AMERICAN NURSING FACULTY'S EXPERIENCES WITH INTERNATIONAL, ELL, AND ESL NURSING STUDENTS IN BSN DEGREE PROGRAMS

by

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Abstract

This basic qualitative dissertation research study addressed the question of how American nursing faculty describe their experiences with international, English language learner (ELL), and English as a second language (ESL) baccalaureate degree nursing students. There is a call to increase the number of diverse nursing graduates to meet the need of a globalized nursing profession. Previous researchers sought to identify, understand, and address the challenges these nursing students face in the United States nursing programs. Nursing faculty's level of environmental and academic support, positive rapport, and welcoming attitude play a vital role in the transitions of nursing students into their education. Previous researchers identified teaching strategies that best supported diverse (international) nursing students, but few explored the nursing faculty's perspectives of their teaching and learning experiences with international, ELL, and ESL students while identifying the resources the nursing faculty need to enhance their teaching. This study explored American nursing faculty's awareness of their resources, their perception of the benefit of using their resources, their ability and confidence in supporting international, ELL, and ESL students, and their perception of the support they need or receive from their college/university and nursing program. Data were obtained from semi-structured, open-ended interviews using a nonprobability, purposeful sample of 18 master's-prepared American nursing faculty who teach international, ELL, and ESL students in Bachelor of Science in Nursing degree programs. Data were organized and analyzed utilizing thematic analysis. The researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of

teaching support; and (e) nursing faculty's use of resources. This data will help transform

teaching strategies within American nursing programs and colleges/universities as they calibrate

their faculty resources to further support international, ELL, and ESL nursing students.

Dedication

I dedicate this work to my friends and family, who almost forgot what I looked like, yet continued to cheer for me as I developed a relationship with pen and paper. Thank you for still inviting me to events knowing I would decline. To my students, thank you for believing in me. To my children, my five playful, talented, active, and loud children, thank you for being my biggest supporters. Each one of you have been my inspiration, encouragement, and motivation to hurry up and finish. To my dear son, Traeh, my "heart spelled backward." I almost gave up when you died. Thirteen years was not nearly long enough. I will make you proud. I have made my way through the finish line, not just to it. As I promised, we can watch that movie now.

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CHAPTER 1. INTRODUCTION

The National League for Nursing (NLN) emphasized the need for diversity and quality

healthcare to form a solid bridge towards increasing patient access to care, improving patient

health, and minimizing health disparities (NLN, 2016b). Health disparities continue to exist,

especially in underserved patient populations, such as racial and ethnic minorities, patients in a

rural area, and lower socio educational and socioeconomic groups (Diaz, Clarke, & Gatua, 2015;

Healthy People 2020, 2014a, 2014b). The NLN (2016a) supports diversity and inclusion in

nursing education as well as in nursing practice and is committed to providing nursing education

to students who will transition after graduation into professional nurses who value diversity and

inclusion, which will improve the overall health of the global population of patients. According

to Bednash (2018), nurse leaders acknowledged the strong relationship between a culturally

diverse nursing workforce and the ability to provide patient care that is both high quality and

culturally congruent. As a result, nursing programs, and nursing education as a whole, are

charged with the task of increasing the number of diverse students who not only enroll in nursing

programs but also progress and successfully graduate from them (NLN, 2016a).

There has been an increase in the number of international students, English language

learners (ELL), and English as a second language (ESL) students enrolled in nursing programs in

the United States (Del Fabbro, Mitchell, & Shaw, 2015; Genovese, Schmidt, & Brown, 2015)

and increased demand for the globalization of nursing education. Researchers demonstrated

international, ELL, and ESL students have higher attrition rates and poor academic performance

(Zheng, Everett, Glew, & Salamonson, 2014). Historically, Hansen and Beaver (2014) also

stated that nursing students whose first language is not English have lower first time National

Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates. The pass rates of ESL students bring into question whether or not effective strategies exist to support these students, are faculty aware of these strategies, and to what extent do faculty employ these strategies. Faculty play a vital role in the acquisition of knowledge and the transition of international, ELL, and ESL students into nursing education; therefore, it is essential to consider how they view the experiences with these students (Vardaman & Mastel-Smith, 2016).

Vardamen and Mastel-Smith (2016) described the lived experiences of international students as they transitioned into nursing programs in the United States but did not consider the perceptions of faculty involved in this transition. Del Fabbro et al. (2015) identified the need to understand how faculty experience and teach classes that include international students; however, a limited amount of research is available that describes the experiences and needs faced by both students' and faculty's perspectives. Exploring the experiences faculty have with teaching international, ELL, and ESL students in this dissertation study brought forth a new body of knowledge aimed at promoting an increase in positive student learning outcomes. In response to the identified challenges international students face when enrolled in nursing programs outside of their native countries, faculty perspectives and insights must be considered (Mackay, Harding, Jurlina, Scobie, & Khan, 2014). Historically, Ume-Nwagbo (2014) conducted a study that showed a significant, positive correlation between the extent of cultural competence among nurse educators and the number of minority nursing graduates from nursing programs. Additionally, Baghdadi and Ismaile (2018) and Farber (2018) suggested that nursing faculty are less confident about their transcultural knowledge and understanding and only have a moderate level of cultural competence.

Background of the Study

As the patient population continues to grow more culturally diverse, the opportunity for errors related to poor cultural awareness and understanding increases, which may negatively impact the patient outcomes. These errors contribute to increased patient acuity once hospitalized, poor patient compliance and follow-up, decreased preventive care, and increased healthcare costs (Barnes Jewish Hospital, 2014). This change in diversity among patients raises the need to develop a greater understanding of culture and how nurses can deliver safe, quality care in a way that acknowledges the specific needs of culturally diverse patients (Abitz, 2016). The best way to provide appropriate, culturally congruent care is to increase the number of culturally diverse nurses. A nursing workforce that is reflective of the patient population improves communication, understanding, and empathy, which fosters healthy, trusting nurse/patient relationships and interactions (American Association of Colleges of Nursing [AACN], 2017). Diversity and inclusion in nursing practice combine cultural perspectives and insights and ethical codes, values, and behaviors that demonstrate better collaboration of care, which leads to better patient care and improved patient outcomes and satisfaction (Schmidt, MacWilliams, & Neal-Boylan, 2017).

Nursing programs are encouraged to produce more culturally diverse nurses (AACN, 2015, 2017; NLN, 2016b). International students continue to enroll in nursing programs in the United States in growing numbers, which poses a challenge to nursing education (Vardaman & Mastel-Smith, 2016). Researchers suggested that international students have additional needs that must be addressed to improve and promote academic success (Henderson, 2016; Mackay et al., 2014; Mooring, 2016). The teaching and learning styles international, ELL, and ESL

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students have experienced previously may differ significantly from the Western method of teaching in the United States. For many of these students, English may be a second language, which creates less than optimal experiences understanding accents, pace, terminology, and word choices (Henderson, 2016). International students are often unable to translate terms in the English language into other languages, which also poses a problem for students who may have been born in the United States but are classified as ELL and ESL students. Thompson (2018) discussed the critical concept of English comprehension. Although international, ELL, and ESL students must pass an English Writing Proficiency examination, many still have trouble understanding spoken English. Furthermore, some students may be familiar with conversational English; however, these students may have difficulty understanding the technical language and a unique jargon found in nursing content (Thompson, 2018).

Khawaja, Chan, and Stein (2017) suggested that international, ELL, and ESL students need support from educational programs to overcome the barriers and challenges they face as they transition to Western education. Colleges and universities should provide counseling services to introduce resources and interventions. At the same time, nursing programs should consider adding coping and management of second language issues into the curriculums and organize activities that promote student interaction between international, ELL, and ESL students and domestic students (Khawaja et al., 2017). Vardaman and Mastel-Smith (2016) conducted a qualitative study that described the lived experiences of 10 international students from eight different countries of origin in nursing programs in five states. Patterns and themes emerged based on the transitions theory that suggested a need to develop a curriculum that

addresses the academic, language, pedagogical, clinical, social, and cultural needs of these students.

Fuller (2018) described ways to improve international student outcomes through teaching strategies that increased student engagement and the learning experience. Meanwhile, Crawford and Candlin (2018) discussed the importance of utilizing different teaching approaches including English language support programs during the semester breaks, ongoing focus on reading and writing using an English language testing system, increased use of clinical terminology, and encouraging awareness of how faculty lecture styles impact diverse student learning. Individuals with strong accents reported difficulty communicating with healthcare professionals, patients, and families (Crawford & Candlin, 2018). The American Speech Language Hearing Association (ASHA, 2019) reported that a perceived strong or thick foreign accent might pose difficulties for native English speakers to understand. Also, Del Fabbro et al. (2015) conducted a study that examined and enhanced the teaching experience of international students through participatory action research (PAR). It was determined that the themes identified will help to encourage faculty to address their concerns with teaching international, ELL, and ESL students (Del Fabbro et al., 2015).

Researchers provided strong evidence of the additional challenges international students face when enrolled in nursing programs outside of their native countries. Harvey, Robinson, and Welch (2017) conducted a study that investigated the experiences of international students whose families remained in their native country. They revealed four themes: living with emotional turmoil, living in a world of negativity, living with an expectation to cope, and driven by personal ambition (Harvey et al., 2017). Additionally, Henderson, Barker, and Mak (2016)

conducted a study that revealed how cultural differences impact communication, which is a vital factor in successful international, ELL, and ESL student outcomes, such as prejudice based on cultural diversity, being unfamiliar with cultural boundaries, stereotyping cultural behaviors, and difficulty understanding English. Also, Khawaja et al. (2017) conducted a study that revealed a significant relationship between spoken second language anxiety (SLA) and academic-related stress in international nursing students.

Moreover, according to Morton-Miller (2018), nurse educators may have little knowledge of how to address cultural competence regarding their diverse students. In addition to this limited knowledge, students from diverse cultural and ethnic backgrounds may view nurse educators' behaviors, motivation, and commitment to the nursing profession from perspectives that are very different from the perspectives of educators. This gap may not be seen or acknowledged by nurse educators (Morton-Miller, 2018). The United States nursing programs are charged with the task of diversifying nursing education and increasing the enrollment and graduation rates of underrepresented racial and ethnic minority students (National Academy of Sciences, 2016).

The framework of this study was supported by James Banks's (1993) contributions to the concept of multicultural education and cultural responsiveness. Banks (2010) conceptualized the five dimensions of multicultural education as a way to enhance culturally responsive teaching: content integration, the knowledge construction process, prejudice reduction, equitable pedagogy, and empowering school culture and social structure. Banks's (1993) contribution to the concept of multicultural education and culturally responsiveness and his conceptualization of the dimensions of multicultural education can be referenced to promote cultural competence in

nursing education to increase the retention of students who will progress to become nurses that are more representative of the current patient population.

Need for the Study

The need for more diversity in healthcare to meet the needs of a growing population of diverse patients and the increasing number of international, ELL, and ESL students enrolled in nursing programs calls for the globalization of nursing education (Genovese et al., 2015; Mackay et al., 2014; Mooring, 2016). This call poses challenges for nursing programs in the United States when it comes to educating these students. According to Zheng et al. (2014), there is increased attrition and poor academic performance in ESL students. It is important to note that poor retention is related to not only student ability and performance but also a lack of adequate support from faculty and nursing programs from the admission process throughout the curriculum (Mooring, 2016).

There are significant differences in Eastern and Western teaching methods (Mackay et al., 2014). Nursing programs must consider ways to provide better support for international, ELL, and ESL students by identifying, acknowledging, and addressing those differences. International, ELL, and ESL students all may experience both a culture shock and a learning shock (Huang, 2014) that influence how well students can adjust to education in the United States. Research exists investigating the experiences and challenges international, ELL, and ESL students faced when transitioning to nursing education in the United States (Crawford & Candlin, 2018; Mitchell, Del Fabbro, & Shaw, 2017; Vardaman & Mastel-Smith, 2016); however, researchers have not fully investigated the perceptions and views of faculty regarding

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this transition to nursing education in an English speaking institution (Del Fabbro et al., 2015; Fuller & Mott-Smith, 2017).

Del Fabbro et al. (2015) examined the use of participatory action research (PAR) to understand the nursing faculty's description of challenges and concerns when teaching international students. V. W. Adams (2016) discussed the NLN and how this organization addresses diversity by providing toolkits as resources to nursing programs and faculty. Although the NLN diversity and inclusion toolkit (NLN, 2017) is available, it is essential to determine if nurse educators are aware of this resource, how effective they believe it is, and compare their teaching strategies to what the NLN outlined in the toolkit. Beard (2016) stated that some nurse educators lack the knowledge and training needed to facilitate student learning among underrepresented students, namely, those students who are considered international, ELL, and ESL students. Because the nursing faculty plays a vital role in the transition of international, ELL, and ESL students into nursing education, it is essential to find how they view their experiences with these nursing students to develop methods and strategies to overcome them.

Purpose of the Study

The purpose of this basic qualitative study was to obtain a deeper understanding of the experiences of nurse educators who teach and interact with international, ELL, and ESL baccalaureate nursing students. This information will assist nurse educators, nursing programs, and colleges/universities through identifying the needs of the faculty who communicate with these students. This information will lead to the development of methods and strategies that will assist nurse educators to better support international, ELL, and ESL students' transition into nursing education in the United States.

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Significance of the Study

According to V. W. Adams (2016), globalization is rapidly increasing. The United States continues to receive immigrants, migrants, and refugees. The United States Census Bureau (2017) predicted that by 2060 approximately 17.14 percent of the population would be foreign-born, which is an increase from 13.57 percent in 2016. The Patient Protection and Affordable Care Act (PPACA, 2010) increased access to healthcare for many more diverse people in the United States. The increased access to healthcare has a significant impact on healthcare delivery, creating the need to explore new models of healthcare (V. W. Adams, 2016). Healthcare systems and facilities are now acknowledging the need to increase diversity in the nursing workforce. Of the United States population of 320 million people, 3.9 million are registered nurses (RNs); however, there is a shortage of diversity in the nursing workforce (V. W. Adams, 2016). The Committee for Assessing Progress on Implementing the Recommendations of the Institute of Medicine Report *The Future of Nursing: Leading Change, Advancing Health* (National Academy of Sciences, 2016) recommended an increase in the number of baccalaureate nurses to care for diverse patients in a complex healthcare environment. Nursing programs must now prepare nurses who have a strong understanding of culture to address the needs of diverse patient populations and educate students for cultural competence in global healthcare (Danek & Borrayo, 2014; Relf, 2016). The nursing profession must promote a shift in the nursing workforce, "a workforce that reflects the society it serves while simultaneously being fully capable of meeting societal expectations and needs" (Relf, 2016, p. S42). Opportunities to address challenges and increase the number of diverse nursing graduates who will make an immediate contribution to improving the quality of healthcare for diverse patients is needed

(National Academy of Sciences, 2016). Danek and Borrayo (2014) stated that this shift would create "a diverse, culturally sensitive, and well-prepared workforce to improve health and reduce disparities" (p. 1).

Nursing education must also employ culturally responsive faculty who are competent to teach in both the classroom and clinical setting (National Academy of Sciences, 2016). The need to increase the number of culturally responsive nursing faculty comes at a time when the number of enrolled international, ELL, and ESL students in nursing programs is rising. With this increase comes new challenges for the nursing faculty. The challenges international students face in nursing programs include cultural differences, feelings of isolation, discrimination and stereotyping, and limited English-language skills (Malecha, Tart, & Junious, 2014). These challenges contribute to poor student outcomes, such as poor academic performance and course failures. Withdrawing from or failing a nursing course can lower student self-esteem and self-confidence. It can also negatively impact student finances. High attrition rates lead to financial consequences for the university, which can also negatively impact nursing programs. Attrition rates can also have an impact on the program's reputation and accreditation. The reputation of nursing programs is very significant when the competition among nursing programs increases (Zheng et al., 2014)

Cultural competence in nursing education is vital when attempting to improve overall student success and readiness. When the nursing faculty provides the tools necessary to promote learning, positive student outcomes are achieved. To support international students, nurse educators must critically review current communication styles, cultural awareness and responsiveness, and a willingness to restructure the teaching-learning environment (Malecha et

al., 2014). The cultural diversity now seen in growing numbers in nursing programs presents

unique cultural and teaching challenges to nurse faculty. James Banks's (1993) contributions to

multicultural education and culturally responsive teaching theories provided a framework for

addressing the challenges nurse faculty face as they attempt to educate international, ELL, and

ESL students.

The transition of international, ELL, and ESL students into nursing programs has been

researched to identify and understand the challenges these students face as they attempt to obtain

an education in a very rigorous curriculum in a country that is foreign to them. Mackay et al.

(2014) reported research describing the challenges of international students studying in a foreign

country, exploring difficulty with the English language, educational style, and social integration

as significant challenges. This original basic qualitative study explored the perceptions of

American nursing faculty, who have critical roles in supporting baccalaureate nursing students,

and understand the meaning of the faculty experiences with international, ELL, and ESL students

as they transition into nursing programs in the United States. By providing data from American

nursing faculty, this study will advance the scientific knowledge base regarding the transition of

international, ELL, and ESL students into United States nursing programs. The results of this

study added to the existing body of knowledge that supports the need to develop ways to assist

American nurse educators in addressing the specific needs of a select group of nursing students.

Del Fabbro et al. (2015) identified the need to understand how faculty experience and teach

classes that include international students; therefore, this study provided additional insight into

the actual experiences that American nursing faculty describe when interacting with and teaching

these baccalaureate nursing students. Methods may be developed to assist the nursing faculty in

developing techniques and strategies that will better support these nursing students as they progress through their nursing program. This study may lead to professional development for American nursing faculty to increase the skills needed to effectively and appropriately teach and advise these nursing students.

Research Questions

A well written research question is the focal point of the research study. It should be clear and sound, and able to convey the specific argument proposed in the study. Good research questions seek to improve knowledge on an important topic and are usually narrow and specific (Kite & Whitley, 2018). The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

Definition of Terms

Attrition. The loss of students from a program that results in a difference between the numbers of students who begin the program and the number of students who finish the program (Jeffreys, Hodges, & Trueman, 2017).

Cultural awareness. An acknowledgment and understanding of the difference between oneself and individuals from other cultural backgrounds (Moore, 2018).

Cultural competence. The ability to understand, appreciate, and interact with individuals from a different cultural background; being able to adapt interventions and approaches to meet the cultural needs of another (Choi & Kim, 2018).

Culturally responsive teaching. A pedagogy that emphasizes the importance of including the cultural references of students throughout the learning process (Moore, 2018).

Cultural sensitivity. Being aware that differences and similarities exist between people of different cultures without assigning them a value (DeBrew, Lewallen, & Chun, 2014).

Culturally inclusive education. Educational experience focused on the appreciation of diversity to enhance the overall learning experience (Chhabra, Cochrane, Jones, & Spragg, 2017).

English as an additional language learner. A non-native student who studies the English language in an English-speaking environment (Lin, 2016).

English language learner. A student who is unable to communicate fluently or learn effectively in English and require modified classroom instruction (Lin, 2016).

English as second language. A student whose first language is something other than English (Lin, 2016).

International student. A student who enrolls in a university outside of one's native country of citizenship (Mitchell et al., 2017).

Research Design

A basic qualitative research methodology and design was used to conduct this study. Merriam and Tisdell (2015) supported the use of this methodology because to answer the broad main research question, an investigation and identification of the views of a specific group of

participants are required. Furthermore, Merriam and Tisdell (2015) stated, "Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their words, and what meaning they attribute to their experiences" (p. 6). This methodology was chosen because this study aimed to explore and provide an understanding of the meaning of American nursing faculty experiences with international, ELL, and ESL baccalaureate nursing students. Codes and themes were developed to gain a better understanding of those views. Because the research question asked American nurse educators to describe their experiences with international, ELL, and ESL baccalaureate students and does not name an identified problem, culture, or belief, and does not identify a process that may develop into theory, a case study, phenomenological, ethnographical, or grounded theory design was not appropriate (Merriam & Tisdell, 2015). The professional literature in nursing and nursing education provided a need for this study by showing a key perspective was lacking, that of the nursing faculty who teach international, ELL, and ESL students. Basic qualitative methodologies must support the need to address a broad research problem by examining personal experiences and understanding the meaning of those experiences (Merriam & Tisdell, 2015).

Nonprobability, purposeful sampling was used to select experienced nursing faculty to be interviewed based on their current knowledge of cultural sensitivity and cultural competence in the nursing profession and their interactions with international, ELL, and ESL baccalaureate nursing students. This type of sampling allowed the collection of rich descriptions of data based on the nursing faculty's responses. Each participant had the required experience and knowledge necessary to address the topic and answer the research questions. This was determined by reviewing the online faculty biographies provided by the universities they are employed by and

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their acknowledgment of meeting the sampling criteria. Data were collected through semi-structured, open-ended interviews, which were analyzed using thematic analysis through the use of codes and themes (Merriam & Tisdell, 2015).

Assumptions and Limitations

Research is built on assumptions, which is why they are so important and necessary for a study to be valid and credible. The research problem itself cannot exist without assumptions because those assumptions directly influence what kind of inferences the researcher can reasonably draw from their data. An assumption is a statement that is presumed to be true, often only temporarily or for a specific purpose, such as building a theory or the conditions under which statistical techniques yield valid results. Limitations are usually areas over which the researcher does not have any control. Some typical limitations are sample size, methodology constraints, length of the study, and response rates (Yardley, 2017; Merriam & Tisdell, 2015).

Assumptions

One assumption was that American nursing faculty experiences with international, ELL, and ESL students in nursing programs are essential to understanding how well these students adjust to nursing education. The assumption that further exploration of the issue of faculty perspectives and insights was of importance based on the current knowledge that the number of the international, ELL, and ESL student population in nursing programs must increase alongside an increase in patient diversity (Phillips & Malone, 2014). Each participant was a nurse educator with at least a master's-level education. Including master's-prepared educators fueled the assumption that the participants demonstrated mastery in the area of professional nursing and understand the importance of cultural competence. Brayda and Boyce (2014) purported that

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qualitative interviewing begins with the assumption that the thoughts, feelings, and perspectives of the participants are meaningful and valuable. One last assumption underlying the study participants was their potential for open, honest communication during the interviews as the researcher is also a nursing faculty member employed by a university to teach in a school of nursing (Merriam & Tisdell, 2015).

Limitations

The primary data collection instrument, the semi-structured interview questions, were created by a novice researcher for this study. To minimize this limitation, three experienced doctoral-prepared nurse educators who had extensive experience researching in the nursing profession and nursing education provided expert review of the interview questions (Merriam & Tisdell, 2015). The feedback was used to revise the interview questions for clarity and quality.

Another limitation was that a nonprobability sample does not allow for equity and may create the potential for selection bias. The views of specific participants are necessary to answer the research question (Merriam & Tisdell, 2015). Utilizing a nonprobability purposive sample strengthened the study by providing a sample of those who are experts in the situation and can meet the objectives of the research question. This type of sample is encouraged when the researcher wants to target specific elements of a population, highly trained and skilled participants, and participants with specific knowledge and experiences (Daniel, 2014). Additionally, there was an acknowledged potential conflict of interest and bias evolving from the personal and professional experience as a nurse educator working with international, ELL, and ESL students. The conflict and bias were minimized using reflective journaling with bracketing during the entire research process (Gregory, 2019; Merriam & Tisdell, 2015).

Organization of the Remainder of the Study

The remaining chapters of this dissertation include a literature review, study design, data analysis, discussion of the findings, and future implications. Notably, Chapter 2 outlines the theoretical framework and presents a critical examination and synthesis of the current literature related to international, ELL, and ESL students in nursing education and faculty experiences with them. Chapter 3 describes the methodology and research design. Chapter 4 presents data analysis. Chapter 5 is the final chapter of the dissertation and includes the following: a summary of findings, conclusion, the implications for nursing education, the relationship of results to the current literature, and recommendations for practice and future research.

CHAPTER 2. LITERATURE REVIEW

This basic qualitative dissertation study explored the experiences American nursing faculty had while teaching and interacting with international, ELL, and ESL nursing students in baccalaureate degree programs. Although several studies exist that highlight the challenges and the experiences international students face (Christian & Sprinkle, 2014; Crawford & Candlin, 2018; James, 2018; Mitchell et al., 2017; Sato & Hodge, 2015; Vardaman & Mastel-Smith, 2016; Yan & Sendall, 2016; Zyga, 2014), the primary focus of this study was the challenges and the experiences from the perspectives of nursing faculty who teach them. A critical review of the current literature on international, ELL, and ESL students in nursing programs outside of their native country and the nursing faculty who teach them was completed to create the foundation of this study.

Methods of Searching

A variety of sources were used to complete this review, including books, professional nursing websites, and professional nursing and education journals. Each source was peer-reviewed and scholarly. The sources were accessed from the following databases: CINAHL, ProQuest, EBSCOhost, Summons, and Google Scholar. Search terms included international, ELL, and ESL students, nursing education, qualitative, culturally responsive teaching, nurse faculty, cultural competence, baccalaureate nursing programs, and a combination of those terms. The researcher collected critical information from articles published within seven years. The reference list also includes additional sources.

The review is organized into four sections. The first section describes the theoretical framework of the study. The second section explores the need for a diverse nursing workforce.

Section three discusses the role of nursing education in meeting the demand for globalized healthcare. Section four identifies the challenges that arise when teaching international, ELL, and ESL students. These challenges serve to inform the study and enhance the understanding of the need to explore the lived experiences of American nursing faculty who are teaching international, ELL, and ESL students in baccalaureate nursing programs.

Theoretical Orientation for the Study

A theoretical framework helps researchers ensure that the study is logical and consistent and emphasizes the phenomenon the researcher intends to explore. It helps to frame the research question(s), interview questions, and desired outcomes. It also serves as a way to order and organize thoughts and communicate information to readers (Green, 2014).

The call to increase the number of diverse students enrolled in and graduating from schools of nursing in the United States has created new challenges for nursing education. The nursing profession looks to Leininger's (1991) Culture Care Theory as a framework for providing culturally sensitive and appropriate care to patients with differing cultures. According to Diaz et al. (2015), a better understanding of how nurses and nurse educators define and apply concepts of culture is essential to address the healthcare needs of a growing diverse population. It is also important to address the development of cultural competence among nursing faculty to ensure the preparation of a more culturally competent nursing workforce.

Nursing education must also seek guidance from theory when developing culturally responsive teaching strategies (Kalb, O'Conner-Von, Brockway, Rierson, & Sendelbach, 2015).

This study was developed using the contributions of James Banks and the concept of multicultural education and culturally responsive teaching (Banks, 1993). Dr. Banks based his

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teachings on the need to incorporate the experiences, values, beliefs, and cultural perspectives of international, ELL, and ESL students. It emphasizes the need for equity for all students by removing barriers to academic success and suggested that culture influences how students learn and think. To effectively teach international, ELL, and ESL students, diversity; such as language, cultural, and learning differences, must be recognized and valued. To improve the academic success of all students, educators must successfully implement multicultural education and culturally responsive teaching. For this to occur, administrators must make institutional changes. These changes include the need to modify the curriculum; learning activities, teaching and learning styles; attitudes, perceptions, and behaviors of educators and administrators; and the goals, norms, and culture of the school (Banks, 1993). Banks (1993) identified race, ethnicity, class, gender, and exceptionality, and the interaction between each, and essential factors to consider in multicultural education. Banks (1993) also described five dimensions within multicultural education, which include content integration, the knowledge construction process, prejudice reduction, equity pedagogy, and empowering school culture and social structure.

Content integration involves the use of examples from various cultural contexts to illustrate key concepts, generalizations, and considerations within the course (Banks, 2010). During the knowledge construction process, teachers facilitate learning by helping students identify, understand, investigate, and determine how biases, stereotypes, frames of reference, and perspectives influence knowledge acquisition. In this dimension, students can discover knowledge for themselves. Prejudice reduction allows educators to create lessons and activities that will help students develop positive attitudes toward racial, ethnic, and cultural groups outside of their own. In this dimension, students can develop positive intergroup attitudes.

