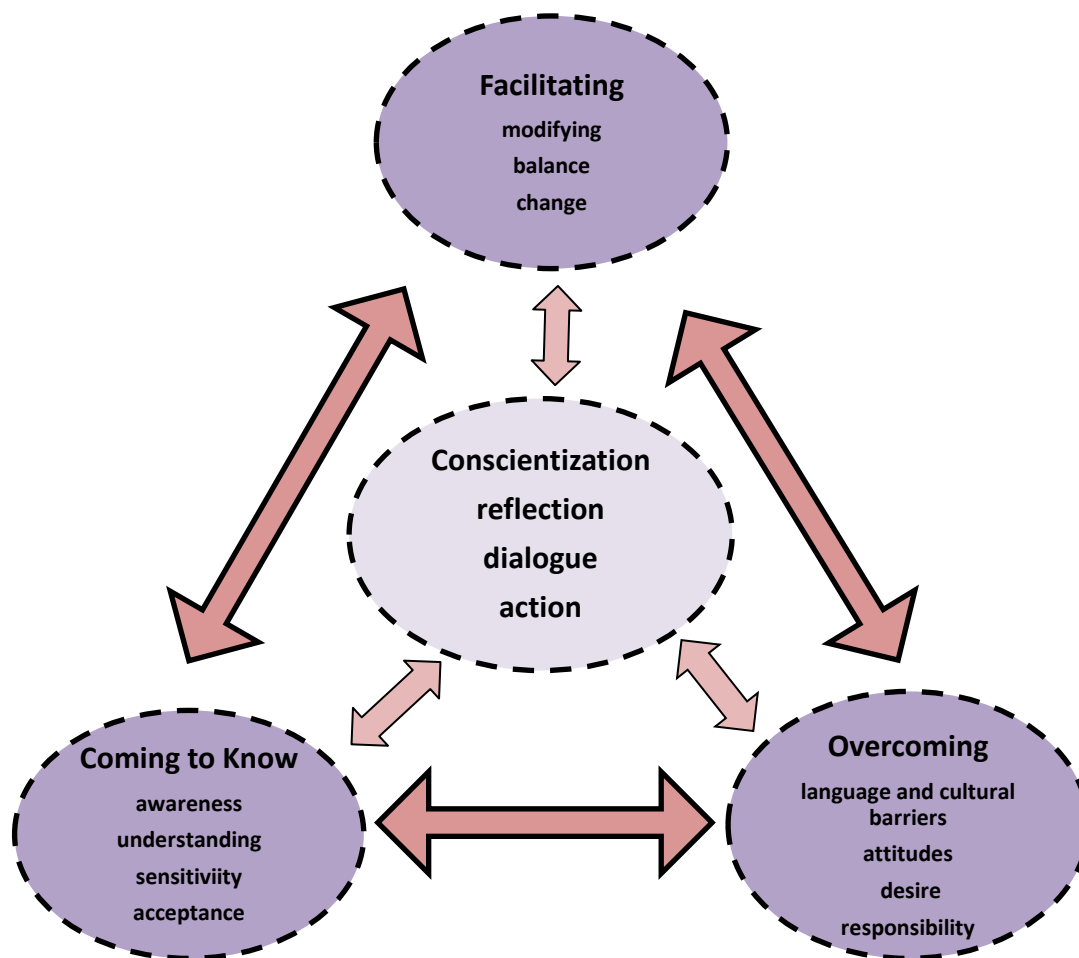
Figure 2. Conceptual model of conscientization (Starkey, 2013).

  The figure depicts that conscientization was the process faculty engaged in when overcoming barriers, coming to know, and facilitating the success of ESL students. The arrows back and forth and up and down demonstrate the process of conscientization. Conscientization involves an increase in awareness and realization that is needed in nursing education in order to create a culturally and linguistically inclusive learning environment. The categories contribute to conscientization just as engaging in a critical consciousness enhances the categories. Overcoming barriers, developing an increased

awareness, and progressing toward change are augmented through conscientization and vice versa. The categories are also inter-related. Overcoming involves coming to know and promotes facilitating the success of the ESL student just as facilitating involves coming to know and encourages faculty to overcome barriers. The relationships among the categories are enhanced through conscientization. The dotted lines around each of the categories and core category demonstrate that the process is open and fluid. The goal is to attain a higher level of consciousness in order to overcome, come to know, and facilitate the success of the ESL student. Conscientization is viewed as an ongoing process as faculty work to create equitable learning environments that will better serve ESL students and ultimately lead to greater diversity in the nursing profession.

Chapter Summary

This chapter discussed the data obtained from the participants during Phase I and Phase II of the data collection and analysis process. Phase I involved the individual interviews from 13 participants. Phase II involved the focus group made up of three participants who confirmed the dominant categories that had emerged during the individual interviews. The emergent categories that were revealed from the data were: overcoming, coming to know, and facilitating. These categories are viewed as the foundation of the theoretical model of conscientization.

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

The purpose of this grounded theory study was to explore the critical factors that influence faculty attitudes and perceptions of teaching English as second language nursing students. The intent was to move beyond description and use an inductive approach to generate a substantive level theory that explained the factors that influence teaching students with limited English proficiency. Using the grounded theory method, the basic social process of conscientization emerged. This chapter discusses the interpretation of the findings from this study and a comparision of the categories with current literature. The significance of the study, its strengths and limitations, and recommendations for future study are also presented.

Exploration of the Meaning of the Study

Grounded theory and the philosophical foundation of symbolic interactionism and pragmatism guided the inquiry of this study. The aim was to gain an in-depth explanation of the meaning faculty ascribed to the interactional processes occurring between ESL nursing students and faculty. Symbolic interactionism is based on three premises: 1) human beings act toward things based on the meanings they have for them; 2) the meaning of such things is derived or arises out of the social interactions one has with others; and 3) these meanings are dealt with and modified through an interpretive process used by the person as they interact with others (Blumer, 1969). "Thus symbolic interactionism sees meanings as social products, as creations that are formed in and through the defining activities of people as they interact" (Blumer, 1969, p. 5).

The major tenets of symbolic interactionism were heard among the participants as they discussed their social interactions with ESL students. Hearing faculty attitudes, perceptions, and behaviors revealed the meaning and offered an in-depth understanding of the critical factors that influence teaching these students. Using the procedural approach of grounded theory as described by Strauss and Corbin (1998) allowed the researcher to systematically gather data from a group of individuals who were able to offer valuable insight into the domain of the study. The symbolic meaning of the interactional processes occuring between ESL students and faculty were described by the three main categories that emerged from the data: overcoming, coming to know, and facilitating. Pragmatism was the philosophical premise from which a useful theoretical framework was developed that explained the basic social process involved in teaching ESL nursing students. Conscientization was the core category that formed the foundational framework of this theoretical model.

Friere stated that "conscientization refers to the process in which men, not as recipients, but as knowing subjects, achieve a deepening awareness both of the sociocultural reality that shapes their lives and of their capacity to tranform that reality" (Friere, 1998, p. 519). Friere proposed that by critically understanding reality through reflective dialogue, people can can transform a situation for the betterment of those involved. He referred to the concept of conscientization as reaching a higher level of consciousness where one begins to recognize and gain the knowledge needed to implement change. Though his specific reference was to the political and social situation in Latin America during the 1960s and 1970s, the process of conscientization has been widely used in pedagogical approaches today.

