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A DOUBLE-EDGED SWORD: LIVED EXPERIENCES OF HISPANIC/
LATINO NURSING STUDENTS WHO SPEAK ENGLISH
AS AN ADDITIONAL LANGUAGE

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ABSTRACT

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As the population of the United States continues to become more diverse, the nursing profession is working toward diversifying its nursing workforce. Diversification of the nursing profession is linked to improved patient outcomes and culturally competent care. The experiences of minority nursing students with English as an additional language (EAL) have been studied including some interventional studies. Still, there is a gap in exploring the experiences of Hispanic/Latino nursing students with EAL. The literature described EAL as the most significant risk factor for non-acceptance into a Bachelor of Science in Nursing program for any group of otherwise qualified applicants. Since this is one of the fastest growing minority groups in the United States and is estimated to become 29% of the total population in the United States by the year 2060, having a proportionate population of Hispanic/Latino nurses cannot be overemphasized. The purpose of this phenomenological study was to explore the lived experiences of prelicensure Hispanic/Latino nursing students with EAL in the academic setting. Fourteen participants from across the United States participated in this phenomenological study guided by Moustakas's (1994) transcendental phenomenological approach. Semi-structured interviews were conducted, recorded, and transcribed. Four themes were identified: (a) serving a greater purpose, (b) double-edged sword, (c) culture is connection, and (d) facilitators.

The findings revealed that these students were driven to become nurses because they carried a sense of responsibility beyond themselves and sought to serve a greater purpose. They experienced a double-edged sword regarding multilingualism, which had its benefits and challenges. They also described challenges with isolation, invisibility, culture shock, lack of diversity, family obligations, impostor syndrome, financial struggles, lack of mentorship, and language challenges specifically with academic language and translating medical terminology. They described their strengths came from being multilingual and multicultural, which allowed them to connect, empathize, and provide improved patient-centered care. Their multicultural background also gave them a broader perspective and allowed them to better connect with diverse populations. Hispanic/Latino EAL nursing students naturally served as translators and educators to patients, peers, and communities.

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CHAPTER I

INTRODUCTION TO THE STUDY

Background

Nursing education has been tasked with ensuring that the future nursing workforce more closely mirrors the diversity of the population in the United States (American Association of Colleges of Nursing [AACN], 2019). The United States is one of the most ethnically and culturally diverse countries in the world where clinicians can come from a variety of cultural backgrounds (Pettit & Duffy, 2015). Despite being one of the most diverse countries in the world, minorities are underrepresented in the healthcare workforce, which is a contributing factor to health disparities seen in minority populations (Barr, 2019; Institute of Medicine [IOM], 2011). "While nurses serve diverse populations, nationally, nurses are seldom men and women who are representative of cultural, linguistic, gender and racial diversity" (Green, 2020, p. 280). Studies demonstrated that the care provided by nurses who did not understand their clients' cultural language, ethnicity, and customs could contribute to poor health outcomes (Neubrander & Hall, 2011). One such population disproportionately affected by health disparities is the Hispanic/Latino population, which currently makes up about 16% of the total population in the country. It is projected that by the year 2060, the Hispanic/Latino population will grow to 29% of the total population (Stroup & Kuk, 2015).

The AACN (2019) asserted a connection between a culturally diverse nursing workforce and the ability to provide quality and culturally competent care. Over one-third of the population in the United States (38%) identified as a member of a minority in 2014 (AACN, 2019) but the

registered nurse (RN) population did not mirror this diversity with current data by estimating that 90% of the current nursing workforce was female and 81% were White. Furthermore, according to the 2020 National Nursing Workforce survey by Smiley et al. (2021), only 5.6% of RN respondents self-identified as Hispanic/Latino. Hayes-Bautista et al. (2016) described barriers to increased diversity included weak representation of minorities within nursing faculty, healthcare organizations, and admission practices that failed to support minority students.

The National Institute of Minority Health and Health Disparities (NIMHD, 2022) was established in 2010 with a mission to lead scientific research to improve minority health and reduce health disparities; its vision has been to have an "America in which all populations will have an equal opportunity to live long, healthy, and productive lives" (para. 3). To reduce these health disparities, both the IOM (2011) and Sullivan Commission (2004) recommended increasing the number of minority health professionals. These institutions also recommended a close examination of current healthcare workers' educational environments, particularly those of nurses who make up most healthcare workers in the United States (Olson, 2012). Lack of diversity in the healthcare workforce perpetuated health disparities seen amongst marginalized groups (Barr, 2019).

The homogeneity of the nursing profession is a result of a variety of issues within our society as well as nursing academic environments. First, minority students have significantly higher attrition rates when compared with non-minority students (Bonini & Matias, 2021). Next, it is important to consider that nursing evolved into an academic profession during a post-Civil War era plagued by exclusion and racial discrimination against people of color. This resulted in educational practices created specifically to serve White female students and excluded people of color and males. Estimates suggested anywhere from 5-23% of nursing students dropped out of

programs but attrition rates for minority nursing students were reported to be as high as 85% (Bonini & Matias, 2021). Higher attrition rates for minority students should be closely examined to evaluate whether institutional barriers and exclusionary practices are exacerbating the problem. Although nursing leaders have articulated and have made some progress toward diversifying the profession, the rate at which the nursing population has changed demonstrates that as a whole, nursing has not fully addressed its complicity in perpetuating racial disparities (Bonini & Matias, 2021).

The Hispanic/Latino population is in dire need of nurses who understand and care for them. This need was highlighted by the COVID-19 pandemic with this population experiencing higher excess deaths than any other racial/ethnic group during the peak of the pandemic (Riley et al., 2021). Although it is difficult to pinpoint if these excess deaths were from COVID-19 specifically, researchers agreed this population had an increase in mortality rate compared to non-Hispanic Whites (Gross et al., 2020). Riley et al. (2021) reported that between March 1 and October 3, 2020, Latino people in California experienced a 31% increase in mortality compared with historical trends—an estimated 10,316 excess deaths. Gross et al. (2020) reported that mortality rates in the United States for Hispanic/Latinos were almost double the rates for non-Hispanic Whites. Wilder (2021) added that individuals of Hispanic/Latino ethnicity were hospitalized due to COVID-19 at four times the rate of non-Hispanic White persons.

In summary, Hispanic/Latino nursing students and other multilingual minority students could help with the call for culturally competent care of diverse populations. The AACN (2017) described that realizing the benefits of diversity in the profession of nursing partially depended on expanding the traditional pool of nursing school applicants as well as through employing diverse faculty.

Increasing the pool of diverse nursing students necessitates that nursing educators learn to effectively teach minority students who speak English as an additional language (EAL; AACN, 2017). English proficiency in nursing education is necessary and those with language differences are left at a great disadvantage (Gajewski, 2021). Bennett et al. (2021) found the most significant risk factor for non-acceptance into a Bachelor of Science in Nursing (BSN) program for any group of otherwise qualified applicants was EAL and/or international status. Failure to develop adequate English language proficiency has also been shown to lead to higher dropout rates for EAL students (Lum et al., 2015).

Significance of the Study

The Hispanic/Latino population is estimated to grow and become 29% of the total population in the United States by the year 2060; having a proportionate population of Hispanic/Latino nurses cannot be overemphasized (Stroup & Kuk, 2015). Current data demonstrated a gap between the number of Hispanics/Latinos living in the United States and the number of Hispanic/Latino nurses at 16% and 3.6%, respectively (Stroup & Kuk, 2015). The Sullivan Commission (2004) stated the "fact that the nation's health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans" (p. 1).

According to the AACN (2017), all national nursing organizations, the federal Bureau of Health Workforce hospital associations, nursing philanthropies, and other stakeholders within the health care community recommended the recruitment of underrepresented groups into nursing and added that this should be a priority for the profession. The nursing population needs to diversify to provide quality care for the increasingly diverse population it serves; otherwise, the

perpetuation of health disparities seen in minority groups will continue (AACN, 2017). To increase the minority RN population including the Hispanic/Latino RN population, nursing schools must increase both admission and retention rates of minority nursing students. This research would help nursing education better understand how Hispanic/Latino nursing students experience academia and provide insight into ways educators could help them navigate nursing school.

Recently, the population of Hispanic/Latino students has grown within higher education overall but remains underrepresented in nursing programs across the United States (Smiley et al., 2021). One proposed solution is that of holistic admissions practices utilizing a holistic approach (AACN, n.d.). The AACN Holistic Admissions Toolkit (AACN, n.d.) describes processes meant to assess an applicant's unique experiences alongside traditional measures of academic achievement. By considering life experiences and other attributes along with academic measures, candidates who would otherwise not meet admission criteria would be considered for admission (AACN, 2020). Factors that reflect how an individual could contribute to the incoming class and their potential for success both in school and later as a professional are included in the holistic review process (AACN, 2020). Holistic admissions processes are meant to help in assembling a more diverse population of students with varying backgrounds, qualities, and skills needed for success in the profession (AACN, 2020).

Bennett et al. (2021) reported that nursing schools lost a large proportion of diverse pre-nursing students due to several reasons. The authors described losses before nursing program application during the sophomore year in college with higher losses for minority students. In this study, the authors found the most significant risk factor for non-acceptance into a nursing program for any group of otherwise qualified applicants was EAL and/or international status

(Bennett et al., 2021). Diverse nursing students including those with EAL bring cultural diversity with them and could be the key to improving health disparities. The AACN (2017) asserted that "when diversity is integrated within inclusive educational environments with equitable systems in place, assumptions are challenged, perspectives are broadened, and socialization across a variety of groups occurs, resulting in intellectual and cognitive benefits for all learners (p. 2)."

Since EAL status has been identified as one of the most significant factors contributing to non-acceptance and attrition in nursing students, this research focused on Hispanic/Latino nursing students with EAL. Two types of EAL students in the United States were described in the literature: international and domestic (Gajewski, 2021). International students are those who come from a foreign country with student visas while domestic students are further categorized by the amount of time living in the United States (Gajewski, 2021). Although both types of EAL students face language barriers, they differ depending on the time of exposure to English as well as how these students are identified in higher education (Gajewski, 2021). Domestic EAL students are subcategorized depending on their age of arrival into the country and the amount of time living in the United States. Since some domestic EAL students are born in the country and might be considered native English speakers, they are more difficult to identify or quantify (Gajewski, 2021). For this reason, domestic EAL students who do not identify as such might have unidentified language barriers (Gajewski, 2021).

Educating nursing students who did not learn standard American English as their primary language could be a challenge—both due to language and cultural differences from the dominant culture (Gajewski, 2021). Starkey (2015) added that since only 12.6% of nursing faculty are from a minority background, it might be difficult for some educators to recognize the additional learning needs of diverse students. Henderson et al. (2016) identified language challenges for EAL nursing students but added that cultural differences in learning, lack of shared cultural

assumptions, and managing professional relationships were all affected in these students. Ways in which cultural differences impact communication included prejudice based on cultural diversity, unfamiliarity with cultural boundaries, stereotyping cultural behaviors, and difficulty understanding English (Henderson et al., 2016). The authors highlighted implications for practice that included the need for ongoing development for nurse educators in intercultural awareness, provision of seminars or workshops on cultural assumptions and cultural boundaries, and the need to guide academics in their teaching, assessment, and ability to provide feedback to students about the appropriateness of their communication interactions (Henderson et al., 2016).

Olson (2012) and Lum et al. (2015) asserted that EAL nursing students have higher attrition rates and lower National Council Licensing Exam (NCLEX) passing rates. The NCLEX is one of the two standardized tests nurses need to pass to become either a licensed practical nurse (LPN) or an RN. Olson reported the NCLEX pass rate for these students was estimated to be 21 to 40% lower than native speakers regardless of academic record. Olson added that reading speed, comprehension, writing, technical vocabulary, as well as a hesitancy to speak and ask questions both in class and of their peers might be contributing factors. This group of students experiences more difficulties due to their lack of adequate English skills, which could interfere with learning including understanding textbooks, lectures, teacher expectations, the wording of written examinations, and writing academic papers (Lum et al., 2015). Moreover, language difficulty was also reported by EAL nursing students when communicating with patients (Olson, 2012).

In summary, lack of diversity in the healthcare workforce and health disparities in vulnerable populations are identified problems in health care. Currently, healthcare professions are actively working on increasing the pool of diverse students in their respective fields to

diversify the healthcare workforce. There has also been an identified increase in enrollment of diverse students in healthcare programs but Hispanic/Latino students are lagging (Bergey et al., 2018). Nursing students who speak EAL could be an answer to this problem but these students have one of the highest risks for attrition in nursing school. There is a need to further explore this population of students. Since the Hispanic/Latino population is the largest minority in the United States and this population has one the higher rates of health disparities, this study focused on nursing students of Hispanic/Latino origin.

Statement of the Problem

Nursing has been tasked with increasing the diversity of its workforce and is actively working on increasing the enrollment and graduation of diverse students. These diverse students include EAL speaking and culturally diverse students. In an endeavor to ensure diverse nursing students are successful in completing nursing programs and successfully integrate into the nursing profession, nurse educators must see them not as a problem to solve but as a vital resource in the push to decrease health disparities for vulnerable populations.

It was well established throughout the literature that the nursing workforce does not mirror the diversity of the United States (Cantwell et al., 2015; Sullivan Commission, 2004). The U.S. Census Bureau (2015) projected that more than half of all Americans would belong to a minority group by 2060 with nearly one in five projected to be foreign-born. Williams et al. (2018) estimated that if these trends continued, the minority population would be the majority by 2043. Similarly, patients who had limited English proficiency were growing in numbers (Moore & Waters, 2020). With these changes in demographics, diversification of the nursing profession is a necessity for meeting the needs of the diverse population in the United States. Nursing

students who speak EAL are an untapped population that needs support in academia to successfully integrate into the profession.

According to Woodley and Lewallen (2019), "Hispanic/Latino (nursing) students accounted for 6.8%, 7.7%, 8.4%, and 11% of entry-level baccalaureate nursing students across the United States in 2010, 2012, 2014, and 2017, respectively" (p. 255). These trends showed that admission rates were increasing slowly but were lagging far behind the growth of the Hispanic/Latino population. Another major problem was admitted student numbers did not equate to graduation rates with minorities in gender, race, and ethnicity still having much higher attrition rates than their white female counterparts.

Nursing as a profession and discipline is working toward diversity but despite these efforts and significant funding allocated towards increasing nursing education opportunities for underrepresented students, results have been negligible (Alicea-Planas, 2017). It is unknown exactly why Hispanic/Latino nursing students tend to experience less success in prelicensure nursing programs but the literature pointed to a variety of issues related to educational inequities, culture differences, language differences, and social barriers. To gain insight into the experience of Hispanic/Latino EAL nursing students, a transcendental approach was utilized since this research approach sought to attain the lived experience of people who experienced a phenomenon.

Purpose of This Research

The purpose of this phenomenological study was to explore the lived experiences of prelicensure Hispanic/Latino nursing students with EAL in the academic setting. A deep exploration of their perceived challenges, strengths, and cultural influences while navigating academic life was carried out in this study. By gaining insight into Hispanic/Latino EAL nursing

student experiences in the academic setting, educators could gain valuable knowledge to help in the development of interventions that would promote success for these students. The nursing profession needs multilingual, multicultural, and ethnically diverse nursing students to be able to better serve a population in the United States that is rich in diversity.

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Definition of Terms

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BIPOC: BIPOC is an acronym for Black, indigenous, and people of color. Black usually refers to people with darker complexion who may be of African or Caribbean ancestry, and may or may not be descendants from people who were enslaved. Indigenous usually refers to people whose descents were native to the Americas or here before European colonizers arrived which includes Hispanics/Latinos since this groups is a product of colonizer and indigenous mixing. People of color is a broad term for non-white people which includes Black and Indigenous people but can include those of Asian, Middle Eastern, Pacific Islander, or Latin descent (García, 2020).

English as an Additional Language (EAL): A term that describes the use or study of the English language by non-native speakers in an English-speaking environment. The primary language is the language to which the pupil was initially exposed during early development and continues to use this language in the home and community (Gajewski, 2021). Various terms encountered during the literature review that were equivalent to EAL included English as a second language, English as a foreign language, English Language learners, and multilingualism. The term EAL is increasing within the literature since a growing number of students speak more than two languages; thus, EAL might be a more appropriate term. For this research, the term EAL was utilized. Pre-licensure

nursing students for this work included bachelor's degree seeking nursing students currently enrolled in a BSN nursing program.

Hispanic: A term utilized to describe Spanish-speaking persons of Latin American origin (García, 2020). This term also describes the Spanish colonization of the Americas. Some argue this term excludes those of Latin American origin who do not speak Spanish as well as those of indigenous descent since most Latinos are of indigenous descent (García, 2020; Perez-Stable, 2016). The term Hispanic refers to the language while the term Latino refers to geography.

Latino/a: Describes a Latin American identity and refers to those who come from the Latin American and Caribbean regions (García, 2020).

Latinx: A more recent term to describe this population is Latinx. This term aims to be inclusive of the lesbian, gay, bisexual, trans, queer or questioning and others community but has not gained traction with the Hispanic/Latino population. Since Spanish is a gendered binary language, this term aims to be more inclusive but some argue that the term itself is adding an "x" into Spanish and therefore the Latin root of the language becomes Anglo and inherently attacks the Spanish language (García, 2020).

Pre-Licensure Nursing Students: For this work, they included bachelor's degree seeking nursing students currently enrolled in a BSN nursing program.

The researcher intended to be inclusive and decrease the confusion that could be created by utilizing multiple terms in this research. As a Mexican immigrant of both indigenous and Spanish descent, the researcher understood that terms utilized to describe the identity of a marginalized population that is diverse in culture and ancestral roots could be a contentious

subject. For this research, the terms Hispanic/Latino were utilized but in no way denote the exclusion of any persons.

Research Questions

Q1   What are the lived experiences of Hispanic/Latino EAL nursing students in the academic setting?

Q2   What do Hispanic/Latino EAL nursing students perceive as strengths and challenges?

Q3   How do culture and multilingualism impact Hispanic/Latino EAL nursing students' experiences in nursing school?

Summary

In conclusion, nursing as a profession has been tasked with increasing the diversity of its workforce to better serve the needs of the diverse population in the United States (AACN, 2017, 2019). This is a matter of social justice since the AACN (2019) asserted that to improve the care provided to vulnerable populations, it was necessary that healthcare workers match the diversity of the patients they care for. Increased diversity amongst healthcare workers was also a recommendation to reduce health disparities seen amongst minority groups (AACN, 2019; IOM, 2011; Sullivan Commission, 2004).

One of the most underrepresented groups within nursing is the Hispanic/Latino population. Data demonstrated a gap between the number of Hispanics/Latinos living in the United States and the number of Hispanic/Latino nurses was 16% and 3.6%, respectively (Stroup & Kuk, 2015). The Hispanic/Latino population is one of the fastest growing groups and is in dire need of nurses that can identify with them and meet their needs.

Smiley et al. (2021) reported that the population of Hispanic/Latino students has grown within higher education but remains underrepresented in nursing programs across the United States. These students also have higher rates of attrition when compared to their White

counterparts. Additionally, Bennett et al. (2021) found that the most significant risk factors for non-acceptance into a nursing program for any group of otherwise qualified applicants were EAL and/or international status.

This study explored the lived experiences of currently enrolled prelicensure Hispanic/Latino nursing students with EAL utilizing a transcendental phenomenological approach. This approach allowed participants to describe their lived experiences. It was important that research be conducted on this group of students so educators could gain insight into how they experienced the academic setting. From all the individual descriptions, a general meaning could be derived that would result in the essence or structure of the experiences (Moustakas, 1994). Knowledge gained could help in the development of interventions to increase admission rates and promote success for these students. These students are a resource the profession needs in order to better serve diverse vulnerable populations. The more Hispanic/Latino nursing students who are admitted, retained, and graduated, the more diverse nurses are added to the workforce.

CHAPTER II

REVIEW OF THE LITERATURE

Purpose of the Study

The purpose of this phenomenological study was to explore the lived experiences of prelicensure Hispanic/Latino nursing students with EAL in the academic setting. The literature review starts with a description of the theoretical framework for this research. Next, the literature review presents pertinent literature related to Hispanic/Latino EAL nursing students. This review is divided into the following sections: (a) theoretical frameworks, (b) literature review process, (c) types of EAL students in the United States, (d) challenges to success for Hispanic/Latino EAL, (e) interventions for EAL nursing student success, (f) acculturation of Hispanic/Latino EAL nursing students into the profession, and (g) perceptions of EAL students in the clinical setting.

Theoretical Framework

Crotty (2015) suggested all research methodologies stem from a theoretical perspective, which provides "a context for the process involved and a basis for its logic and its criteria" (p. 66). Phenomenology derives common meaning from people's lived experiences related to a specific phenomenon; thus, it was suited for this work. Moustakas (1994) asserted that phenomenology refers to "knowledge as it appears to consciousness, the science of describing what one perceives, senses, and knows in one's immediate awareness and experience" (p. 25). It invites people to lay aside preconceived notions and cultural habits when interacting with objects and focus directly on the experience, allowing new and deeper meanings to emerge (Crotty,

2015). Phenomenology aims to locate themes gleaned from several subjective, individual accounts to create a composite objective description, providing a prevailing understanding and interpretation for the phenomenon's essence (Creswell & Poth, 2018; Crotty, 2015). To adequately understand the Hispanic/EAL nursing student lived experience in academia it is necessary that this phenomenon be explored.

Literature Review Process

Exploring the experience of Hispanic/Latino EAL undergraduate nursing students in academia was the goal of this literature review. The terms Hispanic/Latino, nursing students, English as a second language, English as an additional language, English as a foreign language, and English language learners were entered as keywords into CINAHL, Google Scholar, PubMed, ERIC, and Academic Search Premier. Articles were limited to the English language, full-text availability, and published within the past seven years. With these limitations, 36 articles were found to be pertinent and included in this review.

Language Acquisition in English as an
Additional Language Students

The literature supported the notion that communication is a critical skill for nurses and nursing students (Xu et al., 2004). Differences in language, culture, life experience, situational context, and perceptions might lead to misunderstandings (Xu et al., 2004). Since the United States is one of the most culturally diverse countries in the world, research focusing on the EAL nursing student must include the phenomenon of intercultural communication. The model of intercultural communication by Xu et al. (2004) served as a lens by which to view the communication experiences of EAL nursing students who had individual perceptions of the interdisciplinary communication experiences they had faced while in the clinical setting. A foundational concept within the model of intercultural communication was that of cultural

variabilities. Cultural variabilities propose that cultures are founded on collectivism-individualism and high-low context communication (Xu et al., 2004). This model proposed that a third party serves as a mirror to validate the perceptions of different parties. This mirror could be the nursing educator (Xu et al., 2004). The nurse educator in guiding EAL nursing students could help interpret or bridge the perceptual differences experienced by the student within the clinical setting.

The Cummins model (1983) is a framework that allows the researcher to understand language acquisition in the EAL nursing student (Abriam-Yago et al., 1999). Since this model separates language acquisition into two types—basic interpersonal communication skills (BICS) and cognitive academic language proficiency (CALP) with the latter being more cognitively demanding, this could help explain why clinical communication with the interdisciplinary team might be more challenging for EAL students. The Cummins model also describes that CALP takes longer for EAL students to master with an average of five to seven years while BICS only takes about two years (Abriam-Yago et al., 1999).

Basic interpersonal communication skills are acquired via face-to-face social encounters and included conversations in social settings. These interactions are context-based where body language assists in understanding what is being communicated and is less cognitively demanding to the learner (Gajewski, 2021). Cognitive academic language proficiency, on the other hand, is more cognitively demanding since it requires the analysis, evaluation, and interpretation of more abstract content (Gajewski, 2021). This type of language is acquired in school settings, most commonly in the form of textbooks or lectures. Because of the varying cognitive requirements for each type of language acquisition described, a person could be fluent in English within a social setting but struggle with academic language (Gajewski, 2021).

Types of English as an Additional Language
Students in the United States

Two types of EAL students in the United States were described in the literature: international and domestic. International students are those who come from a foreign country with student visas (Gajewski, 2021). These students comprise an estimated 5.5% of the student population in higher education. The language differences faced by these EAL students are due to a lack of immersion in an English-language speaking environment as well as culture shock and social isolation (Gajewski, 2021). International students complete high school education in their native country and must demonstrate English proficiency, usually via the Test of English as a Foreign Language or another academic exam as part of their admission process into a U.S. institute of higher education (Bergey et al., 2018).

Domestic EAL students are the second type and are further broken down into two subgroups depending on the amount of time living in the United States (Gajewski, 2021). These types of EAL students are more difficult to identify or quantify since there is no standard tracking or identification system currently available (Bergey et al., 2018; Gajewski, 2021). The late-arriving EAL student is one who arrived in the United States after the age of 10 and has lived in the country for less than eight years. These students speak, read, and write their primary language fluently but have limited exposure to the U.S. educational system. The second group of domestic EAL students is the early arriver, also termed Generation 1.5 (Gajewski, 2021). These students arrived in the country at an early age or were born in the United States and were brought up speaking their parents' native language. These students might sound like native speakers and are competent in social/conversational English. Although many Generation 1.5 EAL students have spent their entire educational years in the United States, they might have varying levels of fluency depending on the quality of their K-12 education (Bergey et al., 2018; Gajewski, 2021).

Bergey et al. (2018) reported that Generation 1.5 students are more likely to have attended an underfunded school. Because many of these students are fluent English speakers, potential literacy deficits could be missed as there is no requirement for language proficiency testing in higher education for this group (Gajewski, 2021).

English as an Additional Language
Students in Higher Education

The American Institute for Research (Bergey et al., 2018) reported that institutes of education in the United States face a growing number of students who speak EAL. This growth could be attributed to increased immigration, increased enrollment of international students, and an increase in second-generation American children (Bergey et al., 2018). These second-generation Americans are defined as U.S.-born children with immigrant parents and account for about 20% of all college students (Bergey et al., 2018). It is important to keep in mind that not all immigrant or international students are considered EAL speakers but as previously described, some of these students might have hidden language deficits despite being considered fluent English speakers (Bergey et al., 2018; Gajewski, 2021). Bergey et al. (2018) noted that research has consistently focused on EAL students in K-12 even though the academic language in higher education is more difficult to navigate and language acquisition is more challenging for adults (Bergey et al., 2018).

English as an Additional Language
Nursing Students

Derico (2016) explored the lived experience of successful EAL nursing graduates utilizing a phenomenological approach. The author reached saturation after interviewing eight students (two who identified as Hispanic/Latino) who were recent graduates from a baccalaureate nursing program located in the southeastern United States within the last five years

and had successfully passed the NCLEX-RN on the first attempt. Themes that emerged from these subjects as reasons for success included being involved, having support, providing structure, receiving another degree, and overcoming challenges (Derico, 2016). These findings demonstrated that support and involvement within the nursing program could have a positive effect on the success of EAL students.

Dudas (2018) asserted that students with EAL are increasingly enrolling in prelicensure nursing programs but limited information regarding these students' success exists. Dudas employed phenomenological inquiry utilizing a van Manen framework to explore EAL students' experiences in a second-degree baccalaureate nursing program. The total amount of participants to reach saturation for this study was 12 and included eight females and four males (no ethnic/racial information of participants was provided). Findings included five major themes: bridging cultures, needing more time, myriad of emotions, network support, and finding their way. In conclusion, this study also found EAL nursing students faced varying challenges and needed extra support to be successful in nursing programs.

Challenges to Success for Hispanic/Latino English as an Additional Language Nursing Students

Diverse students have varying learning needs and challenges, especially those who speak English as an additional language. Challenges faced by these students are discussed and organized into categories including educational inequity, language differences, cultural differences, social barriers, and academic barriers.

Educational Inequity for English as
an Additional Language Students

Stroup and Kuk (2015) described that Hispanic/Latino students were more likely to have faced inadequate high school courses to prepare them for higher education. Bergey et al. (2018) added that Generation 1.5 students were more likely to have attended an underfunded school that provided lower quality education. Green (2020) also reported that ethnically diverse students were more likely to have attended schools in low-income areas. Green added that racial and ethnic disparities in education might exist even before children entered kindergarten because access to quality Head Start programs for these students was limited. The literature found that Southeast Asians, Native Americans, African Americans, and Latinx students experienced more educational disparities than their Caucasian counterparts (Green, 2020).

Language Difference

The literature suggested students with EAL faced significant communication differences due to the linguistic demands of nursing school (Choi, 2018; Havery, 2019; Moore & Clark, 2016; Stroup & Kuk, 2015). To investigate the English language proficiency and academic performance of EAL bachelor's degree nursing students, Alharbi and Yakout (2018) utilized a correlational design with a sample of 136 nursing students (ethnic/racial information of participants was not reported in the study) who completed a questionnaire on socio-demographic characteristics, variables that affected language proficiency, open questions, and the English Language Acculturation Scale (ELAS) to identify language proficiency. The ELAS is a tool created by Salamonson et al. (2013), which has been deemed a valid and reliable screening tool in nursing students, and consists of five items of usual language used in reading, speaking, speaking with friends, thinking, and language spoken at home. The ELAS is considered a screening tool to identify EAL students who are at the greatest risk of academic

underperformance following program entry. Utilizing a regression analysis, Alharbi and Yakout concluded that internal motivation, study challenge, and entrance grade point average were all predictors of academic performance. It was recommended by the authors that educators have concrete processes for screening and monitoring the English proficiency of nursing students to identify those who might need additional support.

International students who are EAL speakers are usually tested for academic language proficiency when entering a higher education institution. Müller and Daller (2019) utilized a correlation design to examine the relationship between two types of English tests and the performance of 49 international undergraduate nursing students primarily from China. Findings from this research concluded that academic English tests might not be appropriate for clinical contexts and might be insufficient in identifying EAL students who struggle with clinical language in healthcare professions.

Nursing students must be proficient English speakers, not only to navigate nursing education but also to be able to communicate important medical information for safe patient care (Choi, 2018). Research identified that EAL nursing students needed reading, listening, and speaking support that was discipline-specific (Choi, 2018). Choi (2018) employed a hermeneutic approach to interview 15 students with EAL (none were of Hispanic/Latino origin) who participated in a support group. The author reported that participants voiced concerns about pronunciation, articulation, cultural language competency, BICS, medical terminology, and writing. The participants reported that participation in a support group provided significant support in both the academic and non-academic aspects of nursing school (Choi, 2018).

Moore and Clark (2016) and Flateland et al. (2019) agreed that EAL students are challenged with written and oral communication but the former emphasized that because of the

language difference, multiple-choice exams were the most difficult. Because Moore and Clark's study involved linguistic modification of multiple-choice exam questions, this study is further described in the Linguistic Modification section of this review.

Flateland et al. (2019) utilized a qualitative design with semi-structured interviews of eight ethnic minority undergraduate students in Norway (participants were of Asian and African origin) to explore the lived experiences of students from varying cultural and ethnic backgrounds undertaking studies in an undergraduate nursing degree. The interviews in this study were analyzed using manifest qualitative content analysis according to Graneheim and Lundman (2004). Various findings were discussed in this study but language differences were reported by seven of the eight participants who described academic writing as very challenging. Participants also reported feelings of isolation during their years in the nursing program, lack of support outside the university, and challenges with language and culture (Flateland et al., 2019).

Khan (2015) discussed the effects of anxiety on oral communication with EAL students. The author discussed the phenomenon of speech anxiety and affirmed that research had found anxiety created a mental block in EAL students, hindering their confidence and consequently their ability to communicate. Khan employed a pragmatic mixed-methods approach where 200 EAL students (none of whom were of Hispanic/Latino origins) enrolled in a Communication Skills course in Pakistan and administered the Foreign Language Classroom Anxiety Scale. Of these 200 hundred students, 10 were interviewed from the top-scoring and the bottom scoring in the Foreign Language Classroom Anxiety Scale. These interviews were utilized to analyze factors that influenced anxiety for both the highly anxious and low anxious students (Khan, 2015). Findings suggested speech anxiety and apprehension were major problems for EAL students affecting communicative competence. For Pakistani students who learned English since

kindergarten, lack of confidence hindered effective speaking skills and led to avoidance, further

perpetuating language incompetence (Khan, 2015).

Havery (2019) noted EAL nursing students were more difficult to place in clinical

rotations in Australia because they had difficulty integrating into work settings and lacked clarity

about role expectations related to English language performance. The author also noted these

students could be more difficult to supervise since their clinical environments could be very busy

and complex. Havery utilized an ethnographic design to observe the interactions of 21 first-year

students (none were of Hispanic/Latino origin) with EAL and their three clinical facilitators.

