Culture Care Education and Experiences of African American Students in Predominantly Euro American Associate Degree Nursing Programs

Lana Marie deRuyter

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CULTURAL CARE EDUCATION AND EXPERIENCES OF AFRICAN AMERICAN STUDENTS IN PREDOMINANTLY EURO AMERICAN ASSOCIATE DEGREE NURSING PROGRAMS

A Dissertation
Submitted to the School of Nursing

Duquesne University

In partial fulfillment of the requirements for the degree of Doctor of Philosophy

By
Lana M deRuyter
May 2008
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Lana M. deRuyter
2008
# Approval of Final Defense of Dissertation

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**Dissertation Title:** CULTURAL CARE EDUCATION AND EXPERIENCES OF AFRICAN AMERICAN STUDENTS IN PREDOMINANTLY EURO AMERICAN ASSOCIATE DEGREE NURSING PROGRAMS

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CULTURAL CARE EDUCATION AND EXPERIENCES OF AFRICAN AMERICAN
STUDENTS IN PREDOMINANTLY EURO AMERICAN ASSOCIATE DEGREE
NURSING PROGRAMS

By

Lana M. deRuyter

May 2008

Dissertation Supervised by Dr. Rick Zoucha

The purpose of this ethnonursing study was to discover the cultural care
education and experiences of African American students in predominantly Euro
American Associate Degree Nursing Programs. Leininger’s Culture Care
Diversity and Universality Theory was used as a guide to describe the worldview,
beliefs, values, and meanings of their lifeways. Interviews were conducted with
nine key informants and nineteen general informants from eight associate degree
nursing programs located in Southeastern Pennsylvania and Southern New Jersey.
Analysis of the taped interviews revealed fourteen categories from which eight
patterns were identified. From the eight patterns, three themes emerged. These
themes were (a) care, understanding, and spirituality by family, friends, and
faculty are essential for meaningful educational experiences for African American
students, (b) for African American students professional and generic health and
ilness beliefs are holistic concepts incorporated into all aspects of life including a
professional nursing education, (c) care expressed through social interactions,
financial support, resources, and scheduling are viewed as significant to beneficial
educational outcomes for African American students. The implications and
recommendations for nursing theory, education, practice, and research are
articulated.
DEDICATION

This dissertation is dedicated to my husband and my children who have supported me through a very long seven years of doctoral studies. They were there cheering me on every step of the way, even when I thought I would never finish. My husband John provided me with love and support each semester along with the encouragement, editorial comments, and thoughtful insight into my studies from course work through data collection and final defense. My daughters, Diana and Jennifer, who are now professional women out on their own, were always available with optimistic and unending support to keep mom on the right track.

I also dedicate this dissertation to my father Joseph A. Kuehner Sr. who has been the best father I could have ever had. He has been one of the biggest supporters of my education from first day of school through my doctoral studies. He always wanted to best for all of his children and encouraged me his oldest child in all I attempted.

Finally, I also dedicate this dissertation in memory of my mother Marie A. Kuehner who passed away in 1995. My mother was always my shining star and my role model. She was a loving and dedicated mother and nurse who encouraged me from the very beginning of my nursing career to continue with my education and reach for all my dreams; I know she is watching over me and is proud of me today.
ACKNOWLEDGMENTS

I would like to acknowledge many of the individuals who have helped me complete my doctoral education and this research study. My sincerest appreciation and gratitude to my dissertation chair, Dr. Rick Zoucha for all of his insight, support, guidance, prodding, and humor throughout this study. His steady and continual support, encouragement, and counsel sustained me throughout the nadir of data collection. I also wish to express my sincerest and most heartfelt gratitude and appreciation to my committee members, Dr. Gladys Husted, Dr. Marilyn McFarland, and Dr. Cynthia Capers who provided their wisdom and insight in the research process to a novice researcher, you have given me tools that I can use for a lifetime.

I would also like to acknowledge my colleagues at work who supported me, offered to read manuscripts, attended meetings, and performed duties in my place so I could collect data, write and reflect on field notes, and complete this long journey. I would also like to acknowledge my colleagues in associate degree nursing education who mentored me and provided me with on going encouragement, support, and the entrée to their student populations who shared with me their rich cultural heritage.

Finally, I would like to acknowledge all of the African American associate degree nursing students who took time out of their busy schedules to sit down and share with me their lives, feelings, beliefs, and experiences in hope of helping future nursing students to have more culturally congruent nursing educational experiences.
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CHAPTER I
INTRODUCTION

Background

Historically nursing has been a profession of primarily women with the majority of United States nursing programs located in predominantly Euro American institutions. Because of this approach to education, nursing continues to be a predominantly white female profession (Gonzalez, Gooden, & Porter, 2000). In the report entitled *A National Agenda for Nursing Workforce Racial/Ethnic Diversity* (National Advisory Council on Nurse Education and Practice, 2000), the concern of underrepresentation of racial and ethnic minorities in nursing education and practice was identified with the assertion that more research is needed to understand the factors that affect the recruitment, retention, and graduation of minority students. This report urges nurse educators to diligently work to create a more diverse nursing profession (Gardner, 2005).