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Equity pedagogy involves the modification of teaching strategies that will facilitate the academic success of students from diverse racial, ethnic, cultural, and social groups. Cooperative learning activities and group projects encourage student interactions, which will allow students to work with students from different cultural backgrounds. These interactions must support student feelings of equal status in groups. The last dimension, empowering school culture and social structure, involves the restructuring of the course and academic climate in ways that enable students from diverse backgrounds to experience equality. Empowering school culture and social structure requires reform in the academic program, including the attitudes, beliefs, and action of teachers, curriculum and course of study, assessment and procedures, and the styles and strategies used by educators (Banks, 2010). Figure 1 (reprinted with permission) illustrates these dimensions and relationship to each other and multicultural education (Banks, 2010).
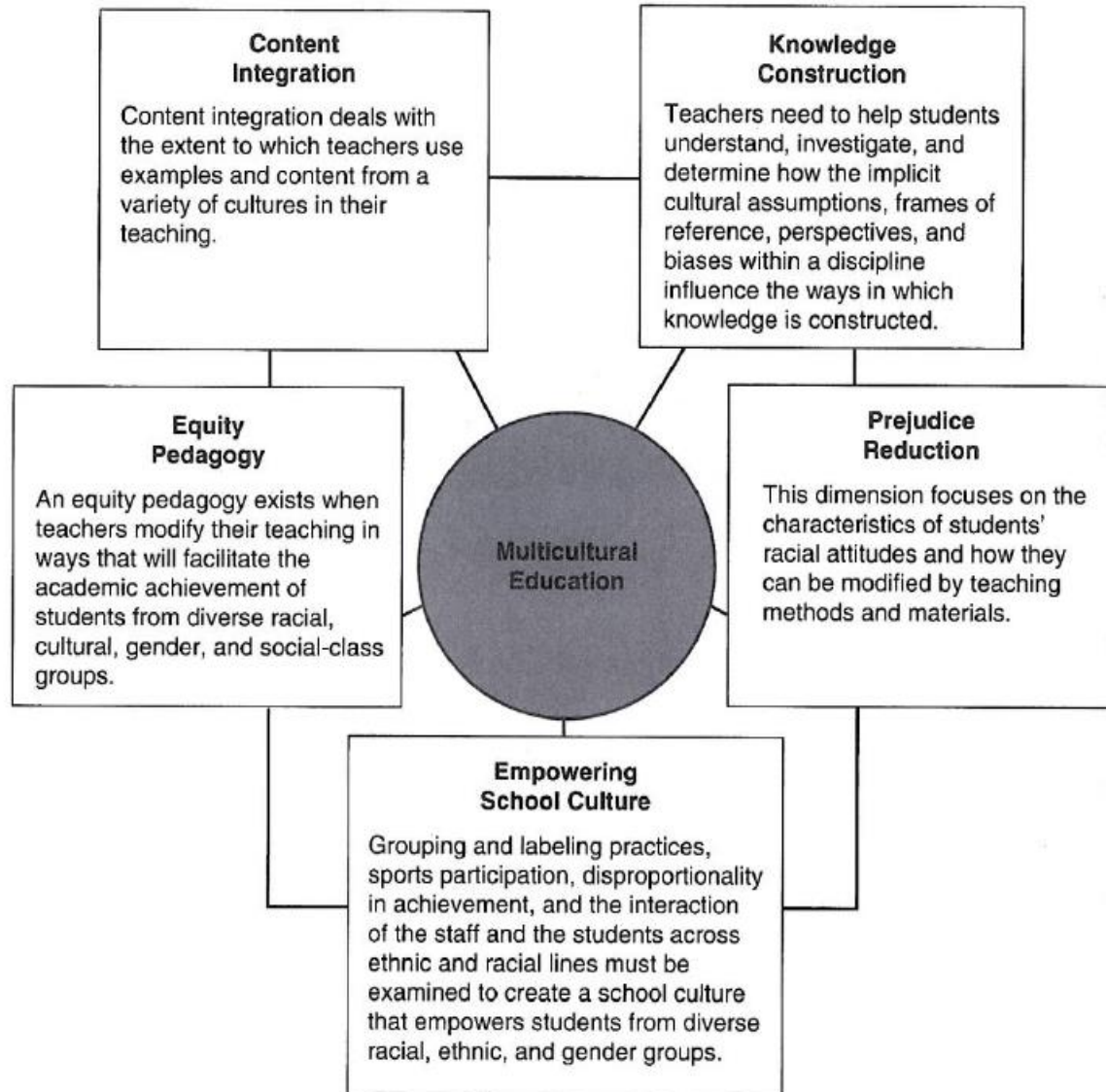
Figure 1. The dimensions of multicultural education.
From "Multicultural Education: Characteristics and Goals," by J. A. Banks, in J. A. Banks & C. A. M. Banks (Eds.), *Multicultural Education: Issues and Perspectives* (7th ed., p. 23), 2010, Hoboken, NJ: John Wiley & Sons. Copyright 2010 by J. A. Banks. Reprinted with permission.

Geneva Gay (2018) stated, "Significant changes are needed in how African, Asian, Latino, and Native American students are taught in United States schools."(p. xxi) Culture is a vital component of the educational process, including curriculum, instruction, administration, and performance assessment (Gay, 2018). Educators need to understand how their culture and the culture of diverse students can impact the teaching and learning process. Culturally responsive teaching encourages an understanding of student learning needs and styles, integrating diverse work and study practices, embracing and emulating culturally significant instructional styles, and empowering students to unleash higher learning potentials by cultivating their academic and psychosocial abilities. Failure comes when educators concentrate on the limitations of ethnically, racially, and culturally diverse students instead of how to empower them. Some educators understand the importance of being aware of cultural differences but do not possess the knowledge and skill needed to make changes to educational processes (Gay, 2018).

Review of the Literature

A review of the current literature was conducted to present the established knowledge regarding international, ELL, and ESL students in nursing programs outside of their native countries. This review will present what is known and what is unknown; thereby, revealing information gaps that can lead to further discovery. It supported the theoretical framework used to develop this study and guided the researcher throughout the research process, identifying the methodology and research techniques used in previous studies (Baker, 2016). It is essential to conduct and present a review that ensures that readers understand the concepts presented in the study. The literature is organized into five themes: academic performance, attrition and

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retention, perceived challenges, the role of national and professional organizations, the role of nurse educators and universities, and the role of culture in learning.

Academic Performance, Attrition, and Retention

With the increasing number of aging and diverse individuals and the Affordable Care Act in effect, access to healthcare will expand, thereby increasing the need for more competent and diverse nursing graduates (Harris, Rosenburg, & O'Rourke, 2014). Abele, Penprase, and Ternes (2014) stated that attrition rates for Bachelor of Science in Nursing (BSN) degree programs are incredibly high. Harris et al. (2014) further explained that student attrition rates impede efforts to increase the number of nurses, especially those of diverse cultural backgrounds, needed to meet the demands of a global community.

Barbé, Kimble, Bellury, and Rubenstein (2018) conducted a study that identified attrition primarily among students of diverse racial, ethnic, or cultural backgrounds, students who had one or both parents born outside of the United States and ESL students. Their findings presented the need to develop proactive strategies that target and support diverse students (Barbé et al., 2018). Barbé et al. conducted a descriptive, comparative study that used a convenience sample from a baccalaureate nursing program in the Southeast. Participants were required to be junior prelicensure nursing students in the first semester of the nursing program. Students repeating first semester junior nursing courses were excluded as participants. Students' demographic and academic data were obtained from an administrative database and were combined with social determinants data collected from a web-based survey (Barbé et al., 2018).

Barbé et al. (2018) analyzed the data with descriptive statistics. A total of 170 students were provided the survey link with a response rate of 96.5%. There was a statistically significant

association found between progression and diversity, with a higher percentage of students who failed the first semester being diverse compared to the group who were successful. Also, in comparing the group of students who failed the first semester and the group of successful students, a significantly higher percentage of the group who failed were born outside the United States compared to the group who were successful. Furthermore, 80% of the group who failed reported one or both parents were born outside the United States compared to 23.4% of the group who were successful (Barbé et al., 2018).

Additionally, Barbé et al. (2018) noted that in comparison, a significantly higher percentage of the group who failed reported a language other than English as the primary language spoken in the home compared to the group who were successful. Results also revealed significant differences around financial issues among students who failed and those who were successful. There were also significantly more restrictions in the ability to complete required reading and significantly less confidence in the ability to review class notes after each class and less self-esteem and confidence in the ability to adequately study before exams in the group of students who failed than those who were successful (Barbé et al., 2018).

Barbé et al. (2018) found the strongest factors associated with attrition for international, ELL, and ESL students within the first semester of nursing school was one or both parents being born outside of the United States. The next factor was English not being the primary language spoken at home and being culturally diverse. The most influential factors associated with attrition were non-modifiable student characteristics, which brought to light the need for early identification and academic and non-academic support (Barbé et al., 2018).

Jeffreys, Hodges, and Trueman (2017) affirmed attrition rates and adverse student outcomes are even higher among underrepresented and culturally diverse students; therefore, a pilot study was conducted "to determine the effectiveness of Kaplan educational modules for NCLEX-RN preparation, its impact on students' results on the Readiness Exam and implications for further program interventions to support at-risk students' success on the NCLEX-RN exam" (Jeffreys et. al, 2017, p. 1706). Jeffreys et al. (2017) stated the importance of providing opportunities for at-risk students at historically black colleges and universities. Students at these universities often reflect the diversity desired in colleges and universities as well as the nursing workforce. Jeffreys et al. administered a secured pre-and post-test. The results showed that the Kaplan Readiness exit exam could help nurse educators identify students who may not be successful on the NCLEX-RN and can use that information to develop a remediation plan (Jeffreys et al., 2017).

According to Jeffreys et al. (2017), the 15 participants were selected from a purposive sample at an accredited school of nursing at a public historically black college or university in the Southeast United States. Fifty-three percent were Caucasian, 33 percent were African American, 13 percent were Asian, and one percent represented other minority groups. All 15 participants were a part of the Kaplan Readiness Module sessions and pre and post-testing. The Kaplan Diagnostic Exam was given before the review course as the pre-test. Kaplan (2014) predicted that students scoring 70 percent on the Kaplan Diagnostic Exam had a high probability of passing the NCLEX-RN. Students scoring 60 percent had a low risk of failure on the NCLEX-RN. Students scoring 50 percent were at some risk of failure. Students scoring below 50 percent were at moderate risk of failure on the NCLEX-RN. The review course was conducted

on four days, six hours per day with an hour lunch break, and incorporated the decision tree to help students prioritize answer choices. After the review course, the student took the Kaplan Readiness Test as the post-test (Jeffreys et al., 2017).

Jeffreys et al. (2017) analyzed the data using paired t-tests. Results revealed that there was a statistically significant relationship between the pre-test scores and the post-test scores. These results must be interpreted with caution due to the small sample size. Fifty-three percent of the 15 students had improvement in the post-test scores. One percent had no change in scores. Forty-six percent did not have an increase in post-test scores. This study proved to be a viable strategy to help at-risk students increase success with NCLEX-RN testing (Jeffreys et al., 2017).

Abele et al. (2014) discussed the need to identify at-risk students early in nursing programs to help address the concerns related to student attrition. Gay (2018) explained how failure is present when faculty focus on the limitations of international, ELL, and ESL students and compares it to the current thinking about at-risk students. Significant research has been published about attrition in nursing programs; however, few studies specifically focus on at-risk students due to academic failure. An exploratory retrospective study was conducted to identify courses that could predict student success in completing a BSN degree program. At-risk students were identified as any student who failed at least one nursing course. The sample was obtained from a population of students from a midwestern university nursing school who were placed on academic probation between 2002 and 2010. These students represented 33 percent of the total number of students enrolled in the nursing program during that time. Sixty percent of the sample were on academic probation, while 40 percent had been previously dismissed and readmitted to the program (Abele et al., 2014).

According to Abele et al. (2014), the data analysis showed BIO 307 Introduction to Human Microbiology, PSY 225 Introduction to Lifespan Developmental Psychology, NRS 227 Pathophysiology, and NRS 326 Acute Care I as the most commonly failed courses. Results suggest that a review of student performance in pre-requisite courses serve as a critical component of program and curriculum evaluation. Prerequisites provided a foundation of basic concepts, which enhanced the likelihood of positive student outcomes and may identify students at-risk of not completing the nursing program. These results stressed the importance of successful student performance in prerequisite courses. Prerequisites are essential for the student to develop an understanding of basic concepts needed to master nursing logic and may also allow early prediction of what students may be at-risk for academic failure. Early identification of at-risk students allows nurse faculty to intervene and provide necessary student support and mentoring, which is important for faculty as they can identify and address the learning needs of international, ELL, and ESL students (Abele et al., 2014).

Not all ELL or ESL students are classified as international students, which is critical to understand as faculty must be able to recognize the specific needs of students who may have language barriers. According to Donnell (2015), research is essential to fully discover the actual statistics reflecting ESL nursing students' attrition so early identification and interventions can take place before attrition occurs. ESL nurses are valuable to the nursing workforce; they strengthen the ability of the nursing profession to provide culturally sensitive and congruent patient care to a patient population growing in diversity (Donnell, 2015).

Donnell (2015) conducted a retrospective, longitudinal correlational study to examine the associations among language, participation in a reading comprehension program, and attrition

rates of ESL pre-licensure nursing students in Texas. The two research questions were as follows:

> (a) Is there an association between ESL status and attrition rates in nursing students in initial licensure programs within Texas? (b) Is there an association between participating in a reading comprehension program and attrition rates in ESL nursing students in initial licensure programs within Texas? (Donnell, 2015 p. 17)

The sample included 3,258 pre-licensure nursing students older than 18 years old who attended one of 27 programs in Texas. Of the 3,258 students, 2,611 were not ESL students, and 529 were ESL students (Donnell, 2015).

Donnell (2015) noted how the student demographics, including age, gender, ethnicity, race, whether or not they were a first-generation college student, and whether or not they were an ESL student were obtained from the SATIN survey. The SATIN survey collects information on each student regarding demographics, preadmission academic outcomes, perceptions of family and social support, and perceptions of personal qualities. This information was used to determine if a student should be identified as at-risk for attrition. The use of the reading comprehension program was taken from the Weaver administrator reports. Student status in the nursing program was obtained from information reported from the nursing schools (Donnell, 2015).

Donnell's (2015) results showed that of the students who were on track for completion of the nursing program, 14.6 percent were ESL students, and 85.4 percent were non-ESL students. Of the students who were off track for completion of the nursing program, 22.6 percent were ESL students, and 77.4 were non-ESL students. Black students were more than 1.5 times more likely to be off-track than Caucasian students. Male students were more than 1.5 times more

likely to be off-track than female students. First-generation college students were more than 1.3 times more likely to be off-track than those who were not first-generation college students. ESL students were more than 1.5 times more likely to be off-track than non-ESL students. Of the ESL students, 383 were on-track for program completion, and 146 were off-track for program completion. Of those ESL students who were on-track, 9.7 percent used the Weaver program while 90.3 percent did not. Of those ESL students who were off-track, 17.1 percent used the Weaver program while 82.9 percent did not. According to Donnell (2015), nursing students who do not progress on time, or are out of the nursing program, are more likely to be older, men, students with ESL, first-generation college students, and are black, Asian, or Native Hawaiian or another islander. Students using the Weaver program were identified as at-risk for attrition based on reading comprehension scores. The Weaver program is not a viable intervention for decreasing attrition (Donnell, 2015).

Donnell's (2015) findings have an essential impact on nursing education because they reveal the importance of evaluating multiple factors when identifying students at-risk for attrition. These findings also brought to light the need for early identification of students at-risk for attrition due to low reading comprehension scores and an early start of interventions. Moreover, new interventions are needed to improve the reading comprehension of ESL students (Donnell, 2015).

Zheng et al. (2014) conducted a prospective correlational study to compare attrition rates and academic performance of international and domestic English as an additional language (EAL) students. Consideration was taken into the levels of English-language usage and socio-demographic characteristics and academic performance among these students. Nursing students

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at an Australian university from 2010 to 2012 were invited to complete a survey to assess their English-language usage. Only EAL students who spoke a language other than English were included in the data analysis (Zheng et al., 2014).

Zheng et al. (2014) collected three types of data: socio-demographic data including age, gender, language spoken at home, years of residence in Australia, whether the student was international or domestic, and weekly hours of paid work; the level of English-language usage; and enrollment status as an indicator of attrition and grade point average (GPA) as an indicator of academic performance. Zheng et al. (2014) reported surprising results showing nursing students with EAL had a higher rate of attrition and poor academic performance as compared to other students labeled as international. This finding was vital and suggested that EAL nursing students may not all be categorized into one group and require different levels of language support to ensure academic success. Another important finding was that EAL nursing students who had been living in Australia longer achieved lower GPAs than students who had shorter durations, which suggested that factors outside of language acculturation are required to ensure a successful transition of EAL students into nursing programs. More research is needed to identify what other factors influence attrition and academic performance in EAL nursing students to ensure universities can better support them (Zheng et al., 2014).

Charbonneau-Dahlen (2015) posited a need for educational programs that support American Indian culture, which is important, although Native Americans may not originate from another country; there are significant cultural differences. Many Native Americans have lower expectations concerning their ability to succeed in nursing programs. It is vital to provide opportunities for Native American students to receive a nursing education to help reduce the

shortage of Native American Indians prepared to deliver culturally appropriate care. This midwestern university had a retention rate of 68 percent for the very few Native American Indians enrolled in the nursing program, which suggested that many Native American Indian nursing students fail to graduate (Charbonneau-Dahlen, 2015).

Hope has been studied often, but very few studies have been conducted that show an association between hope and success in nursing education (Charbonneau-Dahlen, 2015). Specifically, O'Donnell Gandolfo (2018) described the presence of hope during times of tragedy or suffering. This description mirrors the suffering Native Americans endured while looking to education as hope for surviving in Western culture; therefore, hope is essential to the academic success of individual American Indian students in nursing programs. The Dream Catcher-Medicine Wheel conceptual model was developed to summarize factors needed to instill hope for successful program completion among American Indian nursing students. This conceptual model is a network of retention strategies used to form a supportive resource for the students (Charbonneau-Dahlen, 2015).

Charbonneau-Dahlen (2015) conducted a descriptive, cross-sectional study to compare the levels of hope between American Indian and non-American Indian nursing students enrolled in a midwestern university. Demographic questions were asked related to age, children, level in the nursing program, gender, prior nursing education, marital, and residence status. A 30-item questionnaire was given to measure the concept of hope. Students were allowed to submit qualitative comments regarding their nursing learning experiences. These statements met the criteria of methodological triangulation. Results of demographic variables and hope were not statistically significant. There were also no significant differences between American Indian and

non-American Indian students. The results of this study may not have been significant because, by the time hope was measured, which was after students were admitted to the nursing program, they already felt such success that their hope scores were higher than they would have been before they were admitted into the program (Charbonneau-Dahlen, 2015).

Attrition rates for international nursing students are surmised to be up to 85 percent (Loftin, Newman, Dumas, Gilden, & Bond, 2014). These rates resulted in a decrease in the number of nursing graduates, and fewer nurses are entering the workforce (Jeffreys, 2014). Furthermore, Abele et al. (2014) purported that the task of increasing the cultural diversity in the nursing population continues to be challenging; therefore, the demand for producing nurses more representative of the patient population remains unmet.

Students often face internal and external stressors in academic experiences and personal lives. These stressors may include unstable homes, financial strain, a decreased desire to finish, and inadequate educational preparation (Jeffreys, 2014). Students often choose to leave the program because of those factors. In the United States, approximately 50 percent of students leave nursing programs before graduation. Ethnic minorities sustain higher attrition rates related to difficulty in balancing personal and academic stressors and inadequate preparation for the rigor of nursing education (Mooring, 2016).

Perceived Challenges

A multitude of researchers investigated and explored the challenges international students face when attending a university outside of their native country and culture (Christian & Sprinkle, 2014; Crawford & Candlin, 2018; James, 2018; Mitchell et al., 2017; Sato & Hodge, 2015; Vardaman & Mastel-Smith, 2016; Yan & Sendall, 2016; Zyga, 2014). James (2018)

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conducted a study that explored the lived experience of an ethnically diverse ESL student; an international student who also speaks English as a second language. The life story of an Indian immigrant who completed the nursing program was obtained through narrative inquiry, through interviews and other documents. The research question was as follows: "What does an ethnically diverse nursing student who speaks English as a second language say about his or her student experiences" (James, 2018, p. 36)? The researcher used social constructivism as the philosophical framework of the study (James, 2018).

James (2018) noted that the meetings between the researcher and the student occurred over two months. Interviews were unstructured, and open-ended questions were used. The first level of data analysis began with placing the results in three specific dimensions: temporality, sociality, and place. Green (2018) described temporality as the state of experiencing events in the past, present, and future; sociality as the individual's personal and social conditions and interpretations and perceptions of the individual changed over time and with new experiences, and place as the physical environment the experience takes place.

James (2018) noted how, during the second analysis, themes and patterns were identified. Three themes emerged from the data: family, language, and persistence. The data obtained in the interviews shows evidence of how important family is to the academic success of the participant while enrolled in the nursing program. James reported that while the family can be a source of support, it can also be an additional stress. International students are often responsible for caring for both immediate and extended family members while enrolled in school. The study participants took time to acknowledge feelings toward English language comprehension. The participants continue to experience dread and apprehension about reading, writing assignments,

and oral presentations. Negative comments from the faculty could have a significant impact on the academic success of students who struggle with English on any level. Linguistic challenges related to English proficiency can lead to culturally insensitive behavior, stereotyping, and discrimination, which caused added stress to culturally diverse students and may even prevent them from utilizing available resources. It is challenging to generalize persistence because it is highly individualized. The study participants showed determination and drive to develop their strategies to overcome barriers to academic success (James, 2018).

Sato and Hodge (2015) obtained information from Japanese students enrolled in American universities and reported similar challenges and stressors. Sato and Hodge conducted a descriptive, qualitative study to identify and analyze the views of exchange students from Asia and their experiences at an American university. The participants were eight Japanese students in one-year exchange programs. Seven were Japanese, and one was Chinese who was born and raised in China until third grade, then moved to Tokyo with his parents. According to Sato and Hodge he spoke, wrote, and fluently read Chinese and Japanese. He also identified as Japanese. A purposive sample was used to select these participants. Participants had varying academic status, age, and gender. The only commonality among them was the phenomenon of study, which was the academic experiences as Japanese students (Sato & Hodge, 2015).

Sato and Hodge (2015) used a demographic questionnaire to gather background information about the participants. The data were used to develop personal descriptions of participants and to triangulate the study findings. Semi-structured interviews were used to gather data from participants. All participants were enrolled in two ESL modules, writing composition, grammar, speaking, and listening courses. Before data collection, the interview guide was

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translated from English to the participant's native language. Each participant chose to respond to interview questions in their native Japanese language. The data were analyzed using descriptive, thematic analysis. Four major themes emerged from the data: social distance contributes to academic struggles, collectivism positioned against individualism, isolation in group discussion, and professors' negativity. Sato and Hodge suggested that language and communication issues, stranger anxiety, misunderstanding of theoretical concepts and content in course lectures, lack of support, cultural issues, loneliness, isolation, and alienation are areas where international and ESL struggled. Sato and Hodge (2015) further explained that academic and language challenges are increased by cultural differences between the student's native country and the dominant country.

Language and communication issues, especially in clinical, were discussed in a study by Crawford and Candlin (2018), in addition to difficulty with academic writing. Crawford and Candlin conducted an action research (AR) study to evaluate the English language support program of an undergraduate nursing degree course, identify the perceptions of students regarding what they needed in terms of English language support to better assisted the academic progression; and develop appropriate teaching/learning strategies to be implemented in the English language support program. The participants were drawn from a convenience sample of second- and third-year BSN degree program students. Six women and two men volunteered, including international students, Australian students, and permanent ESL residents. The participants included students from the Philippines, Zimbabwe, China, Japan, Egypt, and Bangladesh. The participant ages ranged from 20 to 50 years old. Semi-structured interviews were recorded and transcribed, then analyzed using content analysis. Three themes emerged from

the data: English language program content, timetabling, and teacher delivery (Crawford & Candlin, 2018).

Crawford and Candlin (2018) found three subthemes in the data: continued focus on academic writing and reading, International English Language Testing System (IELTS) exam practice, and increasing nursing context for language exercises. International students often had problems with paraphrasing, sentence and paragraph structure, grammar, and use of transition signals. Sporadic attendance in the English language program was discussed within the timetabling theme. Several participants reported time constraints and competing demands were the main barriers to improving English language skills. The teacher delivery theme detailed the participants' thoughts and suggestions for faculty. The participants suggested that faculty speak slower in class while lecturing, not assume that because a small number of students understand the content that all students understand, consider restructuring exam questions for easier comprehension of what the question means, increase the time the students are required to complete exams, and make lecture notes available before class. One of the essential points presented from this study is acknowledging the impact faculty lecture delivery style has on the learning process of the students (Crawford & Candlin, 2018).

Mitchell et al. (2017) conducted a qualitative inquiry to explore the learning and acculturating experiences of international nursing students studying within a school of nursing and midwifery at an Australian university. Mitchell et al. aimed to identify opportunities to improve innovating teaching strategies to enhance the learning of international students. Semi-structured interviews were the main form of data collection. Purposive sampling was used to obtain volunteers who met the criteria of being an international undergraduate student enrolled in

a BSN degree program, and the international postgraduate student enrolled in coursework or higher degree by research nursing programs at an Australian university campus (Mitchell et al., 2017).

Mitchell et al. (2017) performed a thematic analysis of the data. Data saturation was reached after 17 interviews. Ten participants were undergraduates, and seven were postgraduates. All were ESL students. Nine interviews were conducted one-on-one, and three were group interviews. Two major themes emerged from the data: expressing myself and finding my place (Mitchell et al., 2017).

Mitchell et al. (2017) found that expressing myself was a theme surrounding the development of English language confidence, the stress associated with trying to build confidence with the English language, and the strategies that international nursing students who do not speak English used to find opportunities to practice speaking in English. Several subthemes emerged from the data: language; it takes time, stress influences communication, and finding opportunities for speaking English. The subtheme of language; it takes time, included participant descriptions of how an understanding of and comfort with the English language developed over time. International participants acknowledged the extra time it took to study, and described the challenges associated with complex anatomy and physiology (A&P) language as well as medical terminology because of the Latin base of the terms and the difficulties with colloquialisms and acronyms (Mitchell et al., 2017).

Mitchell et al. (2017) noted the subtheme of stress influences communication was evident in how participants described their interactions in the clinical and classroom setting. The participants reported feeling stress related to the pressure of speaking in front of a large group

and the time it took them to translate and respond to the question. The subtheme finding opportunities for speaking English gave light to the need for international students to have opportunities to speak English. The clinical setting was noted to be an excellent time to practice speaking in English; however, there is a need to be proficient in English at that time (Mitchell et al., 2017).

Additionally, Mitchell et al. (2017) noted the second significant theme also included subthemes: feeling isolated, otherness and discrimination, and finding my feet. The first subtheme, feeling isolated, emerged as participants described their initial hesitation and fears of speaking in public, which often led to them keeping a distance from peers to avoid embarrassment. The second subtheme, otherness and discrimination, arose from the described experiences of discrimination in the classroom during clinical, and while working in the community. The last subtheme, finding my feet, brought forth strategies that helped with acculturation. These strategies included looking toward friends for support, utilizing library resources, and turning to faculty for mentoring and advisement. Those who teach international students must be aware of the challenges and stress international students face and be willing to develop the cultural competence to create a healthy, nonjudgmental academic climate (Mitchell et al., 2017).

Students found it difficult to understand spoken English, especially during conversations, lectures, and clinical experiences (Mitchell et al., 2017). How well students understand spoken English influenced their ability to understand the content and concepts taught in class. Ineffective communication lead to social isolation. Research consistently demonstrated that ineffective communication lead to loneliness and feelings of alienation and social isolation (Sato & Hodge,

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2015). In other studies, students reported problems with pronunciation, telephone communication, and failure to comprehend colloquial expressions and medical terminology (Crawford & Candlin, 2018). To add to this barrier, students reported being self-conscious of accents or grammar, which often resulted in them not asking questions in class. Asking questions in class is essential when students are unable to understand what the instructor is saying (Mitchell et al., 2017).