Conscientization became evident when hearing nurse faculty's voices as they discussed their interactions with ESL students. The participants' comments revealed that they were in the process of critically reflecting and gaining a more in-depth understanding of the changing reality of the learning environment. To various extents, all of the participants engaged in the process of conscientization as they eluded to diversity changing the social context of nursing education.

Interpretive Analysis of the Findings

The first two chapters discussed the background of the problem, purpose of the study, and examined the literature. The literature predominantly focused on the experiences and perceptions of ESL nursing students with a lack of information on the challenges faculty encountered teaching these students. Since this study focused on faculty perceptions, a deeper explanation of this phenomenon was gleaned. The analysis of the data from individual and focus group interviews revealed the emergence of the three main themes: overcoming, coming to know, and facilitating.

The subcategories that emerged during the open coding process supported the formation of the dominant categories. Throughout the interview sessions, the researcher heard similar concepts and themes. The emerging categories flowed from the data. Properties and dimensions of the subcategories and categories were also heard particularly when the participants addressed their school environment as being a barrier verses source of support. It was also interesting that most participants acknowledged their need to learn more about various cultures and enhance their level of cultural competence.

Overcoming was the category that emerged when the participants spoke of the challenges and barriers they encountered teaching ESL students. The participants emphasized language and cultural differences. Additional barriers also included the school environment and faculty attitudes. All of the participants voiced a desire to help ESL students although they emphasized that some faculty do not feel the same way. Interestingly, none of the participants voiced an unwillingness to put forth the effort, although they all felt the student should take responsibility and demonstrate the motivation to learn.

The data showed that faculty were in the process of coming to know the ESL student as they voiced an increased awareness, understanding, sensitivity, caring, and acceptance. Various examples of knowing revealed a growth in the participant's level of cultural awareness as they reflected on their experiences and exposure to various cultures. The researcher was surprised to hear the majority of participants acknowledge their feelings of unpreparedness and the need to expand their knowledge base in this area.

Facilitating followed the category of coming to know. All 13 participants used various supportive measures to help ESL students, though no uniform strategy was heard. They all voiced that content and nursing standards should not be compromised though the need to change aspects of nursing curriculum was revealed. The subcategories of modifying, balance, and change revealed the concept of facilitating. A comparision of these categories with the current literature is examined in the following section.

Overcoming

The participants in this study spoke of language and cultural barriers as impediments that affected their interactions with ESL students. Language and cultural differences were noted to be problems during test taking, reading, and comprehending academic material. Heavy accents also caused interpersonal difficulties. Cultural differences posed obstacles in the classroom and clinical setting. Though communication issues were predominantly voiced, all of the participants expressed a desire to understand and help these students succeed.

Brush et al. (2011) identified three main attributes of overcoming: 1) an ability to recognize or acknowledge that a problem or an impediment exists, 2) a determination to surmount a problem, and 3) the belief that efforts to change will improve a situation. In this study, overcoming referred to surmounting the difficulties that impact effective interactions between ESL students and teachers. This category was supported by the subcategories of language and cultural barriers, school environment, attitudes, desire, and responsibility. The participants' desire to overcome barriers were reflected in their comments. Negative faculty attitudes were viewed as an impediment:

Michelle stated:

I spend extra time with them prior to taking an examination … I have them come to a remedial workshop where I go back through the chapters discussed in class … I do not think that all faculty feel the same about giving extra time and working one on one with these students.

Mary commented: "I have asked students what can I do to help you - is there anything I can do?" Joanna stated: "by the time I get them into my class at the end of the program - they feel comfortable and realize that I want to help them."

Empress commented:

> If we understand the mannerisms—the lack of direct eye contact—the quietness … knowing they probably won't raise their hand or won't come to your office— they won't email you questions … so that helps me but puts the responsibility on me to seek them out … some of your old school teachers are like if you're successful, you are successful; if you're not—I don't care.

These findings were supported in a qualitative study, Amaro et al. (2006), who interviewed 17 ethic minority RNs who recently graduated. Findings from the study indicated that instructors were integral to helping ESL students overcome language and cultural barriers. Faculty who were patient, made themselves available, provided encouragement, and understood cultural differences were viewed as factors that helped the students cope. They also reported prejudice and negative instructors as a derrant.

Jirwe, Gerrish, and Emami (2010) conducted a qualitative study on student nurses' experiences of communication in cross-cultural care encounters. Using data obtained from 10 semi-structured interviews of final year students, three major themes were identified: difficulties in communication, communication strategies, and factors influencing communication. This study concluded that the students demonstrated the desire to overcome communication barriers through the use of interpreters, body language, artifacts, active listening, and setting aside sufficient time to explain. Several

of the participants from the individual and focus group interviews also spoke of similar

efforts:

Anna stated:

 Our psych instructor was teaching a class that involved suicide, and she was

talking about when a person takes a noose and hangs themselves … the students

didn't know what the word noose meant so she carried a noose in the trunk of her

car and when she taught that section she would bring the noose to class and hold it

up—that was pretty powerful.

May commented: "I try to engage ESL students by being more animated …

keeping them visually engaged if I can't keep them verbally engaged."

Dorothy stated: "The students many times have said they really appreciate the

time that I've taken to help them for success—because it had not been provided for them

previously … so it takes setting aside the time."

Taking responsibility was also a significant factor to overcoming. Empress commented:

"I think a lot of it is a matter of motivation- how much the student wants it … if you

really want it you could do it." V stated, "I wait for them (students) to recognize that this

is where they need to be … so they need to seek meaning or ask questions - so they can

be successful." Rerun commented, "the mentality has to be there—they have to want it

bad enough." Silvia stated: "if they don't believe in it and they don't want it bad enough,

it's not going to happen so I think they have to be the leader of this one."

Taking responsibility was also found as being an integral component noted in a

descriptive qualitative study conducted by San Miguel and Rogan (2011). Data compiled

from faculty assessments of ESL students in a clinical language support program revealed

two key themes: students who communicated well and students who needed improvement. The "good" students showed a willingness to learn and were self-directed (p. 117). Students who needed improvement were recommended to be more proactive, engaged in the learning process, and responsible for their own learning.

Wood, Saylor, and Cohen (2009) in a descriptive study used quantiative and qulaitative methods to gain a deeper understanding of the perceptions of locus of control (LOC) and the academic success of ethnically diverse baccalaureate nursing students. The sample included 106 nursing students in their second semester of a medical-surgical course. LOC was measured by the Review of Personal Effectiveness with Locus of Control Scale (ROPELOC). A statistically significant negative relationship was found between external LOC and medical surgical course grades (r= -0.21, p=.034). The higher the external LOC, the lower the course grade.

Building the students' self-confidence and giving them a sense of empowerment was also reflected in a few of the participants' comments.

V stated:

I pair them (students) with similar patients of language to empower them … that way they feel a sense of wanting to share ... that empowers the student and reinforces what they've learned … I use it as a strength in clinicals and a way to embrace their uniqueness.

Rerun commented: "The confidence of the student is very diminished because of the ESL problem—so you have to build their confidence—reinforce that they can do it."

McCloskey and Flenniken (2010) supported these findings in a qualitative study that examined the impact of cultural barriers and self-management of diabetes among

Hispanics in New Mexico. Information obtained from 40 in-depth interviews revealed

that a diabetic intervention program promoted a sense of empowerment and self-efficacy

that helped these individuals overcome cultural barriers that negatively impacted their

health.

The subcategory that showed various dimensions was the school environment.

Rerun, Mary, Empress, Joanna, and Diane spoke of a lack of academic resources as a

barrier where Peggy and the focus group participants viewed the school environment as a

source of support.