A commitment to diversifying the student population requires that nurse educators better understand and address diverse student culture care expressions, beliefs, and practices relevant to the educational process in order to provide a culturally competent care environment where students can be recruited, enroll, learn, and complete nursing programs. All cultures have similar and diverse care values, beliefs, and worldviews. By discovering and understanding the culture of African American nursing students, nurse educators can help to prevent cultural conflicts and destructive educational practices. Discovery of the care expressions, beliefs, and practices from the cultural, social, and educational perspective of the students is essential to improve recruitment, retention, and graduation rates of culturally diverse students.
Barriers to diversity in nursing have existed for decades. Historically, African American students faced overt racial barriers when entering the nursing profession (Hine, 1989). Early in the twentieth century, northern schools had quota limits for “colored” students and southern nursing schools completely barred them from their programs. As late as the 1980s white graduates from nursing programs were often hostile to their African American colleagues and expected subordination from African American nursing graduates (Hine, 1989). It is posited in a guest editorial in the *Journal of Nursing Education* by Barbee and Gibson (2001) that the lack of recruitment aimed specifically toward nonwhite students, along with subtle and not-so-subtle racism, continues to discourage all but the most determined students today. Allen, Nunley, and Scott-Warner (1988) found that Black students and Black faculty perceived nursing school environments as racially hostile, while their White counterparts did not hold the same view. According to Furr and Elling (2002), the academic environment is a major factor in the retention of African American students. Consequently, by endeavoring to understand the culturally based educational care expressions, beliefs, and practices of the African American nursing student, educators will have the knowledge necessary to develop supportive academic care environments and effective culturally based recruitment and retention strategies.

It has been demonstrated in the growing discipline of transcultural nursing that cultural competency in the delivery of nursing care helps to promote beneficial outcomes with people from diverse and similar cultures (Leininger, 1985; Leininger & McFarland, 2002). Culture care values, beliefs, and practices of patients guide nurses when delivering culturally competent nursing care. Likewise, it is just as essential to discover the culture care educational expressions, beliefs, and practices of minority students in nursing programs in order to guide nurse educators in competently educating future nurses to provide culturally congruent care. As important as it is for nurses to know how to talk, listen, and respond to patients from diverse cultural backgrounds, it is just as
essential for nurse educators to know how to talk, listen, and respond appropriately to students from diverse cultural backgrounds. In order to achieve this level of cultural competency, a better understanding of the culture care related to education of minority students is essential. The qualitative ethnonursing method, used in transcultural nursing research with Leininger’s Theory provides a means to discover embedded complex cultural care data. The theory of Culture Care Universality and Diversity and the ethnonursing research method can be used to discover culture care meanings, beliefs, and practices of African American associate degree nursing students.

**Purpose and Goal**

The purpose of this study was to discover the cultural care educational expressions, beliefs, and practices of African American associate degree nursing students in a predominantly Euro American environment through observation, participation, and reflection of their care experiences in predominantly Euro American academic environments. Studying the culture care of African American associate degree nursing students will provide insight into what care expressions, beliefs, and practices influence their care actions and decisions while in nursing programs. Although African American students are meeting the same admission requirements as Euro American students, the completion rates are significantly lower. For instance, in one associate degree nursing program in southeastern Pennsylvania, the attrition rates for African American nursing students are double that of White students. Deans and directors of predominantly Euro American associate degree nursing programs across the state of Pennsylvania concur that this is a problem in their programs as well (B. Black, B. Welhen, C. Kearn, D. Clark, personal communications, April 12, 2006).

Although some of the barriers to success for minority students in four year nursing schools have been identified (Gardner, 2005), there has been minimal research conducted with minority students in associate degree programs. By exploring educational care meanings, beliefs, practices, and experiences from the emic (insider)
perspective, this researcher predicts that the culturally based educational care of African American nursing students in predominantly Euro American associate degree nursing programs can be discovered. When the lifeways of these students are discovered, acknowledged, and understood, nursing programs and educators may be able to better provide culturally based educational care for these nursing students so they may survive, thrive, and successfully complete their basic associate degree nursing education and enhance the opportunity for them to obtain a Baccalaureate, Masters, or Doctoral degrees in nursing.

Domain of Inquiry

The domain of inquiry (DOI) for this ethnonursing study is African American nursing students and their culture care expressions, beliefs, and practices related to education in predominantly Euro American associate degree nursing programs. This domain is of major interest to nurse educators because of the limited knowledge educators have of this group’s lifeways and culture care expressions and beliefs related to education. This study will contribute to nursing education by discovering new care knowledge to promote culturally congruent educational care decisions and actions to diverse and similar students in nursing programs.