Students report that nursing programs, especially the faculty, do not acknowledge and support cultural differences, which may cause stress for students (James, 2018; Sato & Hodge, 2015). Stress might cause errors and a lack of concentration, which both make learning difficult (Zyga, 2014). The first year of undergraduate study is often the most difficult for students, and nurse educators may not consider the added unique challenges of international students (Yan & Sendall, 2016). Additional stressors include both internal and external stressors in education and personal lives. Some of these stressors are unstable homes, financial strain, and inadequate preparation (Jeffreys, 2014). Christian and Sprinkle (2014) reported that nontraditional students are less likely to persist than traditional students because they have more stress and learning barriers yet have more at stake. When students are unsuccessful, an added strain exists when they are forced to pay out of pocket for school tuition (Jeffreys, 2014).

While there is some insight into the barriers these international students must acknowledge and overcome, nursing education must be the frame of reference when the goals of the research are to identify and address the potential and actual barriers to producing a diverse population of potential nurses (Graham, Phillips, Newman, & Atz, 2016). Nursing students experience some challenges to learning when enrolled in rigorous nursing programs.

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International students may experience those challenges in addition to those brought on because of cultural and language differences; however, nurse faculty must see these international students not as a problem but as an asset to the transition towards globalizing nursing education (Edgecomb, Jennings, & Bowden, 2018). Researchers must aim their studies at identifying and addressing the issue, challenges, stressors, and barriers to learning when international students attend nursing programs in the United States (Sato & Hodge, 2015).

Palmer, Zuraikat, West, Caldrone, and Shanty (2018) conducted a descriptive phenomenological study to explore the lived experiences of 12 graduate international nursing students enrolled in a graduate nursing program, which explored the barriers international students face and improve the quality of education and to assist students as they transition into their roles as students in the United States. Five doctoral-prepared nurse faculty conducted the study. Interviews were conducted in a private conference room in the nursing department. Five themes emerged from the data: experiencing cultural differences, taking on a new role, navigating challenges, reaping benefits, and unfulfilled wishes (Palmer et al., 2018).

Palmer et al. (2018) noted the first theme, experiencing cultural differences, focused on the student's perceived stressors. Some students experienced few stressors because they were already living in the United States for a portion of their undergraduate education or were already accustomed to living in the United States. However, for most students, there was an adjustment period. The participants described the learning environment as positive. Many reported that they did not experience any discrimination, although they did experience some off-campus, where cultural insensitivity was noted (Palmer et al., 2018).

Palmer et al. (2018) noted the second theme, taking on a new role, discussed the transitions students face. Participants obtaining undergraduate degrees in their home country, but still faced challenges as they begin learning in a foreign country. Participants verbalized the need to become more self-motivated and consider opportunities for learning outside of the classroom. This new role as an international student required them to adjust and to work closely with faculty. One student voiced frustration with the lack of available time faculty could spend working with them (Palmer et al., 2018).

The third theme, according to Palmer et al. (2018), was navigating challenges, focused on language as a barrier. Language barriers made reading and assignments more challenging. More time was required to read for understanding. Students were also limited in knowledge about the American Psychological Association (APA) writing rules and English grammar. Participants voiced a need for faculty to be more flexible and understanding of the challenges international students face. Participants also expressed concern for their limited knowledge of United States healthcare (Palmer et al., 2018).

Palmer et al. (2018) noted the fourth theme, reaping the benefits, suggests that university support plays a significant role in enhancing international student motivation for learning. Participants described positive factors that led to positive outcomes: peer support, simulations, faculty flexibility, and faculty sensitivity. Participants reported the plans to utilize these positive strategies in their native homes (Palmer et al., 2018).

The fifth theme, unfulfilled wishes, presented participant insight into perceived shortcomings or unmet needs (Palmer et al., 2018). Hospitals and other healthcare agencies were not willing to allow students into patient care areas without a United States license. Participants

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also expressed a desire for more interaction with diverse students and a need for more writing support (Palmer et al., 2018).

Palmer et al. (2018) recommended that faculty develop an ability to view the students' culture related to that culture's norms, not from the norms of their culture. The most robust finding in this study was the request for mentoring. The results of this study provided faculty with evidence-based strategies to foster the success of international students (Palmer et al., 2018).

The Role of National and Professional Organizations

The United States Department of Health and Human Services (DHHS) Health Resource and Health Administration (HRHA) (DDHS-HRHA, 2014) supported the belief that diversity is necessary to appease healthcare disparities. A review of the literature shows the lack of racial, ethnic, and gender diversity in the nursing profession. Academic support, professional opportunities, and financial support lead to increased enrollment of underrepresented racial and ethnic students (Brooks-Carthon, Nguyen, Pancir, & Chittams, 2015; Brooks-Carthon, Nguyen, Chittams, Park, & Guevara, 2014).

Several national and professional organizations emphasized the critical need to increase diversity in the nursing workforce. Organizations such as the NLN (2016a), the American Nurses Association (ANA, 2015), the American Academy of Nursing (AAN, 2012; 2015), the AACN (2017), and the American Council on Education (ACE, 2017) are committed to leading diversity and inclusion efforts to improve the health of the nation. These organizations value diversity and quality of healthcare. The AACN (2017), NLN (2016b), and ANA (2015) have published position statements that encourage and promote cultural awareness, sensitivity, and competency

in nursing education and practice. The Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholars (NFS) program also attempted to encourage racial and ethnic diversity by implementing a strategic diversity plan. This plan brought forth the need for nursing programs to focus on the development of cultural competence by increasing the knowledge and skills and transforming the attitudes of all nursing professionals (L. T. Adams, Campbell, & Deming, 2017).

The NLN (2016b) described the core value of diversity as a culture that embraces acceptance, respect, and inclusivity. Faculty should recognize students as unique individuals who are shaped by their race, ethnicity, and cultural experiences (Brooks-Carthon et al., 2015). Embracing diversity allows individuals to understand oneself, moving away from mere tolerance of cultural differences to valuing the cultural differences of others (Breslin, Nuri-Robin, Ash, & Kirschling, 2018). Colleges and universities and nursing programs should structure the academic environment as one that respects the learning experiences of all students. Administration and program deans and chairs must not only create mission statements that encourage diversity but also develop diversity plans aimed at increasing diversity and inclusivity (Beard, 2014). Diversity and inclusivity are integral if the goal is to globalize nursing education. When no action is taken to promote both, then learning opportunities are missed (AACN, 2017). The NLN (2017) diversity toolkit provided resources for American nurse educators and nursing programs to achieve a more inclusive faculty and student population.

The DHHS Agency for Healthcare Research and Quality (DHHS-AHRQ, 2014) reported healthcare quality as suboptimal for diverse populations in the United States because some do not receive culturally congruent quality care or do not believe their cultural values were acknowledged or respected. The PPACA (2010) expanded coverage and improved access to care

for many Americans who were without healthcare coverage. PPACA (2010) made insurance more affordable and helped foreign-born citizens receive access to healthcare. This increase in diversity in the patient population created more opportunities to provide culturally congruent care (NLN, 2017).

The AACN (2015) recognized diversity, inclusion, and equity as vital to enhancing nursing education and the foundation for increasing diversity in the nursing workforce and producing nurses who provide high quality, culturally appropriate and congruent care. The AACN (2017) believed diversity is needed to achieve excellence in teaching, learning, research, scholarship, service, and practice; therefore, it continues to advocate for advancing diversity, inclusion, and equity in nursing through public policy initiatives and regulatory advocacy. Current measures of student applicants' readiness for expected success in nursing programs and preparedness for practice must include factors outside of the typical quantitative data such as standardized test scores, including American College Testing (ACT) scores, and GPAs. The NLN (2016b), ANA (2015), and AACN (2017) all recognized the need for faculty to acquire new knowledge, skills, and attitudes to foster the success of all student learners.

The Role of Nurse Educators and Universities

The first year of college is challenging for many undergraduate students (Yan & Sendall, 2016). Domestic students often have various sources of support, namely family and the community. International students display limited sources of support as compared to domestic students (Cho & Yu, 2015). Colleges and universities in the United States should help international students adapt to and adjust to their new environment by assisting them to learn to interpret and understand social lifeways and educational experiences and develop English

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language skills (Yan & Cardinal, 2018). Nurse faculty may find it challenging to support international students with academic and non-academic challenges (Sawir, 2018). Yan and Sendall (2016) put together a committee to customize a First Year Experience (FYE) course for international students in a college setting through conducting a cross-sectional study utilizing qualitative and quantitative methods to evaluate the customized FYE course. The curriculum included academic resources, self-exploration, healthy relationships, cultural diversity, Catholic mission, alumni/philanthropy, social justice and values, academic majors/minors, careers, advising, and a final presentation (Yan & Sendall, 2016).

Yan and Sendall (2016) noted that 19 international students who enrolled in the FYE program participated in the survey at the end of the course. The first part of the survey included 13 items asking participants to evaluate the helpfulness of the FYE course. The second part included 15 items evaluating the learning outcomes of the course. The items were on a five-point Likert scale, with one being not helpful and five being very helpful. Eighteen of the 19 international students from six different countries participated in one-on-one semi-structured interviews. The 19 international students were divided into two groups. One group had 15 international students only. The other group had four international students and eight domestic students. The remaining ten groups consisted of only domestic students (Yan & Sendall, 2016).

Yan and Sendall (2016) performed a qualitative analysis noting, the international students identified the most important topics as academic resources, healthy relationships, cultural diversity, community service, self-exploration, and academic major/minor. Students reported that college provided a lot of information about academic resources during orientation but did not adequately educate students on how to use them. The academic resource session showed students

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how to use the resources on campus. International students had a difficult time forming and maintaining relationships. The healthy relationships session helped students learn basic communication skills. The cultural diversity session was helpful because students had an opportunity to introduce their own culture and share experiences with their peers. The community service session helped students to develop a better understanding of American culture. International students reported that self-exploration and academic major/minor session enabled them to understand their interests and explore their strengths and weaknesses. Many international students did not feel it was necessary to devote an entire session on religion and alumni. The students did not feel the FYE course directly helped their academic performance. The students reported the difficulty in discussing specific learning strategies or skills. The FYE did, however, help students develop a better understanding of the American classroom environment and expectations and better communicate with professors and peers (Yan & Sendall, 2016).

Seventeen of the 18 students preferred the mixed group model that included both American and international students combined over the group with only international students (Yan & Sendall, 2016). The main reasons were that the mixed model provided them with an opportunity to understand domestic and international student culture. Many international students stated that taking the FYE course with domestic students provided them with a better environment to practice English. International students preferred activity-based courses, mainly because it allowed them to engage more during the class and with other students (Yan & Sendall, 2016).

Brooks-Carthon et al. (2014) examined the United States baccalaureate programs and found that pipeline programs attempt to address the factors that inhibit the increased enrollment of diverse students in nursing programs. The researchers conducted a study to identify common components of diversity pipeline programs to determine what effect these programs have on increasing underrepresented minority enrollment and graduation. Data were obtained from an electronic survey conducted from November 2012 to March 2013 and the AACN baccalaureate graduation and enrollment data from 2008 to 2012. Content analysis was conducted to bring forth three themes to conceptualize the pipeline programs according to the structural and operational characteristics (Brooks-Carthon et al., 2014).

Brooks-Carthon et al. (2014) used a purposive sample from nursing programs with current or past Nursing Workforce Diversity (NWD) program funding between 2008 and 2012 and the AACN roster file. Of the 424 targeted schools, 164 completed the survey. To be included in the survey, respondents had to desire an increase in the number of underrepresented minorities as a strategic goal and have a pipeline program in place. Thirty-three of the 164 in the sample reported having an established nursing diversity pipeline program. Although there is an immediate need to increase efforts to diversify the healthcare professions, the finding reveals that only 20% of nursing programs have a diversity pipeline program in place. The data showed that there are some improvements in graduation and enrollment for some, not all, minority groups. Asian and Hispanic students enroll in nursing programs with pipeline programs at increased rates; however, enrollment for black students did not change. Graduation rates for black students dropped significantly because of other factors not addressed in this study. Overall, this research suggests that diversity pipeline programs are effective in improving the enrollment and

performance of underrepresented students. Colleges and universities still lack clear direction on how to fully develop such programs (Brooks-Carthon et al., 2014).

According to Brooks-Carthon et al. (2014), three program measures were seen across the pipeline programs: mentoring, academic, and psychosocial support. Underrepresented students benefit from pipeline programs, mainly because these students enter college at an academic and financial disadvantage. With the increasing number of diverse patients gaining access to healthcare, efforts are made to increase the number of diverse healthcare professionals. It is the belief that minority healthcare professionals are more likely to work in underserved communities with diverse patients (Brooks-Carthon et al., 2014).

Brooks-Carthon et al. (2015) conducted a study to investigate if underrepresented racial and ethnic minorities have specific enrollment patterns when diversity programs are in place. This study included race/ethnic school enrollment data from the AACN and participant responses from the University Pipeline program survey. One hundred sixty-four institutions responded to the survey. For this study, responses from 25 nursing programs from 15 states reported having a diversity pipeline program in place. Logistic regression analyses were performed to determine the association between diversity program offerings and enrollment trends in 2012. Study findings presented the odds of enrollment by race and ethnicity when specific diversity program measure is in place. Non-Hispanic white students were more likely to be enrolled in nursing programs offering financial support, internships/externships, research opportunities, clinical experiences, and diversity workshops. Asian students were more likely to enroll in programs with career services. Black students were more likely to enroll in nursing programs with financial support, mentoring, community partnerships, diversity workshops, clinical experiences,

and academic and psychosocial services. Hispanic student enrollment was associated with academic support, mentoring, diversity, workshops, and community service (Brooks-Carthon et al., 2015).

Brooks-Carthon et al. (2015) felt these results displayed a wide range of programs incorporated into diversity pipeline programs. These results suggested that the needs of minority students are complex. Nurse educators must acknowledge that race and ethnicity are not sole factors attributed to the challenges and needs of students. Variations within minority communities exist, and educators must be aware that each student brings with him/her a wide variety of experiences, cultural dispositions, expectations, and motivations (Brooks-Carthon et al., 2015).

According to Abu-Arab and Parry (2015), nurse educators and universities have a responsibility to maximize opportunities for students to have a positive and meaningful learning experience in both the classroom and clinical setting. Teaching approaches must promote meaningful learning experiences. Faculty must develop and implement strategies to enrich interactions between faculty and international students. A study was conducted exploring the challenges faced by a group of clinical educators in teaching and assessing nursing students from culturally and linguistically diverse (CALD) backgrounds in Australian English-speaking hospitals. Two groups of participants were invited to take part in the study. The first group included clinical educators employed by the nursing program who had at least two years of experience as an educator and supervised CALD students. The second group included CALD BSN degree program students in the same nursing program who completed at least one clinical placement (Abu-Arab & Parry, 2015).

Abu-Arab and Parry (2015) utilized a questionnaire for the first group included qualifying and background questions and questions regarding their general opinion on the support they received from the university and clinical sites when supervising these students. The second part of the questionnaire asked about opinions on the strengths and challenges of CALD students. The questionnaire for the second group included qualifying questions and demographic details, questions regarding general experiences of clinical placements, self-assessed ability to communicate in English during clinical placements, and suggested strategies and initiatives the nursing program can implement to support the learning experience. Eight female native English-speaking clinical educators responded to the survey and had at least two years of experience in the role. Five of those that responded had more than five years' experience in clinical education. The participants in the second group included 19 CALD students. None of them spoke English as their native language (Abu-Arab & Parry, 2015).

Seven out of eight clinical educators expressed difficulty working with CALD students, and all of them felt they were not adequately prepared for the task (Abu-Arab & Parry, 2015). These participants identified and acknowledged cultural differences, but felt frustrated, overwhelmed, and concerned because of these differences, which brought into question the students' ability to learn and overall patient safety. CALD students reported a need for the additional practice of oral English skills and nursing vocabulary. The students also reported a need for a more empathetic approach from educators and smaller clinical groups that would support more individual support and promote learning. CALD students did not point out issues communicating with patients; however, the clinical educators felt they had to intervene in that communication often, which suggested that there can be a difference in how educators and

CALD students interpret the outcomes of communication. The results of this study uncovered the need for universities to provide more training and support for the educators who supervise CALD students allow them to address the needs of CALD student and enhance the teaching/learning environment (Abu-Arab & Parry, 2015).

Freysteinson et al. (2017) conducted a study utilizing a convenience sample drawn from a large university and hospitals within the Texas Medical Center to conduct a pretest-posttest study to examine the perceptions of 27 nursing students, healthcare administrator students, and RNs who participated in a 12-week accent modification program. The aim of accent modification programs is to improve speech comprehension and understanding (ASHA, 2019). The 12-week classes were taught by a licensed speech-language pathologist. Ten students were in each class. Strategies were used to teach English medical terminology. "Participants were taught to pause slightly before phrases, open their mouths when speaking, and to keep a mirror near their telephone to remind them to slow down and move their lips" (Freysteinson et al., 2017, p. 301). Participants were also taught the basics of the English language, including sentence structure, subject-verb agreement, and word pronunciation. All participants viewed a video by two of the nursing faculty on the proper way to give a bedside report between healthcare professionals. Participants were also taught the importance of making eye contact while speaking (Freysteinson et al., 2017).

The instruments used by Freysteinson et al. (2017) were pre- and post-test intervention tools and post-test intervention focus groups. Overall findings suggested that participants perceived significantly higher self-esteem and overall competence when communicating with others, and that organizations should consider implementing accent modification programs to

determine a relationship between patient safety and satisfaction and the presence of strong

accents. Effective communication is vital to the delivery of quality healthcare. This study had

significant implications for nursing education because it helped uncover that the identification of

a student's communication skills is an essential factor in academic outcomes and patient safety

and satisfaction. Educators must consider the impact an accent modification program may have

on student nurses who perceive they have an accent that makes it difficult for native English

speakers to understand (Freysteinson et al., 2017).

Lundberg and Lowe (2016) conducted a study that brought forth the importance of

faculty motivation of Native American students to invest effort in coursework. The researchers

conducted a study that utilized a national sample of 700 Native American students who took the

National Survey of Student Engagement and tested ways faculty interaction and inclusion of

diverse perspectives contributed to learning for these students. The researchers purposely

selected students in their senior year of college under the assumption that these students had the

most prolonged exposure to the college experience. Multiple linear regression was used for data

analysis. The faculty behavior that predicted all three learning outcomes was students working

hard in response to faculty feedback. Therefore, the primary way to encourage learning is by

providing meaningful feedback to students. Student effort was directly related to faculty

behavior and can be increased by the amount and type of faculty feedback. Students who viewed

faculty as more available and supportive scored higher in terms of learning in general education

and competence. The inclusion of diverse perspectives contributed to learning, as well as the

quality of faculty advising. These interactions can take place during advising sessions. Colleges

and universities must encourage and provide faculty support through workshops and professional

development to enhance the type of faculty feedback and advising that lead to positive student learning outcomes (Lundberg & Lowe, 2016).

Beard (2014) conducted an exploratory, descriptive design to evaluate the strategies used by nurse faculty and their preparedness in educating culturally diverse nursing students. The study was conducted at an ethnically and racially diverse urban institution. A convenience sample of nurse educators who taught nursing courses at this institution was used. Thirty-four nurse educators agreed to participate in the study to lend a response rate of 43 percent. The Nurse Educator Cultural Competency Survey was designed to measure the cultural competence of nurse educators as it relates to teaching culturally diverse students (Beard, 2014).

Beard (2014) revealed that less than half of the participants developed a corrective action plan to assist culturally diverse students experiencing academic difficulty. An even smaller number of participants provided weekly interactions with these students to address their specific learning needs. Beard (2014) also noted that not all nursing faculty felt adequately prepared to teach culturally diverse students, namely African American and Hispanic nursing students. Very few participants reported taking college courses that addressed teaching culturally diverse students (Beard, 2014).

Beard (2016) later examined the impact of critical multicultural education training (cMET) had on multicultural attitudes, multicultural awareness, and multicultural practices. "Nurse educators play an instrumental role in the academic progression of students and are essential stakeholders in the initiatives that seek to eliminate racial and ethnic academic achievement gaps" (Beard, 2016, p. 445). Nursing faculty must expand their teaching methods and abilities Still, some nursing faculty have limited training and become knowledgeable of

policies that promote diversity and inclusion in nursing education. Still, some nursing faculty have limited training and competence in teaching methods that create a positive learning experience for culturally diverse students. Beard (2016) conducted a quasi-experimental study using a pre-posttest design without a control group to examine whether cMET influenced the multicultural attitudes, awareness, and the likelihood nurse educators adopting teaching methods that support student diversity. A convenience sample of nurse educators who currently teach nursing students was used for this study. The overall response rate was 27 percent and although the majority of faculty at the chosen institution were Caucasian, the actual study participants were African American educators. This participant demographic raised some alarm and should be investigated to provide further implications (Beard, 2016).

An eight-item demographic questionnaire and the Nurse Educator Multicultural Awareness and Practices Scale (MAPS) and the Teacher Multicultural Attitude Survey (TMAS) was used (Beard, 2016). The findings revealed that the nurse educators' awareness of factors that impact the academic success of culturally diverse students was limited and although attending the cMET increased their multicultural awareness and attitudes, their attendance at cMET did not significantly influence the teaching strategies nurse educators use to teach culturally diverse students. The findings suggested that the cMET has implications for both nursing education and the nursing profession. The cMET could help nurse educators and nursing programs develop strategies and policies that promote the academic success of culturally diverse students up to graduation (Beard, 2016), which will, in turn, increase the number of culturally diverse nurses prepared to care for a diverse population of patients and eliminate health disparities seen in certain cultural groups (Phillips & Malone, 2014).

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Levey (2016) conducted a descriptive, correlational study that examined the characteristics and relationships of nurse educators' teaching strategies, knowledge, support, and willingness to adopt inclusive teaching methods. The study sample was drawn from a pool of 311 nurse educators currently working in academia in the United States with at least two years of teaching experience in either the classroom, clinical, and simulation or skills lab settings. Levey (2016) revealed the best indicators contributing to nursing educators' willingness to adopt inclusive teaching strategies were knowledge of universal design for instruction, social system support for inclusive teaching strategies, multiple instructional formats, and years of teaching.

These results suggested that nurse educators are willing to adopt inclusive teaching strategies (Levey, 2016). Nurse educators require professional development and training to implement these teaching strategies effectively. Understanding the factors that influence the adoption of inclusive teaching strategies can inform nursing programs and universities of areas needed evaluation and development to prepare nurse educators to teach diverse students adequately (Levey, 2016).

Fuller and Mott-Smith (2017) conducted a mixed-methods study to compare the perceptions of diverse nursing students and nurse educators regarding the learning environment of a BSN degree program. Twenty-nine full-time and 53 part-time nurse educators were invited to participate in the study by completing a survey. Eleven full-time and 11 part-time nurse educators participated in the study. Thirteen CALD nursing students participated in three focus group interviews. Fuller and Mott-Smith (2017) found that three themes emerged from the data: academics, language, and relationships.

Three critical issues were found when analyzing the academic theme, including workload, teaching strategies, and testing (Fuller & Mott-Smith, 2017). Both nurse educators and CALD students identified workload as a significant challenge. When comparing the perspectives of faculty and students regarding teaching strategies, data indicates a significant difference between faculty's perspectives that they addressed the needs of CALD students. In contrast, students did not believe their needs were adequately being met. As it relates to the difficulties of test-taking, students reported difficulty understanding the format of tests and needed extra time to determine what the question was asking. Very few faculties reported that they allowed extra time to complete exams. Both the nurse educators and the CALD students identified language difficulties; however, the educators believe it was the primary challenge, while the students felt that developing relationships with faculty and peers as the most significant challenge. The students thought nurse educators used native English-speaking students as the standard to measure English language skills and felt that standard was impossible to meet (Fuller & Mott-Smith, 2017). According to Fuller and Mott-Smith (2017), educators must develop ways to build and strengthen the relationship with international students; consider international student experiences into consideration when attempting to meet the goal of increasing the number of diverse students enrolled and successfully progressing in nursing programs.

Ryder, Reason, Mitchell, Gillon, and Hemer (2016) explored the relationship between students' perception of the academic climate and their openness to diversity and challenge. Data were obtained from a sample of 11, 216 students from 15 institutions from 2013 and 2014. Student behaviors and perceptions of institutional climate were assessed along five dimensions: striving for excellence, cultivating academic integrity, contributing to a larger community, taking

the perspectives of others seriously, and developing competence in ethical and moral reasoning in action. To facilitate a positive learning experience, students must be willing to accept new ideas and perspectives. This acceptance includes embracing diverse perspectives, cultures, and worldviews (Ryder et al., 2016).

The results of this study suggested that faculty are responsible for how students perceive the academic climate (Ryder et al., 2016). Ryder et al. (2016) stated, "faculty members influence the climate for learning through multiple mechanisms at multiple levels: setting institutional academic policies, structuring curricula, and decide what to teach and how to design opportunities for learning in the classroom" (p. 348). The results of this study also found that a climate for learning is one in which faculty encourages students to consider new and challenging perspectives and engage in purposeful discussion with diverse student groups. Ryder et al. (2016) noted that being a student of color significantly relates to higher openness to diversity.

Latham, Singh, and Ringl (2016) evaluated a structured mentoring program developed to support and address concerns of diverse nursing students. The nursing faculty served as faculty peer-mentoring coordinators (PMC). Through this program, faculty encouraged peer support to address student anxiety, feelings of isolation, and feelings of not being able to meet academic demands. The goal was to provide a structured program to enhance student success, develop student leadership and mentoring skills, increase teamwork and shared governance, and address the needs of diverse BSN degree program students who need extra support and assistance (Latham et al., 2016).

Latham et al. (2016) used a triangulated data collection approach to gather quantitative and qualitative data to gain an understanding of the mentor and mentee groups. The data

reflected ethnic identity, lifestyle, social support, and academic habits. Additionally, included in the data were the self-reflective journals of mentors and student satisfaction surveys and focus group evaluation of the PMC. Social support was found to be relevant to college students. Both groups perceived more significant support from friends than family; however, mentors and mentees both took pride in family traditions and ethnic identity and were less willing to adapt to the traditions of those from different cultural and ethnic backgrounds. Through content analysis, the mentors' self-reflective journals provided rich data into the challenge's mentees may face and ways to address them (Latham et al., 2016).

The Role of Culture in Learning

Students from underrepresented groups bring rich life experiences and diversity to the learning environment (O'Brien, Graham, & O'Sullivan, 2017). According to Fitzpatrick (2015), efforts to increase the enrollment and retention of international students is not enough to meet the needs of the growing diverse patient population. Diversity in higher education brings challenges in understanding the impact of culture on the learning styles and academic success of students, especially international students (Al-Kloub, Salameh, & Froelicher, 2014; Bokhari & Panhwar, 2014; Kang & Chang, 2016). Knowing each student and the cultural background and practices are essential for faculty when preparing, facilitating, structuring, and evaluating student learning experiences (Bokhari & Panhwar, 2014). Individuals who are connected by culture exhibit characteristics of that cultural group. However, it gives opportunities to make critical errors when nurse educators assume that everyone in a cultural group has the same style traits (Brooks-Carthon et al., 2015).

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Several studies have explored the impact of culture on learning styles and learning behaviors of students (Al-Kloub et al., 2014; Bokhari & Panhwar, 2014; Kang & Chang, 2016). Kang and Chang (2016) conducted a study comparing a Confucius academic culture with Western academic culture. The results of Kang and Chang's study revealed that in a Confucius culture, students value a curriculum that includes content knowledge, are more comfortable in a learning environment that is well structured, perceive required resources as the primary sources of content, and value explicit guidelines in which they can evaluate their learning. According to Kang and Chang (2016), Western pedagogy involves having an open curriculum that includes multiple learning resources, is student-centered, focuses on evaluating the learning experience and critical thinking skills, and helps to fulfill self-actualization and self-development.