Empress commented: "We have a lot of resources, but we don't have anything

that specifically addresses language …we (faculty) created a 16-week program to address

those things … but we were turned down."

Rerun stated, "lack of resources, management support … it's not important

because of the economics."

Beatrice reflected: "We have an acadamic support center, and they are very good,

very hands on with the students."

Hyde (2004) examined multicultural organizational development in human

service agencies. Using an exploratory qualitative resesarch design data, environmental

challenges and managerial solutions were identified from in-depth interviews of 20

practitioners and 20 consultants. Agency climate was viewed as a predominant barrier

due to the lack of resources, economics, and the need for increased cultural awareness.

Challenges included the sociopolitical environment, level of organizational support, and

competence of the leaders. Solutions to overcome these challenges were more

collaborative relationships to increase resources, more supportive leadership, and careful

assessment and planning. These findings can be applied to the organizational climate of nursing schools implicating that adequate resources and support are needed to overcome the challenges of teaching diverse students.

Coming to Know

Coming to know was another dominant category that emerged from the participants as faculty described their experiences teaching ESL nursing students. As each participant shared examples of their interactions, the researcher could see that they were coming to know the ESL student. In this study, coming to know was defined as the process from which one learns or gains knowledge (Zander, 2007). The subcategories that were associated with coming to know were awareness, understanding, sensitivity, caring, and acceptance.

The Purnell Model for Cultural Competence depicted an organizational framework that consisted of 12 domains that could be used to increase cultural awareness and cultural sensitivity (Purnell, 2009). Purnell's theoretical framework viewed cultural competence as a nonlinear progression where a person can progress, regress, and progress to higher levels. Each domain included concepts to be considered when gaining a better understanding of a person's cultural beliefs, attitudes, values, practices, and behaviors. Becoming more culturally aware could improve one's ability to communicate and more effectively interact with individuals from various ethnic backgrounds.

Purnell's Model for Cultural Competence was used as the organizational framework to expand the cultural competence and cultural sensitivity of public health workers in a rural Haitian community in New Mexico. Phelps and Johnson (2004) conducted a case study that included data obtained from six semistructured interviews

with Haitian immigrants over a three-month period. Language was found to be the most significant barrier to obtaining health services. The health care workers incorporated Purnell's model into a website that facilitated their organization of cultural information and their provision of culturally sensitive care to the patients.

In comparison to the previous study, several of the participants referred to the Purnell model as a tool for increasing their level of cultural awareness. Anna from the focus group stated: "We use the Purnell and Purlanka model … I felt like we all needed to learn more about each other so we could be more accepting of each other and be a better team and better nurses." Summer commented, "staying consciously aware and staying in that place rather than falling back into being unconsciously unaware—that other place."

Experiences and exposure to various cultures also increased the participants' cultural awareness and cultural sensitivity. Peggy commented, "coming to understand somebody different from me … the more exposure I got, the easier it became to understand … like yes I know where you're coming from." V stated: "having been to other countries where English is not the first language—I came to realize how scary and how frustrating that can be—so I'm sensitive to that." Summer reflected: "It's just having experience … gaining a sensitivity that I did not have before that experience."

A qualitative study conducted by Smith-Miller, Leak, Harlan, Dieckmann, and Sherwood (2010) supported these findings by showing that short-term global immersion experiences can help enhance cultural awareness. A thematic analysis was performed by reflecting on papers written by 15 nursing students after observing workers in various nongovernmental agencies. Six themes revealed the students enhanced cultural

sensitivity: leaving the comfort of the familiar, bridging cultures, the impact of poverty, doing the best with what they have, giving a face to immigration, and understanding.

In a quantitative study, Beck, Scheel, De Oliveira, and Hopp (2013) tracked 22 Physician Assistant student self-assessments during a cultural sensitivity training program that was aimed at giving students repeated exposure to various dimensions of culture. Each student completed a cultural awareness survey at three different intervals during the course. The survey was based on 31 questions answerable on a 4-point Likert scale. Regression analysis found that student response scores were found to significantly increase throughout the duration of the course on all 31 items ($p=<.05$).

Peiying, Goddard, Gribble, and Pickard (2012) conducted a mixed method study that investigated whether a difference occurs in cultural sensitivity pre and post international clinical placement. Seventeen Physical Therapy, Occupational Therapy, and Speech Therapy students participated in a four-week cultural immersion experience in China or India. The Intercultural Development Inventory tool was used to measure cultural sensitivity pre- and post-placement. Paired sample t-tests found that overall cultural sensitivity scores increased; however, the only component that reached statistical significance was cultural acceptance and adaptation ($p=.03$). Experiences and reflections of the participants were analyzed using a phenomenological approach. The five themes that emerged from the student journals were adaptation, uncertainty, feeling humble, appreciating differences, and cultural development.

Similar themes were noted in the comments of the participants as they reflected back on how they have become more accepting. Elise stated: "My views have changed … it was a self awareness and an acceptance—I don't care if you're black, white, green,

yellow … it doesn't matter to me—I find it interesting to understand different things."

Joanna commented: "We talk a lot about cutural sensitivity and cultural competence- it is

something I feel like I have grown into and learned with experience." Summer stated: "I

think we have to maintain a humble stance … so I'm still accepting and still growing."

Anna, May, and Beatrice from the focus group also shared similar feelings. Anna

commented: "We have been very committed to cultural acceptance and cultural diversity

… we don't focus on the cultural differences but on cultural similarities."

Though cultural sensitivity was evident in the participants' discussions, over half

acknowledged their limited knowledge base in this area. Elise stated: "It is different

having friends that are from different islands—you think you know but you don't know

the culture—there's so much more to it—it's so in-depth." Peggy stated:

> If you look around, most of the faculty are of English descent and American
>
> speaking … we are very ignorant about other cultures and languages … I've met
>
> very few that speak another language so culturally they are very deficient—so we
>
> might be culturally sensitive but not competent—that's a big difference… you get
>
> some faculty in a position where they have ESL students and are very
>
> disenchanted with them and inherently it's the faculty that's not really helping
>
> them—so the competency goes right out the window.

Diane commented, "the different cultures—we don't have this in nurses … so how do we

communicate—how do we provide culturally respectful care … I definitely don't feel

that I'm at the point that I have the answers."

Adding support to these findings, a literature review conducted by Starr, Shattell,

and Gonzalez (2011) found that the status of cultural competence of nurse educators is

largely based on repeated exposure to diverse cultures, and they often do not feel competent or qualified to teach transcultural nursing. As reported previously, Sealey, Burnett, and Johnson (2006) in a quantitative study using a researcher designed survey instrument found that few faculty were confident in teaching transcultural concepts.

Dupre and Goodgold (2007) conducted a project to demonstrate that healthcare professionals can be unaware of their own ethnocentrism and prejudices. Six physical therapy students who attended an international commmunity service course in Nicaragua completed an open-ended questionairre survey pre and post trip. The Continuum of Cultural Competence (Cross, Bazron, Dennis, & Isaac, 1992) was used to stage the students level of cultural competence. Thematic analysis of the findings revealed that the students were initially culturally blind. After completing the experience, student responses revealed an increase in cultural sensitivity but also a self-awareness of their lack of cultural competence. Language was reported to be a significant barrier to understanding cultural differences. These findings suggest that even though cultural sensitivity can increase through experiences and exposure, one can still lack cultural competence.

