Perceiving and Coping with Exclusion: The Socialization Experiences of Ethnic Minority Nursing Students

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This study focused on the experiences of ethnic minority nursing students at a predominately white institution, the Health Sciences University School of Nursing in an attempt to learn more about the stress, appraisal, and coping of this group of individuals. The University School of Nursing was selected as a comparison site as it
offered a setting with no predominate ethnic group. Faculty's perceptions of students stress, appraisal and coping were sought to provide a context for the students' experience.

A review of the literature indicated that ethnic minority students in predominately white universities experience alienation. At some universities white and ethnic minority students and faculty differ in their perceptions of what should be offered as support to ethnic minority students. Studying the experiences of students at a health care science university, dedicated to the health and care of individuals provided useful insights. Of particular importance was the investigation of what constituted problematic and nonconstructive relationships and structures.

Symbolic interactionism, socialization theory, stress, appraisal and coping theory and attribution theory offered sensitizing concepts from which 23 ethnic minority nursing student and 12 nursing faculty interviews were taped, and analyzed. A constant comparative method of qualitative analysis proposed by Glaser and Strauss offered a systematic approach in developing substantive concepts.

Common to most nursing students was the phenomenon of making it in nursing school. Making it was characterized by two main categories, being out of control and gaining control. Being out-of-control was understood as the stress producing threats of conflicting demands of family, work and school and being sanctioned, the evaluation and approval by faculty of ones' professional performance. Gaining control included managing multiple demands, reaffirming ones' choice of nursing and disengaging from the student role to becoming a nurse.
A set of experiences unique to ethnic minority students was identified when some aspect of ethnicity was central to the problematic experience. A core phenomenon of exclusion as a threat to identity emerged. Three forms of exclusion were identified: (1) linguistic difficulty; (2) interpersonal disregard; (3) ethno-cultural incongruity. Students' acceptance of responsibility for the problematic situation influenced their coping strategies. Holding back, keeping silent, disengaging and giving up were the usual coping responses. Only when the stakes were high, for example passing a course, would students speak out, negotiate or confront to in order to preserve their academic progression.

Faculty accurately identified students' stresses as: staggering under the load, building a professional identity, experiencing isolation and facing cultural unresponsiveness. Faculty misidentified some of students' withdrawal coping behaviors as a cultural norm of being quiet or reserved. In addition, faculty offered descriptions of their own stress in teaching ethnic minority students with English as a second language such as trying to decide when to bend over backwards to help the students and when to draw the line.

The most important conclusion reached was that ethnic minority students experienced a set of stressors linked to their perceptions of their ethnic status. A major stressor was exclusion, in that it interfered with the core task of becoming socialized as a nurse. Weak social bonds within the school of nursing and to the profession can hamper the recruitment of others from a particular ethnic group to the school and ultimately into the health care profession.
A focus on the interpretation of interpersonal events in health care settings is crucial in surfacing the cultural nuances of understanding and meaning. Recommendations were made to: (1) develop an enriched grounded theory and promote mutual understanding through faculty, nursing staff and student group interviews and (2) increase the comprehensiveness of ethnic minority student retention data bases.
PERCEIVING AND COPING WITH EXCLUSION: THE SOCIALIZATION EXPERIENCES OF ETHNIC MINORITY NURSING STUDENTS

by

SARAH PORTER-TIBBETTS

A dissertation submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

URBAN STUDIES

Portland State University
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CHAPTER I

STATEMENT OF THE PROBLEM

The cultural diversity challenge to American institutions has a long standing history (Knowles & Prewitt, 1969). For institutions of higher education, the success of this challenge remains somewhat dubious. Reports of racism and discrimination on college campuses are overt continual reminders of the difficulties and complexities in meeting the needs of diverse ethnic minority groups of students. Despite the disparity in research across ethnic minority groups, related to campus environments, Smith (1990), points to the inescapable fact that overt and covert racism and discrimination are growing on college campuses. The inability of many institutions of higher learning to meet the cultural diversity challenge has been amply documented (Wright, 1987).

Professional nursing education, as part of higher education, faces the cultural diversity challenge by mandating nurses to provide respectful care to peoples of all cultures (American Nurses Association [ANA], 1985). Furthermore, the expectation is that nursing educational systems provide an educational base for care and cultural diversity (Brink, 1990; Mattson, 1987). Yet, nursing students are educated in universities and colleges reexperiencing a surge of prejudice and racism. Therefore, ethnic minority nursing students face the same
challenges as other minority university students. In addition, nursing students also learn and practice nursing within the wider context of the American culture. These educational and practice contexts are influenced by the inherent pressures of lingering ethnocentrism (Bruyere, 1991; Memmer & Worth, 1991). Strong expectations for conformance to the dominant culture are present among health care administrators, health care providers, and clients who form the Anglo majority (Amaya, 1991).

At the same time ethnic minority nursing students are facing the press of conformance to the dominant culture and possible prejudice, they are also confronting the special requirements of a professional education. Such an education is highly interpersonal and caring, as well as scientific and technical (Gortner, 1990). An indication of the impact of how nursing attempts to meet the challenge of its mandate to provide for culture diversity and to demonstrate a caring environment, should be found within the crucible of the lives of ethnic minority nursing students.

The impact of learning within an atmosphere of cultural insensitivity or outright prejudice has been documented several ways. Studies reporting student retention indicate that ethnic minority students have higher dropout rates (Nettles, 1990). More qualitative probes reveal that social factors are as important as academic factors in contributing to the drop out (Wright, 1987).

Ethnic minority students have more academic and social difficulty in school than the majority students (Wright, 1987). Willie's (1981) analysis shows how white college students treat blacks as if they were
invisible. White students expect blacks to conform to white standards, providing further argument for the importance of studying socio-cultural alienation among the ethnic minority college student population.

Research is in its infancy regarding whether or not ethnic minority nursing students experience racism and discrimination as a stressful part of their socialization into the nursing profession. Ethnicity as a factor is not addressed in the professional nursing socialization literature. Little is known about how undergraduate ethnic minority nursing students experience the socialization process and the accompanying stress inherent in nursing school. Inferences must be made from the nursing recruitment and retention studies about how ethnic minority students perceive their experience. The implication is that student loneliness and alienation are central features of their education. Practices identified as contributing to this situation are discrimination, highly restrictive admission policies in nursing schools, educational and economic deprivation, faculty inadequacy in meeting minority students' needs (Allen, Nunley & Scott-Warner, 1986) and few minority faculty and peers (Boyle, 1986). Minority students' experiences of nursing school include alienation (Claerbaut, 1976) and loneliness (Kayser-Jones & Abu-Saad, 1982).

Furuta & Lipson (1990) did observed that, "Minority students are apt to withdraw from nursing school if they repeatedly encounter what they perceive as bias, cultural naivete or entrenched ethnocentrism in insensitive faculty members" (p. 529). One way ethnic minority nursing students cope with the alienation is to withdraw from the situation by leaving school rather than face continual tension that accompanies such
emotional discomfort. But not all ethnic minority nursing students withdraw from nursing school. For those who stay, there is the prospect of coping with the usual nursing school stresses, as well as the stresses associated with being a member of an ethnic minority.

How ethnic minority nursing students perceive their educational experiences varies. What may account for those variations in perceptions and what coping mechanisms come into play for students who stay in school are sparsely documented. Yet, these are important elements in the professional socialization process.

Ethnic minority students seeking out nursing as a profession must become socialized into the American Anglo nursing profession. It would be risky to assume that this group of individuals experiences the socialization process in the same way as their Anglo counterparts. One might expect the transition through nursing school to contain a set of meanings unique to each individual to the extent that the population is heterogeneous (Russell, 1988).

It is known that ethnic minority students have been chronically under-represented in nursing. Furuta & Lipson (1990) point out that, "The multicultural expansion that has taken place in so many other areas of society has not occurred in professional nursing" (p. 528). Furuta & Lipson (1990) also observed after working with ethnic minority nursing students that being one of a few minority students precludes the student from gaining anonymity in a group and yet thwarts relaxing with their own kind.

The social dynamic of being one of a kind within a larger homogeneous population may place the student at a unique disadvantage.
Kantor (1977) made three relevant discoveries in her study of organizational behavior. (1) Being one of the few among many increased one's visibility, "they capture a larger awareness share (p. 210) and that created performance pressures; (2) Differences were polarized and exaggerated as the dominant group attempted to maintain its boundaries. That action placed the minority group on the edge or outside of the boundary of the dominants, leading to minority isolation; and (3) The result was that assimilation was accomplished by stereotyping and generalizations. This was usually based on a very small number of cases which lead to role encapsulation.

If these dynamics operate in the university organization setting it could create unique barriers for ethnic minority nursing students attempting to become professionally socialized. Adopting the values and behaviors of faculty and nursing staff and peer learning is part of that professional socialization process.

Even though the United States is experiencing the largest influx of immigrants since the early 20th century, with at least 20 percent of the population ethnic, only nine percent of the nursing enrollment reflects that ethnic population (Walker, 1987). Nursing school recruitment and retention strategies attempted to address the small numbers dynamic through pre-entry programs for students (Walker, 1987), tutorials and advocacy (Drice & Williams, 1978), and increasing minority faculty (Felton, 1987). Recruitment and retention strategies are designed to increase the effectiveness of socialization into nursing because the usual educational patterns fail to provide the facilitative feedback and role-modeling. The impact upon the student being socialized into an
anglo or Euro-North American nursing profession needs further development and understanding.

PURPOSE OF THE STUDY

It was the purpose of this study to develop a detailed description and theoretical analysis of the ways in which ethnic minority students experience, understand, and cope with the stressors of becoming nursing students within a university setting. How faculty understand the student's experience adds a crucial perspective to the gestalt of ethnic minority nursing professional socialization. Faculties' viewpoints are described, analyzed, and compared to the students' perspective.

The study of ethnic minority nursing students offers a unique opportunity to view the socialization process within a professional environment that holds as its highest value the philosophy of equity, respect for persons, and caring (Gortner, 1990). Additionally, this is taking place in an era of increasing racial tension and hostility. While the student perspective is the paramount focus, the faculty perspective will add a critical backdrop to an emerging substantive theory of the way ethnic minority nursing students experience and cope with socialization on one health science university campus.

The lack of research documenting the impact of socialization on culturally diverse ethnic minority students in professional schools of nursing, suggests that a descriptive study using qualitative methods could provide a detailed account of important phenomena in students' lives. A constant comparative process used to develop a grounded theory was selected to investigate this problem. In this inductive and
iterative approach to discovering patterns and themes, the review of the literature plays a small initial role in influencing the development of theory. As the study proceeds, the literature is reviewed based on emergent concepts from the data. Therefore, the linear order in which the logic of the study is presented does not necessarily reflect the iterative, doubling-back logic used in conducting the study.

There is a plethora of terminology and definitions in reference to the population studied. To promote the focus of the study, students' experiences, individual student heritage characteristics are not identified. Instead, more general concepts were selected, ethnic and minority, to refer to the study population. The terms "ethnic" and "minority" found in this study are used interchangeably and cautiously. It is understood that for some, the terms may carry a divisive and inegalitarian connotation (Yinger, 1985). For others, ethnicity can also be "felt as a primordial sentiment ... and a valuable tool for the protection or enhancement of status" (Yinger, 1985, p. 161). By using the term minority as well as ethnic, the intent is to keep the door open on both opportunity factors and culture factors as explanations of the perceptions of inequality that may appear within nursing education.
CHAPTER II

BACKGROUND AND REVIEW OF THE LITERATURE

BACKGROUND

The development of nursing education within the system of higher education has been relatively brief and riddled with victories and indignities (Winslow, 1984). A better understanding of the backdrop of tensions and conflicts provides an appreciation of the complexities of educating ethnic minority nursing students within that context. Background information about baccalaureate nursing education provides a necessary perspective of the context within which ethnic minority nursing students develop their professional identities and competencies. The background section is divided into five areas: (1) the social world of baccalaureate nursing education, (2) development of baccalaureate nursing schools, (3) baccalaureate nursing curriculum, and (4) characteristics of nursing students (5) stress among faculty in nursing schools. It is the intent of this section to create an appreciation of the forces impinging upon the nursing profession. These forces challenge and threaten the profession in the wider scheme of its historical development and play out indirectly in a microcosm of educating nursing students.
Baccalaureate Nursing Education

Organized nursing education developed first as an apprentice program within the hospital structure under the domination and direction of hospital administrators and doctors (Ashley, 1977). The twin dynamics of cheap labor in the hospital and male dominance over the nursing practice arena was kept in motion by the nursing ethic of loyalty and obedience to the physician and organization (Winslow, 1984).

Nurses were educated to serve as the surrogate mother, parent and care-taker. Nurses were educated to be compliant to a person, the physician. In organizational sociology, compliance is also an indication of a more low prestige, low status job (Hamilton, 1978).

The thrust of the women's movement beginning in the 1960's was a forceful lever in moving nursing education from a training status to a scholarly educational status. Winslow (1984) captures this shift by analyzing nurse practice acts, revised codes of ethics, new legal precedents and a wealth of books and articles from which he noted movement from the loyalty ethic to an advocacy ethic. That shift was a signal that nurses were moving away from compliance to the physician to a higher level of internalized standards and obligations generated from commitment to the client's care and safety.

In spite of those internal changes, current nursing education functions in universities and health care settings that continue to be male dominated (Rich, 1979; Ashley, 1977). The extent to which nursing in the health care system and nursing in higher education has been able to become autonomous and equal is debatable (Katzman, 1989). Kaler, Levy and Schall, (1989) report the public continues to link nursing with
attributes of tenderness, warmth and sympathy, all aspects of feminine
sex-role stereotyping. Baggs and Schmitt (1988) found mixed reviews
for the existence of collaboration between physicians and nurses.
Roberts (1983) reviewed studies documenting that nurses and nurse
leaders exhibit characteristics similar to others in oppressed groups.
Thus, nursing students are educated within a profession that itself is
conflicted about its boundaries and within a larger systems that contain
elements of oppression.

Development of Baccalaureate Nursing Schools

There are several routes available to becoming a nurse, and therein
lies a problem. The legacy of the hospital training schools continue,
although fewer in number. The university-based nursing schools slowly
increased in number beginning in 1909 to a modest number of 455 in 1985
(Ellis & Hartley, 1988). However, the associate degree nursing schools,
which began in 1952 in the wake of the community college movement,
rapidly increased to 778 programs in 1987 (Ellis & Hartley, 1988). The
1964, American Nurses Association's (ANA) position that minimum
preparation for beginning professional nursing practice should be a
baccalaureate degree education in nursing met mixed response from the
majority of nurses who were diploma or associate degree graduates. Even
though the ANA's position set the stage for the decline of the hospital-
based diploma programs (Ellis & Hartley, 1988), it is not so with the
associate degree programs. Consequently there is an ongoing tension
within nursing about the preferred entry into practice choice (Warner,
Students from baccalaureate programs must meet the requirements of the university or college, as well as the specific nursing school requirements for entrance and graduation. Associate degree programs located in community colleges are two years in length and students also must meet the requirements of both college and nursing programs. Accreditation of programs by the National League for Nursing began in 1952. Students from all programs take the same national council licensure examination leading to the same licensure status. This licensing practice reinforces the internal tension around the entry level into the profession. Another feature of the atmosphere within nursing education is the tension created by the profession's pluralistic routes to a single type of licensure examination. Thereafter, there is a leveling effect in clinical practice. While some hospitals reward nurses with a baccalaureate degree with higher salary, this not a uniform practice, nor is it likely that nursing performance expectations are separated by education (McClure, 1978).

**Baccalaureate Nursing Curriculum**

The curriculum of baccalaureate programs is generally organized to provide one year of liberal arts and three years of nursing courses, or two years of liberal arts and two years of nursing courses. The nursing curriculum contains theory courses and clinical courses. Students' clinical courses occur in a variety of health care settings where they assume responsibility for portions of patient care to complete patient care. The emphasis is on applying theory and research to practice. At the completion of the baccalaureate program, graduates are expected to demonstrate leadership, patient advocacy and professional responsibili-
ty. Thus it is assumed that the baccalaureate nurse is technically proficient, scientifically oriented, humanistic and caring, and an assertive leader (Wallace, 1987). The next section is an examination of attributes that have characterized nursing students over a period of time.

Characteristics of Nursing Students

Until the last decade, nursing students were predominately middle-middle to lower-middle class, women and white, entering nursing school toward the end of their adolescence (Schwirian, 1984). Early studies indicate that nursing students fit the traditional nursing stereotype of religious values, desire to help others and timidity (Schulz, 1965; Stein, 1969) and the traditional image of adult womanhood valuing home and family above work (Gunter, 1969). Students were highly committed to their career choice and few would seriously consider giving it up (Gunter, 1969).

In response to the women's liberation movement, and to other social and economic transformations during the past twenty years (Wong, Wong & Mensah, 1985), the type of students entering nursing schools have changed in some important ways. More students are older, married with families, caring for elderly parents, have second degrees, and come from another career. Increasing numbers of men and ethnic minorities add to the growing heterogeneity of the student demographic profile. Normally occurring late adolescent adjustments previously complicating nursing socialization have already occurred. Adult developmental issues now compete with the socialization process (Julian, 1989/1990).
Comparison of data over the past 20 years of investigation suggest that nursing students' values have changed from a highly religious orientation to one that is more humanistic and concerned with economics (Conway, 1983; Garvin & Boyle, 1985). Leadership, autonomy and economic interest emerged as important values among nursing students (Garvin & Boyle, 1985). However, career motivations for nursing students continue to include a higher interest in working with people and helping others than non-nursing peers (Grassi-Russo & Morris, 1982).

The purpose of examining personality orientation and values is to either be able to predict the behavior of nursing students or explain, compare, or contrast patterns of behavior or evaluate program outcomes. When studying a relatively homogeneous group of students, cultural influence is assumed to be pervasive and therefore, not considered a separate influencing factor. This assumption would not hold up when examining the values of a heterogenous group. Cultural influence would be an important factor to understand.

There was no comparison data of the values and personality traits of the various groups of ethnic minority women choosing nursing and other fields. No comparison was found of ethnic minority nursing students as a subset compared with the majority nursing student set. The extent to which the variety of ethnic minority nursing students would fit in with the majority nursing students, by virtue of compatible values or personality traits, is not known. One could assume that ethnic minority students were joining a group of caring, nurturing and compassionate colleagues. Yet, the values of autonomy could present difficulties for some ethnic groups, for example, those who value group
dependence/interdependence above individual autonomy (Chew & Ogi, 1987; Jones, 1987). The focus of research on recruitment and retention of ethnic minority nursing students suggests that their fit into nursing school is problematic. It is affected by the lack of ethnic minority faculty with whom they can identify (Boyle, 1986). The ability to identify with and then internalize white Anglo nursing faculty values by ethnic minority nursing students, some of whom are first and second generation immigrants or refugees or who are from a tightly knit ethnic community, may have important implications for the socialization process and comprehension of stressful events.

Faculty in Nursing Schools

Faculty and the ambiance created by faculty in a school of nursing are in a sense part of the environment of the nursing student. Therefore, an understanding of the stresses of the nursing faculty role is important in the understanding of the experience of becoming a nursing student and is consonant with the symbolic interactionist perspective as well as socialization theory.

The traditional nurse faculty role in the university setting is comparable to faculty in other departments. Nursing faculty were expected to teach, advise students, develop curriculum, with the conduct of research and publishing a lower priority. Since 1970, pressures in the profession of nursing and in higher education have changed the nurse faculty role (Griffith, 1988). There is an increased value among nurse faculty as well as universities for productivity in research and publication. In addition, clinical practice has become highly valued for the opportunity it presents not only to keep current, but also to
generate relevant practice-related research questions (Mobliy, 1991). This integrated faculty role is extremely demanding. Heavy workload, a tenure process that rewards research and ignores practice, lack of administrator support for practice, and lack of effective faculty evaluation mechanisms produce much frustration (Griffith, 1988). Fortunately, not all universities perpetuate these frustrations. Some settings have developed innovative and supportive methods for including clinical practice in the workload expectations.

Complex demands exist within the faculty role and include multiple relationships with patients, families, students, staff nurses and other health care professionals, as well as faculty colleagues (Hinds, Burgess, Leon, McCormick & Svetich, 1985). Conflicts are common and arise from holding memberships in two professions, nursing and education. Hinds and colleagues (1985) rank ordered stressors in four areas of faculty involvement (classroom, academia, clinical and administrative). The top ranking stressors were: Developing innovative methods for presenting class content, managing time to meet commitments to students and to the university, deciding between meeting a patient's need versus a student's needs and dealing with faculty reluctance to share an added workload. Their findings are consistent with other findings documenting the conflicting roles of nurse and educator (O'Connor, 1978; Fong, 1990).

Olson (1986) investigated the relationship between selected demographic variables, stress and social support of nurse-faculty from 10 university programs in the Pacific Northwest. Faculty stress was not correlated with the demographic variables. Married faculty and those
with fewer publications reported more social support resources available than their unmarried, more published colleagues. However, married, older and more published faculty perceived more social support than did their unmarried, younger and less published colleagues. Faculty who perceived themselves to have high social support reported significantly less stress.

A study of role strain, socialization, and personal characteristics was conducted by Mobily (1991). Using a role strain scale, socialization, and demographic characteristics with full-time, tenure track nurse faculty, it was determined that 50 percent of those studied experienced moderate to high role strain. Teaching undergraduates in the clinical ten or more hours a week and having a master’s as the highest degree added more role strain than having a doctorate and teaching graduate students in the classroom and/or clinical nine hours or less. Lack of faculty development in research and an academic orientation, being married and having children also added to the role strain.

The relationship between role strain and perceived stress was not investigated. However a number of items in the role strain scale were similar to items in instrumentation related to stress, for example, burnout scales. In addition, several subscale items, role ambiguity (lack of clear information regarding expectations or consequences) and role incompetence (lack of required skills, knowledge or ability to enact role) could easily apply to what faculty may experience teaching cultural diverse students. Faculty stress levels, as part of the
environmental context within which nursing students are socialized, are
seldom addressed in the literature.

REVIEW OF THE LITERATURE

The review of literature germane to this study covered four areas:
(1) socialization of nursing students; (2) stress and coping among
nursing students; (3) retention of ethnic minorities in predominately
white universities; (4) ethnic minority nursing students with English as
a second language; (5) stigmatization and ethnic minority nursing
students.

Socialization of Nursing Students

Professional socialization implies the internalization of the
dominant professional attitudes, values and standards as explicated and
demonstrated by the faculty in the professional setting (Ondrack, 1975)
occurring over time transcending situational factors (Light, 1983).
Schulz (1965) and Stein (1978) found that students manifested changes in
personal attributes during the period of study in predominately clinical
and professional courses which meant that significant differences in
personality patterns were found between sophomore and senior levels.
Student and faculty values found to be similar in that three of the top
five variables were the same for both faculty and students, although
they occupied a different ranked order (Schultz, 1965).

Conway (1983) suggests that students with similar attitudes as
nursing faculty enter nursing school. Thurston et. al. (1989) using
Rokeach Values Survey also found faculty and students more alike than
different in the realm of personal values. The top three values of
responsible, honest and loving were the same but reversed in priority with honest placing second for both groups. Faculty valued responsibility first and students valued loving first. Conway (1983) also found support for the idea that as students progress through the program, student and faculty conceptions of the ideal nurse merge. Regardless of mutual beginnings, students and faculty end up with similar in value. Hence, it appears that the Anglo majority nursing students become adequately socialized. Similar comparisons of the subset of ethnic minority nursing students have not been conducted.

Although the nursing literature has addressed certain issues related to socialization, such as retention of minority groups, the experience of socialization of ethnics, immigrants, and refugees as minority populations has not been addressed. It would be expected that the difficulties in socialization experienced by native minorities would apply to immigrants and refugees. Non-native speakers would have the added challenge of bridging linguistic and cultural differences (Murray, 1991). Anecdotal reports (Abu-Saad, Kayser-Jones, & Tien, 1982; Tien, 1982) described the challenges of mastering nursing school in English when the student is new to the American culture. Bruyere, (1991) described the risks to self-esteem, related to the cultural and linguistic disparities, among minority nursing students in Anglo-based Canadian nursing schools. Refugee nursing students may also be healing from their traumatic exodus to the United States. This healing process can take years to complete (Lin, 1986; Lin, Tazuma, & Masuda, 1979; Williams & Westermeyer, 1986).
Stress and Coping Among Nursing Students

Preparing student nurses to function in high stress environments is an implicit task of nursing education. However, nursing school seems to have its own stressors related to the educational process (Contanch, 1981). Brown, Braders and Oberman (1974) reported that the socialization process is loaded with inner conflicts and ambivalence that possibly plague nurses years after formal education has been completed. Nursing educators and researchers (MacMaster, 1979; Mancini, Lavecchia, & Clegg, 1983; Haack, 1988), point out the detrimental effects of nursing school stress on student learning and student morale. In this section, qualitative and quantitative studies on stress and coping among nursing students are presented. Historical studies are reviewed. Contemporary studies are examined within the context of the Lazarus and Folkman (1984) interactive stress-appraisal-coping model.

Historical Overview. McKay (1978) reviewed articles from 1935-1977 addressing various aspects of stress experienced by nursing students related to the educational setting. Poor student-faculty relationships, such as fear of faculty, lack of good faculty role models, and lack of curriculum coordination, were consistent findings regardless of the changes in nursing education over the 42-year span. Nursing education moved from a hospital-based apprenticeship with military-like training (Winslow, 1984) to the baccalaureate degree program fostering leadership and autonomy (Ellis & Hartley, 1988). According to Schirian (1984), many early studies were characterized by anecdotal information and numerous methodological weaknesses. They do, however, highlight the ongoing and unresolved nature of stress in nursing education.
Stressors Identified by Nursing Students. Recent qualitative and quantitative research about stress in nursing education attempts to gain more specificity about the nature of the stressors and the nature of stressors over a period of time (MacMasters, 1979). The review begins with qualitative studies.

Parkes (1985), using content analysis, studied diploma students from London to classify students' perceptions and interpretations of day-to-day demands and frustrations into six major content areas. Three areas (care of dying patients, interpersonal conflicts with other nurses and insecurity about professional skills and competence) accounted for two-thirds of the total episodes reported.

Similarly, Grassi-Russo and Morris (1981) used content analysis to identify negatively perceived experiences of beginning nursing students. Of the fourteen major content areas identified, two-thirds of the episodes came from four areas (overall pressure and stress, fear of failing school, interpersonal relations and others failing school). Given the high priority nursing students place on humanistic values, it is not surprising that interpersonal relations figure prominently in their concerns, thus becoming a possible source of stress.

In a Canadian study, MacMaster (1979) used the critical incident technique to identify sources of stress and concerns for each class by term in a university nursing student population. The sources of stress were academic, clinical and social-personal. These stresses varied year by year and within each year as well. The year-one class identified instability and insecurity in their academic abilities, coupled with a fear of failure. The year-two class identified the heavy academic
workload and clinical practice as the main concern. The year-three students' main concern was the instructor behaviors undermining students' self-confidence that resulted in reduced effectiveness in their clinical performance. The year-four students were stable and mature with few if any concerns in the clinical area. These fourth-year students experienced minimal examination stress and demonstrated typical social-personal difficulties commensurate with their age. MacMaster's (1979) findings are supportive of Lazarus and Folkman's (1984) contention that stressors do not have to be catastrophic or major life-events to be perceived as stressful. In addition, the perception of what is stressful changes over time and in relationship to one's developmental and situational circumstances.

Melia (1982), using grounded theory, constructed six conceptual categories from the substantive issues raised by students from a hospital training program in England. These categories cover a range of stressful experiences such as "nursing in the dark," where students lacked sufficient information about their patients to conduct a meaningful patient-centered dialogue to "just passing through," a state of transiency used by students to rationalize many of their unfavorable experiences. "Nursing in the dark" is a prime example of how environmental factors such as ambiguity and temporal uncertainty (Lazarus & Folkman, 1984; Light, 1979) contribute to the appraisal of stressful situations.

Windsor (1987) also used grounded theory to gain a better understanding of beginning university nursing students clinical learning experience from the students point of view. Three stages of
professional development were identified relative to the students' clinical experience. The initial stage was characterized as the most stressful period where students were very unsure of themselves, highly dependent on the instructor and focused on mastering psychomotor skills. During the second stage, students began to explore other aspects of nursing beyond the psychomotor skills. Yet, they still felt confused and unsure as to what nurses do besides those type of skills. The final stage was marked by a growing confidence and "feeling like a nurse." Students were finally comfortable not "knowing everything" because they know where to find the answers. Overall, the most problematic areas for students were poor quality of patient care and disapproval from patients, staff or instructor. Indeed, common themes throughout the four qualitative studies were stress around patient care and student-instructor/staff relations.

Quantitative studies indicate a similar range of events identified by nursing students as stressful. Garrett, Manuel and Vincent (1976), focusing only on stressful experiences, found academic pressures related to examinations, assignments and homework to be the single largest source of stress even though clinical practice concerns were mentioned most frequently, especially among beginning students.

Smith (1987), a senior nursing student, conducted a survey of nursing students from three different degree nursing programs. She asked beginning student nurses to list nursing-related problems causing the most anxiety and fear. Writing a plan of care for one's patient, fear of the unknown and difficulty of drug calculations on pharmacology examinations were the top three anxiety provoking events listed by
students. Other responses involved academic performance, lack of experience and self-confidence, interpersonal relations with instructors and unreceptive hospital staff.

While in general these concerns are not unlike those of other university students (Carter, 1982), the subjective quality of the experience for the nursing students is difficult to evaluate. For example, the level of commitment to and the stakes involved in the production of academic work would influence the appraisal of the stressful event (Lazarus & Folkman, 1984).

Influence of Personality and Environmental Factors on Appraisal and Coping. Personality factors influencing appraisal of stressful events and the role played by general beliefs about control is discussed by Lazarus & Folkman (1984). As an example of these beliefs, Lazarus and Folkman (1984) cite Antonovsky's concept of a sense of coherence which is a pervasive and enduring global orientation of confidence that one's internal and external environments are predictable. Also, there is a high probability that situations will work out as can be reasonably expected. A survey-based study examined the influence of similar personality variables on nursing student stress.

In this survey, Sobol (1978) studies the relationship between self-actualization (internalized values that guide behavior and the assessment of self and others) and stress (trait and state anxiety). Self-actualization was a significant predictor of the amount of anxiety which occurred in response to the potential stress of evaluative events.

British studies by Parkes (1984, 1986), using Lazarus and Folkman's (1984) interactional model, were conducted using nursing student
samples. Parkes (1984) examined locus of control (which is akin to a sense of coherence) as a personality factor in relation to cognitive appraisal features and coping strategies. Students with an external locus of control (having less influence and control over one's life) rated work-related episodes as having higher importance more frequently than did students with an internal locus of control. Ambiguous appraisals posed the most difficulty for students with external locus of control.

Coping responses were also affected by personality variables. Rather than marshalling a broad spectrum of response to assure adaptive problem solving, as did those with an internal orientation, students with an external locus of control reported significantly fewer general coping responses. Externals also had a less focused pattern of coping when situations were more clear cut, using suppression to a greater degree than internals. Students with an internal locus of control were able to discriminate the specific nature of the demands of the situation and focus their coping efforts on a limited number of appropriate strategies. It appeared that students with an internal locus of control had a more adaptive coping pattern than those with an external locus of control.

In Parkes' (1986) study, individual differences (extraversion and neuroticism) and environmental (social support and work demand) and situational factors (type of stressful episode and perceived importance) were found to be significant predictors of coping strategies. These strategies included general coping, direct coping and suppression. The more extraverted nursing students used direct coping (direct action and
planful problem solving) more frequently than did introverted students. Students used direct coping more in situations where they had more authority and experience, as in patient care settings. These students used less direct coping in situations where they experienced less authority, as in public reprimands from senior ward staff. Suppression as a coping response was determined by higher levels of neuroticism and introversion and perceived importance of the episode being less important. The higher the workload and the lower the social support, the greater the number of coping strategies used. No attempt was made to relate this finding to her previous study (Parkes, 1984) of internal and external locus of control personality features. However, Parkes has demonstrated the importance of personality, environment and appraisal on nursing students' coping response patterns.