Kang and Chang (2016) found there was a lack of understanding of how culture influences learning in an online format. With efforts to globalize student recruitment and education, the effort is placed into developing online distance education programs. This new educational platform has posed some challenges for faculty who teach international students. Kang and Chang's study examined culture's impact on the learning behaviors of students from Confucius culture studying in Western online learning programs. Document analysis was used to obtain key data. Kang and Chang noticed that culture means different things in different contexts. The results were organized into three sections: the shared understanding of Confucius culture and the education beliefs and behaviors of students from Confucius culture, the shared understanding of Western culture and the dominant Western teaching pedagogy influencing online teaching, and the learning behaviors of students from Confucius culture when they study in Western online learning programs (Kang & Chang, 2016).

Confucius culture emphasizes the relationships among individuals in a society, social hierarchy, and social harmony (Kang & Chang, 2016). Parents had the highest authority in the family, and the elders were highly respected. Teachers were viewed as the authority in classrooms and act in a parental role to instruct students to follow social norms as well as to teach as such to address the collective learning needs of the group as opposed to individual student learning needs. Western culture was often on the opposite spectrum from Confucius culture as personal interests are valued above that of a group. Students were expected to be self-directed and not rely on direct instructor supervision to learn as with Confucius' learning culture. Individualism is valued in Western culture as opposed to collectivism in Confucius culture. The lack of physical instructor presence in an online course may make students who identify with Confucius culture uncomfortable (Kang & Chang, 2016).

Kang and Chang (2016) found that these students are hesitant to post on discussion boards for fear of not giving an acceptable answer or posting content that may be controversial. The students may not fully engage in learning activities, which may negatively impact the learning process and the overall course grade. And, the instructors may view this behavior negatively and may label the student as unmotivated. Therefore, according to Kang and Chang, it is critical to accurately identify and acknowledge the culture and its role in online learning. Faculty must recognize students' culture and view learning behavior from a cultural perspective to accurately identify and address specific learning needs. Kang and Chang (2016) suggested further quantitative research into how culture impacts online learning.

Bokhari and Panhwar (2014) revealed a relationship between culture and preferred ways of learning. Culture directly relates to academic, social, and emotional success in school. It

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operates as a forceful socialization agent that influences the way individuals process new information (Bokhari & Panhwar, 2014). These differences in culture influence learning abilities and styles (Ryder et al., 2016). Whereas Al-Kloub et al. (2014) conducted a study that evaluated the learning experiences of students and investigated how students' cultural background impact self-directed learning. Al-Kloub et al. (2014) found that previous academic experiences of students influence the expectation and acceptance of their and the instructor's roles in the learning process.

Synthesis of the Research Findings

This research study explored the teaching experience of nurse faculty who interact with and teach international students. This topic was multifaceted because the literature was examined in five themes to foster a better understanding of the issue of poor international student outcomes. The first theme explored academic performance. Many studies (Abele et al., 2014; Barbé et al., 2018; Charbonneau-Dahlen, 2015; Donnell, 2015; Jeffreys et al., 2017; Mooring, 2016; Zheng et al., 2014) noted decreased academic performance and retention and higher attrition rates among ESL and international students. Many of these studies were conducted in Australia (Abu-Arab & Parry, 2015; Crawford & Candlin, 2018; Mitchell et al., 2017; Zheng et al., 2014), giving rise to the need for more studies in the United States. Zheng et al. (2014) brought forth interesting points in their study, suggesting the EAL and international students are not one homogenous group and have differing characteristics.

The second theme found in the literature noted the perceived challenges students believe impact their academic success. Several studies report cultural differences, lack of cultural responsiveness from faculty and universities, and social isolation as barriers to student success

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(Crawford & Candlin, 2018; Graham et al., 2016). Researchers even reported the lack of support from faculty and universities and inconsistent and inadequate mentors as factors that inhibit student success (Beard, 2016). A clear majority of those studies focused on English language proficiency, both written and spoken, as a critical barrier (Crawford & Candlin, 2018; James, 2018; Mitchell et al., 2017; Sato & Hodge, 2015). It is evident that the level of competence with communicating in and understanding English plays a role in how well students understand nursing concepts, relay information to others, especially professors, and display confidence when communicating with native English speakers. This language barrier brings to light that English language skills are the top factor that impacts how students experience learning (Crawford & Candlin, 2018; James, 2018).

The third theme noted in the literature explored the role of national and professional nursing organizations to increase the enrollment, retention, and graduation of international students. Organizations such as the NLN (2012, 2016a, 2016b), ANA (2015), AACN (2015, 2017), and ACE (2017) supported the mission of increasing the diversity of the nursing workforce by providing support to faculty and nursing programs. It is evident that although organizations provide resources to enhance, improve, and increase the level of cultural competence and culturally responsive teaching, many faculty still do not feel adequately prepared to address and meet the needs of international students (Beard, 2016; Fuller & Mott-Smith, 2017). Knowing that the needs of international students continue to go unmet gives validity to the study and justifies the need to conduct more studies that explore what can be done to promote and facilitate change (Abu-Arab & Parry, 2015; Brooks-Carthon et al., 2014). The nursing workforce still does not have the number of diverse nurses needed to match the growing

number of multicultural patients. Although effort by nursing programs are noted, increases in international student enrollment and retention remain small (Fitzpatrick, 2015).

The fourth theme in the literature noted the role of faculty and universities. Nursing programs and universities are working to enhance the learning experience for international students (Brooks-Carthon et al., 2014; Lundberg & Lowe, 2016; Yan & Sendall, 2016). Researchers demonstrated the importance of faculty as student advocates in nursing education and facilitators of learning (Abu-Arab & Parry, 2015; Fuller & Mott-Smith, 2017; Latham et al., 2016; Lundberg & Lowe, 2016). Although there are many tools and resources available for faculty to improve the learning experience and outcomes of international students, many students continue to report a need for increased faculty support and respect for their culture and adequate time to address specific barriers to learning (Fuller & Mott-Smith, 2017), which brings into question if the faculty are utilizing those resources consistently. Nurse educators must be culturally aware, competent, and sensitive when teaching international students. Universities must also provide support for faculty in the form of workshops, diversity training, and professional development (Beard, 2014, 2016; Edgecomb et al., 2018).

The fifth theme in the literature explored the role of culture in learning. Researchers discussed how education is viewed and the differences between Western culture and academic structure and other cultures (Al-Kloub et al., 2014; Bokhari & Panhwar, 2014; Kang & Chang, 2016). Students experienced a culture shock as well as an educational shock, which may impact how students experience learning. American nurse educators must understand that international students bring with them different experiences and perspectives, which may not align with the culture of United States education (Sato & Hodge, 2015). Students from different countries may

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also speak different languages, which is a barrier to learning in and of itself. These students require the use of various learning styles that may not be common to educators (Crawford & Candlin, 2018; Hansen & Beaver, 2014; Henderson, 2016; Thompson, 2018). The need for teaching styles that align with what works for students gives rise to the need for educators to become culturally aware and culturally sensitive. It is also very critical that educators do not make the mistake of assuming that students have specific characteristics based on their associated cultural group. The learning needs of each student must be addressed based on what the educator has assessed, not what they assume (Banks, 2010; Bokhari & Panhwar, 2014; Brooks-Carthon et al., 2014; Zheng et al., 2014).

Critique of Previous Research Methods

Some of the researchers used a qualitative design (Mitchell et al., 2017; Sato & Hodge, 2015; Vardaman & Mastel-Smith, 2016). These researchers explored various experiences and aimed to obtain the perspectives and insights of international students (Cho & Yu, 2015; Huang, 2014; Lundberg & Lowe, 2016), international nursing students (Crawford & Candlin, 2018; Graham et al., 2016), nurse educators (Beard, 2016; Morton-Miller, 2018; Ume-Nwagbo, 2014), and diverse nurses who studied in nursing programs outside of their native country. Researchers conducted open-ended, semi-structured interviews, focus groups, and surveys to get rich, meaningful data from participants (Merriam & Tisdell, 2015). This dissertation study should be repeated in different types of nursing programs, such as an associate degree or master's degree-level, to compare the findings.

Researchers conducted very few studies that reported actual attrition or retention and graduation rates of international students enrolled in nursing programs compared to traditional

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and domestic students (Abele et al., 2014; Barbé et al., 2018; Donnell, 2015; Jeffreys et al., 2017; Loftin et al., 2014; Zheng et al., 2014). Researchers based much of the reports surrounding these rates on assumptions and estimates (Donnell, 2015). The lack of evidence regarding a comparison of attrition or retention and graduation rates did not negatively impact the literature review because the focus of the research topic was to explore the experiences of American nurse educators who teach or interact with international students, not a focus on attrition, retention, or graduation rates. The goal of this dissertation study identified common teaching strategies that American nurse educators used that supported international, ELL, and ESL students and those that do not. Another goal examined the use of diversity resources available to American nurse educators by national and professional nursing organizations that have researched on the topic of international, ELL, and ESL students in nursing education.

This original research study added to the current knowledge on the topic of faculty experiences with international, ELL, and ESL students in nursing education through providing the perspectives and insights of those who teach and interact with these students. The review of the literature on international, ELL, and ESL students in BSN degree programs indicated that we know these students report challenges with Western education, cultural differences, language, and other social differences (Del Fabbro et al., 2015; Genovese et al., 2015; Vardaman & Mastel-Smith, 2016). We know the number of diverse students enrolled in BSN degree programs is growing and is needed to meet the needs of diverse patient populations (AACN, 2017). What we do not know is how American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students and what teaching strategies and methods they believe best meet the needs of these students. Educators will more than likely experience

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teaching international, ELL, and ESL students at some point in their careers (AACN, 2015). This original research study made a positive contribution to the specialization of nursing education, and educators may transfer data and results to other educational departments who enroll international, ELL, and ESL students.

Summary

The review of the current literature provided validity to the study. The number of diverse students enrolled in nursing programs in the United States is trending upward (AACN, 2017; Del Fabbro et al., 2015; Genovese et al., 2015; Vardaman & Mastel-Smith, 2016). The goal of identifying, understanding, and addressing the unique learning needs of international students and provided support for faculty who teach and interact with them is still a high priority in nursing education (AACN, 2017; Khawaja et al., 2017; NLN, 2016b). The conceptual framework of this original study, multicultural education, and culturally responsive teaching, as explained by Banks (1993), considered the students as individuals, their cultures, their language, and the way they learn and make sense of the world. Multicultural education and culturally responsive teaching are the foundation for creating an effective, appropriate, meaningful, and safe learning environment for all students (Banks, 2010). This original research explored the experiences of American nurse educators, who play critical roles in the transformation of knowledge and transitions of students. The semi-structured interviews allowed American nurse educators to contribute to the current understanding by allowing them to share their experiences, teaching strategies, challenges, and viewpoints of international, ELL, and ESL students. This study further showed the need for faculty support and development regarding cultural competence and the globalization of nursing education.

CHAPTER 3. METHODOLOGY

A basic qualitative design was used for this original research study as outlined by Merriam and Tisdell (2015). Chapter 3 includes a discussion of the study's purpose and research questions that guided the study. This chapter also includes details about the sample and target population. Additionally, the study procedures and data collection instruments are discussed in detail to allow for future replication. This chapter concludes with a discussion of the role of the researcher, the ethical considerations, and a summary.

Purpose of the Study

The purpose of this basic qualitative study obtained a deeper understanding of the experiences of American nurse educators who teach and interact with international, ELL, and ESL baccalaureate nursing students. Previous research concerning international, ELL, and ESL student in nursing programs focused on the perceptions of these students (Crawford & Candlin, 2018; Mitchell et al., 2017; Vardaman & Mastel-Smith, 2016). A review of the literature presented studies exploring the experiences of faculty; however, the majority of these studies took place in Australia (Del Fabbro et al., 2015; Fuller & Mott-Smith, 2017). The nursing faculty's responses to the interview questions in this dissertation study supported the need to explore the experiences, challenges, and strategies encountered by these American nurse educators as they attempt to teach international, ELL, and ESL baccalaureate nursing students as they adapt to American culture and education in a college environment. This dissertation research study focused on the examination of ways American nurse educators interpret and give meaning to their experiences with international, ELL, and ESL students. This study aimed to provide additional information on the challenges and strategies American nurse educators used

when assisting international, ELL, and ESL nursing students with academic and social experiences to increase the number of diverse nurse graduates.

The theoretical implications for the field of nursing education include an understanding of the faculty experiences with international, ELL, and ESL nursing students as they attempt to teach them. Multicultural education and culturally responsive teaching provided the framework used to explore the descriptions of nurse faculty's experience when teaching international, ELL, and ESL and culturally diverse students (Banks, 1993, 2010). The findings from data collected filled a gap in the existing literature and provide implications for future research and practice for nursing faculty members, academic advisors, and clinical and lab instructors who encounter international, ELL, and ESL nursing students. Furthermore, the research study could contribute to the advancement of colleges and universities in the areas of improving and streamlining faculty development, training, and workshops to better support American nurse educators as they teach international, ELL, and ESL students.

The AACN (2017) noted the need to increase the number of diverse nurses to address the health disparities of minority and underserved patients. Glazer, Tobias, and Mentzel (2018) further emphasized the influence of colleges and universities on increasing this diversity through recruitment and admission of diverse students, student support procedures, and partnerships with community groups. As mentioned in Chapter 1 and discussed in the review of the literature in Chapter 2, exploring the experiences of nursing faculty is essential as they are critical players in the transition of international students into nursing programs in the United States (Vardaman & Mastel-Smith, 2016). This study could also contribute to the enhancement of American nursing education and add to the scholarly knowledge surrounding this field of education.

Research Question

A well written research question directs and is the focal point of the research study. It should be clear and sound, as well as synthesize data from multiple sources to convey the specific argument proposed in the study. Good research questions seek to improve knowledge on an important topic and are usually narrow and specific (Kite & Whitley, 2018). The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

Research Design

Merriam and Tisdell (2015) discussed the importance of choosing a study design that corresponds to the research topic and research questions. Because the researcher is not interested in determining cause and effect, predicting, or focusing on how much or how many, a quantitative research methodology is not appropriate. Merriam and Tisdell (2015) stated the following:

> Having an interest in knowing more about one's practice, and indeed in improving one's practice, leads to asking researchable questions, some of which are best approached through a qualitative research design. In fact, we believe that research focused on discovery, insight, and understanding from the perspectives of those being studied offers the greatest promise of making a difference in people's lives. (p. 1)

In this original study, the interest was focused on understanding the experience of teaching international, ELL, and ESL students from the perspectives of American nurse educators. This interest calls for a need to interview those American nurse educators (Merriam & Tisdell, 2015). Creswell (2014) further explained the importance of using qualitative research to explore and understand the interpretations individuals and groups place on experience through the use of purposeful sampling, a collection of open-ended data, analysis of the data, and personal interpretation of the findings. The methodology and research design used for this dissertation study was the basic qualitative inquiry. This methodology was chosen because the research question being asked requires the investigation and identification of the views of a specific group of participants (Creswell, 2014). The primary goal of basic qualitative research is to uncover and interpret the meanings of those selected participants (Merriam & Tisdell, 2015). The data that were obtained from the participants provided a way to identify and understand the challenges and strategies while teaching international, ELL, and ESL baccalaureate nursing students, thus allowing the researcher to interpret that data and uncover meaning (Creswell, 2014).

American nurse educators have a vital role in facilitating the transformation of knowledge and the transition of international students enrolled in nursing programs in the United States (Vardaman & Mastel-Smith, 2016). Using a basic qualitative research design was appropriate to answer the research questions. The American nurse educators were essential to uncovering the meaning of the overall research question by describing their experience with international, ELL, and ESL baccalaureate nursing students and assigning meaning to those experiences. The use of semi-structured interviews asking open-ended questions as the primary

data collection tool brought forth the views and perspectives of the participants. This data collection method provided data that uncovered common themes related to the experiences the participants described (Creswell, 2014; Merriam & Tisdell, 2015).

Target Population and Sample

Utilizing the expertise of Grove, Gray, and Burns (2015), this qualitative study called for a target population of full-time nursing faculty who teach international, ELL, or ESL nursing students at a four-year university; the study participants came from four different universities. Following the information provided by Merriam and Tisdell (2015), the purposive study sample is the subcategory of that population and is needed to answer the research questions. Nonprobability, purposeful sampling was used to select experienced American nursing faculty to be interviewed about their interactions with international, ELL, and ESL baccalaureate students in their nursing program, which allowed for the collection of rich descriptions of data based on the nursing faculty's responses (Merriam & Tisdell, 2015).

Population

A nonprobability sample is obtained when there is an unequal chance of individuals being included in the sample. Purposeful sampling is often used in qualitative research for data collection (Palinkas et al., 2016). This type of sampling is used to identify and select participants who are able to provide rich data related to a specific phenomenon (Creswell & Plano Clark, 2018). The purpose of this original study explored the experiences of American nursing faculty who teach or interact with international, ELL, and ESL baccalaureate nursing students. Therefore, a nonprobability purposeful sampling design was used to select participants with

experience teaching and interacting with international, ELL, and ESL baccalaureate nursing students.

Sample

A sample size of 18 American nurse educators from a target population of faculty who teach at four different four-year universities and teach international, ELL, and ESL students were interviewed until data saturation was reached. A smaller sample is used when characteristics are present that are highly specific for the study, such as in purposive sampling (Malterud, Siersma, & Guassora, 2015). It is also important to select participants who are homogenous, having similar experiences with international baccalaureate nursing students, which require smaller samples (Palinkas et al., 2016). Furthermore, Palinkas et al. stated,

> Because the aim of qualitative research is to describe and analyze the meanings and experiences of particular individuals or groups, large sample sizes are not generally appropriate or feasible in these scenarios. Instead, the sample size should be sufficient to provide enough information to answer the research question based on the notion of saturation. (p. 534)

Vasileiou, Barrett, Thorpe, and Young (2018) stated that the most widely used principle to determine an appropriate sample size is to reach data saturation. Fusch and Ness (2015) further explained that saturation is reached when no new information is obtained from the data and no new themes are identified. Information power is also related to the specificity of experiences, knowledge, or characteristics of participants. For this study, data saturation was confirmed during analysis of the eighteenth interview.

Procedures

The procedures section explains the steps that were used to carry out the research methods. Step-by-step descriptions of participant selection, protection of participants, data

collection, data analysis, and presentation of findings will be provided. Each procedure will be described under separate headings to provide explicit detail and clarity.

Participant Selection

Participants chosen for this study were included in a nonprobability, purposeful sampling method (Grove et al., 2015), which ensured the selection process would result in obtaining participants who could provide insight and perspectives that would lead to a better understanding of how American nursing faculty interprets their experiences with international, ELL, and ESL baccalaureate nursing students (Daniel, 2014). This study sample consisted of American nursing faculty who were born in the United States, who teach in baccalaureate nursing degree programs in the United States, and have experience with international, ELL, and ESL nursing students in their nursing program. Before the recruitment of participants, it was important to determine if a nursing faculty directory, including email addresses, was available on the university/college website and accessible to the public. Written approval from the department heads was not required for recruitment because the email addresses of full-time nursing faculty were publicly available on the four-year university/college's faulty directory on their website(s). Additionally, none of the participants worked with the researcher.

Volunteers were asked to respond to the researcher via email and provide their preferred contact information. Screening for eligibility of the nursing faculty volunteers occurred by contacting the nursing faculty who responded to the email invitation to affirm their lack of a professional working relationship at the researcher's employer, that they teach baccalaureate-level nursing full-time, and teach international, ELL, or ESL students. The nursing faculty who met the criteria and responded to the invitation to participate in the study were provided the

informed consent to review via email. An interview time and date that was convenient for both the participant and the researcher were scheduled. The informed consent was obtained and signed in person or scanned in via email before the beginning of each interview after all of the participants' questions were answered to their satisfaction. All the information provided by the participants remained confidential.

Protection of Participants

The informed consent was obtained and signed before the start of each interview either in person or scanned in via email after all of the participants' questions were answered to their satisfaction. According to Grove et al. (2015) and Merriam and Tisdell (2015), it is essential that confidentiality is maintained throughout the research process, including data collection, analysis, and reporting to protect the study participants. The researcher must manage data in a way that ensures the information provided by the participants remains private (Creswell, 2014). The participants reviewed and signed the informed consent that was emailed by the researcher after all of their questions were answered to their satisfaction. The consent included permission to audio-record the interview (Grove et al., 2015).

The participant and researcher met at a mutually agreed upon private place before the start of the interview where the participants were reminded that the interview would be audio-recorded, and were given another opportunity to ask any other questions, as they orally confirmed they submitted a signed informed consent form to participate in the interview. At the start of the interview, their demographic information was obtained related to age, years holding an RN license, United States citizenship, and years as a full-time nurse educator. Anonymity was maintained throughout the research process via participant identification number coding (i.e.,

P01, P02, P03), which was utilized to link the participants' interview audio-recordings and transcripts, through data analysis. Confidentiality was maintained by keeping the information on a password protected flash drive and locked in a desk drawer located in the researcher's home. All physical data, including electronic and audio-recorded data, will be shredded, deleted, and destroyed after seven years per Capella's Institutional Review Board (IRB) expectations.

Expert Review

Utilizing the expertise, published by Bailey and Bailey (2017), regarding expert review of qualitative research interview questions, the initial semi-structured, open-ended interview questions went through expert review before participant recruitment. The questions were presented to three university faculty who hold doctoral degrees with experience in qualitative research methods. All members have taught in the nursing profession for at least 20 years and have been a professional nurse for at least 30 years. Two members of the expert review held a Doctor of Philosophy (PhD) in nursing, and one held a Doctor of Nursing Practice (DNP). The experts provided written feedback related to the questions' ability to elicit responses that address the research questions, how appropriate the questions were for the target population, and how well the target population would understand what is being asked. Based on the feedback, the wording of each question was adjusted for better clarity. One major suggestion was to reword clarifying questions to allow for better quality data. Instead of asking, "can you further explain?" it was suggested that I ask, "when you said… what did you mean?" Once the wording was adjusted, the experts determined the interview questions were appropriate for the target population and the research study.

Data Collection

As the study participants were selected, interviews were scheduled. The time, date, and location were convenient for both the researcher and the participant. Those participants who were unable to meet in person agreed to utilize Zoom videoconferencing for interview purposes. The participants reviewed the informed consent, had any questions they asked answered to their satisfaction, signed the consent, and sent it back via email. An brief study introduction was given by the researcher to each participant prior to the start of the interview, which explained the study purpose and the procedures for data collection, including obtaining permission to audio-record, that the researcher would be taking notes during the interview, and that the transcript would be emailed to the participants to verify the accuracy of the information obtained, known as member checking per Grove et al. (2015), and plans for reporting of findings. The researcher also explained the process to maintain strict confidentiality and privacy as well as the ability to refuse to answer questions, contact the Capella IRB if they have any concerns, and/or withdraw from the study at any time without penalty as per the signed informed consent form.

The semi-structured interviews were established with a set of guiding open-ended questions that were vetted using three qualitative study method experts (Bailey & Bailey, 2017; Grove et al., 2015). Follow-up questions were also used for clarification of participant responses and to enhance the quality of data obtained (Peredaryenko & Krauss, 2013). Per Grove et al. (2015), this would allow the participants to reflect on their experiences and express the deeper meaning of those experiences, which is what happened during the audio-recorded interviews for this study. Each of the 18 participants were privately interviewed and audio-recorded once, while corresponding notes were taken by the researcher, per the recommendations of Phillippi and

Lauderdale (2018), during the interviews, which helped to focus the interviewer's attention on the participant's point of view and their experience relevant to the research question.

Per the recommendations of Gregory (2019), immediately following the interview, the researcher audio-recorded a reflective journal in an attempt to remove any bias and bracket their feelings on the subject. Bracketing is a method used in qualitative research to reduce the potentially harmful effects of preconceived ideas and bias that may impede the research process (Gregory, 2019; Merriam & Tisdell, 2015). Those audio-recorded reflective journal files are also kept with the other study data on the password protected flash drive and locked in the desk drawer.

The audio-recording of each interview was transcribed into Microsoft Word word-for-word, and then emailed back to the participant for member checking. The transcript of each interview was identified by an assigned participant number (e.g., P01, P02, P03). According to Birt, Scott, Cavers, Campbell, and Walter (2016, p. 1802), member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results, where the data or results are returned to participants to check for accuracy and resonance with their experiences. Each of the 18 participants reviewed their transcript and emailed their feedback on the accuracy of the transcript, along with their thoughts or reflections regarding the content of the conversation, which is what Merriam and Tisdell (2015) suggested should happen during member checking. Those 18 emails regarding member checking were reviewed by the researcher and stored on the password protected flash drive that is kept in the locked desk drawer.

Data Analysis

Data analysis in basic qualitative research requires a review of collected data for keywords, patterns, and themes (Gul, Barolia, & Meherali, 2018). Creswell (2014) described a process for data analysis that was used for this study. Raw data were obtained from the transcription of the audio-recorded participant interviews. The corresponding notes that were taken by the researcher, per the recommendations of Phillippi and Lauderdale (2018), during the interviews, which helped to focus the interviewer's attention on the participant's point of view and their experience relevant to the research question, also helped to give additional insight to the keywords and phrases obtained from the transcripts and generated codes and themes from the interviews as Saldaña (2016) posited. The transcription was reviewed and coded by hand by the researcher, the data were organized in a code/theme frequency table to keep the data organized, help the researcher determine data saturation, and prepare for a more in-depth analysis, per the recommendation of Clark and Vealé (2018). The table was a data analysis starting point for the novice researcher and included the following column headings: code, theme, example quote (to represent that code/theme), frequency (number of times the code/theme was mentioned), and participant number. When no new codes were added to the code/theme frequency table, the researcher knew data saturation had been reached, and a more in-depth analysis of the data could begin, according to Clark and Vealé (2018).

Additionally, Saldaña's (2016) manual, which described coding methods for qualitative data, was used as a guide for this novice researcher. Keywords, phrases, and sentences were initially highlighted throughout the transcript. These highlighted words and phrases were developed into codes, which are the foundation for the initial themes that were developed (Clark

& Braun, 2017). Each code represented an idea, so to speak, and an example quote was noted on the table to demonstrate that code, which helped the research during the next review of the codes to the identification of select patterns. These patterns were then developed into categories and then transformed into broader themes.

Next, thematic analysis was used to generate broader themes from the qualitative data obtained from participant interviews. This flexible method of identifying, analyzing, and interpreting patterns of themes or meanings are regularly used in basic qualitative inquiry, according to Clarke and Braun (2017). The broader themes were developed using a summary of the data documented in the code/theme frequency table, and the highlighted direct quotes from the transcripts.

Instruments

Semi-structured interviews were the primary data collection source. Face-to-face interviews were conducted at a public library in a private room, or remote interviews via Zoom were conducted to accommodate those nursing faculty who preferred not to travel. Merriam and Tisdell (2015) also explained that "semi-structured interviews allow the researcher to respond to the situation at hand, to the emerging worldview of the respondent, and to new ideas on the topic" (p. 111). Additionally, the researcher is the major data collection instrument in semi-structured or unstructured qualitative interviews. Specific researcher attributes have the potential to influence the collection of empirical data; therefore, this novice researcher demonstrated a relatively consistent interviewer and communication style across all of the interviews per the recommendations of Clark and Vealé (2018).

The Role of the Researcher

  The role of the qualitative researcher is to identify and address any bias or assumptions. The researcher must also identify any personal or professional experiences and prior knowledge regarding the research topic (Grove et al., 2015). The researcher does have an indirect professional affiliation with some of the participants, as colleagues within the nursing profession. The researcher also has an interest and connection to the research topic because of experience with international, ELL, and ESL students in undergraduate nursing education. The researcher's views are based on that experience with international, ELL, and ESL students. A strategy employed by this researcher, to avoid bias, included audio-recorded reflective journaling to bracket any feelings or bias opinions after each interview was concluded (Gregory, 2019; Merriam & Tisdell, 2015). This reflexive process allowed the researcher to identify and reflect on any preconceptions that may impact the research process (Darawsheh & Stanley, 2014). As a nurse educator with experiences interacting with international, ELL, and ESL nursing students, it was important to remain objective when conducting the interviews and analyzing and interpreting the data. Audio-recorded reflective journaling was a way to document the researcher's beliefs, attitudes, and experiences related to the research topic. This information is then bracketed to acknowledge internal conflicts, such as assumptions and beliefs, and external conflicts, including context and culture (Gregory, 2019; Merriam & Tisdell, 2015).