Clinical activities and settings observed by the author offered a variety of opportunities to learn

core nursing skills and socialization in the language of nursing (Havery, 2019). Pedagogical

approaches utilized by the different clinical facilitators either hindered or constrained

opportunities for these students. Havery concluded that when teaching EAL students, it was

essential that the focus changed from where the students needed to be to what facilitators could

do for these students. Pedagogical practices could impact student learning just as much if not

more than a student's culture or language ability (Havery, 2019).

Lastly, a systematic review by Gu and Shah (2019), which included 26 studies (n=964;

ethnic/racial information not included but studies conducted in the United States, Australia, and

the United Kingdom), reported that accent in terms of linguistic diversity could impact

communication in healthcare and found that interventions to improve speech had some success

in improving speech production. The 26 studies selected included a range of interventions

including accent modification training, role play, simulated patient consultation, general

language, and consultation skill training, web-based training, and cultural competency training.

More research is needed in this area since there was a lack of standardized measures for improved accent modification (Gu & Shah, 2019).

Cultural Difference

Cultural differences for EAL students were mentioned by various authors (Choi, 2018; Xu et al., 2004). Xu et al. (2004) cited the work of Edward Hall who is described as the guru of intercultural communication. Apart from language, the utilization of time, space, touch, tone of speech, and eye contact all constitute communication in its broadest sense (Xu et al., 2004). Culture shapes what data are taken in or left out so an experience is filtered through culturally patterned sensory screens (Xu et al., 2004). Xu et al. constructed a model to improve intercultural communication in nursing education utilizing Hall's framework of cultural variability and accounts of an event during a clinical nursing course that caused misunderstanding. This event served the purpose of presenting a contextual analysis of discrepancies in the perceived reality between two faculty with commentaries from other faculty colleagues present. The commentaries provided insight into cultural differences surrounding the event and resulted in a better understanding of the other party's perspective.

Choi (2018) examined the experiences of 15 students (none of Hispanic/Latino origin) using a hermeneutic approach who voluntarily participated in a support group. The purpose of Choi's study was to determine if a support group for EAL nursing students improved academic success as perceived by the participants. Eight themes emerged from this study: crisis, communication, skill-based interventions, social aspects, nursing faculty qualities, student success, improved nursing practice, and student engagement (Choi, 2018). Several students entered the support group in crisis due to poor academic standing and psychological distress. In the communication category, all participants reported communication concerns and the need to

improve academic language proficiency. Additionally, these participants identified the need to expand their cultural knowledge, both regarding the patients they were caring for and the differences between their own cultures and the dominant culture. This expansion of knowledge was seen as a path to help them effectively communicate with patients and establish therapeutic relationships. Since EAL students face discrimination and isolation, Choi also found that establishing support groups could create a supportive environment and help in developing linguistic competency.

Cultural differences were also discussed by Woodley and Lewallen (2019). Since this study covered mainly acculturation, it is discussed in more detail in that section. This integrative review amongst other findings reported that Hispanic/Latino nursing students experienced a sense of cultural dissonance with an academic culture of competitiveness that clashed with their cultural values of working cooperatively.

Social Barriers

English as an additional language students report discrimination and prejudice, lack of support, loneliness, isolation, increased incivility in clinical, alienation, immigration status barriers, lack of role models, and problems with the cost of higher education (Choi, 2018; Flateland et al., 2019; Graham et al., 2016; Ruvalcaba et al., 2018; Stroup & Kuk, 2015). Green (2020) added that structural racism created inequities for ethnically diverse students, resulting and barriers to admission and retention in nursing school.

A qualitative study by Choi (2018), which included 15 students mentioned in the previous section, found a theme of social aspects amongst the participants. These social aspects were described by participants as utilizing the need for social support and a sense of belonging because many experienced isolation, crisis, and discrimination in nursing school. Englund (2018)

investigated the relationship between marginality and minority status in undergraduate nursing students enrolled in one of the four universities in Wisconsin that offered baccalaureate nursing programs utilizing the Koci Marginality Index (KMI)-70. This tool measures marginality and was found to have strong internal consistency and reliability with a Cronbach's alpha of .954. The author included the variables of race/ethnicity, sexual orientation, gender, and age in relation to marginality. The total number of participants for this study was 331 with 11 (3.3%) students being of Hispanic/Latino descent. The results from this study concluded that racial or ethnic minority groups reported significantly higher levels of marginalization than those reported by nonminority students; additionally, those whose native language was other than English reported higher marginality scores than those whose primary language was English (Englund, 2018).

Englund (2019) conducted a nonexperimental descriptive correlational design to investigate the relationship between marginality and nontraditional student status in nursing students enrolled in a single BSN program in Texas. The total number of participants was 191 (18.2 % were Hispanic) and the author again used the KMI-70 (strong internal consistency and reliability with a Cronbach's alpha of .958). The variables for this study deemed as being non-traditional were male, 25 years or older, racial/ethnic minority, English as a nonnative language, first-generation college students, marital status as anything other than single, pursuing a second college degree, employed, household income greater than $50K, or had children/dependents. This research took place in a single Texas BSN program. Results in this study concluded that female nursing students scored higher than males despite being the majority of the student body, racial/ethnic minorities scored significantly higher on the KMI-70 than nonminority students ($p=.026$) and participants whose native language was other than English reported higher marginality scores than those whose primary language was English.

Graham et al. (2016) conducted an integrative review aimed at examining facilitators and barriers to minority student success. A total of 14 studies were included: 10 were qualitative, one was a mixed-methods study, and three were descriptive. The total number of participants for the studies reviewed was 823 with 81 (about 1%) being of Hispanic/Latino descent. The authors concluded the EAL students might have a lack of support from family as well as financial and work barriers that made navigating nursing school more difficult. Additionally, Graham et al. also reported that minority students experienced discrimination from nursing directors, staff, and patients in their clinical education practices, specifically due to their status as EAL speakers.

In a report from the American Institute of Research, Bergey et al. (2018) described ways to support EAL students in higher education. In providing a profile of these learners, the authors asserted that similarly to other nontraditional college students, many immigrants who took EAL courses had full or part-time jobs, dependents, and financial hardships. Some of these students had lower-wage jobs with unsteady or atypical work schedules and needed flexibility with class delivery and pacing of coursework (Bergey et al., 2018).

In summary, several social barriers were described in the literature including isolation and discrimination, lack of family support, and financial hardships. Educators should keep all these potential barriers in mind when developing interventions to support these students.

Academic Barriers

Graham et al.'s (2016) integrative review provided evidence that minority students encountered significant education barriers. The authors concluded that inadequate academic preparation and study skills and lack of role models/mentoring might affect these students. To increase the diversity of the nursing workforce, faculty must address these issues and make modifications to ensure equity of quality nursing education for all students. Graham et al. found

no studies in their review collected individual information or measures to identify minority

nursing students' satisfaction with the clinical component of their education and no studies

focused on facilitators to minority student success.

Donnell (2015) analyzed an extensive database of 27 initial licensure nursing programs in

Texas (n=3258 with 736 being Hispanic). The author employed a secondary analysis of the

Texas Higher Education Coordinating Board's database from the Statewide At Risk Tracking

and Interventions for Nurses (SATIN) study. The purpose of the SATIN survey was to collect

information on each student and determine if a student should be considered at risk for attrition.

Additionally, students were also identified as at risk for attrition through their need for the

Weaver reading program that was provided to those determined to have low reading

comprehension. Donnell used a retrospective approach of longitudinal data in a correlational

design to determine the relationships among the following variables: age, English as a first

language, gender, ethnicity, race, first-generation college student, use of the Weaver reading

comprehension program, and whether the student was on track or not in their respective nursing

program. The author concluded that EAL students who used a reading comprehension program

were almost twice as likely to be off track or out of the program than those who did not use it.

Higher Attrition Rates

Nursing students identified as speaking EAL had increased difficulty with coursework

and had higher attrition rates (Donnell, 2015; Graham et al., 2016; Moore & Waters,

2020). Graham et al. (2016) reported that barriers for EAL students contributed to disparities in

the nursing profession and increased the attrition rates as high as 85% in these students. The

biggest area of concern that was linked to poor performance in nursing programs was academic

failure due to language difficulties (Moore & Waters, 2020).

Barbe et al. (2018) employed a non-experimental, descriptive, comparative design to identify demographic, academic, and social determinant factors associated with attrition at the end of the first semester in an upper-division baccalaureate program. A convenience sample of 164 junior nursing students from a single upper-division BSN program in the southeast United States was utilized for this research with six students ($< 1\%$) being of Hispanic/Latino descent. Results found the strongest factor associated with attrition within the first semester of the nursing program was having one or both parents who were born outside of the United States, followed closely by English not being the primary language spoken in the home, and being racially diverse.

Alicea-Planas (2017) focused specifically on Hispanic/Latino nursing students in her research aimed at identifying why students left and what helped them remain in school. The author noted that despite recent gains in general bachelor's degree graduation rates for Hispanics/Latinos, the number of awarded college degrees for this ethnic population still lagged behind other groups. It was also noted that significant funding had been awarded to increasing nursing education opportunities for underrepresented students but results had been negligible (Alicea-Planas, 2017). The methodology for this research was phenomenological and included 10 Hispanic/Latino nursing students enrolled in a Jesuit Northeastern University nursing program. Data obtained from interviews resulted in three themes: journey into the unknown, creating a culture of exploration and acceptance, and keeping on course in uncharted territory. The theme of journey into the unknown was described as students experiencing uncertainty of what to expect once enrolled in school, lack of preparation for science courses, and a hesitancy to ask questions. Next, the theme of creating a culture of exploration was described as students experiencing isolation and culture shock due to the lack of diversity in their school community.

Lastly, the theme of keeping on course in uncharted territory was described as students describing the resources available to them within the campus community including tutoring and other resources for first-generation students. Overall, this study concluded that institutions of higher education must be accountable for increasing the diversity in health professions. Changing campus culture is a great way to initiate change since multiple studies supported that if Hispanic/Latino students perceived a less than hospitable climate on campus, they would have increased difficulty both academically and socially. These students needed to have a supportive community in higher education (Alicea-Planas, 2017).

National Council Licensing Exam Pass
Rates of English as an Additional
Language Students

Olson (2012) conducted a critical review of the literature aimed at articulating the bridges and barriers to success for the EAL nursing student. The author included 25 articles broken down into 18 research studies, one descriptive article, two literature reviews, and four project descriptions. Olson concluded that when looking at the data available, NCLEX-RN pass rates and attrition rates were significantly different between students for whom English was the primary language and students with EAL with pass rates being 21% lower than native speakers.

Interventions For English as an Additional Language
Nursing Student Success

Faculty-Based Interventions

Torregosa et al. (2015) reported an increased effort in recruitment and retention of underrepresented groups into the nursing profession with success rates lagging behind students with English as their first language. The authors conducted a secondary data analysis from a larger study to test the hypothesis that personal networks mediated the relationship between English-language proficiency and academic performance after controlling for the effects of age,

gender, employment, school attended, and entrance grade point average in Mexican American

BSN students. The total number of participants was 164 Mexican American nursing students

enrolled in a baccalaureate nursing program in Texas. Torregosa et al. utilized ELAS items as

predictors, interaction with academic networks as the mediating variable, and course grade as the

outcome in conducting a regression analysis. Findings for this study demonstrated that

perception of faculty caring, hours spent interacting with networks, and study location were

helpful to students. Specifically, as perceptions of faculty caring increased, students' grades

increased; conversely, as the hours spent interacting with networks increased, course grades

decreased. English language acculturation, network size, frequency of interaction, campus racial

clinic, and race did not significantly predict student success (Torregosa et al., 2015). The

implications of this study showed that when a student perceived faculty cared about their

success, this correlated with student success. Teaching strategies based on caring frameworks

could be implemented to enhance underrepresented EAL nursing students' performance

(Torregosa et al., 2015). Choi (2018) added that EAL students with supportive and empathetic

instructors were well received. Additionally, prior training of faculty in communication and

culture was found to improve culturally and linguistically diverse students' experiences in

learning during clinical practice.

Mikkonen et al. (2016) completed a systematic review aiming to identify culturally and

linguistically diverse healthcare students' experiences of learning in a clinical environment. The

authors included 12 original studies, none of which were conducted in the United

States. Culturally and linguistically diverse healthcare students found integration in the clinical

setting stressful, learners experienced the strain of being different, and they faced language

difficulties. Lastly, clinical staff attitudes influenced students' clinical learning experiences and

outcomes. The authors recommended that additional education in culture and language for students and clinical staff was essential to improve the learning experiences of these students (Mikkonen et al., 2016).

Cantwell et al. (2015) asserted that although recruitment of diverse nursing students was high, so too were attrition rates. The researchers conducted a pilot study exploring the implementation of the Nursing as an Additional Language Culture (NALC) program that aimed to increase retention and academic success for minority students in an accelerated, second-degree baccalaureate nursing program. The NALC program was implemented specifically to address the high attrition rate for minority students but was found to decrease the attrition rates of all students including minorities. The attrition rate in this one BSN program was found to be 14.4% overall. When looking at ethnically and culturally diverse students in this program, the academic attrition rate was 22.4% while only 2.2% percent for Caucasian students (Cantwell et al., 2015). The setting for this pilot study was a large state university that included 380 nursing students enrolled in the BSN program for the study period. Of the 380 students, 98 participated in the NALC program voluntarily (ethnicity information of the sample was not listed).

Starkey (2015) explored critical factors that influenced faculty attitudes and perceptions about teaching nursing students with EAL. The author took the data from this study to develop a theoretical framework that could be used to enhance the effectiveness of teaching EAL students and improve their chances of success. The author utilized a grounded theory approach that included 16 educators at several nursing schools in southeast Florida (one participant was Hispanic). The result was the conceptual model of conscientization, which involved the process that faculty engage in when overcoming barriers: coming to know and facilitating (Starkey, 2015).

In summary, faculty attitudes about teaching EAL students could impact student learning. Faculty education in cultural competency and pedagogical approaches is necessary to prepare them for educating a culturally and linguistically diverse student body. The recruitment of racially/ethnically and linguistically diverse faculty could certainly also add value to nursing programs since these faculty were once students and could bring much-needed insight into the educational setting.

Simulation

King et al. (2017) added that simulation is an excellent opportunity to promote EAL nursing student learning. The authors implemented a qualitative exploratory approach with focus groups to seek EAL nursing students' perceptions of standardized patients as a teaching-learning tool. The simulation activity utilized standardized patients to assist EAL students with practicing their communication skills (King et al., 2017). Thirty-five undergraduate EAL nursing students enrolled in a Canadian nursing university in a foreign country where Arabic was the official language volunteered to participate in this study, which utilized a focus group methodology. Ethnicity was not reported in this study but it was mentioned that the participants spoke a variety of native languages including Arabic, Tagalog, Malayalam, Bengali, and Afrikaans. From this information, it was deduced that none of the participants was of Hispanic/Latino origin. The seven themes found in the analysis of the data included psychological safety, comfort communication, psychomotor skill development, language acquisition, change in attitudes, debriefing, and learning takes time. Overall, results from this activity demonstrated that the use of standardized patients helped EAL nursing students achieve positive learning outcomes and increased their sense of value and psychological safety with communication (King et al., 2017).

Other Supportive Interventions

Writing workshops for EAL students was another intervention Choi (2018) found to be helpful in this previously mentioned study. Since nursing school success is often dependent on a student's writing ability, writing interventions embedded within nursing curricula were more meaningful to participants and contributed to their growth and development (Choi, 2018).

Ferrell and DeCrane (2016) conducted research aimed at examining thematic concepts of academic success as perceived by entry-level minority nursing students to create a model to maximize success. The authors included 31 students, two of whom were Hispanic/Latino enrolled in programs in the Midwestern region of the United States. The authors concluded that student success could be greatly increased by a multidimensional approach and started with institutional commitment. The best approaches were interventions that included academic, social, and financial support.

Mentoring

Latham et al. (2016) employed a mixed-methods approach to evaluate how a structured mentor-mentee program affected student success. This program was participant-led, which guided its development and created teamwork and shared governance in a BSN program. A total of 79 students participated in this program with 21 self-reporting to be Hispanic/Latino. The researchers obtained several forms of data including reflection journals from both mentors and mentees as well as utilized other tools to measure ethnic identity, healthy lifestyle behaviors, measures of support, and school success factors. The Multigroup Ethnic Identity Measure tool was used to measure ethnic identity search and affirmation as well as a person's efforts to be involved in activities and practices associated with their ethnic group to increase their understanding of the group including its history and traditions. Validity for this tool was

determined by factor analyses with internal consistency reliability scores above .80 for a variety

of ethnic groups; the most recent studies demonstrated Cronbach alpha reliability estimates

ranging from .96 to .97 in both U.S. and Mexican samples (Latham et al., 2016). Next, the

Lifestyle Profile tool was utilized to measure stress management, self-actualization, health

responsibility, exercise, nutrition, and interpersonal support (Cronbach's alpha = .96 to .97). The

Perceived Social Support tool was utilized to measure perception of support from family and

friends. Lastly, the School Success Factors Index tool was utilized to assess school-related

success (Cronbach's alpha = .90). Researchers found that overall, this mentoring program

supported students and culminated in a shared governance process to discuss ways to address

mentee challenges that might improve the educational environment for future students.

Team-Based Learning

Randall et al. (2020) conducted a qualitative descriptive study with 15 participants (no

one of Hispanic descent) in Australia aimed at exploring culturally and linguistically diverse

students' experiences in team-based learning. Findings from this research indicated team-based

learning promoted language proficiency and respectful intercultural connections. Another

unintentional benefit of this intervention was this approach was beneficial in interrupting racism

toward international students from domestic students. The authors concluded that to improve

international student experiences, educators must actively engage all students in dialogue about

privilege, structural racism, and people of color.

Linguistic Modification

Linguistic modification was another intervention helpful for linguistically diverse nursing

students. Moore and Clark (2016) found both EAL and non-EAL students scored higher on the

experimental examination than on the control examination when test items were linguistically

modified to reduce reading load. The authors conducted a research study to explore linguistic

modification of multiple-choice exams to improve EAL nursing student scores. The sample

included a total of 644 students with 135 of those identified as speaking EAL (57 of

Hispanic/Latino descent). Moore and Clark administered two multiple-choice exams, a control

and another with linguistically modified multiple-choice questions, and compared the scores

between the two as well as the difference in scores for non-EAL and EAL students. The findings

of this study concluded that most of the students who took both exams found the linguistically

modified questions easier and both groups scored higher on the linguistically modified exam

although the difference in scores was not statistically significant (Moore & Clark, 2016).

Building on the research by Moore and Clark (2016), Moore and Waters (2020)

conducted an interventional comparative research study to determine the effect of linguistic

modification of multiple-choice exam questions on the score and timing of EAL compared to

native English-speaking nursing students. A two-factor analysis of variance and mixed effect

regression were applied to data collected from 69 participants who were randomly assigned to

take either exam A or exam B (which included linguistically modified questions; Moore &

Waters, 2020). All students took significantly less time to complete the linguistically modified

questions in comparison to the standard questions. Data collected for each exam question

included if the student answered the question correctly and how long it took the student to

answer it. There was no statistically significant difference by exam in terms of accuracy

($t=0.140$, $p=0.89$) and timing ($t=0.35$, $p=0.73$). Next, data analysis for correctness and analysis of

timing were completed. Results from the ANOVA showed no difference in accuracy between

EAL and native English speakers ($F=0.04$, $p=0.84$), linguistically modified and standard

questions ($F=2.61$, $p=0.11$), or the combination of the two ($F=1.02$, $p=0.32$). Accuracy was not

related to EAL status of the student nor the type of question but both groups were able to complete the linguistically modified exam in a statistically significant lower amount of time.

Lastly, Lewis and Bell (2020) conducted an integrative literature review aimed at finding evidence-based interventions utilized for culturally and linguistically diverse nursing students. The authors included 11 articles for analysis utilizing the Whittemore and Knalf methodology that included five steps: identifying the problem, searching the literature, evaluating data, analyzing data, and presenting data. The total number of participants for the studies included was 1,204 with only one study reporting the ethnic-racial breakdown of participants. This single study focused on Hispanic/Latino students with a total of 43 participants. Lewis and Bell concluded that formal educational interventions, linguistic modification of test items, peer support, and multiple intervention programs utilized simultaneously to target various areas of need worked best for these students. The authors also added that many recommendations to enhance success for these students existed but none had been rigorously evaluated with the level of evidence being low for most of the studies in their review.

Tranter et al. (2018) conducted an integrative review to identify initiatives for retaining ethnically diverse students in bachelor/baccalaureate undergraduate nursing programs. From a total of 17 studies, four themes emerged: prediction, recruitment and retention, single approach, and multiple approaches. Two studies listed focused specifically on Hispanic students (n=42), while the rest either had a mix of representations or did not specifically list a breakdown of racial/ethnic data. This review concluded the reasons for attrition of ethnically diverse students were diverse and complex and implementing a broad range of strategies across the continuum from recruitment to graduation was likely to be the best solution to achieve higher graduation rates among ethnically diverse nursing students.

In summary, the research pointed to various interventions that had been implemented to assist EAL nursing students become successful nursing graduates: the implementation of caring teaching strategies, faculty education, interdisciplinary education, team-based learning, linguistic support or modification in materials, and various social support and resource programs. One study also implemented the use of standardized patients in simulation to allow students to practice communication scenarios.

<div style="text-align:center">Acculturation of Hispanic/Latino English as an Additional
Language Nursing Students into the Profession</div>

Woodley and Lewallen (2019) conducted an integrative literature review to describe the current knowledge reflecting the complex process Hispanic/Latino prelicensure nursing students and new graduates experienced as they acculturated into the profession of nursing. The authors included 18 studies: 13 were qualitative, four were quantitative, and one was mixed method. Of note, more than a third of the studies were conducted in the state of Texas. This research concluded that the process Hispanic/Latino prelicensure nursing students and new graduates experienced as they acculturated into the profession of nursing was complex. This process was described in three categories from the theory of cultural marginality: marginal living/across-culture conflict, easing cultural tension and adjustment response, and contextual/independent personal influences (Woodley & Lewallen, 2019). The authors described that Hispanic/Latino nursing students' experiences from the studies reviewed were consistent with the concept of marginal living. Participants reported tension between having to fulfill family expectations and the commitment necessary to succeed in nursing school. Others reported cultural gender role expectations causing tensions including male students being told they should become doctors and female students being told they should be stay at home family caregivers. Participants also reported feeling pressure to do well because their performance would not only reflect their

personal achievement but also reflect on their families. Next, participants described financial struggles and conflicts with advisors who did not understand their personal and familial financial situations or the importance of family commitments. Lastly, participants reported a cultural dissonance with an academic culture of competitiveness that clashed with their cultural values of working cooperatively.

Hispanic/Latino Students and Nursing
as a Career Choice

A single study was found describing the Hispanic/Latino community's perception of nursing as a career choice. Neubrander and Hall (2011) conducted a qualitative descriptive study to explore the perceived barriers to entering nursing as a profession among Hispanics/Latinos. Employing the focus group strategy, the authors interviewed 13 members of a community in western North Carolina who had experienced a large influx of individuals of Latin American origins. Neubrander and Hall found that lack of knowledge or guidance about nursing as a career, cultural factors, and the need for financial support were the biggest barriers described by the participants.

Stroup and Kuk (2015) conducted a multi-institutional study to examine the career interests and self-efficacy of Hispanic/Latino students for a career in nursing. The authors included 961 participants (240 were Hispanic) and utilized the Career Search Questionnaire. This tool included 48 Likert-scale items with five possible responses each. The sample was obtained from three public state universities and one community college in the western United States with a significant Hispanic/Latino population; three of the institutions were Hispanic/Latino serving institutions. Findings indicated Hispanic/Latino students were just as interested in and had high feelings of confidence about activities associated with a career in nursing compared with non-

Hispanic/Latino college students. Gender was found not to be statistically significant for Hispanic/Latino students.

Perceptions of English as an Additional Language Students in the Clinical Setting

Using narrative inquiry, James (2018) interviewed a single ethnically diverse nursing student who spoke EAL and was of Indian descent who successfully completed nursing school. Results included three themes: family, language, and persistence. First, family was found to be a source of additional stress for this student but the support family members provided outweighed the negatives (James, 2018). Next, linguistic challenges due to English proficiency could lead to culturally insensitive behavior and discrimination, making school more difficult. Lastly, persistence was a deeply individual phenomenon that was difficult to generalize or quantify but could lead to success (James, 2018).

In the literature review of Olson (2012) previously presented, the author described that EAL nursing students had difficulty introducing themselves, making small talk, and understanding patient requests as well as difficulty when communicating with the nursing staff. Additionally, EAL students had difficulty understanding directions given by nurses but could be embarrassed to ask questions, resulting in verbal retreat (Olson, 2012).

Sedgwick et al. (2014) employed a mixed-methods approach using surveys and individual interviews to determine how minority students experienced a sense of belonging in the clinical setting. A total of 461 students responded to the questionnaire with 41 students who self-identified as minorities (three participants were Hispanic). The authors found a sense of belonging was dependent on their interactions with registered nurses, clinical nursing instructors, and student peers they worked with in clinical. When encountering positive experiences, these students had a higher sense of belonging while negative experiences severely impacted

belongingness (Sedgwick et al., 2014). Although this study did not specifically describe how EAL nursing students experienced a sense of belonging in clinical and no specific study was found that addressed this, EAL students reported a sense of isolation and could experience similar barriers like the ones described in this study.

Gap in the Literature

The literature clearly denoted the various challenges faced by EAL nursing students while navigating nursing education. Various interventional studies were described in the literature review but most studies included a mix of minority or international EAL students with few focusing specifically on Hispanic/Latino nursing students. The literature described that Hispanic/Latino EAL students had a desire and perceived self-efficacy in nursing as a career but struggled with social, linguistic, cultural, and financial issues. Hispanic/Latino EAL nursing students also had higher attrition rates and lower NCLEX pass rates than White female nursing students. There is a need for research exploring the experience of Hispanic/Latino EAL nursing students' and their specific needs while navigating nursing school.

Exploration would help educators understand how Hispanic/Latino EAL nursing students experience academic life. Understanding these experiences would guide educational interventions to facilitate success for these students. Successful graduation of Hispanic/Latino EAL students is vital in increasing the nursing workforce's diversity and reducing health disparities amongst ethnic and racial minorities in the United States, especially those of the Hispanic/Latino population, which is the largest minority. Since communication and language have been identified as the number one predictor of success in these students, further exploration of these issues is necessary to facilitate the development of effective interventions.

CHAPTER III

METHODOLOGY

The purpose of this phenomenological study was to explore the lived experiences of prelicensure Hispanic/Latino nursing students with EAL in the academic setting. To address the research questions posed in this study, a transcendental phenomenological approach was utilized. This approach followed the branch of phenomenology founded by Husserl (Creswell & Poth, 2018). Phenomenology is a wide philosophical movement starting with Husserl's works (Husserl & Heidegger, 1964). Qualitative research involves the use of interpretive, naturalistic methods where the researcher studies people in their natural setting to interpret a phenomenon of interest (Bloomberg & Volpe, 2019). Moustakas's (1994) transcendental phenomenology is focused more on description of the experience of the participants and less on interpretation. This approach involves collecting data from individuals who experience a phenomenon and the researcher then identifies significant statements to develop themes. The researcher then provides a list of experiences of these participants and develops a structural description of their experiences that includes conditions, situations, or context, resulting in a description that explains the overall essence of that experience (Moustakas, 1994).

According to Omery and Mack (1995), phenomenology holds that reality consists of the meanings in a person's lived experience. Each individual experiences the world in a unique way that is ever changing. This study aimed to explore how Hispanic/Latino EAL nursing students experienced nursing school and described the essence of this experience. Phenomenology was suited for this study as it could provide descriptions of the experiences and perceptions of these

nursing students (Holloway & Wheeler, 2009). Phenomenology is meant to take the shared meaning of lived experiences for several individuals (Creswell & Poth, 2018). The researcher aimed to describe the essence of this lived phenomenon while bracketing individual experiences as a former undergraduate nursing student with EAL.

As Hispanic/Latino EAL nursing students navigate academic life, they face individual experiences that shape their learning. The following sections provide an overview of the study design including its philosophical and interpretive frameworks, methods, and ethical considerations.

Researcher Lens

Creswell and Poth (2018) described it as essential for the researcher to discuss their personal experiences, prior knowledge, and views on the research topic to be studied. It is important to clarify personal and professional information that might affect the research process including data collection and analysis. In the following paragraph, the researcher describes personal experiences and views on the research topic.

The researcher is a current BSN faculty member in a public university deemed one of the top in the nation for diversity in its student body. Despite having a diverse student body within the school of nursing where the researcher works, admission rates for Hispanic/Latino nursing students lag that of other ethnic/racial groups. Additionally, as an educator, the researcher noted the diversity seen within this institution was not the norm in other regions of the United States and the diversity in student body was not mirrored in the faculty body as the researcher was the only current faculty member in the undergraduate program of Hispanic/Latino origin who spoke EAL. The researcher is also a Hispanic/Latino immigrant from Mexico deemed an early arriver who navigated the educational system, feeling like an outsider and a "non-traditional" student due to being undocumented. As a current educator, the researcher has worked on diversifying and transforming

admission practices within their respective program in the push to diversify the nursing workforce. This work included chairing the Diversity, Equity, and Inclusion Taskforce as well as participating as a member of the Holistic Admissions Taskforce within the school of nursing

Epistemology

Epistemology is the study of how people gain knowledge, ascribe meaning to it, and define truth (Crotty, 2015). Phenomenology helps to define the phenomena on which knowledge claims rest, according to modern epistemology. On the other hand, phenomenology itself claims to achieve knowledge about the nature of consciousness, a distinctive kind of first-person knowledge, through a form of intuition. Transcendental phenomenology views knowledge as something individual to a person's experience and does not aim to interpret but to describe that experience. The way knowledge is gained through the phenomenological lens is from an individual's experience of a phenomenon and evidence for this form of research is derived from first-person reports of life experiences (Moustakas, 1994).

Theoretical Perspectives: Phenomenology

Phenomenological research explores and describes phenomena and derives collective meaning from people's lived experiences related to a specific phenomenon (Crotty, 2015; Holloway & Wheeler, 2009). Phenomenology in qualitative research has been adapted and used as a framework. Although several schools of phenomenology exist, the broad goal of each school remains the same—to increase knowledge and insight into a specific phenomenon as experienced by individuals (Holloway & Wheeler, 2009).

Moustakas's (1994) transcendental phenomenology model was the chosen approach to this research. Transcendental phenomenology as developed by Husserl is a philosophical approach to qualitative research methodology seeking to understand human experience (Moustakas, 1994). Transcendental phenomenology is grounded in the concept and conditioned

upon setting aside all preconceived ideas (epoche) to see phenomena through unclouded glasses to allow the true meaning of phenomena to naturally emerge within their own identity (Moustakas, 1994). Moustakas described the role of the researcher is to hone in on active listening skills and to determine what would be viable research data. Moustakas's transcendental phenomenology model coincided with this researcher's approach: to provide clarity by involving data collection and analysis through epochē, phenomenological reduction, imaginative variation, and synthesis.

Research Questions

The following research questions were addressed in this study. An interview guide with open-ended questions can be found in Appendix A.

Q1   What are the lived experiences of Hispanic/Latino EAL nursing students in the academic setting?

Q2   What do Hispanic/Latino EAL nursing students perceive as strengths and challenges?

Q3   How do culture and multilingualism impact Hispanic/Latino EAL nursing students' experiences in nursing school?

Setting

The study used a two-pronged sampling strategy with the goal of accessing Hispanic/Latino nursing students from across programs. First, the researcher used specific social media platforms for the National Association of Hispanic Nurses, the International Students Association, and Teachers Transforming Nursing Education to advertise the study and invite potential participants. Second, specific schools of nursing in Nevada and California within Hispanic-servicing institutions served as recruitment sites including Nevada State College, California State University-San Bernardino, California Baptist University, and Loma Linda University.

Participants

Inclusion criteria for the study participants were nursing students who are adults, were actively enrolled in a BSN nursing program or recently graduated from a BSN nursing program (within one year), self-identified as being Hispanic/Latino, and spoke EAL. The students should have completed at least one semester of their respective programs to ensure they had at least one semester of clinical and didactic experiences. Licensed nurses included only those with one year or less of experience (i.e., newly licensed nurse).