Facilitating

All of the individual and focus group participants engaged in various methods of facilitating the success of ESL students. The majority of participants altered their teaching strategies to assist in enhancing the students' comprehension of academic material. In this study, facilitating is defined as "a deliberate and valued process of interactive problem solving and support that occurs in the context of a recognized need for improvement and a supportive interpersonal relationship" (Stetler et al. 2006, p. 6).

The subcategories that reinforced the main category of facilitating were modifying, balance, and change. Modifications voiced by the individual and focus group participants included offering more detailed explanations, active listening, implementing remediation programs, providing one-on-one tutoring, simplifying the language, allowing more time for test taking, mentoring, providing additional resources, and incorporating more visual aids. Diane commented:

> What I have done differently is … I have made more handouts with definitions with visuals—I've added more PowerPoint slides with pictures—thinking that will facilitate their understanding … and I really try to pay attention to facial expressions and try to read if whatever I am saying is not being understood.

Silvia stated: "I have helped write papers—helped correct them grammar wise … just supplying them and offering them resources that I know will be beneficial to them."

Joanna commented "I will simplify my teaching down to a very basic level—I try to explain things in a very simplified manner … I use a lot of visuals so they can see things."

Congruent with these findings, Lee, Sullivan, and Lansbury (2006) conducted qualitative study where physiotherapists modified their communication strategies to enhance the understanding of information for clients with limited English proficiency. Semi-structured interviews were conducted with a purposive sample of five physiotherapists. The most common methods used to enhance communication were the use of family interpreters, non-verbal communication in the form of demonstrations, gestures, facial expressions and visual cues, simplified use of the English language, isolated words in the clients' language, and bilingual therapists.

Bosher and Bowles (2008) found that linguistic modification of test items resulted in enhanced comprehensibility in ESL nursing students. A qualitative study was conducted with five ESL students who revealed that they were having difficulty with multiple choice tests. Interviews held with the students determined which items were to be modified. After linguistic modification, 84% of the items were reported to be more comprehensible than the original versions. Modifications included the use of shorter, simpler sentences, more direct questions, highlighting of key words, and use of question rather than completion format.

Though all of the participants gave examples of various methods of facilitating, they all spoke of keeping a balance between accommodating ESL students and their need to learn English. Mary stated:

> It is the students' responsibility to learn the stuff in English—they have to because that's the NCLEX—it wouldn't do us any good to modify it— modifying too much and bringing it down to a lower level of writing wouldn't help them because they wouldn't pass the NCLEX … I'll help them no matter how long it takes but I cannot make the content easier; it wouldn't work.

Silvia commented:

> If they don't have a solid English background—it's very hard for them … if I had my choice they would have to put a stop sign at the beginning- not letting them start unless they can speak English.

Michelle stated: "I think you have to draw the line at some point."

Joanna commented:

I don't think it's right to accept students when their English language capability is so low that they are not prepared for that higher level of study - we should identify those people well in advance—get those language labs and tutorials done well ahead of time before they come into the nursing program—otherwise we are setting them up for failure.

The importance of having a foundation of the English language and the success of ESL students was supported in a study by Rogan and San Miguel (2009). A descriptive interpretive design was used to evaluate the long-term effects of a language program that aimed to improve ESL students' communication in the clinical setting. Ten ESL students who had participated in the program were interviewed. Thematic analysis revealed two main categories: prior to the program, the students described a sense of not knowing that was associated with negative emotions. After participation in the program, the students reported they had a sense of knowing and felt more confident in their clinical interactions.

Koche et al. (2011) conducted a qualitative study that evaluated a web-based bioscience tutorial session aimed at improving the academic performance of first-year ESL students. Students were initially stratified by their level of English language proficiency using the ELAS. A total of 52 interviews were conducted using a structured telephone interview schedule to assess the students' perceptions of the intervention. The themes that emerged were: language as a barrier to achievement and self-confidence, the tutorial as a useful strategy to promote learning, and the focus on English in helping with their pronunciation and self-confidence.

Weaver and Jackson (2011) conducted a qualitative study that evaluated a four-day academic writing intervention strategy designed to support ESL first-year nursing students. Participants included 28 ESL students who were surveyed on the first and last days of the program. Thematic analysis uncovered two major themes prior to the intervention: problems understanding and problems expressing their understanding of the English language. After attending the sessions, the students reported more confidence, improved academic writing ability, increased comprehension of medical terminology, and better understanding of nursing program expectations. The findings from these studies lend support to the participants' comments regarding the need for language assistance for ESL students.

The subcategory of change was also revealed from the participants' comments. Change came in the form of recommendations made including increasing the diversity of faculty, available resources, time availability, English language competency, and cultural competence; changing admission criteria; and developing language assistance programs. Some of the comments included: "they should take an English course before getting into the nursing program to better prepare them," "we need to have the resources to meet the needs of ESL students and help for faculty to meet their needs," "more resources to address language needs," "changes in curriculum to focus more on diverse learners," and "we need to weave cultural competence into the program more." The focus group participants viewed nursing education as being in the process of change by referring to "actually being in the lived experience of it."

Congruent with the participants' comments, Forbes and Hickey (2009) conducted a literature review related to curriculum reform in nursing education. Four themes were

identified: incorporating safety and quality in education, re-designing curriculum, strategies to address content laden curricula, and using alternative pedagogical approaches. Exploring learning methods that are more conducive to a diverse student body was emphasized.

A recent qualitative study by Mulready-Schick (2013) explored how ESL students experience nursing education. An interpretive phenomenological approach was used to explore the students' lived experiences in the classroom. A purposeful sample of 14 ESL students from an urban community college in the Northeast United States were interviewed regarding their perceptions of what it meant to learn English and nursing at the same time. Four themes emerged: making adjustments, overcoming doubts and demonstrating determination, co-creating community, and staying open to possibilities. Success in the program required additional time and effort to learn the English language. Present pedagogies were reported to be ineffective along with the need to change current teaching strategies so that they are more centered on the learning styles of diverse students.

The findings of the research suggest that while nursing education reform should incorporate the changing demographic of the student body, it is also imperative these students have a solid foundation of the English language. If ESL students were better prepared in English, the complexities of teaching could be minimized. The needs of faculty also need to be considered including the time and resources. Interestingly, none of these studies referred to the needs of faculty.

The three dominant themes that emerged from the findings of this study have similarities to the current literature. The missing component was the theoretical

framework that explained the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students. The basic social process of Conscientization offered this explanation. The interrelationship of the three dominant categories captured the core category of conscientization.

Conscientization

The three dominant categories that emerged from the data encompassed the core category of conscientization. The basic social process of conscientization was the central theme that connected the main categories and supported their interrelationships with one another. In this study, conscientization was found to influence faculty attitudes and perceptions of teaching ESL nursing students. The attributes of conscientization further contributed to understanding the social interactions that take place between ESL students and faculty.

Freire (1970) wrote: " the awakening of the critical consciousness leads the way to the expression of social disconnects precisely because these disconnects are real components of an oppressive situation" (p. 36). Conscientization refers to gaining a critical understanding of a situation through dialoguing with others and reflecting on one's reality. Through this deep examination, one can identify the structures and oppression that are evident at the local, institutional, and societal levels (Sleeter et al., 2004). Evident in the participants' comments was their engagement in the process of conscientization as they reflected on their interactions with ESL students. Becoming more aware of the oppressive structure of the ESL student-teacher relationship was reflected in May's comment:

I had a student (ESL) who was not doing so well in the class and because were one on one she had the opportunity to open up to me and she explained that she hadn't come to me because she felt as though I knew so much that I may judge her- I told her that my job was to teach her and that she will know probably more than me in a very short time … I reflect back and wonder how many other students have been afraid to come to me and where did I lose them or was I that instructor that would overlook them.