Guiding Interview Questions

  According to Merriam and Tisdell (2015), all interview questions must relate to the actual research topic. The research topic for this study was the exploration of American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their

nursing program(s). The experiential and behavioral and opinion and values types of questions helped to provide a framework for understanding a specific phenomenon (Brayda & Boyce, 2014). The interview questions were developed to provide answers to the research question, which was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? The following experiential and behavior questions were vetted by three qualitative research experts and provided a framework for understanding the overall culture of the American nursing faculty in their nursing classroom(s):

1. In your own words, describe your personal experience(s) with international, ELL, and ESL baccalaureate students. Please, give me an example.

2. Explain how you teach nursing concepts in the classroom and/or clinical setting regardless of the demographics of your student body. Please, give me an example.

3. In your own words, describe any potential or actual barriers that you have encountered regarding teaching international, ELL, and ESL baccalaureate students. Please, give me an example.

4. With the increase in the number of international, ELL, and ESL students enrolled in nursing programs in the United States; please, discuss how this has influenced your teaching practices. Please, give me an example.

5. Please, talk about the types of teaching strategies you have used in your practice as a nurse educator that have supported international, ELL, and ESL nursing students and that may be helpful for other nurse educators to use when teaching these students.

With Banks's (1993, 2010) concept of multicultural education and culturally responsiveness as the framework for the study, questions four and five sought to obtain insight and address the other research questions regarding teaching strategies and educational climate in relation to different student cultures.

Ethical Considerations

This dissertation research study was approved by the Capella University IRB prior to a pre-data collection conference call with the dissertation committee and the beginning of data collection. Having a nonprobability sample does not allow for equity, but the views of specific participants are necessary to answer the research question (Palinkas et al., 2016). There was little risk to the participants, and the privacy and confidentiality of participants and responses were upheld throughout the study (Grove et al., 2015). The interview encouraged these nurse educators to reflect on their teaching methods and experiences, which resulted in feelings of discomfort as some of the participants did not feel they could support international, ELL, and ESL baccalaureate nursing students, which was deemed a minimal risk by the Capella IRB during their review and approval. Confidentiality was not a challenge because number codes were given to responses, and all of the participants were referred to as P01, P02, P03, etc., to protect his or her confidentiality and to ensure that the information obtained from the interview cannot be linked to him or her (Merriam & Tisdell, 2015).

An acknowledged potential conflict of interest evolving from personal and professional experience as a nurse educator working with international, ELL, and ESL nursing students was noted. The use of reflective journaling with bracketing helped to eliminate researcher bias during the entire research process (Gregory, 2019; Merriam & Tisdell, 2015). There were no personal

benefits granted to the researcher from the study. The researcher set boundaries with the participants to maintain a professional relationship (Darawsheh & Stanley, 2014). The researcher also prepared to stop the interview if the participants became uncomfortable, which did not happen (Grove et al., 2015).

According to Merriam and Tisdell (2015), there needs to be a focus on being aware of body language and influences the researcher or interviewer may have on the interview process. To decrease the amount or tendency to include biased questions, interviews, reporting, and so on, it was important for the researcher to remain objective and open-minded. Additionally, member checks were used to ensure internal validity and potential bias as recommended by Merriam and Tisdell (2015). According to Birt et al. (2016, p. 1802), member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results, where the data or results are returned to participants to check for accuracy and resonance with their experiences. Each of the 18 participants reviewed their transcript and emailed their feedback on the accuracy of the transcript, along with their thoughts or reflections regarding the content of the conversation, which is what Merriam and Tisdell (2015) suggested should happen during member checking. This helped maintain objectivity and not transfer the researcher's thoughts, feelings, and perceptions to the data obtain from the participants (Grove et al., 2015).

Summary

This qualitative study explored American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their nursing program(s). Utilization of a basic qualitative design was appropriate to answer research questions (Creswell,

2014). Nonprobability, purposeful sampling was used to target American nursing faculty in BSN degree programs who teach international, ELL, and ESL nursing students (Daniel, 2014). The Capella University IRB approved this study to protect participants, along with the informed consent and process to maintaining confidentiality. Data collection occurred through semi-structured, open-ended interviews (Merriam & Tisdell, 2015), which were vetted by three qualitative research experts. Data analysis employed the use of a coding process that gave rise to patterns and themes (Grove et al., 2015). Exploring the experiences of American nursing faculty who teach international, ELL, and ESL baccalaureate nursing students allowed for a description of the challenges the nursing faculty face while teaching these nursing students, and the use of resources to support these students.

Chapter 4 builds on the description of the qualitative research method that was described in Chapter 3. Chapter 4 describes the results of the study, a presentation of the data collected, a presentation of the results of the data analysis, and the findings of the study. Chapter 4 has the following elements: the study and the researcher, description of the sample, a brief description of how the basic qualitative study design approach was applied to the process of data analysis, the presentation of data and results, and a summary.

CHAPTER 4. PRESENTATION OF THE DATA

Chapter 4 presents the data collected and the findings and results of the study after data analysis. This chapter includes a description of the basic qualitative research design, which provided guidelines for the collection, analysis, and presentation of data. Thematic analysis was an appropriate choice of data analysis based on the study's purpose, research questions, and research design as briefly outlined in Chapter 3.

Introduction: The Study and the Researcher

This section describes both the study and the researcher. The first part presents the study's purpose and research questions concerning the data. The second part presents a description of the researcher's role in the study.

The Study

This basic qualitative study explored American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their nursing programs. The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

The Researcher

The researcher is an RN with a master's degree in nursing and a master's degree in healthcare administration. The researcher has 14 years of nursing experience and 10 years of experience in nursing education. The researcher completed coursework that included qualitative research methods at the graduate level. In the researcher's doctoral program, interviewing techniques were reviewed and applied to an assignment given in a research methods course.

The researcher currently works as a nursing faculty member within a BSN degree program with a growing population of international, ELL, and ESL nursing students. The researcher witnessed the difficulties international, ELL, and ESL nursing students experience and the challenges the American nursing faculty faces while trying to support and teach them, which produced a desire to identify ways to support American nursing faculty who teach these nursing students. This desire brought into question whether American nursing faculty are prepared to support and teach international, ELL, and ESL baccalaureate nursing students?

The researcher acknowledged a potential conflict of interest evolving from personal and professional experience as a nurse educator teaching international, ELL, and ESL nursing students. The use of audio-recorded reflective journals helped bracket and eliminate researcher bias, and member checks were used to ensure internal validity and eliminate potential bias. These strategies helped the researcher to maintain objectivity and not transfer the researcher's thoughts, feelings, and perceptions to the data obtained from the participants.

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Description of the Sample

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Eighteen American nurse educators teaching international, ELL, and ESL nursing students within BSN degree programs participated in the Capella IRB approved study. All 18

participants were born in the United States, teach at four different United States based universities, and met the criteria for inclusion in the study, which consisted of being an American, masters-prepared nurse educator, teaching full-time within a BSN degree program, and have experience interacting with or teaching international, ELL, and ESL nursing students within their nursing program. No participant withdrew from the study. One potential participant was not interviewed due to scheduling conflicts; therefore, was not included in the study.

The interviews were conducted in a private meeting room at a local library, and those participants who were unable to meet face-to-face were interviewed via Zoom. Distractions that interrupted the interviews were few but included an incoming telephone call during one interview, one participant's child speaking loudly in the background, and one participant's audio connection breaking up during the beginning of the interview. These distractions did not appear to influence the outcomes of the interviews.

The 18 participants were full-time BSN degree program nursing faculty with a minimum education of a master's degree in nursing. Four of the participants were licensed nurse practitioners. Eight participants held doctoral degrees. One participant was enrolled in a doctoral program at the time of data collection. Table 1 shows the participant demographic information. The participants had a range of eight to 38 years of nursing experience, with a mean of 18.5 years, and range of one to 16 years of nurse faculty experience, with a mean of 6.6 years. The participant's ages ranged from 30 to 70 years old, with a mean of 44.4 years old.

Table 1

Participant Demographics

Participant Number	Age	Years as an RN	Years as a Nurse Faculty	Nursing Preparation
01	53	14	7	MSN, PhD
02	39	18	2.5	MSN
03	32	8	2	MSN
04	30	8	3	MSN, APRN
05	35	13	2.5	MSN, APRN
06	64	38	15	MSN
07	49	25	12	MSN
08	39	18	16	MSN, APRN, PhD
09	70	19	9	MSN
10	58	35	10	MSN, APRN, DNP
11	49	21	2.5	MSN, PhD
12	59	37	1.5	MSN, APRN
13	51	20	7	MSN
14	38	14	1	MSN
15	35	11	8	MSN, PhD
16	54	19	12	MSN, PhD
17	45	15	7	MSN, PhD
18	57	20	15	MSN, PhD

Note. APRN = Advanced Practice Registered Nurse; MSN = Master of Science in Nursing; PhD = Doctor of Philosophy; DNP = Doctor of Nursing Practice

Research Methodology Applied to the Data Analysis

This section presents a description of the relationship between the study's methodology and the data analysis process. This section will detail the data analysis. There will also be a presentation of any issues or concerns that arose during data analysis.

This original basic qualitative study consisted of 18 interviews with American nursing faculty who interact with or teach international, ELL, and ESL students at the BSN degree level utilizing semi-structured interview questions. The researcher was the data collection instrument. All of the participants had their questions answered to their satisfaction and signed their informed consent before their interview started. Every interview was about one hour long and was audio-recorded, while corresponding notes were taken by the researcher, during the interviews, which helped to focus the interviewer's attention on the participant's point of view and their experience relevant to the research question.

After each interview, the researcher audio-recorded a reflective journal to help with bracketing feelings associated with the topic. Each participant was assigned a number to maintain confidentiality (e.g., P01, P02, P03) when the researcher transcribed the audio-recorded data verbatim into a Microsoft Word document. Each of the 18 participants were emailed a copy of their transcript as a Word document. Each participant reviewed their transcript and emailed their feedback on the accuracy of the transcript, along with their thoughts or reflections regarding the content of the conversation.

To begin the data analysis, the researcher read each transcript and highlighted words, phrases, and ideas to obtain a general understanding of the experiences the faculty described, which were documented on a code/theme frequency table (see the appendix). The table was a

data analysis starting point for the novice researcher and included the following column headings: code, theme, example quote (to represent that code/theme), frequency (number of times the code/theme was mentioned), and participant number. These highlighted words and phrases were developed into codes, which are the foundation for the initial themes that were developed. Each code represented an idea, so to speak, and an example quote was noted on the table to demonstrate that code, which helped the research during the next review of the codes to the identification of select patterns. These patterns were then developed into categories and then transformed into broader themes. When no new codes were added to the code/theme frequency table, the researcher knew data saturation had been reached, and a more in-depth analysis of the data could begin.

Next, thematic analysis was used to generate broader themes from the qualitative data obtained from the 18 participant interviews. The broader themes were developed using a summary of the data documented in the code/theme frequency table, and the highlighted direct quotes from the transcripts. The researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of teaching support; and (e) nursing faculty's use of resources. The next section presents data analysis and discusses each theme.

Presentation of Data and Results of the Analysis

This section presents the findings of the study. The data is organized based on the codes and categories developed from the responses. The emerging themes from the categories aligned

with the research questions. Examples of the participants' exact words were used to support the themes and were organized using a code/theme frequency table to determine when data saturation occurred, and the data collection efforts could end. The participant is identified by the letter P and the assigned number (e.g., P01, P02, P03).

Central Research Question

This basic qualitative study explored American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their nursing programs. The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

After interviewing 18 BSN faculty members from four different universities/colleges, and coding/analyzing their data, this researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of teaching support; and (e) nursing faculty's use of resources.

Nursing faculty's attitudes toward international, ELL, and ESL nursing students.

All 18 participants described their experiences based on their attitudes toward international, ELL, and ESL baccalaureate nursing students. The participants included their thoughts on cultural diversity and its importance in nursing education, views on the interactions with international, ELL, and ESL students, and stereotyping. When discussing their thoughts on cultural diversity, the researcher noted many of the participants hesitated or took a breath before answering. The following are some of the responses related to cultural diversity and its importance in nursing education:

- I think the key to it is when I started teaching that cultural class, learning the cultures from different countries…because that was another one of their projects. I would just pick a country…every semester I would have 15 different countries and they had to write and present about the culture in that country. And, you learned that you know, certain things that are done in certain cultures, well, you can't expect that student in that culture to act like an American. (P01)

- So, being sensitive to their culture…some cultures…the students will not look you in the eye. It's disrespectful. Some…the Indian culture that I had a student in Houston every other word was "sir." You know, they are very respectful people. "Sir, I understand, sir. Yes, sir. Thank you for it, sir." Um, you know, it's aggravating to us…it's aggravating and repetitive and I have things to do and if you cut out the "sirs," we'd probably cut three minutes out of this meeting. But, to them, that's just what they do. So, being sensitive to their cultural approaches, I think, can help educators. And, something we may see…what we think is disrespectful, is not. (P01)

- Uh, well, you know, and I can compare something for you. When I was teaching at [unnamed university], we had clinical at [unnamed hospital]. [Unnamed hospital] has patients from all over the world. Those students, since, you know, were [unnamed university] students, they had a whole lot more cultural, um, cultural education woven throughout their curriculum. At [unnamed university], we only had one class on it. Um, and you know, uh, research says that you know, you have to say something 6 times before someone So, I think, you know, as our cultures expand, yeah…I mean, and it's changing. Cause when I was a young boy, you had to know some French. You know, my father, uh, failed the first grade because he didn't speak English. My grandparents on the [unnamed family] side really spoke broken English. Uh, now

you don't' see that. But you go to the hospital, and you find people who don't speak English. They speak Spanish, and their whole concept of hot and cold and how to deal with that and, you know, daddy makes the decision. My husband makes the decisions…and, but, yeah, I think it's important. I just don't know what level of importance it should be placed here in [unnamed city]. (P01)

- If I were not still in practice it would be harder for me to teach how to differentiate culture and how to nurse towards culture. Because you really have to interact with certain cultures a lot, and I'll use Spanish and Vietnamese because we have a lot of that here. So, unless I interact with those people a lot, it's hard to teach to that, especially since I do OB. (P02)

- "I love learning about other cultures, seeing how they're different when teaching and how they feel about patients" (P05).

- I'll just add that the international students are eager to learn, and they are very knowledgeable, but they have a, in my opinion, they have a difficult time in illustrating or demonstrating how much they really know, because they, what I interpret as one thing, they may interpret that same principle in another way. So, we have to be competent in meeting the cultural needs of students. (P10)

- Um, I think, um, as a nurse educator, when it's… my weakness is not being as culturally aware as I would like to be. I think that we could do more to help them if we knew more about the culture, as a whole. And we definitely don't. We take a lot of things for granted. And we expect them to come and fit in. (P12)

- A lot of times international students bring a different perspective, as different cultural background. There's always something unique they add, whether it's the way that the language is interpreted, or their perspective on nutrition; their perspective on childbearing; their perspective on senior care. You know, it's always, um… it's always been a benefit to the learning experience. (P16)

- "And, some of it, I think, is because of their culture. And, I know as educators we definitely have to portray cultural competency and cultural sensitivity with all students" (P17).

Several participants described positive interactions with international, ELL, and ESL students, and how they enjoyed working with them, while others verbalized some frustration and

difficulty interacting and communicating with these students. Three participants acknowledge

negative attitudes toward international, ELL, and ESL students. The following responses are

select statements pertaining to the faculty interactions with international, ELL, and ESL students:

- "I've always liked working with students of other cultures and I've loved working with patients of other cultures. So, I kind of go out of my way to work with them. I really like it" (P02).

- "I really love teaching, working with international, ELL, and ESL students" (P03).

- "Well, I'm a big advocate for international, ELL, and ESL students and I have worked with them some" (P06).

- "All in all, it's been a good experience. I haven't really had a problem with them at all" (P13).

- "When I had clinicals, I pretty much had an international, ELL, and ESL student every semester. I actually enjoyed having them" (P13).

- "I think overall, I've had a good experience with international students" (P15).

- There is one thing that has been, um… and I don't want to say it's negative, but I think it is challenging because I think sometimes the language or sometimes words are understood differently if it's diffident language and a lot of times, it just takes a little more time to understand and maybe interpret or make sure they're understanding what the words are and what the words mean. But, um, overall, I think it's been a very beneficial learning experience. (P16)

- Yes, uh…I have had one where I just couldn't understand a word she said. Her English was so bad. That, I mean, it's like, okay, you know, it was sort of like an Alzheimer's patient. You say, "okay" and you walk away. You know, "I have no idea what you said." And, I used to say, "ok, baby, you need to talk slower." But, I mean, it was such a thick accent, and it was a Chinese girl. Just, I don't know how she got that far in college. Yeah, she was a junior. How'd she gets this far, with that bad English? (P01)

- Some…the Indian culture that I had a student in [unnamed city] every other word was "sir." You know, they are very respectful people. "Sir, I understand, sir. Yes, sir. Thank you for it, sir." Um, you know, it's aggravating to us…it's aggravating and repetitive and I have things to do and if you cut out the "sirs," we'd probably cut three minutes out of this meeting. (P01)

- So, I think some of the professors are aware of it, some of us, I'm not gonna say all of us, but most of us are kinda not aware of what's going on as far as with our students. Sometimes we look at it like maybe she just wants that extra attention instead of saying well, it's truly a language barrier, it's truly something going on, let's just take that extra step with her, you know what I mean because we're so busy. (P11)

- "Overall, it's pretty challenging initially because of the language barrier or them having difficulty understanding certain medical terms that they're not accustomed to" (P17).

- "Sometimes we tend to be impatient with people who need a little bit more time, especially with people who don't always mirror what we look like. Or what we sound like" (P17).

Two participants acknowledged having some prejudice and stereotypical thoughts about international, ELL, and ESL students. One participant used a tone of voice that was very matter of fact. The other participant began to talk in a quiet tone of voice and often looked to the floor. The following responses highlight the thoughts of the two participants:

- "And, in the end, what I did was say, 'ok, so here we prove something. We all have stereotypes, whether they're true or not because we've learned them' (P01).

- "It's hard not to be prejudice. You know… even my fellow nurses are like uh, another Spanish one" (P02).

The data obtained in this study suggested that most American nursing faculty describe positive interactions with international, ELL, and ESL baccalaureate nursing students. The findings do show; however, that some nursing faculty do experience frustration when teaching or

communicating with international, ELL, and ESL nursing students, especially those who have language barriers, which may lead to the development of negative attitudes toward international, ELL, and ESL nursing students and prejudice and stereotyping. Although a great number of the American nursing faculty answered the main research question by describing positive interactions with international, ELL, and ESL baccalaureate nursing students, the small number of nursing faculty who describe negative interactions significantly impacts the learning environment.

Nursing faculty identification of international, ELL, and ESL nursing student needs. All 18 participants stated they could identify some student barriers and needs. Those barriers and needs included language barriers/deficits, emotions (flat affect or lack of emotion/humor), lack of experience with American culture/expectations, recognition of concepts (after the fact), lack of social skills with closely align with the lack of emotion noted, financial barriers (cannot afford materials), and lacking test taking strategies. Some of the participants voiced concern with delayed identification of those barriers and needs. The responses are as follows:

- Language, obviously. I think we have barriers as far as…I'm trying to think of how to best describe it. I want to say "emotions." That's kind of what I mean. They have different affects than we do, and I think a lot of educators go in and like "oh well, she's not responding the way I want her to respond." But they respond different ways to different scenarios, so I never assume that a student is not showing the appropriate emotion or to a situation, because that may be how their culture is. So, a lot of times I'll ask. That can definitely be a barrier. And then, just understanding…understanding concepts. (P02)

- The only, the major barrier that we have at times would be the language, I would say. Sometimes there are different words that may be a little different, and it stems from not only just the Standardized Patients, which are your real-life patients, but

communicating with real people, and also the digital clinical experience. Sometimes we have to find a different way, or just kinda go around the language barrier. (P03)

- I feel like there's a lot of barriers especially with when it comes to trying to use examples in the classroom, especially with… I've taught a lot on the, I guess, fundamental levels when trying to relate something they may have seen in healthcare to something they've experienced and something we've talked about in class, sometimes there's a barrier when sometimes they haven't experienced it or they don't… it's not done that way in their culture so they don't understand those concepts, or they're referred to differently. (P04)

- Interacting with international, ELL, and ESL students in nursing education I have identified some barriers, language barriers, actually. And, maybe comprehension barriers. Which, um, kind of curtails the way that they learn or how I'm able to present, how I should present the information during lectures or didactics. (P07)

- I can recognize it, sadly, but it's after maybe the first test. So, of course, I would want to recognize it before there is a low score. Like, if they score… if there's a low score on the test, then it would create a trigger, or that light bulb would come on, sadly, after the fact. (P07)

- Language barriers. Spelling, when they're writing. When we're speaking, they don't understand what we're saying. I know I speak fast so sometimes they don't understand what I'm saying. And, when they're speaking, I'm like… they have to repeat themselves, over and over again. I notice sometimes with the Islamic students, their language is, you know, they have seven words to mean one thing. That's an example right there…seven… lion. They have seven words that mean lion. So, they have a harder time grasping things in nursing, so they have a little harder time in nursing. (P08)

- When I first started, there were… I really couldn't understand some of them when they were from certain areas. And, I think that was really the only thing. They really couldn't understand me. I couldn't understand them. And, there were also some of the major problems that I've found is that they were lacking the social skills of interacting with their classmates to get in the study groups that they needed. And, I found that a lot of times they were studying alone because they just really didn't have those skills or it could have been fear, I'm not sure but to interact with the other students and to join those study groups. (P12)

- I was able to talk with several students in a discussion in the classroom, and one of the barriers that they spoke about was a financial barrier and different fees that they would encounter and their ineligibility for certain funds that were offered to the students here. And so, financial barriers were a hardship for some of them, especially when their parents' back home were not able or were not able to afford to give them that type of money, so they had to go out, get jobs, and work. So, one of the main things was a financial barrier. (P12)

- Sometimes it was very hard to understand them, and I would find myself asking them to repeat, and repeat themselves, and finally, I was able… I got used to it, and I was able to decipher and know what they were saying. (P12)

- It wasn't until I was really able to… I wasn't aware of problems and barriers until I was able to sit down and talk to them and to see what problems they were having, you know, as students here at [unnamed university] as international students. (P12)

- I wasn't aware of the problems that they encounter, nor was I aware of what was in place for them at the university. So, if it was important, it was never deemed important to me until I began to sit down and speak with those students. (P12)

- Yeah, language barrier, they may not understand certain words that we use, you know, compared to what they use. And also, they may have a thick accent. Something I have a problem with when they have a thick accent. I have to ask them to repeat themselves. And, when I do that… if I have a problem with it, 9 times out of 10, the patient probably has a problem with it as well. (P13)

- I just kinda feel they're at a disadvantage. I think sometimes, though, when they're graded, we're grading based on how we learn but they learn in different ways. So, I think the letter grade may not reflect how smart they actually are. So, I think that's a disadvantage. (P14)

- I think that when, for instance, when we, uh, when it comes to testing, they may need additional time because it may take them a while to interpret the meaning behind what the question is really asking. So, from my standpoint, I think that what may take one student, let's just say, five minutes, it may take them 10 minutes to really interpret and understand it. And that's even, not only testing, but that's maybe even studying and understanding the actual concepts being taught. (P15)

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- The potential barriers would have to be, um… you know a lot of times just the financial hardship, or, um… the lack of maybe family support; or the lack of social support that I see with them just from being their advisor. That's kinda the only other barrier I see right now. (P16)

- First of all, it's the language, the dialect, you know, and again, with the nursing language, they don't really understand the dialect when they're testing. They don't really understand the terminology. And, they have problems with even some of the skills in the clinical setting, I have noticed. (P18)

Although all the participants in this dissertation research study expressed the ability to identify the learning barriers and specific learning needs of international, ELL, and ESL nursing students, some of the participants admitted to identifying those needs only after students were unsuccessful. The nursing faculty descriptions of experiences with international, ELL, and ESL nursing students all included identification of learning barriers. Each participant understood the importance of early identification of these barriers to improve attrition rates.

Nursing faculty's responses to international, ELL, and ESL nursing student learning barriers. Most of the participants stated one-on-one time or small groups with international, ELL, and ESL nursing students was required to adequately support the students. Other attempts were noted to try to eliminate these students' barriers, including having a student peer assigned to the international, ELL, and ESL student to assist with acclimation/assimilation and the faculty attempting to learn the student's language and use it to fill in the blanks in their communication. The following statements present the participant's responses pertaining to one-on-one meetings and small groups with international, ELL, and ESL students:

- Sometimes, some students get it easier from a classmate. But they don't do… they don't mingle with other students. And, so; therefore, that causes, that puts up a barrier, too. And working with those students, we have to, a lot of times, we have to

do one-on-one with those students. Because of them not understanding the language that we speak. (P06)

- It's made me go back and learn other languages. And take more time out… do more one-on-one with students. The language… kinda slow myself down when I'm speaking. When I pick up students with other languages aren't getting what I'm saying, and not to embarrass the student, but try to explain slower or bring them to my office, or like I said, do one-on-one or group study sessions just to make sure they grasp it. (P08)

- We get to a place where we understand where we're coming from and by doing a one-on-one it makes it easier for them to completely tell me what they need rather than be embarrassed by a bunch of people seeing that they don't want to keep repeating themselves. (P09)

- Because a lot of stuff I was explaining to them, she wasn't quite understanding, even in the classroom she was having difficulty. So, I kind of started meeting with her… me and her meeting, and I encouraged her to meet with her advisor. But overall it just made me kinda aware that maybe instead of saying they need extra care, or just pretending, probably just needing an extra step, so I just try to make sure of that. (P11)

- Pretty much if the student reads before they come to class, and if they have any questions, I try to take them more one-on-one and answer their questions. I really don't have too much of a challenge. Sometimes they may require more one-on-one instructions compared to their classmates. (P13)

- What I've found, the few things that I have done, because not all of them have come to me for assistance, like one-on-one, but repetition is good, I feel, for all students. So, I try to do a lot of repetition because I want to make sure that they understand what it is that I'm trying to get over to them. So, I do a lot of repetition. I definitely have them come to my office for advisement. So, they'll come to do course advisement with me because I want to make sure they understand the concepts. (P17)

- So, I have in the past taken time out to really work with them one-on-one to really get them to understand the concepts and the lingo of nursing by either working with them one-on-one or in small groups, finding different resources that are available for them, even sending them to the Student for Success. (P18)

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Five participants felt inadequate and unable to fully support international, ELL, and ESL nursing students. Four participants expressed difficulty making time for one-on-one meetings or small group sessions outside of the classroom. Three participants were less confident with supporting international, ELL, and ESL nursing students and addressing their needs because they are novice nurse educators. The following responses pertain to the perceived barriers participants face when teaching international, ELL, and ESL nursing students:

- Um, no. I just have to do the best we can. Uh, I think, our time is, uh, you know, we regimen ourselves to our classes. You know, we have so much time to put in our class. Then, we have clinical and then you've got clinical paperwork, and that's another thing, too, when you're dealing with students from other cultures… their paper is not gonna be what the American paperwork is gonna be. Then, we're dealing with a second language. (P01)

- I feel that the weaknesses are just not having the time to actually look at, or figure out, what's a better way… it's just basically time. Am I capable? Yes, I am capable if the time presented itself and I was able to take off work and… to learn better strategies or to learn how they learn better so I can facilitate it. So that's my weakness. Of course, I would want to, but it's just time. (P07)

- As far as my weaknesses, I think I still, I don't take the time I need to really, truly, sit with my students and as far as… even just that ones that are not international, ELL, and ESL students… just understanding what they need at that moment. It's just…It's sometimes when you can become so busy that I kinda, that becomes, just no, I'll do that later. I just need to have a little more time, be aware of some of the resources that I can link them to…. Just be there listening, you know, to help them. (P11)

- I guess from the beginning it's kinda… because I haven't been teaching that long but the international, ELL, and ESL students have been there from the beginning with my teaching experiences, so I try to relate it as much as I can if I notice there is, I guess, a relatively large amount of students from one particular area I try to relate it to things they may understand or things in their culture that they can relate to the American culture or the way that we do things, but for the most part, honesty, I don't feel I've done a very good job at it. (P04)

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- I have interacted with… like I said earlier, I have interacted with them. It's… sadly… that I can't, I'm not in a position to even to offer any ways to improve it, because I'm just a novice in that area, actually. So, I would have to figure out what I had to do before I can try to actually promote it or suggest anything, really. And that is like I said earlier, that is a weakness. I'm not happy about that. (P07)

- I really, um… as a nurse educator, I think that's one of my own downfalls that I'm not as culturally aware as I should be. And then, um, I'm not as… I just don't know what I need to know about our policy as far as students, or international students… or to know exactly what's in place for them in order to help them. So, I, really, I'm just not as aware as I should be. (P12)

- "And maybe my weaknesses are that I'm just not aware of some of the other resources, some of the social support, things that are in place for them, and I don't know how to tap into those resources" (P16).