Outcomes of Stressful Events. Outcome studies of stress in nursing students cover a range of short term consequences. Accidents and errors were found to increase in relation to recent life changes and available social support (Sheehan, O'Donneli, Fitzgerald, Hervig & Ward, 1981). Work environment of a medical unit and lack of social support gave rise to increased somatic distress and depression (Parkes, 1982). Short-term absence from work increased among students in the early years of schooling (Price, 1984). Novel situations with the presence of an instructor increased physiological and psychological stress indicators such as blushing, hand tremors, impaired memory, dropping objects, fear of failure and helplessness (Kushnir, 1986). Lastly, burn-out, depression and increased use of alcohol related to an external attribution style and a lack of social support (Haack, 1988).
Table I presents a summary of the major variables from qualitative and quantitative research organized vis-a-vis the stress, appraisal, and coping (Lazarus & Folkman, 1984) model. The majority of socialization and stress/coping research in nursing has been centered on the predomi­nate ethnic group of white middle class women. Therefore, much has been written about the social world of nursing students in general and the experiences of undergraduate minority students is becoming more adequately documented. What little is known about the world of the undergraduate ethnic minority nursing student in relation to professionai socialization and its impact on stress, appraisal, and coping needs further explication.

Ethnic Minorities in Predominately White Universities

In this section, studies which address the academic and social life of general university minority and baccalaureate minority nursing students are reviewed. Only those studies that examine minority experi­ence in predominately white universities were considered.

The academic life of students is generally examined through retention in program studies. Classic retention studies indicate that student characteristics are the strongest predictors of persistence in college, yet these characteristics account for only 10 - 12 percent of the variance (Smith, 1990). More recent retention studies attempt to examine the nonacademic psychosocial variables as well as academic indicators. These studies reveal that the experiences of ethnic minorities in predominately white universities is different from the white students, adversely affects their education, and is an additional predictor of retention.
<table>
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<tr>
<th>STUDY</th>
<th>STRESSORS</th>
<th>APPRAISALS/ INTERVENING VARIABLES</th>
<th>COPING</th>
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<tr>
<td>Parkes (1985)</td>
<td>care of dying patients</td>
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<td>interpersonal conflict</td>
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<td>insecurity about competence</td>
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<td>Grassi-Russo (1981)</td>
<td>overall pressure</td>
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<td>fear of failure</td>
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<td>interpersonal relations</td>
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<td>others failing school</td>
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<td>MacMasters (1979)</td>
<td>academic concerns</td>
<td>first year in school</td>
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<td>clinical concerns</td>
<td>second year in school</td>
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<td>social personal concerns</td>
<td>last year in school</td>
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<td>Mella (1982)</td>
<td>nursing in the dark</td>
<td>just passing through</td>
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<td>STUDY</td>
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<td>Windsor (1987)</td>
<td>insecurity about competence, insecurity about role, disapproval from patients, staff and instructors</td>
<td>initial year in school, last year in school</td>
<td>most stressful, feeling like a nurse</td>
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<td>Garret (1976)</td>
<td>academic pressure (exams and assignments)</td>
<td>year in school</td>
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<td>Smith (1987)</td>
<td>care plans, fear of the unknown, drug calculations, academic performance, lack of experience and lack of self confidence, interpersonal relations</td>
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<td>Sobol (1978)</td>
<td></td>
<td>less self actualization</td>
<td>increased anxiety</td>
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<td>Parkes (1984)</td>
<td>work incidents, ambiguous evaluations</td>
<td>external/ internal locus of control, internal locus of control associated with increased types of coping</td>
<td>internal locus seen as more adaptive</td>
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<td>STUDY</td>
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<td>Parkes (1986)</td>
<td>stressful episodes and importance</td>
<td>individual differences</td>
<td>general coping</td>
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<td>environmental situations</td>
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<td>Parkes (1982)</td>
<td>work environment</td>
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<td>increased</td>
<td>somatic distress</td>
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<td>lack of social support</td>
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<td>social support</td>
<td>depression</td>
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<td>Sheehan et al. (1981)</td>
<td>recent life changes</td>
<td>social support</td>
<td>increase in accidents and errors</td>
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<td>Price (1984)</td>
<td></td>
<td>year in school</td>
<td>absence from work</td>
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<td>Kushnir (1986)</td>
<td>performing nursing tasks as novel situations in the presence of instructor</td>
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<td>physiological stress: blushing hand tremors impaired memory dropping objects</td>
<td>psychological stress: fear of failure helplessness</td>
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<td>Haack (1985)</td>
<td>nursing school</td>
<td>external attribution</td>
<td>burn-out</td>
<td>depression</td>
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<td>lack of social support</td>
<td>alcohol use</td>
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Social estrangement, alienation, and loneliness are common phenomena among ethnic minority university students. Suen (1983) found that drop out behavior for white students was related to academic variables but that dropout behavior among blacks was due to feelings of social estrangement as well as academic factors. Even if students are retained and are satisfied with their academic program, they may feel socially and culturally alienated with feelings of white cultural domination (Loo & Rolison, 1986; Tinto, 1975). Feelings of alienation and loneliness related to lack of attention to cultural/racial identity were identified by 90 percent of the black nursing faculty and students from baccalaureate nursing programs representing East, South, Midwest and West public and private universities (Allen, Nunley & Scott-Warner, 1988).

Studies of how the college environment effects ethnic minorities are growing (Smith, 1990). Tinto (1975) emphasizes the role faculty play in creating an accepting academic atmosphere. Student-faculty relationships are a measure of the student's social integration into the university, especially when most faculty are white and come from different class backgrounds than many minority students. At one public university, an extensive study (Loo & Rolison, 1986) revealed that both ethnic minority and white students believed that minority students faced greater socio-cultural difficulties on campus than did white students. Socio-cultural alienation for minority students was significantly greater than that of white students.

Value conflicts are another aspect of the socio-cultural alienation experienced by students. For example, Asian value systems derived from
Confucianism and Taoism, are quite different from American university ideals and values (Chew & Ogi, 1987). Endo (1990) points out that Asian cultural values encourage restrained classroom behavior and acceptance of authority in contrast to the American values of open and challenging discussions with the faculty.

Nor can it be assumed that, given enough time in America, the Asian would eventually become acculturated. Celano and Tyler (1991) found the acculturation of Vietnamese refugees may gradually increase their adoption of American cultural patterns during the first six months, but then a reaffirmation of Vietnamese culture is found. Higher social economic status and employment may favor acculturation (Celano & Tyler, 1991). Higher social economic status and employment could also mitigate covert discrimination, thus promoting acculturation.

It would be expected that cultural conflict for immigrant and refugee nursing students would be present. It is possible that the personal and intimate nature of nursing would thrust the refugee student into aspects of American culture never before experienced and requiring culturally sensitive responses.

Given that ethnic minority students experience far more social isolation and cultural deprivation than whites, it is not surprising to find that striking differences in perceptions occur between the two groups of students. Loo & Rolison (1986) concluded that, "At times, white and minority students perceived the university environment from vastly different perspectives" (p. 67). White students (63 percent) thought the university supportive of minority students, but only a small percent of the minority students (28 percent) agreed. White and
minority students held very different views about how the university lacked support for minority students. What to whites constituted segregation was, to many minority students, "a refuge from white cultural domination" (Loo & Rolison, 1986, p. 68).

In Allen et al's (1988) study, black faculty and administrators perceived alienation and loneliness among students as much more important than did the white faculty and administrators. Several white faculty reported that alienation was no more important for black nursing students than it was for white nursing students. Other white faculty reported that black students sticking together was undesirable. Differences in interpretive conventions stemming from cultural and language differences also contribute to gulfs in perception. Murray (1991) summarizes, "Failure of conversational involvement based on compounding unrecognized clashes of interpreting the intent of utterances has serious consequences . . ." (p. 187).

Ethnic Minority Students With English as a Second Language

A literature search in the area of nursing students with English as a second language produced one published research article (Memmer & Worth, 1991) and one essay (Loustau, 1986). Even though nursing is multidimensional and multicultural in scope, the majority of faculty, health care staff, and clients expect nursing students to speak, write, and understand English. The impact of this expectation has not been a subject of nursing research.

Teaching English as a second language is comprehensively developed in the public education at the lower levels, high school and for disadvantaged adults seeking employment (Trueba, 1989). Within nursing
education, one could easily assume that faculty have not been called upon to develop ESL teaching skills as the main focus of teaching is to teach nursing and nursing skills. It is assumed that students already know how to speak English. "How many faculty prefer not to teach foreign students for whom English is a second language because, 'they take too much time.'" (Brink, 1990, p. 526). Brink (1990) also asserted,

Faculties prefer homogeneous student body because too much diversity impedes efficiency as content, pace, experience, and readings must expand to take into account a broader range of student abilities and backgrounds. (p. 524)

Nursing students with English as a second language are at risk for not completing their education and passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) (Ashley & O'Neil, 1991; Memmer & Worth, 1991). Embedded in the few research studies pertaining to ESL nursing students are implications that these students are at high risk for failure and have additional stress events related to progression, support, inclusion, comprehension, communication. "The contextual grounding of meaning of human action and language is vital to everyday understanding of our own and other's behavior" (Mishler, 1979, p. 11). Without belonging to the speech community of the dominant culture, the ESL nursing student is unable to be an adaptable member demonstrating role competence (Harman, 1988). They are inexact mappers, unable to navigate between many social worlds. They are unable to, "take for granted the unaccounted for" (Harman, 1988, p. 7). The exact manner in which this navigational disadvantage effects professional socialization has yet to be documented. The impact on
nursing identity formation and the impact on personal self-construct is assumed to yield a perceived threat to self, a stressor.

Stigmatization and Ethnic Minority Nursing Students

Stigmatization, discrimination, prejudice, social inequity, and oppression are unavoidable abstractions when addressing ethnic minority students experiences in American universities (Wright, 1987). There is a vast body of diverse research in social science and education addressing the above concepts. Stigma was chosen for inclusion in the review for its sociological perspective. Goffman's (1963) classic conception of stigma is summarized first, followed by a brief review of several more recent reformulations.

An attribute that indications a person has failed in meeting a set of normative expectations and stereotypes, and is thus, rendering one less desirable, is a stigma (Goffman, 1963). The effect on the individual is to become discredited or discreditable depending on the visibility or concealability of the attribute. Therefore, Goffman maintained that individuals could be born with discreditable attributes or acquire the attribute later in life. Furthermore, the attribute may be a stigma only in certain situations, depending on the social norms and expectations of that context. For nursing students, the prevailing social norm is professional behavior. Ethnic minority nursing students with English as a second language possess an accent as a visible attribute. They are vulnerable to becoming discredited depending on the extent to which their accent interferes with their professional communication. Skin color as a visible attribute also places ethnic minority students in a position to be discredited. An example of such a
position is having a patient refuse to be cared for by an ethnic minority nursing student.

The experience of having a stigma was described by Goffman (1963) under the rubric of a moral career with two phases of socialization. In the first phase the individual learns of the wider societal standards in terms of what is normal and what the beliefs and consequences are about the stigmatizing condition. The second phase is characterized by the individual learning that s/he possesses the stigma and the real life consequences.

Goffman (1963) identified four moral career patterns formed from the time and juxtaposition of the phases. The first pattern is about those with an inborn stigma, who are socialized simultaneously with the societal expectations of both normal and the stigmatizing condition (such as blindness or skin color).

The second pattern is about individuals being protected and insulated from the general attitudes and expectations of society. Sooner or later the moral experience occurs as this protection fails away. Entering public school was Goffman's example of the break with "protective capsule" (p. 32). Entering the highly technical yet personal world of nursing moves students to a new level of interpersonal involvement. In this setting, the ethnic minority nursing student may also experience a break with the protective capsule.

A third pattern is about induction into a moral career of the stigmatized occurring later in life. These individuals have already been thoroughly socialized and practicing societal normative behaviors, including the discrediting attitudes towards the stigmatizing attribute.
Now the individual having acquired that attribute must reidentify self.

The fourth pattern of socialization is found among those whose original socialization occurred in an alien community. The expectations and norms of the dominant society are purported to be the only acceptable ones. Goffman (1963) identified falling short, failing, and shame as characteristic experiences of the stigmatized.

The central feature of the stigmatized individual's situation in life can now be stated. It is a question of what is often, if vaguely, called 'acceptance'. Those who have dealings with him fail to accord him the respect and regard which the uncontaminated aspects of his social identity have led them to anticipate extending, and have led him to anticipate receiving; he echoes this denial by finding that some of his own attributes warrant it. (Goffman, 1963, p. 9)

A principal feature of Goffman's (1963) work is his development of the management of stigma. The level of stigma visibility versus obtrusiveness is crucial in information management. "When a stigma is immediately perceivable, the issue still remains as to how much it interferes with the flow of interaction" (p. 49). Obtrusiveness and visibility are also dependent on the sphere of life-activity for which a stigmatized individual is being disqualified and the decoder or gatekeeper's capacity to recognize the disqualifying stigma.

To cope with stigma is to be able to control information about one's self, thus remaining in charge of one's identity. "Passing" is total control about the stigma. Learning to pass is the third phase of socialization in the moral career of the stigmatized. Those with visible stigmata and who cannot pass learn when and where they can feel accepted. Goffman (1963) identified three types of settings: (1) out-of-bound places where expulsion occurs; (2) civil places where individuals are treated carefully and perhaps painfully, as if they were
not disqualified, when in fact, they are; and (3) back places, where they can be fully exposed, safe, and accepted.

Goffman (1963) and others (Ainlay, Becker & Coleman, 1986; Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984) included minority groups as examples of stigmatized individuals. Katz (1981) added to Goffman's conception of stigma by demonstrating evidence for the existence of ambivalence and conflicting attitudes as part of stigmatizing. Experimental research demonstrated that subjects enacted aversion to blacks and handicapped individuals, as well as going out of their way to help (Katz, 1981).

The research cited above relates to the attitude and behavior of a stranger toward one with a tribal stigma. The relationship was that found in a single encounter. What happens in the context of a longer relationship, bounded by more clearly demarcated lines of authority and accountability, as found in the faculty-student relationship? If initial subtle stigmatizing behavior were present, how would the course of the faculty-student relationship be altered? These issues were not found in the literature.

SUMMARY

Research indicates that the socialization of nursing students is a stressful process mediated by the student's personality, experience, and the nursing educational environment. Further, research documents the alienation of ethnic minority college students in predominately white universities. Studies comparing perceptions between Afro-American students and white faculty reveal significant variations. Overt and
covert stigmatizing processes could contribute to the genesis of alienation and perceived threat to identity. Given the cultural influence on the appraisal process, it would be plausible that appraisals of threat and appraisals of coping resources could be a source of variation for coping. Scant research attention has been focused on the particular problems of stress and coping during the socialization of baccalaureate nursing students who are also ethnic minority. Virtually no research was found addressing faculty's perceptions of ethnic minority nursing student's experiences. As a result, this study addressed that particular gap in knowledge.
CHAPTER III
SENSITIZING CONCEPTS

INTRODUCTION

Symbolic interactionism, socialization theory, and stress, appraisal and coping theory and responsibility attribution comprise sensitizing concepts and theories that were an integral part of the assumptive base in the organization and ongoing analyses of the study. Selected aspects of each theory guided the initiation and early analysis of this study.

Symbolic Interactionism

Symbolic interactionism is a way of understanding and explaining the distinctive character of interaction as it takes place between human beings (Blumer, 1969). The distinctive characteristic to which Blumer referred is the tendency of people to interpret or define others' actions and behaviors based on the meaning decoded by the interpreter rather than the actor. There are three core conceptions forming the underpinnings of the symbolic interactionist system of inquiry (Blumer, 1969):

1. People, individually and collectively, are prepared to act on the basis of the meanings of the objects that comprise their world;
2. The association of people is necessarily in the form of a process in which they are making indications to one another and interpreting each other's indications;
3. The complex interlinkages of acts that comprise organization, institutions' division of labor, and networks of interdependency are moving and not static affairs (p. 50).

Thus, individuals come to know themselves, others, and their social world through an interactive process. This occurs with others in a dynamic contextual web of meanings which must be articulated, negotiated and validated. Individuals and society exist as inseparable units in a mutually interdependent relationship (Meltzer, Petra & Reynolds, 1980).

George Herbert Mead is credited with articulating the symbolic interactionist approach as a means of studying human behavior (Polkinghorne, 1983). Germaine to this approach is the necessity of the researcher to include the actor's own view of his social world including the meaning his behavior has for him in that context. Blumer (1969) asserted that the methodology of studying human behavior must correspond to one's understanding of human behavior. Thus, failure to portray the actor's meaning or substitution of the actor's meaning by the researcher is the gravest kind of error that the social scientist can commit. Symbolic interactionism is a way of understanding and explaining how one comes to know one's self and others. Symbolic interactionism provides an overarching theory of understanding more specific process of the acquisition of new norms during socialization.

Socialization Theory

Socialization refers to the acquisition of standards of behavior and networks of common understanding that enables one to act in concert with others (Shibutani, 1986). It can be understood in terms of both
the degree and process of the acquisition of norms (Conway, 1983). Any
time a person joins a new group, such as a job, school or new community,
they must undergo renewed socialization and must learn to perform
adequately in each new context (Shibutani, 1986). Active participation
in existing organized transactions is a crucial aspect of socialization.
Over time, the newcomer comes to acquire similar understandings and
values as the existing participants. Seasoned participants provide the
models and reinforcers for the neophyte. Therefore, the expectations
and reactions of those already socialized are a key component of the
socialization process.

Professional socialization contains elements of both an informal
and a formal or explicit socialization (Pavalko, 1971). For the formal
socialization process, the new identity is forged both in the formal
educational situation and on the job by applying the more formal
education. Learning which takes place can also be acquired informally,
unconsciously, and as an unintended process of human interaction
(Pavalko, 1971). In this case meanings are often acquired as incidental
by-products in transactions where one's attention is focused elsewhere.
Meanings are learned without explicit intentional instruction
(Shibutani, 1986). Olesen and Whittaker (1968) noted that nursing
students, unwittingly at times, acquire the ideas, values, and ways of
behaving and thinking attributed to the profession from non-
professionals. The authors refer to this informal socialization as a
kind of bootlegging.

Young (1969) identified two differentiating experiences which
influence the socialization of ethnic minority students. The first has
to do with the number of students with a particular identity in a group. Like Kantor (1977), Young (1969) noted that socialization may be hindered or aided by the extent of intra and intergroup contacts. If there are too few numbers, students are more marginal. If there are larger numbers, students may become too insular. The second, experience involves the extent of cultural distinctiveness. The greater the cultural diversity of the students the more value differences among them are apparent. The task then becomes bringing such values into consonance with the requirements of effective social participation with the majority view of the profession (Young, 1969). To speak of socialization then, is to assume that values and thus self concept changes will take place, must take place. With those changes comes the potential for encountering stressors, those events that jeopardize desired identity images (Schlenker, 1987).

Even though a student chooses to enter the university to become a nurse, the socialization process of becoming a nursing student contains within it the potential of becoming a stressor. The appraisal of the stressor as having an impact on one's self concept has the potential outcome of being challenging, threatening or harmful. (Schlenker, 1987; Lazarus & Folkman, 1984). Thoits (1991) refers to those stressors as identity-relevant stressors. For nursing students who also occupy a minority status, the potential for experiencing stressors may be more acute (Thoits, 1991). Therefore, to understand fully how becoming nursing students is stressful and how ethnic minorities cope, it is not enough merely to list or categorize the events or incidents which students say are stressful. It is important to understand the dynamic
relationship between the events and the impact on the core of one's being, the sense of identity as nursing students and as ethnic minority nursing students.

The socialization of the nursing student begins with a cognitive process of self-construal (Markus & Nurius, 1986), the creation of possible selves, whereby the student imagines herself as a nursing student. Schlenker (1987) adds to this conception the proposition that people strive to construct and maintain desired identity images resulting from a compromise between an idealized and believable image. The role is then enacted behaviorally depending on validation from nursing instructors, peers, nursing staff, other health care workers and patients (Dalme, 1983). Schlenker (1986) describes a similar process as Dalme (1983) using the concept of self identification. He states, "Self identifications are contextually bound and influenced by the person, situation, and audience" (p. 23). From that experience the actor derives generalizations about the self-concept which in turn influence subsequent self-identifications.

Self concept change under certain circumstances may pose a threat to an existing identity (Weinreich, 1983). Strauss (1959) more boldly asserted that self-concept change is almost always stressful, moving a person forward into an "... ambiguous current state" (p. 32). Lazarus and Folkman (1984) theorized that appraisal influences the perception of what is stressful. They categorized two sets of influences on appraisals: person influences (commitments and beliefs) and situational influences (novelty, predictability, uncertainty, timing, and ambiguity). Thoits' (1991) summarized specific conditions
in which self-concept change is stressful and has negative health outcomes: (1) thwarting of a commitment among women who were highly committed, (2) failure of a relationship among subjects with interpersonal dependent self-schemas and (3) failure to achieve among subjects with achievement dependent self-schemas.

Clearly nursing school fits Thoits (1991) conditions in which self-concept change is stressful. It is an environment providing a multitude of opportunities for stressful appraisals. Events of ambiguity, uncertainty, control, novelty and unpredictability are common. The majority of nursing students are women. They are highly committed to a nursing career embedded in strong interpersonal values and high achievement. Ethnic minority nursing students may bring to the situation culturally bound meanings embedded in their assumptions about interpersonal dynamics. This would add to the ambiguity and unpredictability of situations as cultural mismatch confounds the negotiation of meaning.

Strauss (1959) pointed out that, "... identity is connected with the fateful appraisals made of oneself by oneself and by others" (p. 9). Becoming a nurse is tightly linked to the evaluations from the professional gatekeepers: faculty and staff nurses. The student asks herself: "will the instructor evaluating me, see me as a competent student? Are my nursing actions acceptable to her?" Self esteem is the by product of that interactive process. Positive self-esteem is associated with viewing oneself as valuable within the context of a particular culture. Negative self-esteem is associated with viewing oneself as worthless and feeling terror (Greenberg, Pyszczynski &
Solomon, 1986). Consequently, those fateful appraisals may be experienced as attacks on self-esteem and pose a serious threat to identity.

According to Breakwell (1983) threats to identity come from three levels of attacks: (1) individual - disagreeing with or denigrating one's self concept, (2) individual's group membership - disagreeing with or denigrating a person's membership, or (3) individual's group - denigrating the group to which the person belongs. To prevent experiencing this level of threat a student attempts to achieve a sense of worth by meeting the requirements of value prescribed by the "cultural drama" (Greenberg, Pyszczynski & Solomon, 1986) to which she subscribes assuming she is able to comprehend fully and embrace the drama. Failure to subscribe to the dominant norm and diverging opinions about priority of values and beliefs constitute a symbolic threat. There is a lack of research linking social status differences such as ethnic minority with identity-relevant stressors (Thoits, 1991). Schlenker (1987) explored threats to identity and social stress, Breakwell (1983) linked threats to identity with various minority states. The relations between socialization, identity and ethnic minority status have yet to be identified. Thoits (1991) however, extrapolated from her review of the literature and proposed that the salience of different role-identities varies systematically by social status. If highly salient identities are in fact key sources of meaning, purpose, and behavioral guidance, then threats to those identities will be more disturbing to those holding that social status. One would then expect to find patterned reactions to the stress (Thoits, 1991).
For ethnic minority nursing students, the nurse-identity may be a highly salient identity. Ethnic minority nursing students may be committed to nursing because of the same values as majority students. In addition, individuals who are ethnic minorities may aspire to become more socially secure, economically stable, or more acculturated through the nursing role-identity. If so, the acquisition of the nursing role-identity would carry with it an even higher salient position in the individual's self concept schema.

Based on the previous discussion of identity-relevant stressors during professional socialization, it would appear that ethnic minority nursing students are vulnerable in that they may experience threats to their identity. The recognition that others have the power to bar one from the attainment of this identity would be a significant stressor. This has not been previously identified in the stress of nursing school literature. While nursing school offers newcomers to the United States a vehicle for integration into a viable middle class future, with an identity rooted in a long standing traditional and accepted female role nursing school also presents the potential for becoming a marginal person (Hitch, 1983; Park, 1928). This potential for becoming marginal is intensified by moving into a profession dominated by Western Anglo values, a majority of white students and a Western medical model. Researchers find these cultural and personal transitions full of risk. For example, Weinreich's (1983) research highlights the pervasive conflict ethnic minority immigrant adolescents have in identification with people of their primary ethnic group even though these patterns take on gender and national origin differences. Likewise, nursing
socialization may move the ethnic, immigrant, and refugee student further away from her culture of origin.

**Stress, Appraisal and Coping**

Stress is variously defined as a (1) response, (2) a stimulus, and (3) an over-arching concept that encompasses both the stimulus and the response and includes an appraisal process (Lazarus & Folkman, 1984). Selye (1980) defined stress as a nonspecific response of the body to any demand. With this definition, a stimulus is a stressor only if it procures a stress response which can be measured or observed (Elliot & Eis dorfer, 1982). The stimulus definition, on the other hand, includes those events that most people would agree are stressful, such as bereavement, losses, and changing or loss of job. These stressors can be divided into cataclysmic events (Horowitz, 1974), major life changes (Holmes & Rahe, 1967), chronic strains (Pearlin & Schooler, 1978), and daily hassles (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) argue that all stimulus-response approaches are circular and do not address enough specificity about the stimulus that produces stress of the response that indicates a particular stressor.

Lazarus and Folkman (1984) proposed an interactional way of understanding stress. Their definition focuses on psychological stress and the relationship between the person and the environment that is appraised by the person as beyond one's resources, thereby threatening one's well-being. For Lazarus and Folkman, cognitive appraisal, the process of evaluating the threat and harm potential of situations, is the crucial link between the environment and the response. The model they developed consists of interacting causal antecedents, mediating
processes (e.g., appraisal and coping), immediate effects and long-term effects. Each of these variables can be analyzed at the physiological, psychological or social level. It is the mediating processes of appraisal and coping that distinguishes the model from stimulus-response models.

**Mediating Processes.** The mediating processes of cognitive appraisal and coping are particularly germane to this study. They are discussed below in further detail.

The process of cognitive appraisal consists of three levels of assessment. The first level or primary appraisal involves assessing two levels of meaning or an event or encounter in terms of its significance to one's well-being or what is at stake (Lazarus & Folkman, 1984). In the initial level of assessment the event may be appraised as irrelevant, benign-positive or stressful. If the event is perceived as stressful, it is appraised to be harmful, threatening or challenging. Individual variation in perception is related to personal resources such as attributional style, sense of environmental mastery and interpersonal orientation skills (Billings & Moos, 1985) and a sense of coherence (Antonovsky, 1979).

The secondary level or secondary appraisal involves two outcomes. The first is expectancy, evaluating if a given behavior will lead to the desired outcome, and the second, an efficacy expectation, reaching a conviction that one can successfully accomplish the required behavior. The primary appraisal of what is at stake and the secondary appraisal of coping options interact with each other, shaping the degree of stress and emotion experienced (Lazarus & Folkman, 1984).
The tertiary level of appraisal is a reappraisal of the situation. The reappraisal is based on new information from the environment. It takes into account the experience of stress and emotion generated from the initial appraisals of what is at stake and what can be done about it (Lazarus & Folkman, 1984).

Influencing the appraisal process at all three levels are characteristics of individuals and characteristics within the environment. Two individual characteristics, strength of commitment and beliefs about personal control and mastery are among the most important individual factors shaping the appraisal process (Lazarus & Folkman, 1984). Factors within the environment which are highly influential in the appraisal are novelty, ambiguity, predictability and event uncertainty (Light, 1979). The timing elements which are influential are imminence, duration, and temporal uncertainty (Lazarus & Folkman, 1984).

Coping, like appraisal, is a mediating activity between the source of the perceived stress and the outcome (Folkman, Schaefer & Lazarus, 1979). Coping is generally understood to mean behavioral or psychological responses to stress that attempt to reduce the noxious nature of stress. It involves effort as distinguished from other adaptational activities that have become automatic. A composite definition is: Coping as a conscious cognitive and/or behavioral response to prevent, avoid, minimize, tolerate, master or control, the anticipated or experienced external or internal demands appraised as taxing or exceeding the person's resources (Fleming, Baum, & Singer, 1984; Lazarus & Folkman, 1984; Pearlin & Schooler, 1978).
While coping is a widely used term, it is a poorly defined construct lacking an agreed upon typology (Stone & Neale, 1984). Lazarus and Folkman (1984) provided conceptual clarity by distinguishing coping resources, enduring stable patterns of behavior, from coping processes, contextual and process-oriented behaviors unrelated to positive or negative outcomes. Coping as a resource included personality and trait features such as Type A, Type B orientations (Rosenman & Chesney, 1982), hardiness (Kobasa, Maddi, & Kahn, 1982) and monitors and blusters (Miller & Mangan, 1983). A coping process is what a person actually does or thinks in a specific context as the stressful encounter unfolds, as compared to actual resources available. Therefore, while no consistent patterns emerged applicable to all stressful situations, researchers identified similar coping behaviors of: (1) redefining meaning, (2) modifying or eliminating the problem, and (3) emotional management to attain internal equilibrium (Moos & Billings, 1982; Pearlin & Schooler, 1978; Stone & Neale, 1984; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986; Parker, Brown & Blignault, 1986).

Lazarus and Folkman's (1984) interactional model was discussed in more detail with the mediating processes of cognitive appraisal and coping highlighted because of its relevance for this study. The conceptual breadth of model variables lends itself to providing an orienting focus without forcing a narrowed perspective. Development and refinement of the mediating variables proposed by Lazarus and Folkman (1984) is a next logical step. One aspect of the mediating process in stress, responsibility attribution, was added to the sensitizing
concepts as a similar process emerged from this study. The formal
theory then provided further direction in model conception.

Responsibility Attribution

To make sense of a situation requires clear and useable information. Yet in the highly interpersonal world of nursing and nursing education lack of clarity about the meaning of an event or ambiguity and confusion about a meaning or uncertainty (Folkman, Schaefer, & Lazarus, 1979) are present in abundance (Light, 1979). It is in these innumerable grey areas, usually interpersonal in nature, that occur the greatest opportunity for diverse types of attribution and eventually the need for coping responses. In stressful interpersonal transactions ambiguity and uncertainty are the rule not the exception (Folkman, Schaefer & Lazarus, 1979). One way to reduce ambiguity and confusion and create meaning is to assign cause-effect relations to situations in one's life. Thus, one is able to assume responsibility and control of the situation or remove oneself from responsibility.

Lazarus and Folkman (1984) describe that when individuals add personal meaning to an attribution the result is an appraisal of the event and an emotional response. It is the personal meaning coupled with the ensuing emotional response which results in stressor perception of challenge, threat, or harm in a situation. Even though Lazarus and Folkman (1984) define attribution as devoid of the emotional response and thus split it off from the appraisal process, the attribution framework is useful for its attention to the assumption of responsibility for a situation. Assumptions of responsibility are closely related to issues of personal control, and are thus important
mediating variables. Attribution is considered by this researcher to be a type of appraisal because emotions are assumed to be reciprocal and cybernetic, much like Lazarus and Folkman's transactional stress model. It is assumed that emotions would infuse the entire attributitional process because of the mind-body unity. Therefore, it is more reasonable to assume a cybernetic model (Rossi and Cheek, 1988) rather than a hierarchical model (Lazarus, 1984; Zajonc, 1984). The importance of attribution of responsibility as a mediating process in stress and coping can not be minimized.

Classic attribution theory (Heider, 1958; Kelley, 1973) addresses how people assign the responsibility of causality to events. Cause may be seen as the result of internal characteristics of persons or external characteristics of the environment attribute as well as a stable or unstable situation. For example, Jaspers and Hewstone (1982) argue that in situations involving cross-cultural groups or ethnically different individuals, the personal characteristics, as opposed to situational factors, are favored as explanation of cause of behavior. When all the actors are homogenous, the causality assigned tends to be situational.

Several criticisms were levelled at the classic formulation. First, Hamilton (1978) noted that the expectations of others for one's action has been neglected. She argues that responsibility attribution explains how people judge others based on what they did and what they should have done and an expectation of some type of sanction for unmet expectations (Hamilton, 1978). One's role and role expectations influence the perceptions of what one should do. Responsibility is infused with reliability, the explicit expectations of others, as well
as obligation, standards to which one should aspire referred. Different roles carry with it different levels of clarity regarding responsibility expectations. Professional role expectations such as professional nursing tend to be more diffuse with internalized obligations to act or to supervise others (Hamilton, 1978). Furthermore, higher-status role occupants internalize the values of autonomy and job responsibility. Internalization carries with it a more stable and enduring influence on the professional than does the influence of compliance or identification with certain standards of behavior. Sanctions for abdication of responsibility tend to be elastic. "The powerful may hang, but in the meantime they are given a great deal of rope" (Hamilton, 1978, p. 323).