The researcher approached educators at their respective sites or via social media to ask if they can distribute the recruitment flyers (see Appendix B) within their institutions after Institutional Review Board approval (see Appendix C). The flyer included basic information about the study, the researcher's contact information, and informed the participants they would participate via virtual platform in a one-on-one interview. Additionally, recruitment was done by contacting social media groups of nursing students including members of the National Association of Hispanic Nurses and the International Students Association. If a potential participant was interested, the researcher provided them with additional study information. If the individual met selection criteria and volunteered to participate, the researcher reviewed the informed consent form (see Appendix D) and scheduled an interview at a convenient time for the participant.

Data Collection

A blend of purposeful, criterion, and convenience sampling methods was utilized to recruit participants. Purposeful sampling aims to select individuals from whom the researcher could learn the most about the topic of interest (Merriam & Tisdell, 2016). Criterion sampling refers to picking cases that meet some prespecified criterion (Creswell & Poth, 2018), which

referenced this study's inclusion criteria. Convenience sampling allows the researcher to solicit their sample based on the availability of sites and respondents (Merriam & Tisdell, 2016). The sample size for a qualitative study utilizing phenomenology is described as an adequate number of interviews to reach saturation of data and redundancy in responses (Creswell & Poth, 2018; Merriam & Tisdell, 2016). A typical sample size for a phenomenological study is between 3 and 10 participants but similar studies reviewed included anywhere from 4 to 28 subjects (Creswell & Poth, 2018). The researcher planned to include approximately 15 participants, expanding the sample until saturation was reached. Saturation was achieved when the researcher continued to hear repeated information without additional insights or new information (Creswell & Poth, 2018).

Before conducting the interview, the researcher reinforced the study's purpose, review the consent form (see Appendix D), and answered questions. Each participant was provided two copies of the informed consent, one for their records, and one that was signed and retained. Further, the researcher requested each participant complete a short demographic survey (see Appendix E). When collecting data, the researcher implemented epoche, meaning the researcher set aside prejudgments, creating a welcoming and receptive environment for the study and the participant (Moustakas, 1994).

Data were collected via individual, virtual interviews. Each interview was conducted by the researcher in a private location and audio recorded. Additionally, field notes were taken to collect observational data that could not be captured through audio recordings. The interviews were guided by a list of predetermined questions to provide consistency and started with a grand tour question (see Appendix A: question 1) using a conversational tone. The participants were informed they could provide answers to the questions in Spanish or English since the researcher

was bilingual and fully fluent in both languages to allow participants to speak openly in the

language of preference. The researcher observed for cues and asked each participant to expand

further after each question when appropriate. If at any point the participant became

uncomfortable or distressed, the interview was interrupted and halted. A semi-structured format

allowed for follow-up and probing questions, producing a conversational response, and

ultimately depended on the responses of each participant (Merriam & Tisdell, 2016).

<div style="text-align:center">Data Analysis</div>

The Moustakas (1994) transcendental phenomenology model was utilized to analyze the data

collected. This process involved phenomenological reduction, synthesis of textual description, and

analysis (Moustakas, 1994). Phenomenological reduction was employed to reduce researcher bias,

beliefs, and preconceptions of the phenomenon. The researcher needed to diminish personal past

experiences of being a Hispanic/Latina EAL speaking undergraduate nursing student who

immigrated to the United States as a child.

Analysis of the data began after the first interview was concluded and continued after

each interview. First, the interviews were electronically transcribed and sorted; these, along with

field notes, were analyzed for themes. The four-part process of data analysis proposed by

Moustakas's (1994) transcendental phenomenology model was followed. This process was

implemented after each participant interview until saturation was reached.

- Step 1: Epoche. Set aside judgement, prejudice, view phenomenon with fresh
  eyes. Review transcripts verbatim.

- Step 2: Phenomenological Reduction. Involves describing in textual language
  what one sees. Identify units of meaning. Horizontalization where all experiences
  have equal value. Outcome of step 2 is a textual description of phenomena.

- Step 3: Imaginative Variation. From textual descriptions construct the structure of the phenomena. This step requires imagination and intuition to reflect the themes pertinent to the phenomena.

- Step 4: Synthesis. Combine textual and structural descriptions to form the essence of the experience.

The first cycle of data analysis involved ensuring the accuracy of the transcriptions. This process included listening to, reading, and revising all transcriptions and making necessary corrections if needed. This step and all steps included epoche, which is described as setting aside any prejudice or judgment. The researcher kept a journal of own thoughts while bracketing them to ensure accuracy with data analysis. The initial coding also involved organizing data and looking for units of meaning. The data were organized utilizing the interview guide to identify and differentiate between the questions/topics. Next, the researcher began to code data by finding and organizing ideas and concepts of the participants related to the research questions. This involved creating categories based on the questions while minimizing potential bias to create common themes. The next process involved the horizontalization process (Moustakas, 1994). This involved looking for significant statements made by the participants about their experiences. Any irrelevant responses were sorted onto a separate sheet to determine later for use in the analysis process or discard them. The last step involved creating clusters of meanings out of the themes. For this process, both Moustakas (1994) and van Manen (1990) described it as important to remove any unsupported statements from the main responses. Next, textual descriptions from each cluster of themes were created. Finally, identification of the overall big picture of how participants conceptualized their lived experience of academic life as a

Hispanic/EAL nursing student emerge. In summary, an essential structure of the phenomenon was formulated.

Ethics

According to Moustakas (1994), "human science researchers are guided by the ethical principles on research with human participants" (p. 109). Before conducting the study, the researcher received Institutional Review Board approval from the respective institutions. The type of Institutional Review Board status requested was exempt since it involved no more than minimal risk to participants, included appropriate informed consent procedures, and participation was voluntary. Data for this research were collected through one-on-one interview procedures that were audio-recorded from non-vulnerable adults in an established or commonly accepted educational setting. The information obtained was recorded by the researcher in such a manner that the identity of the human subjects could not be readily ascertained directly or through identifiers linked to the subjects. Risks for this study were no more than participants would encounter in daily life.

The researcher obtained informed consent from each participant via email and during the virtual zoom meeting. Once the participant was deemed to meet inclusion criteria, the consent form was emailed to them for review. During the scheduled meeting, the researcher again reviewed the consent form with the participant and answered any questions they might have. Participation was voluntary; they were allowed to stop the interview, skip questions, or drop out of the study at any point if they so desired. All interviews were conducted privately in a convenient location that offered a relaxed atmosphere for participants via virtual platforms. This study had minimal risk but the researcher was mindful that participants might potentially experience distress if recalling a personal experience that caused emotional distress. Therefore,

counseling services were offered if needed to the University of Northern Colorado Counseling Center or the counselor of the participant's choice.

Personal identifiers were removed from collected data to protect participants' anonymity and names will be replaced with a pseudonym. Transcripts, field notes, and audio recordings were stored on a password-protected computer for the study's duration. The demographic surveys and informed consent were placed separately from other data in a locked cabinet and will be destroyed after three years. Confidentiality was preserved by analyzing results using composite analysis and reported in aggregated format. Finally, only pseudonyms were used in the final report and any subsequent publications or presentations.

The participants received an Amazon gift card for their participation. An additional benefit of this study was the participant responses provided valuable information to aid in positively informing and changing educational practices to improve educational practices for EAL nursing students.

Rigor and Trustworthiness

To ensure the trustworthiness of the findings, the researcher engaged in triangulation of data. According to Creswell and Poth (2018), triangulation refers to making use of multiple and different sources, methods, and theories to provide corroborating evidence. Interviewing various participants allowed the researcher to gather multiple perspectives that might corroborate beliefs, attitudes, and experiences. While engaging in data collection, the researcher set aside their presuppositions to avoid influencing the data, also known as bracketing or epoche (Crotty, 2015). The researcher also had other qualitative experts involved who reviewed the thematic coding and audit trial to gain an understanding of decisions made throughout the process.

Rigor and dependability were achieved by accurately documenting the processes undertaken step by step. The researcher created a codebook to document significant statements, meanings, and themes (Creswell & Poth, 2018). This detailed documentation enables the reader to review and analyze whether appropriate research methods were followed. To further support the trustworthiness of data after the interviews were completed, the researcher performed member checks—the process of increasing the accuracy of data by allowing participants to analyze the findings and provide feedback (Creswell & Poth, 2018). By confirming the researcher accurately interpreted their beliefs, feelings, and experiences, trustworthiness was increased. Lastly, the researcher developed an audit trail during the data analysis process. According to Merriam and Tisdell (2016), an audit trail describes in detail data collection, category development, and rationale throughout the research process. The researcher created an audit trail in a codebook format that included reasoning for the development of each code from interview transcriptions and the development of themes.

Due to their nature, qualitative studies cannot be replicated; thus, the researcher ensured trustworthiness by employing triangulation, bracketing, member checks, and audit trails. The use of these strategies ensured the findings were consistent with the data presented and trustworthy (Merriam & Tisdell, 2016).

Limitations

There are limitations to the phenomenological approach in research and these are discussed as follows. The first limitation was that of researcher bias (Moustakas, 1994). Moustakas (1994) describes that researcher bias is the preconceived judgement or view a researcher brings to the process of research. The researcher had experiences as a former undergraduate Hispanic/Latina nursing student, which could be like the participants in this study. This could affect the data analysis process; therefore, implementing epoche required a regimented approach by setting aside prior

experiences and focusing on the topic. Throughout this project, the researcher aimed to reduce the potential for and impact of researcher bias through auditing and reflective journaling. Next, the phenomenological process is a step-driven process, which is regimented or rigid. The regimented approach potentially limited the flexible and fluid nature of the human experience and conveyance of those experiences. Lastly, trustworthiness and credibility could be questioned as there were multiple possibilities for bias influence. As a result, triangulation and member checking ensured the literal, and not interpreted, understanding of the experience was reflected in the research findings.

Conclusion

In this research plan, the lived experiences of Hispanic/Latino nursing students were explored through a phenomenological, theoretical lens to deliver the essence of this phenomenon. This phenomenological design utilized Moustakas's (1994) transcendental, phenomenological model to analyze data from currently enrolled BSN-seeking, Hispanic/Latino EAL nursing students. Using Moustakas's approach, the researcher developed textual and structural descriptions, resulting in a detailed description of the phenomenon in question (Creswell & Poth, 2018). Importantly, the researcher employed specific methods to ensure the study's ethical integrity and trustworthiness.

CHAPTER IV

FINDINGS OF THE INQUIRY

The purpose of this phenomenological study was to explore the lived experiences of prelicensure Hispanic/Latino nursing students with EAL in the academic setting. Qualitative research was used in this study to explore the lived experiences of prelicensure baccalaureate nursing students who speak EAL. A total of 14 participants were interviewed over the course of two months beginning in October of 2022 and ending in December of 2022. The overall findings of this study are presented in this chapter including the major themes as well as some demographic information about the participants. Data saturation was achieved after interviewing 12 participants and an additional two were interviewed to confirm saturation. The following are described throughout this chapter: sample description and demographics, individual textual and structural descriptions, themes, and an overall essence of the experience of these participants.

Sample Description

In phenomenological research, purposeful selection of participants is key for a qualitative study (Creswell, 1998). A purposive sampling method was used to explore and provide insight to the lived experiences of Hispanic/Latino baccalaureate nursing students who speak EAL. Participants were recruited via social media through various organizations as described in the methods sections. Those who were selected to participate in this study met the criteria of being enrolled in a baccalaureate nursing program, had completed at least one semester of their respective programs, or they were new graduate nurses who graduated within one year from the time of interview. Participants had to self-identify as Hispanic or Latino and speak EAL and be

willing to share their lived experience. This ensured all participants had experiences related to the phenomenon of interest.

The sample size for this study was 14 nursing students who were currently enrolled or recently graduated from a nursing baccalaureate program. All participants who met inclusion criteria, indicated interest, and signed the consent form were ultimately interviewed. Participants were enrolled in programs across multiple states within the contiguous United States.

Demographic Representation

The participants were purposefully selected for participation in the study to explore the lived experience of Hispanic/Latino nursing students who speak EAL. Each participant was screened and selected based on the following criteria: (a) currently enrolled in a BSN program and completed at least one semester of their respective programs, (b) graduated within one year (is a new graduate), (c) self-identified as Hispanic or Latino, (d) spoke EAL, and (e) was willing to participate. The sample included nursing students living in California, Nevada, Oregon, Washington, Idaho, Florida, and Massachusetts. Demographic data are shown below in Table 1 and participant descriptions are presented in Table 2. Some participants identified as White or other for race and all participants identified as Hispanic/Latino for ethnicity. Some Latinos identified as "White" due to the mix of indigenous and Spaniard colonization. According to Lopez et al. (2022), the Census Bureau described that Hispanics could be of any race because "Hispanic" is an ethnicity and not a race.

Table 1

Demographics of Participants by Gender, Ethnicity, and Educational Level

Variable	$N= 14$	%
Gender		
Female	13	92.86
Male	1	7.14
Participants Grouped by Ag		
18-24	8	57.14
25-34	6	42.86
Educational Level		
High school diploma	4	28.57
Associates	2	14.29
Bachelors	7	50
Masters	1	7.14
DNP	0	0
Ph.D.	0	0
Average years of school completed in the U.S.	17	
Student Nurses and New Graduates		
Currently enrolled in BSN program	11	78.5
New graduate nurses (less than 6 months)	3	21.4
Race		
White	5	33.33
Black/African American	0	0
American Indian or Alaska Native	0	0
Asian	0	0
Native Hawaiian or Alaska Native	0	0
Other	10	66.67
Ethnicity/Hispanic Latino origin		
Mexican or Mexican American, Chicano/a	11	76.48
Salvadorean	1	7.84
Colombian	1	7.84
Mexican and Guatemalan	1	7.84
Marital Status		
Single	10	71.43
Married	3	21.43
Divorced	1	7.14

Table 1 Continued

Variable	*N*= 14	%
Employment Status		
Full-time (40 or more hours per week	6	28.57
Part-time	3	21.43
Unemployed	1	7.14
Student	6	42.86
Primary Language spoken at home		
Spanish	10	71.42
English	2	14.28
Spanish and English	1	7.14
Spanglish	1	7.14
Average Years Speaking English	15.92	
Other languages spoken: American Sign Language	1	
State of Residence		
California	2	14.2
Florida	1	7.14
Nevada	2	14.28
Oregon	5	35.71
Massachusetts	1	7.14
Idaho	2	14.2
Washington	1	7.14

Note. Participants were allowed to pick more than one category for race and employment status.

Table 2

Description of Participants

Participant	Age	Gender	Years Speaking English	Ethnicity	Highest degree
Mariana	25-34	Female	15	Colombian	Masters
Tatiana	25-34	Female	24	Mexican and Guatemalan	Bachelor
Arturo	25-34	Male	20	Mexican	Bachelor
Katia	25-34	Female	25	Mexican	Associates
Genoveva	25-34	Female	21	Mexican	Bachelor
Patricia	25-34	Female	10	Mexican	Bachelor
Mayra	18-24	Female	21	Mexican	Associates
Guadalupe	18-24	Female	17	Mexican	High School Diploma
Laura	18-24	Female	15-16	Mexican	Bachelor
Marisol	18-24	Female	19	Mexican	High School Diploma
Cristina	18-24	Female	18	Mexican	High School Diploma
Carmelina	18-24	Female	18	Salvadorean	Bachelor
Paulina	18-24	Female	20	Mexican	Bachelor
Manuela	18-24	Female	20	Mexican	High School Diploma

Characteristics of Participants

Participants in the study all met the inclusion criteria needed to participate in the study. Confidentiality was maintained by giving each participant a pseudonym to conceal their identity. Of note, all participants were given the opportunity to pick a pseudonym but the majority did not have a preference and asked the researcher to pick a name for them. Participation in the study was voluntary and consent forms were obtained prior to the beginning of all interviews, which

were video and audio recorded via the Zoom platform with the participant's permission. The following descriptions of the participants were obtained from information provided by each participant using the demographic questionnaire, interview recordings, and any observations noted that were entered into journals.

Mariana identified herself as a White female of Colombian descent aged 25-34. She has a master's degree in psychology and previously worked as a therapist before completing nursing school. She had been working as a new graduate nurse for six months at the time of the interview. She immigrated to the United States from Colombia with her parents at a young age and reported she has been an English speaker for 15 years.

Tatiana is a currently enrolled nursing student in a baccalaureate program reported to be of Mexican and Guatemalan descent. She is a female aged 25-34 who identified as other in the category of race. Tatiana described she began speaking English since the first grade in elementary school and had spoken English for 24 years.

Arturo identified himself as a White Mexican male aged 25-34. He reported he had been speaking English for 20 years and had primarily spoken Spanish in the home with his family. He is a nursing student with two years completed in his program at the time of the interview.

Katia identified herself as *other* in the race category and of Mexican ethnicity. Her age is 25-34 and she reported speaking both Spanish and English in the home most of her life. She reported being an English speaker for 25 years.

Genoveva identified as a Mexican female aged 25-34 years old. She reported she started learning English at the age of six and spoke English for 21 years. She is in her third year of nursing school and had a bachelor's degree in health sciences before starting nursing school. She worked as an engineer technician prior to starting the nursing program.

Patricia identified as a Mexican female who is a nursing student for six months. She reported she had a bachelor's degree in public health prior to starting nursing school. She is 25-34 years old and has been speaking English for 10 years.

Mayra identified as a Mexican female aged 18-24. She is in her senior year of her nursing program and has spoken English for 21 years. She speaks primarily Spanish in the home.

Guadalupe is a female age 18-24 identified as Mexican and is in the second year of her nursing program. She has been speaking English for 17 years and speaks primarily Spanish in the home.

Laura identified as a female aged 18-24 who is a new graduate nurse. She has been working as a registered nurse for two months and is currently enrolled in a nursing graduate program. Laura also reports she has been speaking English for 15 or 16 years and primarily speaks Spanish at home.

Marisol identified as a White/Other Mexican female aged 18-24. She has been speaking English for 19 years and is a senior in her nursing program.

Cristina is an 18–24-year-old female who is of Mexican descent and describes herself as first generation Hispanic or Latina. She has been speaking English for 18 years and she primarily speaks Spanish in the home.

Carmelina self-identified as a White Salvadorean female age 18-24. She is a new graduate nurse who has worked for one month in an outpatient nonprofit community health center. She reported she primarily speaks Spanish at home and has spoken English for 18 years.

Paulina identified herself as Other for race and Mexican for ethnicity. She reported she was 18-24 years old and spoke English for 20 years. She is a new graduate nurse who finished

her program one month ago. Paulina reported that prior to completing her nursing degree, she had a bachelor's in public and behavioral health.

Manuela self-identified as Other for race and Mexican for ethnicity. She is a female aged 18-24. She primarily speaks Spanish at home and has been speaking English for 20 years. In addition to speaking English and Spanish, she reported she also was fluent in American Sign Language.

Findings

Transcendental phenomenology is the process of looking at experience with an open mind and describing textually what one sees, not only in terms of the external object but also the internal act of consciousness, the experience of such, and the rhythm and relationship between phenomenon and self (Moustakas, 1994, p. 90). Transcendental phenomenology was chosen for the study as the preferred method to explore and understand the meaning of lived experiences of Hispanic/Latino BSN nursing students who speak EAL. Prior to collecting data, approval from the University of Northern Colorado Institutional Review Board was sought and obtained (see Appendix C).

Interviews were conducted over Zoom with 14 participants at a time mutually agreed upon. Information about the study was given to the participants including informed consent. The researcher answered any question they had about the study and its procedure. Once informed consent was obtained from each participant, a $15 Amazon gift card was sent via email to participants, which they were told to keep even if they chose not to complete the study. All interviews were video and audio recorded on Zoom with the approval of the participants. The researcher journaled thoughts, nonverbal cues, and observations made after each meeting ended. The researcher transcribed interviews verbatim, which was an intense and laborious task. After

transcribing concluded, the video recordings were deleted. Participants were followed up for member check completion and were also asked to provide a preferred pseudonym. Transcripts from each interview were analyzed following specific procedures as described by Moustakas (1994).

The researcher brought to the surface her own experiences with the phenomenon, known as epoche or bracketing prior to analyzing data. The researcher recalled personal experiences that occurred over 20 years ago when she was enrolled as a BSN nursing student. Before starting the interview process, the researcher journaled about her BSN experiences by answering the questions in the interview guide and remembering these experiences. These experiences were meaningful and as the researcher reflected upon them, she cleared her mind of these experiences to set aside any prejudgment and reduce bias. This was an ongoing process since some of the circumstances and experiences the participants described in their interviews were relatable to the researcher. Disconnecting from those experiences was meant to decrease the possibility of these memories influencing the data analysis process. After undergoing the bracketing (epoche) process, the researcher proceeded to listen to all recorded interviews several times to identify significant statements from the study's participants. These statements were identified and then clustered into meaning units or themes. The researcher then synthesized the themes identified into a description of the participant's textual and structural descriptions. Finally, an overall description of the meanings and the essence of the experience of Hispanic/Latino BSN nursing students who speak EAL was constructed.

Member checks were completed by contacting the participants after the data analysis portion of the study was concluded to ensure the researcher's biases had not influenced the data (Creswell & Poth, 2018). All participants who responded agreed with the findings; two did not

respond despite multiple attempts to contact them. One follow-up interview was needed and completed after transcription for the purpose of clarification. A review of data analysis, transcripts, and themes was also conducted by the research advisor who concluded that the researcher's analysis was accurate and complete.

Themes

The researcher transcribed a total of 14 interviews word for word. Saturation was achieved by the 12th interview with an additional two interviews added to confirm actual saturation was obtained. Analysis of data included reading and re-reading through each transcript while simultaneously watching and listening to the video recordings. Additionally, the researcher also read through journals and field notes. These were conducted in the process of extracting meaning units or significant themes that described students' experiences in nursing school. Moustakas (1994) described horizon as a process utilized during the creation of themes. This process was achieved by viewing all significant statements as having an equal value without any judgement or value attribution, being perceived as parts of the same horizon of the phenomenon. Moustakas indicated that in transcendental phenomenology, there are multiple reviews of each transcription, listening for voice and emotion, along with field notes describing demeanor, mood, and non-verbal reactions. The researcher used the process of epoche continuously throughout the study to set aside any personal bias and prejudgments. The data collected yielded the following themes and subthemes (see Figure 1):

1. Serving a Greater Purpose (Sirviendo un Proposito Mayor)

2. Double-Edged Sword (Espada de Doble Filo)

    a. Challenges (Retos)

    b. Strengths (Fortalezas)

3.   Culture Is Connection (Cultura es Conexión)

4.   Facilitators (Facilitadores)

Figure 1

Major Themes and Subthemes of the Lived Experience of Nursing Students who Speak English as an Additional Language
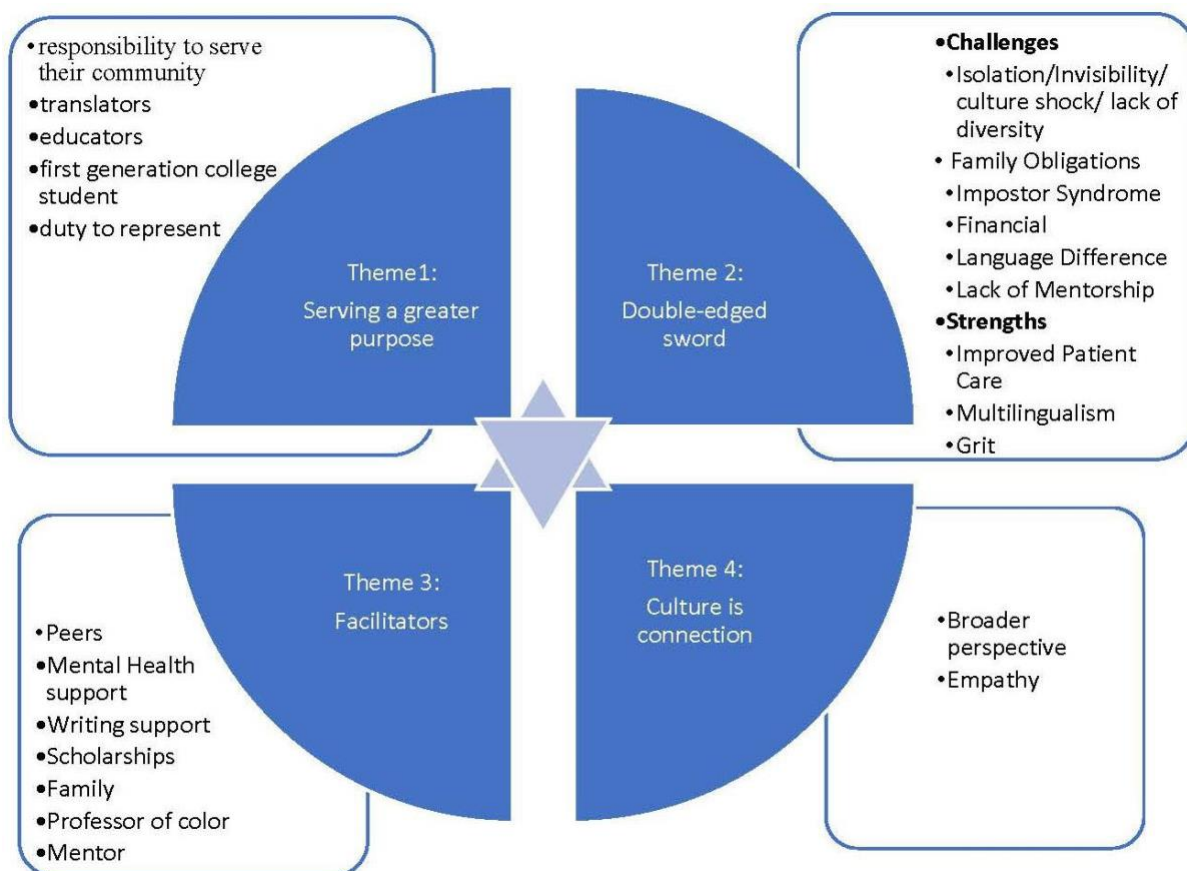
The findings are presented in the form of textural and structural descriptions of each participant. A textural description is a verbatim narrative that explains the participants' perceptions of a phenomenon (Moustakas, 1994). Structural descriptions are those that provide

the how of the experience (Moustakas, 1994). Textural and structural descriptions are followed

by composite and textural and structural descriptions and finally synthesis of the findings.

The researcher interviewed participants who are bilingual and as described in the

methods section and interview guide, each was instructed to respond in a manner most

comfortable to them. This was meant to allow each participant to speak freely in either English

or Spanish and sometimes meant going back and forth between both languages described as

Spanglish. As such, the researcher who is also bilingual presents narratives that include English

and Spanish. The researcher presents Spanish quotes followed by a translation into English. All

translations of passages quoted are the researcher's.

Theme 1: Serving a Greater Purpose
(Sirviendo un Proposito Mayor)

Merriam Webster (n.d.) dictionary defines a greater purpose as a more meaningful reason

to live or work. Many participants described picking the profession of nursing as a calling or

career that would fulfill a greater purpose. Many described witnessing the struggles of family

members, community members, or patients and described themselves as fulfilling the role of

translating, helping navigate health care, educating, and connecting with the populations they

served. They saw themselves as serving a greater purpose beyond just caring for individual

patients. They described a sense of responsibility to serve their community as well as educate

family, peers and patients.

> **Mariana**: When I enter a patient's room, I just feel like I can make an impact ... when I can make a difference even for one second to make their day better and it's great. I don't worry about what others think of me or who I work with. I feel like it's great and I can advocate for patients.

> **Tatiana**: When I was a medical assistant, and I worked with kids, and I really like the hands on and at that time I was working with the Latino population, too, so I felt like my work was serving a greater purpose than just the health field. I felt like I was really helping people understand their healthcare. I worked in various other healthcare related

roles, and these healthcare roles were in some way helpful to the populations that I was working with mainly via translation and interpreting services where I used to live was near the Mexico border, I saw and helped a lot of Latino people in healthcare. A lot of people don't know about their insurance and medical services and the process of authorizations and orders. I felt like I always had some kind of a like invisible helping hand….. And so I kept trying to get into entering programs in California, and it was hard, and Oregon was a little less competitive, so I got into one here, and here I am. I'm looking at from a different lens now where before it was more rigid about insurances and policies and now it's more about the helping hand I feel like following the policies of the institutions of the Medical Center that I work with but it's more I guess like in person contact.

Arturo: Growing up bilingual you always had to translate for your parents when you go into the hospital setting…. try and translate medical terminology from the doctor to your parents, and vice versa, or just in general anywhere that you had to go and always found that very frustrating for me especially, you know, being 10,11, 12, not knowing some of the lingo or the terminology that was being told…..So I kind of find out that, you know, every time we go to the hospital it's always a stressful time, and it always seemed like the interpreter, for the hospital was always busy. So you would have to wait a really long time.. so I noticed that if I was able to be in that role I would be able to help out people in that sort of situation.

Arturo went on to say,

I wouldn't be able to help out a big percentage of the population but it would be a change for the people that I would be treating and trying to bridge that gap so we don't have to wait for an interpreter….and so that was something that really amplified my wanting to be a nurse, especially through OHSU just because of the comfort and the care and everything that they've been providing and seeing how little things like that make such a huge difference. I was a screener for a while at a hospital, and it's a very rural area and the Hispanic population is very limited, and so there'd be a couple of people who would come in, and they'd have trouble finding out where they need to go and I'll jump in and say , Oh, you need to be here, then you can see in their face a sign of relief….like, Oh, thank God somebody understands just to guide me and so just a bunch of little experiences like this kind of put me towards the place that I want to be that person that helps somebody else. I know, what it's like to be in those shoes, and if I can do something to prevent somebody from going through that, that is something I want to do.
Katia described having a calling for the nursing profession:

It's kind of cheesy to say but I had a calling to be a nurse… I think it was the caring for others, I was the oldest in my family so caring for my little sister, the baby, nurturing her, was always part of who I was. I always, found myself that what I wanted was healthcare. I feel I've always just had that calling, I guess, just helping others, it's something that makes me feel good.

Genoveva: I was just looking for higher education, and a field that I thought would be meaningful and full of purpose. I was an engineering tech at intel for 6 years and I guess it just wasn't really a good place for me. It wasn't the background that I had I originally got a bachelor's degree in the health science and so this was kind of a route that I'd always wanted to take.

Patricia: I saw the need. But I also saw the need in the medical field especially with you know patients that got diagnosed with breast cancer colon cancer diabetes and had to go to the doctor, and they would call us hey? I need an interpreter, and it was phone call after phone call…my doctor is not understanding me…. interpreter didn't do a good job I didn't feel that she really, or they really you know. "Lo dijeron como yo queria que lo dijera (stated it the way I wanted them to say it)." So I was like, Oh, my gosh there's so much need, and I'm so passionate about the healthcare and access to healthcare. My parents are undocumented. So, a lot of the people we were serving, reflected my family with no access to health insurance and worried about paying bills… and I felt like I wanna do more, and I think as a nurse I can identify with the culture and help la comunidad, help la raza (help the community, help the people).

Mayra: I've grown into wanting to be able to help people being able to spread that help not just in my career field, but being able to give that knowledge, and sharing it with my family, with extended family and just other people that are close to me. I'm really about giving care, and especially I feel for me as being a Latina I really enjoy being able to be there for people that are not bilingual. I offer myself up to help them communicate, in any way that I can, and I know there's obviously a limit to what I can help with, but I try to as much as I can, because I've grown up, seeing my parents struggle through it I've been translating for them all my life.

Guadalupe: When I was twelve, I went to go visit my abuelita (grandmother) who lives in Mexico, and I saw the rancho (ranch or small town) that she was living in and they don't have caretakers and curanderas (a female folk healer or medicine woman) and they have you know traditional healers nearby but they don't have nurses in the neighborhood. They don't have people who really know about medicine in the neighborhood, and I thought, you know, maybe that could be me.

Marisol: I wanted to pursue a career in nursing because I like to help people, and I like when I make someone's day like a little bit better... and I also feel like in Las Vegas there's a lot of Spanish speaking people and I've noticed going to the hospital most of the time they need a translator, so it would be cool if I can help my community with the Spanish speaking community out while I'm a nurse too.