Critical pedagogy has been used by teachers in various education sectors to provide students with opportunities to examine their social realities critically. Conscientization has also been explored in nursing education as a means to critically examine the issues of power and domination that can influence the learning process (Sleeter et al., 2004). Vickers (2008) discussed the need for a paradigm shift in nursing education where social justice is integrated into the core curriculum and used to generate opportunities to critically reflect on issues of disparities. The NLN (2009) has also called for reflection and dialogue among nurse educators to increase awareness of the status quo of the injustices that exist in nursing education and nursing practice. The awareness of social inequities was reflected by the participants: Mary stated: "You don't want to set them up to fail; you want to be fair, there are others on the other side of the coin who say they will never make it as a nurse ... I know instructors who have purposefully made things hard for them." Peggy commented, "different people different levels of acceptance … life experiences as a faculty member really opens your eyes."

Purnell's theoretical model can be used to demonstrate the continuum of cultural awareness and competency reflected by faculty in this study (Purnell, 2009). Progression

along the continuum was evident among several of the participants: Ninja stated: "It begins with faculty really seeing the faces in our classrooms and we don't ask them to conform we ask that we have clear communication so we can identify that they receive well, I need more time with you so I can teach you better." Elise commented, "faculty has the responsibility to acknowledge and recognize that these students are not stupid and they belong in our profession … we have a responsibility to educate ourselves … use better teaching techniques … provide multifaceted ways of teaching."

Nurse educators need to embrace the need to change as student diversity increases. The use of alternative teaching methods and strategies should be incorporated to meet the additional learning needs that take into account cultural and linguistic differences. Although change may be difficult due to the historic indoctrination of traditional practices, exploring new pedagogies is imperative to implementing inclusive learning environments (Warda, 2008).

The findings of this study support the social process of conscientization that has been taking place at various levels among faculty in nursing education. The core category from which the three main categories evolved: overcoming, coming to know, and facilitating provided an explanation of the factors that influence faculty attitudes and perceptions of teaching ESL nursing students. The significance of this study for nursing is more specifically addressed in the following section.

Significance of the Study

The significance of this grounded theory study was that it served to fill the gap in the literature regarding faculty perspectives of teaching ESL nursing students. The literature has been replete with various quantitative and qualitative studies regarding the

difficulties ESL students face in nursing programs but has given limited attention to

faculty. This study provided a substantive theoretical framework that explained the

social process involved in teaching ESL nursing students. The concepts of overcoming,

coming to know, and facilitating led to the central theme of conscientization. This

grounded theory model explained the critical factors that influenced faculty attitudes and

perceptions of teaching ESL nursing students and has various implications for nursing

education, nursing practice, nursing research, and health and public policy.

Implications for Nursing Education

The information gleaned from this study can be used as a premise for curriculum

re-development, the creation of more effective strategies to improve success rates for

ESL nursing students, and an increase in cultural competence among nurse faculty.

Initially, this study discussed that ingrained traditional educational practices may be

contributing to the attrition of ESL students. The findings from this study lent support to

the need for curriculum re-development that takes into account alternative learning styles

and the need for ESL students to be more proficient in the English language.

Encouraging the process of critical reflection and dialogue among faculty will enhance

the realization, planning, and implementation of the changes that need to be made in

order to meet the needs of diverse learners. Curriculum reform plays an integral role in

facilitating the success of ESL students.

A number of remediation programs have been implemented in various nursing

schools; however, a standard method to address the language needs of ESL students does

not exist. The theoretical framework presented in this study can be used to develop

language programs and standards that could be aimed at increasing proficiency of the

English language among these students prior to their entry into nursing programs. Having a solid foundation of English would better prepare ESL students for the higher level of reading and comprehension that is required in nursing.

Understanding the critical factors that influenced faculty's ability to effectively teach ESL students lent support to the need for increased cultural competence in all sectors of nursing education. As recommended by the AACN (2011) and NLN (2009), incorporating cultural competence in nursing curriculum and within faculty is imperative to enhancing diversity in nursing. Findings from this study point to the benefits that cultural experiences and exposure can have on increasing cultural awareness and sensitivity.

Implications for Nursing Practice

As diversity continues to increase in the general population, the diversity in nursing also needs to grow. The knowledge gained from study can be used to augment retention and graduation rates of ESL nursing students, which could in turn increase the number of diverse nurses in the clinical setting. Nurses from various cultural backgrounds could help to increase access to care, increase patient satisfaction, improve health outcomes of minorities, and decrease health care disparities (IOM, 2011).

Providing a voice to faculty and hearing their perceptions of the challenges and barriers they face teaching ESL students can be used to recruit and retain faculty from various cultural backgrounds. More diverse faculty will provide a vehicle to enhance the cultural understanding and competence among all nurse educators. Faculty will be able to work together to provide inclusive learning environments that facilitate the success of ESL students and increase the number of diverse nurses in practice.

Implications for Nursing Research

Research in the area of nursing education reform and alternative teaching methodologies is necessary to meet the needs of a diverse student population. The findings from this study can be used to conduct research into alternative pedagogies that can be utilized to facilitate the success of these students. This study provides a foundation from which nurse faculty can explore and develop methods of teaching that can be applied to students from various cultural and linguistic backgrounds. It also lends support to the need for language development centers. Measuring the effectiveness of alternative teaching strategies, remediation programs, and language programs is needed to find the methods that are most beneficial to these students. The findings from this study support the need for comparative studies in other areas that have high concentrations of ESL students.

The findings from this study also provided evidence that demonstrated commitment on the part of faculty to the creation of diverse learning environments. Having a better understanding of the challenges and barriers faculty face in this effort can enhance the support provided by universities and professional organizations. It also can be used to encourage an increase in the critical consciousness among all nurse educators in order to provide the collaborative effort needed to reform nursing education.

Implications for Health/Public Policy

The findings from this study offer policy makers support for the implementation of measures designed to provide resources and financial incentives for retention strategies specifically aimed at ESL students. The dominant categories of overcoming, coming to know, and facilitating were directly related to the policy implications regarding

recruiting, retaining, and improving graduation rates of ESL nursing students. Reflection and dialogue among nurse educators, policy makers, and stakeholders could enhance the ability of nurse faculty to effectively teach and promote the success of ESL students.

Financial support for universities, schools of nursing, and nurse faculty could also be enhanced to recruit more diverse faculty, provide additional learning resources, additional time to reform curriculum, develop alternative teaching strategies, and create language assistance centers that will increase the success of ESL nursing students. Additional time, resources, and attention should be given to the faculty who are involved and committed to graduating these students.

Nationwide collaborative efforts by nurse educators, hospitals, philanthropic organizations, and professional organizations could also be encouraged through the findings of this study. Current policies involving healthcare reform legislation, in particular the Patient Protection and Affordable Care Act that increased education loan amounts, provided workforce diversity grants, and loan repayment programs for nurse faculty, could be impacted (AACN, 2010). Understanding the factors that influence faculty's ability to facilitate the success of ESL nursing students could lead to greater diversity in faculty, an increase in success rates of ESL nursing students, and improved abilities of nurses to provide culturally responsive care to the public.

Strengths and Limitations

There were both strengths and limitations to this grounded theory study. Qualitative research allows the researcher the ability to explore the meaning individuals or groups ascribe to a social or human problem (Berg & Lune, 2009).