In the second criticism, Brickman, Rabinowitz, Karuza, Coates, Cohn & Kidder, (1982) maintained the individual's interest in causality was not so much to gain an accurate understanding of the cause of events but to determine moral responsibility. The ramifications of moral responsibility are rooted in assigning blame and control. Furthermore, when blame and control for events are analyzed against the classic attribution model, causality explanations breaks down. There may be internal causes for which a person is not blamed and external causes for which a person can be blamed. Responsibility attribution for the event is different from responsibility for the solution even though that separation is not always made clear (Brickman, et.al. 1982). One can be held accountable for an event but not be held accountable for the solution. A child who starts a house fire is not expected to put it out.
Brickman, et. al. (1982) suggested that the purpose of attributing cause and solution was not so much to understand the cause but to control the solution, to control both their own behavior and other's behavior if possible. Therefore, how one chooses to cope with a situation is linked to the perception of control one has over the cause and the solution (Brickman, et. al. 1982).

The attribution of responsibility and blame in the professional context is linked to one's vision of what a professional should do or should not do within the confines of social role behavior. For people judging, there is a norm of justice upon which they draw, what is fair given their role. Justice norms vary, but the basic dimension is about perceived fairness (Greenberg & Cohen, 1982). Justice is a basic and universal concern that permeates social life (Greenberg & Cohen, 1982).

In addition, in the profession of nursing, caring is a fundamental value (Morse, Bottorff, Neander & Solberg, 1991) of role behavior. "While an ethic of justice proceeds from the premise of equality, that everyone should be treated the same, an ethic of care rests on the premise of nonviolence, that no one should be hurt" (Gilligan, 1982, p. 174). Therefore, in nursing, responsibility for the situation and the solution are also infused with the expectation that self and others should be equitable and caring.

However, what seems to be fair and what seems caring can be fraught with individual interpretation. It was assumed that the values of fairness and caring swayed the attribution of responsibility for the problem and solution, thus influencing the coping responses. The
perspective of responsibility attribution as part of appraisal added further insight into the processes mediating stress outcomes.

**SUMMARY AND RESEARCH QUESTIONS**

In summary, the sensitizing concepts oriented this study in the direction of exploring the meaning of events. The meaning of events was described by ethnic minority students as stressful, within the context of professional socialization. The logic of students' coping behaviors was partially informed by responsibility attribution. Given the review of the literature and sensitizing concepts, the following questions were developed to address the identified gaps in knowledge:

1. What meanings evolved for ethnic minority students in becoming nursing students?
   1.1 What appraisal strategies were identified in relation to the stressful events associated with becoming nursing students?
   1.2 What did ethnic minority nursing students describe as stressful compared to what faculty identify as stressful for ethnic minority nursing students?

2. What were the consequences to the ethnic minority student in terms of coping and stress?
   2.1 What coping strategies were appraised as necessary to be a successful nursing student?
   2.2 How did faculty perception's regarding ethnic minority student coping behavior compare with ethnic minority students' perception.
2.3 What were the consequences of coping as identified by faculty and ethnic minority student? How did they compare with one another?
CHAPTER IV

RESEARCH PURPOSE AND METHOD

INTRODUCTION

This chapter presents the purpose of the study and explains the research method in relation to the purpose of the study. The operations of the method are outlined. The setting and respondents are described. Data collection and data analysis are discussed based on the method. Issues affecting data quality are presented and related to the method.

Grounded Theory Method

Grounded theory method (Glaser & Strauss, 1967) provided for a relatively open sweep of gathering information yet offered a systematic and trustworthy method for data analysis. The goal was not the verification of existing hypotheses but the systematic development of substantive theory related to a pattern of behavior which was relevant and problematic for the students (Glaser, 1978). By grounding the theory in the data, the meaning and interpretation of respondent's experience was preserved.

While meaning is derived through a process of social interaction, the interpretation of meaning according to Blumer (1969) is an internalized process where things that have meaning are identified, meanings are then used and revised. It is the function of the grounded theory method using constant comparative analysis of the data to tap
into these internalized events and bring them into a state of conceptual clarity in relation to patterns of behavior.

Grounded theory method provides a process for desegregating a number of individual experiences. These disassembled fragments of human events are then abstracted and aggregated based on the researcher's selected logic system. The reassembled experiences are further abstracted and ultimately organized into a logical whole which serves to integrate experiences into a recognizable meaningful system. However, the poignant human incidents must stay connected to the abstractions. It is the goal of grounded theory method to retain the impact of powerful human experience while shedding new light on the variation and complexity of the underlying process (Strauss, 1987).

Grounded theory analysis relies on ten main operations (Glaser 1978; Strauss, 1987; Strauss & Corbin, 1990). The analysis is driven by the emerging findings as opposed to a predetermined sequence of steps. Therefore, the operations are ordered here for clarity in presentation but were not necessarily conducted in this order. The ten operations as applied in this study are identified and discussed:

(1) **Data Collection** included conducting interviews and conversations and reviewing documents, including fiction and nonfiction works. The majority of data came from 35 taped and transcribed interviews of 23 students and 12 faculty. Biographical works provided a backdrop for comparisons. Data collection continued throughout the research process and was intertwined with data analysis.

(2) **Open Coding** represented the first step in the long chain of reiterative operations to bring conceptual relations into being.
Transcriptions were analyzed line by line. Codes were assigned to incidents, behaviors or events referred to as indicators. No preconceived coding organization was applied to the data. In this phase no attempt was made to restrict the use of codes.

(3) Recoding resulted from grouping similar codes and then assigning an abstraction to describe the grouping. Subcategories or categories resulted, depending on the level of abstraction and relations between and among the codes.

(4) Constant Comparison was the ongoing process of looking for similarities and contrasts among indicators, codes, subcategories and categories. Through the continual questioning of the fit of one code or category with another the analysis of data was carried forward from the inception of data collection until the final write-up.

(5) Theoretical Coding was the technique used to relate categories theoretically. Glaser's (1978) cause-effect model and Lazarus and Folkman's (1984) stress, appraisal and coping model provided codes for sorting categories. Glaser's theoretical codes were causal conditions, context, phenomenon, intervening conditions, action/interactional strategies, and consequences. Lazarus and Folkman's codes were stress, appraisal and coping. Both paradigms followed a cause-effect logic and could be used conjointly. The categories were rearranged into cause-effect relationships after open coding. From this operation, properties and dimensions of concepts were identified.

(6) Theoretical Sampling was the prospective sampling of respondents' experience. The evolving theory dictated that broad open-ended interview questions be altered to become more focused as certain
themes began to appear. The theoretical sampling was also conducted using the existing transcripts, by asking additional questions of the data.

(7) Comparisons of similarities and differences were continually made between indicators, codes and categories. Lists of properties and dimensions of phenomenon were maintained and frequently compared. Existing data were reexamined based on new linkages.

(8) Theoretical memos started during the initial coding, contained theoretical questions and summaries of codes. Memos served to develop hypotheses about the connections between codes. After conceptual linkages were identified, the transcripts, codes, and theoretical memos were reviewed and re-sorted in light of the emerging conceptualization.

(9) Theoretical Sorting of theoretical memos served to further the integration of the emerging theory. For example, using the 5.1 word perfect move and append function, all theoretical memos around a theme were moved to one file. This was a prelude to story writing.

(10) Story Writing was a mechanism to bring memos and categories into relationship for further theory integration. The structure of the story was based on the coding paradigm and the substantive theory evolved from the theoretically sorted memos. Writing and rewriting moved the emerging theory to higher levels of abstraction and to more specific points of explication and example.

Entering the Field

Site Selection and Description. Respondents were sought from students and faculty of two baccalaureate schools of nursing where I had previous teaching experience. The first site, the Health Sciences
University (HSU), School of Nursing (SON), was selected as the initial and primary site for data gathering because of the ease of field entry, availability of ethnic minority respondents, and several critical timing issues. My role as an administrator in the nursing program facilitated field entry. The second site, the University (U), School of Nursing, was chosen for its potential in offering respondents for comparison. My working relationship with the dean of U, SON enhanced field entry.

The first site, HSU, located in an urban area, is a major center for educating three major health professional groups, dentistry, medicine, and nursing. The student body and faculty are predominantly Caucasian. The nursing school prepares baccalaureate, masters and PhD nurses. The baccalaureate program enjoyed long term curriculum and faculty stability and national accreditation. Nursing faculty's outstanding research and publication accomplishments had moved the school to a position of national recognition. Students entered the program after completing a year of prerequisite work at other universities and colleges. The nursing component of their baccalaureate education took three years.

In contrast, the site second site, U, was described as a multidimensional university and major comprehensive research campus, offering a wide range of educational programs to an ethnically diverse student body. The faculty was ethnically diverse as well. The university had arts and sciences and agricultural colleges campus sites located throughout the state. The campus selected for the second site was a large campus located in a main urban area.
Within the U program was a college of health sciences and social welfare with schools of nursing, medicine, social work, and public health. The school of nursing offered associate, baccalaureate, and master's degrees in nursing. All were nationally accredited. The associate degree nursing program was articulated with the baccalaureate nursing degree program. At this site the undergraduate nursing programs and curriculum underwent periodic changes and revisions. Faculty turnover was common.

Both sites were located in the West and enjoyed trade relations and cultural exchange experiences with other countries. The ethnic composition of the two areas and their universities were in marked contrast to each other.

The Deans of both Schools of Nursing gave verbal permission and encouragement to conduct the study at their sites. At HSU informal discussions about the study occurred with a few individual students, faculty and the director of minority affairs. At U the research abstract and human subjects material was reviewed by a school of nursing research review committee, after which formal approval to conduct the study was received verbally. Faculty reactions to the study proposal at both sites were positive.

**Respondent Selection.** Respondents were sought from among the ethnic minority students at both research sites. Respondents' characteristics are portrayed in Appendix A. An ethnic minority student at HSU was a student who indicated their ethnic status as non-Caucasian on their nursing school application. The ethnic minority population of nursing students at HSU was representative of the areas population.
diversity. At U SON no one ethnic group predominated. Therefore, the
decision was to invite all nursing students for inclusion in the study.
The ethnic population of nursing students at U was representative of
that area's diverse ethnic population.

At HSU the list of ethnic minority students was obtained from the
registrar. Recruitment letters were sent to those students' on campus
mail boxes inviting them to participate in the research project (see
Appendix I). The first letters were sent in April 1989 to all 38 ethnic
minority nursing students at HSU. Responding back as willing to
participate were nine (24 percent) student informers. These students
were telephoned or approached face-to-face for an appointment.

The first student selected for an interview was a senior. She
provided a perspective of the total experience in nursing school, as she
would graduate within six weeks. The second and third students were
selected based on contrasting ethnic minority characteristics.
Interviews four through six constituted a focus group. These three
students volunteered to respond to several open-ended questions in a
group format. The seventh respondent was selected again for contrast.
The remaining two students did not respond to telephone messages
inviting them to set up interview times. Thus, there were seven initial
interviews (Appendix A).

A second mailing of the recruitment letter was sent February in the
early 1990's to 11 students who had not responded to the first mailing
and to 13 students entering the program Fall Term in the late 1980's.
From this mailing nine (38 percent) more students agreed to participate
in the study. A total of sixteen ethnic minority baccalaureate nursing
student interviews were conducted at HSU (Appendix A). All interviews occurred in the same office setting. These interviews were partially analyzed before five interviews were conducted at U SON.

Three different recruitment strategies were used at the second site to enlist respondents from the early 1990's graduating associate degree class. First, all 88 students preparing to graduate from the associate degree program that semester received recruitment letters in their mail boxes in March 1990. The letter was a similar invitation to participate in this study. Those who wished to be interviewed returned an enclosed mail-back form. Only one student out of 88 responded by mail. The second strategy consisted of a face-to-face recruitment. Of five associate degree nursing students in a classroom to sign-up for baccalaureate program three were recruited by the department chair-person. I was then given their names and phone numbers and made follow-up calls. Two students were available for interviews. The third strategy was to ask the whole class for respondents during the beginning of one of their required classes. Thus the fourth student, a classmate friend of the first respondent volunteered at the beginning of the class of thirty-five associate degree nursing students. One alumnus from HSU studying at U was contacted by telephone and then interviewed. Therefore, a total of four U SON students responded and were interviewed (Appendix A).

Each respondent was interviewed in a different place. The locations were the dean's office, quonset hut, lawn in front of a community college library and student's home. The alumnus was interviewed in a library study room.
Participant-observation provided additional data through informal discussions with faculty and classroom observation at the second site. There was an acceptable variety in student background and experience.

After interviewing the five from the second site, the informant list was examined for ethnic composition and two particular respondents were actively sought to balance the ethnic minority composition. These final two interviews were conducted at the first site (Appendix A).

Forty-six faculty at the first site, who were involved with teaching undergraduate nursing students received a letter similar to the one sent to students. Of the 46 faculty receiving letters 32 or 70 percent responded as willing to participate. Interviewed from that list were 15 faculty: (1) who represented the four departments of the school; (2) who taught in one of the three years of the baccalaureate program; and (3) including all the ethnic faculty and one ethnic academic specialist (Appendix A). I chose individuals I thought would represent a range of experiences. Faculty respondents were interviewed in their offices. Three tapes were inaudible leaving a total of twelve faculty respondent transcripts for detailed analysis.

**Ethical Considerations.** As an administrator and researcher at the first site, I wanted to avoid the possibility of being coercive by taking advantage of my administrative position. To be a respondent the student had to initiate the interview appointment. However, in several situations I did approach students face to face to see if they would participate, but I left the setting of the appointment to be initiated by each student. At the beginning of the interview the idea was reinforced that the process could be stopped at any time for any reason
(See Appendix J). The tapes, transcriptions and notes about respondents were kept in file cabinets at home. A transcriptionist was hired who agreed to confidentiality. Content of individual interviews was not shared as a source of information for administrative purposes.

**In the Field: Data Collection**

Two activities, data collection and data analysis, occur simultaneously in grounded theory method and are influenced by prevailing events and forces in the environment. The decision to first interview students within the institution where I also worked instead of at the neighboring university occurred because of the timing of several critical events at my institution. Just prior to the beginning of my data collection period, another colleague and myself interviewed classes of students regarding their experiences in nursing school. Written elaboration was also requested. This was to gather information about our organizational culture as it related to a school-wide strategic plan.

Simultaneous with the above interviews, a faculty curriculum committee requested written statements from students about their positive and negative learning experiences. The advantage of using this opportunity was that students would be primed to talk about their experiences in the wake of the large group discussions we conducted and after having an opportunity to think about the positive and negative learning experiences they encountered. Because not all students had the opportunity to air their views this would also give this group of students a second chance.
Initial Data Collection: Open Sampling and Open Coding. Data were collected from 35 informants over fourteen months in the late 1980's. Data consisted of tape recorded and transcribed interviews, field observations, and selected academic journal articles. The main source of information came directly from the 23 student and 12 faculty interviews. The hour-long taped interviews were transcribed and coded, usually three or four at a time because of the typing turn around. Each respondent was assigned a number based on their interview time. Thus, the first student respondent was #001. The first faculty respondent was #1. All material relating to that respondent was so numbered.

Codes were not selected prior to the study but allowed to emerge from the interview incidents (Strauss, 1987). This open coding provided direction for the subsequent interview questions (Glaser, 1978). Open-ended questions were posed to students about what it was like to be a student at this school and to faculty about what they thought it was like for the student at this university in relation to stress and coping (see Appendix B). The decision of what to say next and when to become more specific was based on the interaction at the moment, what experiences seemed to be engaging the respondent in the most cognitive and emotional energy, and themes from previous interviews. The decision to cease interviewing was made when data became repetitive and nothing new was forthcoming indicating a saturation of data.

Data Analysis

The analyses of data was conducted according to the ten operations described above. Analyses proceeded using open coding, a line by line
constant comparative analyses, of the transcribed interviews (Appendix C). As open coding progressed, waves of consistency appeared. After coding seven student interviews the first provisional list of categories was formed by comparing the codes and seeking a higher level of abstraction for clusters of codes (Appendix D).

Student and faculty transcriptions were analyzed in a parallel fashion so that the conceptual development derived from both data sets would be influenced by similar processes and events. After the first seven student interviews were coded, the twelve faculty transcripts were coded. Then, the remainder of the student transcripts were coded.

The next step in developing categories from the codes was to reread each transcript. Recoding the student and faculty transcripts was conducted based on a more comprehensive comparison within the transcript and among the transcripts. The data were analyzed and re-sorted into categories. Computer files were used for each category on Word Processor 5.1. Each indicator was indexed and cross indexed using the file name. In addition, one complete set of all interviews were xeroxed and scissor cut and sorted into files labeled by a category. The file was then pulled and used to shape and delimit the substantive coding.

Theoretical data analyses occurred next. The theoretical analyses took many iterations beginning with theoretical coding whereby incidents within each category were sorted based on a cause-effect theory recommended by Glaser (1978) and Strauss (1987): causal conditions, phenomenon, context, intervening conditions, action/interaction strategies and consequences. Causal conditions, context, strategies and consequences were the primary and overriding areas for analyses.
(Appendix E). Theoretical coding reorganized the data based on theoretical analyses but within the substantive categories. For example, within the broad category of exclusion, such sub-categories as intolerance, discounting and isolation were reaggregated in terms of the cause-effect scheme. Incidents were also located along a number of dimensions to aid in conceptual linking (Appendix F). Examples of dimensions were severity and intensity. The theoretical codes, organized into a circular cause-effect model of behavior by Glaser (1978), can be loosely related to the transactional stress, appraisal, and coping variables of Lazarus and Folkman's (1984) model. Table II presents a summary of those relationships. Thus, the theoretical frameworks of stress, appraisal and coping (Lazarus & Folkman, 1984) and attribution theory (Brickman, et. al., 1982) were also used as criteria by which categories and relations could be analyzed. Intervening incidents having been categorized in the cause-effect model were further sorted into categories of designating responsibility. For example, categories of events where students attributed their experience to something about their ethnicity, culture, or language were pulled out as representing a designation of responsibility specific to ethnic minority students.

Incidents within categories involving the designation of responsibility were aggregated to form patterns of responsibility for the situation. The corresponding management strategies were placed into patterns. The patterns were specific to the category. These categories were then examined for range and consistency of coping strategies and consequences.
TABLE II
RELATION OF GLASER AND STRAUSS'S THEORETICAL CODES TO LAZARUS AND FOLKMAN'S STRESS, APPRAISAL, AND COPING VARIABLES

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Causal Condition, Phenomenon, and Context</td>
<td>• Causal Antecedents (Physiological, Psychological, and Social)</td>
</tr>
<tr>
<td>• Intervening Conditions</td>
<td>• Mediating Processes: social supports; appraisals and reappraisals; coping</td>
</tr>
<tr>
<td>• Strategies or Tactics</td>
<td>• Mediating Processes (as above)</td>
</tr>
<tr>
<td>• Consequences</td>
<td>• Immediate Effects and Long-Term Effects</td>
</tr>
</tbody>
</table>

An initial story line (Strauss & Corbin, 1990) was written to begin integrating the categories (see example in Appendix D). Conceptual mapping in the form of outlines were maintained for each rewrite to improve consistency across levels of conceptual abstraction. Each rewriting and mapping about the categories served to further clarify the relationships among the categories and thus to refine the analysis. Therefore, rewriting was considered part of the data analysis process and not the more traditional concept of editing. The rewrites were numbered and saved to maintain the auditing trail.

Quality of Data: Considerations and Limitations

Two areas of interaction influenced the quality of data. The first was the researcher - informant interaction and the second was the researcher - data interaction. Personal experience influenced the interviews as well as the ongoing conceptualization of informants'
perspectives. The influence of interview time constraints, my surprise at the painful encounters related by informants, my inability to comprehend some syntax, experience or culture were all apparent in rereading the transcripts. Upon occasion the interview would veer away from an area of fruitful inquiry because of one of the above mentioned influences. The unstructured nature of the interview and the building of rapport within the context of the interview provided opportunities to revisit topics of worth.

Interviewing students or persons considered to not be in power positions is considered to be less problematic than interviewing one's peers (Platt, 1981). Yet each type of respondent, faculty-peer and student situation, demanded careful consideration of the influence of power and boundaries on the quality of the data and ethical procedures. Ways to preserve the power boundaries (Archbold, 1986) of my administrative role from my researcher role were to: invite students to participate through the mail thereby avoiding the direct contact pressure; contact directly students who were not part of my administrative responsibility; and have students dictate interview time and place. For this study, providing requested information to the informant was a central part of empowering research participants (Anderson, 1991).

Criteria for Disciplined Inquiry

A set of standards set forth by Guba and Lincoln (1989) to maintain credibility and add rigor to the research process was operationalized. To preserve the quality of adequacy and trustworthiness of data and concept construction, four criteria were applied to data collection and
analysis: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability. The four criteria and their component parts are described and the application to this study explained.

Credibility. Credibility establishes the fit between the respondents constructed reality and the researchers representation. Lincoln and Guba (1989) proposed six component strategies to promote credibility. Each strategy is underlined and discussed within the context of this study.

To begin with, one must be immersed in the context of the culture and secondly, for a sufficient amount of time to overcome distortions, misinformation, and superficiality. The culture in this study was multidimensional. There was an academic culture, a nursing culture, faculty culture, a student culture and the home base cultures of the various ethnic minority students. I was able to become more immersed in some cultures than others. My administrator role on one campus and previous faculty role on both campuses provided a background of experience from which I could evaluate the extent of depth in interviews. However, at one point it was obvious to me that to truly appreciate the respondents position I would need more extended live in or live near the student's culture and life-style. That was not possible for this study.

Adler and Adier's (1987) concept of membership roles, peripheral, active and complete, provided a useful framework of a field immersion gradient serving to bridge ethical considerations and immersion needs. Even though I was employed at the same institution where I conducted most of the research, as a white researcher interviewing the ethnic
minority student body, there was no possibility of complete membership, even if I had gone undercover as a student, I would still be peripherally immersed in the field. However, as a faculty member, administrator and doctoral student I was more a complete member, a native, in relation to interviewing my faculty-peers. With each set of informants, I was able to move back and forth between roles. The options to move between a more involved to less involved role carried with it distinct value.

With faculty, the starting point was being native, as I was a peer. While I attempted to stay in the active membership role faculty would attempt to pressure me into a more native collegial conversation by asking my opinion about a current school issue or requesting information about how other faculty were responding to the interview. I felt faculty would allow me to assume a role of researcher because they were helping as a colleague and as a student.

Some faculty would request a symmetrical disclosure on my part after they had presented personal information about their ethnic background. At times it seemed I would buy information from the informants by disclosing my personal opinion about the school or by providing administrative up-dates on current internal affairs. While this may have been a parallel process as giving advice to students my response was not parallel. It was more threatening to me. However, I chose to honor these request as long as it continued to produce valuable information and I could remain professional in my answers and regain direction of the interview.
The cross-cultural teaching experience was so frustrating for many faculty that they were unable to keep the focus about the students, and sooner or later wove into the interview their own frustrations. For the four ethnic minority faculty, the impact of the questions was greater. The questions stimulated memories of their own education, the insults experienced, and difficulties encountered being an ethnic minority faculty. In addition to the threat of the content there was also the possibility that, while in no particular power position over faculty and sworn to confidentiality I still could have presented an unknown because of my possible link to the deans. It could have been a double edged sword for some faculty, I was both a conduit of information and could eventually do something about a problem situation, I was also in a position to be critical or evaluative of their attitude.

The unstructured nature of the interview and adopting the mix of roles of native and active participant minimized difficulties of power and threat in interview my peers. I was able to maintain a more reciprocal, symmetrical and egalitarian relationship by allowing the conversation to move back and forth between my general interview questions and the predictable interviewing of me by my peers. Consequently the data that was available was shaped by those parameters of restraint and opportunity.

Moving between the research and administrative roles enhanced the quality of the interview relationship. The broadened arena, within which trust was tested, increased disclosure. With the student respondents I moved between the less involved observer role and the active membership role. In the active membership role, I would allow
myself to slip into the administrator role, answering students questions about the policies and procedures of the school and giving advise about communicating with faculty. Initially I viewed this as a weakness in my researcher role. I came to see the advantages of moving back and forth. Students tested me and my interest in them. It also gave me time to reflect on where to go next in the interview. Thus, my administrative support often moved the interview to a more open level. Thus credibility was enhanced through variable role relations to improve immersion in the field.

Another way to enhance credibility of data from the ethnic minority student culture and faculty culture was to use what Lincoln and Guba (1985) referred to as the third strategy, peer debriefing. I used peer debriefing to help me extend my perceptions about the student's and faculty experience. This person was a disinterested peer, that is uninvested in the outcome of the constructs. One peer completed a degree at a foreign university in a foreign language and had similar experiences as some ethnic minority students in this culture. Through discussions with him my own bias and misperceptions were brought to light and new perspectives were applied. The second peer group was my committee chairperson and the committee methodologist. They also provided ongoing challenges to my constructions. Faculty peers offered periodic comments of my evolving perspectives.

In addition to debriefing, a fourth strategy to enhance credibility was to monitor subjectivity. A log was maintained of my expectations, that is, what I thought I would find in the study. There were several operations that enhanced the explication of the researchers
conceptualization in relation to the informants' perspective. These operations were to state beforehand what sensitizing concepts were used and to acknowledge one's operational assumptions to the best of one's ability. Memos and journal writing served to capture my personal reactions and provided a timely outlet for a critical examination of attitudes and biases.

Rival hypotheses were evaluated using negative case analysis as a fifth strategy to enhance credibility. To what extent does the hypothesis or hypotheses account for all the cases or almost all the cases? Incidents were checked and rechecked for fit in the categories. Category relationships were scrutinized for theoretical fit. On several occasions the negative case provided the basis for a new category (Lincoln & Guba, 1985).

The last strategy to provide credibility was member checks. I presented my findings to both respondents and those not in the study to see to what extent this group verifies my findings. This occurred informally with faculty and students, and through formal presentation. Both faculty and students were able to identify instances from their own experience that fit with the categories.

Transferability. The second criteria to enhance trustworthiness proposed by Guba and Lincoln (1989) was transferability. They note that transferability is always relative and "... depends entirely on the degree to which salient conditions overlap or match" (p. 241). Detailed and comprehensive descriptions of the setting and culture in which the working hypotheses take place are provided. This is the
knowledge base needed for those who would make the determination of the applicability of the study results to their setting.

**Dependability.** Because a central feature of naturalistic inquiry is shifts in methodology and construction it is necessary to provide a mechanism for identifying and tracking the changes. This enhances trustworthiness through dependability, the third criteria. Lincoln and Guba (1985) draw on the work of E. Halpern's PhD dissertation in which he developed the process of an audit trail to enhance the dependability of qualitative research. Halpern's six audit trail categories for tracking are presented and the application to this study are noted: raw data (audio tapes, transcriptions, field notes); data reduction and analysis products (writing field note summaries, theoretical memos, method memos, hunches, hypotheses and concepts; data reconstruction and synthesis products (category structures, models, interpretations and inferences, story writing and rewriting; and process notes (method and design notes. All material for this study was dated, labeled, and stored on both hard and floppy disks. Hard copies of all data and analyses were kept in files labeled with the disk file name. Paper and time trails allowed for access to incidents, quotes, coding lists, categorizations, modeling, dimensionalizing and successive write-ups (see Appendix A-G as examples).

**Confirmability.** The confirmation process, the last criteria of trustworthiness, is one that provides assurances that the findings of the study are grounded in the data. The data and the logic behind the data analysis and resulting conceptualizations are "... both explicit and implicit in the narrative case study" (Guba & Lincoln, 1989
Theory grounded in data is the hallmark of the Glaser and Strauss constant comparative analyses method (Tesch, 1990). Lack of preconceived codes, open coding, and substantive codes kept the data analysis tied to the informants experience.

SUMMARY

This chapter began with an overview of the purpose of the study, which was to build a conceptual base of understanding of the way in which ethnic minority students perceive and manage becoming nursing students. A qualitative method was described as one which would capture and preserve the meaning from the participants' point of view yet offer theoretical constructs from which hypotheses could be generated. The data collection and analysis was delineated to provide the reader with the systematic method used to understand and structure the mass of information available from the interviews. A brief presentation of the emergent frameworks that emerged from the data are presented in Chapter V. The emergent frameworks are presented in detail as the research findings which are the topic of Chapters VI, VII, and VIII.
CHAPTER V

OVERVIEW OF EMERGENT THEORY

Three emergent frameworks as informed by the sensitizing concepts evolved from the data. Student and faculty data sets gave rise to frameworks grounded in their own particular set of circumstances. The frameworks will be presented here and then discussed in detail in each of the three results chapters.

The first framework that emerged from the data put into relationship, the common experiences shared by ethnic minority nursing students and majority university nursing students about making it in nursing school (Table III). Making it was characterized by two main categories, being out-of-control and gaining control. Being out-of-control was understood as the stress producing threats of conflicting demands of family, work and school and the necessity of being sanctioned as a professional in the academic setting. Gaining control included the coping strategies of managing multiple demands, reaffirming the choice of career and disengaging as a student. The stability of events at home influenced whether students were gaining control or being out-of-control. The stability of their family situation and living environment was an important factor in making it in nursing school. For some students the move was unidirectional from less control to more control over time. Table III depicts the conceptual relationship of the main categories and subcategories.
TABLE III
FRAMEWORK: MAKING IT IN NURSING SCHOOL

<table>
<thead>
<tr>
<th>Stressors</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Being out-of-Control</td>
<td>- Gaining Control</td>
</tr>
<tr>
<td>Being Pulled</td>
<td>Managing Multiple Demands</td>
</tr>
<tr>
<td>Being Sanctioned</td>
<td>Reaffirming Choice of Nursing</td>
</tr>
<tr>
<td></td>
<td>Disengaging as a Student</td>
</tr>
</tbody>
</table>

The second framework emerged from the exclusion experiences unique to ethnic minority nursing students (Table IV). This framework was loosely related to the Lazarus and Folkman (1984) stress, appraisal, and coping model. The core phenomena was the threat to identity because of perceived exclusion. Exclusion experiences occurred in three areas, linguistic difficulty, interpersonal relationships with faculty and peers, and ethno-cultural incongruity within the university setting. Holding back and speaking out were the coping strategies. Intervening influences were students' appraisal strategy of mapping out the responsibility for the problem and solution, and then matching coping strategies. Table IV depicts the conceptual relationships of the main categories and subcategories.

The third framework emerged from faculty perspectives teaching ethnic minority nursing students (Table V). Faculty went beyond identifying what they thought was stressful for students. What emerged were faculty experiences in teaching ethnic minority nursing students. A process of how faculty approached and managed their teaching was identified. The main variables of this process were: Asserting ones' level of cultural competence, making sense of students' learning needs, balancing individualized teaching with maintaining standards (going the
extra mile, bending over backwards or drawing the line) and protecting one's self. Table V depicts the relationships of these variables.

### TABLE IV

**FRAMEWORK: EXPERIENCE AND MANAGEMENT OF EXCLUSION IN NURSING SCHOOL**

<table>
<thead>
<tr>
<th>Stressors</th>
<th>Intervening Appraisal</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Exclusion Experience</td>
<td>- Designating Responsibly</td>
<td>- Holding Back/Moving Forward</td>
</tr>
<tr>
<td>- Linguistic Difficulties</td>
<td>- Falling Back/Regrouping/Confronting</td>
<td></td>
</tr>
<tr>
<td>- Interpersonal Disregard</td>
<td>- Resigning/Engaging</td>
<td></td>
</tr>
<tr>
<td>- Ethno-Cultural Incongruity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE V

**FRAMEWORK: PERSPECTIVES OF TEACHING CULTURALLY DIVERSE STUDENTS BY PREDOMINATELY WHITE FACULTY**

<table>
<thead>
<tr>
<th>Stressors</th>
<th>Intervening Appraisal</th>
<th>Coping Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Establishing Cultural Competence</td>
<td>- Mapping Responsibility for Students' Learning Difficulties</td>
<td>- Cutting Slack, Bending Over Backwards, and Going the Extra Mile (Deflecting Confrontation)</td>
</tr>
<tr>
<td>- Diagnosing Students' Learning Needs</td>
<td></td>
<td>- Drawing the Line (Confronting the Problem)</td>
</tr>
<tr>
<td>- Identifying Students' Stressful Experiences</td>
<td></td>
<td>- Protecting Self</td>
</tr>
<tr>
<td>- Sorting Out Responsibility for Learning Difficulties</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER VI

MAKING IT IN NURSING SCHOOL: BEING IN AND OUT OF CONTROL

INTRODUCTION

Data from the ethnic minority nursing students indicated that some of their experiences seemed similar to the experiences of a broadly based population of nursing students. These experiences about becoming nursing students were documented in the research literature and unpublished dissertations. One can best understand the unique issues that ethnic nursing students face by separating those issues from the challenges that all nursing students face. Therefore, ethnic minority students' experiences, as revealed in the data, were compared to the literature about nursing students' stressful experiences. The literature consisted of: (1) two surveys of the total student body at the Health Sciences University School of Nursing, (2) published research and unpublished dissertation research of heterogeneous populations of nursing students, and (3) theories of stress and threatened identities. The literature was used as secondary data and served as a basis for theoretical sampling. The comparisons validated the process of: Making it in nursing school as experienced in terms of being out-of-control and gaining control.