Research Questions

The research questions to guide this study were:

1. What are the cultural care educational expressions, beliefs, and practices of African American students in predominantly Euro American associate degree nursing programs?

2. What are the culture care supportive or facilitative acts or mutual decisions that help African American students in predominantly Euro American associate degree nursing programs reorder, change, or restructure their care patterns and practices for beneficial educational outcomes?
3. In what ways do cultural, social, religious, economic, technological, educational, and political factors influence the educational care expressions, beliefs, and practices of African American nursing students within the environmental context of a predominantly Euro American associate degree nursing program?

**Orientational Definitions**

In qualitative ethnonursing studies “orientational definitions are generally used rather than operational ones as found in quantitative-oriented theories and methods” (Leininger & McFarland, 2002, p. 83). The following definitions will be used as a guide to discover the culture care phenomena in this study.

1. **Environmental Context** – The totality of the experience of a two year community college, four year college, or university that offers associate degree nursing programs including the organizational factors, social factors, and the cultural background of the student body and faculty (derived from McFarland, 1995).

2. **Educational Health and Well-Being** – Refers to a state of well-being in which there is a continuous successful progression and ultimate completion of the associate degree nursing program.

3. **Culture Care** – The subjectively and objectively learned values, beliefs, and lifeways that assist, facilitate, or enable caring acts toward self or African American students to participate, complete, and graduate from a predominantly Euro American associate degree nursing program.

4. **Culture Care Education** - Refers to education that is based on culturally specific teaching and education that assists, supports, facilitates, or enables African American associate degree nursing students to maintain their educational health and well being by progressing through the nursing program to completion to improve their human condition and lifeways.
5. African American – Nursing students who identify their culture as Black or African American.

6. Euro American – Nursing students who identify their culture as Caucasian or White non-Hispanic.

7. Associate Degree Nursing Program – A two-year college based-nursing curriculum leading to licensure as a Registered Nurse. The curriculum can be completed in a community college or a four-year college or university.

8. Predominantly Euro American Nursing Program - For the purposes of this study a predominantly Euro American nursing program is one that identifies greater than 60% of the student body as Euro American or White non-Hispanic.

9. Emic - The African American associate degree nursing students’ view and knowledge about culture care educational expressions, beliefs, and practices (derived from Leininger & McFarland, 2002).

10. Etic - The outsider’s (Euro American nursing faculty) professional knowledge, a generalized view or universal view of the educational expressions, beliefs, and practices of African American associate degree nursing students (Leininger & McFarland, 2002).

**Significance to Nursing**

This study aided in understanding the culture based educational care expressions, beliefs, and practices that influence the thinking, decision making, and actions of African American nursing students in predominantly Euro American nursing programs. Understanding culture based educational care can help with recruitment and retention efforts being developed that focus on improving enrollment and completion of African American students in nursing programs. By using research to gain an understanding of the culture care education of African American associate degree students from their emic/insider view combined with the etic/outsider view, alternative pedagogical ways of teaching nursing can be investigated that will facilitate new directions in the
teaching/learning process in order to provide culturally congruent education and improve student retention. Recruitment efforts based on identified cultural care educational expressions, beliefs, and practices of these students may help alleviate the high attrition rates in nursing programs, improve diversity, and ultimately assist with alleviating the nursing shortage.

This study was significant to nursing in general as it will add to the growing body of nursing education knowledge and specifically to Transcultural nursing education in that it will provide insight into the culture care educational expressions, beliefs, and practices of African American nursing students in predominantly Euro American associate degree nursing programs. By seeking to understand the daily lifeways in the context of school, work, and home of African American student in a predominantly Euro American nursing program nursing educators will be better able to meet the culture care needs of African American students. Through encouraging and mentoring of African American students in a culturally congruent manner into the profession of nursing and providing cultural competent educational support, diversity in the profession can be further facilitated.

While it is true that the representation of minority nurses in today’s total nurse population has increased, the diversity of the registered nurse population continues to remain far less than that of the general population (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2001; Sullivan, Dole, & Rogers, 2004). The minority enrollment in health professional schools did increase slightly during the 1960s, 70s, and 80s, but the numbers failed to keep up with the rapidly changing demographics (Sullivan, Dole, & Rogers, 2004). In the United States, African Americans account for 12.3 % of the population (U.S. Census Bureau, 2002) while they currently only represent 6.2 % of the registered nurses (National Council of State Boards of Nursing, 2002). In the State of Pennsylvania, the percentage is actually worse with the African American population accounting for only 5.2 % of the registered nurse workforce (Fox & Shekar, 2000).
According to the Health Resources and Services Administration (HRSA, 2001), it will take an increase of more than 20,000 nurses from diverse cultures to increase diversity in the workforce by just 1%. This lack of nurses from diverse cultures is a crucial issue facing nursing and compounds the nation’s racial and ethnic health disparities.