Carmelina: I was able to live through what my parents were going through when they went to, for example, a doctor's office. A lot of times, they didn't have an interpreter, so I was left interpreting for them as like 6-year-old, a 7 year old, and It's really a big challenge as a kindergartener to go through that. And so, I knew that I wanted to help people in my community that have grown up in a way that I have, you know, as English being our second language. And, I just never saw in like the hospitals or in the doctor's office, I

never saw people that looked like me or my family, I Just saw people that didn't know a second language, and so I feel like that's really what made me want to work in healthcare.

Paulina: My grandpa, who was unfortunately dying was in palliative care in Mexico…I just really saw the importance of having family around who can help, but there wasn't a nurse at home. There were no visiting doctors, we didn't have anybody in our family that was certified as a medical professional or anything and so I saw that need. Not just in my family but in my city. I'm from southeast Portland which is very diverse. You don't see a lot of nurses here that are brown or Latinos. I was applying for colleges, I didn't ever really see a doctor that looked like me, or that spoke my language, or a nurse. I want to be that for other people.

Theme 2: A Double-Edged Sword
(Espada de Doble Filo)

The participants described their experiences as Hispanic/Latino EAL speaking nursing

students as a double-edged sword. For many of the experiences, they described both challenges

and benefits. The following are examples of this double-edged sword. Following these

descriptions, specific challenges and strengths are narrated by the participants.

Arturo: I've realized how big of an impact that is (referring to being multilingual), now I put it up there regarding being multi-lingual and multi-cultural. It's definitely nice and like it's a sword you know with both edges, cause at first it's kinda like, oh, I wanna be able to help out people and do all these things but at the same time I could take out of doing my own job to be able to cover or translate for somebody else…. I do want to help. At the same time, I need to be able to finish my task before I can go on and help somebody else. That's the part that I'm struggling with right now is trying to find that balance because there's such a high need for bilingual nurses just in general.

Laura: Definitely pros and cons, I think in terms of running into patients or kids that need the Spanish language, but it's super great, because I feel like I can automatically connect with them. But I do know that I struggled as well, just like with all the readings and stuff, especially since, I would always go with my parents to the doctors and I was like the unofficial translator. But that kind of Spanish versus academic medical Spanish English, is just completely different. I'd often find myself in a conversation, and then having to stop and think, I don't actually know what that word is in English, and having to ask in a roundabout way. How am I supposed to be saying this? so that was kind of a bummer. I do think that as I just got more familiar with the language and the terminology in general it got a lot better.

Tatiana: A lot of people in my cohort are from different socioeconomic statuses than I am. When I brought up ethical issues about caring for people who don't speak the language or for migrant farmers, caring for incarcerated populations, I feel like I bring a

different viewpoint, and I feel like those of viewpoints have not been presented to them because it's not the socioeconomic class status that they've grown up with. A lot of the people that I've met they're wonderful students, and they're open minded but they also haven't experienced the homelessness that I have, as a result of my mom, not knowing how to apply for housing, or how to apply for government assistance. So I feel like that is still the challenge and the strength, because I feel like we have very different backgrounds, and I feel very lucky that I am in the cohort that I am in, because they are so open minded and because they are very welcoming, however, I feel like it's definitely an issue when people don't understand, or I guess, like when they don't have a broad understanding of a lot of things like food insecurity, that many of our patients have lack of access to healthy food, or like transportation.

Subtheme Double-Edge Sword: Challenges

Challenges experienced by the participants include isolation/invisibility, culture shock, lack of diversity, institutional or program related, family, impostor feelings, financial, role assimilation/lack of mentorship and language differences.

Isolation/Invisibility.

Carmelina: I went to a high school, where a lot of most of my friends and my teachers, even were of Hispanic descent, and then I went to a predominantly white school where I was the only Hispanic student in my nursing program.

Tatiana: Everybody is predominantly white or Caucasian presenting and so I guess, like I think about it, like about high school, you naturally gravitate towards similar individuals with similar backgrounds. I felt like more alone in my journey than I have when I was getting my other bachelors or my associates in high school. This definitely feels like a profession of where there is few representation as part of my clinic goals. I got to shadow the cardiac cath lab, and it was an amazing experience, and I was seeing heart surgery. and there there were so many professionals with so much knowledge and so much experience, and I was the only person of color there as a student. There was one rep but he was a vendor, so he was selling the heart valves. That's what he was there for and that was the only person of color.

Genoveva: It's a little different, I don't feel like there's a lot of representation of, you know, Hispanic students. If anything, I think there's probably 4 of us in the class of like 40, and the majority of them are you know Caucasian. we do have a sprinkle of like African American black American you know, like Asian, students but it just it's not very diverse one thing that I have struggled with, I guess, is just they're trying to teach cultural sensitivity to the students. But sometimes responses are replies or opinions from people that maybe haven't gone through a situation where they're struggling. It's the another thing, too, was just kind of difficult sometimes with students also, because if you have an opinion, you know you're not always taking seriously when it comes to assignments but

it's like hey? We got on the same program, We, you know we had the same prerequisites. We had to have the same gpa doesn't mean I'm dumber, just because I'm you know. So sometimes you get stuck in these groups. of people and your opinions are not always heard. And so that's that's one thing that happened a lot at the beginning of the first few terms, and something that I struggle with is something that I actively talk to mentorship about. Because it's something that they had struggled with also is like being the one person in a group of like, you know, like Caucasian women, and not having your voice heard.

Patricia: When I first walked in to meet the cohort, I counted the number of Latin and black students, and I was really disappointed. But at the same time I wasn't surprise so far everyone is great. My professors are great, very experienced but I do see that lack of BIPOC professors. I don't connect really well with the school of nursing. I don't know how to explain it's just like "No me siento como en casa." But it's a great, I mean nursing school is something that I've never done before. My previous degree is in public health coming into this school this space is like nothing I've ever done. It's very challenging but I'm super aware of my professors and cohort, and I really only gravitate towards the students of color.

Paulina: I felt like I was the only Latina in that program, and I maybe was one of five students out of a class of thirty who are actually uh, not Caucasian. So it was difficult to really you know, see myself as belonging there.

Manuela: All of them are type A. All of them are tall blonde overachieving. All of them have loans all of them have no worries. I live in school. I work two to three jobs to pay for my tuition, I don't think I study enough as much as I could. I always have to juggle between being a student being a mom sometimes because I have an exam but I also take care of my brother and and he's six…. I don't feel like I fit that mold.

Culture Shock/ Lack of Diversity.

Carmelina: It was a really big culture shock, a lot of my classmates, their parents are nurses or doctors, and my parents work in housekeeping, and it's just very different. I felt a little bit of an outsider. I was able to connect with other students outside of my program that weren't in nursing that were Hispanic, but just in my program itself I felt like I was a little bit of like singled out.

Tatiana: It's a different to culture shift, I'm in Oregon. I am the only Latina. No, sorry. I am one of two people who identify as Latinas in my cohort.

Cristina: I think, initially like coming into the program it was a bit of a culture shock I would say mainly because I don't know if it's the school, or if it's the level of education which I'm currently like a acquiring but I know I took my pre-reqs I like at Cal State University, near where I was where I was raised and obviously it is an involve a lot of people that were lived locally as opposed to now that I'm in a private university, such as Lomalinda there's a lot of people who have more educated parents. I guess you could say

people with higher education like my parents are doctors, or mine is a dentist, and so forth. So they're more like second gen third generation students pursuing similar, if not further careers and I feel like for me it was like oh, well I'm just here like first gen. I don't have the started benefits that you can acquire as easily as like just talking to your family members, you know. So it was that kind of a culture shock it does feel intimidating at at times. I feel like if you don't have like the right mentality for it can be a little bit….What could be the word? I guess it'd be easy to feel defeated at times when you're not at a certain level. But if you have a positive perspective, I think it definitely pushes you forward to try harder and actually like fulfill the same standards, and to think like, Oh, even though I come from a different background, and my journey has been different I'm still in the same room with these people.

Genoveva (when asked about biggest challenges): **…** lack of diversity, there's also a lot of people that have their own agenda.

Patricia when asked what she would change about her experience in nursing school: Need for more diverse staff….I mean I've been in Oregon all you know all my life, and I can really just count the number of Latinos you know BIPOC professors and it would just be really nice, especially because Oregon there's a lot of Latinos.

Family Obligations.

Mariana: Reports feeling the mom guilt you know as Latinas we wear many hats. You want to be the best mom, want to be the best wife, we want to make sure there's not even one spot on the floor, and everything is clean and want my dog to be fit and I want my daughter to be fit, and I want to be fit, and there's so many hats that we have.

Patricia: I missed my cousin's Quince, I missed my cousin's wedding…. I never thought I was going to miss so much. And so you know, I love being around my family and just having to miss all that.

Genoveva: There's always that sense of like you have to validate yourselves because you don't feel validated in your family, even though the women are really supportive it's just it's a very machista male dominated cultural experience, and it gets really difficult to, you know, like not succeed, because they'll see that and they'll comment on it and they'll make you feel less than and so sometimes it's like it's your own people. Sometimes it is your own people that make you feel that way. That part just really makes me sad because it's almost like you're fighting two battles to succeed in life. You know the one that's placed on you but like the US places on you. But like your Mexican family, so it can get difficult I think, for people to see that, cause it's like you're not Mexican enough for your family. but you're not white enough for these people either.

Impostor Syndrome.

Tatiana: But I have a dark complexion, so I think it stands out. My family calls it negra or B for black…. the point that I'm trying to get across is this nursing program has been a privilege and I definitely feel like I don't even know how I got here. I don't know how I have this opportunity when I've known so many brilliant people over the course of my academic journey.

Paulina: I had an imposter syndrome. I felt like I was the only Latina in that program, and I maybe was one of five students out of a class of thirty who are actually not Caucasian. So, it was difficult to really you know, see myself as belonging there, like having had the same opportunities as other people which in reality, like I didn't have the same opportunities as it took me a while to process that I was successful. I did belong here, like I'm getting the same ways.

Genoveva: I need to show people that I could do this but just because I'm Hispanic doesn't mean that I'm like you know, like not capable of doing this program. I think that's the hardest part for me is like the expectations that I set up for myself, because it almost feels like everybody expects you to not do well.

Patricia: I was like really going through a hard time where I was questioning my ability. I was like I'm probably not smart enough for this I can't do this and so that was really hard.

Financial.

Manuela: I work two to three jobs to pay for my tuition I don't think I study enough as much as I could.

Arturo: I feel like everything's been difficult but also being a DACA student and kind of makes things a lot more challenging too, just because not being able to get a financial aid from the Government, like not being able to receive FAFSA has been a big issue, and scholarships is the way to go and out of pocket, so it's been nice knowing that at least with some scholarships I was able to attend school, and be able to do the best that I could.

Genoveva: I've been working my butt off in nursing school and my teachers respect me they're just telling me like, Wow, I've seen your grades I've seen this, and I'm like yeah, and I was working 2 jobs. Probably the most challenging thing is just been financially. So when I first got into nursing school my family was like, why are you doing that? You already have a bachelor's degree like Oh, great but it's just I think financially has been the hardest just going to nursing school, because obviously nobody's taking care of me and taking care of myself.

Language Difference.

Arturo: I notice, too, is that since I don't speak Spanish as much, I've been losing a lot of being very flexible, and being like okay, I know what that like, what that is, and I would have to when I would go home. I would have to change a whole sentence. Just so I have to use a word because I didn't I forgot what it was, I mean like what's like, or I've asked my parents say, Hey, how do you say this in Spanish and then, cause they understand and then I just speaks English, to them, but at the same time I'm like just being away from my culture, has diminished a lot of my like being quick on my feet, and knowing how to say certain things or I'm like how do you say Then they're asking me so how would you say this in Spanish I'm like that's a good question. I'll think about it and I'll get back to you you know like I haven't you know it's it's really a skill where you have to practice it to be on top of your game and it's something that I have lost I wouldn't say it lost but it has very like as decreased a lot since I've been away from home just because they're not such. There's not a huge population of Hispanics and when we do hang out. It's a lot of Spanglish so it's not like just Spanish and so it just goes back to the same thing, I think I only speak Spanish in my home and now it even then it's still kind of turning to Spanglish. So it's just because I'm not around it. I begin to kind of decrease on it and it's hard to, you know keep up on it like I'll try reading. I'll try you know, watching movies and keeping the subtitles in Spanish instead of in English, and so I've been trying to do little things to kind of engage my mind, and like been with the Spanish speaking and just in general but it has been a challenge over the years.

Mayra: Although fluent in English I feel like there's definitely those words that I especially like medical terminology in English that we learn in nursing school and stuff I definitely have those times that I don't know some of the words in Spanish, so I feel like, there is I wanna speak English, but some people may not speak English some people may not speak Spanish, and I sit there, in the middle thinking, well, I don't know that word.

Guadalupe: English has always just been difficult for me there's just so much grammar. I have to have the premium version of Grammarly, and I have to plug all my stuff into and use like a thesaurus, and use all these different avenues and different resources, so that I can say what I wanna say and have it make sense, cause the first year, that I sent in my like my topics or my research papers my professors would give it back to me, and they would be like this doesn't sound right. fix it, throughout all my pages or this is backwards, you know, like you're saying this sentence.

Paulina: I struggled a lot with translating things, you know. It was mostly like, English is my second language, so I grew up with mostly Spanish, and a lot of test questions…it wasn't whether I knew the information, it was like, what is this word? Medical terminology, I was just like I don't know what this means. Is wasn't about the material.

Tatiana: But some of the grammar rules are still things that I feel like I need help with and I wouldn't have that challenge if I just spoke English, and was raised on English.

Katia: It takes me longer to learn certain concepts then I feel sometimes my classmates. I was just talking about this to one of my classmates. I literally have to record the class go home and then break it down on my own. It takes me a lot longer in that sense even if I read, even I watch videos beforehand. I just I don't have a background when it comes to the hospital side of things, or again, I don't have anyone in my family who has been in nursing or any kind of experience besides, medical assisting which was just outpatient. It's been a huge help, don't get me wrong, but I feel I have to put in the extra work when it comes to that…. I do feel having English as a second language I just have to rewire my brain to learn and read better and do things differently, and get myself to really understand material. Because it doesn't come naturally to me like it does to some of my classmates.

Laura: Definitely pros and cons, I think in terms of running into patients or kids that need the Spanish language, but it it's super great, because I feel like I can automatically connect with them. But I do know that. That. I struggled as well, just like with all the readings and stuff, especially since, like I would always go with my parents, the doctors and I was like the unofficial translator. But that kind of Spanish versus like academic medical like Spanish English, is just completely different, and so I'd often find myself like in a conversation, and then having to stop and be like. I don't actually know what that word is in English, and having to ask like a round about way of like, How am I supposed to be saying this so that was kind of a bummer, but I do think that as I just got more familiar with the language Um, I just the terminology in general. It got a lot better.

Marisol (regarding being multilingual): I think it can make it harder, but it can also make it easier. I notice some words are based on Latin and compared to my only English speaking peers like, I kind of have an idea of what it means, because it can relate it to a word, in Spanish but sometimes it could be harder, because well, I grew up here so my English is pretty good but there are times like well I can't think of the word that I'm trying to say, and it's frustrating but I think overall it's more beneficial to me because I get 2 perspectives, and, like I said, I can help people in the hospital that speak Spanish so that is, positives, and maybe something a little bit harder.

Cristina: The vocabulary like I mentioned earlier, the whole having to learn like the the long medication names or honestly, sometimes even translating, I feel like some. There's been moments where I go home and I have to switch to Spanish, and I get tongue twisted my brother. Honestly he speaks English, and sometimes I forget, like to speak Spanish, because I find I mean I find a route. If I suck speaking English for my mom, knowing she doesn't essentially comprehend all of it. So I sometimes forget, because I spent the majority of my day speaking English, either at school or at work, that when I get home it just flows more. And then, when I try to go switch to Spanish, I get tongue twisted, and the same way happens when I come back to school. So sometimes I do find myself sadly I do find myself, see, I guess in Spanish, and when sometimes translating to patients, I kind of just get stuck, even if I do know the answer, you know, like sometimes it'll be like explain this to the patient I'm like. Oh, I know exactly what that is but my mind just I don't know it. I don't know what tongue twisted thing happens but I just remember it's. I'm not going on , but in the moment I sometimes it doesn't always flow as easy, so I

would say that the the whole language it does get a a bit difficult at times definitely that makes total sense and there's also times where things don't translate directly, you know, like Sometimes you'll find things that you can't translate because there's no like equivalent so you gotta kind of translate the meaning behind it.

Genoveva: I think the only reason that I do actively think about it is in my practice. It's gonna get difficult connecting. with people when you don't know certain words or terms, because I know there's specific medical terminology that is in Spanish. But there's no class that we can take there's no you know anything that we can really do in school. That helps kind of advance that vocabulary that we might need in the future. So if I think it's a struggle to think about maybe one day, having to translate a procedure a medication. You know, like side effects. Sometimes it could be a little difficult thinking about having to do that in the future. but I think that would have to just be self-taught at that point. I don't think the school would offer you know like classes that would help or help you.

Lack of Mentorship/Role Assimilation.

Arturo: Just getting into the role of being a nurse. There's a lot of things that just are difficult just because of the on being inexperienced being a novice. I have you know, doing a lot of procedures or just skills, you know, like inserting IVs and a lot of confidence shifts a lot over the place like it's just all over the place because some days you do really well, and everything's going great but then other days, you know it's one of those days. It feels like it's a full moon and everything's going south, and it's it's hard and especially so that's one of the things that I had to learn is how to see the positives in every situation. and it's they had been less and less now that i've been advancing through the program now that I'm seeing here, but over the years it's something that I struggle with just because it's like it's hard and then also on top of that like you see a lot of things, and it's hard to kind of explain it and put it into words just because some things you can't really put into words and it's kind of just the feelings that are there. but it's hard to explain to somebody who is not in the in. the nursing or in the medical area,

Strengths

The participants reported multiple strengths they felt they brough to the profession of

nursing. These include improved patient care, multilingualism, and grit.

Improved Patient Care.

Arturo: That's another thing. I'll say I would also say being a patient advocate coming from a culture, and like a low-income family and very rural area. I understand a lot of the difficulties and challenges when trying to get resources or not necessarily get resource, but also get sent somewhere else, we get referred to a different clinic or see a different physician. I understand there's, a lot of struggle with that, and being a patient advocate about that, and speaking with the patient kind of figure out their background.

Genoveva: I guess a little more understanding and patience. I don't know like my family I've been through like domestic abuse. My mom's been through domestic abuse you know, I feel like I bring a lot more fight to nursing school than like I should. But I don't know I think it's just definitely more understanding. I think I found my voice a lot in nursing school because of my culture. I think it's. it's a lot easier for me to speak out, and I feel like i will do the same in the workplace.

Mayra: Being able to relate to people depending on from where they're from.

Multilingualism.

Mariana: Being a multilingual person means we bring innovation because we're able to advocate for patients and I want to bring innovation to nursing to help not only Spanish speaking patients, but you know Greek or Italian patients.

Tatiana: I see it as a source of strength and as a source of connection to not only my Latino speaking people because I can connect with them. I can establish rapport.

Arturo: I didn't really realize how important, how big of a deal it was until I was applying into nursing school, and I had a very good advisor, that was the first thing that he ever put down on my resume or application being multi-lingual, multicultural, was the first thing that he could put on every single thing.

Katia: I honestly feel I could connect more with more patients. We've had a couple of Spanish speaking patients. in our clinical so I feel I have an advantage to my classmates who don't speak Spanish.

Patricia (when asked about being multilingual): I think it's amazing I just started clinicals, and all my patients were Spanish speakers but I am really excited.

Mayra: I'm able to help more of the community by being able to translate… it brings down barriers for sure and there's not that miscommunication or anything like that. It'd be nice to be able to know some more languages, but at least with Spanish, knowing that there's more Spanish speakers. Also I feel like that's quite a relief, for a lot of people already.

Guadalupe (describing the meaning of being multilingual): It means that I'm able to communicate with a variety of patients. I used to be a medical interpreter, and when I would go to my visits just talking to patients. I always saw this, huge wave of relief go across the face, Oh, thank God, I don't have to, you know struggle through this visit and they would just talk to me.

Laura: I think in terms of running into patients or kids that need the Spanish language, but it it's super great, because I feel like I can automatically connect with them.

Marisol: Overall it's more beneficial to me because I get two perspectives, and, like I said, I can help people in the hospital that speak Spanish.

Cristina: I feel privileged to be multilingual…there is that feeling like a privilege to know that you can provide that sense of safety and comfort for patients as well. I feel honored, and I think it does give me an advantage.

Carmelina: It honestly makes me feel empowered. Especially in the community that I work in now it's it's a predominantly Hispanic community.

Paulina: Being able to speak Spanish allows me to communicate with patients one on one…. being able to speak Spanish gives me that potential to help more people um with their health care.

Manuela: It's wonderful being in different patient settings, we go and follow the nurse and I've seen there's a different patient population they're like oh finally someone could tell me what's going on.

Grit.

Laura: I don't know this might sound a little weird, but I also feel like I have a different work ethic, and I just feel the need to go the extra mile. Um, and I don't know if that's just like. I've always felt the need to catch up in order to be on par with everyone else. But I do find myself often just like overworking, maybe a little bit, just so that I can feel like, okay. I'm where I need to be. I can take a breather for right now, and I know that's not really the culture um at the facility where I'm at right now.

Paulina: Being able to be hard working, focused, being disciplined all that really just translations into our practice on the daily when we're running around giving minutes, you know, treating patients, you know we're not. I don't see those people, or I don't consider myself lazy. I don't consider myself finding excuses to you know. Skip over a certain part of my practice. Um I'm very kind of to the point, and um I complete everything that I'm told to do, and that I try to be over achieving at this point, right? so I see myself as a great asset to the team. I'm hard working, I feel like that's when I break to nursing. I also bring that background of, I'm different from most patients or most people that I work with who are Caucasian.

Genoveva: I feel like I bring a lot more fight. To nursing school than like I should.

Manuela: When asked what strengths she brings to nursing: Being told that I'm not good enough, I'm like OK I could do it, yeah, so I guess persistence despite failing or falling… I'll still do it for me and for those who can't.

Theme 3: Culture Is Connection
(Cultura es Conexión)

      Mariana: My culture teaches me to meet patients at eye level. I'm not bigger than you because I'm the nurse and I think that that's very important. I want to be able to even for one second of the day make them calmer and have a better experience.

      Arturo: It has influenced a lot of my the way I deal with things, and you can really tell in a clinical setting, just because of the way that I interact with patients, especially if they're hispanic speaking or Spanish speaking, it's so much different. It changes my persona in a sense to make them feel more comfortable because other patients just are there, but if there's somebody speaks a different language it kind of gives them less sense of more comforting, doing so.

      Katia: I can sympathize more because of the culture that I grew up and put myself in the culture of others that are not my own.

      Patricia: I think as a nurse I can identify with the culture and help la comunidad (the community), help la raza (the people).

      Guadalupe: Culture is such a big part of everything, even down to the food, because a person can have a disease process, and you have to think about the fact that in Spanish culture or in Latino culture, familia is a big thing you know we take care of each other. So we're gonna want to be more involved in taking care of our family. So as a nurse I always remember. How can I involve their family into these decisions?

      Marisol: I think my culture is friendlier. I don't know like we talk more like Oh, how are you doing? How's your day you know and for me that's kind of normal. But I could see the different cultures some cultures don't talk that much. They don't do so much like small talk. It also influences like my perception on patients like, I feel like I can understand people with my culture better than people that have a different culture, because I grew up with that. So I can cater more towards the needs I'm still trying to learn like different cultures and different religions and stuff so I can be a good nurse one day.

      Cristina: It allows me to have more empathy for these patients. I feel like that sense of empathy for me it's still. still. Wait while I'm serving you know. So I feel like these. This could be my neighbor, this could be I don't know my cousin or my my friend, so I feel like that sense of empathy is still alive and I I get to understand them in a different way.

      Carmelina: I know a lot of my patients. So I'm Salvadorian, and a lot of my patients here are Central American, and so you know we we eat some of the similar things Diet wise. And so, for example, if I have a a patient and I'm doing diabetes, teaching, I know that I can relate to them.

Paulina: A lot of people from my culture like Don't like going to the hospital, you know. I would see It in my family just kind of like my dad would be hesitant to go to the doctor like my brother wouldn't really want to go to the doctor, because mostly because of like financial status, but there would also be like, Oh, I'm fine! I feel great like, you know, that you know they wouldn't be knowledgeable of like what it's going on their bodies. And so I think that influence me that you know, want to do Better help out my community along with all those in my uh culture. But I feel like I with my culture accounts being like Catholic for me. And so I was. Really, you know, I really do believe in God. I'm very faithful with that. So I just feel like that. Did push me to want to do good for others and not ideal.

Manuela: I try to look at them and connect and share because that's just how we are. If I have half an apple you can have half an apple.

Theme 4: Facilitators
(Facilitadores)

The students described having support systems that helped them navigate school. Some

were wishing their respective programs and others were outside the school altogether.

Mariana: I feel like having the group and the team of other students. The most helpful thing was the group. Because nursing is a team, you can't be a nurse without having that team and that really helps. The group is there to listen to you in moments of emotional weakness. When you have a fight with your husband or your wife, or difficult things, I think those things are so crucial. That was something that I learned that in nursing school, where you started to learn how to work as a team.

Tatiana: Have the writing support person. I know we just use so she's a resource established by the school. And she specializes in people who are not native English speakers. I also joined Latino, healthcare Worker Club at school, and I had my first meeting not too long ago. I feel like that was a great support to just hear about other people's journeys. I think that was very motivating. The first clinical I had was with an amazing instructor.

Arturo: Be even able to attend clinical settings, even if it was you know a groups of 5. But it was nice to be to learn about one thing, and then actually going out and performing it, doing skills and working our way through it, and then being able to practice it in the clinical setting.

Katia: I feel a third of my class know Spanish either by being Mexican American or coming from Mexico and you know, learning this as a second language as well. When they were older so different experience to me but we're in the same shoes.

Genoveva: A scholarship that was only given to like people of color that was really helpful, I think, having that. And then also with that scholarship being available, it

provided me a mentor, who was also a person of color that was also very validating, in, like my experiences. Unfortunately, though, that's completely grant based and so for my second year they didn't renew the scholarship so it wasn't available. And then we also have a latino association, it's this group that they made for Hispanic nurses.

Patricia: I definitely my family support when I was, you know I called my dad one day, and I didn't want to cry, but I was so stressed, so anxious, and he was like it's okay you know you're smart. My partner also, just like he was really encouraging. And coming in from the school I definitely connected with the tutors, and I think, like my the tutor she's Latina, and so I just knew like I can identify with her so that was really great. She was also just very encouraging and she was like this is hard but you're you know you're doing it.

Mayra: Being able to communicate with your peers, whether they're also bilingual or not bilingual, I feel like in our preceptors or instructors, just that big communication in person. I feel like it has been beneficial. I remember my first year we did everything online (due to Covid-19) and it was hard.

Guadalupe: Socializing! I like to talk to people, getting me to shut up is a problem. With Covid I didn't get to form study groups, I didn't get to form you know relationships close relationships with my peers, or with my teachers. Even which make things so much more harder you know because I already had that feeling of like everybody knows what they're doing. I don't know what I'm doing like should I reach out. I don't know them that well yeah but one of the greatest things that helped me this year was that I met a group of Latinas in the up incoming year. and oh, my God, it has been like such a relief I don't even know how to explain like I don't know how to explain it.

Laura: For my BSN program, I think it was a little bit different. I went to a campus which is generally a more Hispanic population, and so I found there are a lot of Latino people Also there a lot of us spoke Spanish, and we were kind of able to connect over that and it was great because I ended up getting clinical placements where Spanish was really helpful to the communities that we were sent to.

Marisol: I guess I've learned how to manage my time better, I've gotten better at like prioritizing my school cause in the beginning I was so going out a lot, I'm like having fun, and I wasn't able to say no. But now I kinda know like my days. where I'm like yeah I can't do anything that day sorry

Cristina::My support system has been very solid. I would say especially hearing experiences of other students who may not always have that support system. I'm very close to my brother.

Carmelina: I think the community that I chose to work in. A lot of my colleagues are Latinas, and so I find that they have experience. The same something that I did, and so I think just talking to them and hearing their experiences as a new grad, and starting here at the clinic as well as a new grad has really helped me understand that I wasn't the only person that

went through this in nursing school and I know that a lot of these nurses experience the same thing as I did.

Paulina: I can be an extrovert on a good day, but it's like at the same time I want to go back home. I want be alone in my space. I read a book or watch tv.

Manuela: There was one professor who wasn't even the professor for the class that I wasn't doing well, and she's like oh, I used to teach that, I can help. She actually would meet with me in person and was like, ok, let's go over what's wrong let's see how we can fix it.

Textural and Structural Descriptions

Next a textual and structural description of being a Hispanic/Latino BSN nursing student with EAL is presented for all participants. A textual description relates to what happened and structural description is how the experience happened within the phenomenon related to every theme. It is a description of the setting and context (Moustakas, 1994).

Mariana's Textural Description

Mariana is an immigrant from Colombia who was brought to the United States as a teenager. She was exposed to nursing when her mother pushed her to volunteer at a local hospital to distract her from her depression due to leaving her friends and home in her native country. She recalled: "I didn't speak any English when we came here. And it was very hard. I didn't know anybody my friends are very important to me, and I had to leave them behind, and I was mad, why did you take me away from my friends?" She went on to say: "I got to see the difference that nurses made with patients and I really loved it." Once she entered a nursing program, she noted that "when I first started, one of the issues was the language barrier for me." At the same time, she stated "being a multilingual person means we bring innovation because we're able to advocate for patients." Additionally, she reported that her culture influenced her practice as a nurse because "Latinos we approach patients in a different way."

Mariana's Structural Description

Mariana described that she wanted to be a nurse after being exposed to nursing through volunteering at a local hospital but she did not know how to navigate school and the necessary steps to get into nursing school:

> I felt like I wanted to be a nurse but I didn't know how to prepare for that, I didn't know how to prepare for ACT or SAT or HESI like in some nursing schools they have you take the HESI or ATI, I just didn't understand all that but I loved science so when I graduated high school I majored psychology, and I got my bachelor's in psychology and then I went back to get my masters in clinical psychology and I became a therapist, but I could not make a difference. I felt like the money went to the corporate suite, not the patients, and I wasn't able to advocate for patients. And as therapists we saw the need there every single day, but the money didn't go to the patients, and it was frustrating. I decided to go back to school and go to an intensive 18-month program and I told my husband that I wanted to eat, sleep, and shit nursing. So I went back to school, and did the 18-month program in Arizona, and I became a nurse, and I feel like I'm able to advocate for all my patients. When I enter a patient's room, I just feel like I can make an impact when I enter a patient's room. I can make a difference even for 1 second to make their day better and it's great. I don't worry about what others think of me or who I work with. I feel like it's great and I can advocate for patients.

She added that the language barrier when she started nursing school was difficult:

> For example, I was taking a test where the question was a patient who is unresponsive and not breathing and asking how do you check an airway? one of the options was that you use a tongue blade and I thought to myself, a blade is going to cut them so I didn't pick that answer. I went back to review the answer because it didn't make sense. What I didn't realize is that a tongue blade meant a tongue depressor, and I felt like oh makes sense but at the moment I didn't understand what that meant so the language in tests was difficult. That was one of the big things is the language barrier.

On the other hand, language difference or multilingualism is a benefit to her:

> I want to bring innovation to nursing to help not only Spanish speaking patients, but you know Greek or Italian patients. At work we use iPads, and I had a patient who spoke Italian but there is no Italian option, so I was like this isn't going to help. When my mom is in the hospital, she doesn't speak English and it's scary if somebody says I'm going to poke you or going to put a foley in, you need to open your legs. If you don't understand that, and then they just touch you that's scary. I want to bring innovation as a multilingual person to nursing to help patients navigate that difficulty.

One of the biggest challenges for Mariana was

> Not feeling the mom guilt you know as Latinas we wear many hats. You want to be the best mom, want to be the best wife, we want to make sure there's not even one spot on the floor, and everything is clean and want my dog to be fit, and I want my daughter to be fit, and I want to be fit, and there's so many hats that we have. That was the most challenging for me I'm sure my husband was like thank God she is staying busy and not bugging me!

What helped her get through included the group of students she went to school with: a

nursing student community:

> I feel like having the group and the team of other students. The most helpful thing was the group. Because nursing is a team, you can't be a nurse without having that team and that really helps. The group is there to listen to you in moments of emotional weakness. When you have a fight with your husband or your wife, or difficult things, I think those things are so crucial. That was something that I learned that in nursing school, where you started to learn how to work as a team.