The situations commonly experienced by most nursing students regardless of ethnicity are presented next. This provides a context for a clearer discernment of the distinct situations identified by the ethnic minority nursing students.
STRESSFUL IDENTITY EVENT: BEING OUT-OF-CONTROL

A major stress, loss of control over important events in the student's life, occurred during the socialization process in nursing school. This phenomenon was perceived as threatening to the student's identity as a nursing student and threatened their established roles as well. This loss was experienced as being out-of-control whereas gaining control was the focus of students' coping strategies for making it in nursing school.

All students experienced changes in control in their personal and professional lives. Being pulled in different directions by many demands and being sanctioned as novice nurses were two properties of out-of-control. In their private or personal dominion, students experienced changes in their ability to control conflicting demands on time and energy. In their public dominion, they experienced a change of control in their progression toward a goal. The movement toward their career goals was now more clearly in the hands of others than ever before in their academic life. In the process of responding to multiple demands on their life style and having others in charge of sanctioning their progress, students experienced a sense of out-of-control, they felt overwhelmed and threatened.

Nursing students were challenged to manage their changing and threatened identities as nursing students while attempting to integrate their other preexisting roles such as wife, husband, mother, father, caretaker or worker, aligning and realigning their priorities as they progressed through their academic program (HSU, SON, 1989; Julian, 1989/1990; Campaniello, 1988; McBride, 1988).
What follows is an accounting of the appraisals made. Students examined what was at stake and the nature of being out-of-control. Students felt: (1) being pulled in many different directions, (2) being sanctioned.

Being Pulled In Different Directions

What was it that made students feel they were pulled in different directions? What did they notice, how did they understand it? What particular conflicts did they have and were they worse under certain conditions? Students were afraid they would not be able to maintain their role commitments and be the sort of person they wanted to be because of the new demands at school. As they played out their commitments they found they wanted to be good and competent on two fronts, their private personal self and their professional public self. Students struggled with family and self demands. In the professional sphere students felt the pull between their own expectations and values and the faculty expectations and values.

It was not just the amount of work then, but the conflict inherent in juggling the priorities and reconciling competing expectations. Two aspects of being pulled in different directions were noted: (1) the great effort they were exerting; and (2) family demands and personal needs. These two properties of being pulled in different directions are now explained further.

Exerting Effort. A pervasive comment about nursing school was how very hard it was to be a student. MacMaster (1979) described nursing students as "... overwhelmed by the amount of material to be studied in a limited time" (p. 90). She concluded, "Essentially, the complaint
was that their work schedule was so heavy that they had no time to pursue other interests" (p. 94). Grassi-Russo, (1981) found similar responses in her research, Sometimes students responded with "pressure of school work," "not enough time to get everything done," "have to work too hard" (p. 14).

One student from this study said, "It's so hard when you're in nursing school to balance everything" (#003, p. 5). Another student from this study commented, "It's very hard. And there is a tremendous amount of work" (#017, p. 25). Another student, again from this study noted, "This school is tough. It's so hard... and I'm scared, like to tell my father that I got a grade point average of 2.4, I don't want to put him through that" (#011, p. 11).

Students reacted just to the sheer volume of work, getting lost in the morass of papers, readings and other assignments. Complained one student from this study, "I don't know what is really important and some classes should be held back. I think that nursing is very hard on us. There is too much reading, too specific about content, weekly tests, other things to study, clinical... too much" (#009, p. 7).

Julian (1989/1990) summarized her interviews with a variety of students at Health Sciences University School of Nursing: "seniors describing stress also commented on 'overwhelming professional responsibilities as a student'; 'There's not much time for anything besides school'" (p. 106). One of her interviewees commented, "A most demanding program; we have a joke: nursing school doesn't teach you nursing, it teaches you stress management" (p. 124).
Neither students nor their families fully anticipated the amount of readjustment that was required in nursing school. There was no way to accurately anticipate the readjustment. Some students were overwhelmed with the professional socialization process and felt ideologically engulfed, intellectually overwhelmed, and emotionally exhausted. A student from this study expressed this as:

I felt dumped on. Faculty demanded way more from me than I could give. ... I was being programmed, I felt insulted. I was fighting it ... emotionally because of the changes. It hits you heavy the sophomore year. I even considered quitting. (#013, p. 16)

Embedded in the most often stated comment about nursing school ... it's hard, very hard," was a dense nugget of feeling: frustration, cognitive schemas and coping strategies, all boiled down to the essence of "hard." From Webster's Third New International Dictionary Gove et. al. (1981) comes a telling definition of hard:

business of a delicate and difficult nature which might get people into trouble; with great or utmost effort or energy; to the full extent of extreme; to cause hardship and difficulty; grievous, unpleasant, distressing; great energy, intensity and persistence; presenting difficulties, obstacles, perplexities; trials to be faced by skill, ingenuity or resolution. (p. 1032)

This lengthy definition captured the general sense about how students perceived nursing school. The findings of this study support McManus's (1990) research that baccalaureate nursing students were highly dissatisfied with their immense workload. Thus, the first aspect of being pulled in different directions involved exerting effort the overwhelming demands of the academic and clinical program.

Family Demands and Personal Needs. The overwhelming demands of the academic program spilled-over into the students' personal life. Nelms'
(1988) observed in her study that students saw school as time-consuming and intensive. They had no social life or time to themselves. There was constant pressure.

In this study students had a laundry list of conflicts with stock elements: sick children, sick parents, parental obligations, sick husband, no time for self, births, deaths, decreased financial resources, parking unavailable, increased travel time, loss of sleep, and guilt over establishing priorities. Similar pressures were found reported by students in other studies. A student from Julian's (1989/1990) study commented, "How much housework, now as a student, that I do, should be compared to what I usually do. I may only do a few hours of housework because I don't have time" (p. 90). Another student in that same study (Julian, 1989/1990) commented,

Although I have been lucky to have a supportive spouse who has taken over a lot of the household duties and the hours I currently contribute are low--this doesn't reflect the stress of feeling bad that I can't contribute more, or all the things that never get done and won't get done until school is over. (p. 90)

Massumi (1989) observed that "students are expected to work outside home and be mothers, wives, housekeepers, and students. One of her respondents commented, "I think I felt guilty when I went back to school. And I think I still do. I think it's your upbringing. I'm sure really that this has something to do with it" (p. 62).

Many of the family demands experienced by students resulted in relationship changes. For some students, family needs came first, before their own individual needs. One student from this study provided a perspective that her culture contained within it a value for prioritizing her commitments, it meant: you put your family first and you may
miss class or papers if you are needed at home. School often precipitated family crisis. Massumi (1989) related one student's experience:

I did well. First test we took, I scored the highest grade in the class and I was real proud of myself, and I thought my husband was too, until he came home. He stewed and fretted for about two weeks. He said, 'I want you to quit school.' He was feeling threatened, is what it amounted to; he felt threatened. I was doing well and enjoyed it. (p. 49)

Therefore as Campaniello (1988) explained, "It is not the number of roles occupied, but the degree of conflict experienced in the occupancy of that role that creates decreased well-being" (p. 139). Students felt overwhelmed when their support system was unaware of pressure they faced. A beginning student from this study reported her husband said, "did not know nurses had to work so hard just to be nurses" (#009, p. 7).

Most students lived in a personal pluralistic world with strongly competing demands lobbied for by strong lobbyists. Initially, students tried to please all only to discover that everything and everyone suffered. They must set policy for themselves. The personal politics of being nursing students required students to attempt the difficult task of setting new priorities and managing competing and shifting demands.

Thus, the two properties were intertwined experiences. Much of why they were pulled in many directions was the effort they had to expend on school coupled with the family demands, personal needs, and their own internal conflicting expectations. Intensifying their experience and heightening the conflict was the prospect of being sanctioned by faculty.
Being Sanctioned

Being sanctioned by faculty, nursing staff, and clients added to students' sense of out-of-control. Threat existed because students had a high stake in acquiring the competencies of a nurse. They needed to have those abilities acknowledged and sanctioned by nurse educators, staff nurses and clients. Two properties of sanctioning were (1) the need for corroboration by faculty, nursing staff, and clients and (2) evaluation by faculty.

Corroboration. It was important to students to have their nursing actions validated and confirmed by faculty, nursing staff, and clients to achieve a self-confidence about their nursing abilities. When I asked one respondent from this study what made her feel like a real nurse she responded: "When something I feel very confident and the patient they give you a very good ... like you know what to do" (#006, p. 11). Students receiving positive affirmation from faculty or clients were able to reflect on their experience and connect it with their professional identity in a positive way. For other students, self-confidence was a scarce commodity. HSO, SON, 1989 reported a majority student's response, "Personally, I feel unprepared. I have talked to juniors and seniors and they feel the same. Scary" (p. 9).

Students depended on the corroboration of both nurses and clients in order to enact their role. They were acutely aware of their novice status in the profession. The continual uncertainty inherent in rotating through different clinical settings heightened the threat of their being out-of-control. In Nelms' (1988) phenomenological study, several students recounted recurring feelings of fear of rejection by
each new patient they encountered, as well as continually anticipating negative feelings from clinical agency staff members, and patient family members. For example, one of Nelms' respondents commented, "... never really had any trouble it is always in my mind" (p. 13). In Melia's study (1982), students described continual uncertainty because staff nurses failed to provide them with crucial information about their patients. She called this "nursing in the dark" (p. 331).

Faculty were the gatekeepers of the profession and gave the ultimate sanction of whether or not the students had mastered the necessary competencies. Students felt they had to convince faculty of their performance or knowledge at times by pretending to know.

In Olesen and Whittaker's (1968) classic study of nursing student's socialization, the sanctioning process was described as one where legitimate power rested with faculty. Students had to convince faculty that they, the students, were becoming nurses even if it meant covering up discrepancies. In Olesen and Whittaker's study, students described how they managed to look their best in the classroom and on the clinical unit. Respondents in this study also described that process. They explained in these words:

... if something you cannot answer, you need to pretend to know that one, for they ask you the question. If you cannot answer, they ask you to go look in the book; so some students pretend they know everything [laughter] so they can go back. ... they know the way they can get back from instructor then they have no problem. (#004, 005, & 006, p. 8)

Students not only wanted to convince faculty, they also wanted to convince clients of their professional competence. A respondent from this study commented, "And then one client said, 'Well, you can't be a
nurse. You're only thirteen, and I say, 'I am small but I can do things. I can do things well. Trust me' (#15, p. 5).

Corroboration had its positive and negative aspects. Students developed abilities in reflecting on their own behavior especially in a positive faculty-student environment. But students also functioned in uncertainty and fear of rejection. Finding ways to convince faculty, staff nurses and clients of one's competence and gain corroboration was an important property of sanctioning. Evaluation of performance was the other crucial property of sanctioning.

Evaluation of Performance. Evaluation of one's performance was the gateway to one's progression in nursing school plus a clear indication that one was becoming a nurse. Students relied on faculty evaluations for this sanctioning. They could not do it by themselves. Students felt they were under scrutiny while in the clinical area. Kushnir (1986) found that "... instructors were often perceived as evaluative, even in the absence of such objective elements" (p. 18). The relationship with the faculty could make this scrutiny a positive or negative experience.

Nelms (1988) found in her study that students tended to bind the meaning of their clinical experience with the personality of their particular instructor. If the faculty was perceived positively then the clinical too was experienced in a more optimistic light. This further sensitized the student to the positive or negative responses of their faculty and added power to the faculty evaluation. Explained another student from this study:
When I work with my patient, then I enjoy, without instructor there, but this term I enjoyed with my instructor there, she make the whole thing so different, so if the school could have more like this instructor, she is very encouraging, like not matter what you do and you do something good she say, 'oh you did a good job' . . . (#004, p. 8)

Being scrutinized and sensitized, students also developed a watchful stance. An example of this watchfulness comes from a majority student's comment, "Grading criteria for clinicals are very subjective, so students with the same capabilities receive totally different evaluations" (HSU, SON, p. 1). Other indications of students feeling conscious of their deficits and watchful of their own behavior comes from comments from majority students at other schools in Nelms' (1988) study. Her respondents noted:

(1) needing more preparation time before going to clinical;
(2) not being able to show what you know on the tests and wonder if this effects how competent instructors think you are and how competent you really are; (3) not enough faculty to go to, to ease tension . . . just to listen; (4) disliked not being treated as adults . . . its like you never had a life and no knowledge before coming into nursing school. (p. 128)

Schlenker (1987) found that threats could also increase because of peoples' behavior when threatened, that is they become more conscious of their deficits and more watchful of all behaviors associated with the threat. Kushnir (1985) found students perceive faculty as evaluative in the novel clinical situations such as learning new skills. In that study students described physiological and psychological symptoms of stress in those novel clinical situations. The author suggested that students were unable to distinguish between teaching and evaluative faculty behavior especially in new or novel learning situations. Being scrutinized, sensitized by relationships and feeling continually watchful were common incidents of being evaluated.
Summary

Feeling some threat to one's identity is a common experience for most students going through nursing school (Haack, 1988; Garrett, Manuel, & Vincent, 1976). Students entered school with hopes of easing pain and suffering. They expected nursing school to be manageable somewhat like their previous school. Students expected their experiences with others to be professional, accepting, and helpful. They found themselves caught up in transition, uncertainty, and a forced dependency on others' opinion for their new self-definition. It was not as they expected it would be.

To summarize, students described feeling out-of-control as a major threat to making it in nursing school. This happened in relation to the multiple conflicting demands on their time pulling them in different directions. It also happened during the experience of seeking corroboration for their newly emerging professional status among faculty, nursing staff and clients and then feeling evaluated even in new clinical situations.

The second section which follows next describes the ways students attempt to regain control over their lives through managing three areas: multiple demands, career choice and student role. Management strategies emerged from the ethnic minority respondent interviews and majority students' experiences documented in unpublished surveys at the respondents school as well as in published research.
COPING STRATEGIES: GAINING CONTROL

Students coped with being out-of-control by managing multiple demands, reassessing career choice, and engaging-disengaging as a student. The three coping strategies emerging from the ethnic minority nursing student data were congruent with nursing student experiences reported in empirical studies. These strategies, characteristic of all nursing students, are more fully described in the following section.

Managing Multiple Demands

The first property of gaining control, managing multiple demands, was experienced as losing control and keeping it together. It is briefly presented. Then, the two patterns of managing multiple demands are laid out: (1) keeping it together and (2) trying to keep it together. Several dimensions characterized the patterns: 'hardness' or intensity of the school experience and the stability of student's life. These dimensions influenced both the way in which managing multiple demands took shape and the students' sense of successful or unsuccessful coping.

Losing Control and Keeping it Together. Students seem to move through a sequence beginning with being overwhelmed academically. They struggled in keeping it together as the conflict from multiple demands at home flooded in. In general, students managed to keep it together through an ongoing series of priority setting, sacrificing personal and leisure time, working harder and longer, learning the system, mobilizing family assistance, and emotional catharsis.
Students in this study, like the students from the overall student body at the respondents school (Julian, 1989/1990), and like students from other nursing schools, would drop other role expectations and keep only those that were central to their sense of self and self-esteem (McBride, 1988). Coping took the form of prioritizing and balancing the demands by sacrificing one's personal life. "We have no time to laugh". As students moved through the program they continued juggling priorities based on family and academic demands.

Patterns of Managing Multiple Demands

Were all students overwhelmed to the same degree? Even if school was very hard did that mean a student would be constantly overwhelmed? To gain a better understanding of the variation of experiences among students, the same incidents were sorted along several dimensions.

For the first dimension the idea of either more or less intensity was used as a dimension along which student's experiences could be plotted. "Intense" was a word in addition to hardness that was used by students in describing their nursing experience.

The outcome for students of managing the demands was a sense of keeping it together, a measure of maintaining control over one's life. Therefore, stability was used for the second dimension. The more one keeps it together the more stable one's life was, 'losing it' was understood as less stable. Student's experiences with keeping it together could be plotted along the dimension of more or less stability.

Students' experiences of managing multiple roles were thus located along a four fold continuum of low intensity to high intensity and stable to unstable. Two basic patterns were identified. One pattern
was for students to remain in the high intensity and stable quadrant: keeping it together. The other pattern was for students to fluctuate from one level of intensity and stability to another: trying to keep it together. These two patterns are presented below for a more in depth understanding of managing multiple demands.

**Keeping It Together.** Only a minority of students' experiences were totally in the high intensity and stable quadrant. Students remarked school is 'very hard', 'I don't know how I do it but I do it', 'my family keeps me going,' 'my family is very supportive.' One example is the student who felt school was 'so hard.' She did not have family or house to manage and her family of origin was in a distant state, but she managed her academic career with finesse and was an award winning honors student. Still, she felt that, "It's so hard when you are in nursing school to balance everything" (#003, p. 5). She describes school as intense from the beginning to the end. While she 'kept it together' throughout nursing school, her final evaluation for her last clinical course was a grade lower than she expected. To her, receiving a B in a clinical course was an indication that she did not have it together as well as she thought. Her interview with the investigator occurred within a day of her final evaluation. She was tearful, demoralized and angry.

Keeping it together required a high investment of energy and conscious choice of picking and choosing activities. Dropping activities was a common method of staying on top of things. Lack of a social life coupled with family support was high on the list of lifestyle changes for students keeping it together.
Trying To Keep it Together. Most students experienced managing the multiple demands of school with some fluctuation in intensity and stability. Family and personal crisis tipped the balance. Stated one student, "my house doesn't stop running just because I go to school. This is my last semester and everything is under control for the first time" (#017, p. 25). Her strategy was in staying action oriented. "I don't have the energy to spend on saying, "Oh, I don't believe I still have this to do, I just go do it ... "$ (#017, p. 25). Whereas her classmate, who falls in the more unstable end of the dimension comments, "I feel like I've lost control in all areas" (#021, p. 45). She coped at home by decreasing confrontations with her husband, "Just put on blinders" She mused, "I probably could have learned some better coping skills, but who's got time to figure them out" (#021, p. 23). Some students experienced school as becoming less intense over time, while a few felt it become more intense. Instability grew out of family chaos and academic difficulties as course work become increasingly complex and integrated with previous learning. Narrowing social demands and removing emotional distractions were key elements in keeping it together. Managing multiple demands was the first strategy in gaining control.

Reassessing Career Choice

The second coping strategy in gaining control was reassessing career choice. Threats to their identity stimulated students to engage in an ongoing reassessment of their choice to be in nursing and to remain in nursing school. Their assessment ranged from, "What have I done? to "It's patient care ... I know I've done the right thing."
The cost to their self-esteem was weighed against the future benefits of attaining their goal. Reassessing career choice was characterized by two properties; examining their fit with nursing school and justifying their ongoing decision to stay in nursing school. These properties are discussed next.

**Examining Fit.** Even before students actually enrolled in school they were challenged into examining their decision. It was not unusual for friends and health care professionals to respond, "Why do you want to be a nurse!" I asked one entire entering class of one-hundred students at the Health Sciences University School of Nursing if they had anyone question their decision to become a nurse. Every student reported friends, relatives, nurses, and physicians questioning their decision. From the beginning, students were required to examine and/or defend their choice.

Once in school students questioned whether nursing fit them and whether they could handle it: "Sometimes I wonder why I picked this for my major, I thought I chose the wrong career, how come I didn't go to business and all kinds of things easier" (#004, 005, 006, p. 7). One student commented, "Am I going to be able to do this, but now after two terms, I'm really glad that I made the choice" (#019, p. 10). There was an ongoing comparison of the nursing experience with one's expectations. As one student explained, "This nursing process thing, that threw me for a loop. I did not know that was part of nursing and I realized that it was going to take a lot more effort than I envisioned previously" (#010, p. 9). For this student, his personal style was to just go along with things, but in nursing school he was required to
exert much more effort. Another way to examine the fit of nursing to their lives was by evaluating the outcome of their nursing education. An older majority student at the University School of Nursing decided it was worth the effort: "Could I have been content as a board clerk, probably not" (#021, p. 18). Students wondered if school was worth the effort and also if the responsibility was too great for their level of competence.

Reflecting on value congruency with nursing was an important strategy for measuring their fit. Another student commented on how the values in nursing were very similar to her own personal values. That made it easier for her to stick it through. Reflecting on the meaning of the nursing experience was another way students examined how they fit in relation to their choice of career:

I heard this man gurgling in one of the bedrooms as we were walking down the hall during orientation. Without saying a word we just kind of looked at each other, and felt kind of, can I do this for the next thirty years, and without answering we just kept walking, we've already made the decision and I think for some of us, we just try to get all the pieces to fit, so that's where I am right now. (#013, p. 4)

Anchoring themselves in these values when feeling threatened in school was a strategy in examining the fit. Even when students were able to make the connections between their values and the meaning found in nursing so that nursing seemed to fit for them, they still had to decide if nursing school is worth the effort. It was worth the effort if they were able to justify the choice they made. Strategies for justifying their choice are presented next.

Justifying Choice. Students usually choose nursing for altruistic, caring and security-related motives. The reward of patient care was a
major factor in stabilizing and reconfirming student's decision to stay in school and stick it out. That was their reason for being in nursing school, nourishing the soul. As a student remarked, "It keeps the spirit going" (#017, p. 27). A similar finding was unearthed in Nelms' study (1988). Patient care provided the student with the sense of being in the right place and doing the right thing. It made school all worthwhile. For some students this was coupled with proving to faculty that they were succeeding in their commitment. Student's begin noticing a meshing of values between themselves and other nurses:

What is it about nursing school that changes our whole view... the longer I'm in it the easier it is to be around other nurses and nursing students because they view things the same way, they are more accepting of other people not just other students. (#002, p. 22)

Students noticed they were not the same sort of person now as they were when they entered the program. They spoke of feeling transformed by going through nursing school:

and how I in some ways changed in the process. I can't really put it into words, but it was very difficult. It's just a very hard process of socialization, what nursing is, and then in the process of learning what it is, trying to make it fit into what our goals are, and at the same time, possible changing our goals in the process. (#023, p. 15)

Strauss (1959) described this reassessment of one's life as a dialectical process resulting in a tug of war between one's old views and the establishment of new views. The process is far from serene. When students were able to connect their motives for entering school with their current reality, they continued to stick with the program. Thus, students were called upon to find a fit between their values and expectations and their experience of nursing. There was an ongoing
search for affirmation of their experience to justify their choice of career.

**Disengaging Gradually as a Student**

As students went through the reassessment of themselves as nurses they took on new perspectives; their identification as a nursing student declined as their identification as a nurse increased (Massumi, 1989). Some students disengaged from school by viewing school as a means to an end, an experience to get through and put up with. One student remarked, "When I first started in at school I thought it was the most wonderful thing there is, now I think it is bs, a means to an end" (#002, p. 15). A senior described what made him feel like a nurse, 
"... started doing my own nursing, getting out to do more independent stuff ... not in the student role where you defend everything you do" (#013, p. 14). For these students the disengaging out of the nursing student role into nursing was gradual culminating in the actual event of graduation. For other students the disengagement was not gradual at all, it was abrupt. The abrupt disengagement was the third coping strategy for gaining control and is presented in fuller detail below.

**Disengaging Abruptly as a Student**

One notable deviation in the way students disengaged from the student role was an abrupt disengagement. Abrupt disengagement was the result of a critical event or turning point for the student in the academic setting. Students typically had either a protracted period of critical evaluation by faculty whereby students were in severe jeopardy of flunking a course or a brief encounter which indicated that suddenly
they were in jeopardy when they thought their performance was accepta-
ble. Disengaging abruptly was characterized by a shifting of
perspective about their educational experience and going it alone
through the experience.

Shifting Perspectives. The outcome of the critical event was a
feeling of betrayal so profound that students encountered a remarkable
shift of perspective about the faculty, and the school experience. They
coped by distrusting, being more wary of faculty and staff and using a
wait and see attitude. After the critical event students felt they
could no longer extend the level of trust to nursing staff or faculty as
they had done in the past. All faculty and all staff were dealt with
more cautiously. This caution also resulting in a withdrawal from their
idealized nursing student role. Withdrawing their commitment from being
a nursing student, they become minimally committed to the rigorous
demands of faculty. Students developed strategies of getting by,
waiting to get out by doing only what is necessary. Giving up and
giving in was another way students left behind their hopes and dreams
about how nursing school would be and faced what they saw. "I have
learned to be resigned . . . in the past I would have quit" (#002,
p. 15). Students remarked, "And I cannot believe that in one semester I
let someone crash me like that" (#017, p. 18), "I used to like school,
now I just want to get out" (#002, p. 4), and "I am more distrustful
of others" (#002, p. 4). Students' withdrawal from the role of nursing
student was accompanied by a withdrawal from some aspects of interper-
sonal relationships. Going it alone was the second characteristic of
disengaging abruptly.
Going it Alone. Difficult interpersonal relationships with faculty were the most distressing because of the need of consensual validation and getting support. Students frequently mentioned they did not discuss the critical incident with anyone. Operating alone protected their self-image. Massumi (1989) concluded,

Stressful interactions with instructors are handled by talking to oneself, avoidance, talking to the instructor as little as possible, not asking questions in class or clinical, or going to others for help with coping and learning. (p. 65)

Unwilling to seek validation, they made their own idiosyncratic sense of the situation which may or may not have reflected the broadest perspective possible. Students attempted to stick with the program and minimize the threat. Withdrawing from visibility and keeping a low profile helped the students feel they could stay out of harm's way. They derogate the importance of academic learning: "I can be a lousy student and still be a good nurse or I can be a great student and be a lousy nurse" (#002, p. 15).

CONSEQUENCES OF THE STRESS OF NURSING SCHOOL

There were several consequences to the stress of nursing school. One of the consequences of being a nursing student was to experience a host of negative emotions in the course of learning to be a nurse. Students reported feeling silenced, humiliated, stunned, overwhelmed, angry, uncertain, shocked, powerless insulted and fearful. One student from Nelms' (1988) study stated, "The general attitude seemed to be kind of a fear and intimidation kind of thing" (p. 184). A respondent from this study commented, "I graduated angry. The growing up process, that was difficult and there was anger at the pain. I didn't feel prepared
to be a nurse after all that" (#023, p. 15). These feelings were ubiquitous among students in most schools of nursing across the United States and other countries, at all levels of education and were consistent over the several decades (Haack, 1988; Melia, 1982; Smith, 1987; Parks, 1986; Davitz, 1972). Yet, by contrast some students did report an overall level of satisfaction.

The second consequence was more positive. School was described as a wonderful opportunity. Faculty were generally seen as extremely competent and caring. If students did have a bad experience with a faculty or nurse, there was no generalization of that event which spilled over to their evaluation of their program as a whole. Students were grateful for the opportunity to become educated as a nurse. These students adopted a positive and affirming perspective similar in intent to Janis and Mann's (1977) concept of the reaffirming decision. They were warding off or minimizing the threat associated with the decision. The experiences of nursing school were appraised as challenges. New defensive attitudes and rationalizations were developed by turning losses into assets. Downward comparing (Taylor, Wood, & Lichtman, 1983) helped students in reframing experiences in a more positive light: "I thought I was under a lot of pressure to do stuff... I mean she's [friend at another nursing school] just having to work her butt off" (#012, p. 6). Shifting attributions from outside oneself to inside oneself increased student's sense of control and ability to make change. Explained one student, "There's a reason for me that I'm doing this. There is a learning experience to be got. You have to put up with this stuff and take the good and run with it" (#012, p. 6).
Negative interactions with faculty, peers or nursing staff were often influential in students' overall satisfaction level with school. Students felt less competent and expressed disappointment that their expectations were not met. Then they questioned their career choice and evaluated that choice based on the amount of threat they felt, the level of commitment they had, the investment of time in the program and availability of other options. There were a variety of types of relationship threats which challenged students to examine their career choice and required coping strategies to manage the feeling of threat.

At times, students experienced the organization and implementation of the curriculum as problematic and threatening. Students perceived inequities, and experienced ambiguity, uncertainty and loss of control. They felt conflicted, pulled in different directions and overwhelmed. They implemented strategies to manage these feelings of threat such as setting limits and priorities, distancing, minimizing, reframing in a more positive light, comparing downward, and seeking help from others.

When students interacted with patients in the clinical setting providing patient care, and students felt validated as nurses, their satisfaction increased with their choice of career. From this experience, they began to get a sense of competence. Beck and Srivastava (1991) surveying students in Canada found that students' relationships with patients and gaining new knowledge among the highest ranked areas of satisfaction among nursing students. A student in this study expressed her sense of competence, "... I find I'm keeping up with everybody and everything. So it's giving me a lot of confidence" (#016, p. 2). When students interacted with faculty in the classroom or
clinical, and they felt validated as students, persons, and nurses. Their satisfaction increased and they gained a sense of competence. They felt they were beginning to realize their expectations about nursing.

SUMMARY

In this chapter the experiences of ethnic minority nursing students categorized as making it nursing: in and out of control were presented. Secondary data sources found in research literature and dissertations were used to address the majority nursing student experiences as a comparison group. The sources of academic stress were comparable. The socialization process was a stressful experience for students.

Within their nursing school career were several specific situations which challenged students' coping skills. Students saw that nursing school was not like their previous educational experiences; it was more time consuming and more demanding physically, emotionally and intellectually. Faculty were not always the model of professional perfection the student would hope for in a role model. Nursing may not be as they thought. Thus, students were called on to manage multiple demands in new and different ways. This led to an ongoing need to examine career choice. Finally, students must become nursing students and then just as they mastered that role they must transition out of the student role into becoming nurses.

What is important to note here, is that even though nursing school was demanding and stressful, it could be a commonly shared experience. Both ethnic minority and majority students experience similar fears and
anxieties as they progress through the program. Ethnic minority students were not alone in the process. To the extent they could perceive a shared experience with majority students, the threat of being marginal could be reduced. Interpretation of secondary data is somewhat limiting. However, the emergent theory, a comparative review of the extant literature on nursing students' stress and coping and existing data from the study site itself all support the following assertion: Ethnic minority students react to many aspects of nursing school in a similar manner as majority students.
CHAPTER VII

ETHNIC MINORITY STUDENT PERSPECTIVE

INTRODUCTION

Perceiving exclusion, as a result of being an ethnic minority student, was an additional part of the stressfulness of nursing school for ethnic minority students. Understanding and coping with nursing school was influenced by the students' sense of their particular ethnic experience. Part of how students made sense of their nursing school experience as an ethnic minority was to appraise their experiences for threat to identity. There were two key issues at stake. Did being an ethnic minority pose a threat to becoming a nurse and did becoming a nurse in that setting pose a threat to maintaining their ethnic identity? The events generating the greatest emotional energy and drawing the most comment, were those exclusion experiences threatening their progression toward graduating from nursing school. Before coping with the threatening situation, students determined their boundaries of ownership for the event. Students attempted to determine to what extent were they responsible for the situation and to what extent they assigned it to the faculty or organizational climate. To whom responsibility was designated was influential in determining students' coping responses. Students also weighed the benefits and risks of speaking up about threatening situations. Students carefully scrutinized any action on their part which could further interfere with their academic
progression. Determining whether they would be better off academically if they spoke up or if they kept silent had to be answered. Table VI depicts an overview how students matched coping strategies with the different forms of exclusion, degree of stress (challenge, threat, or harm, Lazarus & Folkman, 1984) and designation of responsibility.

STRESSFUL IDENTITY EVENT: PERCEIVING EXCLUSION

Exclusion of ethnic minority students occurred in two contexts. Interpersonal relations (faculty and classmates) and the organization as a whole formed the two contexts within which exclusion experiences were found. To be excluded within a setting of professional learning had serious consequences. Socialization into a profession required identification and incorporation into a new social structure. At the same time, the structure seemed to have built in barriers to identification and incorporation. Ethnic minority students were in the paradoxical position of having exclusion as part of their socialization experience. They become located at the periphery or margin of the socializing social structure.