More “minority nurses are needed to provide care that is culturally sensitive and to also assist minority populations with improving their healthcare” (Simmons, 2002, p. 264). It is recognized that “the ability of a patient to trust his or her health care provider is integral to the development of a good patient-provider relationship” (Sullivan, Dole, & Rogers, 2004, p. 22). Research in the U.S. has identified disturbing levels of distrust among all patient populations, but “especially among African Americans” (Sullivan, Dole, & Rogers, 2004, p. 23). The lack of understanding about the cultural care values, beliefs and practices by health care professionals increases the distrust in patient populations. Educating more African Americans in all health care fields, and specifically in nursing, has the potential to eliminate much of this distrust and decrease culture care conflicts.

It is clear that preparing more nurses from all cultures should be a professional priority. Regrettably, when educating nursing students from diverse cultures the attrition rates are significantly higher than in the Euro American population of students (Wilson, 1990; Wilson, 1998). Unfortunately, exact numbers are not available on attrition of minority nursing students due to a lack of uniform documentation among nursing programs (Lilley, 1997; Gardner, 2005), but the National Advisory Council on Nurse Education and Practice (2000) reports that the attrition rates for minority students are very high. Wilson (1990; 1998) indicates that less than 25% of generic African American students earn a college degree even after six years in post secondary school and that over 60% of African American college students drop out and never return. These attrition and completion statistics on African American college students paint a bleak picture.
What is abundantly clear, however, is that for progress to continue to be made to increase African American participation in higher education the whole picture has to be seen (i.e., past and current conditions affecting their educational experiences have to be taken into consideration). It is difficult to understand the depth of the African American educational experience without a historical and/or cultural context. For example, researchers and policymakers need to better understand such questions as, "What have been the consequences of certain historical periods on African American educational experiences" and "How have these experiences shaped their contemporary experiences?" (Wilson, 1998, p. 11)

To date, research has not been conducted that explores the educationally based cultural care expressions, beliefs, and practices of African American college students in associate degree nursing programs. In order to prepare more African American nurses, a rigorous study of the culture care expressions, beliefs, and practices relevant to nursing education is necessary. This study will seek to understand the culture care that influences the educational experiences of African American nursing students in predominately Euro American associate degree nursing programs and will add to the growing body of transcultural nursing education knowledge.

Rationale for Study

As the baby boomers of all cultures ages and health care needs continue to grow, the need for more nurses will continue to increase. “According to the latest projections from the U.S. Bureau of Labor Statistics published in the February 2004 Monthly Labor Review, more than one million new and replacement nurses will be needed by 2012” (American Association of Colleges of Nursing, 2004, p. 1). One way to meet this increased demand for nurses is a focused recruitment of members of underrepresented cultures, such as African Americans into the profession of nursing. Since the school of nursing is where all future nurses begin their professional career, this is the environmental context where the discovery of why African Americans enter or fail to enter the nursing profession should begin (Sims, 1996). Due to their affordable tuition, community colleges are the colleges of choice for entry into the nursing field for many African American nursing students (Viterito & Teich, 2002). In 1997, 57% of the
African American nursing graduates were initially educated in associate-degree programs and by 2000, 37.3% still identified their highest educational preparation as an associate degree (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2001; Sullivan, Dole, & Rogers, 2004). In 2000, graduates from ADN programs constituted 60% of the U.S. graduates who took the NCLEX-RN® examination. As associate degree nursing programs educate the largest numbers of registered nurses in the United States, this study is important due to the scant research that has been conducted with minority populations in these programs.

For students of all cultures, the associate degree nursing education program is an option for entering the nursing profession. Of the 2.7 million registered nurses in the United States, 34% (the highest percentage) report the associate degree as their highest education degree (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2001). Yet, with such significant numbers of nurses currently practicing with associate degrees, scant research is available on the culture care education of these students and even less is available on the diverse cultural lifeways of students in these programs. By gaining an increased understanding of the culture care education of African American nursing students in predominantly Euro American programs, educators can more effectively meet the needs of all students.

Assumptions and Limitations

Assumptions regarding the research design, its organization, and data processing are inherent in ethnonursing research. According to Leininger and McFarland “culture is a very powerful and comprehensive construct that influences and shapes the way people know their world, live, and develop patterns to make decisions relative to their lifeworld. Culture is known as the blueprint to guide human lifeways and actions and to predict patterns of behavior or functioning” (2002, p. 9).

Leininger formulated 13 assumptive premises for her theory of Culture Care to use as guides to systematically study and support her theory, position, tenets, and hunches
(Leininger, 1991; Leininger & McFarland, 2002). This study attempts to discover and examine knowledge that would add substantively to five (5) of these premises. The first premise is that, “Care is the essence of nursing and a distinct, dominant, central, and unifying focus” (Leininger & McFarland, 2002, p. 79). This researcher believes that this premise is essential to the art and science of teaching and practicing nursing.