The findings of this dissertation research study suggested that American nursing faculty do agree that one-on-one time with international, ELL, and ESL nursing students or small groups is needed to address learning barriers. Results also show that some of the American nursing faculty feel inadequate and less confident and unable to support international, ELL, and ESL nursing students. Many of the nursing faculty felt that way because they are novice educators and find it difficult to support international, ELL, and ESL students. Additional findings indicated that some of the nursing faculty do not believe they have time set aside to provide additional assistance to international, ELL, and ESL nursing students, which addressed the reality that the nursing faculty's perception of interactions and experiences with international, ELL, and ESL nursing students may differ greatly from the perceptions of international, ELL, and ESL nursing students.

Nursing faculty's perception of teaching support. Most of the participants did not

believe their university/college or their nursing program adequately supports international, ELL,

and ESL nursing students or the nursing faculty who teach them. Six participants were unsure of

what their university/college or nursing program had in place to support international, ELL, and

ESL nursing students or the nursing faculty who teach them. Two participants believed their

university/college did more to support international, ELL, and ESL nursing students or the

nursing faculty that teach them than most other institutions. The following statements are

responses from the participants regarding the university/college and nursing program's support:

- I would say as a whole, in [unnamed area], probably not. I think our school probably does a better job, because we are a [unnamed institution], but as a whole, probably not. But we could probably do a lot more, so I don't know. (P02)

- "I know that they have some resources that are on campus for international, ELL, and ESL students, I haven't gone back there to see what all they have to offer, but I know there are some on the campus" (P03).

- Supposedly there's an international department at the school that's supposed to work with the students, and we're supposed to be able to refer the students back to them; however, I've never had success with that. The students, from what I've been told on their end, don't… either the people that are supposed to help them don't really understand nursing enough to help them, or it's just, it hasn't really been much on the end, so no. (P04)

- No. I don't. Because, we don't get, we don't work on taking care of those students. We always, we refer them out. And we have a lot of referral sources that we can do. But, as a faculty member, I don't think we do a lot of that for international, ELL, and ESL students. (P06)

- I do, because being an [unnamed university], we have diversity of international students. Some Asian, Arabic, Iranians, Africans from the continent of Africa, Egyptians, Filipinos, Chinese, Japanese, so we have a variety of students and we welcome them. And if they don't seem to be successful, we refer them to different

resources we have on campus. Like we have different centers that they can go to and identify with that one-on-one time or someone will take out that tutoring time with them. And they seem to do pretty well after that. And they keep coming, that means we are doing something. (P09)

- From my knowledge, I think that we have a good international program here. And the students, whenever they have a problem, can be referred to the international, ELL, and ESL department. And resources are available to them. So, I think that this university has a good program in place, not only address international students but all students. We have a tutoring center that can address any time management and organizational skills for the students as well as a student counseling department if any of the international students are undergoing any type of stress. (P10)

- Uh, to be honest, I don't really know of anything we do to support international, ELL, and ESL students. Um… and I have international students in my class through my orientation at [unnamed university], no one has ever spoken to me about international students, or what's available to them, or what we have to offer them. These are the things that I need to know. So, again, no…I'm just, I'm not aware of anything that is offered. As far as I know, our curriculum, syllabus, is geared toward everyone as a whole, not to an international student, or… just everyone across the board. But, nothing special. (P12)

- "From what I've seen, I see the individual instructors try to work with the students, but I don't really see anything in the system as a whole to help international students" (P14).

- Yes, because I do know we have a national department that actually, um, where the students are, I don't know if they're based out of, or they just… they enter through that department when they come on campus. I'm not familiar with it, I don't really know what happens in that program. Um, I know as an individual faculty member, I just try to do as much as I can just to make sure that they feel comfortable in the setting, all of their needs are being met. And, if I can help them with any outside resources, you know, we just try to find those on a base, so… No, in a sense that I'm sure the university or the system could do a better job in terms of just letting them know what the resources are, how they're available, how to access them. And, as a program, I'm sure we could do a better job in making sure their learning experiences are equal to what our students actually experience. (P16)

- Well, I'm not gonna say that they don't do enough, but I think it's more that can be done. And the reason why I say that, like we have, we have programs set up by the university. We have a whole department that caters to international, ELL, and ESL students. So, there are resources that are on campus for international students. But, as it relates to nursing and the nursing department, I think there's more that can be done. If we allow students, let say, go to the office of disability services and receive extended time, American students, you know, or non-international students, and we know international students have certain challenges because of language barriers and what have you, I think an intervention or an implementation plan needs to be put in place that would cater to that, because we do have a pretty large population of international students, not only on campus, but also that congregate to the school of nursing. And so, I'm not gonna say that enough is not done, but I feel more could be done to ensure, to assist these students to become successful, not only once they've matriculated through the program, but also once they graduate and assist them with, you know, passing, being successful on their boards. (P17)

- I don't think they do because I've seen a number of second language students not be successful in the program. And, I just know those students that I have worked with personally have been very successful and it does require a lot of time to work with them and like I say because of our mission that we pretty much accept all students, as long as they meet the criteria, I think it does pose a problem for those students because I don't think to faculty really understand enough about second language students and I don't think they, the students that are coming into the program don't, um, have that concept, and they don't have that…they don't have the, uh, what word (do I) want to use… They just don't have the resources available to assist them. (P18)

Findings from this study demonstrated that some nursing faculty do not believe their university/college or nursing programs adequately support international, ELL, and ESL nursing students or the nursing faculty who teach these nursing students. Other nursing faculty are unsure if their university/college or nursing program support nursing faculty or international, ELL, and ESL nursing students, do not feel they were adequately prepared to teach these students, and felt their universities and nursing programs should provide more support and training for faculty who teach culturally diverse students.

Nursing faculty's use of resources. Most of the participants were unaware of the

resources available to them. Only five of the participants were aware of the resources available to

them. Eight participants verbalized efforts made to find resources to help them assist

international, ELL, and ESL nursing students. Six participants stated they did not change their

teaching strategies when teaching international, ELL, and ESL nursing students. The following

responses relate to resources for faculty:

- "I teach them the same way, but sometimes the language needs to be a little different" (P02).

- "So, we would get the NLN newsletters… um, but when I was in school, to tell you the honest truth, I ain't got time to read anything but what I've gotta read for school" (P01).

- "Do I know that the NLN has stuff, yeah? Have I ever looked at it or used it? No" (P04).

- Yeah, yes. I have, and actually, I have looked at some of those. Yes, I'm aware of that. But I think for those to be conducive, I think the whole staff has to be on board in order for that, in order for it to work. (P06)

- Yes, I've saw and gone through some teaching through Elsevier, they used to have faculty learning, so that has helped some. And the NLN also has some strategies that you can go through. Maybe some other resources, like I have lots of books that show different strategies and different ways you can approach them. So, yeah it has helped. (P09)

- "No, I am not aware of any organizations that will assist faculty in faculty development when working with international, ELL, and ESL students" (P10).

- "I'm not really aware. I haven't, you know, really looked into it" (P13).

- "I do know there are some, all organizations, but which particular ones, I do not. And the specific resources, no I am not familiar with" (P17).

It is important to note that during this dissertation research study, very few participants reported being aware of resources available for the nursing faculty who teach international, ELL, and ESL nursing students. It is also important to note that few participants made efforts to find resources and some did not change teaching strategies to support culturally diverse students.

Additional Research Questions Addressed

During the 18 interviews, main focus was exploring the central research question, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? However, each participant also addressed some additional research questions, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students? The following is a summary of how those questions were answered.

Teaching strategies and methods that met the needs of the international, ELL, and ESL students. In this dissertation research study, seven participants verbalized the use of interactive teaching strategies. Eleven participants reported the use of passive learning techniques. And, six participants stated no change in their teaching methods after identifying international, ELL, and ESL nursing student barriers to learning. These statements by the participants illustrated the type of teaching strategies that are applied in the academic setting that included their international, ELL, and ESL nursing students; therefore, it was acknowledged by

each participant to offered these strategies that they worked for the these students specifically,

and if they did not, the participants stated such.

- In the classroom setting, we use a variety of tools. Our main way is through lecture via PowerPoint. Which we are actually using TopHat as a resource. We also have different tools, such as Kaplan which allows students to take tests that are tailored to our content, as well as The Point and PrepU. (P03)

- In the clinical setting, we use a variety of resources as well. We do teach skills from the nursing skills book that is a requirement for this course, and the students are required to do skills lab hours and do checkoffs once the skill has been taught the following…the week after. We also use Standardized Patients, which are real patients that we get from the community that come in and they actually get the real-life assessment opportunity on those patients. We also use a virtual patient through Shadow Health, which is a digital clinical experience which allows us to actually measure how well the students are doing on their assessment skills as well as some other focused exams in the clinical area. (P03)

- "I mostly teach through some lecture, but I like to have open discussion in classrooms, and everything is kinda system based and topic based so I just have open discussions and use examples to teach the concepts" (P04).

- In the clinical setting, I guess it's more through patient experience and care plan, so we take what we learned in the classroom and apply it to the clinical setting and take try to relate what they're learning in lecture factoring examples or cases they learned in class and relate it to the patient who they're caring for. (P04)

- Types of teaching strategies… I guess the open discussion has kinda been useful. Starting a discussion or starting a topic letting them kinda explain what they understand about it, how's it's done, or how they understand it, and then try to relate it back to what we're covering in class. Not always leading a discussion but kinda facilitating and letting the lead has kinda helped. I don't know. Honestly, I haven't used a whole lot of strategies. (P04)

- As far as teaching nursing concepts, of course, we do the lecture. We give accounts of things we've experienced while nursing in different areas. So, we kind of give them scenarios or explain experiences that we've went through. Also, with teaching

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concepts in the clinical it's easier for students to always learn hands-on experience, so that's the two ways. (P05)

- "I guess providing written content. Providing other resources that they can go to, using like the internet and stuff. And then, just, I don't know. I don't" (P05).

- Okay, the teaching strategies for the classroom setting is usually PowerPoints and case studies. And for the clinical experiences, I usually require a teaching plan and I give them information on who the target population is. And basically, that's it just… pretty much teaching plans, patient-student nurse interactions. (P07)

- "How do I teach, the teaching strategies I utilize are interactive discussion, I use visual images and videos with the students? I use critical thinking questions and the use of care plans, quizzes, puzzles, and just interactive discussion" (P10).

- "Classroom, we use lecture. I use PowerPoint presentation. We also do discussion. Clinical is pretty much hands-on. We have patients. Well, we have real patients. It's just a lot of hands-on experience" (P13).

- Usually, I try to remember there's different learners, so we do demonstration. In clinical we do demonstration, talk it out, and have them re-demonstrate it to us. And as far as when I'm in the classroom teaching, I kinda use the… I either do PowerPoints, I talk, I have class discussions, and I also let them get in groups so they can figure out things by themselves then we discuss it. (P14)

- Um, I usually try to be diverse in the tools I utilize because I know that there are various ways people learn. So, I do use lecture most of the time because I have a bigger class size. So, within that lecture, I may put videos. I may put case studies. I may put various games. I may put things on adaptive questioning. (P15)

- Um, at this point, it has not. Just that… I'll say in this present moment, it has not really influenced it. Of course, I trying to always be culturally sensitive. So, as far as teaching practices, because we don't really have a large amount of… You know I have 109 students right now. I may have one, maybe two, students that may be international, ELL, and ESL. We don't have a very large population at this present moment. In the past, I have dealt with that, but not at this current moment. (P15)

- Overall, I try to present the concept in realistic terms to the students. So, although the textbook, you know, it's just that… it's textbook. But, that's not always common sense, per se, to nursing students. So, I try to present the concept to them realistically and try to relate real-life situations so they can better get, get a better understanding of whatever the concept is that I'm trying to teach them at that time. In the clinical setting, what I try to do is, obviously, whatever concept they're working within the classroom setting, I try to assign students with that same, rather, patients to students with the same disorders. And, then that way I kind of bring the concepts from the classroom into the clinical setting. So, it can become alive to them so they can see this is what we were discussing in class. And it helps give students that ah-hah moment. Now I understand what you were trying to teach me. (P17)

- In the classroom, I use TopHat to get concepts across. I use, I may flip the classroom as well. And, I like to use interactive teaching. In the clinical setting… I hadn't been in the clinical setting in a while, but while in the clinical setting, I use one-on-one teaching, small groups, and um, pretty much that's it. (P18)

In this study, the majority of nursing faculty reported the use of passive learning strategies. This challenges how much the nursing faculty value the importance of acknowledging and addressing the international, ELL, and ESL nursing student's learning barriers and learning needs as were described in their experiences teaching these nursing students.

Instructional climate and classroom design(s) that met their international, ELL, and ESL students' needs. All of the study participants noted at one time or another how their learning environment could be characterized by the physical comfort of the space (classroom, clinical, and lab), mutual trust and respect between the students and the faculty, mutual helpfulness between the students, the students' freedom of expression, or the acceptance of their differences. The following participant responses described their instructional environment:

- Um… when I teach, I try to, and I do talk about other cultures, and I'm aware that they are in the same room, I will try to definitely keep an open mind and I try to definitely not… watch my language and make sure I'm saying the right thing. And, I'll say, "this is what I noticed in practice, and it may not be the right thing." And

then, if I do say something wrong, I will obviously say, "if I'm saying the wrong thing, let me know." (P02)

- Well, most of the students are, most of the students, they don't mingle with the other students. They're mostly with the people that are in their culture. They don't try to mingle with them. And, I think that has a lot to do with their learning. (P06)

- They have a problem working with other students. I saw that. They always, people in their culture, they only stay with that. And that, I've worked on that too. I've even tried to get them to mingle with other students, but that has not, that has not helped because they stayed in their little cubbyhole. (P06)

- When I first started, there were… I really couldn't understand some of them when they were from certain areas. And, I think that was really the only thing. They really couldn't understand me. I couldn't understand them. And, there were also some of the major problems that I've found is that they were lacking the social skills of interacting with their classmates to get in the study groups that they needed. And, I found that a lot of times they were studying alone because they just really didn't have those skills or it could have been fear, I'm not sure but to interact with the other students and to join those study groups. (P12)

- Okay, one of the other is, um, in certain parts, I found, um, sometimes that they were very outspoken for various reasons. And um, they were very strong with what they believed in, especially when it came to different cultures. And they were, um… I think they just found themselves being very different. Different ideas. Different beliefs. And so, it somewhat caused them to be a little bit more isolated. Whereas, um, students, some students were offended at how bold and how outspoken they were on different issues. And so, instead of understanding the culture, they would get offended by it. (P12)

- Some of the problems we've come into are mostly with the students being comfortable with the patients, not just with me as an instructor, just with the patient. The patients, sometimes, you know they're not as, I want to say welcomed to them as well, you know, as I am. But, we pretty much work through it. (P13)

- Sometimes it's hard for them to have study mates, or people for them to talk to. They're not from here, so it's hard when you come from different places to have a support system, so it's like we have to be their support system. Not only communication, but also to have social support, or support period when you're

coming from somewhere, and being somewhere where you don't even know the area. (P14)

- "But there are, sometimes they have difficulty communicating. They have sometimes, difficulty communicating with their peers, who are not international, ELL, and ESL, but with their professors" (P17).

Some of the participants in this dissertation research study described their learning environment as one that is often stressful, difficult, and uncomfortable for international, ELL, and ESL nursing students, and the stress levels of the these students when trying to communicate in front of large groups, namely a classroom in front of peers. Moreover, the participants also gave meaning to the descriptions regarding the learning environment when international, ELL, and ESL nursing students are a part of it. Although the faculty are aware of the cultural differences of diverse students, they concentrate on what these diverse students do not have or cannot do. The intellectual ability of diverse students remains unnoticed when the concepts of multicultural education and culturally responsive teaching are not utilized.

Summary

This chapter provided a demographic description of the participants of the study. Also included was a description of the basic qualitative research design, how the data were collected, and how the data were analyzed. This basic qualitative study explored American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their nursing programs. The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate

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nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

After interviewing 18 BSN faculty members from four different universities/colleges, and coding/analyzing their data, this researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of teaching support; and (e) nursing faculty's use of resources. The findings of this dissertation research study described full-time BSN degree program faculty experiences with international, ELL, and ESL baccalaureate nursing students as pleasant but did report several challenges they face while teaching these nursing students (P01, P04, P08, P09, P11, P13, P17, & P18), and how student learning, cultural barriers, and how well nurse educators can address those barriers plays a significant role in how nurse educators interpret their experiences. Many of the American nurse educators identified several active learning teaching strategies, one-on-one instruction and support, and small group activities as ways to best meet the needs of their international, ELL, and ESL nursing students (P01, P02, P03, P04, P05, P09, & P12); however, the nursing faculty's workload, lack of knowledge, and lack of initiative to seek additional resources, often inhibited the implementation of such strategies (P01, P02, P03, P04, P06, P07, P11, P12, P13, P16, & P18).

Chapter 5 will further discuss and explain the meaning of the themes in relation to the research questions. The study findings will also be presented through comparison with the

theoretical framework and existing literature. Chapter 5 will also provide a discussion of the

findings and interpretations in relation to the implications for nursing education and

recommendations for future studies.

CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

Chapter 5 provides insight into the results of this study beginning with a discussion of how this study addressed the need for this research. The major sections of this chapter include summary and discussion of the study results, conclusion, and comparison of findings with the theoretical framework and previous research, and interpretation of the findings. Lastly, the researcher presents the limitations and implications for practice and recommendations for future research.

Study Overview

This Capella IRB approved basic qualitative study explored American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their nursing programs. The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

Eighteen audio-recorded interviews were transcribed into Microsoft word and analyzed for common keywords and phrases (Grove et al. 2015). Corresponding notes were taken by the researcher, per the recommendations of Phillippi and Lauderdale (2018), during the interviews, which helped to focus the interviewer's attention on the participant's point of view and their

experience relevant to the research question. These notes helped to give additional insight to the keywords and phrases obtained from the transcripts and generated codes and themes from the interviews (Saldaña, 2016). An acknowledged potential conflict of interest evolving from personal and professional experience as a nurse educator working with international, ELL, and ESL nursing students was noted. The use of reflective journaling with bracketing helped to eliminate researcher bias during the entire research process (Gregory, 2019; Merriam & Tisdell, 2015).

Additionally, member checks were used to ensure internal validity and potential bias as recommended by Merriam and Tisdell (2015). According to Birt et al. (2016), member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results, where the data or results are returned to participants to check for accuracy and resonance with their experiences (p. 1802). Each of the 18 participants reviewed their transcript and emailed their feedback on the accuracy of the transcript, along with their thoughts or reflections regarding the content of the conversation, which is what Merriam and Tisdell (2015) suggested should happen during member checking. This helped maintain objectivity and not transfer the researcher's thoughts, feelings, and perceptions to the data obtain from the participants (Grove et al., 2015).

Next, thematic analysis was used to generate broader themes from the qualitative data obtained from the 18 participant interviews. The broader themes were developed using a summary of the data documented in the code/theme frequency table, and the highlighted direct quotes from the transcripts. The researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's

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identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of teaching support; and (e) nursing faculty's use of resources. These findings also supported Vardaman and Mastel-Smith's (2016) conclusion that faculty play a vital role in international, ELL, and ESL students' transition into nursing programs in the United States. These findings also support the need to fully understand the faculty views and experiences when teaching these students (Del Fabbro et al., 2015; Mackay et al., 2014).

Need for the Study

The Centers for Disease Control and Prevention (CDC, 2015) and the World Health Organization (WHO, 2015) stressed the importance of improving the global health for all individuals in the communities of the United States. There is an increased demand for the globalization of nursing education to address the health disparities of a patient population growing in diversity (Zheng et al., 2014). The number of international, ELL, and ESL students enrolled in nursing programs continues to increase (Del Fabbro et al., 2015; Genovese et al., 2015). Zheng et al. (2014) reported that international students have higher attrition rates and poor academic performance, which inhibits the number of diverse student nurses who graduate. Vardaman and Mastel-Smith (2016) reported faculty are key players in the transition international students face as they matriculate in nursing programs in the United States. Nursing faculty must utilize teaching strategies that promote a culturally sensitive learning environment (Dewald, 2014). Until researchers fully understand how nursing faculty view their experiences with international, ELL, and ESL nursing students, the specific needs of the nursing faculty will not be identified or addressed, which, in turn, perpetuates a lack of adequate nursing faculty

support for these nursing students and could lead to a continued lag in the number of diverse

nursing graduates (Del Fabbro et al., 2015; Mackay et al., 2014).

Study Significance

This study demonstrated a lack of nursing faculty understanding the actual needs of

diverse students, including international, ELL, and ESL students. The nursing faculty also

displayed a lack of knowledge of multicultural education and culturally responsive teaching. A

need exists to increase the number of diverse nursing graduates (Dewald, 2014). Colleges and

universities must mirror the globalization of healthcare (Genovese et al., 2015). Increasing the

number of international, ELL, or ESL nursing graduates would result in increased diversity in the

nursing workforce. The increase could help alleviate patient disparities and make a positive

impact on the quality of culturally congruent healthcare (Bednash, 2018; Danek & Borrayo,

2014; DHHS-HRHA, 2014; NLN, 2016b). International students must quickly adapt to a new

language and/or culture while engaging in a rigorous academic environment (Genovese et al.,

2015). The question remains, how well are faculty teaching and supporting international, ELL,

and ESL students? Although resources are available to assist faculty who teach international,

ELL, and ESL students, nursing programs continue to see higher attrition rates and poor

academic success among these nursing students (V. W. Adams, 2016; Beard, 2016; Baghdadi &

Ismaile, 2018; Del Fabbro et al., 2015). The purpose of this original basic qualitative study

explored 18 American nursing faculty's experiences with international, ELL, and ESL

baccalaureate nursing students in their nursing program(s). Exploring these experiences

produced an understanding of the strategies they used to initiate, improve, or enhance the

training the nursing faculty received in multicultural education. This could impact nursing

education through increasing the number of nursing faculty who can provide culturally responsive teaching.

Literature Reviewed

The literature reviewed for this study identified the need for globalization of healthcare and nursing education (AACN, 2015; ACE, 2017; ANA 2015; NLN, 2016a; Bednash, 2018), produced trends in the academic performance of international, ELL, and ESL students enrolled in nursing programs in the United States (Harris et al., 2014; Jeffreys et al., 2017; Zheng et al., 2014), and provided a foundation for discussion concerning the challenges and needs of these nursing students (Crawford & Candlin, 2018; Malech et al., 2014; James, 2018). A need to bridge the gap between the quality of culturally congruent healthcare and a sufficient diverse nursing workforce places emphasis on the need to increase the number of diverse nursing graduates (Danek & Borrayo, 2014; Relf, 2016). The literature revealed increased attrition and poor academic performance among international students (Harris et al., 2014; Jeffreys et al., 2017; Zheng et al., 2014), which demonstrated the significance of identifying the challenges and needs of international, ELL, and ESL students. The literature presented language and cultural differences as the major barriers to the academic success of international students (Crawford & Candlin, 2018; Malech et al., 2014; James, 2018), which were sentiments paralleled by the 18 participants in this basic qualitative study. International students often struggled in the classroom and clinical setting because they must communicate using medical terms and the colloquial language of peers and patients (Müller & Daller, 2019), which emphasized the need to develop culturally responsive teaching strategies and methods. Existing literature also highlighted the

importance of faculty in improving the learning process and learning outcomes of international students (Mackay et al., 2014; Ume-Nwagbo, 2014).

Findings from this dissertation research study filled the gap in the literature through exploring and highlighting the attitudes and insights from 18 American nursing faculty who teach international, ELL, and ESL baccalaureate nursing students in four different nursing program(s). These findings, aligned with the current literature on the challenges and needs of international, ELL, and ESL students, identified a need to provide better access to teaching resources, and better university support and multicultural education training for the nursing faculty. These findings suggested the use of available teaching resources, university/college, and nursing program support for the nursing faculty who teach international, ELL, and ESL nursing students, and workshops or training are not consistently offered or provided for the nursing faculty, which influenced the overall teaching experiences with these nursing students. All 18 of the participants in this study noted at one time or another that there must be consistent use of resources by the faculty, university/college, and program support for the faculty, and multicultural education training for the faculty to have positive teaching/learning experiences and successful international, ELL, and ESL student outcomes, which aligns with the literature (Beard, 2016; Diaz et al., 2015; Ludberg & Lowe, 2016).

Methodology Used

This Capella (n.d). IRB approved basic qualitative study (Merriam & Tisdell, 2015) explored American nursing faculty's experiences with international, ELL, and ESL baccalaureate nursing students in their nursing programs. The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with

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international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

The 18 participants were obtained through the utilization of nonprobability, purposeful sampling. Each participant received, reviewed, and signed their informed consent before data collection. The main data collection tool was audio-recorded semi-structured interviews using open-ended questions that were transcribed into Microsoft Word (Merriam & Tisdell, 2015). Utilizing the expertise, published by Bailey and Bailey (2017), regarding expert review of qualitative research interview questions, the initial semi-structured, open-ended interview questions went through expert review before participant recruitment. Each of the 18 participants reviewed their transcript and emailed their feedback on the accuracy of the transcript, along with their thoughts or reflections regarding the content of the conversation, which is what Merriam and Tisdell (2015) suggested should happen during member checking. The data were analyzed through initial coding and the development of subsequent themes emerged from the data (Merriam & Tisdell, 2015; Saldaña, 2016).

Study Findings

The Microsoft Word transcription was reviewed and coded by hand by the researcher, the data were initially organized in a code/theme frequency table (Appendix A) to keep the data organized, help the researcher determine data saturation, and prepare for a more in-depth

analysis, per the recommendation of Clark and Vealé (2018). Next, thematic analysis was used to generate broader themes from the qualitative data obtained from the 18 participant interviews. The broader themes were developed using a summary of the data documented in the code/theme frequency table, and the highlighted direct quotes from the transcripts. The researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of teaching support; and (e) nursing faculty's use of resources. These findings also supported Vardaman and Mastel-Smith's (2016) conclusion that faculty play a vital role in international, ELL, and ESL students' transition into nursing programs in the United States. These findings also support the need to fully understand the faculty views and experiences when teaching international, ELL, and ESL students (Del Fabbro et al., 2015; Mackay et al., 2014).

Nursing Faculty's Attitudes Toward International, ELL, and ESL Nursing Students

Attitudes toward international, ELL, and ESL baccalaureate nursing students was a theme encountered in the participant's responses to the interview questions (P01, P11, P17). The main areas included thoughts on cultural diversity and its importance in nursing education (e.g., P17 discussed the importance of educators portraying cultural competency and cultural sensitivity with all students), views on the interactions with international, ELL, and ESL students (e.g., P01 talked about not expecting students of different cultures to act like an American student and the repeated use of "sir" by a student of a certain culture that may be a sign of respect in that

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student's culture, but may be aggravating to the American teacher), and stereotyping (e.g., P02 talked about how difficult it can be to not be prejudice).