Tatiana's Textural Description

Tatiana reported that she became interested in nursing after taking an anatomy and

physiology class in high school. She was exposed to the hospital setting through a field trip

where she was shown a cadaver. She notes that she "Just naturally gravitated towards the health

field." Later on as a medical assistant, she "felt like my work was serving a greater purpose than

just the health field." Tatiana described being a nursing student as "It's a different culture shift."

She added, "I felt like more alone in my journey than I have when I was getting my other

bachelors or my associates in high school." Although Tatiana has felt culture shock and a

different culture shift, "I feel like as a person of color, as a woman and as a non-native, English

speaker. I owe it to my family, to my community, to the communities that helped me before, to

not only represent, but to hold space in these academic places, but also to encourage people."

For Tatiana, being multilingual is a source of strength but it can be challenging in the

academic setting. She noted, "In the clinical setting I see it as a source of strength and as a source

of connection." In the academic setting language difference is a challenge." Tatiana noted that

her strengths include her awareness and compassion for people who face challenges. This stemmed from her own challenges including her experience being homeless and struggling socioeconomically: "A lot of the people that I've met they're wonderful students, and they're open minded but they also haven't experienced the homelessness that I have, as a result of my mom, not knowing how to apply for housing, or how to apply for government assistance."

Tatiana's Structural Description

Being attracted to nursing was sparked from her interest in science then later as a medical assistant: "I worked with kids, and I really like the hands on and at that time I was working with the Latino population, too, so I felt like my work was serving a greater purpose than just the health field." As a nursing student, Tatiana described:

> I felt like I was really helping people understand their healthcare. I worked in various other healthcare related roles, and these healthcare roles were in some way helpful to the populations that I was working with mainly via translation and interpreting services where I used to live was near the Mexico border, I saw and helped a lot of latino people in healthcare. A lot of people don't know about their insurance and medical services and the process of authorizations and orders. I felt like I always had some kind of a like invisible helping hand, and I just always liked science like I thought it was cool, and I always had it in the back of my mind. Yeah. And so I kept trying to get into entering programs in California, and it was hard, and Oregon was a little less competitive, so I got into one here, and here I am. I'm looking at you here from a different lens now where before? it was more rigid about insurances and policies and now it's more about the helping hand I feel like following the policies of the institutions of the Medical Center that I work with. but it's more I guess like in person contact.

Tatiana noted a culture shift and feeling of loneliness:

> I'm in Oregon. I am the only Latina. No, sorry. I am one of two people who identify as Latinas in my cohort. Everybody is predominantly white or Caucasian presenting and so I guess, like I think about it, like about high school, you naturally gravitate towards similar individuals with similar backgrounds.

> She described the nursing profession as "a profession where there is few representation."

She added that in clinicals "I got to shadow the cardiac cath lab, and it was an amazing

experience, and I was seeing heart surgery. There were so many professionals with so much

knowledge and so much experience, and I was the only person of color there as a student."

Although being the only person of color was tough for her, she added:

> But I was very proud to enter a space as a professional which I have seen so few people
> do. I had a similar shadow clinical shadow in a surgery, and I was again the only one, not
> only person of color but was also the only woman, and you know my skin is dark, I don't
> know if you can see it but I have a dark complexion, so I think it stands out. My family
> calls it negra or b for black. So, the point that I'm trying to get across is this nursing
> program has been a privilege and I definitely feel like I don't even know how I got here. I
> don't know how I have this opportunity when I know so many brilliant people I've known
> over the course of my academic journey.

Tatiana encouraged others to pursue higher education, she noted that when people said,

> Oh, I'm just doing this, I'm taking just one course, I feel like that is progress, and I feel
> it's almost like an obligation and a duty to speak to my nieces like, Oh, when you go to
> college. Like it's a fact like it's gonna happen, or to people who I meet, and they say I'm
> just getting my associates like okay, so when you do that what are you gonna do? I feel
> like it's almost like a duty of mine to bring people and have this continue on, this move
> forward because we cannot be the only professionals in the field. If there's so many more
> competent people, or better critical thinkers like there needs to be more of that in the
> field, and I feel like that's my duty with being in school.

Being multilingual for Tatiana meant,

> It is a source of strength because it is a source of connection to not only my Latino
> speaking people but I can establish rapport. Oh, where are you from, Oh, where's your
> family from? Oh, I know something about that. Not only with that population I feel like
> I'm better, I have an extra tool because I've seen a different world, and I know that not
> everybody functions according to American culture, and according to English language.
> Just the other day, for example, my clinical partner was going to tell their patient to see
> the date, but in their mind they don't know that they write the date in a different format,
> using the day first, and it's just a different way of communicating or finding the needs of
> my patients. What it means for me in the academic setting is very different, because I am
> in a space where a lot of people have their bachelors, have their masters and so when we
> have discussions, I see it like as a challenge for me, because when people are expressing
> their ideas, or they're sharing their thoughts on the course content and the readings I am
> using words like, what are those words? Oh, gosh alright…I talked to my librarian about
> that the other day, but basically, I'm using language that I feel is at a very high school-ish
> words whereas people in my cohort are using very advanced language. Somebody said
> the word ascertain the other day and I had no idea what it meant, and I know I've seen it,
> so I had to Google it. But those are the challenges that I have is when I say something am
> I sounding professional? Because I'm holding professional space now.

Tatiana described that her culture influenced her experience in nursing school because she noticed her peers eat different types of food:

> I feel like I see a lot of the students in my class being vegan, vegetarian, gluten free diet, and so I feel like there's a difference there, when we're eating and every day I have my frijoles (beans). Like I'll have vegetables and dinner here, but I don't really have that at school, and when we have lunch together I feel like that's time to like, oh what do you have? And a lot of people express interest.

Tatiana also noticed differences in her culture when describing family dynamics:

> I live in a multi-generational home so I feel like I have an obligation to help my mom apply for jobs when she asks me at random, she'll ask me to fill out her time cards. She is preliterate. My dad only made it to second grade. I feel like I have a lot more duties that this is not something in the culture of my friends, like my friends are not helping their parents fill out applications for jobs, or how to read a text message. So, I like I'm constantly I think the way that we study is different. The way that we have our priorities is different. There's the cultural obligation to not only respect your elders, but also if they make a request you can't tell them no, and so often that comes with a cost to my education. Do I help my mom? Maybe I have to help my mom. So, you know, if I'm working on a paper, it cuts off my focus, and I feel like that is a cultural thing that I encounter that most of my classmates don't.

Being multilingual helped Tatiana understand the difficulties others went through because of her own personal experiences:

> I'm very conscientious of the fact that a lot of people are preliterate. And so, when I asked them to fill out forms or something like that, to look at documents, I am very aware and I feel like I have a compassion for people like that. I've seen nurses who are just so harsh to people, and one lady she was indigenous so just being aware that people don't speak Spanish because they're from Mexico. They could speak multiple dialects, and the nurse was so harsh, and she's like, how don't you know how to spell your own son's name? How don't you know his own date of birth? and I thought like that was too harsh. I have this alertness, and this like just being conscious of the fact that not everybody can read it or write, not everybody speaks Spanish.

Despite the challenges, Tatiana reported that things like writing support, an amazing instructor and a Latino healthcare worker club helped her navigate school. She also noted that family and peer support had been very helpful:

We are co-hort of like 30. So, there are very specific individuals that I feel supported with. I feel so much support by my family, my friends back home, my partner, my son. So I feel like I not only do I have support, but I have motivation, and I feel like that is such a huge strength like I have people rooting me on. My mom, she cooks for me. I don't have time to go grocery shopping I can ask my sibling or my mom, or my brother. I can ask somebody like to go and help me, and I feel like I have that support. So I feel like my biggest support is outside of our school.

Tatiana wished that her program could include additional things to make the journey better:

I wish that my program established a mentee program for people of color. There are many positions, many board positions in my school, and many of them are white Caucasian middle aged people. And you know my biggest concern is, how am I gonna enter this space?

Arturo's Textual Description

Arturo described that he pursued nursing because he grew up bilingual and had translated all his life, which sometimes caused frustration:

Always found that very frustrating for me (translating) especially, you know, being 10,11, 12, not knowing some of the lingo or the terminology that was being told. So, I kind of find out that, you know, every time we go to the hospital. You never want to be at the hospital and it's always a stressful time.

He reported, "I noticed that if I was able to be in that role I would be able to help out people in that sort of situation."

Arturo's Structural Description

Arturo described how translating all his life led him to nursing because in having to accompany his parents in the hospital, he realized: "I can translate." He went on to state:

The Hispanic population is very limited, and so there'd be a couple of people who would come in, and they have trouble, kind of like just finding out where they need to go and I'll jump in and try to be like, Oh, you need to be here, and they're like, Yeah, and then you can see in their face a sign of relief. It's like, Oh, thank God somebody understands, just to guide me and so just a bunch of little experiences like this kind put be towards the place that I'm you know, that I want to be that person that helps somebody else. I know what it is like to be in those shoes, and if I can do something to prevent somebody from going through, that's something I want to do.

Katia's Textural Description

Katia is a nursing student who is concurrently completing an ADN and BSN program through a partnership with two institutions in California. She noted it has taken her years to finish all her prerequisites to get into the program but she has always wanted to be a nurse: "It's kind of cheesy to say. But when people say, oh, you have a calling to be a nurse or whatever, there's something about healthcare in general." She described being a nursing student in her program: "Our program is very hands on. I feel there's so much that they teach us and it is hands on. But you do it once, and then you're kind of put out there, and expected to kind of know how to do the skills after that one time that you had to practice and in lab."

Katia reported that being a multilingual student gave her a form of connection and is an advantage: "I honestly feel I could connect more with more patients… I feel I have an advantage to my classmates who don't speak Spanish." Katia's culture helps her be more sympathetic with patients: "I do feel I am more, I can sympathize more because of the culture that I grew up and put myself in the culture of others that are not my own." Being multilingual for Katia was a strength: "Well, being bilingual is amazing. I wanna say, all the nurses that I have ask, Do you speak Spanish? Oh, great we don't have to use a translator. So I feel that's always gonna be the biggest strength."

Katia reported she felt challenges come from the fact that she speaks EAL: "The most challenging things that I have encountered are probably in the classroom. I feel it takes me longer to learn certain concepts then I feel sometimes my classmates."

Katia described that making close friendships in her program had helped her navigate school:

> I feel a third, maybe of my class know Spanish either by being Mexican American or coming from Mexico and you know, learning this as a second language as well. When

they were older, so different experience to me but we're in the same shoes. And I made close friendship with one other individual who's same level as me born here, but with Mexican parents, and we joke around about everything that you know with school.

Katia felt sure that nursing was for her and would not change her career if she had a chance: "I just can't imagine myself doing anything else. I've seen what nurses do, and I've seen the bad side of outpatient care from when I used to work."

Katia's Structural Description

Katia's calling to be a nurse came due to her enjoyment of caring for others:

I think it was the caring for others, I was the oldest in my family so caring for my little sister, the baby, nurturing her. That was always part of who I was. So when we were in school, and they were trying to ask, Oh, what do you want to be when you grow up? You want to be a lawyer? Do you want to be a teacher? Do you want to be? You know what it is that you want it to be? I always, , found myself, what I wanted was healthcare. So nursing was kind of , yeah I wanna be a nurse, but , wow, it's so hard to be a nurse, I didn't have anyone in my family that had graduated college, or where I could be, Oh, yeah, it can be my aunt or something you know I had no role models that I knew. I felt it was a long stretch there, but it's kind of what I wanted to do. So it's always been in me. Some people say , oh, you know, you see your parents, or grandparent, or someone who's sick and then they have that, but I feel I've always just had that I wanna say calling. I guess, just helping others it's something that makes me feel good. I think that's kinda how I ended up in that route. I became a medical assistant before I became a nurse. So then I really thought, I want to go and pursue my education and nursing.

Her program is very hands on which she is grateful for:

It's a great program in the sense that we're doing a lot of hands on real people. If I was that covid student that had to do it through the computer. I don't know if I would have been where I'm at right now. I'm thankful that our clinicals have always been in person. Our practices with IV's and stuff have been with each other our classmates. So I've had that experience where I feel lucky in that sense to be able to have more of that hands-on experience. But I consider myself still I am not ahead of the class. And I do see other people struggling a little bit further than me, but I know that I could do better. I'm kind of hanging on kinda in the middle. I gotta better my studying, I gotta keep it up, not fall behind there's so many things I wanna study just the time management has became a little hard.

Katia's connection with patients came from her ability to translate for them:

> We've had a couple of Spanish speaking patients in our clinical so I feel I have an advantage to my classmates who don't speak Spanish because I hear a lot more of what the patient says versus if they were using a translator. I feel I can help a bigger population of people in that sense, knowing Spanish. I also feel because I speak a second language then I can kinda sympathize with, for example, if I have a patient who speaks a different language that I don't know, then I can have that how do I say ? when I was younger? I only spoke Spanish. My mom was always taking me to the doctor, and I understood what it meant to not be able to communicate to others. I feel I could understand that sense a little bit more.I at least have one Spanish speaking patient in my floor when I do my clinical rotations, and I don't know if it's because I speak Spanish that they assign me to them but I actually like it. I feel I can really help, they even say, O hablas espanol? que bueno por que no les entiendo! (Oh, you speak Spanish, great because I don't understand them!) Or you know something like that, it means a lot.

Katia also notices there are few Latina nurses but other nurses who are not Latinas try and learn Spanish: "I have met few actually nurses who are not Latina, but have picked up Spanish for the same reason to be able to provide , but patient care for their Spanish speaking patients so I feel that's gonna be a big plus. I almost sometimes feel like I get attached to them."

Katia's culture makes her more sympathetic to others but she also notes it could cause her to have some biases:

> Because I come from a different culture, I wanna say, I do feel I might have some biases that come from my culture. That I don't really know or am aware of. We just had this lecture about biases, and how you can take a test to know your undetected biases when it comes to certain things when it comes to pain, or when it comes to certain stuff that is introduced in our culture, Oh, you know, you have to be strong kind of thing when it comes to pain things that. I feel I'm more hesitant. Are you really telling me that your pains are one? or is it you know, more than a one kind of thing? I feel I connect a lot of what I grew up with my education and nursing. I just kind of have to step myself back and kind of reinforce what I'm being taught and do as I'm being taught, and not confuse the two or let that kinda shift.

Katia's challenges with language occurred in the classroom and changed the way she studied; she noted it was also due to not having any medical background or family members in healthcare:

I was just talking about this to one of my classmates. I literally have to record the class go home and then break it down on my own. It takes me a lot longer in that sense even if I read, even I watch videos beforehand. I just I don't have a background when it comes to the hospital side of things, or again, I don't have anyone in my family who has been in nursing or any kind of experience besides, medical assisting which was just outpatient. It's been a huge help, don't get me wrong, but I feel I have to put in the extra work when it comes to that. And I think that it has to do with my background. So, if, I sometimes I find myself reading in Spanish, and then translating that in English. I just feel for me reading it's Okay, concentrate here, let's you know, break this down. So, I feel once I take the time to actually break concepts down they come to me. Oh, yes, that makes sense. Now I understand what they were saying in lecture, but it does take me a little bit longer than other students in my class. I'm like do you have experience from before? or you know, did you read the whole book? or how are you catching on to this? For me, even though I'm doing good in my classes, I'm not doing too bad. I know that I could do better because I feel like I can learn it. If I had a little bit more time, or if I manage my time a little bit better than you know things that I'm working on as myself to improve. But I do feel having English as a second language, I just have to rewire my brain to learn and read better and do things differently, and get myself to really understand material. Because it doesn't come naturally to me like it does to some of my classmates. I just have found that's just been it's been hard. So it's, just stuff that I have to get through I have to put extra work, and I'm all for it as long as I understand the material.

Katia describes the struggle in the clinical setting as well:

I feel that's where I've been kind of struggling with when it comes to in clinical. I feel I am a little bit more shy. The other day there was this patient asking me for bouillon, and I'm like, what is that? What is what they are asking for? and I asked my classmate, and she was like bouillon chicken bouillon, and I'm like Caldo? (broth) I'm like are you serious? That's all they're asking for is broth? Why, can't you say broth, it's little things, I'm like, Oh, my God, I feel so stupid. How do I not know that? or you know little things? I am exposing myself to them for the first time and I feel I just have to be that extra step to kind of keep up with everyone else is how I interpret it. My teachers might not agree with me, or my classmates might not agree with me, but maybe it's a self-conscious thing with me. But I feel I'm always trying to like okay, step it up so that you can keep up kind of thing. That's something I kind of struggle with in person just lacking a little bit of the confidence that other people seem to have been born with, or something.

Katia described a close group of peers as vital to her success and one very close friendship:

We're around the same level even our test grades are around the same. We have the same struggles at home. Oh, we haven't seen our mom and our moms all over here calling us. Oh, my God my mom's the same way when it comes to that and I have a fiancee, and when it comes to the house and stuff I have this thing. I internally have to be , okay, calm down it's okay, you're okay, and just having my other person that is going through the same thing as me has been super helpful I feel she's a great resource when it comes to study buddies. I feel like our class are naturally a bunch of the Hispanics and they join

into groups. So we automatically just kind of have flowing together I have this other classmate similar story. Her home life is a little bit different than us, but she is also Latina so she understands. We had to do this presentation about treating patients from other cultures, and they were allowed to choose Mexicans. So we were teaching about, or they were teaching. I chose native American. So for me it was completely new, but I connected with them they're all saying you know "mal ojo" that little red little bracelet that people wear and it just it makes it fun I feel oh, I have a friend that can understand me, my home life, my I guess partner. I found a little home within nursing. I feel if I didn't have those kinds of connections in our school, and if I had gone to a different kind of setting, I don't know if I would have been as successful as I am right now because I am passing and I'm doing great or I'm doing good enough to be passing. I could be again. A little better but we're right there and just those friendships have made it so that nursing school has been a lot easier. I feel that little community that we built with each other has made a huge difference. Even the other ones that we might not share similar things. I feel like our cohort is a good cohort and everybody super friendly with each other and there's no drama. There's everyone's just trying to be friends and pass and I think it does make a big difference. My sister, my younger sister. She went to school in Sacramento, and she didn't have that in her cohort and she almost didn't pass nursing school she was one of those people that was struggling to keep up, and I think part of it had to do with she was always on her own, she was always studying on her own. She didn't make those kinds of connections, it's just a lot of people were either a lot older than her, or just she didn't click as well in Sacramento it's not as diverse so she was one of the only few Latinas in her class. I tell her about my experience, we compared it to hers, and she's Oh, no mine wasn't that, so it's, Wow, it really does make a big difference.

Katia noted that she would make clinical more consistent for everyone if she could

change anything about her experience in nursing school:

> I feel the experiences that different groups have are just completely different. Based on who they have as clinical instructors, or what site they go to and I understand that you know everyone has to be diverse and you can't just send a bunch of the students to one hospital. You have to kind of separate them. But I have seen differences in this last clinical rotation I was , oh, my God, we got really lucky with our clinical instructor he was great. And then you hear the stories from others and they're like oh, no! We didn't have a good rotation. I feel instructors should always be at a certain level, some people are harder, but I feel those people got a good foundation.

Katia described that she would still pick nursing if she could go back in time:

> I mean, don't get me wrong the job is really hard but even in nursing school I can see in the hospital. Sometimes I think, do I really wanna do this? but I'm not turning around and I'm not scared to actually get a job in it. I feel I want to go there and be happy with what I do, and I feel everything that I'm doing even the exposure that I've been receiving and even the bad stuff hasn't made me second guess what I want to do, so it makes me feel I'm in the right path to where I want. I just need to find my right specialty because that's

where I'm starting at now there's so many things that you can do as a nurse and I'm just trying to find what out of nursing what would be the best fit for me, based on what my skills are my personality and everything. I don't think I would not do this if anything. I'm very happy that I actually did go back to school and continued my education because it took me 10 years to finally get into nursing school, because doing one class at a time. I was working full time, and then I had to go back to school, and just took a lot longer than I expected. But I could have quit at any point. I know that this is where I meant to be because I haven't given up, I'm proud to be where am I right now. I can't picture myself being anything else honestly. That's a good sign, right?

Genoveva's Textural Description

Genoveva is a 30-year-old nursing student who previously worked in as an engineering technician. She reported that she pursued nursing because she originally had a bachelor in health sciences and she wanted to help people:

I originally got a bachelor's degree in the health sciences. And so this was kind of a route that I'd always wanted to take. So I was able to kind of take a little more risk after being at Intel for so long, because my finances were stable. I was not in a considerable amount of debt, and so I thought it would be a good opportunity to take that risk. But just personally also, I was with a partner who did not particularly like that career choice for me. He was very educated, and he felt like I needed to do more. So, I guess that, like kind of subliminal, you know, like extra reason for me to go to nursing school. But I like to think that it was because I wanted to help people, not because somebody was ashamed of my current career path, and wanted to make me to be better educated.

She described being a nursing student as different due to lack of representation and cultural insensitivity: "It's a little different, I don't feel like there's a lot of representation of, you know, Hispanic students." She added that there is also a lack of BIPOC professors: "I've never had a Hispanic teacher you know and for me it's sad because this is like a separate entity from like the program. They're not actively you know it's not something that is readily available."

Genoveva has faced challenges that are financial and also some related to her culture:

I think financially has been the hardest just going to nursing in school, because obviously nobody's taking care of me and taking care of myself and then I think also just kind of the lack of diversity. There's also a lot of people that have their own agenda. There's a lot of group work and especially if you're you know, trying to get through clinical and working. I was working almost full time. The first 2 years that I was going into nursing school, and then I was working nights. I think I was working 3 jobs at one point just to get by. I have

to save up money and it can be really difficult with people try to understand, because there's people that don't work, or people whose family takes care of them. I think that's been the hardest part is trying to get understanding it.

Genoveva also felt that professors could be culturally insensitive. Genoveva's strengths included that she is more understanding and brings more fight:

The strengths…. like I guess just a little more understanding and patience. I don't know like my family I've been through like domestic abuse. My mom's been through domestic abuse you know it's. I feel like I bring a lot more fight. To nursing school than like I should. But I don't know I think it's just definitely more understanding. I think I found my voice a lot in nursing school because of my culture. I think it's. it's a lot easier for me to speak out, and I feel like i will do the same in the workplace. That as far as like other strengths I don't know that's a hard question.

Genoveva's struggle has not deterred her from nursing and she noted she would have either been a doctor if she could go back in time or gone straight into nursing: "I feel like I would have been a doctor. No, I mean it's I think it's definitely something that I would have done. I feel like, Yeah, if I had the opportunity to go back in time. This is what I would have done the first time around."

Genoveva's Structural Description

Genoveva's experience as a nursing student has been different due to what she describes as lack of representation and cultural insensitivity:

I think there's probably 4 of us in the class of like 40, and the majority of them Caucasian. We do have a sprinkle of like African American black American you know, like Asian, students but it just it's not very diverse, this is one thing that I have struggled with, I guess. They're trying to teach cultural sensitivity to the students but sometimes responses are replies or opinions from people that maybe haven't gone through a situation where they're struggling. Their family hasn't struggled socioeconomically you know their parents aren't immigrants. They're not an immigrant they've never had to go through this hardship. They're trying to learn how to be culturally confident caregivers. But sometimes it just comes off as like, some of these scenarios come off as a little racist to me, just because it's a little difficult to really gain what a true immigrant or you know homeless or you know, like another person of color, it's really hard to gain that perspective, even just in a simulation or a class. So sometimes I feel like it's a little culturally insensitive. Like yesterday, an example we were talking about discrimination and bias and somebody was saying that like I'm not racist, but I don't want the whole

change, or I don't want to be the only one that has to change the system, as a white male, and it's like hmm I don't think it's all on your shoulders, friend. I think there's different ways that you can actively try to promote people of color and like work spaces. You know give culturally competent care. Sometimes I feel like people just really miss the point and it's almost like they're feeling attacked, or they feel like they're not able to help somebody with these problems but it's like yes you can, you really can. I don't know if that made sense. But sometimes it just feels really insensitive, it feels like people don't truly understand what it is to give culturally competent care. And we've actually had fights in our cohort where maybe somebody reads an article about you know certain beliefs that native American populations have, and they present it. But then the one native American student in our class is like that's not accurate for all native Americans. But this person was like, well, it's research so yes, it's true, and there was actually an argument about it, because she was like, how would this article be published? If it was not accurate information but it's like you can't go to a patient room and say, hey? Well, you know evidence-based practice is this so you're wrong and not accept people's experiences.

She noted she also sometimes felt unheard:

It's kind of difficult sometimes with students also, because if you have an opinion, you know you're not always taken seriously when it comes to assignments but it's like hey? We got in the same program, you know we had the same prerequisites. We had to have the same GPA, doesn't mean I'm dumber, just because I'm you know. So sometimes you get stuck in these groups of people and your opinions are not always heard. And so that's one thing that happened a lot at the beginning of the first few terms, and something that I struggle with is something that I actively talk to mentorship about.

When discussing multilingualism Genoveva noted she has not really thought about it due to not working with a primarily English-speaking population but that thinking about having to translate in the future is a struggle:

I'm in a special program called the Veteran Program. That just basically serves veterans. I think I probably come across one Hispanic family at one time, and my 3 years here so I Haven't thought about it. I think the only reason that I do actively think about it is in my practice. It's gonna get difficult connecting with people when you don't know certain words or terms, because I know there's specific medical terminology that is in Spanish. But there's no class that we can take there's no you know anything that we can really do in school. That helps kind of advance that vocabulary that we might need in the future. So if I think it's a struggle to think about maybe one day, having to translate a procedure a medication. You know, like side effects. Sometimes it could be a little difficult thinking about having to do that in the future. but I think that would have to just be self-taught at that point. I don't think the school would offer you know like classes that would help or help you. You know kind of with that part of nursing so I think it's? and nobody I don't know I don't feel like they're really I don't know this program is really weird.

Genoveva's financial struggles and work duties have made school harder for her with

lack of understanding from peers:

> So like, this is my schedule. These are the only times that I have available for group work and other people are not as understanding. I actually had a situation where I was working nights, and a girl turned an assignment without telling me, so I called her, and I was like, hey you know that's not the best thing that you could have done, and her attitude was, I just wanted to help, I just wanted to. I was like okay that's fine but then she got upset with me because we got a bad grade on it, and it was my fault, cause I didn't stop her. I've had situations like that like get really frustrating, or somebody's like I'm going on vacation I need to finish this assignment that's due in a month, because I need to have it done. But they're not willing to get the project started and it's just like somehow it fell on me to start the project, even though she wanted to get it done. It's almost like you can't argue with people, because you know, you just come off as this person, but it's like you just have no real like understanding what's happening and in certain people that's because I don't know I feel like I have to really like I as a Hispanic person I have so much to prove.

Genoveva also has lack of support from the males in her family, which adds more stress

and pressure to her experience:

> You have to validate yourself because you don't feel validated in your family, even though the women are really supportive. It's a very machista (male chauvinistic) male dominated cultural experience, and it gets really difficult to, you know, like not succeed, because they'll see that and they'll comment on it and they'll make you feel less than and so sometimes it's like it's your own people. Sometimes it is your own people that make you feel that way. That part just really makes me sad because it's almost like you're fighting two battles to succeed in life. You know the one that's placed on you by like the U.S. but also placed on you by your Mexican family, so it can get really difficult I think, for people to see that, cause it's like you're not Mexican enough for your family but you're not white enough for these people either.

Genoveva would have gone straight into healthcare if she could go back in time:

> Being the first person in college you don't really know what's out there and even going to college the first time I still did I know what was up there, and it took me a really long time for me to realize that I could do these things and like so if I was the way I am now, and I know the things that I know now. The first time I went to college I would have gone straight into nursing instead of wasting my time in a four year university.

Patricia's Textural Description

Patricia pursued nursing because she saw the need working as a translator and wanted to

help people especially Latinos. She has a previous degree in public health: "I saw the need in the

medical field. especially with you know patients that got diagnosed with breast cancer colon cancer diabetes and had to go to the doctor, and they would call us hey? I need an interpreter, and it was phone call after a phone call." Patricia describes her nursing experience as not very diverse and this causes a lack of connection for her: "I don't connect really well with the school of nursing. I don't know how to explain it's just like "No me siento como en casa (I don't feel at home). But it's a great I mean nursing school is something that I've never done before." Being multilingual is a benefit for Patricia's nursing school experience: "I think it's amazing I just started clinicals, and all my patients were Spanish speakers but I am really excited."

Patricia's culture influences her experience by giving her a different perspective and a source of connection: "I'm first generation and you know my parents like I mentioned they are still undocumented, they've been here for more time that they were ever in Mexico, and so I think I bring a different perspective to my education."

Patricia's strengths are her ability to connect with people and her challenges while navigating nursing school are that she has missed family events: "I love to connect with people. Me gusta hablar con ellos a sacar plática con ellos o la razón, Qué está pasando (I love to talk to them and start conversation, what is happening, what is the reason)? ¿Qué te trae aquí (what brings you here)? Filling that need." Patricia finds missing family events challenging and also the rigor of the nursing program:

> The first term I didn't think I was gonna make it so yeah this is just nursing school. Let alone an accelerated program I really didn't think I didn't know what I was getting into. I mean I had heard all it's hard oh, you're not gonna have a social life. But really, being in that place where I missed my cousin's Quince, I missed my cousin's wedding. I missed the Daddy Yankee concert. I never thought I was going to miss so much.

But family has been very supportive which has helped her continue on: "Definitely my family support when I was, you know I I called my dad one day, and I didn't want to cry, but I was so stressed, so anxious, and he was like it's okay you know you're smart."

Patricia's Structural Description

While interpreting she would experience patients who complained that translation was not meeting their needs:

> My doctor is not understanding me. The interpreter didn't do a good job, I didn't feel that she really, or they really you know "Lo dijeron como yo queria que lo dijera (said it like I wanted them to say it)". Okay, I can really hear that, you know. So I was like, Oh, my gosh there's so much need, and I'm so passionate about the healthcare and access to healthcare. My parents are undocumented. So, a lot of the people we were serving, reflected my family, like no access to health insurance, worried about paying bills. And I was like, I wanna do more, and I think as a nurse I can identify with the culture and "help la comunidad (the community), help la raza (the people).

Patricia noted that lack of representation both in her peers and faculty impacted her nursing school experience:

> When I first walked in to meet the cohort, I counted the number of Latin and black students, and I was really disappointed. But at the same time, I wasn't surprised, so far everyone is great. My professors are great, very experienced but I do see that lack of BIPOC professors. My previous degree is in public health coming into this school this space is like nothing I've ever done. It's very challenging but I'm super aware of my professors and cohort, and I really only gravitate towards the students of color.

Multilingualism helps Patricia provide better care to patients:

> I think it's amazing I just started clinicals, and all my patients were Spanish speakers, but I am really excited. I guess when I do that it lets them know they're not alone in this process of the health care system that is already insane. I was really excited to put my Spanish to use when I was working. I had the opportunity to go through a medical interpreter certification and so that's kind of in the back of my mind, because I've been so focused in nursing school. But I really want to put that to use because you know it's easy to "Hablar espanol (speak Spanish)" but when you have that certificate saying, Hey, she's a nurse, but tiene su certificado (she has her certificate), there's no denying, she can interpret, she can be there. I'm really excited to put that to use, and just really connect con la comunidad (with the community) that's where my heart is, doing flu vaccines or ferias de salud (health fairs). Knowing I can talk to them, and they can be like, Tengo una

pregunta (I have a question)? Si hablas espanol (do you speak Spanish)? knowing that I can talk to them.

Patricia's culture and personal experiences help her connect and understand the struggle

of immigrants:

My school is very, we're anti racist and diversity (she holds up hands in quotation marks), an I feel when everyone is white, they don't have to worry about any of this. I don't really think they know these policies. They know that there's that structure of racism but I don't think they can really connect to people that migrated here, don't speak English, undocumented, worried about "la migra (immigration)" with Trump with the whole what he was trying to put the public charge rule. That was a big thing and so I don't think my education It's going to help us, or maybe right now I don't see it maybe in the future to really have these skills and communicate with this population and see a little more behind the curtain. I think the education that I'm having right now, so far is very much like here's what you do right like 1 2 3 and it's not more, you know, let's find out why this is happening. What can we do? What other resources can we refer them to? What policies can we change I think it's very just, here's a problem here's what you have to do.