The second assumptive premise of Leininger’s theory related to this study is that, “Culturally based care is the most comprehensive and holistic means to know, explain, interpret, and predict nursing care phenomena and to guide nursing decisions and actions” (Leininger & McFarland, 2002, p. 79). This study sought to discover the meaning of culturally based care for African American associate degree nursing students in a predominantly Euro American program.

The third assumptive premise of Leininger’s theory related to this study is that, “Culture-care concepts, meanings, expressions, patterns, processes, and structural forms of care vary transculturally with diversities (differences) and some universalities (commonalities)” (Leininger & McFarland, 2002, p. 79). This study sought to discover the diversities and universalities of the African American students as they related to their culture care meanings, expressions, patterns, and processes while in the environmental context of a predominantly Euro American associate degree nursing program.

The fourth assumptive premise of Leininger’s theory that relates to this study is that, “Culture-care values, beliefs, and practices are influenced by and tend to be embedded in the worldview, language, philosophy, religion (and spirituality), kinship, social, political, legal, educational, economic, technological, ethnohistorical, and environmental context of cultures” (Leininger & McFarland, 2002, p. 79). This study sought to discover the expressions, beliefs, and practices that are embedded within the cultural environmental context of African American nursing students in predominantly Euro American associate degree programs.
The fifth premise of Leininger’s theory of Culture Care related to this research is, “The ethnonursing qualitative research method provides an important means to accurately discover and interpret emic and etic embedded, complex, and diverse culture-care data (Leininger & McFarland, 2002, p. 79). This study sought to discover using the ethnonursing qualitative research method accurate emic and etic embedded, complex, and diverse culture-care data within the environmental context of African American students in predominantly Euro American associate degree nursing programs.

The suppositions inherent to this ethnonursing study are adapted from the five assumptive premises of the Culture Care Theory previously described and were used as guides to support the general purposes of this study:

1. “Care is the essence of nursing and a distinct, dominant, central, and unifying focus” (Leininger & McFarland, 2002, p. 79).

2. Culturally based care is the broadest holistic way to know, explain, interpret, and predict beneficial and desirable nursing education care practices for African American associate degree nursing students in predominantly Euro American programs (derived from Leininger, 1991).

3. Culture-care concepts, meanings, expressions, patterns, processes, and structural forms of care for African-American associate degree nursing students vary transculturally with diversities and some universalities (derived from Leininger, 2002).

4. Cultural care beliefs, values, and practices of African American associate degree nursing students in predominantly Euro American programs are influenced by the worldview, religious, political, educational, technical, and ethno historical dimensions of their culture (derived from Leininger, 1991)
5. The ethnonursing qualitative research method provides a means to accurately discover and interpret emic and etic embedded complex and diverse cultural data (derived from Leininger & McFarland, 2002).

The limitations of this study are that it will not assess a conglomerate group of minority students in a variety of undergraduate nursing programs. Only one type of nursing program, the associate degree-nursing program will be used for the study. Another potential limitation of the study is that the researcher is not African American.

*Biases of Researcher*

As a nurse educator in both diploma programs and associate degree nursing programs over the past decade, I have met and taught nursing students from a variety of cultural and ethnic backgrounds. One aspect of contact with this number of students was the observation that the attrition rate of minority students, and African American students in particular, was higher than Anglo-American students. This observation encouraged questions regarding the foundation for the high attrition rates of these students. Research with the quantitative variables examining retention and attrition lead me to discover their inability to predict why this occurs.

By its very nature, ethnonursing research requires a close involvement with informants. This researcher needs to be aware of any personal and pre-conceived ideas or biases about the culture and the informants participating in the research. Although it is impossible to be totally free of bias when reflecting on responses from informants, control of bias is possible through the constant comparative emic explication of events, situations, and experiences by informants. In addition, the use of Leininger’s criteria for qualitative evaluation of credibility, confirmability, meaning in context, recurrent patterning, saturation, and transferability will assist with limiting bias.