One of the strengths of this study was that it used the voices of nurse faculty from which to base its findings. Data grounded in the voices of faculty gave an in-depth understanding of the challenges that a diverse learning environment can bring. It also described the social processes involved in teaching ESL students and brought attention to an area that has been deficient in the literature.

An additional strength was the trustworthiness of the study. The credibility of the study was enhanced through the use of individual and focus group interviews and the purposeful sample of 16 nurse faculty participants. The individual and focus group participants represented faculty from different educational backgrounds, age groups, experience, and ethnicities. The participants also represented seven different universities/colleges from Martin to the Miami-Dade County area. The focus group participants were from a different school of nursing than the individual participants, adding another dimension to the study's findings. Faculty thus represented multiple perspectives, which added to the richness of the data. Since the focus group followed the individual interviews, it also provided confirmation of the study's findings.

The limitations of this study included the small geographical area represented, the lack of ethnic representation among the participants, and the researcher being a novice. Southeast Florida is only one of many locations in the country that is experiencing a high influx of ESL nursing students. The transferability of the study's findings is thus limited to the area and demographics represented in this study. With most of the participants being White Caucasian, there was a lack of diverse perspectives although ethnic representation was close to the current demographics of faculty in the United States.

Another limitation was that the researcher was a novice. Since this was the first grounded theory study conducted by the researcher, she was learning throughout the process. Guidance, however, was provided by experienced dissertation committee members.

Recommendations for Future Study

There are several recommendations for future research in this area. Replicating this study in other geographical locations would add to the knowledge gleaned from this original study. Conducting similar studies in other culturally diverse areas in the United States would add to the diversity of the sample and perspectives represented. Findings from comparison studies could serve to validate the findings from this study.

Quantitative studies on the subject of faculty teaching ESL nursing students are also recommended. Theory testing based on the results of this study would provide further evidence for substantiating this grounded theory model. Theory testing could include the development of an instrument to use as a tool to measure the constructs involved in each of the categories. The constructs could be based on the subcategories that were discovered from the findings of this study. For example, the category of coming to know could be measured by developing questions based on the constructs of awareness, understanding, sensitivity, and acceptance. The tools based on each of the categories could then be pilot tested, further developed, and used in future studies regarding this topic. Several hypothetical research questions could include: 1) Is there a relationship between overcoming, coming to know, and facilitating? 2) Is there a relationship between each of the categories and the academic performance of ESL nursing students? and 3) Is there a relationship between the categories and graduation

rates of ESL nursing students? Results from such studies could be used to develop interventions to enhance the process of critical consciousness among faculty and lead to the development of more supportive strategies for culturally diverse nursing students.

Since there is limited research on the cultural competence of nurse faculty, findings from this study could be used to develop cultural awareness and sensitivity courses geared specifically for faculty. The effectiveness of such interventions could be measured empirically. The impact of faculty cultural competence on ESL student success could subsequently be determined and be used to support and enhance ongoing education in this area.

The development of language support centers to prepare ESL students for the rigor of nursing school could also be a result of this study. The effectiveness of language centers on the success of ESL students could be studied qualitatively and quantitatively. Changes in nursing curriculum could then incorporate the language needs of students along with the most effective strategies proven to enhance their success.

Summary and Conclusions

Research regarding ESL nursing students has primarily been focused on the academic, personal, and social difficulties these students encounter in nursing programs. Faculty perspectives of teaching these students were found to be missing from the literature. This qualitative study using the grounded theory method explored the critical factors that influenced faculty attitudes and perspectives of teaching ESL students and thus added a significant component to the research on this topic.

Individual interviews with a purposive sample of 13 participants and a focus group interview with three faculty experts were used to gather relevant data. The three

dominant categories that emerged were: overcoming, coming to know, and facilitating. The core category that was developed to explain the basic social process of teaching ESL nursing students was conscientization. The conceptual model of conscientization demonstrated this social process, the relationship of the categories to the core category, and their interrelationships with each another. The theory of conscientization was substantiated by a thorough review of the literature that lent support to the findings of the study. Conscientization was found to be the social process that explained the perceptions and attitudes of faculty as they interact with ESL nursing students.

The findings from this study had implications for nursing education, nursing practice, nursing research, and health/public policy. The strengths and limitations of the study were also discussed. This study provided a basis from which future studies could be developed in the areas of nursing education reform, teaching strategies for ESL students, and the cultural competence of faculty. Studies such as this will ultimately lead to greater diversity in the nursing profession and enhance the ability of nurses to provide culturally responsive care.

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APPENDICES

APPENDIX A

BARRY IRB APPROVAL LETTER

BARRY
UNIVERSITY

OFFICE OF THE PROVOST
INSTITUTIONAL REVIEW BOARD   **APPENDIX A**

Research with Human Subjects
Protocol Review

Date:	July 8, 2013
Protocol Number:	130611
Title:	The Critical Factors that Influence Faculty Attitudes and Perceptions of Teaching English as Second Language (ESL) Nursing Students
Meeting Date:	June 19, 2013
Researcher Name:	Ms. Traci J. Starkey
Address:	
Faculty Sponsor:	Dr. Jessie Colin Nursing

Dear Ms. Starkey:

On behalf of the Barry University Institutional Review Board (IRB), I have verified that the specific changes requested by the convened IRB June 19, 2013 have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may therefore proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.
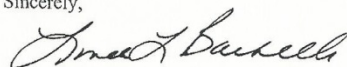
It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-

threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on June 30, 2014. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with and IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Barbara Cook at ████████ or send an e-mail to ████████ Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

Linda Bacheller, Psy.D., J.D.
Chair, Institutional Review Board
Barry University

Cc: Dr. Jessie Colin

****

Note: The investigator will be solely responsible and strictly accountable for any deviation from or failure to follow the research protocol as approved and will hold Barry University harmless from all claims against it arising from said deviation or failure.

APPENDIX B

INFORMED CONSENT FORMS

Colin, at ▮▮▮▮▮▮▮▮ or the Institutional Review Board point of contact, Barbara Cook, at ▮▮▮▮▮ Thank you.

Voluntary Consent

I acknowledge that I have been informed of the nature and purpose of this experiment by Traci J. Starkey and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this study.

_____   _____
Signature of Participant   *Date*

_____   _____
Researcher   *Date*

APPENDIX B
Informed Consent Form: Focus Group Participants

Barry University
Focus Group Informed Consent Form

Your participation in a research project is requested. The title of the study is **The Critical Factors That Influence Faculty Attitudes of Teaching English as Second Language Nursing Students.** The research is being conducted by Traci J. Starkey, a doctoral student in the College of Health Sciences, Division of Nursing at Barry University, and is seeking information that will be useful in the field of Nursing Education. The purpose of this study is to explore the factors involved in teaching and facilitating the success of ESL nursing students from the perspectives of faculty. The focus group will incorporate four to five nurse faculty participants.

Inclusion criteria for the focus group interview include:

- Nurse faculty who have had at least five years of experience teaching ESL nursing students in the classroom and/or clinical setting in an accredited associate and/or baccalaureate nursing program,
- Nurse faculty who are currently teaching in the classroom and clinical setting
- Nurse faculty who did not participate in the individual interviews.

If you decide to participate in this research, you will be asked to do the following:

1) Participate in one audio taped focus group interview that will last no more than one hour.
2) Fill out a demographic questionnaire

If you agree to participate in this research, you will be asked to meet with your principal investigator and three to four other participants for approximately one hour at an agreed upon date and time that will be convenient for all. Your consent to be a research participant is strictly voluntary and you may withdraw at any point in time during the study. Confidentiality cannot be guaranteed due to the nature of focus groups.