Three forms of perceiving exclusion specific to ethnic minority students emerged from the data: (1) linguist difficulties; (2) interpersonal disregard; and (3) ethno-cultural incongruity. A set of common feelings and perceptions signaled the event as stressful and potentially threatening. The feelings and perceptions cut across the three forms as they were the binding force for the core perception of exclusion. Students reported a range of feelings including being stunned, hurt, angry, fearful and sad. They attempted to make sense of
the experience through explanations and excuses, indicating a threatened identity. For example, they described being silenced, ignored, put-down, intimidated, insulted, excluded and discredited. The following section contains the discussion of the three properties of perceiving exclusion: linguistic difficulties, interpersonal disregard, and cultural incompetence.

LINGUISTIC DIFFICULTIES: PROPERTIES AND CATEGORIES

Students with English as a second language (ESL) spoke of difficulties related to language. Linguistic difficulties were most evident within the context of interpersonal exchanges in an academic or clinical setting. Three over-lapping sets of indicators characterized linguistic difficulties. The first set included perceptions of being cut off, disrespected, treated unfairly, embarrassed, humiliated, shamed, intimidated, or shunned because of the way the student spoke. The second set included students' descriptions of shifting and sorting between two languages depending on the setting. The third set of indicators contained accounts of their cultural norms that shaped interactions with peers, family and superiors. Such indicators related to language difficulties were organized into three aspects of linguistic difficulty: sounding different, conflicting values, and feeling discredited.

Sounding Different

The presence of an accent greatly increase the students' susceptibility to the threat of humiliation, shame, and feeling different when attempting to communicate. Speaking with an accent was a
constant reminder to the students of their foreign status and of being different. Drawing unwanted attention, especially from total strangers, resulted. Even with those with whom the student was more formally acquainted such as teachers, struggling to communicate clearly dominated the relationship. Fluency remained problematic long after immigrant students settled in the United States. The lingering search for the appropriate English expression was another reminder to the student of their dissimilar linguistic status and intensified their feelings of sounding different. Even though native English speakers and non-native English speakers alike searched for the right word to express a thought, non-native speaking nursing students noted this was a situation that made them feel different: "I was always afraid to make a mistake, not to say it right" "It is a feeling that never leaves" (#017, p. 1). Even when English comprehension was high, some students had an impaired ability to articulate clearly enough for the Anglo ear. To demonstrate mastery over the language the student would speak rapidly. Speaking quickly further reduced students' intelligibility. Fear of humiliation, shame and being cut off surrounded the English as a second language students. This was a burden added to the task of attempting to communicate clearly.

**Feeling Rude**

The open verbal exchanges common in American classrooms were intimidating and required behavior that appeared rude from the perspective of students' native culture. The rude behaviors included speaking less softly, challenging and questioning an authority figure and disclosing personal thoughts or feelings. Directing male or elder
clients posed a conflict in values for students from cultures that venerated the elderly and/or were male dominated. Explained the first respondent:

one thing, because of my Korean value on the psych unit, I have to set a lot of limits with the patients, and I have been taught that I wasn't supposed to talk like that to older people, like five-year-old kids, and the patients need that, and I need to do that, but that is so difficult for me. (#001, p. 7)

Another student offered this explanation, . . . a lot of the Orientals are very quiet and even when they have to talk they're quiet" (#021, p. 24).

Students realized that instructors expected them to participate actively in class, clinical conferences and advocate care for their clients. This level of need for self-assertion left competent nursing students with English as a second language vulnerable to identity threats. At times students perceived faculty as openly encouraging students to speak up and participate in class:

Some instructors have a different point of view about foreign students, they don't mean bad, they worry about our communications skills, so they would want us to be more outspoken and do better in the communications, but they mean well, they would like us to be more effective. (#019, p. 8)

Cultural conventions of speaking which were different from American conventions increased students' perception of threat as they were placed in situations where the expectation was to speak and act in keeping with American nursing conventions.

Being Disqualified

Even if grammar and enunciation presented minimal communication barriers for students, the comprehension of concepts, linguistic
nuances, and cultural meanings seemed beyond their reach. ESL students perceived that peers and faculty made determinations about the extent they would go to bridge communication needs. When these limits were exceeded, ESL students felt disqualified from relationships and disqualified from further communication attempts.

**Disqualified with Faculty.** A main barrier in faculty-ESL student communication was the increased amount of time required for communication. Inequities in time allocation for communication was a main ingredient for students feeling cut-off. Students perceived that they had a **limited time period** for communication with faculty which, if exceeded, resulted in being shut out. In describing the time struggle to communicate verbally in class one student remarked, "... and then, sometimes, she [faculty] would either misunderstood me **again** or somebody else has to repeat what I have said so that she can answer that. So am I going to give somebody else trouble to present me" (#009, p. 12)? Students surmise they were a burden of time on the faculty. What did it mean to repeat one's self, and how many times did one repeat one's self before it began to be a problem? As a student presumed, "... probably because of the language problem, probably that's why they [faculty] don't want to spend too much time trying to understand what I'm saying" (#009, p. 14). The students felt they were in some way disqualified. Another way students surmised they had linguistic difficulties was by comparing themselves with English speaking (often referred to as American) students.

also the instructor has to do with it. Because if I ask a question, I feel like the instructor feels like the students probably know it. It's like ... I feel like the instructor is more willing to help the Americans. (#008, p. 10)
Being asked to repeat oneself carried with it the connotation of a failing. Students perceived it was all their responsibility to communicate clearly and within some implicit time period acceptable to the faculty.

The perception of being disqualified occurred within time constraints with written communication as well. Explained one student, "... the instructor is using a question that I can't comprehend, I understand the concept, it's the question" (#008, p. 21). Complicated multiple choice questions that is with multiple answers was one type of question that was more difficult for ESL students. Part of the difficulty was that students moved back and forth in their language use, from their native language to English. This slowed down their comprehension. Yet, being disqualified stemmed from students' helplessness in the face of what they perceived as inequities in the implementation of justice:

One way they [faculty] say we have a problem with English as a second language and they treat us different, but on the other side, they say that you have to do as everybody do, you have to be fair for everybody. (#004, p. 2)

The equitable allocation of time and attention was a core feature of feeling disqualified by faculty.

Disqualified with Peers. Compared to faculty, peers had no mandate to interact with students who spoke with an accent. Part of feeling disqualified was the perception of being ignored or shunned by classmates. ESL students were afraid their American peers would make fun of them. Students would end up feeling stupid, shamed, and embarrassed. As one student explained, "Maybe they [peers] were also nervous when we first got started. I don't think they separate themselves because I'm
black. No. That it is not. The whole problem is my tongue" (#009, p. 27). Language barriers created interpersonal distances between students: "We feel like we are isolated from the rest of the school, because American, white American ... hard to talk to them" (#008, p. 8). Students needed solid expressions of interest from other students to be included: "... there isn't that feeling that there is some kind of understanding, no friendship extended" (#011, p. 13).

Students with English as a second language also reported being shunned by their peers when the ESL students' grades exceed their native English speaking classmates, "They ask you what did you get and you say you get a good grade and they say are you sure, and sometimes they turn away and say, 'I don't believe it'" (#006, p. 13). Explained another student:

I sometimes feel competitive because during my sophomore year I didn't feel very uncomfortable giving out my grades to other students, but those American friends feel competitive toward me when I get better grades than they do, and English is my second language and they won't help me when I need it. (#001, p. 3)

There was the implication that students with English as a second language had a special place in the academic hierarchy, and it was not at the top.

ESL students felt at a disadvantage in comparison to their classmates because the ESL students lacked the linguistic nuances and fluency in using and justifying their knowledge base with faculty. ESL students felt they spent a larger portion of their time in covering the same material:

Before I came into the university I was pretty comfortable just socializing, in the American language, but academically there was a lot of vocabulary I was really short. And so,
when I came to the university I had to use dictionary and look up words. When other people finished article in 30 minutes it took me 2 - 3 hours, so I didn't have much of a social life. (laughs) (#001, p. 8-9)

In making the comparison between herself and native English speakers about the native English speakers advantage, a non-native English speaking student explained in these words:

They don't have to do things twice, and they can get by talking this way and this way and go this way and go by [get around the faculty], but for us [two other students of similar background] we have to go straight forward, we cannot. (#004, p. 12)

The student was describing how difficult it was for ESL students to enact the American linguistic convention of talking your way out of a difficult situation. Immigrant and refugee students with early schooling in an Asian country explained they were taught to memorize and reproduce exactly what the book or teacher instructed, not to question, express an opinion, or ask why. American students were taught to question and ask why. Therefore, the Asian immigrant or refugee was taught to answer correctly the first time or not at all. It did not occur to the Asian student to talk it through out loud. Likewise, the Asian students were not skilled in thinking out loud, or trying out ideas while gathering confirming or disconfirming nonverbal and verbal feedback. Thus, they perceive themselves to be at a disadvantage in negotiating meanings in relation to their peers. Speaking with an accent, succeeding academically as well as not having equal verbal and nonverbal skills contributed to ESL students feeling disqualified with their peers.

For ESL students language difficulties played a major role in feelings of exclusion. Feeling different, conflicting values and being
disqualified were specific conditions related to the exclusion experience. Linguistic difficulties held the potential for creating severe stress.

LINGUISTIC DIFFICULTY: DIMENSIONS OF STRESS, DESIGNATING OF RESPONSIBILITY, AND MATCHING OF COPING STRATEGIES

Two intervening conditions, type of stress and sphere of responsibility, influenced the choice for coping with linguistic difficulties. The first condition was the perception of stress as challenge, threat, or harm (Lazarus & Folkman, 1984). The most threatening situation was when feeling disqualified by faculty resulted in the student's academic jeopardy. It made a huge difference to students whether or not a situation was going to impede their academic progress. The second intervening condition was the designating of responsibility for linguistic difficulties. It mattered whether the situation was one they could or should correct by their own effort or whether it required negotiation and cooperation of the faculty. Students felt most challenged by situations where they could assume responsibility for their language development in a supportive non-evaluative atmosphere. The stressful situations of severe threat and being challenged are discussed relative to the coping strategies in greater detail in the following section.

Sounding Different and Feeling Rude: Holding Back and Moving Forward

Sounding different and feeling rude were two conditions where students perceived the stress as a threat. In some cases they also perceived the stress as a challenge. These two conditions included such
indicators as professional expectations and faculty pressure conflicting with students' early cultural and linguistic socialization. The threat included the possibility of flunking, or losing face. Students could recognize their cultural conflicts, such as not being assertive with authority figures. Under such conditions, students assigned the responsibility and control of the situation to themselves. Those were situations in which students were able to accept the problem as their own, moving forward, as part of their professional development. Holding back occurred when students did not enact the assertive behaviors required in the professional setting.

Students incorporated the professional mandate to be assertive and advocate, as a positive and necessary action to learn, on behalf of the patient. They perceived the need to move forward beyond their cultural norms as part of their professional role. Many times this involved communicating in situations where previously they would have held back. Constructing decision heuristic about the cost and benefits of moving forward and holding back was essential. Weighing the risk of humiliation associated with speaking up, with the risk of not getting answers to their questions, was one such decision heuristic. A majority nursing student reasoned, "what do I have to lose . . . unless it is to my advantage, most of the time I don't shut up" (#021, p. 4). Whereas an ethnic minority nursing student reasoned, "I speak when I have to speak as part of my professional role . . . I would question it yes, but I wouldn't confront before I investigate or evaluate the situation, I don't usually confront anybody" (#019, p. 6).
Students weighed the importance of holding back, maintaining their cultural values and their feelings of personal safety against the academic expectations aligned with professional standards. Using peer support allowed students to retain their value orientation yet participate in an academic dialogue. ESL students asked peers to speak on the ethnic minority students' behalf, as a go-between. This happened during lectures and while working with faculty on an individual basis. A first year student explained how she survived in a basic science class using the following decision heuristic. She related that first, she had to be "dying to ask a question." Second, it would be a question that she had to have the answer. Then, she would evaluate the quality of her question compared to her classmates and judge the question as worthy of asking. She would ask her question or she would find an American friend "... who I get along with and who is willing to answer the question or ask the question" (#008, p. 15). Students asked themselves what resources they had and to what extent would they be able to rely on themselves. Would they put themselves in that risky position of being made a fool? Only if they perceived their nursing career was at stake would they put themselves in that position.

The faculty pressure to advocate for the client was understood by students as a positive professionally driven pressure. Students used strategies of comparing upwards to attain student role models with faculty as support. Students took on the task as an important skill to be learned as a public figure, as a nurse, even though it may not apply to their nonprofessional private life. Students sought a private audience with the faculty rather than subject themselves to public
humiliation until they were more comfortable speaking in public situations. Students who were successful in their coping managed to move forward, developing professional skills of advocacy while hanging onto their cultural values in other arenas.

**Being Disqualified: Keeping Silent, Backing-Off and Speaking Out**

Being disqualified academically by faculty was a part of linguistic difficulty about which students expressed an intense concern. They were most fearful that their progress in school would be impaired. Students understood this intense concern to be a severe threat when accompanied by the students' expression of negative emotions. Situations that evoked intense concern and negative emotions from the students included making mistakes in the clinical area, feeling intimidated by the instructor, repeated miscommunication with faculty and feeling emotionally battered as a result of faculty teaching style.

Students felt on the edge of safety and in danger. They felt highly susceptibility to threat. Examples of threats were losing face, that was a painful form of shame, flunking a course if they did speak out (advocate for self) about the situation, or being ostracized by faculty or peers. In those situations, students were likely to map out the responsibility of the problem to faculty. Coping took the form of managing their emotions and trying to circumvent the issue by keeping silent and backing off to prevent becoming further disqualified. Speaking out was the least employed strategy used to decrease the disqualification.
Keeping Silent. To cope with the intimidation and miscommunication, students found it safer to remain silent: "I was afraid to say anything, I didn't want to sound like a complainer so I keep my mouth closed and I take it" (#017, p. 12). If students tried to speak up they quickly withdrew in the absence of a positive faculty response. Students would not assert themselves in public to speak up on their own behalf. "I raised my hand but the teachers always ignore me, so I stayed after class and asked the teacher" (#015, p. 3).

Another example of a communication breakdown came from a difference in expectations between student and faculty. In clinical skills lab a student received two faculty versions of how a skill was to be carried out. She assumed only one way could be correct and proceeded to ask the instructor questions as to which way was the right way. The students spoke to being criticized and threatened for asking to many questions, and you can't ask too many questions (#004, p. 9) sometimes you have questions and you cannot ask (#005, p. 9) because you ask and then they pay attention to you and then they follow you all the time. (#004, p. 9)

Students learned not to ask too many questions because that alerted the faculty: "... you may not know what you are doing and they follow you all the time and stick on you" (#004, p. 7). Faculty attention was perceived negatively, as something to be avoided.

With peers, students found that in certain situations remaining silent was more protective. For example, when an ESL student's grade exceeded her classmates she remarked, "Well, they said that was great but then they just gave each other that kind of look, I mean it doesn't have to be verbal" (#001, p. 4). When asked what that look meant to her she replied, "Well, it felt uncomfortable and I knew what they were
thinking, but God, I didn't want to confront it, and I didn't want to believe it, because God, you know, those are friends while I'm here" (#001, p. 4). When encouraged further about how she made sense of the nonverbal behavior she explained, "Well, I'm a pretty verbal and assertive person and if something bothers me I come right out and say it with Korean friends, but I find myself not doing it with American friends. I just hold it in, I just swallow whatever is bothering me" (#001, p. 4).

**Backing-off.** In this oppressive state of affairs students found ways to back-off, or remove themselves from the painful situation. These strategies excluded direct problem solving with the faculty or peer involved. *Going their own way* was one way of dealing with peer threat. ESL students who felt their peers shunned them when the ESL students earned better grades than their peers, or when they perceived their peers avoiding them, developed a strategy of narrowly focusing on studies and class. The ESL students stopped their search for peer companionship, avoided contact with the instructor and began substituting peer and faculty relationships with staff nurses and students from other universities. *Diverting attention* through exercise programs, family, and work was another coping strategy.

After attempting to deal with the threat alone, students would begin to search for others who appear in the same situation. *Seeking validation* became important after the initial attempts to cope. This did not always happen during the threat because students were too caught up in the threat to problem solve, "So anyway, I found out, as the semester progressed, that other students were having some mighty big grievances. And they were suffering and couldn't help each other
because we were all afraid to say anything" (#017, p. 12). After the threat had passed, students in their need to heal, would attempt to seek out if others had experienced similar situations.

At times students attempted to speak out on their own behalf to negotiate a more favorable learning situation for themselves, "I asked for more time to review old test, and she [faculty] say, 'it's not fair for the rest of the class,' . . . so I have to back off because there is no place to go after she make a decision, that's it" (#004, p. 2). If these attempts failed, students tried several more times before backing off.

The chances for successful management through negotiating appeared slight. Students reported more failed management than success in their attempts to negotiate with faculty. The final strategy was withdrawing and criticizing. In keeping with students' perception of faculty responsibility for the problem, when all else failed, students coped by derogating faculty for the teaching style and interpersonal relationship management. This derogation of faculty served to lessen the importance of faculty and thus buffer the impact of the faculty's evaluation.

Failed management was common where students attributed the responsibility of the problem to the faculty. Students were left with unresolved feelings and were dissatisfied about the situation.

I guess I was still in this idea that I didn't want to continue. I was still suffering. I mean, every time I kept thinking of it [incident] I would just go into a rage, you know. ( #017, p. 14)

Speaking Out. There were several circumstances where students held faculty as more responsible for the problem than they did themselves. The first circumstance was when students perceived a severe threat such
as a communication breakdown with faculty. The second circumstance was when, regardless of their own fluency and comprehension, students thought they would flunk if they didn't speak-out. The term speaking-out was used in those situations where students had to communicate and advocate for themselves as opposed to advocating for their client. In these situations, students held faculty responsible for the problem and then students had to cope with the situations.

Sounding Different, Feeling Rude and Being Disqualified: Speaking Standard English

Fortunately there were some conditions where students learned in an atmosphere where they appraised the stress as challenging. The threat of embarrassment was minimized. Unwanted recognition and attention were also kept to a minimum. Students were able to maintain relationships and their grades were not jeopardized. Students assumed responsibility for the problem and control of the solution. They struggled to speak properly, assertively, and as necessary.

Variations in English speaking background posed a challenge for students. Students speaking pidgin English were working to speak real English: "... that was real hard, I still hear myself slipping sometimes with the grammar and stuff. It is something I have to work at" (#003, p. 14). Students felt challenged and enthusiastic about opportunities for practicing proper English.

I always feel that Americans are very verbal and I'm not. It's great! I find I'm keeping up with everybody and everything. So, it's giving me a lot of confidence. (#016, p. 2)
Students were also challenged in comprehending the meaning of what was said, even though they may have mastered the grammar and vocabulary. This required further negotiating on the part of the student.

**Linguistic Difficulties: Consequences of Failed Management**

To summarize, several types of consequences were found for students who had yet to resolve the threats. *Emotional debris* characterized one type of consequence of failed management. Students experienced faculty as uncaring. Students felt angry, disappointed, and disengaged from school as a positive experience. They worked to show the faculty they could succeed, or they tried to get through the program with a low profile. Another consequence was that students would have second thoughts about attending the same nursing school again. They told other minorities not to come to that institution. The last consequence of linguistic difficulties was that students worried about their academic and practice competence. They didn't feel prepared to enter professional practice.

**INTERPERSONAL DISREGARD: PROPERTIES AND CATEGORIES**

Interpersonal disregard, the second form of exclusion, occurred when ethnic minority students' expectations of a just and caring relationship with faculty, peers and patients were not met. Students attributed at least part of the cause of the exclusion to their ethnicity. The four categories of interpersonal disregard were rejection, disrespect, inequity, and distrust.
What prompted this perspective? Students described incidences leading to their uncomfortable feelings such as anxiety and anger; students made sense out of the incidences by naming their feeling, describing the incident and then explaining why it happened in terms of ethnicity. These incidents occurred in the classroom and clinical learning situations. Students compared themselves to others or compared a feeling state within themselves to another feeling state they had in the past. They knew when they felt comfortable and accepted and when they did not.

Interpersonal disregard occurred in several contexts. One context was during academic or personal crisis. The other context was in review of the year or the whole educational experience. In both contexts, students were already threatened, either acutely or in the more chronic state as they were becoming nursing students.

Students' clarity of perception of interpersonal disregard ranged from quite clear to very ambiguous. When the threat was clear to students, they did not equivocate as to faculty or peer motives or the meaning of the behaviors. They knew they were being treated differently or even discriminated against. However, some incidents occurred where students had a feeling, a vague sense of uneasiness, or discomfort, but the perception was fraught with ambiguity. Students described the events and then claimed they didn't know what to make of them, or they were not sure if the person meant to be prejudiced, or perhaps as students they were overreacting.

Faculty and peer interpersonal relations formed a significant context within which threats occurred. The perception and meaning of
the event was not always crystal clear. In the next section is an elaboration of the four categories of interpersonal disregard: rejection, disrespect, inequity, and distrust.

Rejection

Rejection was characterized by feeling "separated," "isolated," and the "only one". Rejection was similar to feeling disqualified described in the previous section. However, the property, rejected, was broader in scope, in that students did not suggest a causal link to their language. Students reported a range of experiences from vague instances to graphic episodes of being interpersonally cut-off.

Students described being disconnected. "Well, I do talk, but I have a hard time of trying to make like a close friend . . . seems like nobody wants to talk to me, they left me out" (#011, p. 10). Students compared themselves with other students and noticed their differences, "I don't know, maybe it's I want to feel accepted and feel within the group belong, I get all these things, and if I say something, nobody is going to like it" (#001, p. 5). And another student expressed, "I wish I had a Caucasian friend. I have some, but it's not the same, because I don't know why it's that" (#008, p. 2). Not only do students feel disconnected, but also they struggle to understand the dynamic. They postulated that their loyalty to their ethnic friends may be deeply bound by similar cultural values.

Noticing a difference in tone and stance of faculty when talking with some ethnic minority students and experiencing uncomfortable feelings were other ways students described the experience of rejection. They noticed that faculty responded to ethnic minorities differently.
"Some instructors treat differently, like facial expressions, and the way - I don't know - "(#004, p. 4). Some students referred to the experience in terms of prejudice. Occasionally students were confronted with rejection in the clinical setting.

I didn't have very much difficulty with clinical instructors, but when I was working at the hospital in the summer I had one patient that had this attitude, I have a typical Korean last name, and he read my name tag and he wouldn't do anything... he was to go down stairs and smoke and that really frustrated me because I have five other patients, and I told him he needed to get up and do television, I set that limit. He said, 'I served in Korea and now it's your turn to serve me'. I was very angry. I left that place. Somehow I felt kind of guilty. Somehow what he said, maybe all Americans feel that way and I don't know... it's just momentary confusion and anger and I often run into that kind of prejudice [in the downtown area]. (#001, p. 6)

Disrespect

Students perceived disrespect when they witnessed or experienced rude treatment from faculty. "And then I would see these instructors, these clinical instructors, brow beat Asian girls [students] and that would just irritate me" (#018, p. 13). Exclaimed a student: "I know that instructor talked all kinds of things behind my back, because I even listened to it" (#006, p. 4). Another student complained: "My instructor wouldn't provide any answer besides you did that wrong, that's wrong, that's wrong" (#005, p. 10). One student observed, "They [clinical instructors] would sit and chat and be real sociable with the white students, but when an Asian would, [approach] 'What do you want!!' You know like that" (#018, p. 13).
Inequity

Being treated fairly in comparison with other students was most important to all ethnic minority students. They did not limit their sense of equity to being treated the same as other students, but to receiving consideration from faculty that would allow the students to compete on the same footing as other students. Students wanted to have extra time for test taking because it took them longer to read and comprehend the material. Several students felt the dismissal of a classmate from the school was unfair and that, "... something going on with minority as two students dropped out" (#005, p. 5). This incident shook their confidence in the faculty and heightened their sensitivity to being treated fairly.

Students expressed culture-bound ideas about what constituted equality. For example, even though faculty had the right to discuss students' grades and have access to student files, the students saw that level of exchange as unfair and a violation of their rights.

Distrust

Distrust referred to students feeling faculty did not trust them to be competent nurses. Students wanted faculty to express confidence in their abilities, trusting them to carry out their assignments and positive expectations about their ability to progress through the program. Some students expressed the perception, "no matter what you do you will never quite make it" (#004, 005, & 006, p. 12). Students had the sense that faculty wanted them to fail: "... feel you are on the elimination scale, I was being harassed, my teacher wanted me to fail and she would pick on everything in clinical trying to make me fail"
For some students, the experiences lacked clarity while happening. In retrospect students derived meaning that indicated distrust from faculty:

I think what was disturbing, my impression of the whole situation, because this clinical instructor had the ability to really give you the feeling that she cared . . . there was a dichotomy, a confusion between what she said and what was actually being done to me, I never experienced that before, and then burn up [time] for an hour and a half. I've actually sometimes spent an hour and a-half defending my knowledge of drugs and pathophysiology, to the point where I was mentally exhausted. It was almost like a back room light and hose police job that we somehow remember from the fifties. But I really felt bludgeoned after those sessions, and they were daily. I felt I was set up to fail sometimes. So it's kind of like your trusting, that even though you're being put on the hot spot, this was not really prejudice, you don't see overt prejudice in this state [sic]. I will say it was very odd and very insulting. Very negative in the long run even though she pretended to care about my learning experience. You still feel abused. (#013, p. 24)

Students healed slowly from those traumatic events. Thus the remaining nursing school experiences were negatively influenced and interpersonal relations were approached more cautiously.

In summary, the four properties of interpersonal disregard, (rejection, disrespect, inequity and distrust), formed a value context of unfairness and noncaring. The second condition, interpersonal regard, added to the students' experience of threatened identity related to exclusion. Below is a discussion of attributions of responsibility and coping strategies in relation to interpersonal disregard.

Interpersonal Disregard: Appraisal of Stress, Designating Responsibility and Matching Coping Strategies

It was within the context of unfairness and noncaring that students, appraised the level of stress as a challenge or threat. They
mapped out responsibility for events and matched management strategies accordingly. A three phase process of coping emerged.

Students perceived faculty as responsible for the problem of interpersonal disregard. To cope, students used a three stage process: falling back, regrouping, and confronting.

Three-Stage Process

Students described a three stage process in response to any or all aspects of interpersonal disregard. The process was falling back, regrouping and coming out fighting, if necessary to stay in the program. The coping strategies fell loosely into the following sequence.

**Falling Back.** The initial response to interpersonal disregard was to wait, watch, and avoid a direct encounter about the issue. Students were thus, withdrawing from direct encounters. The decision heuristic was to, "just get it done, and over with and pass the course and forget it" (#017, p. 10). Students would choose to not confront the faculty with their concern. Keeping silent, compartmentalizing, and defending were often the first reactions to the management of exclusion. They would treat the incident like an isolated event and defend their own actions as being the best way to handle the incident. When the threat was less intense, students would disengaging from the social scene and minimizing the importance of social relationships, "I taught myself to just ignore other people, just concentrate yourself in your studying and try to do the best in order to be prepared" (#011, p. 10).

**Regrouping.** A continuation of the problem resulted in reappraising the problem. Students attempted to sort out the meaning and their feelings about the situation. If progression in the program was
threatened, students would return to the problem using problem solving. One student felt very clear about her situation: "As the semester progressed things got worse" (#017, p. 6). Another student noted the situation in more ambiguous terms:

I try to avoid the grievance process because certain people here [location anonymous] would say, 'That's prejudice.' And I would say, 'Well, I'm not sure that it is or not. And I don't want to get into a folderol over what's prejudice and what's not prejudice.' So I chose not to go that route. (#013, p. 26)

These reappraisals influenced further coping management. Students decided whether to drop the issue or proceed based on the type and degree of threat. Information searching and consensus seeking were characteristic of regrouping. Students sought information about what happened with other students in similar situations and more details about the behavior of faculty or peers. Students also looked for others who would agree with their point of view about the situation.

Confronting. To challenge or question a faculty person was another strategy in managing. If the exclusion interfered with progression, then confronting faculty and negotiating a more favorable situation was attempted. Negotiating misunderstandings with faculty was a source of much discomfort for nursing students. Thus, students proceeded cautiously, weighing the costs and benefits and timing their attempts to persuade faculty to make changes. For example, a student, 10 minutes late for class after her hour long bus ride, presented her excuse to the instructor hoping to be able to take the quiz, even though the class had completed the exam. The faculty would not allow her to take the quiz after coming in late. The student stopped negotiating at that point. Because she saw other students taking the quiz and coming late over the
term she concluded she had been denied the opportunity because of her national origin.

I felt probably it was because I'm a foreigner, that's why she did it. I felt I was being discriminated against, I didn't feel it was fair. (#009, p. 8)

A student reported saying to the faculty,

I found places where you have made mistakes over the last three midterms and didn't give me points I should have had, so yes, I am a little nervous." (#007, p. 5). Through her attempts to understand her examination grade she begins to feel acutely aware of her color status: "I started feeling physically different, which I am the whole time, but I never felt that way until that incident. (#007, p. 5)

Another student confronted the instructor more boldly, "In fact at one point I actually asked my instructor point blank, 'When do I get taught? Is this purely an evaluative situation, or do I actually get educated' (#013, p. 21)? For this student, ethnicity was not to be a factor in the genesis and perpetuation of the situation. Confronting faculty was a big risk for students, usually born out of feeling this might be their last chance for an opportunity to reverse their failing academic situation.

Under circumstances where students thought they could progress academically, they would avoid this level of problem solving and opt for a 'grin and bear it' stance. When progression did not appear at stake, students were more inclined to manage their feelings about the situation and attempt to ignore the problem. Yet, under circumstances where their progression was threatened even the most shy and hesitant student would attempt to negotiate a point with the faculty.
Interpersonal Disregard: Consequences of Failed Management

In summary, failure was the outcome of much of the coping attempts to manage interpersonal disregard. Students who coped by emotional control were left with unhappy memories. Students who attempted to negotiate with faculty were seldom successful in getting what they wanted. Those who were successful paid a high price. Students all took a portion of control for their own internal state and had to manage their feelings.

By contrast, some students said the faculty really helped them. "She [instructor] has been really supportive" (#001, p. 7). There were instances where faculty and peers had extended themselves by acknowledging their cultural differences. Faculty or peers invited conversation about the students' background. They asked students about their previous experiences. Faculty and students were interested in the student as a person. Students usually cited those instructors and peers by name and held them up as a comparison for other faculty.

The condition, interpersonal disregard, was characterized by rejection, disrespect, inequity and distrust. This condition formed the second major property of exclusion and the resulting threat to identity. Failing back, regrouping, and confronting were major coping strategies. Students paid a high price for confronting faculty and management failure was a common theme.

ETHNOCULTURAL INCONGRUITY: PROPERTIES AND CATEGORIES

Ethnocultural incongruity was the third form of exclusion. The perception of ethnocultural incongruity resulted in students feeling
excluded based on their ethnic status within the organizational culture. There was a distinction between ethnocultural incongruity and feeling different related to language expression and interpersonal disregard based on individual interpersonal relations. Experiences of equity and acceptance were key indicators of ethnocultural incongruity related to threatened identity. Ethnocultural incongruity included two properties: (1) **physical visibility**, a feeling that one is standing-out among the student body, faculty and alumni; (2) **ethnic invisibility**, a perception that one's culture is being ignored or not included.

These two properties are described in the next section. They are analyzed in terms of students' appraisal of stressfulness, the designating of responsibility, and matching of coping strategies.

**Physical Visibility**

A feeling of **standing-out** or being physically viable among peers was usually the first and most threatening dimension of ethnocultural incongruity to present to students as they entered nursing school. This happened early in the students' program, walking into their first class, looking around at the student body, and noting whether there are other students of like ethnicity and skin color. Noted a student, "I walked in and looked around and I was the only one" (#009, p. 11). From another student, "... there's only two Indians in my whole class, so there's not a lot of ethnicity, I mean we've got two blacks and then there's some orientals, basically it's a white school" (#022, p. 13).

Students were quite aware of whether or not they stood-out as different. Having black hair was one indicator of standing out: "I think a lot of that is because of the way I look ... my cousins look
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more Mexican, black hair . . . overly dark brown hair" (#014, p. 15).
A student from an ethnically mixed campus expressed the converse, "I'm not alone, you know, you look around . . . a lot of times people can't
distinguish me from the natives [indigenous ethnic group] so I'm not the
one and only in the school" (#018, p. 5). But for students who found
their class and even the alumni composition "very white," there was a
clear note of isolation: "I wish there were somebody else of my color"
(#009, p. 14).