*Summary*

Educators agree that cultural diversity should be a goal of higher education (AACN, 2001); however “agreeing with the concept of diversity is different than actively
working toward achieving diversity” (Gardner, 2005, p. 161). This study is needed to assist in an understanding of culture care education expressions, beliefs, and practices that influence the thinking, decision making, and actions of African American associate degree nursing students who are enrolled in a nursing program. Without the knowledge obtained by this study, nurse educators may continue to teach to the majority of the students while leaving a number of culturally diverse students confused and lost (Gardner, 2005). Understanding the educational cultural care of students will assist with recruitment efforts and help to focus on improving enrollments, retention, and completion of African American students in predominantly Euro American associate degree nursing programs. By gaining an understanding of students, alternative actions and decision modes of teaching nursing can be discovered that would facilitate new directions in teaching and learning to provide culturally congruent education. Ultimately, this knowledge and these efforts may lead to improved student recruitment, culturally congruent student and faculty interactions, and improved retention. Designed recruitment efforts as well as support of identified educational culture care expressions, beliefs, and practices of diverse cultures in a nursing program can help to alleviate the nursing shortage and the current disparity in the nursing workforce.
CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature was conducted to identify the literature related to the domain of inquiry and to conceptualize the study. The literature review revealed that there is an absence of research studies to date in the area of cultural care educational expressions, beliefs, and practices of African American associate degree nursing students in predominantly Euro American programs. In order to discover the aspects of the Domain of Inquiry (DOI) for African American nursing students and their culture care educational expressions, beliefs, and practices in predominantly Euro American associate degree nursing programs, the review will focus on the following areas: (a) associate degree nursing programs (b) ethnohistory of African American education (c) relevant literature and research conducted with African American college and nursing students (d) culture care theory literature related to nursing education.

Associate degree nursing programs

To understand community college nursing education, Associate Degree Nursing, (ADN) and how it developed and became a relevant option for individuals interested in nursing, it is helpful to start with the climate of health care, nursing education, and higher education at the end of World War II. “The rapid rise of the ADN idea depended on the convergence of several urgent needs that came to the forefront of the public consciousness at this time” (Haase, 1990, p. 1). In the late 1940s there was a severe nursing shortage taking place throughout the United States. Three postwar demands were
attributed to this growing nursing shortage. The advancement of the ability to treat diseases that occurred during the war, the expansion and upgrading of hospitals around the country, and the growing numbers of Americans enrolling in private health care insurance programs (Haase, 1990). Nurses at the time immediately after World War II were in short supply as these demands escalated the need for nursing care throughout the country. The events of the war and all of these post World War II issues contributed to a nursing shortage that actually persisted until the late 1970s. Nevertheless, the post World War II nursing shortage was a rallying point for nurse leaders and reformers to begin to make changes in the profession.

The ADN movement “took form in the crucible of a persistent fear that the nation was not recruiting and educating enough young people to provide the nurses we would need” (Haase, 1990, p. 11). Nursing had a reform group intent on moving nursing education away from the hospital based programs where most nurses were educated at this time, and into institutions of higher education. America was focused more than ever on education as a means of solving problems of social and health issues. Nurse leaders realized at this time that educational reform had the best chance to succeed. For many years nurse leaders and educators had pushed to educate nurses in collegiate settings and away from service agencies, but this type of reform was always opposed by physicians and hospital administrators who argued that nurses were exhibiting little more than self-interest (Haase, 1990).

This post war environment provided the opportunity to seek additional support for nursing education reform. Due to the serious consequences of the nursing shortage, a national study investigating nursing education programs was commissioned and funded
by the Carnegie Foundation. Dr. Ester Lucile Brown, a social anthropologist, was engaged to conduct the study in 1947 and 1948. The results of this study, *Nursing for the Future*, quickly became known as the Brown report and provided the information needed to support nursing education reform. The Brown report corroborated the need for the reform that nurse leaders advocated. The Brown report pointed out that nurses should be educated at least as well as teachers in the nation’s colleges and universities. Dr. Brown criticized hospital-based programs and pointed out that the drastic reduction in young women choosing nursing as a career was due to low salaries for nurses, old-fashioned educational methods, and the low esteem in which nurses and nurse educators were held by others (Haase, 1990).

This report, and the social climate of the time, contributed to the emergence of a new and unprecedented way to educate registered nurses. During this time a doctoral student at Teachers College, Columbia University was also very interested in finding a way to educate more nurses and alleviate the shortage. Her doctoral research conducted with the direction of dedicated nursing faculty, focused on developing a different way of educating more nurses and investigating the plausibility of a two-year program that could educate nurses. This research was supported by Dr. R. Louise McManus, director of the doctoral program at Teachers, College, Columbia University and a member of the Board of Directors of the National League of Nursing Education. With Dr. McManus’ support, Mildred Montag’s dissertation on the education of registered nurses in a two-year program was ultimately converted into reality. Although the conceptualization of the ADN program did not occur until Dr. Montag’s dissertation in the 1950s, community colleges and hospital schools of nursing had previously developed agreements to provide
general education courses to nursing students (Fondiller, 2001). Aware of the benefits of
the community college education, the National League of Nursing Education’s (NLNE)
Board of Directors discussed the potential of nursing education moving into the junior
college realm in the late 1940s and had established a committee with representation from
the Association of Collegiate Schools of Nursing (ACSN) “to consider nursing education
in institutions of higher junior colleges” (National League of Nursing Education, 1946, p.
19).