Patricia is great at talking and connecting with people and providing them with resources:

I've been in Oregon my whole life and have worked for non profits so I feel that I can refer people to many resources. Oh que necesita esto, mire, aquí hay este número que puede llamar, sé que están haciendo esto (Oh you need this, look here is this number, call them). And I want to be en la comunidad (in the community), pero también (but also) at the hospital where I'll be working at because many hospitals have resources that we don't even know about especially non English speakers that go to the hospital and they don't know that they can get a ride home, or they don't know that they can get clothes and so like I really wanna connect the people to the resources to fill that need and just talk to them and you know I'll be like, okay, like what's going on.. ¿Y por qué no te estás tomando la medicina porque no estás checando su azúcar y está estresado (Why are you not taking your medication, why are you not checking your sugar, why are you stressed)? You know talk to them and let them know that I can help that not just like you filling the prescription. Here's something you can do manage your stress. I want to be like Ay ayuda (there is help), don't feel like no se puede (it can't be done), sí se puede (it can be done), you can do this.

Patricia reported having a good support system has helped her push through. Her father in

particular has told her:

You can do this take some time off, he knew, he understood that showing up to these events where, like a big deal for me. I had this in my calendar since last year. The quince (15th birthday celebration), la boda (the wedding), you know and so he was like it's. Okay, yeah. You don't have to be there like people, we're gonna understand this is

important, let it go. Just let it go. There's gonna be other Quinces (15ᵗʰ birthday celebrations) there's other birthday parties. So, I really had to let that go. So just that like encouragement. And then yeah, my partner also, just like he was really encouraging. And coming in from the school I definitely connected with the tutors, and I think, like the tutor she's Latina, and so I just knew like I can identify with her so that was really great. She was also just very encouraging, and she was like this is hard but you're doing it. You can do it, I'm here to help you.

Patricia would still pick nursing if she could go back in time but she probably would have chosen nursing from the get go:

I would probably just gone to nursing right after high school. But I'm glad that I was able to get some public health experience, because I'm interested in like doing public health nursing. But that's also just how I got connections you know learned about public health, and now I can combine both nursing and public health together.

Mayra's Textual Description

Mayra is a senior nursing student who is pursuing a nursing degree because she enjoys helping people: "I feel like I've grown into wanting to be able to help people being able to spread that help not just in my career field, but being able to give that knowledge, and sharing it with my family, with extended family and just other people that are close to me." Mayra describes being a nursing student in her program as a pleasant experience: "I really like the experience, and the opportunities they're able to give us even out at clinicals." Mayra feels that the best part about being multilingual is helping people with translation: "I feel like the most important part of being bilingual and the nursing program is like I said earlier I'm able to help more of the community by being able to translate."

Mayra's Structural Description

Mayra describes helping people is something she really enjoys especially if they have a language difference or barrier:

I'm really about giving care, and especially like for me as being a Latina. I really enjoy being able to be there for people that are not bilingual. I offer myself up to help them communicate, in any way that I can and I know there's obviously a limit to what I can

help with, but I try to as much as I can, because I've grown up, seeing my parents struggle through it I've been translating for them all my life.

Mayra describes being a nursing student in her program as a pleasant experience: "I really like the experience, and the opportunities they're able to give us even out at clinicals."

Being a nursing student in her program makes Mayra feel rewarded:

> I feel like I'm very rewarded to be able to go out in the community and get the different perspectives of being a nurse. I've never really had any bad experiences I know they're bound to at some point but I really enjoy being in the program and being a nursing student being able to just share my knowledge and receive all this knowledge continuously. There's no end to learning and I really like that. I like being able to learn something new every day, and just having something different pop up every day.

Being able to translate and being multilingual helps Mayra with calming people down, breaking down barriers and relating to people:

> Being able to translate, being able to calm someone down because they're afraid of what someone's doing, like if someone's going to go start an IV on them and they don't know what's going on. I can tell them in Spanish Oh, this is what's going on, calm down and it's a relief to be able to know at least what's going on. Even in English when you're telling someone they want to know too. It's just kind of different being able to approach someone that's a different language, and being able to be like, no it's an IV, this is the process, this is the reason, this is how long it's going to be there for, and it's an ease of mind. It brings down barriers for sure and there's not that miscommunication or anything like that. It'd be nice to be able to know some more languages, but at least with Spanish, knowing that there's more Spanish speakers, also I feel like that's quite a relief, for a lot of people already. Definitely language and just kind of I guess being able to relate to people depending on from where they're from.

Being multilingual is also a challenge especially when it comes to medical terminology for Mayra: "Although fluent in English I feel like there's definitely those words that especially like medical terminology in English that we learn in nursing school and stuff I definitely have those times that I don't know some of the words in Spanish."

Guadalupe's Textural Description

Guadalupe is a nursing student whose grandmother was a nurse in her native country of Mexico. She always looked up to her grandmother and saw the need to have more nurses in her

family and small town. She went into nursing to answer the need: "My abuelita (grandmother) she was a nurse before me." She went on to say: "They don't have nurses in the neighborhood, they don't have you people who really know about medicine in the neighborhood, and I thought, you know, maybe that could be me."

Guadalupe described her experience as nursing student as difficult due to difficulty understanding content and also language:

> It's very difficult and challenging because for example whenever there's an issue that happens you know there's still that, I look to my grandmother for advice, because she has the lot of previous knowledge but there's still a lot of cultural like don't go outside because your hair will get wet you know things like that.

She added that "English has always just been difficult." Being multilingual is a way that Guadalupe feels she can communicate with a variety of people: "It means that I'm able to communicate with a variety of patients." And her culture makes her aware that patients have differences and makes her more conscious of differences and how to help patients navigate that.

Guadalupe's strengths as a Latina nursing student are that she has a better ability to communicate and advocate and provide culturally competent care:

> Definitely being able to reach other patients. so I'm able to help more people. I always thought that as like a plus as a blessing to be able to communicate with people in a way that like makes them feel comfortable. To be able to bring my culture into medicine to be able to be a voice for others to be able to advocate.

Guadalupe describes her challenges as a nursing student stem in academics and having lack of diversity:

> I think when it comes to like high academic requirements, I don't know how to tackle those sometimes. I've been in white spaces, and it's been hard for me to like thrive. I went to a university for a very long time that's a private university who like would always promote like diversity and inclusion on the brochures and then you get there and you're like where's the people of color?

Despite the hard work and challenges, Guadalupe stated she would still pursue nursing if she could go back in time because "I love it because it helps me. It helps me connect with my grandmother. It helps me connect with my community. It helps me connect with my culture." She offered some ideas for changes to her nursing program; although she loves how inclusive the school is, she feels students need better training before taking trips to foreign countries: "I recently went to Honduras with my cohort this last summer, and I kind of noticed a couple of things with my other four girls that went with me, and we know there was a lot of ethical dilemmas that would pop up just like cultural considerations."

Guadalupe's Structural Description

Guadalupe described her grandmother as someone she looked up to and made her want to become a nurse:

> I kind of always looked up to her and I thought, you know I'm gonna I want to do the same and then on top of that, when I was twelve, I went to go visit my other abuelita (grandmother) who lives in Mexico, and I saw the rancho (ranch or small town) that she was living in and they don't have caretakers and curanderas (female folk healer or medicine woman) and they have you know traditional healers nearby but they don't have nurses in the neighborhood.

Guadalupe noted difficulty in nursing school was derived from her language difference and not having peers with similar backgrounds:

> We have research papers….for me there's just so much grammar. I have to have the premium version of Grammarly, and I have to plug all my stuff into and use like a thesaurus, and use all these different avenues and different resources, so that I can say what I wanna say and have it make sense, cause the first year, that I sent in my topics or my research papers, or anything like that my professors would give it back to me, and they would be like this doesn't sound right, fix it throughout all my pages. Or this is backwards, you know, like you're saying this sentence but reverse, you know. So that was difficult. I think another part of it was I went through my educational career, especially my health career doing my prerequisite with people who didn't really look like me.

Guadalupe's culture helped her be more culturally competent and aware that culture is a part of everything:

So when I would go to doctors' visits, and there would be patients that had diabetes or anything that the doctors would kind of recommend, okay, we need to stop eating tortillas. You need to stop eating this. In my head I was like, but that's their entire culture. How are you, not even gonna offer any alternatives. So I realized that when, in healthcare culture is such a big part of everything, even down to the food, because a person can have a disease process, and you have to think about the fact that in Spanish culture or in Latino culture, familia (family) is a big thing you know we take care of each other. So, we're gonna want to be more involved in taking care of our family. So as a nurse I always remember. How can I involve their family into these decisions? How can I involve this family into their care knowing that?

When describing her strengths, Guadalupe noted advocacy, communication, and ensuring she takes up space and speaks up for causes were important to her:

There's been a lot of like education for health care for immigrants and stuff, and that's a topic that's like really important to me. I love that we have you know healthcare for XYZ person but you know the farm workers is what we need. We need more protections for them. Especially after what happened in here in Oregon, where a migrant farm worker died of a heat stroke and there were no regulations in place. So, I carry my culture with me everywhere. You know like how can I exist in the space that doesn't have me in it. You know, I don't get that sense it's a difficult space to be in, but it's also a very rewarding space to be in because a lot of times I feel like as a Latina and a multilingual Latina you may be the only one in the room, but you got to take advantage of the fact that you're the only one in the room. Sometimes you gotta be louder than other people.

Guadalupe described the academic challenges she faced stemmed from language difference and having family who had not achieved higher education since she is a first-generation college student:

Sometimes I read assignments, and I'm like this makes absolutely no sense to me you know and then I feel almost kind of dumb for wanting to ask more about it. I'm already out of high school out of my prerequisite years like I should be knowing what it is that I'm doing or at least have an idea, and then it's hard because everybody else kinda seems like to tackle it so easily. I think that's just one of the biggest challenges and then, not having somebody who understands that language is a big part of it like my childhood, is a big part of it. The way that it grew up is a big part of it. When I was younger my mom only went to like sixth grade, and my dad only went to like, tenth and so that's as far as their help goes, with academics. So, I've had a figure it out almost by myself like all of these years, and I feel like I'm still doing that. You know you're a first-generation college student so you don't really have like a mentor or somebody to kind of like bounce things off of figure stuff out in the academic life.

Guadalupe found that connecting with other students like her had really helped her in this last stretch of her nursing program:

> One of the greatest things that helped me this year was that I met a group of Latinas in the incoming year and oh my God, it has been like such a relief! I don't even know how to explain like it. They are lost in the same things that I'm lost in, we'll get lost together and then it'll be okay. They'll be like, Oh, are you gonna make it to this thing? No cause I have family and I have family issues too. We're just interested in the same things, we want to research the same things, we're figuring it out together, and for the first time I don't feel like alone in it. Like I feel like I have four amazing girls who understand, who look like me, they motivate me. If you know they can do it, I can do it kind of thing. I think that was the biggest part that I was missing in my academic career, just to have someone go through the struggle with me. That looked a lot like me and understand things like me and then sometime we'll talk to each other, and we'll talk in Spanish, and I don't have to explain to you what this word means that just popped up my head, because sometimes it'll happen like they'll be talking to someone, and then I can't know the word in English, and I say it in Spanish. I can just be myself I don't have to code switch.

Guadalupe described that taking a trip to Honduras that was offered by her program with her cohort was wonderful but offered some changes to make it better. She also would like to add more content regarding traditional healing practices to her curriculum. Because she has been to Mexico, she is aware of some of the differences in other countries:

> When you go to Mexico sometimes you know you're not gonna shower with the hot water for like a week, you know we were getting there, and there were people complaining that there was no hot water. They'd be like Oh, my God there's no hot water, they would like feed the dogs, and we'd be like no, you're not supposed to feed the dogs. They would take pictures of children in the communities and I was like not a good look. You guys are not supposed to be doing that. They would also kind of hyper sexualize like the men. He's so beautiful, like he's a 10. When we got back we told the school. You know, I think we need to have the training. We need to have pre trainings before we go. Orientations list of expectations. We've presented that to the Dean, and she gave us the okay, so we're currently creating a presentation, but that's what I would do. I would add it to the curriculum. I would also add the fact that Westernized medicine isn't always right you know. I'm taking this from like when my grandmother would send us to curanderas or curanderos (folk medicine women or men, traditional healers). There's something that they're doing right with traditional medicine, and I wish we would incorporate it more. I wish we would learn about it. I wish we would learn about how other cultures you know what's important to other cultures, more because this is all I know just coming from being a Latina like this isn't anything that I learned in my curriculum and they should address that especially if they're gonna bring people that are not close to that culture or have not traveled to those places.

Laura's Textual Description

Laura is a new graduate nurse who has been out of school for a few months. She is working in an inpatient children's psychiatric facility. She is currently enrolled in graduate school. She describes her BSN nursing school experience as welcoming and her graduate school experience thus far as not Latino friendly. For her BSN studies, she stated: "I went to a campus which is generally a more Hispanic population." While in her graduate program, "it's I don't know… Portland, I feel isn't very um Latino friendly."

Being multilingual for Laura is a double-edged sword and she noticed her culture influenced her nursing practice:

> Definitely pros and cons, I think in terms of running into patients or kids that need the Spanish language, but it it's super great, because I feel like I can automatically connect with them. But I do know that I struggled as well. I know that I have a slightly non-traditional Latino family, but we're from Mexico, and so I know that a lot of the culture there is like. If your family members sick, then you take care of them.

Laura described her strengths as founded on the benefit of being multilingual, which is s source of connection to Spanish speaking patients since she is the only bilingual nurse on staff:

> I think that most of it (strength) revolves around just the language benefit, I do see a lot of kids that speak Spanish or like newer to the country. And the other nurses on our team, even though there's thirteen of us, no one else is multilingual, so I feel like that's a really big benefit.

Laura's Structural Descriptions

Laura described her education journey as different for her BSN and graduate programs. While her BSN program was very diverse, this was not the case in graduate school. Speaking about her BSN experience, she noted that there were "a lot of Latino people and also a lot of us spoke Spanish, and we were kind of able to connect over that and it was great because I ended up getting clinical placements where Spanish was really helpful to the communities that we were sent to. So that was great." When describing graduate school, she stated: ""It's a little different

there, because that's like the Portland campus, and there's only six of us in our program and I am

the only Latina one which I guess kind of makes sense, because there's only six of us."

Laura described difficulty due to the language difference:

Just like with all the readings and stuff, especially since, like I would always go with my
parents to the doctors and I was like the unofficial translator. But that kind of Spanish
versus like academic medical like Spanish English, is just completely different. So I'd
often find myself like in a conversation, and then having to stop and be like, I don't
actually know what that word is in English, and having to ask like in a round about way.
How am I supposed to be saying this so that was kind of a bummer, but I do think that as
I just got more familiar with the language, just the terminology in general, it got a lot
better.

Laura also confirmed that her culture influenced her experience as a nurse and nursing student

and she noticed she had some bias about the role of family as caregiver.

As family you kind of deal with whatever it is that comes up and right now I'm working
in pediatric psych and it's like a residential place. So people go, and they just kind of
leave their kids there who have psychiatric problems and that just seems so backwards to
me. Because why, aren't you taking care of your children? You know? Um. So I do think
that influences me a lot just because I come into it with a sort of bias of you're failing
your family members by just leaving them here. I feel like that's the biggest impact that
my culture or my upbringing, I guess, has on the way that I do nursing.

Laura noted she could relate to her patients better when they spoke the same language: "I

feel like then I can relate to the kids a little more um, and so we'll talk in Spanglish or just

Spanish, just depending on whatever they're comfortable with um, and I feel like that really

helps." Another strength she described was she had a different work ethic:

I don't know this might sound a little weird, but I also feel like I have a different work
ethic, and I just feel the need to go the extra mile. Um, and I don't know if that's just like.
I've always felt the need to catch up in order to be on par with everyone else. But I do
find myself often just like overworking, maybe a little bit, just so that I can feel like,
okay. I'm where I need to be. I can take a breather for right now, and I know that's not
really the culture um at the facility where I'm at right now.

Laura described her biggest challenge was finding work life balance and family time.

Despite the challenges if she could go back in time, she would still pick nursing again:

I would. Yes, I definitely struggled all three years of my BSN program, but I do think that it was worth it. I'm obviously still new to the profession, so maybe in a few years I'll be burnt out and think differently. But as of right now I feel like it's good. I'm happy, even though I'm not in the field that I thought I would originally be in. It's so great to make an impact in some small way, or maybe a big way, that you aren't really aware of yet but I would do it. And also it's just nice to have knowledge, even if you're not going to use that every day, just like knowing the science behind things and I feel like we have a lot like we at home have a lot of very non-traditional remedies to things, and it's like well that's not actually going to help you today like. Maybe we can try that, but also something to like, get things going. So that's kind of cool to be able to bring like maybe just like a different perspective into things that have been so ingrained. So professionally and like family wise, I think it was a really great choice for me, and I'd totally do it again professional in a family, you know, because we can guide them.

Marisol's Textual Description

Marisol pursued nursing as a career to help people and due to the stability:

I wanted to pursue a career. nursing because I like to help people, and I like when I make someone's day like a little bit better. But also like the stability of the job. and I also feel like like in Las Vegas there's a lot of Spanish speaking people and I've noticed going to the hospital most of the time they need a translator, so it would be cool if I can help my community with the Spanish speaking community out while I'm a nurse, too.

Marisol described that being a nursing student was a lot of work and she did not have a life: "Last semester, I think, was the hardest semester, but I heard next semester is a little hard to but I feel like sometimes. I feel like I don't have a life like i'm just kinda doing the next like assignment or studying for the next exam." For Marisol, being multilingual could make school harder and easier depending on the situation: "I think it can make it harder, but it can also make it easier." The cultural influence on her experience came into play when she interacted with peers: "There's some people in my school who are also Hispanic, and I feel like I get along with them more because we talk in Spanish sometimes."

Marisol felt her strength as a multilingual nursing student was that she could help patients who are Spanish speakers and she understood them:

I feel like with my patients that speak Spanish and they don't understand what that nurse is saying or the doctors is saying. I feel like it's such a big relief to them when I'm like

Oh, I speak Spanish, and they just kind of like tell me everything that's going on cause they don't feel heard. They don't feel like people understand them, so I feel like I provide relief to my to my patients when I tell them I speak Spanish and also I feel like I provide comfort.

Marisol's Structural Description

Marisol described school as hard but she had friends who made the experience easier:

But I like my friends at my school, so it makes it a little bit easier to go to school. I like learning, though, so I like my professors at my school. Yeah, overall it's good it's just a lot of work, and I'm trying to like balance my life a little bit right now. But I know, like right now is my time to just like hunker down and like focus on studying and learning.

Marisol's multilingualism had its benefits and its challenges:

I notice some words are based on Latin and compared to my like only English speaking peers, I kind of have an idea of what it means, because I can relate it to a word in Spanish. But sometimes it could be harder, because well, I grew up here so my English is pretty good but there are times I can't think of the word but I'm trying to say, and it's frustrating but I think overall it's more beneficial to me because I get two perspectives, and, like, I said, I can help people in the hospital that speak Spanish. So that is, positive and maybe something a little bit harder.

Marisol felt her culture was friendlier:

I think my culture is more like where a little more like. I also I learn in school that my culture but I've learned that like by seeing that we're more like friendlier. I don't know like we talk more like Oh, how are you doing? How's your day you know and for me that's kind of normal. But I could see like the different cultures some cultures don't talk that much. They don't do so much like small talk so Yeah, It also influences like my perception on patients like, I feel like I can understand people with my culture better than people that have a different culture, because I grew up with that you know, so I can like cater more towards the needs I'm still trying to learn like different cultures and different religions and stuff so I can be a good nurse one day.

Marisol noted that being multilingual and multicultural provided connections with her

patients:

They kind of tell me more about their lives, and want to connect more, cause we have the means to connect and to communicate. There's a lot of things I feel like I can help my patients with. I guess with the culture I understand certain things. We don't like cold things. I know to ask, hey, do you want ice in your water or no ice? Cause some people don't like ice. Also with my parents they've showed me their way of thinking so I know not everybody thinks the same but for the majority when I go out to parties with them, I

kind of hear the same trends. They will say, I don't trust these doctors or like I don't trust these people you know. I feel like education is a big part, too, because I noticed if you say in a way they understand, they'll listen to you versus if you give them these big words.

Cristina's Textual Description

Cristina decided to pursue nursing because she was inspired by a nurse she met while her brother was hospitalized. She also liked that it was a good mix of sciences: "I was like, okay maybe I'll try the nursing class here at school and I just tried it. I was like, okay, this is like a good combo of like social studies with science, that's pretty cool."

Cristina described her experience as a student in her program as a culture shock: "I feel like my nursing program, initially coming into the program it was a bit of a culture shock." Cristina felt that being multilingual and multicultural was a privilege: "Well as a nursing student, I think I feel privileged to be multilingual. It allows me to have more empathy for these patients." Cristina described her biggest challenge was language but at the same time, her biggest strength was communication, building rapport with patients, and educating her peers: "It bridges a gap of communication, and that ability to build rapport with patients, you know. And not only that, but you can also It also allows me to be able to educate my peers, my coworkers, and others that I work with on the culture, itself."

Cristina would still pick nursing if she had to do it all over again but would change one thing. She would add mental health support for students: "I would advocate for more mental health support for nursing students in general. Definitely I think I don't think that's a subject that is touched upon enough."

Cristina's Structural Description

Cristina's experience caring for her brother led her to nursing: "One time the charge nurse just asked me like, Oh, you take such good care of your brother and your mom Have you

ever thought about being a nurse?" The culture shock for Cristina stemmed from having peers

whose family backgrounds were very different from hers:

> I took my pre-reqs I like at Cal State University, near where I was raised and obviously it was full of people that lived locally as opposed to now that I'm in a private university, there's a lot of people who have more educated parents. I guess you could say people with higher education, like my parents are doctors, or mine is a dentist, and so forth. So they're more like second generation third generation students pursuing similar, if not further careers and I feel like for me it was like oh, well I'm just here like first gen. I don't have the started benefits that you can acquire as easily as like just talking to your family members, you know. So it wasn't that of a culture shock it does feel intimidating at times. I feel like if you don't have the right mentality for it can be a little bit….What could be the word? I guess it'd be easy to feel defeated at times when you're not at a certain level. But if you have a positive perspective, I think it definitely pushes you forward to try harder and actually fulfill the same standards, and to think like, Oh, even though I come from a different background, and my journey has been different, I'm still in the same room with these people.

Multilingualism for Cristina was both empowering and caused some difficulties:

> Multilingualism is an advantage in the clinical setting, because a lot of time we are working in a hospital that's in a low income community and serving people that are predominantly like of lower income, they obviously don't all speak English. Some of them speak Spanish and know little to no English. Sometimes there is a translator, and we don't necessarily have the time to wait for a translator. You call them and how long does that take? So sometimes they just ask who speaks Spanish and it kind of feels empowering to be like, Oh, I do, I can definitely help you help this patient out. There is that feeling like a privilege as well to know that you can provide that sense of safety and comfort for patients. Because sometimes they do feel intimidated and scared when they know they have to seek help, and they don't know how to. I know because my mom feels that firsthand when she would go to the clinics and such, and I would have to translate. I feel honored, and I think it does give me an advantage. But as a nursing student I think sometimes it could also be difficult and learning certain materials to the level of vocabulary that sometimes nursing requires more specifically with medications. I know I've struggled with that and learning medications, certain medications sound like Spanish, so you find like ways to remember them. But then other times you get tongue twisted and I don't know how to pronounce it, and I know it's like the Spanish in me where sometimes my first thought is Spanglish and I think of a word, how do I say that? or you know it just doesn't flow as naturally as for English speakers.

Cristina noted her experience as a nursing student had been smoother because of her solid

support system and her positive perspective:

My support system has been very solid. I would say especially hearing experiences of other students who may not always have that support system.I think that has a very big impact on your experience through such a difficult undergrad degree. Having a positive perspective, does help a lot as well. Sometimes as a minority, you sometimes feel embarrassed or ashamed of asking for help, or oh, I feel dumb because these people don't have to ask for help. But I don't feel like that's a good perspective to have cause then you're just gonna….you could ask and look silly for a few seconds or a minute or two and get an answer or stay there, not get an answer and think you don't look silly you know, and then eventually you fail, and you look even sillier you know. And it's like okay, other people don't have to ask that they have other resources. That's fine, you see yours you know, and I think that's a better perspective to have like if you really want it. You go for it, but definitely like making new friends, just because being open minded to it like, oh, working with other people and just leaning on people who are actually there for you and stepping away from things that don't help you. I think that's made my experience a bit better.

Cristina would pick nursing school again if she could go back but asserted more focus on

mental health was necessary:

I know a lot of us went through a lot. A lot of us go through depression, and we don't even notice a lot of us have anxiety. I started feeling burnout, and I didn't realize until I started til I would wake up and I would say I don't wanna go to school like I just don't wanna do that thing, but I would do it just because I don't wanna fail out so there is a point where I reached out to counseling because that's all I was like look. If they don't have the answer, somebody will you know and eventually, like I started doing therapy at school, and it was really helpful. But it was not until then where I was like three sessions into therapy, where I realized, Wow! Like. I have my anxiety so bad that I can barely take a test without like waking up without wanting the vomit, but I would I still would choose nursing. I feel like you know it's the level of difficulty i one that that just keeps you motivated to keep going. I think it's a career where you continuously need to be on your feet. You continuously need to keep up with upcoming information and data and interventions, and it just keeps you growing as a person. And I think if you have an open mind and an open heart and a positive perspective, it's a career that you can potentially always grow in right, not just as a professional, but as an individual, as well, you can learn from every person or every patient you treat, and you can also learn from your peers so, I think it's a great career.

Carmelina's Textual Description

Carmelina is a new graduate nurse who has been out of school for five months. She

works in a non-profit community center. She chose nursing to help others but being a nursing

student in her program was a culture shock: "I wanted to help people in my community." Being

a nursing

student in her program, "It was a little bit of a culture shock. It couldn't relate to most of my classmates."

Carmelina felt empowered to be multilingual and culture was a connection: "At the same time it honestly makes me feel empowered…. a lot of my patients, so I'm Salvadorian, and a lot of my patients here are Central American, and so you know we eat some of the similar things." Carmelina described her strength was she brought another perspective to nursing that allowed her to better relate to her patients:

> I think it's just more of like my perspective of living with my parents. The challenges of healthcare, I know how it can be scary going into appointment, and wondering whether my provider is going to speak Spanish, or whether they're going to understand where I'm coming from.

Carmelina would still pick nursing if she could go back in time: "Definitely would especially because of where I'm working now I feel like it's so rewarding to see families come in that remind me of my family."

Carmelina's Structural Description

Carmelina's reason for going into nursing was personal:

Personally growing up in a Spanish household I saw, and like I was able to live through what my parents were going through when they went to, for example, a doctor's office. A lot of times, they didn't have an interpreter so I was left interpreting for them as like 6 year old, a 7 year old, and It's really a big challenge as a you know as a kindergartener to go through that. I wanted to help people that have grown up in a way that I have, you know, as English, being our second language. And also I just never saw in in like the hospitals or in the doctor's office. I never saw people that looked like me or my family I Just saw you know people that didn't know a second language, and so I feel like That's really what what made me want to work in healthcare.

Carmelina described what it was like to be a nursing student in her program where she felt like an outsider and could not relate to her peers:

I went to a high school, where a lot of most of my friends and my teachers, even were of Hispanic descent, and then I went to a predominantly white school where I was the only Hispanic student in my nursing program, and it was a really big culture shock. A lot of

my classmates, their parents are nurses, their parents are doctors and like physicians, and my parents work in housekeeping, and it's just very different. I felt a little bit of an outsider. I was able to connect with other students apart from my program that weren't in nursing that were Hispanic. But just in my program itself I felt like I was a little bit of like singled out. I couldn't relate to most of my classmates like I mentioned before. I'm like the first nurse in my family, I'm the only one that even went to college in my family, and so I just felt like I couldn't relate to them, and that was sort of challenging, especially coming straight from high school. You know, you're trying to fit in with people, so I think that was one of the biggest challenges.

Carmelina described how being multilingual and multicultural was empowering and

helped her connect with her patients:

The community that I work in now it's a predominantly Hispanic community. It just makes me feel extremely important to be able to meet my patients needs not only physically, but meeting their needs, in their native language in a way that I understand their culture, because I also share that same culture that really empowers me in the workplace… if I have a a patient and I'm doing diabetes teaching, I know that I can relate to them with, like, you know, the tortillas y los tamales (and the tamales) all of that stuff. So, I know how good the food can be but it's also a way in recognizing that yes, this food is delicious, but also there are ways to, you know regulate that and educate them for food substitutes that are delicious in our culture but that are more healthy.

Carmelina described how she would still go to nursing school if she could go back in time

because of the reward she received from caring for families that reminded her of her own family.

She did, however, have recommendations of things she would change including having student

groups she could relate to and increasing diversity in the curriculum:

I think definitely what would have helped me through nursing school could an organization, or like a group of students that are maybe not just nursing students but just students in general that are first generation Latinas. Just something where I could relate to other people, and just like have a group of people that share my experiences and talk about that, would have been very beneficial, just someone that I could relate to would have been extremely helpful. Also, talk more about like diversity and nursing care. I feel like my school we talked about how, Oh, cultural considerations, but that's like the only thing they would say, they wouldn't go into depth. They would be like, oh, just always be culturally competent. And then we were kind of just left, what does that mean? And like, maybe I know what it means. Maybe it means like treating someone in their language, or you know, looking up their cultural differences but maybe the person next to me doesn't really know what that means. Or maybe I don't know the full meaning of cultural competence either, its just important to talk about and not just mention it and then, you know, brush it off, or expect us to know what it means. I don't know if that's really related

but that's something I think about. One of my professors skipped the entire chapter on cultural competence you know.

Paulina's Textual Description

Paulina is a nursing student who is one month out of her nursing program. She went to school as a collegiate athlete and had a previous bachelor's in public health before starting an accelerated nursing program. Her reason for going into nursing was she was exposed to nurses in high school and found a need in her community:

> I saw that need not just in my family, but I was like, if this is my family, this is all of us, like in my city, especially like the Portland. I'm from Portland and southeast, which is very diverse. You don't see a lot of nurses here that are brown or Latinos, and that was another thing that as I was applying for colleges, I was just like, you know. I didn't ever really see a doctor that looked like me, or that spoke my language, or a nurse that did that.

Paulina described that being a nursing student in her program was a feeling of impostor syndrome: "So I actually just graduated like a month ago, and I just started my job as a nurse. But that program was very interesting. I definitely had an imposter syndrome."

Paulina saw her multilingualism and multiculturalism as a way to help her communicate with patients and also facilitated a spiritual connection with them: "Spanish allows me to communicate with patients one on one." Paulina also felt multiculturalism and multilingualism connected her with her patients through communication and finding a spiritual connection: "Having, or being able to speak Spanish gives me that potential to help more people with their health care." Part of her culture was her religion and belief in God: "Being Catholic for me I really do believe in God. I'm very faithful with that. So, I just feel like that did push me to want to do good for others."

Paulina's Structural Description

Paulina answered the call for the need for nurses in her community after being exposed to

nurses in high school:

> When teens were at that age of driving, there were a lot of trauma nurses that would come into my school and give educational videos on what not to do. No drinking and driving all that. I would notice that like a lot of my peers would be like, Oh, my God! I would kind of study the nurses more and be like, you know. I want to be just like them. I wouldn't be able to help people, and like they're so like bad ass they can see blood and all that. So that's what spiked my interest. And then throughout my senior year of high school, I got the opportunity to visit my grandpa, who is unfortunately dying. He was in palliative care in Mexico. And so, I just really saw the importance of having family around having a family who can help which in my family, like they were trying to do the best that they could. But there wasn't like a nurse at home. There was no visiting doctors, we didn't have anybody in our family. That was certified as a medical professional or anything. And so I saw that need not just in my family. But I was like, if this is my family, this is all like nothing else around, like in my city, especially Portland. I'm from Portland and southeast, which is very diverse. You don't see a lot of nurses here that are Brown or Latinos, and that was another thing that as I was applying for colleges, I was just like, you know. I didn't ever really see a doctor that looked like me, or that spoke my language, or a nurse that did that.