Then, as they progressed through the program they built an overall
image of faculty composition, they looked to see if there were faculty
of a similar background. Stated one student, "I knew she [faculty] was
Hispanic. I understand her and feel she understands me automatically,
that may not actually be the case but that is the way it feels" (#014,
p. 15). Faculty of the same ethnic background increased student's sense
of comfort.

Non-diversity of ethnic composition added to the students overall
sense of initial estrangement. The lack of ethnic sameness required
more effort on the part of the student to reach beyond that barrier to
make interpersonal connections.

Ethnic Invisibility

Students identified ethnic invisibility when they perceived faculty
and administrators uninvolved or uninterested in aspects of their
student life. The following were factors in students' perception of
ethnic invisibility: student services set up assistance at hours which
conflicted with their other student obligations (such as increased time
for reading and communicating or was not geared to the needs of the
students; students thought nursing school administrators were uninvolved with monitoring faculty who were reported as being biased or who were perceived to be harassing students.

Another factor that spelled ethnic invisibility was a curriculum content devoid of nonwhite values and nursing care needs. By comparing and contrasting their native culture with the American nursing culture, students simply noted the lack of fit between their own culture and the Anglicized nursing culture. Other students were less accepting of the ethnocentric curriculum. "They teach a lot of psycho-social stuff up here but it's white psycho-social stuff" (#022, p. 32).

Lack of faculty interest in ethnicity in general or in their own specific cultural background was most notable:

I was a black student, and could there have been something in the patient's background which forbade anyone nonwhite touching her in a personal way, but that was never brought up. I do not believe that I should ever, on my own, choose to say these things may have occurred because I'm black, because that points out an issue that should have changed a long time ago. (#023, p. 22)

Students were left in a vulnerable position of not being able to understand fully the patient's behavior or to find a way to deal with patient-based racism, their own racism and their own feelings of rejection.

ETHNOCULTURAL INCONGRUITY: APPRAISAL OF STRESS, DESIGNATING RESPONSIBILITY, AND MATCHING COPING STRATEGIES

Ethnocultural incongruity was a low level threat for students. It was not directly responsible for interrupting their academic program as language difficulties or interpersonal disregard. It was more background noise, a more diffuse threat. No student suggested that it
was a student responsibility to educate the faculty about including cultural content into the curriculum or revising services for more cultural relevance. Students assumed the organization was responsible for ethnocultural incongruity. To manage the threat of ethnocultural incongruity, students used two different coping strategies: withdrawing and engaging. By contrast, some students experienced no ethnocultural incongruity. Therefore, those students perceived their experiences as challenging. Coping was unnecessary.

Ethnocultural Incongruity: Resigning and Engaging

Resigning. Powerlessness and resignation characterized management at this level of ethnocentrism. "It's all white so why bother" (#022, p. 16). Consequently some students felt alone, separate and isolated when they were unable to connect with at least one other student. "Who knows, more Indians might apply if they didn't look up here and see that there was only white people up here, and that's intimidating to blacks and Indian" (#022, p. 32).

Even when students wanted to merge or blend their native culture with the Anglo culture, they had to put their own cultural health values aside, or on hold, for the sake of learning and mastering the American health values. "I think of myself as well, I'm in this school. I'm supposed to go with what they are teaching and that's what I go by" (#008, p. 10). Students compartmentalized their academic learning from their culture setting boundaries for themselves to limit the discrepancy between the two.

Countervailing the resignation was the possibility that after their education they could achieve some incorporation of their native culture
into their nursing practice. The anticipating and sequencing their goal of attaining a merger with their two cultures was set in motion. "But when I graduate and have a degree, I hope to practice better...I mean, put more of my input and experience into it...bring my culture into it..." (#008, p. 11).

Rather than confront the issue, students who were resigned to the ethnocultural incongruity turned to criticizing the school for its lack of ethnocultural congruity. Respondents gave the researcher (administrator) ideas for decreasing ethnocentricity, citing recruitment of other minorities as an important incentive. Comparing their program to others who were less ethnocentric reinforced their idea that ethnocultural congruity was possible and added to the sense that no one cared enough to make the necessary changes. Lastly some students tried ignoring what they perceived. The threat to their identity as a competent nursing student was low, so ethnocultural incongruity represented a backdrop of low level disconfirmation. Students chose to assign ethnocultural incongruity a low priority in the face of more urgent academic and family demands. It appeared more vague, more ambiguous and the solutions less apparent and controllable than some other threats.

Failed management was generally the consequences. The long term consequences were lack of support for the school within their ethnic community. Students claimed they would not recommend the school to other ethnic minorities. They graduated with bitter feelings.

Engaging. The second mode of coping with ethnocultural incongruity involved moving beyond the isolation. Some students who felt estranged
in the first year of their program, had become more connected as they progressed. Students found ways to engage with others of disparate ethnicity. One coping strategy students used for managing diversity with peers was broadening the criteria for what constituted likeness. Sometimes just the fact of being from another country, any other country, was sufficient. ESL students found a common ground in the experience of being an ESL student even though English was the only language they had in common. Capitalizing on other life experiences, such as being a mother created an additional base of commonalty with peers. Gradually, for some, the shared experiences of being a nursing student was sufficient. Students were able to eventually engage with others despite the continuation of organizational ethnocultural incongruity.

To summarize, ethnocultural incongruity, the third and last property of the stressful identity event of exclusion was discussed. Two categories, physical visibility and ethnic invisibility within the organization described ethnocultural incongruity. Intervening conditions of low level disconfirming threat appraisal and designating responsibility influenced coping strategies. Students did not see that it was their responsibility to enlighten and teach key members of the organization about the components of ethnocultural incongruity. Resigning to the situation was the predominant mode of coping. Engaging with others developed over time, but not as a way of changing the ethnocultural incongruity. Some students learned to live with it, others never perceived it in the first place.
Some students identified no ethnocultural incongruity. While students felt that the institution attempted to push a particular brand of political, social and religious directives off onto students, this happened regardless of the students' previous convictions and in a manner not seen as integral to nursing. Other students felt that the academic expectations were outrageously demanding compared to other academic institutions, but none of the students attributed these events to cultural incompetence. In fact, for some students, nursing school was seen as a more accepting and less judgmental experience than the institutions, people or countries they previously encountered.

SUMMARY

Exclusion was a multifaceted stressful event experienced by ethnic minority students. The event included linguistic difficulties, interpersonal disregard, and ethnocultural incongruity. Students expected the professional values of equity and caring to be highly operational within the nursing program. Unexpected experiences perceived as unfair and uncaring intensified the experience of exclusion. There was also a perception that exclusion by faculty and peers was linked to ethnicity.

Exclusion events which seemed to interfere with academic progression provoked intense emotion and feeling of threat. Sorting out which situations could be changed by the student was a prelude to coping. The designating of responsibility of exclusion varied. Increased perception by students of responsibility for a situation fostered more direct problem solving as a coping strategy. When students thought they had
few choices in handling a situation and their progress was involved, avoidance, withdrawal, and silence were used. Confrontation with faculty occurred only around progression issues and then only as a last resort. In general, students preferred avoiding as a way of coping with exclusion situations. Table VI is a summary of exclusion as a stressor in relation to the designation of responsibility and coping strategies. Ethnic minority nursing students did not directly address the underlying process of exclusion linked to their ethnicity.
TABLE VI  
MODEL OF EXCLUSION AS STRESSOR: APPRAISAL AND COPING

<table>
<thead>
<tr>
<th>Form of Exclusion</th>
<th>Appraisal/Designation</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Linguistic Difficulties</td>
<td>Threat/Self designated as responsible</td>
<td>● Holding Back-Moving Forward</td>
</tr>
<tr>
<td>● Sounding Different</td>
<td>Threat/Self designated as responsible</td>
<td></td>
</tr>
<tr>
<td>● Feeling Rude</td>
<td>Severe threat/Faculty designated as responsible</td>
<td>● Keeping Silent ● Backing Off ● Speaking Out</td>
</tr>
<tr>
<td>● Feeling Disqualified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ with peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ with faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Interpersonal Disregard</td>
<td>Severe threat/Faculty designated as responsible</td>
<td>● Falling Back (Dissociating from Social Contact)</td>
</tr>
<tr>
<td>● Rejection</td>
<td></td>
<td>● Regrouping (Information Searching and Consensus Seeking)</td>
</tr>
<tr>
<td>● Disrespect</td>
<td></td>
<td>● Confronting (Negotiating and Confronting the Problem)</td>
</tr>
<tr>
<td>● Inequity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Distrust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Ethno-Cultural Incongruity</td>
<td>Harm-threat/Faculty designated as responsible</td>
<td>● Resigning ○ withdrawing ○ criticizing ○ complaining</td>
</tr>
<tr>
<td>● Cultural Non-Diversity</td>
<td></td>
<td>● Engaging/ Relating</td>
</tr>
<tr>
<td>● Organizational Insensitivity</td>
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<td></td>
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</tbody>
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CHAPTER VIII

FACULTY PERSPECTIVE: ASSESSING AND MANAGING CULTURAL DIVERSITY

INTRODUCTION

In this chapter the faculty perspective of their experiences in assessing and managing diversity among ethnic minority students is presented. The original intent was to seek this faculty perspective regarding ethnic minority students' stressors and coping. Asking faculty to draw on their observations and experiences with ethnic minority students stimulated faculty to examine their own responses in working with this population of students. The faculty expressed their frustrations and joys about teaching ethnic minority nursing students. Consequently, in addition to their own point of view about ethnic minority students' stressors and coping, the faculties' own experience with students' cultural diversity came to the foreground. What began as an investigation of faculties' perceptions of students' stress became a description of faculties' stressors and coping with culturally diverse students.

Therefore, the main phenomenon identified from faculty interviews was how faculty assessed and coped with ethnic minority nursing students' cultural diversity. Faculty perception of the students' stress and coping became one part of the larger picture of faculty stressors and subsequent management of cultural diversity.
The chapter is organized into two major sections. The first section covers four areas of assessment of cultural diversity: (1) establishing one's cultural competence; (2) diagnosing students' learning needs; (3) identifying students' stressful experiences and (4) sorting out responsibility. Each area is further supported by categories of events and identifying indicators, properties and dimensions. The second section covers the management of cultural diversity in relation to classroom and health care learning contexts. The next section presents each of the four assessment areas, which were a prelude to managing cultural diversity.

ASSESSING DIVERSITY

Assessment of diversity was an initial step for faculty in the process of recognizing ethnic minority students' stress. The assessment was two-fold: faculty examined what was at stake for themselves and what was at stake for their students. What follows is a description of the assessment areas of teaching ethnic minority nursing students from the faculty perspective. The diversity assessment areas included: (1) establishing one's cultural competence; (2) diagnosing ethnic minority students' learning needs; (3) identifying ethnic minority students' stressful experiences; and (4) sorting out responsibility for learning difficulties (see Table VII). These four areas were focal points, around which faculty expressed experiencing considerable challenge and threat.
### TABLE VII

**FACULTY ASSESSMENT OF CULTURAL DIVERSITY AMONG ETHNIC MINORITY NURSING STUDENTS**

<table>
<thead>
<tr>
<th>Assessment Categories</th>
<th>Properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing Cultural Competence</td>
<td>Disclosing, Reflecting, Reciprocating, Establishing Fairness</td>
</tr>
<tr>
<td>Diagnosing Students' Learning Needs</td>
<td>Untangling Cognitive from Cultural Communication Barriers</td>
</tr>
<tr>
<td>Identifying Students' Stressful Experiences</td>
<td>Staggering Under the Load, Building a Professional Identity, Experiencing Isolation, Facing Cultural Unresponsiveness</td>
</tr>
<tr>
<td>Sorting Out Responsibility for Learning Difficulties</td>
<td>Students are Responsible, Others are also Responsible</td>
</tr>
</tbody>
</table>

**Establishing Cultural Competence**

Faculty attempted to establish the level of their own cultural competence as they enacted their faculty role. Cultural competence was the extent to which faculty felt they had (1) established a way to make sense of the ethnic minority student's world and (2) adapted teaching strategies to accommodate for cultural differences. This establishing process involved sorting out what it meant to them personally and professionally to teach ethnic minority students. They sought to surface what was at stake for themselves by comparing students, describing students, and relating their own feelings about teaching experiences with ethnic minority students. These activities were organized into four areas. Thus, faculty established their cultural competence through (1) disclosing their own ethnic experience; (2)
reflecting on their own experience and feelings; (3) learning to reciprocate with students; (4) and establishing fairness standards in teaching.

**Disclosing.** Sooner or later during the interview, faculty would provide background information about their ethnic experiences, living in other cultures, and their own ethnicity. The disclosure of faculty's own ethnic background or experience served to **jog their memories and perspective**, thus providing a focus for discussing ethnic minority students. The following was stated very early in one interview:

> I did a large component of my education in another country in another language; I spoke it from childhood but it was not my primary language; I have been in another system as a non-native speaker and I really have a lot of empathy for the students... I have a real appreciation for how that is to learn nursing in another language. (#1, p. 1)

This faculty member valued her **ability to empathize** and to be seen as responding to students needs. Another faculty member commented very late in the interview (faculty member disclosing her ethnic minority heritage), "It is a secret...[jokingly] no, just something I don't necessarily have to broadcast" (#12, p. 25). Integration and blending-in was valued by that faculty member. They used this disclosure to establish a base from which credibility or explanation for their teaching perspective could be established.

**Reflecting.** A second way faculty established ethnic competence was to use their own ethnic experience as a sensitizing experience. They reviewed their previous experience and examined how those events influenced, molded, and anchored their current perceptions of students. For example, many faculty expressed a concern of **not knowing how to teach** students from diverse ethnic backgrounds. As one faculty member
explained, "We really don't know very much about other cultures" (#3, p. 18) and "I have no repertoire of educated guesses to make for my minority students... hard to anticipate what they might need" (#13, p. 26).

Therefore, faculty struggled with what worked in a trial and error system, teaching themselves as they went along in their academic career. As a result, not all faculty ended up in the same place in their understanding or in their comfort level of teaching ethnic minorities students. Teaching one-of-a-kind ethnic minority student precluded building a repertoire of experience with any one ethnic minority group. A faculty member pointed out, "What helps faculty is when they have a higher number of students from ethnic backgrounds that are similar, where you're force to look at it, here it is so individualized" (#3, p. 18).

Experience served to enhance faculty's expertise in better understanding ethnic students. This sentiment was echoed many times by those faculty having experienced other cultures, either in the United States or abroad. How did faculty come to understand ethnic minority students? Faculty had different levels of understanding in working with ethnic minority students. Some Faculty had thought long and hard about their experiences with students and had cross-cultural experiences themselves. They challenged their own ethnocentrism. They exhibit a willingness and openness to examine possible ethnocentrism, bias, and prejudice. The following is an example of that type of openness: "One must establish ethnic competence with each group..." (#5, p. 14).

This faculty member described learning cultural competence by reviewing
her experiences with students and through applying that understanding in the teaching situation. She said for example, "You can't use colloquialisms and expect students to understand the meaning" (#5, p. 6). In addition, faculty used their travels to gain more sensitivity to the cross cultural experience.

Reciprocating. The third part of learning cultural competence occurred within the faculty's attitude of a relational being of reciprocity. Faculty expected a level of reciprocity of learning with the student which translated into: "I learn from you, you learn from me" (#5, p. 7). Faculty used clinical experiences to ferret out cultural differences. This enhanced the reciprocating process.

Inviting students to discuss health practices or child-rearing practices was one way to compare and contrast their cultural similarities and differences. In the classroom some faculty created an atmosphere of reciprocity by inviting students to talk about their cultural backgrounds. Faculty provided opportunities for students to discuss their similarities and differences.

Learning cultural competence was linked to how the faculty managed the reciprocity in the faculty-student relationship. Learning occurred within the relationship context that was built. Cultural competence then contributed to strengthening that relationship. It was a transactional process.

Establishing Fairness. Establishing equity and fairness within the area of cultural diversity was the final concern for faculty related to establishing cultural competence with ethnic minority nursing students. To what extent did each student need to meet the same standards and to
what extent were they asked to meet the same standards? Given a paucity of experience, faculty used several avenues for framing their perspective.

In one perspective, faculty were willing to operate within a context of ambiguity and uncertainty. They described 'starting from scratch' each time they confronted an ethnic minority student in their class. Using another perspective, faculty functioned within the context of standards by taking a stand and making generalizations based on small numbers. These two perspectives set in motion a theory of action for understanding and working with ethnic minorities. The first perspective of ambiguity and uncertainty was a reciprocating individualized approach to ethnic minorities. Making linkages and connections to foster a 'special' theory of action was developed for each student. The other perspective was taking a stand and making generalizations. The template approach, holding standards constant in reaction to unique situations and learning needs was done to achieve fairness and equity.

Questioned one faculty member:

Do we really treat all students the same, no, no each student is an individual and that's how we have to treat students, and if the truth is known, I think I am one of the most objective people in the world, but when you try to grade a care plan, when you write an evaluation, you are human and there is going to be some subjectivity that comes into play, so how much comes into play with minority students? [Investigator asked: "Is this because of the evidence you have?"] Yes, that is going on, don't know much but you hear by the grapevine and the information trickles in. (#2, p. 9)

Faculty who attempted to function within the individualized perspective were placed in a position of defending their non-normative actions to answer the question: Are all students treated as fairly and as alike as possible?
Where and when to set the limits to be equitable was a primary concern. Faculty recognized that some ethnic minority students might require extra time or attention: "In order for students to get through it takes extra time from faculty because they need it" (#4, p. 7). The larger the class size the more problematic the balance between fairness and individualization. "In one big classroom of 40 people, how much do you get to really know someone personally" (#12, p. 15). Besides the numbers of students to assess, the amount of time it took to assess was a consideration. Faculty had to decide when to give extra time to students. One criteria for giving extra time was when students indicated an interest and were really trying to accomplish their goals within reasonable time limits.

... but I wouldn't say that the minority students should get, you know, extra, extra ... they should have equal opportunity to get special time with the teacher, but if it gets to be way, way more then it is unreasonable on the system. (#12, p. 24)

Another criteria for assessing when to give extra time or attention was based on more general considerations of student background:

On the one hand I want to give to a black person, especially a black person in this society, extra help because I think they've gotten a bad rap in a lot of places, and I'm aware that I want to overcome that. How do I treat you equal as a person yet treat you special because you're black? (#5, p. 15)

What occurred was an ongoing dynamic of balancing the reciprocating individualized approach to ethnic minority students with the need to maintain academic and professional standards. Faculty expressed the dilemma of balancing the two approaches as they described their teaching activities with ethnic minority nursing students.
The four components of establishing cultural competence: disclosing ethnic experience, reflecting on experience and feelings, learning to reciprocate, and establishing fairness standards were influential in the diagnosing of students learning needs the second aspect of appraising cultural diversity.

**Diagnosing Students' Learning Needs**

The second of the four assessment areas of cultural diversity was understanding what was at stake for the students as learner. Faculty used their nursing diagnostic process in assessing certain features of students' learning needs, behavior, and abilities. Faculty attempted to make sense of students' learning needs within the context of the students' cultural values. The assessment was compounded as those cultural values mixed and collided with American nursing values and the professional educational demands. What did faculty ask themselves? To what did they pay attention? About what did they care? What concerned them were questions asked of the data.

Several written documents served to reinforce faculties' stand on adhering to a set of professional standards. First, there was an underlying assumption that faculty worked from detailed course syllabi that delineate objectives to be met. Second, the objectives reflected the school's professional standards and competencies expected of baccalaureate students. These standards were aligned with the National League for Nursing (NLN) accreditation standards for all accredited schools in the nation and the American Association of Colleges of Nursing (AACN). Faculty expressed very clearly the need to assess specific areas of academic and social competencies. Competencies
included the extent to which students could abstract and communicate concepts, and the extent to which students fit in or assimilated with classmates. Diagnosing students' learning needs included two properties: (1) untangling cognitive from cultural and communication barriers and (2) assessing fit with peer culture.

Untangling Cognitive from Cultural and Communication Barriers. Students who had English as a Second Language (ESL) were among the first examples faculty brought forward to discuss when asked about ethnic minority students' experiences in nursing school. Faculty were acutely aware of the student's struggle with mastering English in a professional school. They easily recalled their own bafflement in attempting to diagnose learning needs and provide a suitable learning situation.

The main property of classroom teaching students with English as a Second Language was the dilemma of balancing the needs of students with the standards of the profession. This dilemma translated into weighing the diverse situations of students with the gate keeping function of the faculty. How far could the faculty go in making exceptions for students based on students' special needs without compromising standards and equity of other students? How far should the faculty go in providing educational opportunities based on linguistic 'handicap'? Questioned one faculty member, using a golf metaphor, "How much of a handicap do I give this student" (#13, p. 26).

Part of the dilemma was the lack of repertoire of educated guesses. It was difficult to anticipate what students might require to assist with their learning. Faculty had difficulty knowing whether meanings were understood and shared. It was most distressing for faculty not
knowing where students were in terms of their comprehension and understanding of the material. Faculty were baffled. This baffling was heightened for faculty teaching the theory courses for clinical areas, where students had to use the client's understanding of their situation, as a large basis for the nursing diagnoses and intervention. Students needed to demonstrate a capacity to grasp culturally situated meanings.

Faculty expressed uncertainty about resolving the balance between students' needs and professional standards. Faculty described a complex sorting strategy. They felt they needed to sort out the stressful non-academic situations, such as a family crisis, which influenced performance from actual academic performance.

In the academic arena the faculty tried to gain some insight into the student's comprehension from the written work. When the written work was obviously obfuscated due to translation problems, faculty had to decide whether to use additional means, such as a verbal report, to make sure the intent was understood or to turn the paper back and have students find an editor/tutor. The dilemma was expressed,

But I wonder if I did her a disservice by not somehow making her practice her written English in the context of my course. It seems kinder in one way to let her do it verbally, but I'm not sure over the long run whether it's better or not. (#13, p. 4-5)

Even when the solution seemed fair, as in the case of ESL students using the whole allotted 2 hours for an exam and the non-ESL students completing in 1 hour, faculty worried whether they were doing a disservice to the students. Faculty knew that eventually the students must perform in the National Nursing Boards (NCLEX) within the same time frame as all other students with no exceptions.
The amount of time it took for students to complete their work was an important yardstick for faculty in deciding how to handle students' needs. Gauging their own time and effort was a factor in faculty judging the extent of students' needs.

Assessment of learning needs tapped into the extent to which a student was able to be understood. The assumption was that a nurse must be able to be understood by others without effort during emergencies, and also by very ill patients. Therefore, clarity of communication was one area of assessment. Part of clear communication was the time it took faculty to grasp what the student was saying. There seemed to be an unwritten norm about how long it should take for one person to grasp what another person has said. The more quickly the faculty could grasp the spoken content, the more clear the communication. Students' writing skills also assisted faculty in diagnosing students' learning needs when English as a Second Language was seen as an issue.

Another area of assessment with regard to language was comprehension. How well did students understand the concepts and how well could they apply the concepts? Faculty would question to what extent the students' inability to comprehend concepts was a function of their English comprehension, and to what extent was it a function of their ability to deal with abstractions. The ability to abstract and communicate concepts was a basic expectation in the nursing program.

Faculty identified two barriers to abstracting and communicating concepts effectively: (1) translating back and forth from English to the language of origin, and (2) concrete cognitive operations. Faculty tried sorting out what the communication barriers were so that
appropriate teaching strategies could be developed. Comparing one student with another was a common way of sorting out the barriers. Following is an example of one faculty member's comparison of two students' ability to abstract:

'C' was a whole different bag, this girl may border on the brilliant, but she was so weighted down with cultural expectations, parents and siblings were her responsibility to take care of, translate for, and help and they have to come first ... that it was difficult for her to devote time to her studies, she does so at expense of self. She could think in the abstract (#3, p. 7). 'M' s ability to abstract is minimal, it may be language but it manifests itself not only as language but as just ... I don't think she can think in the abstract. (#3, p. 8)

When students had English as a Second Language, faculty were more likely to be unsure about the origin of the student's inability to abstract. Faculty were unsure about the extent of the students comprehension of concepts:

The application of theory to practice, the more abstract kind of thinking, is sometimes difficult for those students because of their English as a second language, but some of the more esoteric aspects of application practice has sometime been a problem for them, because I guess of the language barriers. (#9, p. 8)

Comparing ethnic minority students with majority students brought this faculty member's frustration into clearer relief.

I can make educated guesses with Caucasian students based on their behavior in class and the caliber of their work ... not even sure you understand what they mean the way a Caucasian would mean it ... I want to know 'is anything that I say meaningful to you? 'are you learning more than just the words I'm saying? 'does this have any cultural relevance for you'? (#13, p. 26)

Assessing Fit With Peer Culture. Incorporation and assimilation of ethnic minority students into the peer culture was a facet of social competency that faculty assessed. One method of assessing students'
assimilation was by comparing students based on integration into the peer culture and isolation from the peer culture. "Is this student tied in with classmates or are they all alone?" "With whom do they sit?" "Do they know others in their clinical group?"

Some faculty were able to identify students that did not fit in by comparing with their own background. One faculty member (#10) spoke from her own experience as an ethnic minority student relative to not fitting in and then gave examples of similar experiences of her student. She related the difficulty of going from her home culture to American culture to the nursing culture. Faculty saw other students as isolating themselves. A faculty member noted, "... and she doesn't act in English. She is ... Isolation is a theme again. But differently, she has chosen to remain isolated here" (#3, p. 6). To the extent that students did not fit in, faculty developed reasons why it didn't happen.

Faculty also identified engaging and bonding with others as an aspect of assimilation. "What helps students engage staff and others is their personality ... she was really adorable, cute, beautiful girl" (#12, p. 22). Bringing food to the agency or to clinical seminar was seen by faculty as an effective way of engaging peers and staff interpersonally as well as culturally. The faculty thought the student did this because the student assessed that food was high on the list of priorities for classmates. "This is a student's way of maintaining relationships in the group ... and introducing people to her culture" (#12, p. 5). Risk taking by speaking up in class and participation in class activities were other behaviors faculty used as indicators of fitting in.
Faculty were not assuming that total assimilation should take place. "T. was so incorporated she was scared of the other side of the coin, that she would lose her uniqueness" (#3, p. 6). They commented that with too much integration, students lose their sense of ethnicity, and with too much isolation, students feel too alone.

I think it's sad when folks feel as though part of the game they have to play is to make pretend that it's not there and cover it up with makeup and dress and all that other stuff . . . so they are closer to that quote unquote "majority." (#13, p. 32)

Faculty were often perplexed by the impact of students integrating in to the mainstream culture versus retaining the student's culture. Observed one faculty member, "She was a round peg being forced into a square hole . . . trying to make her thinking fit something that was so foreign to her" (#11, p. 13). They could see the students' coping with their culture of origin, the culture of the majority, and the nursing culture. While some faculty questioned whether that was a desirable state of affairs, most faculty saw it as this is the way it is: Something with which students must struggle:

I think 'A' wondered if she could stay black here and make it in the program or did she have to become something other than she was in order to make it." "It mattered greatly in the beginning . . . later, she was her own person, it didn't matter whether it was black or white. (#3, p. 6)

It was not just the ethnic minority faculty who were able to articulate students' experiences of attempting to balance integration with maintaining cultural identity. The experience of living in another culture assisted faculty in understanding the frustration of not clearly belonging or fitting in anywhere anymore.
Untangling cognitive from communication barriers and assessing students' fit with their peer group were crucial properties for faculty in diagnosing students' learning capabilities. From the first two areas, establishing cultural competence and diagnosing students' learning capabilities, faculty gained information in identifying students' stressful experiences, the third area in assessing cultural diversity.

**Identifying Students' Stressful Experiences**

The third of the four areas in assessing cultural diversity was perceiving ethnic minority students' stressful experiences. Faculty identified numerous stressful incidents. The incidents related to student's educational experience and were intensified by their ethnicity. The incidents translated into four areas: (1) staggering under the load; (2) building a professional and cultural identity; (3) experiencing isolation; and (4) facing cultural unresponsiveness. Stressors resulted from the interaction between the students' culture, the professional culture and the majority culture at the institution and clinical site. Students were trying to learn new ways of thinking and acting. At the same time they were trying to manage the academic load. Their experiences were sorted into the four types of student stressors.

**Staggering Under the Load.** The first type of stressor was the staggering amount of work required by virtue of students' cultural and linguistic situation. Faculty identified that students with ESL must spend increased amounts of time studying in order to comprehend the assignments. Faculty were acutely aware of students staying very late at the library just to keep up with the assignments.
Compounding students' output of energy was their inability to discern where to direct their attention academically. All assignments were prepared with the same intensity, whether it was necessary or not. Faculty observed that students with English as a second language were "... vulnerable to all pressure, can't discern where to ease up and where to work hard, so they work hard at all... trying to translate constantly and trying to perform well... so they struggle" (#4, p. 3). Some clinical experiences demanded heavy preparation yet other clinicals did not. Explained one faculty member, "That clinical is more 'laid back'" The student did not need to appear at the clinical an hour early to be prepared. This all out effort contributed to staggering under the load"

Faculty noted that those students who were more isolated from their peers lacked a mainstream information network. This lack of an informed network of peers deprived the ethnic minority students of a basis for making normative study decisions and setting study priorities.

Building a Professional and Cultural Identity. The second area of stress centered around the dynamic interplay of the students' culture of origin and their developing a nursing identity. Establishing a professional identity while managing the tensions between one's ethnic culture and the mainstream anglo-American culture was identified by faculty as a most complex and very real source of stress for students. This grinding out of a new amalgamated self-concept cut across school and home based identity. Faculty perceived students as being pulled in different directions. At times, faculty thought students feared losing their sense of self. In addition to building a new identity, students felt
charged with upholding the honor of a family and ethnic identity. To fail was not only to dishonor themselves, but their family, and a whole ethnic culture from which they could not, would not, or should not disaffiliate.

Faculty saw the students as weighted down with cultural expectations. They were expected to meet certain values consistent with their family and culture of origin as well as the school demanding the development of professional identity. The development of that professional identity within context of their own culture was seen as a source of stress, because the two cultures conflicted in several key areas. One area of conflict was with culturally based folk-health. The other area of conflict was when their cultural socialization was at odds with professional socialization expectations.

While culturally-based health practice conflicts could be suppressed by students, faculty noted that the culturally-based gender role of women's subservience was more difficult for students to suppress. Students' tendency to be silent in the face of authority conflicted with the professional expectation of assertiveness and advocacy. Subservience was more firmly entrenched in students behavior. Cultural and professional conflict could not be ignored. It had to be addressed by student and faculty:

This student was having difficulty approaching other health care professionals because of her upbringing, and she was very short, seemed to be a problem, she was looking up at everybody all the time. Women were to be seen and were to use less direct methods of communication. (#5, p. 1)
The professional expectation of self-evaluation and monitoring of one's own practice was seen as particularly threatening for ethnic minority students whose culture stressed humility and group identity.

**Experiencing isolation.** The third area of stress for ethnic minority students was perceived as social isolation. Although faculty routinely assessed students' 'fit with peers' as previously described, that was to determine students access to academic information. In addition, faculty questioned whether classmates were aware of the extent to which their ethnic minority classmates felt different because of their cultural background. One faculty member described the difficulty a student had discussing her culture: "Other students didn't pick up on how hard it was because it is difficult to talk about culture" (#12, p. 5).

Ethnic minority faculty commented on students comparing themselves with other students and how that contributed to students' feelings of isolation. Physical appearance and speech were two such attributes for comparisons. Only the ethnic minority faculty talked about the impact of looking different on feeling isolated: "The students always talk about isolation ... nobody up here looks like them" (#14, p. 5). These same faculty identified the culture shock experienced by ethnic minority students as they moved from a more multicultural community college or university setting into the white Anglo-dominated milieu of the health sciences university system. "Students say 'it's like another world'. The institution is not so much racist as it is inexperienced, students have to intuit how the
Many faculty realized the isolation of ethnic minority students but did not comment on the relationship of differences in speech or syntax patterns to the experience of isolation. One faculty member noted, "[There is] no one around that looks like them in their class or on the faculty, and if their speech patterns are less than the queen's then they are already intimidated, they are going to be quiet" (#14, p. 7).