The comments documented in this study by the participants regarding their frustrations while teaching international, ELL, and ESL students coincided with findings from a study conducted by Abu-Arab and Parry (2015) that documented the faculty's feelings of frustration and being overwhelmed when teaching international students. Malecha et al. (2014) reported findings that identify discrimination and stereotyping, especially from faculty, as major contributors to poor academic outcomes for international students. James (2018) also suggested that negative comments from faculty can have a significant impact on the academic success of students and that students may experience culturally insensitive behavior, stereotyping, and discrimination. L. T. Adams et al. (2017) identified the need to develop ways to increase cultural competence to transform negative attitudes of nursing professionals, which includes nurse educators. All of these issues around the frustration of teaching international, ELL, or ELS students raised by this study's 18 participants, and what is documented in the published literature aligned with Banks's (1993) concern for modifying the attitudes, perceptions, and behaviors of educators who teach diverse student learners.

Nursing Faculty's Identification of International, ELL, and ESL Nursing Student Needs

All 18 participants were able to identify international, ELL, and ESL baccalaureate nursing student barriers and needs. For example, P07 discussed language barriers international, ELL, and ESL nursing students may face and the increased difficulty these students have with understanding the lecture. Moreover, P08 also referred to the language as a barrier but included spelling as a concern when international, ELL, and ESL nursing students write. And, P18 talked

about the issues international, ELL, and ESL nursing students have with comprehending nursing and clinical terminology.

The study participants who raised concerns with the comprehension levels of international, ELL, or ESL students coincided with studies conducted by Crawford and Candlin (2018) and Mitchell et al. (2017). Crawford and Candlin found that culturally diverse students often have English language and communication issues, including problems with paraphrasing, terminology, and grammar. Crawford and Candlin also focused on the need to provide English language support during the semester breaks while emphasizing the need to understand how faculty lecture styles impact the student learning process. Mitchell et al. found that ESL students have difficulty understanding medical terminology, English colloquialisms, and acronyms. Also, Mitchell et al. noted how ESL students also experience added stress when attempting to communicate in English, especially in front of large groups and in the clinical setting.

Additionally, during data collection for this study, several of the participants noted the stress levels of their international, ELL, and ESL students around various financial concerns; particularly P16 noted how financial hardships lead to added stress and difficulty being successful. The fact that the study participants noted financial issues regarding their international, ELL, and ESL nursing students aligned with Christian and Sprinkle's (2014) study that reported that the added stress of paying out of pocket for school could lead to poor academic performance. All of these financial issues brought up by the 18 study participants regarding their international, ELL, or ESL students in this study and in the published literature aligned with Banks's (1993) concern for modifying the attitudes, perceptions, and behaviors of educators who teach diverse student learners.

Faculty Response to International, ELL, and ESL Student Learning Barriers

Conducting one-on-one or small group meetings with international, ELL, and ESL students was deemed beneficial by most of the participants in this dissertation study (P01, P02, P06, P07, P09, P10, P11, P13, P14, P18). Moreover, P09 stated, "by doing a one-on-one it makes it easier for them to completely tell me what they need rather than be embarrassed by a bunch of people seeing that they don't want to keep repeating themselves." These tactics coincided with Abu-Arab and Parry's (2015) study results suggested that faculty must maximize opportunities for international students to have positive and meaningful learning experiences. Lundberg and Lowe (2016) further stated that these opportunities for meaningful learning experiences might be provided during one-on-one advising sessions. The use of small focused group settings or one-on-one settings by many of the study participants as tools to assist their international, ELL, or ESL students with acclimation and potential success in their nursing courses, along with the published literature, aligned with Banks's (1993) concern for modifying the attitudes, perceptions, and behaviors of educators who teach diverse student learners.

Nursing Faculty's Perception of Teaching Support

Most participants in this dissertation study did not believe the nursing program or university/college provided enough support for international, ELL, or ESL nursing students (P01, P02, P04, P05, P06, P07, P08, P11, P12, P15, P18). Most of the participants were unsure of what resources are provided (P01, P02, P03, P06, P07, P09, P10, P12, P13, P15, P15, P16, P17, P18). For example, P18 talked about the lack of knowledge faculty have regarding strategies to teach international, ELL, and ESL nursing students and the lack of knowledge those nursing students have regarding the university's resources to assist them.

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The NLN (2016b), ANA (2015), and AACN (2017) all recognized the need for the nursing faculty to acquire the knowledge, skills, and attitudes to foster the success of international, ELL, or ESL nursing students. These issues brought to light the need for nursing programs and universities/colleges to provide more multicultural education training for the nursing faculty who teach these nursing students. The faculty must pose a high-level of cultural competence to ensure a culturally sensitive learning environment is created for students (Diaz et al., 2015), which coincided with Beard's (2016) study of the impact of multicultural education training on nurse educators and the capacity to support and adopt new teaching strategies that support international, ELL, or ESL nursing students.

Nursing Faculty's Use of Resources

Many of the participants in this dissertation study stated they were not aware of available resources to support the nursing faculty who teach international, ELL, and ESL nursing students (P01, P02, P03, P06, P07, P10, P12, P13, P14, P15, P17, P18), they did not attempt to locate available resources (P01, P02, P03, P04, P06, P07, P13, P16), or they were aware of resources but did not use them (P04, P05, P08, P09). For example, P03 reported not being aware of available resources that support their nurse educators teaching international, ELL, and ESL nursing students or any of the ways the university or nursing program supported the development of the faculty who teach these nursing students. Additionally, P04 verbalized being aware of available resources for the nursing faculty who teach international, ELL, and ESL nursing students but has not reviewed those resources or used any new teaching strategies to teach these nursing students. Moreover, P05 also verbalized not being aware of available resources for the nursing faculty who teach international, ELL, and ESL nursing students and stated, "well, I kind

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of feel like they leave it up to us to find resources, to be creative and teach other students" in reference to their feelings about how their university or nursing program prepares or supports the nursing faculty who teach these nursing students. Also, P07 reported not being aware of available resources, not attending any workshops or professional development to assist with teaching strategies supporting international, ELL, or ESL nursing students and feeling the university and nursing program did not support the nursing faculty who teach these nursing students.

During the data collection process, P08 verbalized a need for more faculty to decrease the workload of existing faculty and more support from the university and nursing program. Additionally, P10 referenced the university tutoring center when asked whether or not the university or nursing program supported international, ELL, or ESL nursing students or the nursing faculty who teach them but was unaware of any other resources available. Fuller (2018) discussed ways to improve the outcomes of international, ELL, or ESL students by modifying teaching strategies. Crawford and Candlin (2018) identified a great need to make faculty aware of how lecture styles impact diverse student learning. Ludberg and Lowe (2016) specifically discussed the importance of faculty expanding teaching capacities and becoming informed of policies and methods that promote diversity and culturally responsive teaching in nursing education. Beard (2016) reported the lack of knowledge and training nurse faculty need to increase student learning opportunities and international, ELL, and ESL student outcomes. The issues surrounding the inadequate and inconsistent faculty use of available resources remain; however, organizations such as the NLN (2017) provided a diversity and inclusion toolkit that is

available as an online resource using evidence-based teaching methods for nursing faculty who teach these nursing students.

Conclusions Based on the Results

This section provides a comparison of the findings from this dissertation research study to the theoretical framework and existing literature. The theoretical framework of this study is Banks's (1993) contribution to multicultural education and culturally responsive teaching. The review of the existing literature focused on the need for a culturally diverse nursing workforce, cultural diversity in nursing education, and the challenges and needs of international, ELL, and ESL students in nursing education (AACN, 2015; ACE, 2017; ANA 2015; NLN, 2016a; Bednash, 2018). Resources exist that provide information that identified the challenges of international, ELL, and ESL nursing students and the best strategies and methods to educate them (NLN, 2017). This original study explored American nursing faculty's perceptions of their interactions with international, ELL, and ESL baccalaureate nursing students enrolled in their nursing programs. The findings from this dissertation research study suggest that not all of the nursing faculty are aware of or are not using best teaching practices, which can result in no improvement in attrition rates of their international, ELL, and ESL nursing students, a frustrated nursing faculty, and no improvement in the number of these nursing student graduates. The findings of this study brought forth a need to develop or enhance existing nursing faculty workshops and training on multicultural nursing education and evidence-based teaching strategies aimed at supporting diverse nursing learners. Universities/Colleges and nursing programs must take an active role in supporting international, ELL, and ESL nursing students and the nursing faculty who teach them.

**Comparison of Findings with Theoretical Framework
and Previous Literature**

Multicultural education and culturally responsive teaching (Banks, 1993) emphasized the need to incorporate the experiences, values, beliefs, and cultural perspectives of international, ELL, and ESL students. It also highlighted the need to remove barriers to academic success and suggested that culture influences how students learn and think (Banks, 1993). There is a modification of teaching strategies that will facilitate the academic achievement of students from diverse racial, ethnic, cultural, and social groups (Banks, 2010). Banks (2010) also described the five dimensions of multicultural education: content integration, knowledge construction process, prejudice reduction, equity pedagogy, and empowering school culture and social structure.

The findings of this dissertation research study aligned with the theoretical framework, multicultural education and culturally responsive teaching (Banks, 1993), and the previous literature that identified and addressed the needs of international, ELL, and ESL nursing students enrolled in nursing programs in the United States (Crawford & Candlin, 2018; Malech et al., 2014; James, 2018). Throughout this study, all 18 of the participants identified language barriers, and most of the participants denoted cultural barriers (P01, P02, P04, P05, P06, P09, P12, P15, P16, P17) as the significant challenges international, ELL, and ESL baccalaureate nursing students face in their nursing programs. These findings have supported the results of Henderson's (2016) and Thompson's (2018) studies that identified difficulty understanding spoken English and the inability to translate some English terms as significant barriers to learning in students who do not primarily speak English. Malecha et al. (2014) also found that limited English language skills lead to poor academic performance in ESL students, which aligned with Hansen and Beaver's (2014) study that found that ESL students have lower

NCLEX-RN pass rates than traditional English-speaking students. The findings of this

dissertation study are also supported by Henderson et al.'s (2016) study identified a relationship

between limited English language skills and poor academic performance. Mackay et al.'s (2014)

study supported the findings of this original dissertation study because they found that

international, ELL, and ESL students have difficulty with English-language, Western education,

and social integration. Participants 06, 12, 13, 15, and 16 from this dissertation study also

reported that many international, ELL, and ESL students often remain socially isolated.

Participant 06 stated,

> they don't mingle with the other students. They're mostly with the people that are in their
> culture. They don't try to mingle with them. And, I think that has a lot to do with their
> learning. Because, they're not getting it. Sometimes, some students get it easier from a
> classmate. But they don't do…they don't mingle with other students.

The participants expressed a need for resources to help them teach and support their

international, ELL, and ESL nursing students (P04, P06, P07, P08, P09, P13, P14), and many

also indicated a need to improve and enhance the support the nursing programs and

universities/colleges provide to these nursing students and the nursing faculty who teach them

(P01, P02, P04, P05, P06, P07, P08, P11, P12, P15, P18). Sawir (2018) conducted a study that

revealed how difficult it is for faculty to support international, ELL, and ESL students. The

AACN (2017), ANA (2015), and NLN (2016b) all recognized the importance of faculty

obtaining new appropriate skills for teaching international, ELL, and ESL students. Abu-Arab

and Parry (2015) conducted a study that reported a great need for additional training and

university and program support for nurse educators who teach diverse learners. Although the

study 18 participants emphasized the need for training and support to enhance the teaching

ability of faculty who teach international, ELL, and ESL students, Beard (2014) concluded that not all faculty are prepared to teach these students.

The findings of this dissertation study aligned with the existing literature, and the governing bodies over nursing education, which centered around the challenges and needs of these students and revealed results similar to this study. Results included identification of the challenges and needs of international, ELL, and ESL students as well as identification of the challenges and needs of the faculty who teach these students (Harvey et al., 2017; Mackay et al., 2014; Malecha et al., 2014; Vardaman & Mastel-Smith, 2016). The governing bodies of nursing education, AACN (2017), ANA (2015), and NLN (2016b), all recognized the importance of faculty obtaining new appropriate skills for teaching international, ELL, and ESL students.

Interpretation of the Findings

The literature presented in Chapter 2 aligned with this dissertation study's findings and related to the research problem outlined in Chapter 1 regarding the challenges international, ELL, and ESL baccalaureate nursing students face when enrolled in nursing programs outside of their native countries and the higher attrition rates seen with these nursing students as compared to traditional students. The study findings also presented the need to enhance and improve the nursing faculty's role as a facilitator of learning in courses that include diverse learners. The research problem considered the increased demand for the globalization of nursing education being met with an increase in the number of international, ELL, and ESL students enrolled in nursing programs in the United States. The higher attrition rates and poor academic performance seen in these students bring into question how well faculty teach and support these students. The

globalization of the nursing profession and nursing education calls for an increase in the number of diverse nursing graduates.

There is already an increase in the number of international, ELL, and ESL students enrolled in nursing programs in the United States (Del Fabbro et al., 2015; Genovese et al., 2015; Mackay et al., 2014; Mooring, 2016). Findings in the literature identified and addressed the challenges international, ELL, and ESL nursing students face as they transition into the nursing program in the United States (Crawford & Candlin, 2018; Khawaja et al., 2017; Mitchel et al., 2017; Vardaman & Mastel-Smith, 2016). Language and cultural barriers are highlighted as the significant challenges international, ELL, and ESL students face (Crawford & Candlin, 2018; Sato & Hodge, 2015; Thompson, 2018). Professional nursing organizations, such as AACN (2017), ACE (2017), ANA (2015), and NLN (2016a), emphasized the need for faculty support as international, ELL, and ESL nursing students enroll in nursing programs. The existing literature also presented international, ELL, and ESL students' insight into the need for faculty support, positive faculty feedback, and advising (Fuller & Mott-Smith, 2017; Hansen & Beaver, 2014; Lundberg & Lowe, 2016; Samawi, Capps, & Hansen, 2017). The existing literature also illustrated the impact of negative faculty responses, faculty stereotyping of students, and cultural insensitivity have on student motivation and effort, and ultimately, academic success (Malecha et al., 2014; James, 2018).

This dissertation's study data supported what was found in the literature regarding the main issues of the learning challenges of international, ELL, and ESL nursing students, higher attrition rates with these nursing students, and the need to support the nursing faculty's role. Language barriers were a challenge that all 18 of the study's participants observed with

international, ELL, and ESL baccalaureate nursing students. Participant 01 stated, "how did she get this far with that bad English?" regarding an international nursing student. Participant 05 described an interaction with an international nursing student when the student was unfamiliar with an English term, which made it extremely difficult to fully understand the concept being taught in class. Participant 05 also described the level of frustration and difficulty involved with trying to explain a simple English word that is not directly translated into another language. Participant 08 described a similar instance when an international nursing student had difficulty translating an English word into a native language because some words have several different meanings, and students may not know or understand which meaning should be used to understand the sentence in English. This information supported Müller and Daller's (2019) view that international, ELL, and ESL students struggled with communicating in English because of a decreased level of understanding medical terms and English colloquiums and acronyms. Thompson (2018) also identified the difficulty international, ELL, and ESL students have with translating some English terms, which lead to critical barriers to communication and learning.

A need exists to increase the number of diverse nursing graduates. Still, the question remains how well faculty plays a role in increasing the academic success of international, ELL, and ESL students (Vardaman & Mastel-Smith, 2016)? This original dissertation study focused on filling a gap in the literature by exploring the experiences American nursing faculty have when teaching and interacting with international, ELL, and ESL baccalaureate nursing students enrolled in their nursing program(s). This study provided a better understanding of how American nursing faculty view their experiences with international, ELL, and ESL nursing students, which helped identify and address the needs of the nursing faculty as they teach these

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nursing students. Participant 02 admitted to it being challenging to not stereotyping international, ELL, and ESL students stating, "It's hard to not be prejudiced." Participant 02 also acknowledged that the nursing faculty often do not consider the cultural differences that may influence how students respond to stimuli and understand their world, which contributed to the belief that some of the nursing faculty see international, ELL, and ESL nursing students as a problem (P01, P04, P08, P09, P11, P13, P17, P18). Of the participants who described their teaching experiences as challenging, only four were aware of the available resources in place for the nursing faculty who teach international, ELL, and ESL nursing students (P04, P06, P08, P09). Of the participants who found teaching international, ELL, and ESL nursing students as challenging, only two had the initiative to identify those resources (P07, P08). It is important to note that Participant 01 was not aware of available resources, did not look for resources, and did not adjust any teaching strategies to specifically accommodate diverse learners. Moreover, Participant 01 believed that there was no extra time to devote to international, ELL, or ESL nursing students outside of the classroom and admitted to not giving significant value to cultural competence and congruency in the academic setting. Participants 01, 02, and 03 described the difficulty international, ELL, and ESL nursing students have with understanding concepts taught in class. Although the participants identified the challenge of understanding concepts, only four of those participants looked for resources to help improve the way they delivered information to enhance the learning process (P07, P08, P13, P14).

Participants 04, 07, 12, 16, and 18 all felt inadequate as a facilitator of learning in a classroom with diverse learners. Only one of the participants who thought they were not doing a good job at teaching international, ELL, and ESL nursing students looked at available resources

aimed at developing teaching strategies to better support international nursing students (P04, P06, P08, P09). Three participants were novice nurse educators (P02, P03, P04). None of the novice nurse educators were aware of the resources available for the nursing faculty that help them develop teaching strategies to better support diverse learners. The NLN (2017) diversity toolkit is an online resource aimed to assist the nursing faculty who teach diverse student learners and highlights and encourages the use of evidence-based teaching strategies and methods that promote active learning. Of the 18 participants, 11 still use passive learning techniques, which is not an optimal form of teaching with diverse student learners (P03, P04, P05, P06, P08, P09, P10, P11, P13, P14, P16). These findings uncover the need to bridge the gap between the nursing faculty's awareness of teaching resources and nursing faculty's support and the use of culturally responsive evidence-based teaching methods that improve academic nursing student outcomes. Once the nursing faculty's needs are identified and addressed, training programs can be developed to increase the culturally responsive teaching knowledge and skills, which will, in turn, facilitate the number of international, ELL, and ESL nursing students who enroll in nursing programs, and the number of these nursing students who graduate from nursing programs ultimately increases the diversity of the nursing workforce (Ume-Nwagbo, 2014).

Limitations

A basic qualitative design was appropriate for this original dissertation study. There were still limitations to the study design (Merriam & Tisdell, 2015). Nursing faculty who taught in associate degree nursing programs (ADN) were not included in the study. There is a call for more BSN degree program graduates to care for the more complex and diverse patient population in a variety of settings; therefore, research targeted that specific level of nursing

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education. The AACN (2019b) stressed the impact of nursing education on nursing practice, stating that BSN degree prepared nurses are better equipped to meet the demands of a complex healthcare system. The convenience sample included only American nursing faculty who teach international, ELL, and ESL nursing students in baccalaureate nursing degree program(s). A sample from additional geographic areas and including diploma and ADN programs could yield data with additional results because stronger data can expand the transferability of the study results in experiences with international, ELL, and ESL nursing students in all levels of undergraduate nursing programs across the nation (Merriam & Tisdell, 2015).

Personal interviews were the main data collection tool, which could have yielded biased results due to the researcher's presence, prior experience, and relationship to the participant; however, conflict of interest and bias were eliminated using reflective journaling and bracketing throughout the research process (Gregory, 2019; Merriam & Tisdell, 2015). Some of the participants had difficulty articulating their thoughts, feelings, and ideas. For example, P02 and P08 had some difficulty gathering thoughts. The researcher allowed the participants additional time to understand what the interview questions were asking and repeated the questions when necessary. The researcher also actively listened to the participants' responses and allowed them time to articulate their thoughts without rushing them to answer the questions. The researcher repeated some questions for P16 to ensure the participant remembered and understood what was being asked to provide a meaningful response. Transcriptions were verified by the participants through member-checking (Grove et al., 2015); however, there could still be differing interpretations of words and meanings by participants and the researcher.

Delimitations are boundaries that are set by the researcher in order to control the range of a study (Merriam & Tisdell, 2015). Delimitations of this study included the type and amount of multicultural training the nursing faculty had in their graduate studies, which included some brief discussions related to the multicultural training of the nursing faculty via their graduate academic program(s), and how it could provide further insight into how this training impacted their beliefs, attitudes, and teaching methods of international, ELL, and ESL nursing students. This data could provide comprehensive information to assist with identifying and addressing the needs of nursing faculty who teach international, ELL, and ESL nursing students.

Implications for Nursing Education and Practice

This original dissertation study described the participants' experiences teaching international, ELL, and ESL baccalaureate nursing students. The implications for practice include providing a foundation for forming new, and improving and enhancing current, strategies for training and providing resources for nursing faculty to assist them with implementing evidence-based teaching methods for teaching and supporting the international, ELL, and ESL nursing student. Some strategies include identifying available resources provided by professional nursing organizations as well as partnering with the international, ELL, and ESL student department and student affairs department at the university. The number of culturally diverse nursing student graduates will increase through an enhanced effort to provide the knowledge, skills, and training the nursing faculty's need to teach and support international, ELL, and ESL nursing students. With additional culturally diverse nursing graduates emerging from BSN degree programs, the nursing workforce will increase in diversity and addressed the need to

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globalize nursing care and decrease health disparities, thereby providing a positive impact on the quality of healthcare (Bednash, 2018; NLN, 2016a, 2016b).

Recommendations for Further Research

This study only utilized American nursing faculty who teach in baccalaureate nursing program(s). It may be useful to replicate this study in other levels of nursing education and compare results. Adding additional research questions and guided interview questions related to the specific cultural training the American nursing faculty received in their graduate studies could provide valuable insight into how the academic preparation American nursing faculty received influenced their attitude, beliefs, and teaching strategies when teaching international, ELL, and ESL nursing students. An example of the additional research question could be, how do American nursing faculty describe their training received during their graduate courses related to teaching culturally diverse student learners?

A discussion noted in the literature concerned the need to identify and address the multicultural training needs of nursing faculty to ensure better academic outcomes for international, ELL, and ESL nursing students (Baghdadi & Ismaile, 2018; Beard, 2016; Farber, 2018; Ume-Nwagbo, 2014). Additional research could identify what available resources and evidence-based teaching methods would provide the knowledge the nursing faculty need to develop culturally responsive teaching strategies (Beard, 2014, 2016; Edgecomb et al., 2018; Fuller & Mott-Smith, 2017). Modification of this study to include American nursing faculty teaching in ADN programs will add more insight to the American nursing faculty's experiences with international, ELL, and ESL nursing students. Many baccalaureate degree prepared nurses obtained the baccalaureate degree through RN to BSN degree bridge programs. According to the

AACN (2019a), as of fall 2018, 139,587 students were enrolled in RN to BSN degree bridge programs, which accounts for 38.4 percent of all BSN degree students. The AACN (2019a) documented support of student articulation from ADN to BSN degree programs. Therefore, including American nursing faculty teaching in ADN programs could enhance what is known regarding teaching international, ELL, and ESL nursing students through obtaining data surrounding their experiences.

Conclusion

Due to the need to globalize the nursing profession, there is a need for increased diverse student nurse graduates (AACN, 2015, 2017; NLN, 2016b). This original dissertation study utilized basic qualitative methods (Merriam & Tisdell, 2015) to gather information concerning American nursing faculty's experiences with international, ELL, and ESL nursing students. The central research question for this basic qualitative study was, How do American nurse educators describe their experiences with international, ELL, and ESL baccalaureate students transitioning into a United States nursing program? Additional research questions were addressed, including (a) What teaching strategies and methods do American nurse educators identify as meeting the needs of their international, ELL, and ESL baccalaureate nursing students? And (b) How do American nurse educators describe the instructional climate, resources, and classroom design(s) that best meet the needs of their international, ELL, and ESL baccalaureate nursing students?

The researcher uncovered five emerging themes: (a) nursing faculty's attitudes toward international, ELL, and ESL nursing students; (b) nursing faculty's identification of international, ELL, and ESL nursing student needs; (c) nursing faculty's response to international, ELL, and ESL nursing student learning barriers; (d) nursing faculty's perception of

teaching support; and (e) nursing faculty's use of resources. These findings supported the current

literature that described the learning challenges international students face (Crawford & Candlin,

2018; Sato & Hodge, 2015; Thompson, 2018), the strategies and interventions to address the

learning challenges of international, ELL, and ESL students (Fuller, 2018), and the need to train

nursing faculty to adequately teach and support diverse student learners (Beard, 2016; Vardaman

& Mastel-Smith, 2016).

This dissertation research study uncovered how 18 American nursing faculty reported

positive experiences with international, ELL, and ESL nursing students; however, several of

those nursing faculty also identified and described being frustrated and many challenges when

teaching these nursing students (P01, P03, P04, P07). Some of the nursing faculty were not even

aware of the resources available that provide evidence-based teaching strategies and methods

that best support diverse learners (P01, P02, P04, P05, P07, P08, P09, P10, P11, P13). And, some

of the nursing faculty were aware of resources but did not take time to look at them or change

their teaching practices that have proven unsuccessful with international, ELL, and ESL nursing

students (P03, P06, P12, P14, P15, P16, P17, P18). Many of the American nursing faculty did

not feel the university/college or nursing program provided the nursing faculty with enough

training or support to effectively teach international nursing students (P01, P02, P05, P07, P09,

P11, P12). A few of the nursing faculty reported not having enough time or did not place enough

value on a focus on changing teaching practices for international nursing students (P03, P04,

P06, P08, P10).

The findings of this study could assist the discipline of nursing education in initiating,

improving, or enhancing multicultural education training for nursing faculty who teach

international, ELL, and ESL nursing students. The first step in this process must be an open discussion of the importance of increasing the number of diverse nursing graduates and the benefits to the nursing profession. This discussion is necessary to assist with the globalization of healthcare, alleviation of health disparities, and improvement in the quality of culturally congruent healthcare (Bednash, 2018; Danek & Borrayo, 2014; DHHS-HRHA, 2014; NLN, 2016b).

REFERENCES

Abele, C., Penprase, B., & Ternes, R. (2014). A closer look at academic probation and attrition: What courses are predictive of nursing student success? *Nurse Education Today, 33*(3), 258-261. doi:10.1016/j.nedt.2011.11.017

Abitz, T. L. (2016). Cultural congruence and infusion nursing practice. *Journal of Infusion Nursing, 39*(2), 75-79. doi:10.1097/NAN.0000000000000157

Adams, L. T., Campbell, J., & Deming, K. (2017). Diversity: A key aspect of 21st century faculty roles as implemented in the Robert Wood Johnson Foundation Nurse Faculty Scholars Program. *Nursing Outlook, 65*(3), 267-277. doi:10.1016/j.outlook.2017.03.002

Adams, V. W. (2016). The challenges of USA nursing education to meet local, regional, and global need. *Revista Brasileira De Enfermagem, 69*(3), 392-393. http://dx.doi.org/10.1590/0034-7167.2016690301i

Abu-Arab, A., & Parry, A. (2015). Supervising culturally and linguistically diverse (CALD) nursing students: A challenge for clinical educators. *Nurse Education in Practice, 15*(4), e1-e9. doi:10.1016/j.nepr.2015.02.006

Al-Kloub, M., Salameh, T. N., & Froelicher, E. S. (2014). Nursing students' evaluation of problem based learning and the impact of culture on the learning process and outcomes: A pilot project. *Nurse Education in Practice, 14*(2), 142-147. doi:10.1016/j.nepr.2013.06.013

American Academy of Nursing. (2012). Diversity and inclusivity statement. Retrieved From http://www.aannet.org/assets/docs/diversity%20and%20inclusivity%20state ment_2.13.2012.pdf

American Academy of Nursing. (2015). Implementing culturally competent care. *Nursing Outlook, 63*(2). Retrieved from https://www.nursingoutlook.org/

American Association of Colleges of Nursing. (2015). Enhancing diversity in the workforce. Retrieved from http://www.aacnnursing.org/News-Information/Fact-Sheets/Enhancing-Diversity

American Association of Colleges of Nursing. (2017). Position statement on diversity, inclusion, & equity in academic nursing. *Journal of Professional Nursing, 33*(3), 173-174. doi:10.1016/j.profnurs.2017.04.003

American Association of Colleges of Nursing. (2019a). Associate degree in nursing programs and AACN's support for articulation. Retrieved from http://www.aacnnursing.org/news-informaiton/fact-sheets/ADN-facts

American Association of Colleges of Nursing. (2019b). The impact of education on nursing practice. Retrieved from http://www.aacnnursing.org/news-informaiton/fact-sheets/impact-of-education

American Council on Education. (2017). ACE event on race, class, and college access report underscores need for campus diversity. Retrieved from http://www.acenet.edu/news-room/Pages/ACE-Event-on-Race-Class-and-College-Access-Report-Underscores-Need-for-Campus-Diversity.aspx

American Nurses Association. (2015) *Nursing: Scope and standards of practice* (3rd ed.). Silver Springs, MD: Nursesbooks.org.