Paulina's description of being a nursing student who had impostor syndrome stemmed

from not being like everyone else in her cohort:

> I felt like I was the only Latina in that program, and I maybe was one of five students out of a class of thirty who are actually not Caucasian. So, it was difficult to really see myself as belonging there, like having had the same opportunities as other people which in reality, like I didn't have the same opportunities. It took me a while to process that I was successful. I did belong here, like I'm getting the same ways. Like I belong here, but after a while, I really just turned into the education part and I did a lot of studying at home, since it was a lot of virtual classes. And I think we have like a healthy home environment so I was able to really focus on studying here and I just I got through it. It was an accelerated program, so it's been a blur. It was only a year long, and I felt like the needs that other people had were a little different from mine, especially since you know a lot of people came from a medical background, or they already had a lot of medical experience. I firsthand didn't have a lot of medical experience. I'm twenty-three years old. I was a collegiate athlete for most of my undergrad so I only had, like a year to really squish in medical experience and so with that I also felt like I was, you know, again, like at the bottom of the barrel, trying to like climb up the ladder through that class, but it was very inspiring to work alongside doctors from other countries who are wanting to be nurses. It was inspiring to work along paramedics who had these crazy stories that I could learn from. And so I think being surrounded by that positive influential group really helped me

to push forward and be like you know I can be like them, and help other people just like they have, it was difficult. Obviously, like any nursing program is difficult.

Being multilingual and multicultural was beneficial for Paulina for communication and a source of spiritual connection. It drove her to do good for others and comfort patients. On the other hand, language could also be challenging:

> Sometimes I do need to take that step back and allow, like an official translator, to come into the picture, to be able to communicate health problems as necessary…. I'm from el D.F. (the federal district also known as Mexico City), and so like a lot of people from my culture they don't like going to the hospital. I would see it in my family like my dad would be hesitant to go to the doctor, my brother wouldn't really want to go to the doctor, because of financial status, but there would also be like, Oh, I'm fine! I feel great! you know, they wouldn't be knowledgeable of what is going on in their bodies. So I think that influenced me that I want to do better, help out my community along with all those in my culture. With my culture that accounts being Catholic for me. I really do believe in God. I'm very faithful with that. So, I just feel like that did push me to want to do good for others. I feel like patients going through death, having that spiritual connection, even if it's not, you know, can be if the patients aren't Catholic you know, if they are not even religious at all. But they do wonder about that, about what's coming next, and I feel like that's helped me to help patients know what they're, or just to you know give them words of comfort, and allow them to be a little bit more a peace with themselves.

Challenges in language included:

> That communication piece like building a little bit more confidence my English, and like, you know There's a lot of people, like Oh, you don't have an accent. It's like, oh, do you expect me to have one? things like that. I'm just like ooh, you know, you gotta work on this, I can't be considered weak. I feel like confidence is what I've struggled with a little bit being in the field and honestly, not seeing a lot of people like me. I came here. I got to the United States when I was three, and I really started learning English when I was five. So I'm getting that based on I feel like we've learned the basics, and we don't have an accent because we were young. But I do struggle with learning medical terminology, you know there's words that I legit can't say, or if I try to remember it, I can't remember them, and then I say them wrong in front of peers and other people. And so, some people are super polite, and you know, just say, oh, you know correction. Is this right? But then there's other people like they do kind of make little jokes about it. It's just like Oh, that's uncomfortable, and like I can't really do anything about it.

Paulina described her strengths as hard working and the ability to understand and empathize with patients who come from different backgrounds:

I think I bring a lot of diversity. I feel like a lot of people like me who are multilingual come from another city, another background so we've had to work harder to be at that same position as other other people that we work with. And so being able to be hard working, focused, being disciplined all that really just translates into our practice on the daily when we're running around treating patients. I don't consider myself lazy. I don't consider myself finding excuses to skip over a certain part of my practice. I'm very kind and to the point, and I complete everything that I'm told to do, and I try to be overachieving at this point. I see myself as a great asset to the team. I'm hard working, I feel like that's what I bring to nursing. I also bring that background of, I'm different from most patients or most people that I work with who are Caucasian. I can understand patients that come in from a different background, so you know they feel alone. They feel like they sometimes don't speak English, they feel like the doctors may not be on their side. I kind of understand them, and I try to give them the best comfort that I can. I feel like a lot of people who are multilingual can help with that, and it's the little things, too, when you don't understand specific things in English, they sometimes especially with Spanish. You can translate because it sounds similar to Spanish, you know. I feel like that's also helpful.

Manuela's Textual Description

Manuela is a nursing student who is in the third semester out of five in her program; she had to repeat one semester and is currently at risk of failing again. She was attracted to nursing by having family members who are nurses in Mexico. She also was the family translator and caregiver from a very young age, helping them navigate the healthcare system:

I have a tia (aunt) and a prima (female cousin), we're from a small province one of them is technically the charge nurse from what I understand but the hospital is really super small and the other cousin followed her to do that so I technically do have family that are nurses. I always had to do everything for the family because I grew up an only child so going to the doctor my parents would say, Manuela translate.

Manuela described feeling different from her peers in her nursing program: "All of them are type A, all of them are tall blonde overachieving. All of them have loans all of them have no worries. I live in school. I work two to three jobs to pay for my tuition I don't think I study enough as much as I could."

Being multilingual for Manuela was a strength but could also be a burden: "I'm still a novice at language but it's wonderful being in different patient settings. I'm like ok well like we

go and follow the nurse and usually they're especially where we've been and where I work I've seen there's a different patient population. …So as soon as I see anyone who looks like me or we share the culture I'm like, I'm here."

Manuela's challenges included "not having support and not having the understanding from family." Manuela stated that despite all the challenges, she would still choose to go to nursing school if she could go back in time: "Yes, It' hard. I still want the change, but you have to be in the system to change it. It's hard but I want to change it. I want to make it better for somebody else."

Manuela's Structural Description

Manuela described how she was always the family translator and caregiver, not only for her parents but also her aunts and uncles from a very young age. The caregiver role was what ultimately put her on the path to nursing school:

> We would be at the doctor and I would say, pa tomate las pastillas (dad take the pills). I'm like oh, and then the doctor's would be like well he's not complying and I'm like dad, you're not doing it, and he's like, pero no quiero (but I don't want to). And when some emergency happened like for example my mom had to get a cyst removed from her glute, she wouldn't take care of it, it was a splinter and it got like really big. I was like 5, so I had to explain this really complex medical procedure. So I always had to do that part, and then when I was 15 my brother was born, so then now I'm like, oh now I have to make sure I take care of him, and then I'm still getting taken care of. I always had to be like the enforcer. I have to say everything, translate everything, make sure they do everything, and be the advocate. My dad works in construction, he always gets hurt and he doesn't want to go to the doctor so I'm like, ok, let me MacGyver this, hold on. I had to take care of him so I got used to it and then I started volunteering and I got more into it, so I decided to do it.

Manuela has had to juggle a lot and described many of her struggles in her experience as a nursing student. She also faced bullying in her program:

> I always have to juggle between being a student, being a mom sometimes because I have an exam, but my brother, he's my brother and he's six, then choosing between school. You can't say no, so the pressure and then the program pressure. I don't feel like I fit that mold. They're like oh why are you struggling so much? I'm like we're not the

same, but we're expected to have the same results (participant began to cry here but wanted to continue). Then in clinical they're like, oh no, you don't look good in your scrubs. There's a lot of bullying, but if there's this situation then it's like come help me. I'm like you don't know, but for the good of the patient I help. This happened a lot especially this semester with maternity there's a lot of Latinas. They're like, I can't believe she didn't get any prenatal care, and I'm like do you know how expensive that is? There's a lot of lack of empathy for those patients. They're like oh I'm really super nice but then one of those three leaves and they're really mean. I'm like wow or when I talked to a professor, they're like it's fine, just put your head down and get through it. They say like why don't you just take out a loan and pay for school? Who's gonna help me cosign for the loan? So its hard.

Multilingualism and multiculturalism for Manuela was a plus when caring for patients

because she could calm them down and help them understand what was happening:

I'm trilingual, I speak English, Spanish and I can sign American sign language. When I see a patient and they're like oh finally someone could tell me what's going on. I'm like has nobody been talking to you for the last days? and they're like no they would say they can't get a translator. I'm like, you are not ADA compliant so now I go find the charge ,and so they're like well we try. I'm like well how would you feel if I have you in the room and I'm poking you and prodding you and not telling you what's going on for days? I wouldn't be happy either, my blood pressure would be high too. I think they get subjected to a lot of unnecessary things, over medication, when maybe you would just be able to calm them down. I can, I'm, I guess adaptable, that can go with all the patients or like once when I tried to present on the disparities of language and healthcare, and I brought up sign language and they're like oh they can just read what I put on my phone. I'm like, sign language and English are completely different languages, no it's actually something like Chinese to English in the grammar and none of you realize that? Oh well, we just assumed…what you can't assume in healthcare, you can't assume with the patient. I can empathize with patients even from other cultures.

I can't be like oh your pain is a three without being able to communicate with you. I had one patient who had a lot of trauma. I was like ok I'm here, and I tried to do everything culturally. I was like I'm here you want to pray? what do you want to do? and I enacted more, at the end I even got her roommate, who was like a different culture to acknowledge it, they both thanked me and said, you're gonna make a great nurse one day. There's a lot of things, I feel like different cultures that when it comes to the empathy and nursing care they're like,vit's fine just give me the meds, and I'm like no let's talk, there's more to it, there's more to you as a person. I try to look at them and connect and share, because that's just how we are. If I have half an apple, you can have half an apple with me. That's engrained in my culture.

Manuela's strengths in her nursing experience were:

> I think el coraje (the courage) when I'm being told that I'm not good enough. I'm like ok, I could do it, yeah so I guess persistence despite failing or falling, yeah I'll still do it for me and for those who can't like my parents, I do it for them, or at least try. It's the resilience.

Manuela's challenges have been not having support from family, school, or peers:

> Like when I call my mom I'm like, Ay Ama ya quiero renunciar (hey mom I want to quit), no puedo (I can't) and she's like why can't you and I'm like well yo siento que no puedo (I feel like I can't) like doubt. Everyone's like, ohh my mom's a nurse Oh my cousin's a nurse ohh I have this person who's a nurse ohh I have my sister who did the same program and she's fine. I don't have that much, if I need help I'm like hey yeah, so it's kind of feel like yeah I had to get over the fact that I have to ask professors for help. But they're like oh teacher's pet. Or when I get like a difficult professor. They're like oh, you can just stop working, I'm like so are you gonna pay tuition? Then they're like why don't you study more? I'm like, can you show me how to study? and they're like no, you have to figure that out.

Things that have been most helpful for Manuela were professors and some clinical instructors willing to help:

> I had a professor who was like, I used to teach that, I can help you. She's not even the one teaching the course but she taught it before, so she was willing to help me. She always was the most helpful and directed me to other people that could help me. I have an instructor also that gave me a gift card to help me pay for new uniforms because my uniforms didn't fit after I gained weight.

Composite Textual Description

Hispanic BSN nursing students in this study felt a sense of duty to become nurses since many did not see nurses or doctors in their communities who looked like them. Many pursued nursing after already having another degree or working in other healthcare related jobs. Hispanic BSN nursing students in this study aspired to become nurses to help others including their families and communities.

Their experiences as BSN nursing students could be very difficult and they expressed feelings of isolation and feeling like they did not belong. The participants described a sense of

culture shock and lack of diversity in their programs, not only in the makeup of their cohorts but also in the faculty and staff. They described feeling a sense of safety and gravitation toward students of color in their cohort if there were any. Many felt that they could not relate to or face different circumstances from their peers. At the same time, the participants expressed feeling like it was important to be in those professional and academic spaces. They felt a sense of duty like they owed it to their community to persevere, represent, and encourage others to also pursue higher education. They shared feelings of gratitude and empowerment for being Latino/as who speak EAL while also having feelings of frustration and not being heard.

Many participants felt their multilingualism and multiculturalism was a benefit in helping them communicate and relate to patients. They described having more empathy for people from other cultures who struggled with language and socioeconomic issues. They found they could connect with more patients and could truly understand them due to their own life circumstances.

Hispanic/Latino EAL BSN students in this study felt their strengths included adaptability, empathy, resilience, advocacy, work ethic, and improved communication skills. They felt challenges included academic and professional language such as translating medical terminology. They felt socioeconomic, work life balance, and family duties were also challenges.

Despite the difficulties faced by all these students, they still felt like if they could go back in time they would still pick going to nursing school. They felt some changes needed to be made but they would still pursue this profession.

Composite Structural Description

Hispanic/Latino BSN nursing students with EAL face environments in their respective nursing programs that lack diversity and representation. They reported walking into spaces

where many times they were the only person of color. They reported either never having or having very few BIPOC professors. These students reported that when they did have other students like them in their programs or outside of their programs, they were one of a very few. This caused them to feel a sense of impostor syndrome because of the lack of mentors or people they could look up to that looked like them.

Some of these students were immigrants, or had parents who were immigrants, and they were first generation college students. They described having peers whose parents were very different from their own. They reported that many of their peers had parents who were already in the medical field or were professionals in other areas while their parents struggled financially and had lower paying jobs. Many of these participants described having to work sometimes more than one job to pay for their tuition and work life balance was very difficult. They described that because of their different circumstances, their peers were not understanding if they had different timelines for group assignments. They described having peers who lacked understanding for patients from lower socioeconomic backgrounds or with language or cultural differences.

The participants described being multilingual and multicultural as a strength in connecting and communicating with a variety of patients including those that did not share their own cultural background. Being multilingual and facing language difficulties throughout their lives gave them a different perspective and empathy for the struggles of others. They strove to go above and beyond to ensure patients with language differences felt understood and cared for. They strove to provide culturally competent care.

Due to their life circumstances, these students described grit, resilience, and a sense of responsibility to stay the course. They were trailblazers for their communities and as such felt the need to continue despite facing multiple challenges.

Restatement of Research Questions

The research questions for this phenomenological study were as follows:

Q1   What are the lived experiences of Hispanic/Latino EAL nursing students in the academic setting?

Q2   What do Hispanic/Latino EAL nursing students perceive as strengths and challenges?

Q3   How do culture and multilingualism impact Hispanic/Latino EAL nursing students' experiences in nursing school?

The researcher meticulously analyzed the data collected and utilized transcendental phenomenology as described by Moustakas (1994). This research method was appropriate to explore and describe the essence of lived experiences as the steps described in Moustakas' transcendental phenomenology method were well described for use by novice researchers. The essence of the lived experiences of BSN Hispanic/Latino EAL nursing students was derived from the synthesis of textual and structural composites.

**The Lived Experiences of Hispanic/Latino Bachelor of
Science in Nursing Students Who Speak English
as an Additional Language**

The lived experiences of Hispanic/Latino BSN nursing students who speak EAL was about a sense of duty for one's community and serving a greater purpose. It was about helping the community through care, education, representation, and connection. It was about being resilient and trailblazing. These students described being the only or first and thus had no prior knowledge or anyone they could ask for guidance. Instead of being the ones who were guided, they were the trailblazers for others. They were the caregivers in their families. They were the translators who helped their families and communities navigate foreign environments. Their experiences were about strength and hard work.

The lived experience of these students was full of challenges including isolation, culture shock, lack of representation, lack of mentorship, and lack of diversity. They also faced socioeconomic and language differences. Despite all the challenges they faced, these students described their need to succeed as a sense of responsibility to their community and others who could not. Others included their own family members who lacked education or those who did not speak English. They described fulfillment and a sense of purpose that was bigger. They described the desire to advocate for those who were marginalized because they understood firsthand what that felt like.

The perceived strengths of Hispanic/Latino EAL nursing students included connecting through culture and language. This strength was perceived as having the ability of improving patient care and providing culturally competent care. These students described being able to empathize deeply and personally with patients.

Conclusion

This chapter summarized the findings of the lived experiences of Hispanic/Latino BSN nursing students who speak EAL. Utilizing transcendental phenomenology as described by Moustakas (1994) helped to extract the meaning of this experience from the participants. In this chapter, the researcher presented a brief description of each participant in the study, results of the data collection that included themes, individual textual and structural descriptions, composite textual and structural descriptions, and restated research questions. Next, a synthesis of the composites is presented in Chapter V to form the essence of the experience.

CHAPTER V

DISCUSSION AND CONCLUSION OF THE INQUIRY

Introduction

This study aimed to explore the lived experience of Hispanic/Latino BSN nursing

students who speak EAL. Transcendental phenomenology was the method used to examine and

understand this phenomenon. The following research questions guided this inquiry:

Q1   What are the lived experiences of Hispanic/Latino EAL nursing students in the
      academic setting?

Q2   What do Hispanic/Latino EAL nursing students perceive as strengths and
      challenges?

Q3   How do culture and multilingualism impact Hispanic/Latino EAL nursing
      students' experiences in nursing school?

Moustakas (1994) described that after the organization, presentation, and analysis of data,

the researcher should summarize the study in its entirety and consider possible limitations. This

summary included returning to the literature review, distinguishing the findings from prior

research, and outlining a future research project that would advance knowledge on the topic.

Lastly, the summary should also discuss the outcomes of the inquiry in terms of social meanings

and implications as well as personal and professional values (Moustakas, 1994). In this chapter, a

discussion of the findings is presented in terms of the themes and synthesis of the essence of the

experiences analyzed and correlated with published literature. Next, the significance of the study

and the implications for nursing practice and education are discussed. Lastly, the strengths and

limitations of the study, accompanied by recommendations for future research, are also presented.

Fourteen participants from across the United States volunteered in this study: 13 females and one male. Ten participants were enrolled in nursing school at the time of the interviews, while four were newly graduated nurses. All the newly graduated nurses had been practicing for less than six months. Most of the participants were of Mexican or Mexican American descent, which included 11 participants. One participant self-identified as Salvadorean, one identified as Colombian, and one identified as Mexican and Guatemalan.

Theoretical Framework: Phenomenology

Phenomenology is useful when a researcher identifies a phenomenon that needs to be understood and individuals can provide descriptions of their lived experiences (Creswell & Poth, 2018). The research questions of this study, with a goal to find the essence of the phenomenon of being a BSN Hispanic/Latino nursing student with EAL, guided the choice of phenomenological framework. This study explored the lived experiences of these students since the literature revealed a need to focus on this population.

The steps outlined by Moustakas' (1994) transcendental phenomenological approach were followed throughout this inquiry. Participants' views on their experiences, roles, and attitudes were obtained through semi-structured interviews. Meanings or themes emerged from the data as the researcher treated every statement as possessing equal value, known as the horizon. Despite taking all the participants' horizons as equally important, it was not possible for the researcher to see all horizons of the experience. This is further discussed in limitations. For this inquiry, the textual meanings or horizons that emerged were subjected to the process of imaginative variation to develop structural textures of the phenomenon. The

next step was to extract textural and structural descriptions that were then synthesized into composite textural and structural descriptions, which is also described as intuitive integration. The result of this process is the essence of the phenomenon, which captures the meaning ascribed to the experience (Moustakas, 1994).

Discussion of Findings

The participants in this study had varying experiences of being Hispanic/Latino nursing students who speak EAL. The discussion to follow further expands on the findings of each theme. To ensure the participants voices are brought forth, the themes are discussed first and their relationship to the literature is discussed in the section that follows.

Theme 1: Serving a Greater Purpose
(Sirviendo un Proposito Mayor)

Every participant in this study described their reason for pursuing a career in nursing and enrolling in nursing school was to serve a greater purpose. Through their own personal experiences within the healthcare system, they witnessed a need for nurses who could relate to members of their community. They recalled experiences where they served as translators for their family members or patients and the struggle they witnessed. They described how they would rarely see a healthcare provider who looked like them or spoke their language. They described a desire to fulfill the need to be the helper who could relate to the struggles of their communities. They described the benefit and the ability they had to bridge the language barrier gap for their communities. They also described helping their communities by assisting with navigating the complex healthcare system and educating them. This sense of responsibility was a driver for the participants to succeed and the motivation to help others like them pursue higher education.

Serving a greater purpose was not only a motivator for Hispanic/Latino nursing students with EAL but also gave them a sense of responsibility. These participants described feeling like they needed to succeed in nursing school. not only for themselves but for their families, friends, and communities. Most participants indicated they were the only ones in their families who had pursued a higher education and were first generation college students. This gave them a sense of responsibility to succeed.

Theme 2: Double-Edged Sword
(Espada de Doble Filo)

The participants described both challenges and strengths in their experience as nursing students. The challenges are described first and followed by strengths.

Subtheme Double-Edge Sword:
Challenges

Challenges included feelings of isolation and invisibility, culture shock, family obligations, impostor syndrome, language differences, and lack of mentorship.

Isolation/Invisibility/Culture Shock/ Lack of Diversity. Isolation, invisibility, culture shock, and lack of diversity were all interconnected and are discussed as such. These feelings of isolation as described by the participants occurred due to being the only or one of the few Hispanics/Latinos or persons of color in their cohorts or programs. The participants described being underrepresented and a lack of diversity in their programs. Participants described entering White spaces where they had no one or very few people they could relate to including having very few to no BIPOC professors or mentors. They described culture shock because some reported their high school experiences were very different. They came from schools where they were not alone as Hispanic/Latinos but the nursing school setting was much different. Invisibility

presented itself at times when discussions came up in the classroom. Participants described not being heard by others or being the only one with a differing opinion on a subject.

An interesting finding from this inquiry was two participants did not report isolation or invisibility. These two participants described feeling connected to their peers and sharing struggles with them. They described that having this strong connection with their peers was essential for their success and they felt a sense of community. For these two participants. the commonality was they were enrolled in programs with a diverse student body where Hispanic/Latinos and minorities were not underrepresented in their views.

Family Obligations. A challenge described by several of the participants was that of family obligations including missing important events, feeling obligated to help out. and feeling unsupported by family members at times.

Impostor Syndrome. Several participants described feelings of impostorism for various reasons including having a darker skin complexion compared to their peers, being the only or one of very few Latinos in their programs, feelings that others expected them to fail, and questioning their ability to be successful in their respective programs. The participants said they had to keep reminding themselves how they also got into the same program as their peers and that they were capable. They described not having mentors or professors they could look up to, nor family members in health care they could ask for help, and they did not see others who looked like them in the academic and clinical spaces they entered.

Financial. Multiple participants described financial challenges while navigating nursing school including having to work multiple jobs to be able to afford tuition. This would lead to academic struggles since they could not devote as much time as they would like to their studies. They felt alienated from their peers who did not share those struggles. This finding was

consistent with the literature. Bergey et al. (2018) described how many EAL students had full- or part-time jobs, dependents, and financial hardships. Additionally, some of these students had lower wage jobs with unsteady or atypical work schedules and need flexibility with class delivery and pacing of coursework (Bergey et al., 2018). Woodley and Lewallen (2019) also described a struggle for EAL students due to financial hardship.

Language Difference. The participants described language differences as a challenge for them within the academic setting and clinical settings. These challenges were described as difficulty with understanding language used on tests, academic writing, and translating medical terminology. Of note, all the participants in this inquiry were what the literature described as domestic EAL students. They all described attending U.S. schools most of their lives with the average being 17 years and spoke English for an average of 15.92 years.

Medical terminology translation was another language-based challenge most of the participants described. Since they had naturally served as translators their whole lives, they described that medical terminology in Spanish was not something they learned in nursing school and wished they could learn to better communicate with their patients.

Lack of Mentorship. Several participants in this inquiry described a lack of mentorship and role models while navigating nursing school. They noted that because of this lack of mentors or role models, it was difficult to take up space in the academic or clinical setting. They felt that having a mentor would be very beneficial and wished this was something their programs could provide.

Subtheme Double-Edge Sword:
Strengths

The participants described several strengths they felt they brought to the nursing profession: improved patient care, multilingualism, and grit. They described they provided

improved patient-centered care because they brought another perspective and an ability to relate to struggles their patients faced. Their multicultural and multilingualism gave them a broader perspective. Their life experiences had given them the ability to overcome difficulties and this brought grit and resilience. They described they had a hard-working attitude and better work ethic due to the obstacles they had overcome.

Improved Patient Care. The participants described a keen ability to relate to their patients and this allowed them to build rapport with them. In addition, because they could relate to patients' struggles, they could offer solutions or resources to help them. They noted that multiculturalism allowed them to understand how cultures outside of the American culture operated and this made it easier to patients belonging to their own culture but also those from other cultural backgrounds. Because they witnessed the struggles of Hispanic/Latino patients, they provided the best care they could while in clinical.

Multilingualism. All the participants described that being multilingual was a strength in relation to caring for patients in the clinical setting. They described the multilingualism helped them connect with patients and allowed them to serve as translators. Being multilingual helped them be innovative and allowed them to communicate with more people. They described this as a benefit over their non-multilingual peers since staff or other healthcare professionals sought them out to help translate for patients. Their multilingualism allowed them to help patients and bring comfort to them.

Grit. According to the Cambridge Dictionary (2023), grit is defined as courage and determination despite difficulty. One participant, when asked what her strengths were, stated she had "coraje," which translates as courage. She described that she had the courage to keep going despite failing or falling. Many of the participants described difficulties and struggles

due to their life circumstances. They described having to overcome many challenges despite many obstacles. They brought grit, resilience, and a sense of responsibility to stay the course. They were trailblazers in their families and in their communities. It was important for them to stay the course and therefore kept them on course.

Theme 3: Culture Is Connection
Cultura es Conexión)

Most participants described culture as a way to connect with their patients and gave them the ability to provide improved patient-centered care. As discussed in the review of the literature, Hall (as cited in Xu et al., 2004) described "culture as communication and communication as culture" because apart from language, the utilization of time, space, touch, tone of speech, and eye contact all constitute communication in its broadest sense (p. 28). Culture shapes what data are taken in or left out so an experience is filtered through culturally patterned sensory screens (Xu et al., 2004). The participants described instances where they cared for Hispanic/Latino patients as well as patients from other cultural backgrounds who were not American and noted they were better able to relate to their patients' needs. They described a broader perspective and ability to empathize with their patients' struggles because they themselves had personally experienced challenges related to not being a member of the dominant culture. The participants noted that having a multilingual and multicultural background was beneficial for them in caring for patients.

Theme 4: Facilitators (Facilitadores)

The participants were asked what things helped them navigate their respective nursing programs. Participants described peer and family support as very beneficial. For a few, this included having other Latino students they could relate to. Additionally, several students described resources available within their schools were vital including writing support and

Hispanic/Latino groups or associations for mental health support. One participant described having a professor of color who was instrumental in guiding her. Lastly, only one participant described self-care and alone time as being vital while navigating her nursing program.

These findings were consistent with the literature. Derico (2016) described that EAL students' reported reasons for success were being involved, having support, providing structure, receiving another degree, and overcoming challenges. As noted in the description of the participants, many had another degree. One student had a master's degree, seven had a bachelor's in another field, and two had an associate's degree.

<div align="center">Relationship of Findings to the Literature</div>

The findings for this inquiry in relation to the theme of serving a greater purpose were not found in the literature. This finding was important in helping educators understand that this group of students were driven by something bigger and the desire to help their communities. Woodley and Lewallen (2021) note that Latinx students had an internal drive with perseverance to propel them to the finish line. This study focused on Latinx students but did not specify if participants spoke EAL. The nature of the participants in this inquiry as EAL speakers was a driving force as they described being translators from a very young age and coming to the realization that this ability gave them power to serve a greater purpose.

Double-Edged Sword: Challenges

Invisibility/Isolation/Culture Shock/
Lack of Diversity

The double-edge sword theme for the participants started off with challenges these students faced. The challenges of feelings of invisibility, isolation, culture shock, and lack of diversity correlated with themes in the review of the literature describing that EAL students experienced isolation, crisis, discrimination, and marginality (Choi, 2018; Flateland et al., 2019;

Gajewski, 2021). The participants in this study reported marginality as described by Englund (2019) who found that participants whose native language was other than English reported higher marginality scores than those whose primary language was English.

Financial

The family and financial challenges described by the participants were consistent with the findings of Graham et al. (2016) who concluded that EAL students might have a lack of support from family as well as financial and work barriers that made navigating nursing school more difficult. Woodley and Lewallen (2019) described that Hispanic/Latino nursing students experienced marginal living including tension between having to fulfill family expectations and the commitment necessary to succeed in nursing school. This was consistent with the descriptions of participants in this inquiry.

Impostor Syndrome

Impostor syndrome itself was not a theme described in the review of the literature for this inquiry but was a subtheme that emerged during data analysis. Barrow (2019) conducted a concept analysis to explore the concept of impostorism as applied to nursing and other disciplines. The results described impostorism as "a subjective, inaccurate self-assessment involving feelings of intellectual and professional incompetence and fraudulence despite external evidence of success" (Barrow, 2019, p.127).

Language Difference

The literature described language differences with EAL students but many authors conducted studies not focused or including Hispanic/Latino nursing students. Choi (2018) reported concerns with pronunciation and articulation, BICS, medical terminology, and writing for EAL students while Moore and Clark (2016) described difficulty with multiple choice exams.

In this inquiry, the participants did not report challenges with BICS, pronunciation, or articulation but did describe difficulties with CALP, medical terminology, writing, and multiple-choice exams. This might be related to the average time the participants in this study had been speaking English while the studies described in the literature included participants living in Europe and Australia who did not attend schools in the United States or learn English in childhood. This finding was consistent with the Cummins model which described that CALP took longer for EAL students to master with an average of five to seven years while BICS only took about two years (Abriam-Yago et al., 1999). Since these students attended schools in the United States most if not all of their lives, they had mastered BICS and did not struggle linguistically with social interactions, pronunciation, or articulation but did face challenges with academic language and medical terminology, especially when it came to translating medical terminology for others.

Lack of Mentorship

Lack of mentorship was a finding seen throughout the literature when discussing EAL nursing students. Graham et al. (2016) and Latham et al. (2016) described that lack of role models and mentoring might affect these students negatively.

Double-Edged Sword: Strengths

Improved patient care was a consistent concept described by the participants as they described being able to connect with patients due to their multilingual and multicultural backgrounds. This was consistent with the AACN's (2019) assertion of a connection between a culturally diverse nursing workforce and the ability to provide quality and culturally competent care. This becomes even more important when there are multilingual nurses caring for patients with language differences who are often underserved.

Multilingualism in nursing students was mainly described in the literature in a negative way in terms of the challenges. The literature noted that students with EAL faced significant communication differences due to the linguistic demands of nursing school and in some instances, they are more difficult to place in clinical rotations (Choi, 2018; Havery, 2019; Moore & Clark, 2016; Stroup & Kuk, 2015). The literature on EAL nursing students was saturated with studies conducted in countries other than the United States where students were more likely to be deemed international and not domestic. This inquiry focused on domestic EAL students who did have some academic linguistic challenges and described difficulty translating medical terminology. The overall reports on the meaning of multilingualism to the participants were it was very beneficial to be multilingual not only for the patients but for other students, faculty, and staff. The participants described their multilingualism as a strength over their peers that allowed them to provide improved patient care.

Grit was the last subtheme described by the participants and this quality came from hard work and perseverance. The participants noted that because their life experiences brought many challenges over their years, they had developed resilience and a hard work ethic. This finding was not described in the review of the literature for this study.

The Essence of Being a Hispanic/Latino Nursing Student Who Speaks English as an Additional Language

The essence of being a Hispanic/Latino BSN nursing students who speaks EAL is filled by a sense of duty for one's community and serving a greater purpose. This includes helping one's community through care, education, representation, translation, and connection. There is a sense of resilience, hard work, and trailblazing as first-generation students. The essence of being a Hispanic/Latino EAL nursing student is filled with challenges including isolation, culture shock, lack of representation, lack of mentorship, lack of diversity, socioeconomic challenges,

and language differences. Despite all the challenges the essence comes with grit (coraje) and a sense of responsibility to represent one's community. The essence of this experience also comes with perceived strengths that include connecting through culture and language. This strength was perceived as having the ability of improving patient care through empathy and providing culturally competent care.

Significance of the Study to Nursing

The literature described the push toward diversification of the nursing profession. This study described how Hispanic/Latino nursing students who spoke EAL faced challenges within the nursing school setting linked to a lack of diversity and representation. Students had a more challenging time navigating nursing programs when they felt isolated and unrepresented within the student body and faculty. This study provided an example of why holistic admissions processes in nursing programs could be beneficial in increasing the number of students of color including those of Hispanic/Latino descent, which could reduce the sense of isolation in this group. Additionally, this inquiry described facilitators that the participants either experienced or would have liked to implement in their programs. This information could be helpful in reducing attrition rates and NCLEX failure rates for not only Hispanic/Latino EAL nursing students but also other EAL nursing students.