There are no known risks involved in this study. There are no direct benefits to the participants. In appreciation for your time, you will be given a 35.00 dollar gift card at the beginning of the interview whether or not you choose to complete the interview.

To the fullest extent of the law, as a research participant, the information you provide will be kept confidential, that is, no names or other identifiers will be collected on any of the instruments used. Due to the nature of the focus group process, there is no guarantee that confidentiality can be maintained. Any published results of the research will refer to pseudonyms that have been chosen by you. Audio tapes will have no identifiers and will be destroyed upon completion of the transcription. The signed consents will be kept in a separate location from the data; locked in a separate file drawer in the researcher's office. All data pertaining to the study will be destroyed after 5 years.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Traci J. Starkey at ███████████ my supervisor, Dr. Jessie Colin, at ███████████ or the Institutional Review Board point of contact, Barbara Cook, at

████████ Thank you.

Voluntary Consent

I acknowledge that I have been informed of the nature and purpose of this experiment by Traci J. Starkey and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this study.

_____   _____

Signature of Participant   *Date*

_____   _____

Researcher   *Date*

APPENDIX C

LETTER OF REQUEST FOR ACCESS

<div align="right">
Traci J. Starkey
Barry University
██████████████
</div>

Date

Name and address of Dean/Nursing Program Chair

Dear _____,

 My name is Traci Starkey and I am a doctoral student in the Division of Nursing at Barry University. I am currently conducting a research study for the partial fulfillment of my PhD requirements. I am requesting your permission to distribute a flyer to the nurse faculty requesting their participation in the study. The study is titled: The Critical Factors That Influence Faculty Attitudes and Perceptions of Teaching English as Second Language (ESL) Nursing Students. The purpose of the study is to explore the factors that influence teaching and facilitating the success of ESL nursing students.

 With your approval, I am requesting that the attached flyer be sent to all part time and full time nurse faculty members in the School of Nursing. The faculty may choose to contact me in accordance with the phone number and email provided on the flyer. Participation in this study is completely voluntary. All of the interviews will be face to face and should last no more than one hour. The times and locations will be at the discretion of the participants and will incorporate a quiet venue with minimal distractions such as an office or empty room. The participants may choose to withdraw from the study at any point in time.

 If you have any questions or concerns, please contact me, Traci J. Starkey at ██████████, my supervisor, Dr. Jessie Colin at ██████████, or the Barry University Institutional Review Board point of contact, Barbara Cook, at ██████████. Please let me know at your earliest convenience if I may have your permission and assistance with this nursing research study.

Thank you for your consideration,

Traci J. Starkey, MS, RN
Principal Investigator

BARRY
UNIVERSITY

COLLEGE OF HEALTH SCIENCES
DIVISION OF NURSING

APPENDIX C

LETTER OF GRANT OF ACCESS TO FACILITY

May 31, 2013

Traci J. Starkey MS, RN
Barry University

To Whom it May Concern:

Dear Mrs. Starkey,

On behalf of the Division of Nursing at Barry University, approval is granted for access to nurse faculty for the qualitative study entitled, The Critical Factors That Influence Faculty Attitudes and Perceptions of Teaching English as Second Language Nursing Students conducted by Traci J. Starkey MS, RN, Principal Investigator.

Sincerely,

Claudette Spalding, PhD, ARNP

Claudette Spalding, PhD, ARNP, CNAA
Chair, Division of Nursing
Associate Dean, College of Health Sciences

APPENDIX C

June 27, 2013
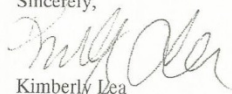
To Whom It May Concern:

This letter serves as written approval for the nursing faculty of the ███████████████ ████████ to participate in the doctoral study being conducted by Traci Starkey.

Sincerely,

Kimberly Lea
Campus President

KL/cc

APPENDIX C

LETTER OF GRANT OF ACCESS TO FACILITY

Date: June 19, 2013

Traci J. Starkey MS, RN
Barry University

Dear Mrs. Starkey,

On behalf of the Department of Nursing at ██████████████████ approval is granted for access to nurse faculty for the qualitative study entitled, The Critical Factors That Influence Faculty Attitudes and Perceptions of Teaching English as Second Language Nursing Students conducted by Traci J. Starkey MS, RN, Principal Investigator.

Sincerely,

Robyn Welch

Robyn Welch, MSN, RN

APPENDIX C

LETTER OF GRANT OF ACCESS TO FACILITY
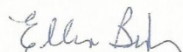
Date: June 10, 2013

Traci J. Starkey MS, RN
Barry University
██████████████████

Dear Mrs. Starkey,

On behalf of the ███████████████████████████████ approval is granted
for access to nurse faculty for the qualitative study entitled, The Critical Factors That
Influence Faculty Attitudes and Perceptions of Teaching English as Second Language
Nursing Students conducted by Traci J. Starkey MS, RN, Principal Investigator.

Sincerely,

Ellen Bedu

Ellen Bedu MSN, RN
██████████████████

APPENDIX C

LETTER OF REQUEST FOR ACCESS

██████████████████

Dear Dr. Bartolone,

I am a principal investigator conducting a research study for partial fulfillment of my PhD requirements. I am requesting your permission to distribute a flyer to the nurse faculty in th e Division of Nursing requesting their participation in the study. The study is titled: The Critical Factors That Influence Faculty Attitudes and Perceptions of Teaching English as Second Language (ESL) Nursing Students. The purpose of the study is to explore the factors that influence teaching and facilitating the success of ESL nursing students.

With your approval, I am requesting that the attached flyer be sent to all part time and full time nurse faculty members in the School of Nursing. The faculty may choose to contact me in accordance with the phone number and email provided on the flyer. Participation in this study is completely voluntary. All of the interviews will be face to face and should last no more than one hour. The times and locations will be at the discretion of the participants and will incorporate a quiet venue with minimal distractions such as an office or empty room. The participants may choose to withdraw from the study at any point in time.

If you have any questions or concerns, please contact me, Traci J. Starkey at ████████ my supervisor, Dr. Jessie Colin at ████████ or the Barry University Institutional Review Board point of contact, Barbara Cook, at ████████ Please let me know at your earliest convenience if I may have your permission and assistance with this nursing research study.

Thank you for your consideration,

Traci J. Starkey MS, RN
Principal Investigator

Hi Traci,
I would be happy to assist you. Send me the information and I will get things moving.

Priscilla Dunson Bartolone, DNS, RN

██████████████████████

APPENDIX C

Ann Hubbard, ARNP, Ed.D, CNE

Date: June 4, 2013

Dear Dr. Hubbard,

    I am a principal investigator conducting a research study for partial fulfillment of my PhD requirements. I am requesting your permission to distribute a flyer to the nurse faculty in the Division of Nursing requesting their participation in the study. The study is titled: The Critical Factors That Influence Faculty Attitudes and Perceptions of Teaching English as Second Language (ESL) Nursing Students. The purpose of the study is to explore the factors that influence teaching and facilitating the success of ESL nursing students.

    With your approval, I am requesting that the attached flyer be sent to all part time and full time nurse faculty members in the School of Nursing. The faculty may choose to contact me in accordance with the phone number and email provided on the flyer. Participation in this study is completely voluntary. All of the interviews will be face to face and should last no more than one hour. The times and locations will be at the discretion of the participants and will incorporate a quiet venue with minimal distractions such as an office or empty room. The participants may choose to withdraw from the study at any point in time.