American Speech Language Hearing Association. (2019). Accent modification. Retrieved from http://www.asha.org/public/speech/development/Accent-Modification/

Baghdadi, N., & Ismaile, S. (2018). Cultural competency of nursing faculty teaching in baccalaureate nursing programs in the United States. *Australasian Medical Journal, 11*(2), 126-134. doi:10.21767/AMJ.2018.3335

Bailey, C. R., & Bailey, C. A. (2017). *A guide to qualitative field research*. New York, NY: Sage.

Baker, J. D. (2016). The purpose, process, and methods of writing a literature review. *AORN Journal, 103*(3), 265-269. https://doi.org/10.1016/j.aorn.2016.01.016

Banks, J. (1993). Multicultural education: Development, dimensions, and challenges. *The Phi Delta Kappan, 75(*1), 22-28. Retrieved from https://kappanonline.org

Banks, J. A. (2010). Multicultural education: Characteristics and goals. In J. A. Banks & C. A. M. Banks (Eds.), *Multicultural education: Issues and perspectives* (7th ed., pp. 3-21). Hoboken, NJ: John Wiley & Sons.

Barbé, T., Kimble, L. P., Bellury, L. M., & Rubenstein, C. (2018). Predicting student attrition using social determinants: Implications for a diverse nursing workforce. *Journal of Professional Nursing, 34*(5), 352-356. doi:10.1016/j.profnurs.2017.12.006

Barnes Jewish Hospital. (2014). *Diversity and cultural competence*. Retrieved from http://www.barnesjewish.org/about/diversity

Beard, K. V. (2014). Strengthening diversity in nursing: The practices and preparedness of nursing faculty. *Journal of Nursing Education and Practice, 4*(11), 59-65. doi:10.5430/jnep.v4n11p59

Beard, K. V. (2016). Examining the impact of critical multicultural education training on the multicultural attitudes, awareness, and practices of nurse educators. *Journal of Professional Nursing, 32*(6), 439-448. doi:10.1016/j.profnurs.2016.05.007

Bednash, G. (2018). *Moving toward culturally competent nursing care.* Retrieved from http://www.thesullivanallaiance.org/cue/blog/culturally-competent-nursing-care.html

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(13), 1802-1811. https://doi.org/10.1177/1049732316654870

Bokhari, S. R. A., & Panhwar, I. A. (2014). Ascertaining the relationship between cultural dimensions and learning styles and impact on academic performance. *Global Management Journal for Academic & Corporate Studies, 4*(2), 38-55. Retrieved from https://www.gmjacs.bahria.edu.pk

Brayda, W. C., & Boyce, T. D. (2014). So you really want to interview me?: Navigating "sensitive" qualitative research interviewing. *International Journal of Qualitative Methods, 13*(1), 318-334. doi:10.1177/160940691401300115

Breslin, E. T., Nuri-Robins, K., Ash, J., & Kirschling, J. M. (2018). The changing face of academic nursing: Nurturing diversity, inclusivity, and equity. *Journal of Professional Nursing, 34*(2), 103-109. doi:10.1016/j.profnurs.2017.12.014

Brooks-Carthon, J. M., Nguyen, T., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook, 62*(4), 259-267. doi:10.1016/j.outlook.2014.04.006

Brooks-Carthon, J. M., Nguyen, T., Pancir, D., & Chittams, J. (2015). Enrollment of underrepresented minorities in nursing majors: A cross sectional analysis of United States nursing schools. *Nurse Education Today, 35*(11), 1102-1107. doi:10.1016/j.nedt.2015.06.007

Centers for Disease Control & Prevention. (2015). Global health. Retrieved from http://www.cdc.gov/globalhealth/index.htm

Christian, T. Y., & Sprinkle, J. E. (2014). College student perceptions and ideals of advising: An exploratory analysis. *College Student Journal, 47*(2). Retrieved from https://eric.ed.gov/?id=EJ1022274

Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology, 12*(3), 297-298. doi:10.1080/17439760.2016.1262613

Charbonneau-Dahlen, B. K. (2015). Hope: The dream catcher-medicine wheel retention model for diverse nursing students. *Journal of Theory Construction & Testing, 19*(2), 47-54. Retrieved from ProQuest Central. (AN 1801608660)

Chhabra, M., Cochrane, S. V., Jones, M. A., & Spragg, D. (2017). *Culturally responsive teaching and reflection in higher education: Promising practices from the cultural literacy curriculum institute*. New York, NY: Routledge. doi:10.4324/9781315283333

Choi, J., & Kim, J. (2018). Effects of cultural education and cultural experiences on the cultural competence among undergraduate nursing students. *Nurse Education in Practice, 29*. doi:10.1016/j.nepr.2018.01.007

Cho, J., & Yu, H. (2015). Roles of university support for international students in the United States: Analysis of a systematic model of university identification, university support, and psychological wellbeing. *Journal of Studies in International Education, 19*, 11-27. https://doi.org/10.1177/1028315314533606

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology, 89*(5), 482CT-485CT. Retrieved from http://www.radiologictechnology.org/content/89/5/482CT.extract#

Crawford, T., & Candlin, S. (2018). Investigating the language needs of culturally and linguistically diverse nursing students to assist their completion of the bachelor of nursing program to become safe and effective practitioners. *Nurse Education Today, 33*(8), 796-801. doi:10.1016/j.nedt.2012.03.005

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.

Creswell, J. W., & Plano, C. V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Thousand Oaks, CA: Sage.

Danek, J., & Borrayo, E. (2014). *Urban universities: Developing a health workforce that meets community needs.* The Coalition of Urban Serving Universities (USU) Urban Health Initiative. Retrieved from http://urbanuniversitiesforhealth.org/media/documents/Urban_Health

Daniel, J. (2014). *Sampling essentials: Practical guidelines for making sampling choices*. Thousand Oaks, CA: Sage.

Darawsheh, W., & Stanley, M. (2014). Reflexivity in research: Promoting rigor, reliability, and validity in qualitative research. *International Journal of Therapy and Rehabilitation, 21*(12), 560-568. doi:10.12968/ijtr.2014.21.12.560

146

DeBrew, J. K., Lewallen, L. P., & Chun, E. (2014). Outsiders in nursing education: Cultural sensitivity in clinical education. *Journal of Professional Nursing, 30*(2), 149-154. doi:10.1016/j.profnurs.2013.08.005

Dewald, R. J. (2014). Teaching strategies that promote a culturally sensitive nursing education. *Nursing Education Perspectives, 33*(6), 410-412. doi:10.5480/1536-5026-33.6.410

Diaz, C., Clarke, P. N., & Gatua, M. W. (2015). Cultural competence in rural nursing education: Are we there yet? *Nursing Education Perspectives, 36*(1), 22-26. doi:10.5480/12-1066.1.

Donnell, W. M. (2015). A correlational study of a reading comprehension program and attrition rates of ESL nursing students in Texas. *Nursing Education Perspectives, 36*(1), 16-21. doi:10.5480/13-1212.

Del Fabbro, L. D., Mitchell, C., & Shaw, J. (2015). Learning among nursing faculty: Insights from a participatory action research project about teaching international students. *Journal of Nursing Education, 54*(3), 153-158. doi:10.3928/01484834- 20150218-12

Farber, J. E. (2018). Cultural competence of baccalaureate nurse faculty: Relationship to cultural experiences. *Journal of Professional Nursing.* doi:10.1016/j.profnurs.2018.09.005

Fitzpatrick, J. J. (2015). What more can be done to create a more diverse nursing workforce? *Nursing Education Perspectives, 36*(3). https://journals.lww.com/neponline/Abstract/2015/05000/What_More_Can_Be_Done_to_Create_a_More_Diverse.2.aspx

Freysteinson, W. M., Adams, J. D., Cesario, S., Belay, H. A, Clutter, P., Du, J.,…Allam, Z. (2017). An accent modification program. *Journal of Professional Nursing, 33*(4), 299-304. doi:10.1016/j.profnurs.2016.11.003

Fuller, B. (2018). Evidence-based instructional strategies: Facilitating linguistically diverse nursing student learning. *Nurse Educator, 38*(3), 118-121. doi:10.1097/NNE.0b013e31828dc2c3

Fuller, B. L., & Mott-Smith, J. A. (2017). Issues influencing success: Comparing the perspectives of nurse educators and diverse nursing students. *The Journal of Nursing Education, 56*(7), 389-396. doi:10.3928/01484834-20170619-02

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9). Retrieved from https://nsuworks.nova.edu/tqr/vol20/iss9/3/

Gay, G. (2018). *Culturally responsive teaching: Theory, research, and practice.* New York, NY: Teacher's College Press.

Genovese, S. K., Schmidt, N. A., & Brown, J. M. (2015). Admitting international graduate nursing students: What faculty need to know. *Nurse Educator, 40*(1), 41-45. doi:10.1097/NNE.0000000000000102

Glazer, G., Tobias, B., & Mentzel, T. (2018). Increasing healthcare workforce diversity: Urban universities as catalysts for change. *Journal of Professional Nursing, 34*(4), 239-244. doi:10.1016/j.profnurs.2017.11.009

Graham, C. L., Phillips, S. M., Newman, S. D., & Atz, T. W. (2016). Baccalaureate minority nursing students perceived barriers and facilitators to clinical education practices: An integrative review. *Nursing Education Perspectives, 37*(3), 130-137. doi:10.1097/01.NEP.0000000000000003

Green, B. (2018). Narrative inquiry and nursing research. *Qualitative Research Journal, 13*(1), 62-71. doi:10.1108/14439881311314586

Green, H. E. (2014). Use of theoretical and conceptual frameworks in qualitative research. *Nurse Researcher, 21*(6). doi:10.7748/nr.21.6.34.e1252

Gregory, K. (2019). Lessons of a failed study: Lone research, media analysis, and the limitations of bracketing. *International Journal of Qualitative Methods, 18*. https://doi.org/10.1177/1609406919842450

Grove, S. K., Gray, J. R., & Burns, N. (2015). *Understanding nursing research* (6th ed.). St. Louis, MO: Elsevier.

Gul, R. B., Barolia, R., & Meherali, S. M. (2018). Faculty members as students in the same institution: Implications for the learning environment. *Journal of Nursing Education, 53*(3), 157-163. doi:10.3928/01484834-20130215-02

Hansen, E., & Beaver, S. (2014). Faculty support for ESL nursing students: Action plan for success. *Nursing Education Perspectives, 33*(4), 246-250. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22916628

Harris, R. C., Rosenberg, L., & Grace O'Rourke, M. E. (2014). Addressing the challenges of nursing student attrition. *The Journal of Nursing Education, 53*(1), 31-37. doi:10.3928/01484834-20131218-03

Harvey, T., Robinson, C., & Welch, A. (2017). The lived experiences of international students whose family remains at home. *Journal of International Students, 7*(3), 748-763. Retrieved from https://www.ojed.org/index.php/jis/index

Healthy People 2020. (2014a). Disparities. Retrieved from
        http://healthypeople.gov/2020/about/disparitiesAbout.aspx

Healthy People 2020. (2014b). Public health infrastructure. Retrieved from
        http://www.healthypeople.gov/2020/topics-objectives/topic/public-health-
        infrastructure?topicid=35

Henderson, S. (2016). Useful tips for teaching international nursing students. *Australian Nursing
        and Midwifery Journal, 24*(3). Retrieved from
        https://europepmc.org/abstract/med/29244469

Henderson, S., Barker, M., & Mak, A. (2016). Strategies used by nurses, academics and students
        to overcome intercultural communication challenges. *Nurse Education in Practice, 16*(1),
        71-78. doi:10.1016/j.nepr.2015.08.010.

Huang, Y. (2014). *Transitioning challenges faced by Chinese graduate students*. Los Angeles,
        CA: Sage.

James, N. (2018). Using narrative inquiry to explore the experience of one ethnically diverse
        ESL nursing student. *Teaching and Learning in Nursing, 13*(1), 35-40.
        doi:10.1016/j.teln.2017.08.002

Jeffreys, M. R. (2014). Student retention and success: Optimizing outcomes through holistic
        competence and proactive inclusive enrichment. *Teaching and Learning in Nursing, 9*(4),
        164-170. doi:10.1016/j.teln.2014.05.003

Jeffreys, D. J., Hodges, S., & Trueman, M. S. (2017). A strategy for success on the National
        Council Licensure Examination for at-risk nursing students in historically black colleges
        and universities: A pilot study. *International Journal of Caring Sciences, 10*(3), 1705-
        1709. Retrieved from https://www.internationaljournalofcaringsciences.org/

Kalb, K. A., O'Conner-Von, S. K., Brockway, C., Rierson, C. L., & Sendelbach, S. (2015).
        Evidence-based teaching practice in nursing education: Faculty perspectives and
        practices. *Nursing Education Perspectives, 36*(4), 212-219. doi:10.5480/14-1472

Kang, H., & Chang, B. (2016). Examining culture's impact on the learning behaviors of
        international students from Confucius culture studying in western online learning context.
        Journal of International Students, 6(3). Retrieved from
        https://eric.ed.gov/?id=EJ1100335

Kaplan. (2014). *Kaplan nursing and Lippincott Williams & Wilkins: Integrated testing
        program, statistical analyses of tests*. Retrieved from
        https://nursing.kaplan.com/Admin/SearchHelpfulDocuments.aspx?IsLink=0

Khawaja, N. G., Chan, S., & Stein, G. (2017). The relationship between second language anxiety and international nursing students stress. *Journal of International Students, 7*(3), 601-620. Retrieved from https://www.ojed.org/index.php/jis/index

Kite, M. E., & Whitley, B. E. (2018). Formulating a research question. In *Principles of research in behavioral science* (pp. 173-225). New York, NY: Routledge.

Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy.* Englewood Cliffs, NJ: Cambridge.

Latham, C. L., Singh, H., & Ringl, K. K. (2016). Enhancing the educational environment for diverse nursing students through mentoring and shared governance. *The Journal of Nursing Education, 55*(11), 605-614. doi:10.3928/01484834-20161011-02

Leininger, M. (1991). *Culture care and diversity and universality: Theory of nursing*. New York, NY: National League for Nursing.

Levey, J. A. (2016). Measuring nurse educators' willingness to adopt inclusive teaching strategies. *Nursing Education Perspectives, 37*(4), 215-222. doi:10.1097/01.NEP.0000000000000021

Lin, A. M. (2016). *Language across the curriculum & CLIL in English as an additional language (EAL) contexts: Theory and practice*. New York, NY: Springer.

Loftin, C., Newman, S. D., Dumas, B. P., Gilden, G., & Bond, M. L. (2014). Perceived barriers to success for minority nursing students: An integrative review. *ISRN Nursing, 2012*, 1-9. doi:10.5402/2012/806543

Lundberg, C. A., & Lowe, S. C. (2016). Faculty as contributors to learning for Native American students. *Journal of College Student Development, 57*(1), 3-17. doi:10.1353/csd.2016.0003

Mackay, B., Harding, T., Jurlina, L., Scobie, N., & Khan, R. (2014). Utilizing the hand model to promote a culturally safe environment for international nursing students. *Nurse Education in Practice, 12*(2), 120-126. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21710911

Malecha, A., Tart, K., & Junious, D. L. (2014). Foreign-born nursing students in the united states: A literature review. *Journal of Professional Nursing, 28*(5), 297-305. doi:10.1016/j.profnurs.2012.03.001

Malterud, K., Siersma, V. D., & Guassora, A. D. (2015). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research.* doi:10.1177/1049732315617444

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: John Wiley & Sons.

Mitchell, C., Del Fabbro, L., & Shaw, J. (2017). The acculturation, language and learning experiences of international nursing students: Implications for nursing education. *Nurse Education Today, 56*, 16-22. doi:10.1016/j.nedt.2017.05.019

Moore, B. A. (2018). Developing special educator cultural awareness through critically reflective professional learning community collaboration. *Teacher Education and Special Education, 41*(3), 243-253. doi:10.1177/0888406418770714

Mooring, Q. E. (2016). Recruitment, advising, and retention programs — challenges and solutions to the international problem of poor nursing student retention: A narrative literature review. *Nurse Education Today, 40*, 204-208. doi:10.1016/j.nedt.2016.03.003

Morton-Miller, A. R. (2018). Cultural competence in nursing education: Practicing what we preach. *Teaching and Learning in Nursing, 8*(3), 91-95. doi:10.1016/j.teln.2013.04.007

Müller, A., & Daller, M. (2019). Predicting international students' clinical and academic grades using two language tests (IELTS and C-test): A correlational research study. *Nurse Education Today, 72*, 6-11. doi:10.1016/j.nedt.2018.10.007

National Academy of Sciences. (2016). Committee for assessing progress on implementing the recommendations of the Institute of Medicine report: *The future of nursing: Leading change, advancing health.* Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK350171/

National League for Nursing. (2012). Research priorities in nursing education. Retrieved from http://www.nln.org/researchgrants/researchpriorities.pdf

National League for Nursing. (2016a). *A vision for advancing the science of nursing education: The NLN nursing education research priorities (2016-2019).* Retrieved from http://www.nln.org/docs/default-source/professional-development-programs/vision-statement-achieving-diversity.pdf?sfvrsn=2

National League for Nursing. (2016b). A vision for achieving diversity and meaningful inclusion in nursing education. *Nursing Education Perspectives, 37*(3). doi:10.1097/01.NEP.0000000000000018

National League for Nursing. (2017). *NLN diversity and inclusion toolkit*. Retrieved from http://www.nln.org/professional-development-programs/teaching-resources/toolkits/diversity

O'Brien, B., Graham, M. M., & O'Sullivan, D. (2017). Realizing the dream of becoming a nurse: Underrepresented BSc nursing students' experiences. *Nurse Education Today, 54*, 1-5. doi:10.1016/j.nedt.2017.04.010

O'Donnell Gandolfo, E. (2018). Remembering the massacre at El Mozote: A case for the dangerous memory of suffering as Christian formation in hope. *International Journal of Practical Theology, 17*(1). doi:10.1515/ijpt-2013-0006

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2016). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, *42*(5), 533–544. http://doi.org/10.1007/s10488-013-0528-y

Palmer, E. A., Zuraikat, N., West, E., Caldrone, T. L., & Shanty, J. (2018). The lived experience of international graduate nursing students engaged with the US educational system. *Journal of Professional Nursing, 35*(3), 174-180. https://doi.org/10.1016/j.profnurs.2018.12.003

Patient Protection and Affordable Care Act. (2010). About the Affordable Care Act. Retrieved from https://www.hhs.gov/sites/default/files/ppacacon.pdf

Peredaryenko, M. S., & Krauss, S. E. (2013). Calibrating the human instrument: Understanding the interviewing experience of novice qualitative researchers. *The Qualitative Report, 18*(43), 1-17. Retrieved from https://nsuworks.nova.edu/tqr/vol18/iss43/1/

Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research, 28*(3), 381-388. https://doi.org/10.1177/1049732317697102

Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports (1974),129*(1_suppl2), 45-50. doi:10.1177/00333549141291S209

Relf, M. V. (2016). Advancing diversity in academic nursing. *Journal of Professional Nursing, 32*(5), S42-S47. doi:10.1016/j.profnurs.2016.02.010

Ryder, A. J., Reason, R. D., Mitchell, J. J., Gillon, K., & Hemer, K. M. (2016). Climate for learning and students' openness to diversity and challenge: A critical role for faculty. *Journal of Diversity in Higher Education, 9*(4), 339-352. doi:10.1037/a0039766

Saldaña, J. (2016). *The coding manual for qualitative researchers*. Los Angeles, CA: Sage.

Sato, T. & Hodge, S. R. (2015). Japanese exchange students' academic and social struggles at an American university. *Journal of International Students, 5*(3), 208-227. Retrieved from https://www.ojed.org/index.php/jis/index

Samawi, Z., Capps, L., & Hansen, R. (2017). Using the NLN faculty preparation for global experiences toolkit for successful application for the Fulbright scholar award. *Nursing Education Perspectives, 38*(4), 214-215. Retrieved from https://www.nursingcenter.com/journalarticle?Article_ID=4189132&Journal_ID=3332683&Issue_ID=4188748

Sawir, E. (2018). International students and internationalization of higher education. *Journal of International Students, 3*(1), III-IV. Retrieved from https://www.ojed.org/index.php/jis/index

Schmidt, B. J., MacWilliams, B. R., & Neal-Boylan, L. (2017). Becoming inclusive: A code of conduct for inclusion and diversity. *Journal of Professional Nursing, 33*(2), 102-107. doi:10.1016/j.profnurs.2016.08.014

Thompson, C. J. (2018). Improving the educational experience for international clinical nurse specialist students, part III: Using culturally sensitive teaching strategies. *Clinical Nurse Specialist, 27*(1), 44-51. doi:10.1097/NUR.0b013e31827bd36f

Ume-Nwagbo, P. N. (2014). Implications of nursing faculties' cultural competence. *Journal of Nursing Education, 51*(5), 262-268. doi:10.3928/01484834-20120323-01

United States Census Bureau. (2017). Census information. Retrieved from https://www.census.gov/en.html

United States Department of Health and Human Services Agency for Healthcare Research and Quality. (2014). *National Healthcare Disparities Report*. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/index.html

United States Department of Health and Human Services Health Resource and Health Administration. (2014). Nursing in 3D, workforce diversity, health disparities, and social determinants of health. Retrieved from http://bhpr.hrsa.gov/nursing/summit.html

Vardaman, S. A., & Mastel-Smith, B. (2016). The transitions of international nursing students. *Teaching and Learning in Nursing, 11*(2), 34-43. doi:10.1016/j.teln.2015.12.008

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*. https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-018-0594-7

World Health Organization. (2015). About WHO. Retrieved from
http://www.cdc.gov/globalhealth/index.htm

Yan, Z., & Cardinal, B. J. (2018). Promoting physical activity among international students in higher education: A peer-education approach. *Journal of Physical Education, Recreation & Dance, 84*(1), 35-40. doi:10.1080/07303084.2013.746151

Yan, Z., & Sendall, P. (2016). First year experience: How we can better assist first-year international students in higher education. *Journal of International Students, 6*(1), 35-51. Retrieved from https://www.ojed.org/index.php/jis/index

Yardley, L. (2017). Demonstrating the validity of qualitative research. *The Journal of Positive Psychology, 12*(3), 295-296. https://doi.org/10.1080/17439760.2016.1262624

Zheng, R. X., Everett, B., Glew, P., & Salamonson, Y. (2014). Unravelling the differences in attrition and academic performance of international and domestic nursing students with English as an additional language. *Nurse Education Today, 34*(12), 1455-1459. doi:10.1016/j.nedt.2014.04.021

Zyga, S. (2014). Stress in nursing students. *International Journal of Caring Sciences, 6*(1), 1-2. Retrieved from https://www.internationaljournalofcaringsciences.org

APPENDIX. INITIAL CODE/THEME FREQUENCY TABLE

Code	Category	Example Quote	Frequency	Participant
LT/S	Language, terminology, spelling	"language is a major barrier"	25	01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18
NAR	Not aware of resources	"I'm not aware of any resources online"	16	01, 02, 03, 06, 07, 10, 12, 13, 14, 15, 17, 18
OOO	One-on-one, small groups	"I meet with students one-on-one because many international students are embarrassed to ask questions in class"	16	01, 02, 06,0 7, 09, 10, 11, 12, 13, 17, 18
GI	Good interactions; attitudes toward international students	"I really enjoy working with international students"	12	01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17
CD	Culture, difficulty relating prior experiences	"students have a hard time understanding concepts because they have no prior experiences because of their culture"	11	01, 02, 04, 05, 06, 09, 12, 15, 16, 17

Code	Category	Example Quote	Frequency	Participant
UC	Understanding concepts	"international students have difficulty understanding nursing concepts"	9	01, 02, 06, 07, 08, 13, 14, 17, 18
NS	Colleges not supportive; faculty perception of university or program support	"I think there is more that can be done"	9	01, 02, 04, 05, 06, 07, 08, 11, 12, 15, 18
C	Communication	"International students have difficulty communicating with peers, faculty, and patients"	8	01, 03, 04, 07, 10,12, 13, 17, 18
ETT	Extending testing time	"international students may require extra time when taking exams"	8	03, 06, 07, 10, 15
I	Isolation	"International students tend to not mingle with domestic students"	8	06, 12, 13,15, 16

Code	Category	Example Quote	Frequency	Participant
NATS	Negative attitudes toward students	"Some see international students as a problem"	8	01, 11, 17
NCIT	No change in teaching	"No, I have not really changed my teaching strategies"	7	01, 02, 04, 05, 06, 15
LFR	Looks for resources	"I have looked for other resources"	6	07, 08, 13, 14
PL	Passive learning	"I use lecture and PowerPoint in class"	6	01, 02, 03, 06, 07, 08, 09, 10, 11, 12, 18
IL	Interactive learning	"I use a lot of interactive learning tools"	5	01, 02, 03, 04, 05, 09, 12
TC	Time constraints	"Sometimes I just don't have the time."	5	01, 06, 07, 11
DNLR	Did not look for resources	"I haven't really gone out to look for any resources"	5	01, 02, 03, 04, 06, 07, 13, 16

Code	Category	Example Quote	Frequency	Participant
NT	Novice teacher	"I have not been an educator long, but since the beginning, there have always been international students"	4	02, 03, 04
CI	Challenging interactions	"It can be challenging working with international students"	4	01, 04, 08, 09, 11, 13, 17, 18
ESL	ESL	"Many students speak English as a second language"	4	01, 13, 17
CFSS	Center for Student Success	"We refer students to the Center for Student Success"	4	09, 10
LICC	Lack of importance of cultural congruency	"I'm not sure what level of importance should be placed cultural congruency her in Baton Rouge"	4	01, 02, 03, 04, 08, 09, 10, 12, 15
S	Stereotypes	"it's hard not to be prejudice"	4	01, 02

Code	Category	Example Quote	Frequency	Participant
FB	Financial barrier	"Financial hardships contribute to a lack of student success"	3	12, 16
AR	Aware of resources	"I have looked at the online resources"	3	04, 06, 08, 09
ID	International department (university and program support)	"I know we have an international department, but I'm not sure how much they actually help"	3	02, 03, 06, 09, 10, 16
FFI	Faculty feel inadequate	"I don't feel I have been doing a very good job"	3	04, 07, 12, 16, 18
BE	Bad English	"how did she get this far with that bad English"	2	01
MD	Multicultural, diversity	"We are not just teaching to the future Baton Rouge nursing community, we are teaching to the nursing community as a whole"	2	01

Code	Category	Example Quote	Frequency	Participant
DA	Different affects	"International students may not portray the same emotions as American students"	2	02
PS	Faculty perception of university or program support is poor	"I think because we are an HBCU we are more supportive of international students"	2	01, 13
DRPE	Difficulty relating prior experiences	"Students may have trouble with concepts because they may not have prior experiences with it in their culture"	2	01
OM	Open mind	"Faculty should have an open mind and increased patience"	2	01, 02
CIP	Current in practice	"I keep current in my practice, so I think that helps me"	1	02

Code	Category	Example Quote	Frequency	Participant
M	Mentors	"I try to link students with upper level peers"	1	02
SA	Student advocate	"I try to advocate for my students"	1	09