This study added knowledge to the body of literature dedicated to the education of EAL nursing students and specifically for those of Hispanic/Latino origin. As described in the review of the literature, much of what we know about this group of students was focused on international students. The domestic EAL nursing student in the United States was understudied and difficult to identify since they had no requirement for English proficiency testing. This

unique study brought knowledge that nursing could utilize in developing pedagogical strategies to help these students thrive.

Findings from this inquiry added value and insight into the lived experiences of the participants, who were trailblazers with little to no assistance while they navigated uncharted waters. This inquiry added knowledge to nursing education that described the isolation this group of students experienced once they entered their respective programs.

Lastly, this inquiry added experiences of these students as they described their keen ability to connect with their patients culturally and linguistically, thereby providing culturally competent care because of that connection. These students were natural trailblazers, had resilience, and served as educators for their peers, families, and communities. They were called to nursing to fulfill a greater purpose and felt a sense of duty to do so.

Implications for Nursing Education

By better understanding the experiences of Hispanic/Latino EAL nursing student nursing educators, the profession gains knowledge on creating a more inclusive learning environment for these students and possibly other non-traditional students. First, all nursing schools need to examine their student demographics closely and identify whether their student bodies represent the diversity of the population in which they exist. Does the student body and faculty represent that population? If the answer is no, then the status quo is no longer viable and action must be taken. The status quo could perpetuate inequities and health disparities in marginalized communities and as the gatekeepers, nursing educators could make much needed changes.

Next, creating more inclusive learning opportunities for Hispanic/Latino EAL nursing students is crucial. Ways to increase inclusivity could come in the form of creating assignments or discussions that include a variety of voices and perspectives. It is important that nursing

students get a truly diverse perspective of experiences so they build a better understanding of the experiences of their patients. It is vital that educators dive deep into health disparities, racism, discrimination, and exclusionary health policies so nursing students understand the inequities they would face in caring for patients. Educators should not skip over or skim over this content due to fear or lack of understanding. Lastly, because this group of students faced financial and family obligations that could reduce their study time, nursing programs need to offer support for these students in the form of scholarships, grants, and flexibility.

Implications for Practice

As the population in the United States becomes increasingly diverse, so does the need for more diverse healthcare workers, especially nurses—the largest profession in numbers. Having a nursing population that matches the diversity of the population would broaden perspectives and allow for a variety of points of views within the workforce. Diverse nurses bring valuable life experiences that add diversity to the profession. Diverse nurses who are multilingual are an asset to the practice setting. These nurses help improve communication with patients and enable them to communicate their needs. When patients see nurses who have similar cultural backgrounds and share a common language, they open up and build better connections with their caregivers. Multilingual and multicultural nurses help bridge barriers for patients and can better relate to their patients with common cultural and linguistic backgrounds. The AACN (2017) asserted that integrating diversity allows for assumptions to be challenged, perspectives to be broadened, and socialization across a variety of groups to occur, which results in intellectual and cognitive benefits for all learners. When diverse students are present in the classroom, they bring a different perspective and group of experiences from which all students could benefit.

Future Research

This inquiry explored the lived experiences of Hispanic/Latino EAL nursing students. Inclusion criteria limited participation to only those who were currently in or had graduated from BSN programs. This limited the findings to only those within this group of students. Future research that includes or focuses on ADN students might bring a different perspective. Next, only one participant was male and the remaining 13 participants identified as females. Future research that focuses on Hispanic/Latino EAL students who identify as male might add a different perspective that could bring further insight and be compared to the experience to those who identify as females.

Next, the grouping of all peoples of Hispanic/Latino descent into one entity brought up several concerns. People who identify as Hispanic or Latino have origins in many different countries and as such carry different customs, culture, and even language differences. Latinos vary in the foods they eat, the way they interact socially, and even ascribe meanings to words another culture might understand differently despite it being the same word. Future research could bring varying perspectives if participants were divided into groups depending on their Hispanic/Latino heritage. In this inquiry, most participants were of Mexican descent and, therefore, this might have skewed the results.

Lastly, impostorism is an area that needs further exploration in the Hispanic/Latino nursing student population as well as other students of color. Understanding impostorism and its role in how BIPOC nursing students see themselves in the nursing profession could bring valuable knowledge to nursing in its quest to diversify the profession. Increasing representation of minority students seems to be a great way to reduce the prevalence of impostorism but might not be sufficient since these students had external factors that led to lack of representation in

nursing programs. These factors included structural barriers endemic in marginalized populations.

Study Limitations

The first limitation of this study was it only included nursing students enrolled in BSN programs. This criterion excluded a large proportion of Hispanic/Latino nursing students who were better represented within associate degree nursing programs across the United States. Another limitation of this study was it was purely voluntary and therefore excluded the experiences of those who opted out of participating in the inquiry. Next, many of the participants in this inquiry had another degree prior to entering nursing school and were all on track to complete their nursing programs. Therefore, the sample itself could be perceived as saturated with students who had already navigated higher education in the past. Additionally, the sample also included new graduate nurses who had successfully completed nursing programs and excluded students who were not successful in completing their respective program. This study also did not include nursing students who did not pass the NCLEX exam; thus, it did not have the perspective of students who were not on track to complete nursing school.

Another limitation of this study was generalizability was not possible as with nearly every phenomenological study. Since phenomenology focuses on the lived experience of a small participant pool, findings were not generalizable to the entire population of Hispanic/Latino EAL nursing students. Additionally, the sample included participants who were mostly of Mexican descent, which also limited generalizability. One strength of this study, however, was the participants lived throughout the United States and multiple states and regions were represented in the sample.

Recommendations for Nursing Educators

Implement Holistic Admissions

The holistic admissions process has been a hot topic within nursing over the last several years. This process was recommended by the AACN (2020) and was meant to help in assembling a more diverse population of students with varying backgrounds, qualities, and skills needed for success in the profession. There was a lack of literature on the process of implementing holistic admissions and a sense of resistance because of the unknown aspect that comes from trying something new. Nursing programs need to support faculty in developing a holistic admissions process and researchers must disseminate their findings from established holistic admissions processes to assist the novice programs in their own implementation. Hayes-Bautista et al. (2016) described barriers to increased diversity including weak representation of minorities within nursing faculty, healthcare organizations, and admission practices that fail to support minority students.

Provide Medical Terminology Training and Translation Courses for Multilingual Students

Every participant in this inquiry described being a translator of some sort throughout their lives. This came natural to them. Supporting these skills would be an excellent way that nursing programs could help this group of students. These students had the ability and desire to serve as translators and as nurses, they were fulfilling that role. Training courses could be offered that would allow these students to obtain certifications as translators so they felt confident in translating medical terminology. This would in turn benefit patients and improve patient care. This would also benefit hospitals in increasing the number of certified translators. Nursing students and nurses who serve as certified translators should be compensated appropriately. This

would motivate nursing students to continue developing this area of their nursing expertise. Future research on patient satisfaction related to translation services provided by a nurse versus a certified translator would be a great area of research that could lead to changes in the way educators prepare bilingual nursing students for practice.

**Increase the Number of Faculty
of Color**

Faculty of color are highly underrepresented in academia. This was experienced first-hand by the participants in this inquiry and created a feeling of not being represented. A lack of diversity amongst faculty sends a message to students that they are not valued in academic spaces. When students of color do not see themselves reflected in the faculty body, they do not feel like they belong. The AACN (2017) described that realizing the benefits of diversity in the profession of nursing would partially depend on expanding the traditional pool of nursing school applicants as well as through employing diverse faculty. Starkey (2015) found that 12.6% of nursing faculty were from a minority background while Hayes-Bautista et al. (2016) added that there was weak representation of minorities within nursing faculty. Participants described students needing to see themselves reflected in the student body and faculty within their respective programs and the importance of feeling represented.

**Ensure Hispanic/Latino Nursing
Students Have Support Groups**

Two participants in this study described learning environments where they had other nursing students who were of Hispanic/Latino descent and faced similar experiences. When students felt they belonged to a community or group, they seemed to thrive. Nursing programs and institutions should ensure that students have groups they could join where they could feel supported and a sense of belonging. These groups could make a big difference in the experience

of navigating uncharted waters. When students navigate difficulty together, they feel supported in their shared struggles.

Provide Financial Support Through
Scholarships and Grants

Financial barriers were present for many of the participants. Some struggled with having to work multiple jobs which in turn limited their ability to study leading to academic struggles. This was especially difficult for one student who was a DACA recipient. Providing scholarships and grants to students with DACA or who are undocumented would help to reduce financial burden and stress for these students. These students were willing and driven to fulfill gaps present in their communities. They possessed the ability to provide improved culturally competent care and were willing to educate peers and other health care providers in ways to care for diverse populations. Reducing their financial burden would be worth the investment and would provide exponential benefits to the patients and communities where they work.

Conclusion

This qualitative study gave voice to Hispanic/Latino EAL nursing students who were either still enrolled in nursing school or had recently graduated. Fourteen participants described their experiences from which four themes emerged: (a) serving a greater purpose, (b) double-edged sword: challenges and Strengths, (c) culture is a source of connection, and (d) facilitators. The participants lived across the United States and had lived in the United States most if not all their lives. They represented the spirit of America, which was built by immigrants, as they had either immigrated at a young age or were born here to immigrant parents.

Results from this inquiry demonstrated that despite facing many obstacles, these students were resilient and persistent. They were driven by a sense of responsibility and a sense of purpose. They brought broader perspectives, a hard work ethic, and empathy molded by their life experiences. They are an asset to the nursing profession and are instrumental in reducing health

disparities by providing improved culturally competent care and teaching their peers what this means. They have served as caregivers and translators their whole lives and are eager and motivated to continue to fulfill this role as nurses.

REFERENCES

Abriam-Yago, K., Yoder, M., & Kataoka-Yahiro, M. (1999). The Cummins model: A

framework for teaching nursing students for whom English is a second language. *Journal*

of Transcultural Nursing, *10,* 143-149. https://doi.org/10.1177/104365969901000208

Alharbi, M. F., & Yakout, S. M. (2018). English language proficiency and academic

performance of nursing students speaking English as a second language. *Nursing in the*

21st Century, 17(4), 5-11. https://doi.org/10.2478/pielxxiw-2018-0035

Alicea-Planas, J. (2017). Shifting our focus to support the educational journey of

underrepresented students. *Journal of Nursing Education, 56*(3), 159-163.

https://doi.org/10.3928/01484834-20170222-07

American Association of Colleges of Nursing. (n.d.). *Holistic admissions toolkit*.

https://www.aacnnursing.org/Education-Resources/Tool-Kits/Holistic-Admissions-Tool-

Kit/Implementation

American Association of Colleges of Nursing. (2017). *Diversity, inclusion, & equity in*

academic nursing. https://www.aacnnursing.org/News-Information/Position-Statements-

White-Papers/Diversity

American Association of Colleges of Nursing. (2019). *Enhancing diversity in the workplace*.

https://www.aacnnursing.org/News-Information/Fact-

Sheets/EnhancingDiversity#:~:text=Considering%20racial%2Fethnic%20backgrounds%

2C%20the,%3B%20and%202.9%25%20other%20nurses.

American Association of Colleges of Nursing. (2020). *Promising practices in holistic admissions review: Implementation in academic nursing* [White Paper]. https://www.aacnnursing.org/Portals/42/News/White-Papers/AACN-White-Paper-Promising-Practices-in-Holistic-Admissions-Review-December-2020.pdf

Barbe, T., Kimble, L., Bellury, L. M., & Rubenstein, C. (2018). Predicting student attrition using social determinants: Implications for diverse nursing workforce. *Journal of Professional Nursing. 34*(5). 352-354. https://doi.org/10.1016/j.profnurs.2017.12.006

Barr, D. A. (2019). *Health disparities in the United States: Social class, race, ethnicity, and the social determinants of health* (3rd ed.). Johns Hopkins University Press.

Barrow, J. M. (2019). Impostorism: An evolutionary concept analysis. *Nursing Forum, 54*, 127-136. https://doi-org.unco.idm.oclc.org/10.1111/nuf.12305

Bennett, M. P., Lovan, S., Smith, M., & Ellis-Griffith, C. (2021). Nursing's leaky pipeline: Barriers to a diverse nursing workforce. *Journal of Professional Nursing. 37*(2), 441-450. https://doi.org/10.1016/j.rofnurs.2020.05.002

Bergey, R., Movit, M., Baird, A. S., & Faria, A. M. (2018). *Serving English language learners in higher education: Unlocking the potential*. American Institutes for Research.

Bloomberg, L. D., & Volpe, M. (2019). *Completing your qualitative dissertation: A road map from beginning to end* (4th ed). Sage Publications.

Bonini, S. M., & Matias, C. E. (2021). The impact of whiteness on the education of nurses. *Journal of Professional Nursing, 37*(3). 620-625. https://doi.org/10.1016.j.profnurs.2021.02.009

Cambridge Dictionary. (2023). *Grit*. https://dictionary.cambridge.org/us/dictionary/english/grit

Cantwell, E. R., Napierkowski, D., Gundersen, D. A., & Naqvi, Z. (2015). Nursing as an
additional language and culture (NALC): Supporting student success in a second-degree
nursing program. *Nursing Education Perspectives (National League for Nursing), 36*(2),
121-123. https://doi.org/10.5480/12-1007.1

Choi, L. L. S. (2018). Perceived effectiveness of an English-as-an-additional-language nursing
student support program. *The Journal of Nursing Education, 57*(11), 641-647.
https://doi.org/10.3928/01484834-20181022-03

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five
traditions*. Sage Publications,

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among
five approaches* (4th ed.). Sage Publications.

Crotty, M. (2015). *The foundations of social research: Meaning and perspective in the research
process.* Sage Publications.

Cummins, J. (1983). Language proficiency and academic achievement. In J. Oiler (Ed.), *Issues in
language testing research* (pp. 108-129). Newberry House.

Derico, S. P. (2016). *Lived experience of successful English as an additional language (EAL)
nursing graduates* [Doctoral dissertation, University of West Georgia]. ProQuest One
Academic. (Publication No.1795585157).
http://ezproxy.library.unlv.edu/login?url=https://www.proquest.com/dissertations-
theses/lived-experience-successful-english-as-additional/docview/1795585157/se-
2?accountid=3611

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

Dudas, K. (2018). Living in two worlds: Experiences of English as an additional language nursing students. *Journal of Cultural Diversity, 25*(3), 87-92. https://doi.org/10.1016/j.pedn.2018.09.003

Englund, H. (2018). Relationship between marginality and minority status in undergraduate nursing students. *Journal of Nursing Education. 57*(6). 339-346. https://doi.org/ 10.3928/01484834-20180522-04

Englund, H. (2019). Nontraditional students' perceptions of marginalization in baccalaureate nursing education pushed to the periphery. *Nurse Educator, 44*(3), 164-169. https://doi.org/10.1097/nne.0000000000000581

Ferrell, D. K., & DeCrane, S. K. (2016). S.O.S. (students' optimal success): A model for institutional action to support minority nursing students. *Journal of Cultural Diversity, 23*(2), 39-45. http://ezproxy.library.unlv.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=115922524&site=ehost-live

Flateland, S. M., Pryce-Miller, M., Skisland, A. V.-S., Tønsberg, A. F., & Söderhamn, U. (2019). Exploring the experiences of being an ethnic minority student within undergraduate nurse education: a qualitative study. *BMC Nursing, 18*(1). https://doi.org/10.1186/s12912-019-0389-0

Gajewski, E. (2021). English language proficiency admission requirements of domestic English as a second language students and performance in a nursing program. *Journal of Professional Nursing, 38*, 104-113. https://doi.org/10.1016/j.profnurs.2021.12.008

García, I. (2020). Cultural insights for planners: Understanding the terms Hispanic, Latino, and latinx. *Journal of the American Planning Association, 86*(4), 393-402. https://doi.org/10.1080/01944363.2020.1758191

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 (National League for Nursing), 37*(3), 130-137. https://doi.org/10.1097/01.NEP.0000000000000003

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105-112. https://doi.org/10.1016/j.nedt.2003.10.001

Green, C. (2020). Equity and diversity in nursing education. *Teaching and Learning in Nursing, 15*(4), 280-283. https://doi.org/10.1016/j.teln.2020.07.004

Gross, C. P., Essien, U. R., Pasha, S., Gross, J. R., Wang, S., & Nunez-Smith, M. (2020). Racial and ethnic disparities in population-level covid-19 mortality. *Journal of General Internal Medicine, 35*(10), 3097-3099. https://doi.org10.1007/s11606-020-06081-w

Gu, Y., & Shah, A. P. (2019). A systematic review of interventions to address accent-related communication problems in healthcare. *The Ochsner Journal, 19*(4), 378-396. https://doi.org/10.31486/toj.19.0028

Havery, C. (2019). The effects of clinical facilitators' pedagogic practices on learning opportunities for students who speak English as an additional language: An ethnographic study. *Nurse Education Today, 74*, 1-6. https://doi.org/10.1016/j.nedt.2018.12.004

Hayes-Bautista, T. M., Schinck, W., & Hayes-Bautista, D. E. (2016). Latino nurses in the United States: An overview of three decades (1980-2010). *American Journal of Nursing Online. 116*(2). 24-33. https://doi.org/10.1097/01.naj.0000480514.69683.ac

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. https://doi.org/10.1016/j.nepr.2015.08.010

Holloway, I., & Wheeler, S. (2009). *Qualitative research in nursing and healthcare*. John Wiley & Sons, Incorporated.

Husserl, E., & Heidegger, M. (1964). *The phenomenology of internal time consciousness*. University Microfilms International.

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health.* The National Academies Press. https://doi.org/10.17226/12956

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

Khan, S. M. (2015). Influence of speech anxiety on oral communication skills among ESL/EFL learners. *Advances in Language and Literary Studies, 6*(6), 49-53. http://ezproxy.library.unlv.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1127504&site=ehost-live

King, K., Porr, C., & Gaudine, A. (2017). Fostering academic success among English as an additional language nursing students using standardized patients. *Clinical Simulation in Nursing, 13*(10), 524-530. https://doi.org/10.1016/j.ecns.2017.06.001

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. https://doi.org/10.3928/01484834-20161011-02

Lewis, L. S., & Bell, L. M. (2020). Academic success for culturally and linguistically diverse nursing students: An integrative review. *The Journal of Nursing Education, 59*(10), 551-556. https://doi.org/10.3928/01484834-20200921-03

Lopez, M. H., Krogstad, J. M., & Passel, J. S. (2022, September 15). *Who is Hispanic?* Pew Research Center. https://www.pewresearch.org/fact-tank/2022/09/15/who-is-hispanic/

Lum, L., Dowedoff, P., Bradley, P., Kerekes, J., & Valeo, A. (2015). Challenges in oral communication for internationally educated nurses. *Journal of Transcultural Nursing, 26*(1), 83-91. https://doi.org/10.1177/1043659614524792

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Merriam-Webster. (n.d.). A higher purpose. In *Merriam-Webster.com dictionary*. https://www.merriam-webster.com/dictionary/a%20higher%20purpo

Mikkonen, K., Elo, S., Kuivila, H., Tuomikoski, A., & Kääriäinen, M. (2016). Culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment: A systematic review of qualitative studies. *International Journal of Nursing Studies, 54*, 173-187. https://doi.org/10.1016/j.ijnurstu.2015.06.004

Moore, B. S., & Clark, M. C. (2016). The role of linguistic modification in nursing education. *The Journal of Nursing Education, 55*(6), 309-315. https://doi.org/10.3928/01484834-20160516-02

Moore, B. S., & Waters, A. (2020). The effect of linguistic modification on English as a second language (ESL) nursing student retention. *International Journal of Nursing Education Scholarship, 17*(1). https://doi.org/10.1515/ijnes-2019-0116

Moustakas, C. (1994). *Phenomenological research methods.* Sage Publications.

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. https://doi.org/10.1016/j.nedt.2018.10.007

National Institute of Minority Health and Health Disparities. (2022, February 21). *About NIMHD.* https://www.nimhd.nih.gov/about/

Neubrander, J., & Hall, V. P. (2011). Perceived barriers to Hispanic youths' entry into a career in nursing. *Journal of Best Practices in Health Professions Diversity, 4*(2), 649-656. https://www.jstor.org/stable/44869382

Olson, M. (2012). English-as-a-second language (ESL) nursing student success: A critical review of the literature. *Journal of Cultural Diversity, 19*(1), 26-32. https://www.ncbi.nlm.nih.gov/pubmed/22611840

Omery, A., & Mack, C. (1995). Phenomenology and science. In A. Omery, C. Kasper, & G. Page (Eds.), *In search of nursing science* (pp. 139-158). Sage Publications.

Perez-Stable, E. (2016). *Health research to improve health equity for Latinos* [PowerPoint slides]. https://www.nimhd.nih.gov/docs/latino-health-research.pdf

Pettit, A. M., & Duffy, J. J. (2015). Patient safety: Creating a culture change to support communication and teamwork. *Journal of Legal Nurse Consulting*, 26(4), 23–26

Randall, S., Crawford, T., & River, J. (2020). Us and them: The experiences of international nursing students engaged in team based learning: A qualitative descriptive study. *Nurse Education Today, 92,* 104527. https://doi.org/ 10.1016/j.nedt.2020.104527

Riley, A. R., Chen, Y., Matthay, E. C., Glymour, M. M., Torres, J. M., Fernandez, A., & Bibbins-Domingo, K. (2021). Excess mortality among Latino people in California during the COVID-19 pandemic. *SSM-Population Health, 15,* 100860. https://doi.org/10.1016/j.ssmph.2021.100860

Ruvalcaba, J. G., Welch, S., & Carlisle, J. (2018). ESL versus non-ESL nursing students' perceptions of incivility in the clinical setting. *The Journal of Nursing Education, 57*(12), 720-726. https://doi.org/10.3928/01484834-20181119-04

Salamonson, Y., Attwood, N., Everett, B., Weaver, R., & Glew, P. (2013). Psychometric testing of the English Language Acculturation Scale in first-year nursing students. *Journal of Advanced Nursing, 69*(10), 2309– 2316. https://doi.org/10.1111/jan.12098

Sedgwick, M., Oosterbroek, T., & Ponomar, V. (2014). "It all depends": How minority nursing students experience belonging during clinical experiences. *Nursing Education Perspectives, 35*(2), 89-93. https://doi.org/10.5480/11-707.1

Smiley, R. A., Ruttinger, C., Oliveira, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silvestre, J. H., & Alexander, M. (2021). The 2020 national nursing workforce survey. *Journal of Nursing Regulation, 12*(1), S1-S96. https://doi.org/10.1016/S2155-8256(21)00027-2

Starkey, T. J. (2015). The critical factors that influence faculty attitudes and perceptions of teaching English as second language nursing students: A grounded theory research study. *Nurse Education Today, 35*(5), 718-725. https://doi.org/10.1016/j.nedt.2015.01.017

Stroup, L. M., & Kuk, L. (2015). Nursing as a career choice by Hispanic/Latino College students: A multi-institutional study. *Journal of Nursing Education 54*(9), s83-s88.

Sullivan Commission. (2004). *Missing persons: Minorities in the health professions.* A report of the Sullivan Commission on diversity in the healthcare workforce. https://www.aacnnursing.org/Portals/42/News/Sullivan-Report.pdf

Torregosa, M. B., Ynalvez, M. A., Schiffman, R., & Morin, K. (2015). English-language proficiency, academic networks, and academic performance of Mexican American baccalaureate nursing students. *Nursing Education Perspectives (National League for Nursing), 36*(1), 8-15. https://doi.org/10.5480/13-1136.1

Tranter, S., Gaul, C., McKenzie, S., & Graham, K. (2018). Initiatives aimed at retaining ethnically diverse student nurses in undergraduate programmes: An integrative review. *Journal of Clinical Nursing, 27,* 21-22. https://doi.org/10.1111/jocn.14609

U.S. Census Bureau. (2015). *People and households*. http://www.census.gov/people

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy.* State University of New York Press.

Wilder, J. (2021). The disproportionate impact of Covid-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases 72*(4), 709-711. https://doi.org/10.1093.cid/ciaa/959

Williams, L. B., Bourgault, A. B., Valenti, M., Howie, M., & Mathur, S. (2018). Predictors of underrepresented nursing students' school satisfaction, success, and future education intent. *The Journal of Nursing Education, 57*(3), 142-149. https://doi.org/10.3928/01484834-20180221-03

Woodley, L. K., & Lewallen, L. P. (2019). Acculturation into nursing for Hispanic/Latino prelicensure nursing students and new graduates. *Nurse Educator, 44*(5), 255-260.

Woodley, L. K., & Lewallen, L. P. (2021). Forging unique paths: The lived experience of Hispanic/Latino baccalaureate nursing students. *The Journal of Nursing Education, 60*(1), 13-19. 10.3928/01484834-20201217-04

Xu, Y., Lippold, K., Gilligan, A., Posey-Goodwin, P., & Broome, B. (2004). A model for enhancing intercultural communication in nursing education. *Home Health Care Management & Practice, 17*(1), 28-34. https://doi.org/10.1177/1084822304268370

APPENDIX A

INTERVIEW GUIDE

Participants will be informed that they can provide their answers in English or Spanish as to allow them to respond in a way they feel most comfortable.

1. I want to understand the meaning of your experience, walk in your shoes, and explain things as you explain them. Will you become my teacher and help me understand?

2. Why did you decide to pursue a career in nursing?

3. Can you tell me what it is/was like to be a nursing student in your program?

4. What does being a multilingual person mean for you as a nursing student/nurse?

5. Does your culture influence your experience as a nursing student/nurse?

   1. Can you describe in what way?

6. What strengths do you bring as a Hispanic/Latino multilingual student/nurse to nursing?

7. What has been most challenging for you as a nursing student?

8. When thinking about your experience in nursing school, what are the things that were helpful for you?

9. Imagine that you had the ability to change anything about your nursing school experience what would that look like?

   1. Describe anything you would change.

10. If you had to opportunity to go back in time, would you still pick nursing as a career to study?

Thank you for all your comments. Is there anything else you would like to add before we end?

APPENDIX B

RECRUITMENT FLYERS

¡Se necesitan participantes!

UNIVERSITY OF
NORTHERN
COLORADO

¿Eres estudiante o recién graduado/a de enfermería de origen Hispano Latino/a/x? ¡Queremos saber de ti!
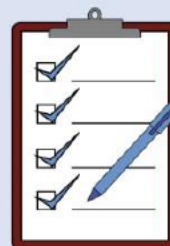
Participa en:

Investigación para obtener más información sobre las experiencias de los estudiantes Hispanos/Latinos de enfermería que hablan inglés como idioma adicional

Para participar debes:

- Autoidentificarse como hispano o latino/a/x
- Hablar Inglés como idioma adicional (ser bilingüe o multilingüe)
- Estar actualmente inscrito en un programa BSN y haber completado al menos 1 semestre de escuela
- Haber graduado de un programa BSN en el último año.
- Tener 18 años de edad o más

La participación implica:

- Reunión con la investigadora en persona o por Zoom durante una entrevista. La investigadora también es bilingüe y es enfermera latina.
- Una tarjeta de regalo de Amazon de $ 15 por su participación

Para obtener más información o registrarse, póngase en contacto con:
Esmeralda Clark MSN, APRN, estudiante de doctorado en la
Universidad del Norte de Colorado
clar0302@bears.unco.edu,
Esta investigación se está llevando a cabo bajo la supervisión de
Dr. Carlo Parker Profesor Asociado en la Universidad del Norte de Colorado

Participants Needed!

Hispanic Latino/a/x Nursing Student/New Grad
## We want to hear from you!

Participate in:
Research to find out more about experiences of Hispanic Latino/a/x nursing students who speak English as an additional language

To Participate you must:
- Self-identify as Hispanic or Latino/a/x
- Speak English as an additional language
- Be currently enrolled in a BSN program and have completed at least 1 semester of school
- Graduated from a BSN program in the last year
- Be 18 years of age or older
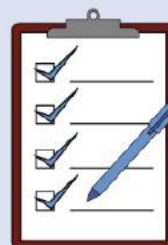
Participation Involves:
- Meeting with the researcher in person or over Zoom for a one-on-one interview. The researcher is a bilingual Hispanic/Latina nurse.
- A $15 Amazon Gift card for your participation

To learn more or sign-up contact:
Esmeralda Clark MSN, APRN, Ph.D. Student at University of Northern Colorado
clar0302@bears.unco.edu,
This research is being conducted under the supervision of
Dr. Carlo Parker Associate Professor at University of Northern Colorado

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY OF
NORTHERN COLORADO
Institutional Review Board

Date: 08/30/2022

Principal Investigator: Esmeralda Clark

Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**
Action Date: 08/30/2022

Protocol Number: 2208042686
Protocol Title: EXPLORING THE EXPERIENCES OF HISPANIC/LATINO EAL
                           PRELICENSURE NURSING STUDENTS IN ACADEMIA

Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).

- You make changes to the research personnel working on this study (add or drop research staff on this protocol).

- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.

- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - http://hhs.gov/ohrp/ and https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784

APPENDIX D

INFORMED CONSENT

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

Project Title: *Exploring the experiences of Hispanic/Latino EAL prelicensure nursing students in academia.*

Lead Researcher: Esmeralda Clark, PhD student, clar0302@bears.unco.edu

Research Advisor: Dr. Carlo Parker, carlo.parker@unco.edu

Dear Potential Participant,

I am a doctoral student at the University of Northern Colorado and am interested in studying the experiences of Hispanic/Latino nursing students with English as an additional language in the academic setting.

Using one-on-one, virtual interviews, you will be invited to share your experiences in nursing school as a Hispanic/Latino student who speaks English as an additional language. The interviews will be audio and/or video recorded and transcribed. The transcripts will be analyzed to identify themes. You and all other participants will be assigned a pseudonym for all analysis and reporting purposes. Digital recordings, field notes, and interview transcripts will be secured appropriately in a locked file cabinet, as well as password-protected computers, for the duration of the project.

If you agree to participate in this research study, we will request that you complete the following items:

- Answer questions about your experiences in the academic setting.
- Provide demographic information, such as age, race, sex, academic preparation, number of years as a pre-licensure nursing student or nurse, number of years speaking English and primary language as well as additional languages. Number of years living in the United States.

Your responses will only be shared with members of the research team. By participating in this study, you have given us permission to release information to these persons. Although confidentiality cannot be guaranteed, every effort will be made to maintain your confidentiality. The results of this study may be published in a professional journal, but the publication will not contain information that will identify you. The research data will be kept in a secure location, and only the researchers will have access to the data. After transcription, identifying information

will be removed. The consent forms and de-identified transcripts will be kept in a locked file in the Research Advisor's office for three years.

We do not foresee any risks to you because of your participation in this study beyond those that you might encounter in conversations with fellow peers. If emotional distress occurs, the UNC Counseling Center may be contacted for free counseling services. Please see the following contact information:

<center>

UNC Counseling Center

1901 10th Avenue, Greeley, CO 80639

(970) 351-2496

</center>

The cost of participating in this study is the time invested to participate in the interview. You will receive a $15 (fifteen) dollar Amazon gift card for participating in this research. Your participation will provide valuable information that can aid in informing and changing educational practices and educational initiatives.

If you have any questions or concerns, you may contact me by phone or email. You may also contact the Research Advisor, Dr. Carlo Parker, by email at carlo.parker@unco.edu or by phone at 970-351-1701.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. **Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research.** A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Research, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

APPENDIX E

DEMOGRAPHIC SURVEY

Please fill out or circle your information.

1. What is your age?

18-24   25-30   31-35   36-40   41-45   46-50   51-65   65+

2. What is your gender? Male Female   Nonbinary

3. What level of education have you completed (may include other fields besides nursing)?

High School Associates Degree   Bachelor's Degree   Master's Degree   DNP   PhD

4. How many years of schooling have you completed in the United States? _____

5. What is your race (you may pick more than one)?

White; Black or African American; American Indian or Alaska Native; Chinese; Filipino; Asian Indian; Vietnamese; Korean; Japanese; other Asian; Native Hawaiian; Samoan; Chamorro; other Pacific Islander; some other race. _____

6. What is your ethnicity (you may pick more than one)?

Non-Hispanic; Puerto Rican, Cuban, Mexican, Mexican American, Chicano/a; another Hispanic, Latino/a/x, or Spanish origin – Print, for example, Salvadorian, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, Chilean, Panamanean, Nicaraguan, Argentinian, Ecuadorian _____.

7. How long have you been in nursing school or been working as a nurse?

_____

8. What is the primary language that you speak at home?_____

9. How long have you spoken English? _____

10. Do you speak any other languages not already mentioned? If so please list _____

11. How long have you lived in the United States? _____