Dr. Ralph Fields, chairman of the Curriculum Committee of the American
Association of Junior Colleges (AAJC), expressed to Dr. McManus an interest in
bringing nursing education to the community colleges. Dr. McManus and Dr. Fields
were former colleagues from Teachers College at Columbia University. A committee
was developed with joint participation by NLNE, AAJC, and ACSN to discuss nursing
education in community colleges. In 1950, the report by League representatives
concluded that community colleges could develop two types of nursing programs: two-
year programs that would be oriented to students transferring to four year bachelor of
nursing programs and “three-year programs leading to the degree of associate in arts or
associate in science to prepare the graduate for RN licensure” (National League of
Nursing Education, 1950, p. 32). With the recommendations by the joint committee and
the appointment of Dr. Montag to the committee, Dr. Mildred Montag’s dissertation
research, *Education for Nursing Technicians*, was viewed as an idea whose time had
come. With the Brown report as the rallying point, factors coalesced to make the ADN
program a reality. Dr. Montag’s original project had two purposes: the definition of a
new worker in nursing, she termed this the “technical” nurse, and the development of the
educational curriculum and preparation this nurse would need to practice. She based her work on four assumptions. First and foremost was that nursing practice was not static. In fact, she felt it was constantly changing and becoming more complex. She viewed nursing as existing along a continuum that has a spectrum of functions. She saw the functions of nursing as ranging from simple to complex. Her vision was that nursing aides would be assigned or described as functioning at one end of the spectrum and the nurse clinicians at the other. Her two extremes, the simple and the advanced ends of the spectrum afforded a great deal of space for intermediate or a technical array of knowledge and abilities that could be subsumed by a new kind of nurse. “The closely following assumption was that an educational program could be developed to prepare this new nurse at the intermediate level” (Haase, 1990, p. 27).

Dr. Montag was able to officially pilot this new nursing program called the Cooperative Research Project (CRP) in seven Junior and Community Colleges in January of 1952. This pilot program opened the flood gates and the numbers of ADN programs grew from the original seven pilot programs in the 1952 to 677 programs by 1978 (Haase, 1990). The impact on the profession of nursing and nursing education with this program was significant. By 1980, 47 percent of the nurses qualified to write state licensing examinations were graduates of two year ADN programs. Currently, there are 701 community college ADN programs with 60 percent of new nurses educated through these programs. In rural settings, 73 percent of the nursing graduates are educated in associate degree nursing programs (American Association of Community Colleges, 2004). The ADN program has made a substantial contribution to nursing education in America. The National Organization for Associate Degree Nursing [N-OADN] (1998) states:
Associate Degree Nursing (ADN) education provides a dynamic pathway for entry into registered nursing (RN) practice. It offers accessible, affordable, quality instruction to a diverse population. Initiated as a research project in response to societal needs, ADN education is continually evolving to reflect local community needs and current health care trends. ADN graduates are prepared to function in multiple health care settings, including community practice.

Graduates of ADN programs possess a core of nursing knowledge common to all nursing education routes. They have continuously demonstrated their competency for safe practice through National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates. These nurses provide a stable workforce within the community. The majority of ADN graduates are adult learners who are already established as an integral part of the community in which they live. They exhibit a commitment to lifelong learning through continuing education offerings, certification credentialing, and continued formal education. (National Organization for Associate Degree Nursing [N-OADN], 1998, p.1).

Associate degree programs have recruited students for nursing who would otherwise have chosen different careers. Men, single parents, minority students, and others elect the AD program when other programs have more restrictive admission criteria, are more expensive, or require a longer time to completion (Haase, 1990).

Ethnohistory of African American education

While a few Africans arrived in the Americas prior to the 15th century, most Africans were brought as slaves to the mainland colonies of Central and South America by the Spaniards. Regrettably, the slave trade to the Americas was helped by the existence of the practice of slavery and a slave trade inside Africa. Forms of servitude existed among many of the African ethnic groups. Debtors and persons convicted of certain crimes would be forced into slavery as settlement for their crimes, but these individuals had the expectation that their freedom could be restored. While the slave trade to the Americas did not develop because slavery existed in Africa, the collaboration of European slave traders with their African counterparts found this business to be mutually beneficial.
Historians are uncertain of the number of Africans who were brought to the Americas as slaves since reliable records were often not kept or have disappeared. There are no reliable statistics on persons who were brought illegally to the colonies with some European and American slave traders practicing illegal slave trading in an effort to avoid paying taxes on the slaves that they transported. In spite of all of these problems, historians have estimated that the number of Africans who arrived as slaves from 1502 to the mid-nineteenth century numbered between ten and twelve million (Kelley & Lewis, 2000). Even so, during the second half of the seventeenth century a terrible change was occurring, the “enslavement of people solely on the basis of race, occurred in the lives of African Americans” (Kelley & Lewis, 2000, p. 63).