Ethnic minority faculty also emphasized their own feelings of isolation as faculty members. This experience served to validate their perceptions of students' isolation. "Isolation is a major, major problem, as well as with minority faculty... we have very few minority faculty" (#2, p. 5).

To summarize, most faculty recognized that the extensive amount of time required for ESL students to master the assignments severely cut into network building time. Beyond that, students were seen as having more responsibilities to family than the majority students. Faculty understood students' isolation stemming from a lack of time to build peer networks, thus they were isolated in the system. The isolation was seen as a third source of ethnic minority student stress.

Facing Cultural Unresponsiveness. The fourth type of stress among ethnic minority students was situated within the context of the organization, yet resulted in interpersonal consequences. Interactional problems reflecting a lack of cultural competence on the part of faculty, students, and the organization were cited as stressful to ethnic minority students. Faculty identified a number of indicators
about what they perceived the student faced in their educational and social system: how staff and patients reacted to ethnic minority students, what the school had to offer, what it should offer, how other students reacted toward ethnic minority students, and the influences of feminism on nursing in the United States. These indicators were further organized into two properties: (1) nondiversity and (2) cultural insensitivity.

To begin with, faculty were keenly aware of the stress of nondiversity resulting from the few numbers of ethnic minority students. Faculty expressed this as a lack of a critical mass for the students. They discussed the absence of a peer group, lack of association with classmates, and not being tied into a group as undesirable consequences of nondiversity. In addition the lack of minority faculty presented a serious deficit in professional role modeling.

Second, cultural insensitivity toward students was also seen as stressful. Ethnic minority faculty were particularly vocal about the negative atmosphere of the university. "I think that part of it is the atmosphere, it can get very negative and hostile . . . directly so" (#2, p. 5). For example, some staff were perceived as talking down to students: "... talking to them like they were stupid, talking down to them . . . minority students were talked to differently by staff nurses than the majority students at hospital 'x' not at hospital 'y'" (#2, p. 2). These faculty described an avoidance and distancing of students by staff and peers. Faculty also described the experiences, as reported to them by the students, as a kind of faculty paternalism:

Like they felt a teacher would respond to them differently than they would respond to a Caucasian for the same problem;
almost as if they are expected to fail; they were criticized more strongly, more severely than a non-ethnic person would be for the same incident; it was that kind of stuff, it's so subtle. The standards would be different. My own undergraduate experience was so horrible I just have blocked that whole thing out. (#10, p. 23)

Faculty noted that ethnic minority students had to work harder than majority students:

Minority students have to work twice as hard to get here compared to some of the other students, they already know they have to work twice as hard, they being that way and as it's reported to me it's that way throughout the program, it's a continuous uphill struggle because cultural factors are not taken into consideration. (#2, p. 8)

Faculty expressed concern about the nonrelevance of the curriculum related to cultural competence. The books used are cultural bound. "[This puts] students at a disadvantage because of cultural bound test materials and books . . . and shows us up to be very culturally narrow, and we can't afford to do that" (#5, p. 9).

Faculty noticed that they were unwittingly using colloquialism with ESL students and expecting them to understand the nuances of meaning. Faculty also pointed to the use of humor which may be hard to decipher because of the nuances of language and cultural meaning. Faculty identified a number of ways in which the educational system, curriculum and clinical experience were responsible for adding to students difficulty.

Whatever cultural gaps were present were only made worse by cultural unresponsiveness. As one faculty member expressed, "the direction of assimilation is a one way street" (#14, p. 21). The prevailing impression was that ethnic minority students were expected to adapt to the majority point of view thereby adding to students' stress.
Thus, the assessment of cultural diversity was enriched by faculty's efforts in understanding students' stress. In summary, establishing one's cultural competence, diagnosing ethnic minority students' learning needs and identifying ethnic minority students' stressful experiences were three of the four major areas for the assessment of cultural diversity. The fourth and last major area was sorting-out responsibility for learning difficulties.

**Sorting-Out Responsibility for Learning Difficulties**

The final area in assessing diversity was sorting-out responsibility. The following presentation of sorting-out of responsibility includes (1) a discussion of sorting-out; (2) a student as responsible model and (3) others as responsible model.

**Discussion of Sorting-Out of Responsibility.** Sorting-out of responsibility provided faculty with a way to locate students' responsibility for learning and faculty responsibility for assisting in that learning. Students and faculty each had a set of responsibilities in the educational process. As discussed previously, the function of the course syllabi and orientation to the course served to clarify the students' responsibility in meeting academic and professional standards. The faculty responsibility to make materials and ideas available to students, for which the student was held accountable, was made more or less explicit, depending on the course and instructor.

While fairly explicit documentations of student expectations were in course syllabi, there was less clarity for faculty, as to what constituted the parameters of teaching activities. To what extent a faculty member should go or would go to assist a student in achieving
the learning objectives was left more to personal, departmental, and or professional trends. The pressures of career development, institutional economics, and personal interests influenced faculty teaching involvement.

The majority faculty expectations developed through experience with majority Caucasian students. When students needed assistance beyond those norms found in the institution, which were based on faculty experience with majority students, the faculty had even less clarity about the teaching expectations. Implicit in faculty deliberations were the questions: Who is responsible for the academic problem and who should provide a solution? How far does one go with a student before one 'draws the line'? What are the dimensions of responsibility related to the management of diversity? In order to manage diversity, faculty wanted to locate who was responsible for what aspect of the situation. Next, they wanted to know who, the student or faculty member, should exert what amount of control for the student to achieve educational competence.

The sorting-out process was a questioning mechanism, which served as a connecting link for faculty in going from problem locus of responsibility to solution locus of responsibility. Faculty asked what could the students do for themselves and what should they, as a faculty, do to help students attain a particular level of education.

There was a range of multicausal situations that faculty considered. Faculty assumed student performance was influenced by factors both within and outside of their responsibility and control. There was no one clear model for the sorting-out of responsibility. For
example, female role expectations and relation with authority were seen as quite culturally bound and possibly in direct conflict with professional nursing expectations. Faculty did not blame or hold the student responsible for bringing this orientation to nursing school, yet they held the student responsible for making changes to meet professional standards. In contrast, students with English as a second language were often slower in test taking, and produced essay questions with many grammatical and syntax errors. This too, was culturally bound and in direct conflict with academic standards. However, faculty varied in their expectations for students' performance, and the extent to which they would hold them accountable.

What emerged from the various sorting-out perspectives were two models: (1) a student responsibility model, and (2) faculty-institution responsibility model. These two models are presented next.

**Student Responsibility Model.** In the student responsibility model, while there were fewer incidents, the indication was that faculty held the students accountable for learning difficulties or academic problems. Students were held accountable either by virtue of factors internal to the student or external to the student such as culture. Students were also held responsible for solving their academic problem. For example, when students with a 'foreign accent' exceeded the faculty time norm and were still not getting the message across, it seemed the responsibility fell to the students' with the accent to make themselves understood. In other words, faculty did not say, "I need to become more accustom to understanding different accents" They were more likely to say, "I wish we had students who could speak English" (field note, 1989). This
orientation was also found among staff nurses in health care settings where students had their clinical experience.

Personal and cultural factors were seen by faculty as responsible for students' academic and performance difficulties.

The other thing is sometimes students may come with a chip on their shoulder, that have come through the system before and had to kind of fight so many battles, they perceive, and either they fought those battles and they bring all those experiences with them. They view it as a different value system or suddenly it's because, 'I'm black' or whatever. (#4, p. 20)

It was the faculty's perception that students used their ethnicity as a reason for problematic academic performance. For example, not understanding what was said by a faculty member was linked, in the student's mind, to their ethnicity. Faculty noted that their student evaluations were very threatening to the student. They thought students would not ask questions because of humiliation and embarrassment. As one faculty member explained in describing students' attitudes, students think: 'I'm the only one that doesn't understand' (#10, p. 11-12).

The students' environment was seen by faculty as contributing to students' learning difficulties. "There can be a lot of learned helplessness. 'Cause I think sometimes that can have happened already in the system. And sometimes I think that they may come or return to an environment that isn't as supportive" (#4, p. 19). In this example, the faculty assigned the responsibility for students' difficulties to the students' environment. These perceptions, provided a basis for faculty to sort out answers to the questions: To what extent could they and should they attempt to assist the student?
Faculty were not in total agreement about how responsibility for learning difficulties should be mapped out. Some faculty acknowledged that other faculty held the students responsible for their learning difficulties. These faculty also thought the students were aware of receiving the responsibility. Yet, those faculty did not think it was a fair or equitable model of operation.

Faculty-Institution Responsibility Model. The second model, faculty-institution responsibility, holds that there are others, besides the students, who need to take responsibility for the students' learning difficulties. Institutions included the academic and health care settings. Responses of staff nurses were representative of the health care setting.

Accommodating to students was a primary dimension for others in taking responsibility for creating solutions for managing diversity. Faculty addressed the following issues: What are the parameters in the institution for the student to fit in? How far does the institution go to accommodate to the student? Who has to accommodate? Faculty described dimensions of institutional accommodation to students that ranged from high to low. Some settings exhibited high accommodation and other settings, a low accommodation. Settings comprised several sites. The academic settings consisted of the classes, faculty, staff and general campus ambiance. The practice setting consisted of the agencies, staff and patients where students engaged in clinical practice experience. Those agencies were in-patient hospital and out-patient community health care units.
In settings where students were easily accommodated, the faculty and staff nurses took the time and energy to adapt to diversity. The setting was one of high accommodation where others took visible responsibility for solutions of bridging the diversity gap. In these health settings staff nurses were willing to spend time and energy accommodating students.

Health department staff nurses used to spend lots of time questioning students . . . most of the agency folks have really enjoyed it and having someone different to talk about and the students end up talking about what their culture is like, how they would handle a situation in their cultural setting. (#9, p. 15)

In settings with low accommodation, staff held the student responsible for bridging the diversity gap. In those settings there was a narrow margin for diversity, and students were expected to fit in. Staff held students responsible for control of the solution and provided little assistance in bridging the gap. " . . . if the students wants that. And that's kind of the way we've had it. Is that, you know, leave it up to the student. It's their resource" (#12, p. 23).

Leaving it up to the students was seen by faculty as a way of promoting student initiative and responsibility.

The following incidents are further examples of indicators of low accommodation within the academic institution. Remarked one faculty member:

Roots of prejudice are in the elitism of academia . . . gives an organizational permission to treat people in a one down position with rude and inconsiderate behavior . . . unkindness, and there seems to be in our professional society a privilege to do that. (#10, p. 34)

Another faculty member stated: "We don't have enough minorities . . . I don't know what we are doing as an institution to get students
here . . . I don't know what we are doing to keep them here and to see they are successful" (#2, p. 5). Faculty reporting the incidents indicated those were unfair expectation of students. There needed to be more accommodation on the part of faculty and staff in some clinical settings. An implicit faculty responsibility for the organizational atmosphere was asserted.

Thus, there was a range of expectations about the extent to which faculty should go in assuming responsibility for students' learning needs. There was also a range of responses to cultural diverse students. This concludes the discussion of the sorting-out of responsibility, the fourth and last area from which assessment of culture diversity took place.

**SUMMARY OF ASSESSING CULTURAL DIVERSITY**

Assessing cultural diversity was a complex activity. It was characterized by faculty establishing their cultural competence, diagnosing students' learning needs, identifying students' stressors, and sorting-out responsibility for problems and solutions associated with cultural diversity.

In review, the properties of establishing cultural competence were identified as disclosing, reflecting, reciprocating and establishing fairness. In diagnosing students' learning needs, faculty sought to untangle cognitive from communication and cultural barriers. They assessed students' fit with the peer network. Identifying students' stressors revealed faculty's perspective of students staggering under the load, building a professional and cultural identity, experiencing
isolation, and facing cultural unresponsiveness. Faculty and institutional accommodation to cultural diversity was influenced by the sorting-out of responsibility for the problem of diversity and the creating of solutions toward bridging the gap. The consequences of this assessment process left faculty to play out the dynamic between individualized teaching and maintaining standards. This summarizes the crucial areas underpinning how faculty understood students' stress. It also revealed how faculty reconciled and managed their own values of caring and fairness as they taught cultural diverse students.

That concludes the first major section, assessing cultural diversity. The second major section, how faculty managed cultural diversity in the light of those assessments is presented next.

MANAGING DIVERSITY

Faculty assessed students' cultural diversity in relation to students' learning needs. When faculty determined that it was the students' ethnic background that was contributing to their learning difficulties, faculty sought management strategies. The goal of managing diversity was to individualize teaching strategies without lowering professional standards. To manage diversity was to create an appropriate learning environment that included equitable student evaluations.

Managing diversity was typified by three categories: cutting slack, drawing the line, and protecting oneself. These strategies are discussed as they occurred within the settings of classroom and clinical teaching. The settings of clinical teaching were further characterized
by the dimensions of patient care acuity, institutional accommodation, and students' language comprehensibility.

**Classroom Teaching Strategies: Cutting Slack and Drawing the Line**

In classroom teaching, faculty could lean towards individualizing teaching strategies described as cutting slack. On the other hand, they could also lean towards the professional standards side of setting limits, the template perspective. However, most faculty struggled with balancing the two perspectives. Because it was seldom clearly apparent which course of action to take, faculty puzzled over the solution. What emerged for faculty from the struggle was a core conundrum driving the teaching process of when to 'cut slack,' 'bend over backwards,' 'go the extra mile,' and when and where to 'draw the line.' The potent force for faculty in managing diversity was the dynamic struggle between cutting slack and drawing the line.

**Cutting Slack.** For some faculty cutting slack might mean giving a second chance to write a paper or demonstrate knowledge, however the outcome of the student's efforts would be held to the same standards as other students, not to a lower standard. Opening opportunities for all students to discuss their culture was another way that faculty managed to go out of their way to include ethnic minority students.

**Bending Over Backwards.** The extreme situation, was where faculty went to great lengths to provide for the social and economical as well as academic needs of the students. Providing housing, meals, transportation and contact with social events were important events for students from other cultures who were newly arrived in the United States. In the
absence of other ways or resources to provide such services faculty sought to follow through in a way that ensured the success of the students.

For faculty to bend over backwards, they had to find a balance of the sense of equity as well as the appropriate sense of student-faculty responsibility. Consider the example of one student of high need. A faculty member (#9) described her as: pregnant, single with two other children, with no transportation, in the country on a student visa which mandated full time enrollment. Her peers would not trade clinical spots with her to ease her transportation needs. The faculty member felt the student attempted to handle her responsibility. Given that all else had failed, the faculty member personally took her to the community-based clinical home visits, using that as an opportunity for student supervision and support. Those extreme cases of bending over backward became the impetus for faculty deciding to draw the line.

**Drawing the line.** 'Never again,' was a phrase used by faculty members in explaining that they had extended themselves as far as they could, and usually more than they thought reasonable. Because when and where to cut slack and draw the line was fraught with uncertainty, faculty would suddenly experience being overextended. They had gone too far in cutting slack, or realize in retrospect they had set limits too closely.

**Protecting Self.** Thus, faculty then felt the need for protecting themselves from the consequences of cutting slack or going the extra mile. Faculty managed by resisting having too many ESL students in
their class by asking administration not to place too many diverse students in their clinical group.

Therefore, faculty faced a paradox. Faculty recognized more numbers of ethnic minority students were needed to provide for the students' support and comfort. Faculty also realized they needed more culturally diverse students to enhance their own learning about various cultural groups. Yet, they also felt unable to manage more numbers because of the 'energy drain' that came with not understanding the accent or culture.

Clinical Contexts, Acuity Dimensions and Managing Language Diversity

Introduction. Teaching ESL students in the clinical area presented faculty with more complex and demanding situations to manage. How faculty managed language diversity was a function of their assessment of students' ability to interact effectively with patients, staff and patient relatives in the clinical area. In addition, conditions of the clinical acuity context influenced faculty management strategies: (1) the seriousness of the patient situation, (2) the extent of time required to comprehend the student and to assess student comprehension, and (3) the level of accommodation or tolerance by the staff, and the level of acceptance or tolerance by the patient for language diversity. For example:

I think that's again personality ... also..this time with the Vietnamese this quarter, she was really adorable, just a beautiful, beautiful girl ... CHN's [community health nursing] that took her is also a minority in the sense that she's Jewish, lives her culture quite openly, doesn't make any bones about being, you know, blending, you know..really went the extra mile to tell me how cute she was, what a good job she was doing, and how she loved her and all this stuff ...
thought she was special, [compared to] "... gal that didn't speak very good English and who was quite rural, S.E. Asian, I think that there was not as good bonding there because it just wasn't what ... I think the CHN just didn't, kind of make the extra effort and they don't. This student just sort of buried herself in her own work so she didn't get the resources. (#12, p. 22)

The management of language diversity depended on several conditions in the acuity context: the particular mix of seriousness of the clinical situation, language comprehensibility of the student and amount of responsibility for the solution assumed by faculty. What follows is a presentation of two clinical acuity contexts based on the mix of conditions and the accompanying strategies for managing diversity in that setting.

Context of Low Language Comprehensibility and High Seriousness

The first context was characterized by students with low communication comprehensibility, a setting of acute care and low accommodation and tolerance of language diversity by nursing staff. Low communication comprehensibility of students consisted of situations in which students had an accent and used an unfamiliar syntax. The staff and/or patients found it difficult to understand the students. Highly complex nursing actions and knowledge were required in the situation. Patients were very ill and their conditions often changed rapidly. The unit required rapid, clear verbal communication as patients' conditions changed. A variety of health care professionals were providing care and needed various amounts of information. There was low acceptance, by staff and/or patient, of communication barriers.

When language comprehensibility resulted in a communication breakdown, staff and faculty initiated several strategies to manage the
breakdown. These strategies were, generally, actions to minimize or deflect confrontation of the problem or movement toward addressing the problem. Faculty were faced with several choices in managing communication difficulties. One choice was deflecting confrontation or minimizing the incident. Another choice was to address the issue head-on with the student, confronting the student with an exact account of the problem and working through communication conflicts. The instructor had to decide whether to discuss a situation openly with the student or remove the student to a more compatible situation without the open discussion. The instructor began the response by sizing up the situation.

Sizing up the Situation. Faculty considered the seriousness of the incident and whether discussing it with the student would constitute a learning experience. This example of sizing up the situation was one of low seriousness: "The nurse became involved [in the situation] and was annoyed because the student misunderstood what the patient wanted, a blue pad not blue pillow case, and patient became distraught" (#4, p. 15). By contrast another faculty member described a most serious situation:

And even though she didn't say to me directly, 'I had to lie to live,' from her descriptions of situations I got that. That, she had had to lie to live . . . And that's what she did with me . . . And she was unable to not do some of these things, even though we talked about, very frankly, that in this profession, in this country there were certain very crucial standards. (#5, p. 22)

Deflecting Confrontation. Deflecting a confrontation occurred in both low acuity settings and higher acuity settings. Given the less serious conditions, the instructor ended up cutting the student some
slack by backing off assessing that it was not the time to confront the
student: "I just bit the bullet. I thought I'm not about to go back
... see that would be a time that you wouldn't go pounce on a student"(#4, p. 16). Faculty chose not to work with the student about the
communication difficulties at that time.

The other thing is I think you owe it, many times, and
probably most always, depending a little bit, on where that
student is, they're real fragile and there's some other more
important things to address, you know, you may not speak to
this right there on the spot. (#4, p. 13)

Under conditions of higher patient acuity staff first initiated
self and patient protective maneuvers. They would avoid the student by
end-running. That is, staff would not go to the student with the
communication problem that was resulting in patient care problems.
Instead, staff went to the instructor about the student. For example, a
faculty member reported,

I've had staff say to me they couldn't understand what the
student was saying" (#2, p. 11). [Researcher's response:
"and they didn't go back to clarify with the student, they
came to you" (#2, p. 11)]? "Right, right, right . . .
absolutely. That's happened and will continue to happen as
long as we have people with that mind set. (#2, p. 11)

Patients were avoiding the student. They would end-run by going to
the staff nurse. For example, an instructor described an incident where
a patient complained about a student. The patient was seen as

a chronic hospital patient, manipulative, in pain, very
demanding and could not convey her wishes and desires to
students, . . . she was somewhat hostile, . . . said racist
things about the student to faculty. (#1, p. 3)

Consequently, the staff and patient distanced themselves from the
student.

I think there's going to be some pulling back, and somebody
[staff nurse] may come and say, 'I'd rather not work with so
and so [student]'s. That could imply there's a distancing or there's less of an involvement or investment. It's sort of like well, you know, 'I [staff nurse] basically care about students and I'll tolerate this or you know, I know the unit made a commitment to students so I'll tolerate this. But, boy, I don't want this on a daily or a weekly or a once a term.' (#4, p. 15)

Faculty found that taking the heat for the student by deflecting intense emotion away from the student was another necessary strategy. "The primary nurse came to me and said, 'you need to go and talk to such and such a patient.' I went in the room and the patient ventilated on me and said, 'get her [student] out of here.'" (#1, p. 4). Shunting the student to another patient, for example, one who was more accepting (less ill, more emotionally balanced, less hostile or angry) or to a staff who was more accepting or tolerant would be instituted.

On the other hand, there were times when the instructor would engage in a self or student protective quasi-avoidance maneuver of hedging. They would leave out that part of the scenario typically dealing with the student's accent. The instructor supported the decision in terms of patient vulnerability or the patient's condition. For example, the instructor would say to the student: "She feels she is not dealing with her situation very well and cannot communicate with you and she would rather not have you with her" (#1, p. 2).

Confronting the Problem. In confronting the issue with the student, the instructor would engage in working with the student's communication deficits and sort out the extent to which cutting slack and drawing the line should occur. Giving feedback was central to this process.

But I think the student deserves some feedback. It's gonna affect how nurturant somebody is or how sensitive somebody is or how tolerant that somebody is. And they need to just have
some feedback from you [instructor] in a supportive way. (#4, p. 13)

Giving feedback was not enough to confront the problem. Timing the feedback was equally important, for the timing conveyed the faculty member's sensitivity and caring. Being up front gave the students the specifics of the situation, the accurate information they needed to understand how they had deviated from the expected standards and nursing norms. In reviewing a past incident one faculty member reflected: "So I think that one of the things that I learned out of that is that, be very clear, right up front, what the professional and societal bottom line, if I can use a colloquialism, what the bottom line was" (#5, p. 6).

The consequence of patient or staff rejection of a student because of the student's accent was upsetting for faculty and students. Expressed one faculty member, "It was devastating for the student and devastating for me" (#1, p. 2). Another faculty member commented,

I felt that I failed at the time . . . Because I was unable to help this student learn what was necessary to learn . . . What could I have said or how could I have handled this differently? (#5, p. 22)

Another faculty member said, very pointedly,

We have a great deal of bigotry left in the hospitals . . . there are more and more people, patients that belong to other races so it seems to me that people who speak another language will be of a great benefit it would seem to me. Hospital administration is too busy to change. (#2, p. 10)

When the problem was not an academic issue, many faculty attempted to couch the problem as tactfully as possible.

Consequently, faculty allowed themselves more leeway in handling minor incidents of misunderstanding. Not immediately pouncing on the
student was a way of cutting them some slack. Faculty weighed the importance of the event with the state of the student. Timing was an important element of supporting the student. Presenting student with accurate information was also an important feature in providing feedback as well as drawing the line.

**Context of Moderate Comprehensibility and Low Seriousness**

The second context existed when students were moderately comprehensible and the health care setting was less acute. In this context going the extra mile involved matching students with a client of the student's same culture and language. Matching encouraged students.

Students demonstrated increased levels of competence providing appropriate and effective nursing interventions.

she could relate to them and felt personal comfort, and she still had to find resources and try to figure out how to problem solve with them as she did with other families, but she was still able to meet course objectives. (#12, p. 19)

Even though the health care problems presented to the student might be complex, the similarity of culture and language enabled the student in using her education in a competent fashion. Given that context, the student could meet the standards and the faculty could draw the line without conflict.

In closing, the level of responsibility faculty assumed for assisting the student played out in the strategies. The common expression among faculty for the way they understood their responsibility toward students was to 'go the extra mile,' 'bend over backwards' and 'cut them some slack.' Clearly, faculty felt the need to go beyond their usual teaching and advising repertoire for students
with English as a second language or the student whose culture posed adjustment problems. Mindful of professional standards, faculty explored and experimented with how far they could ease on standards and how far they could go in creative ways of meeting the standards without jeopardizing the students' quality education.

SUMMARY

In describing and explaining ethnic minority nursing students' stress and coping while in nursing school, faculty presented a complex and comprehensive process of assessing and managing cultural diversity. Faculties' greatest attention and source of stress was riveted upon ethnic minority students with English as a second language. A core phenomenon in managing cultural diversity was the ongoing struggle to balance the individual students' learning needs with academic and professional nursing standards. What made this typical teaching activity different for faculty with ethnic minority students was the complexity of the situation and the faculties' lack of experience assessing the impact of culture and language on learning.

Assessment occurred in four areas: the faculties' own cultural competence; ethnic minority students' learning needs; identifying ethnic minority students' stressful experiences; and sorting out responsibilities for the identified student learning difficulties. The assessments were interrelated processes.

The assessing phenomenon derived from faculties' interviews bears a resemblance to the theory of communication competence described by Gudykunst (1991). He identifies the importance of developing a
knowledge base through: gathering information from strangers, self-disclosure, and reciprocating. The description of faculty starting from scratch, who were able to manage uncertainty and ambiguity, is similar to Gudykunst's (1991) concept of the uncertainty-oriented person who is more likely to accept one on his/her own merit and minimize comparisons of people. According to Gudykunst this type of person is also more likely to seek information from strangers that would enhance effective communication.

Following an assessment students were held accountable for meeting the academic and professional standards. Faculty varied in their philosophy about how far they should go to assist the student in managing the learning needs and handling stress in meeting the academic and professional nursing standards. To manage, faculty spoke of cutting students some slack, going the extra mile, and bending over backwards for students or conversely draw the line. This implied that to help these students, faculty had to go beyond their usual teaching tactics. Yet, at some point faculty would stop extending themselves, and students were expected to meet the standards on their own.

The complexity of managing cultural diversity in the clinical setting was compounded by the interactions of patient and staff responses to ethnic minority students. Faculty varied their responses depending on the seriousness of the students' learning need. Deflecting the problem and confronting the problem were two major strategies used by faculty depending on the situation. Within those two major strategies faculty found ways to bend over backwards and draw the line.
Although individual faculty members would bend over backward for a student, contained in the system as a whole was the expectation that the ethnic minority student would adjust or adapt to white Anglo-Saxon values, language and behaviors. The need for a two-way cultural exchange was pointed out by the ethnic minority faculty and faculty with experience living and working in other cultures. Individual faculty members assumed responsibility for finding ways above and beyond their usual norm to help students meet the learning objectives.

Yet, faculty were contained in a system that recognized and rewarded only one culture, the white Anglo-Saxon English speaking one. Within that dominate paradigm faculty attempted to come to terms with the diverse cultures surrounding ethnic minority students.

1. Shunting also occurred in the clinical skills Laboratory. A non-patient, teaching setting. Faculty adept at communicating with ESL students found themselves spending more time with these students than did other faculty. "I didn't have as much difficulty understanding them as some of the other faculty." [researcher: "so were these students placed with you, was this a conscious decision on the part of the faculty?"] I am trying to remember, no, probably not, but I can’t remember for sure, but I remember discussing it in meetings ... it just evolved. As the clinical part came up I ended up spending a lot of time with the students: (#1, p. 5).
The purpose of the study was to describe and link the stressors and coping experiences of ethnic minority students in the process of becoming nursing students. Faculty perceptions of students' experience were described. Students' perceptions of their own experience were identified. It is important to note that not all of ethnic minority nursing students' experiences were stressful, nor were all the stressful experiences threatening or harmful. Indeed, many experiences were challenging and rewarding. However, the intent of this study was to examine those areas of student life that were problematic, that is threatening or harmful, for ethnic minority students becoming nursing students.

At the outset of this research it was thought that ethnic minority students, regardless of background, would have some cultural differences that would be a source of stress. The exact nature of those cultural differences was vaguely formulated in my mind as the researcher. Possible sources of stress were thought to be family obligations that were different from the majority student. Different obligations would require additional explanation or extra effort from the student seeking faculty or peer support. Another source of stress was thought to be miscommunication between faculty and student. This miscommunication
would be the result of differences in language and cultural values. It was further assumed that faculty would be aware of some, but not all of the aspects of ethnic minority students' experience. Therefore, broad open-ended research questions, developed from the perspective of stress, appraisal and coping, guided the direction of the interviews.

Prior to reviewing the questions and discussing the results, there are several study limitations which are examined. These limitations could have affected the nature of the interviews and quality of the data.

**STUDY LIMITATIONS**

Scholarly and ethical concerns impinged on the data gathering and data analysis processes. The next section of this chapter is an analysis of the strengths and limitations of the study based on contextual events and the interview method of gathering data.

**Contextual Events**

Previously, in the method chapter, it was explained that data collection begin following an organizational culture survey at university health center, in which students were encouraged to voice their thoughts about being nursing students. The problem with interviewing students in the wake of these large group discussions, was that the group discussions could have influenced the tone of student's responses to my interviews. The larger discussions had a group dynamic effect of coalescing a negative expression of the experiences in nursing school. It is possible the competitive atmosphere lead students to elaborate and enumerate a series of long suppressed feelings and
listings of conditions that had been previously identified but not resolved. Students also wrote about their experiences. In the written material the range of individual experiences was more extensive and encompassed the very positive to the very negative as one might expect. The negative tone of the discussions could have encouraged a continuation of the focus on negative experiences.

During this period of time, several ethnic minority students were dismissed from school. Due to confidentiality constraints the school was unable to offer explanations to classmates about the administrative decisions to dismiss the students. In the same period of time there were also events, external to the university, of racial incidents of violence reported in the media. Racial incidents in the area and media coverage of race relations were becoming more frequent. These events could have served as sensitizing contexts further raising the respondents' consciousness about racial tension and discrimination.

Interview as Data Gathering Method

Another limitation was set in motion by the choice to use interviews as a primary data gathering mode. The audio-taping undoubtedly decreased candor of the respondents. Interviews provide retrospective information. While the accuracy of events is distorted by perception and time, the purpose of the interview was to understand respondents' perceptions of events. It was respondents' perceptions which made up their reality. Triangulating data by observation and interviewing other participants in the event (Schmitt, Fox & Lindberg, 1982) would add a richer perspective of the incidents. The findings are presented in the light of these limitations.
SUMMARY OF RESEARCH QUESTIONS AND FINDINGS

The research questions are reiterated and then used as the basis for comparing student and faculty experience. Initial questions and later questions which emerged from the analysis are included.

Initial Questions

Initial questions guiding the research were:

- What experiences and meanings have evolved for ethnic minority students in becoming a nursing student?
- What personal and situational factors influence ethnic minority nursing students' appraisal of stressful events associated with becoming nursing students?
- What did ethnic minority nursing students describe as stressful compared to what faculty identified as stressful for ethnic minority nursing students?
- What coping strategies were appraised as necessary to be a successful nursing student?
- How did faculty perceptions regarding ethnic minority student coping behavior compare with ethnic minority students' perception?
- What were the consequences to the ethnic minority students in terms of coping and stress?
- What were the consequences of coping as identified by faculty and ethnic minority student?
- How did they compare with one another?
Emergent Questions

Additional research questions emerged as a result of consistent probing to understand the respondents' meaning of events. My desire to delve further into the meaning of some situations was tempered by my judgment to respect respondents' anxiety and thus resistance to disclose. Therefore, at times probing questions were asked of the respondents and at other times the questions would be asked of the data after it was transcribed:

- How would the respondents make sense of certain events?
- To what did the respondents attribute these injustices and uncaring behaviors?
- Were the behaviors originating from something the respondents did?
- Were they the cause or is the cause outside themselves?
- Who was responsible for the solution?
- Did the respondents appraise the situation as one they could control?
- What did the respondents think they could control in the situation?
- Could they change the situation, or did they opt for inner emotional control?

The following paragraphs discuss the findings in relation to two sets of questions, the initial set and the set that emerged during the interview process.

Discussion of Findings

What experiences and meanings have evolved for ethnic minority students in becoming a nursing student? Students experiences were multifaceted. A dominant pattern evident to a greater or lesser degree
was being excluded. Exclusion was experienced through three different conditions, linguistic difficulty, interpersonal disregard and ethnicultural incongruence.