    If you have any questions or concerns, please contact me, Traci J. Starkey at ████████, my supervisor, Dr. Jessie Colin at ████████, or the Barry University Institutional Review Board point of contact, Barbara Cook, at ████████ Please let me know at your earliest convenience if I may have your permission and assistance with this nursing research study.

Thank you for your consideration,

Traci J. Starkey MS, RN
Principal Investigator

Traci,
I have forwarded your information to the nursing faculty.

Take care and best wishes,
Ann Hubbard

APPENDIX D

FLYER

NURSING FACULTY VOLUNTEERS NEEDED FOR RESEARCH STUDY!!

Your participation is being requested in a Nursing Research Study to explore the factors that critically influence faculty attitudes and perceptions of teaching English as Second Language (ESL) Nursing Students

Two Groups of Participants Are Needed:

Group 1: Individual Interviews - Full time and part time Nurse Faculty who have had at least one year experience teaching ESL nursing students in the classroom/clinical setting and are currently teaching in the classroom or clinical setting. A maximum of 20 participants is needed. You will be asked to participate in two interviews; the first lasting no more than one hour and the second lasting 15 minutes via phone or in person to confirm the information obtained.

Group 2: One Focus Group Interview - Full time and part time nurse faculty who have had at least five years of experience teaching ESL nursing students in the classroom and/or clinical setting and are currently teaching in the classroom and clinical setting. A maximum of five participants are needed. You will be asked to participate in one focus group interview that will last no more than one hour.

★**A 35.00 dollar gift card will be given as a token of appreciation for your time and participation in this study.**

Thank you!
Traci J. Starkey, MS, RN Principal Investigator (nursing doctoral student at Barry University, Florida) ▬▬▬▬ **or** ▬▬▬▬

➢ *Barry University Faculty Supervisor: Dr. Jessie Colin*
   ▬▬▬▬

➢ *Barry University IRB Contact: Barbara Cook*
   ▬▬▬▬

APPENDIX E

GUIDE FOR INDIVIDUAL INTERVIEW QUESTIONS

Probing questions:

1) What are your experiences and thoughts on teaching ESL nursing students?

2) What are the critical factors that you feel may hinder or facilitate the success of

English as second language nursing students?

3) What challenges do you encounter in teaching ESL nursing students?

4) What are your thoughts regarding feeling adequately prepared to teach and facilitate

the success of ESL nursing students?

Additional questions/prompts:

1) What are some of the resources and strategies that you feel may help these students

succeed?

2) Describe what you perceive should be the role of the educator, student, and university

in facilitating the success of ESL students.

3) Describe any implications of having ESL students in the classroom/clinical setting.

4) Is there anything else you would like to add about your experiences and thoughts

regarding teaching ESL nursing students?

APPENDIX F

GUIDE FOR FOCUS GROUP QUESTIONS

Probing Questions:

1) What are your experiences and thoughts on teaching ESL nursing students?

2) What are the critical factors that you feel may hinder or facilitate the success of English as second language nursing students?

3) What challenges do you encounter in teaching ESL nursing students?

4) What are your thoughts regarding feeling adequately prepared to teach and facilitate the success of ESL nursing students?

5) Can you comment on the following themes (will list) that emerged during the individual interviews?

APPENDIX G

DEMOGRAPHIC QUESTIONNAIRE

Please answer the following items as completely and honestly as possible by circling the correct response. If you do not feel comfortable answering any of the question(s), please leave the item blank and go on to the next one.
If any answer does not exactly fit your experience, use the answer choice that best represents you. For those questions that do not have responses to circle, add the information that you feel is necessary after the question.
Again, you are not being asked to write your name anywhere on these pages so your responses will remain anonymous

Thank you for participating in this project!

Age: _____

Gender: _____Male
       _____Female

Race: _____White non-Hispanic
      _____ Hispanic or Latino
      _____ Black or African American
      _____ Asian
      _____American Indian or Alaska Native
      _____Native Hawaiian or other Pacific Islander
      _____Two or more races
      _____Other

Ethnicity: _____American
      _____Haitian
      _____Jamaican
      _____Caribbean
      _____Polish
      _____Spanish
      _____Mexican
      _____Cuban
      _____Puerto Rican
      _____Honduran
      _____Guatemalan
      _____Chinese
      _____Japanese
      _____Russian
      _____Other
Title/Position: _____

Level of Education:
_____BSN
_____MS/MSN
_____PhD
_____DNP
_____EdD

Nursing Program you are currently teaching in:
_____Associate Degree
_____Baccalaureate
_____Master's
_____Doctorate

The setting you are currently teaching in:
_____Classroom
_____Clinical
_____Classroom and clinical

How many years of experience do you have teaching English as second language students (ESL)?
_____less than 1 year
_____1-3 years
_____4-6 years
_____6-8 years
_____ 9+ years

What languages other than English do you speak?
_____Spanish   _____Other (please list below)
_____Creole
_____French

Have you ever taken any courses/seminars on cultural competence?
_____No
_____Yes
_____within last five years
_____it's been over five years

Comments:
_____
_____
_____
_____

APPENDIX H

INTERVIEW PROTOCOL

1. Introduce researcher to the participant.

2. Explain the purpose of the study, the types of questions to be asked, the expected time frame for the interview, the ability to stop the interview and/or withdraw from the study at any point in time, the process of audiotaping and transcribing the interview, and the methods being used to maintain confidentiality and anonymity. For the focus group interview explain that the confidentiality of information may not be possible due to the nature of the focus group process.

3. Ask participant if he/she has any questions and give informed consent form to be signed by participant.

5. Ask the participant (s) to choose a pseudo name to be used as an identifier.

6. Give the participant (s) the 35.00 dollar gift certificate prior to beginning the interview.

7. Distribute the demographic questionnaire to fill out.

9. Conduct the interview using the guide for the individual or focus group interview questions.

10. Thank the participant(s) at the end of the interview.

11. For the individual interview, inform the participant that the researcher will be sending the transcription via email within two days. Schedule the time for member checking either over the phone or in person within one week.

12. Take several minutes to self-reflect, take field notes, and journal thoughts and feelings.

13. Transcribe the interview.

14. Analyze the data, write memos and journal.

CURRICULUM VITAE

Traci J. Starkey MS, RN

January 17, 1959	Born – Buffalo, NY
June 1983	BSN, D'Youville College Buffalo, NY
1983-1985	Staff Nurse, Doctors Hospital Lake Worth, FL
1985-1986	Staff nurse, Pediatrics, Bethesda Memorial Hospital, Boynton Beach, FL
1987-1989	Nurse Manager, Pediatrics Bethesda Memorial Hospital Boynton Beach, FL
1989	MS Health Care Administration Nova Southeastern University Davie, FL
1989-1990	Director, Quality Improvement Risk Management Wellington Regional Medical Center, Wellington, FL
1990-1992	Director of Nursing, Quality Improvement, Risk Management Charter Hospital, West Palm Beach, FL
1992-1999	Quality Improvement Coordinator, Trauma Service St. Mary's Medical Center West Palm Beach, FL
1999-2002	Medical–Legal Consulting Per Diem
2009-present	Nursing Instructor – Associate Degree

Keiser University
West Palm Beach, FL

2013   PhD, Barry University
                                             Miami Shores, FL

Professional   Sigma Theta Tau Honor Society
Organizations   American Nurses Association
                                             National League for Nursing