These findings support previous research about experiences and perceptions of ethnic minority university students (Pounds, 1987) including nursing students on predominately white campuses (Allen, Nunley, & Scott-Warner, 1988). However, the conception of exclusion includes alienation and is a fuller expression of the meaning. Exclusion is an opposite idea when compared to Ruben's (1989) cross-cultural competence concept: (1) relationship building and maintenance, (2) information transfer resulting in a decrease of communication distortion, and (3) gaining compliance and securing cooperation. Exclusion experiences erode the connectedness and acceptance associated with socialization. The development of the self-concept as nurse is threatened by exclusion experiences.

One way students attempted to find meaning in the events and sought to cope was through assigning responsibility for the situation either to themselves or to others. To the extent that they assigned responsibility to themselves they reported more active coping and feeling a greater sense of accomplishment in the coping outcomes. This finding is consistent with major research in the area of control and coping (Folkman, 1984; Parkes, 1984).

What personal and situational factors influenced ethnic minority nursing students' appraisal of stressful events associated with becoming nursing students? Personal factors influencing students appraisal process were: (1) English as a second language and (2) the influence of
ethnic minority status on the assessment of threat and attribution of responsibility. These were potent factors in students' appraisal of stressful events.

Situational events directly interfering with academic progression were perceived as most threatening or harmful. Yet, ethnocultural incongruity was not a benign event. While not directly influencing students' progression toward their goal, ethnocultural incongruity was a chronic reminder to students of their possible marginality within the profession. Schlenker (1987) specifies that unsupportive contexts and relations magnify threats in situations that have "clear diagnostic implications for identity" (p. 284). For example, failing examinations and negative evaluations of clinical performance by faculty.

What did ethnic minority nursing students describe as stressful compared to what faculty identified as stressful for ethnic minority nursing students? Faculty accurately identified many of the students' stressors. Both faculty and students identified similar stressful events albeit in different terms. Family demands, English as a second language and lack of organizational responsiveness were recognized by both students and faculty. Non-ethnic minority faculty underestimated the extent of students' discomfort in the organization and seemed unaware that their own perplexities and bafflements were also a source of stress for students. Ethnic minority faculty were most aware of communication diversity and the implications of threat that placed on the student, even for students who were native speakers. Faculty and students alike held faculty and the organization of which faculty were a part as responsible for stress related to ethnocultural incongruity.
What coping strategies were appraised as necessary to be a successful nursing student? Students' coping strategies corresponded with Lazarus and Folkman's (1984) conceptual schema of coping. The predominant type of coping deployed by students was passive or emotion-focused coping: avoiding, reframing, complaining, minimizing, emotional catharsis. The main aim was to not rock the boat, do nothing that would take critical energy away from studies, or that would jeopardize grades. Students strove for what they perceived as efficient and parsimonious. However the contest played an influential role in students' coping. Those exclusion experiences described as organizationally based were managed mostly by emotion-focused coping. This is consistent with findings by Pearlin and Schooler (1978). In fact these researchers suggested "there are important human problems, such as those that we have seen in occupations, that are not responsive to individual coping responses" (p. 18). In this sense they suggested that the coping failures may not be individual based but organizationally based, "... they may represent the failure of social systems in which the individuals are enmeshed" (p. 18).

Active problem solving-focused coping was employed more as a last stand if their academic progression was threatened. These strategies carried with them more outcome satisfaction. By comparison, direct faculty confronting was perceived as fraught with more unpredictable outcomes, in that students were more emotional in their presentation and less successful in achieving their goal.

How did faculty perception's regarding ethnic minority student coping behavior compare with ethnic minority students' perception of
their own behavior. Faculty were more aware of students' stresses than they were of students' coping strategies. The emotion-focused coping strategies were most illusive to faculty. Students were perceived by faculty as quiet because students' inner cognitive restructuring was hidden from view. What was most striking was that students' emotion-focused coping, which appeared as quiet to faculty, was many times an internal cauldron of frustration and anger. Faculty noted their own inability to 'read' the student and to understand the non-verbal language. This finding was most evident when faculty discussed Asian-American refugee or immigrant students. These results are consistent with several other studies revealing notable discrepancies in perceptions between Asian immigrants and American born professionals (Murray, 1991; Roberts, 1988). Another dimension adding to the difficulty of apprehending students' emotion-focused coping is the finding by Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen (1986) that when self-esteem is threatened individuals seek less, not more social support. Social distancing would also reduce the amount of information available to faculty about the students' emotion-focused coping experience.

What are the consequences to the ethnic minority student in terms of coping and stress? What are the consequences of coping as identified by faculty and ethnic minority student? How do they compare with one another? It is safe to assume that students felt threatened and even harmed as a result of the particular set of events associated with their ethnicity. Ethnicity that increased students' differences may increase their vulnerability. Part of students' vulnerability was the perceived
lack of control over events, relationships, and organizational milieu. Students choose not to confront odd remarks, individual inequitable treatment by faculty, and system wide inequities. Emotion-focused coping left students with negative feelings, and little sense of personal accomplishment within the school. Furthermore, the lack of communication between faculty and student about a student's perceptions and experiences deprived students and faculty of the opportunity for negotiated meanings. Social realities were thus created in a contextual vacuum. The opportunity for a richer informative context of meaning was lost to both student and faculty.

STIGMA THEORY AS IT RELATES TO EXCLUSION

Exclusion experiences described by ethnic minority nursing students support the concept of stigma identified by Goffman (1963). Being excluded threatened their ability to expand their identity as a nursing student because of their difficulty feeling accepted by faculty, staff, or peers. The experience of exclusion as a threat to identity is an example of the second phase of a moral career, whereby the person learns he or she has a stigma and what it means. (Goffman, 1963).

The stigmatization of the ethnic minority nursing student with English as a second language is a particular case of stigmatization where a profession is socializing its members to fit into a particular norm, guided by ethical codes and legal rules and regulations. In everyday life, students may avoid being stigmatized. In nursing school, ESL ethnic minority nursing students represent a group that could potentially discredit the profession. Discrediting results from being
unsafe and unable to practice in a professional manner because of their inability to be intelligible. Language (verbal and nonverbal), accent, and syntax differences interfere with the smooth and understandable flow of interactions in nursing situations and therefore constitute a stigma.

Faculty become cautious and fearful with students where English is a second language when they can not easily assess what the student says, means, or understands. The student becomes a threat to the faculty, with the faculty liable for the students' performance and actions. Therefore, to have English as a second language in a professional school of nursing is a discreditable condition. It is a potential threat to the profession, in providing safe nursing care. Goffman explains (1963),

He possesses an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind, in the extreme, a person who is quite thoroughly bad, or dangerous or weak. (p. 3)

The stigma is neither bodily, individual character nor tribal, (in the sense of lineage). It crosses between tribal and individual character. Is the person motivated and able to erase the accent and syntax which form the stigmatizing condition? When language is perceived by others as part of an individual character it becomes the responsibility of the person with the language difference to compensate or change.

Goffman's original concept of stigma was based on the expectation that the normative behavior is supported and enacted. "The issue of stigma does not arise here, but only where there is some expectation on all sides that those in a given category should not only support a particular norm but also realize it" (Goffman 1963, p. 6). For nursing
students, the expectation of normative behavior is also the professional role behavior. Professional role behavior carries with it certain expectations that standards will be met. In professional socialization the process is that the novice is becoming like the professional. Individuals who do not meet the standards are marked and eventually evicted.

Language competence was a crucial and central feature of becoming a member of a professional group. One must master the special language and behaviors of the profession. Students who were not perceived as competent in language skills (verbal, written or comprehension) became subjects of suspicion. They become marked individuals and experienced exclusion acts. These students were not to be totally trusted. Thus, students felt misunderstood or judged by faculty and staff nurses before they had a chance to prove themselves.

IMPLICATIONS

A major finding of this study was that while faculty were aware of the stress of nursing school for ethnic minority students, they were far more aware of the stresses for students for whom English is a second language. In fact, faculty seemed acutely aware of that group of students compared to other ethnic minorities, native born. This finding supports Kantor's (1977) hypothesis that being one of few among many captures a larger share of attention and awareness in an organization. In spite of faculty's articulate communication about these stressors, the ESL ethnic minority students indicated they did not feel understood, nor did they feel that faculty truly appreciated their life style and
struggles. Moreover, students expected faculty to know how to help them. Students held faculty, who were in the role of nurse-educator, accountable for that help.

Ethnic minority students did not see the faculty agony as faculty attempted to sort out the educational and ethical issues in bending over backwards, cutting slack, and drawing the line. There was a lack of communication between faculty and ethnic minority students about each other's experience of one another.

The assigning of responsibility emerged as a pivotal activity in the appraisal process and in influencing coping strategies. Assuming responsibility for a problematic situation seemed to place students in a better situation for resolving the problem. Yet, the demands of their academic life were so heavy that it was only in the most critical areas, those affecting academic progression, that students would assume some control over the situation, and not just their own emotions. Students assumed less responsibility when the crux of the situation was perceived as more diffuse and distantly placed. For example, students did not assume responsibility for the lack of cross-cultural content in the curriculum nor for the lack of ethnic diversity among the faculty. They did not assume any responsibility for the state of the curriculum or hiring practices of faculty. For this perceived lack, they blamed the institution.

Regardless of the level of cultural diversity in a university school of nursing there may still be a group of vulnerable students who are more diverse, less connected, and less understood than other students from diverse backgrounds. This group may be less acculturated by
virtue of a shared language, societal prejudice, or firmly held cultural beliefs that collide with professional nursing philosophy and practice. They may be stigmatized in the health care setting. In a profession that explicitly values diversity, the uniqueness of each person, caring, and equity it appears that this discrepancy could create an unnecessary and damaging impediment to professional socialization. Cultural diversity alone will not resolve cultural issues from surfacing as stressors. Approaching one another in an inquiring frame of mind could serve to connect students with faculty.

RECOMMENDATIONS

This study reveals that being an ethnic minority nursing student is a unique type of stressor in and of itself. Coping strategies often leave the student more isolated and deprive faculty of vital understanding of the students' experience. Clearly, the study of the impact of socialization on ethnic minority students in a professional school of nursing needs further development. Three recommendations for further study are suggested.

The first recommendation is to study micro-incidents using triangulation techniques which would provide faculty, staff nurses, and students important information about the ways in which miscommunication occur. With values so deeply embedded in one's behavior the interview of one individual around an incident can miss the interpersonal misunderstandings as they transpire. Specific areas for research should be centered around cultural and linguistic nuance misunderstandings and conflicts which affect both professional relationships and professional-
professional-client relationships. Naturalistic modes of inquiry should follow the guidelines of "Grounded Directives for Research of the Interracial Act" (Schmitt, Fox, & Lindberg, 1982). Audio and video tape analysis of faculty-student role plays and case study discussions would be an appropriate medium for data collection. Detailed analysis of moment-by-moment interactions are necessary to understand the flow of communication to miscommunication or careful reconstruction of events through interviews. A special focus on the interpretation and meaning of culturally diverse nonverbal behaviors in health care settings is crucial. Interviews to garner meaning and interpretation would augment the videos.

The second recommendation is to augment and build on this research effort. Ethnic minority students' experience in environments with varying degrees of cultural diversity need comparing. Attention to diverse groups based on ethnicity and on freedom of contact should be explored for similarities and differences of professional socialization experience. The emerging theory should relate to a variety of situations in health care organizations where threats to identity undermine professional development and advancement limiting the contributions of various ethnic minority groups. Repeat interviews from respondents in this study would help to gain a deeper level understanding of the existing categories. Data should be sought from respondents at other professional schools. This should include nursing but not be limited to nursing. Research questions would include:
• What is it that has helped you the most or least in this organization?
• Which experiences and expectations here support your values and which experiences and expectations go against your values.
• What are your experiences in speaking English as a second language at this school or organization?
• Describe how others respond to you? How do you account for that?
• What adjustments have you made?
• What adjustments do others make for you?
• What else do you think you should do, should others do for you?
• What makes you feel included, and excluded?
• In what way if any, has this experience affected your physical and emotional health?
• What do you do to manage inclusion and exclusion?
• What have others who speak your native language or share your cultural values said to you about this place?
• What do you say to them about this organization?

The third recommendation is to develop a comprehensive retention data base. The goal of student retention programs must be understood as student-faculty success programs. Retention programs need to be developed based on the needs of students and faculty. Retention research needs to include:
• language placement tests;
• age of arrival in USA;
• a trauma history index such as developed by Holmes and Rahe (1967) modified for a refugee and immigrant group.
• progression in program (grade point average, cumulative GPA and outcomes of specific target courses);
• depression inventory;
• alienation index;
• program satisfaction levels;
• pass rates on national NCLEX exam.

Links with more long term consequences should be studied, for example:
• professional participation by ethnic minority nursing graduates;
• alumni participation and giving;
• career trajectory history; and
• health history.

Many faculty and nursing staff desire to help ethnically diverse students but they do not know what to do. Bringing faculty and students together as research participants to surface the operating interpersonal values and expectations takes positive advantage of the influence of the qualitative research process.

 Participating in qualitative research can be an educative experience for participants. They are asked to consider issues, experiences, perceptions, and feelings in new ways. There is opportunity for insight. When this occurs in a group setting there is additional opportunity for learning from others insights. The researcher's role is nonjudgmental and nonevaluative. Thus, this type of research has the potential of creating the desired safe environment within which respondents can explore threatening issues. This would be an educative experience for participants while building a foundation of knowledge for
future program development. A parallel research activity must take place within the health care setting with staff, faculty and students.

In summary, a comprehensive ethnic minority student retention database, a refined Exclusion as Threat to Identity model and knowledge from group interviews were three recommendations made to further this study. These recommendations implemented together, would form a broad-base foundation for enhancing student, faculty and staff understanding of stressors and coping within the professional field of nursing.

SUMMARY

In this chapter the research purpose and a conclusion of pertinent findings were presented. Limitations of the study were discussed in detail. Relationships between the emerging descriptive theory of threat to identity and extant research were explored. Further research in the substantive areas was outlined. The socialization of ethnic minority nursing students holds the potential of a threat to identity through the experience of exclusion within the nursing school experience. While faculty struggle to provide fair and caring educational experiences, there exists a gap of understanding between ethnic minority nursing students and the faculty. This gap of understanding adds to the students' experience of exclusion.

As the United States become more culturally diverse, it is imperative that the health care system educate and develop culturally responsive health care providers. The educational system has a responsibility to provide a meta-model for students. No one person can learn all the cultural nuances of all the cultures present in the United
States. It is possible to learn an approach to others that enhances one's ability to learn as one goes.
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APPENDIX A

RESPONDENT CHARACTERISTICS
STUDENT RESPONDENT (N=23) BY CHARACTERISTICS AND INTERVIEW ORDER

<table>
<thead>
<tr>
<th>Interview Order</th>
<th>Ethnicity</th>
<th>Freedom of Contact</th>
<th>English Status</th>
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</thead>
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<td>Asian (Korean)</td>
<td>Immigrants</td>
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</tr>
<tr>
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<td>Native</td>
<td>E</td>
</tr>
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<td>003</td>
<td>Hispanic (Portuguese)</td>
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### STUDENT RESPONDENT (N=23) BY CHARACTERISTICS AND INTERVIEW ORDER

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</tbody>
</table>

Note. Total number of ESL = 11. Total number of E = 12. Total number of women = 20. Total number of men = 3.

aMale.
bHSU alumni attending U graduate school.
cThe Freedom of Contact is based on Berry's (1986) typology depicting the freedom of contact the group has with the dominant culture (voluntary or forced) and the degree of geographical mobility (mobile or sedentary). Immigrants have voluntary contact and mobility; ethics have voluntary contact and are sedentary, refugees have forced contact and are mobile and, finally, native people have forced contact and are sedentary.
dESL = English as a Second language. E = English as a primary language.
STUDENT RESPONDENT BY FREEDOM OF CONTACT AND CLASS STANDING

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<td>2</td>
<td>0</td>
<td>5</td>
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<tr>
<td>Junior</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
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<tr>
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<td>4</td>
<td>1</td>
<td>11</td>
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<tr>
<td>Graduate Student</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>23</td>
</tr>
</tbody>
</table>

Note: The Freedom of Contact is based on Berry's (1986) typology depicting the freedom of contact the group has with the dominant culture (voluntary or forced) and the degree of geographical mobility (mobile or sedentary). Immigrants have voluntary contact and mobility; ethnics have voluntary contact and are sedentary; refugees have forced contact and are mobile and, finally, native people have forced contact and are sedentary.

STUDENT RESPONDENTS BY ETHNICITY AND CLASS STANDING

<table>
<thead>
<tr>
<th>Class Standing</th>
<th>Asian</th>
<th>Afro/Cauc.</th>
<th>Hispanic</th>
<th>Native Amer.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophomore</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Junior</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Senior</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>23</td>
</tr>
</tbody>
</table>
FACULTY RESPONDENT INTERVIEWS BY CLASS AND SPECIALTY

<table>
<thead>
<tr>
<th>Class</th>
<th>AHI</th>
<th>CHCS</th>
<th>FN</th>
<th>MH</th>
<th>MO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophomore</td>
<td>3</td>
<td>no courses</td>
<td>no courses</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Junior</td>
<td>0</td>
<td>no courses</td>
<td>2</td>
<td>no courses</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Senior</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

*Students enter the HSU nursing program as sophomores. At least one year of prerequisite college level course work is required.  
*bAH! refers to the specialty of Adult Health and Illness.  
*cCHCS refers to the specialty of Community Health Care Systems.  
*dFN refers to the specialty of Family Nursing.  
*eMH refers to the specialty of Mental Health Nursing.  
*fMO refers to the office of Minority and Multi-Cultural Affairs. These faculty advise and counsel students.
APPENDIX B

INTERVIEW GUIDE
BASIC INTERVIEW QUESTIONS - STUDENT RESPONDENTS

Tell me about your family background?
How did you happen to choose this school?
What has it been like for you at this school?
What is it like for you in the clinical area with instructors and patients?
Do you think your experiences are much like other students?
Do you think that because of your ethnic background any of your experiences are different, do you face different things?
How has it been fitting in here?
How would you compare your sophomore year to your junior year goes, as far as your ability to cope goes?
What would make it easier for you in this program?
When did you start feeling like a nurse?
What is it like making friends here? What type of reception do you receive?
How is this school the same or different from your previous school? Is this school how you thought it would be? How is it the same or different?

BASIC INTERVIEW QUESTIONS - FACULTY RESPONDENTS

What are your perceptions of how ethnic minority students are getting along in the program? How they manage themselves?
How do you see staff interacting with the students and students with staff?
How do you see students interacting with their peers and with patients and their families?
APPENDIX C

EXAMPLE OF OPEN CODING
EXAMPLE OF OPEN CODING

#011, P. 8

Interview

SPT: What was last term like for you?

Inf: It's hard to express. I just keep my mouth shut and everything, just let it go. People are really nice, and when I go home, I just, you know, my dad asks me like, "How's school?" And I say, "It's okay, dad." Just keep inside... never express anything.

SPT: So you didn't talk about it with anyone? You didn't say anything to your classmates?

Inf: No, nothing.

SPT: Did you ever at some point start talking about how you felt with your classmates?

Inf: No. To this day.

SPT: Do you hear your classmates talking about experiences that are similar to what you are feeling?

Inf: No.

SPT: Do you think other people might be feeling the same way as you?

Inf: I don't know.

SPT: Well, how did you feel last term?

Inf: Well, I feel like I'm the only person... that they left me out. It seem like... black hair. It seem like nobody want to talk to me, and it feel like they didn't need me here.
APPENDIX D

EXAMPLE OF PROVISIONAL CATEGORY BUILDING, INTERPRETATIONS, CATEGORY STRUCTURES AND STORY WRITING
EXAMPLE OF PROVISIONAL CATEGORY BUILDING, INTERPRETATIONS, CATEGORY STRUCTURES AND STORY WRITING

Feb 2, 1991 revised 2/8/91; minor modification 4/3/91

Codes are arranged into categories. The categories and codes will be analyzed and reworked through selective coding and axial coding.

FEELING DIFFERENT/STIGMATIZED CODES
comparison of schools r/t ethnic minorities
comparison and evaluation theory and practice.
lack of ethnic awareness in curriculum
evaluating ethnic content in curriculum
comparison of campuses: comfort, student services
comparison of stress at nursing school and other schools
describing faculty expectations of foreign students
describing how Filipino students perceive faculty attitudes

DEVELOPING CATEGORIES AND SUBCATEGORIES (Developing the Story Strauss and Corbin, 1991, page 119-142)

One category has to do with feeling different/stigmatized: general observations about faculty treatment of different students, their understanding of ethnic minority and cultural differences, the schools response to ethnicity, comparisons across schools or departments or campuses. Attempts to understand the curriculum and curricular comparisons. It includes strategies for coping, attribution comparisons and evaluations or suggestions for improving the ethnic content and understanding by faculty. (this could also be part of a threat to identity but this has to do with ethnic status not status as a nursing student). Other sources of threats exist because students have English as a Second Language (condition) and students perceive a level of stigma coming from the faculty (causes). Stigma serves to disenfranchise the student from normal relationships and/or information (Goffman and others)(consequence).

Research literature suggests that ethnic minority students are at risk not only from academic difficulties but also from alienation in the social context. (Loo & Rolison (1986). Alienation of Ethnic Minority Students at a Predominately White University. Journal of Higher Education, 57, 58-77.) Therefore a case could be made for tying the two situations together: the direct threats to academic success and the indirect threats in the social context.
APPENDIX E

EXAMPLE OF THEORETICAL CODING
EXAMPLE OF THEORETICAL CODING

4hispanf.n te4hispanf.n te from faculty interviews. (5/25/91)

10/24 causal condition: in grad school - . . . because I didn't understand, I didn't get it. I was given rude response, intolerance of my ignorance. Very rude, impatient, very abrupt, "No, I'm not going to answer that for you because I know you know the answer or we have discussed this before, I'm not going to answer that for you. You think about it" [student's perception: like I'm too stupid and I don't really have the capacity to think]. Also sometimes faculty would be chipper, fun and honey and nice and friendly so there was a dichotomy of behavior. Intervening conditions: what behavior does student expect, what consistency of behavior and what does behavior mean. Socially faculty friendly, academically "I got no slack". Also comparison of faculty behavior with other student who could call up at home and discuss research, could ask stupid questions, go over to her house and chat, make numerous phone calls. Also faculty values of ability to think abstractly over concrete/ practical/ pragmatic/ making it happen person. "I am concrete and this other student is 'ethereal' . . . all this stuff up here [head]. "I'm a concrete dumb dumb [faculty responsible for problem]: It was the two of them that did it, that I felt did it to me, the two of them together. Strategy: "I can't deal with this: quit dealing with that person . . . avoidance; found alternative role to fulfill with research project and her Caucasian partner. 10/32 Consensus: partner witnessed it and said that wasn't fair. Consequence: still upset [pissed off] about this incident of several years ago. *4axlcdg.eth and 4hispanf.n te and 4slack.cut
APPENDIX F

EXAMPLE OF INTERPRETATION THROUGH DIMENSIONALIZING CATEGORIES
To more fully appreciate the experience of being an ethnic minority nursing student, the category "experience of being an ethnic minority student" is laid out below in terms of the properties and dimensions of that experience derived from the interviews and literature. The contents of the interviews can then examined in relation to the properties and dimensions of the category.

<table>
<thead>
<tr>
<th>Properties of Ethnic Minority</th>
<th>Dimensions Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Appraisal</td>
<td>Challenge</td>
</tr>
<tr>
<td></td>
<td>Threat</td>
</tr>
<tr>
<td></td>
<td>Harm</td>
</tr>
<tr>
<td>attribution of responsibility</td>
<td>to self</td>
</tr>
<tr>
<td></td>
<td>to others</td>
</tr>
<tr>
<td>making sense</td>
<td>describing</td>
</tr>
<tr>
<td></td>
<td>comparing</td>
</tr>
<tr>
<td></td>
<td>hypothesizing</td>
</tr>
<tr>
<td>Actions/Strategies</td>
<td>problem focused</td>
</tr>
<tr>
<td></td>
<td>emotion focused</td>
</tr>
<tr>
<td>coping</td>
<td>systematic</td>
</tr>
<tr>
<td></td>
<td>casual</td>
</tr>
<tr>
<td>search for information</td>
<td>understood</td>
</tr>
<tr>
<td></td>
<td>not understood</td>
</tr>
<tr>
<td>interpersonal communication</td>
<td>expressed self</td>
</tr>
<tr>
<td></td>
<td>did not express self</td>
</tr>
<tr>
<td>building networks/support</td>
<td>successful</td>
</tr>
<tr>
<td></td>
<td>not successful</td>
</tr>
<tr>
<td>Feelings</td>
<td>mild</td>
</tr>
<tr>
<td></td>
<td>intense</td>
</tr>
<tr>
<td></td>
<td>positive</td>
</tr>
<tr>
<td></td>
<td>negative</td>
</tr>
</tbody>
</table>
APPENDIX G

EXAMPLE OF METHODS MEMOS
EXAMPLE OF METHODS MEMOS
2/24/91

The 12 faculty transcripts were completed and coded after the first 7 student interviews. The initial coding was rudimentary and not abstract. The last four interviews to be coded were coded and memoed in a way that began the development of categories.

The student interviews were then completed and coded and recoded. Provisional categories were developed. The incidents were sorted into category files.

I returned to the faculty transcripts. The last four memos were reviewed for consistency across categories. New categories were derived by comparing the initial categories and incidents and reviewing at random, transcripts to get a general sense of the themes. Computer files were created for the new provisional categories for faculty data. Each category received a brief description of the concept. Examples of indicators were included. With this print out in front of me I then began recoded, using the categories and subcategories. As I progressed, new subcategories were added. I memoed about the category, continually questioning the nature of the concept and its relation to the other concepts. As I continued this process linkages became apparent and in some cases I had a more difficult time making clear designations of an incident to one category or another. When this happened I designated one category for the incident and noted that it was linked to another category.

4/19/91 The student data was analyzed and sorted into categories, the categories were linked by abstracting up to form one category from several and using the 6 c's to create theoretical linkages through axial coding. One complete set of all interviews were literal cut and sorting into files label by a category. The file was then pulled and used to shape/delimit the axial coding. Incidents were located dimensionally to aid in linking. A core category of threat to identity related to ethnicity was selected provisionally to see if it fit with the data. It is holding up and the other categories relate well to it. The category indicators in relation to the core category indicators is strong. By locating incidents involving attribution of responsibility and control, management strategies fell into patterns. The patterns were specific to the category. The story line was written.

4/19/91 Now I return for awhile to the faculty data. There is a crude sorting into categories, no axial coding has been accomplished. I will review the notes to date and decide how to axial code. I also need to rework the categories. I will do this through modeling and remodeling.
APPENDIX H

HUMAN SUBJECTS APPROVAL
DATE: March 13, 1989

TO: Sarah Porter-Tibbetts, USP

FROM: Dean Frost, Chairperson, Human Subjects Research Review Committee (HSRRC) 1988-89

RE: HSRRC Approval

In accordance with your request, the Human Subjects Research Review Committee has reviewed your proposal entitled How Ethnic Minority Students Cope with Socialization into Nursing School: A Grounded Method Study for compliance with DHHS policies and regulations on the protection of human subjects.

The committee is satisfied that your provisions for protecting the rights and welfare of all subjects participating in the research are adequate and therefore the project is approved.

cc: Office of Grants and Contracts

DF:jmp
I am researching how students cope with the experience of becoming a nursing student. The study is for my doctoral dissertation at Portland State University and not part of my position.

I am particularly interested in the experiences of students who have identified themselves as minority. On your registration form you indicated minority status. Based on this information you are eligible to participate in this study.

I became interested in this area after studying the literature on the socialization and coping of nursing students. However, there was very little information on the experiences of minority nursing students. I think it is very important to find out more about how minority students cope with the process of becoming a nursing student. What were your expectations coming into nursing school? What influenced you to come into nursing? How has attending this nursing school affected you?

To get a better understanding of student's experiences I will conduct confidential interviews that are tape recorded so that no information is lost. The transcriber (generally myself) will be the only person to hear the tape. Students will not be identified and anonymity will be maintained. This study has passed the human subjects reviews at Portland State University.

The interviews will take approximately one hour and will be conducted around your schedule and held at a place that is convenient for you. The questions are open ended and fairly general such as those posed above.

What I learn from this research will be very helpful in increasing our understanding of the experiences of minority students in baccalaureate schools of nursing. I will be happy to share these results with you, and in fact part of my study design will be to check back with you to make certain I have understood you correctly and have the correct meaning of what you are telling me.
While I do not have funds to pay you for your time, many students find it worthwhile to have the opportunity to discuss experiences they have had during nursing school.

I invite you to participate in this study. Below is a response form that will help me in participant selection. Please consider filling it out and returning it to me.

Sincerely,

Sarah Porter-Tibbetts, RN, MS

Name___________________________ Phone ____________

_____ Yes, I would be interested in participating in your research project.

_____ I might be interested. Please feel free to call me at the number above.

RETURN TO SARAH PORTER-TIBBETTS

Thank you for your time.
March 1990

Dear Potential Baccalaureate Nursing Student,

I am a PhD graduate student researching how students cope with the experience of becoming a nursing student. My study is for my doctoral dissertation at Portland State University, Portland, Oregon. I am also a nurse on the faculty at Health Sciences University as the

Experiences of students from diverse cultural backgrounds including students with English as a Foreign Language is of particular interest to me. I became interested in this area from my professional experience in counseling nursing students. In reviewing the literature I found very little research addressing experiences of nursing students in terms of cultural diversity.

To gain a better understanding of students experiences becoming nursing students, I conduct confidential interviews that are audio-taped so that no information is lost. The transcriber will be the only person to hear the tape, however the student's name will not be used on the tape. The interview(s) takes approximately one hour and will be conducted around the student's individual schedule and held at a convenient location. I ask open ended questions such as: What were your expectations coming into nursing school? How has attending this nursing school affected you? How do you cope? As you can see there are no wrong answers and your particular experience becomes very valuable for the study.

As a participant you will not be identified and anonymity will be maintained. This study has met the ethical standards of the Portland State University Human Subjects Committee.

What I learn from this research will be very helpful in increasing our understanding of the experiences of students from diverse cultural backgrounds in baccalaureate schools of nursing. I will be happy to share the results with the participants, and in fact part of my study design will be to check back with them to make certain I have understood them correctly and have the correct meaning of what they are telling me.

While I do not have funds to pay for your time, many students find it worthwhile to have the opportunity to discuss experiences they have had during nursing school.
I invite you to participate in this study. On the next page is a response form that will help me in participant selection. Please consider filling it out and returning it to the envelope located in the secretary's office on the 4th floor before you leave for Spring Break.

I will then contact you by phone prior to my arrival on Island to set up an interview time. Thank you for your attention.

Sincerely,

Sarah Porter-Tibbetts, RN MPH MS
PhD, Candidate Urban Studies
Portland State University PO Box 751
Portland, Oregon 97207

Name_______________________________________ Phone________

____ Yes, I am interested in participating in your research project.

____ I might be interested. Please call me at the above number so we can discuss this further.

Thank you for your time. PLEASE RETURN FORM TO THE ENVELOPE IN ROOM
APPENDIX J

INFORMED CONSENT
I, , hereby agree to serve as a respondent in a grounded theory investigation of How Ethnic Minority Students Cope with Socialization into Nursing School, conducted by Sarah Porter-Tibbetts, RN, MS, PhD candidate, under the supervision of David L. Morgan, PhD, Assistant Professor and Director, Institute on Aging, School of Urban and Public Affairs, Portland State University.

I understand that the study involves one or several taped interviews each lasting approximately one hour. All interviews will be conducted by Sarah Porter-Tibbetts. I understand that possible risks to me associated with this study are psychological, such as the demand on my time and the possible discomfort of self-disclosure during the interview. I am free to withhold information at my discretion.

It has been explained to me that the purpose of the study is to learn about the socialization into nursing school from the participants point of view. This includes faculty and students.

I may not receive any direct benefit from participation in this study, but my participation may help to increase knowledge which may benefit others in the future.

Sarah Porter-Tibbetts has offered to answer any questions I may have about the study and what is required of me in the study. I have been assured that all information I have given will be kept confidential and that the identity of all respondents and institutions will remain anonymous.

I understand that I am free to withdraw from participation in this study at any time without jeopardizing my course grade or my relationship with Portland State University.

I have read and understand the foregoing information.

Date __________________ Signature _____________________________

If you experience problems that are the result of your participation in this study, please contact the secretary of the Human Subjects Research and Review Committee, Office of Grants and Contracts, 303 Cramer Hall, Portland State University, (503) 464-3417.