Increasingly, the dominant English came to view Africans not as “heathen people” but as “black people.” They began, for the first time, to describe themselves not as Christians but as whites. It was a small but momentous step from saying that black persons could be enslaved to saying that Negroes should be enslaved. As if this momentous shift were not enough, it was accompanied by another. Those who wrote the colonial laws not only moved to make slavery racial; they also made it hereditary. Under English common law, a child inherited the legal status of the father (Kelley & Lewis, 2000, p. 68).

Hereditary enslavement based upon skin color became a bitter reality in the New World by 1650. As a result, the Africans brought to the Americas faced an additional challenge. They had to put down the cultural and institutional foundations of the modern black societies of the Americas. Today, many of the African Americans in the United States are descendants of these indomitable people (Kelley & Lewis, 2000). African Americans today comprise one of the largest ethnic groups in the United States accounting for 12.3 % of the total population (U.S. Census Bureau, 2002). “Not surprisingly, the African peoples who came to the Americas brought very strong family and religious traditions with them” (Kelley & Lewis, 2000, p. 4). The worldview of
today’s African American population comes from their cultural heritage and their experiences. According to Tamela Heath, author of a chapter in *African American Culture and Heritage in Higher Education Research and Practice*, “ways of being, feeling, and knowing are shaped by many things, not the least of which is one's social and cultural experiences” (Freeman, 1998, p. 33). “The evolution of education for African Americans is a narrative of their struggle for development in educational opportunity, political, economic and social advancement” (Mungazi, 1999, p. 125).

Historically, African American students were denied the same educational opportunities as Euro American students. The Thirteenth Amendment abolished slavery in 1865 and in 1866 the Fourteenth Amendment prevented states from depriving anyone of life, liberty, or their property without due process of the law. Southern states imposed serious constraints on African Americans regarding ownership of property, legal and constitutional rights, and education (Bardolph, 1970). In 1875 the Civil Rights Act was passed to give African Americans greater rights as citizens. President Ulysses S. Grant stated he was committed to this matter but Grant admitted, "Social equality is not a subject to be legislated upon, nor shall I ask that anything be done to advance the social status of the colored man, except to give him a fair chance to develop whatever good there is in him, give him access to the schools" (Bardolph, 1970, p. 20).

Unfortunately, the presidential administration of Rutherford B. Hayes shaped future developments in education for African Americans. Attitudes and political views during the post-Civil War years had serious implications on the development of education for African Americans. The South became more deeply fixed in its beliefs of the black man as an inferior being who did not merit equal treatment as a citizen. At the same time,
national leaders in the North were trying to convey the idea of racial equality.

Even with the Southern beliefs deeply entrenched education for African Americans began to take place during and after the Civil War. The American Missionary Association, funded by Congress, established day schools to teach slaves freed by the Civil War. The South became very concerned over African Americans getting any form of education because early African American leaders had advocated violence as a way to gain their freedom. When legislators reminded southern whites of these acts of violence by African Americans, they concluded that they must never be given an opportunity for education. The conventional thinking was if African Americans would commit these acts as slaves, what else would they do as freed people with an education? They were afraid they would take the law into their own hands, and so, the South was not interested in African Americans getting any formal education (Mungazi, 1999).

By 1878, the District of Columbia and fourteen southern states passed legislation that authorized separate schools for white and black children. The philosophy of separate but equal educational facilities expressed in legislation became firmly established and the permanent order of things. At the same time states, like Florida, passed laws that made it a crime for any school to enroll both black and white students in the same school.

In a court decision of 1896, the U.S. Supreme Court put its stamp of approval on the principle of separate schools. Berea College in Kentucky was established soon after the Civil War for Black students. However, by 1908 Berea was operating on an integrated basis. The college disregarded the practice of segregation in defiance of the state law that made racial segregation mandatory. When the state ordered the college to segregate, Berea brought a lawsuit against the state. The college argued in its suit that the
participation of the races at the school was on a purely voluntary basis and proved to be a harmonious one for the students. It further argued that there was no tension or hostility between the students. The college then made a bold recommendation, the integration of educational facilities on a voluntary basis as a model that other institutions could follow. Unfortunately, the U.S. Supreme Court upheld the Kentucky State Supreme Courts ruling that the section of the law which forbade mixing of the races in schools was not a denial of equal protection or of due process, but that "teaching in different rooms of the same building or in a different building, so near each other as to be practically one, would violate the statute, as it was such intimate personal association of the pupils that was being prohibited" (Bardoloph, 1970, p. 156). The Supreme Court further declared that this was the power the state had over its own people, and that it was of the opinion that the decision of the lower courts came within that power. On this basis the decision of the Court of Appeals of Kentucky was upheld and Berea College was ordered to segregate its students (Mungazi, 1999). The Berea College decision had a tremendous impact on the character of education for African Americans in the country.

Clearly segregated school systems created new problems, especially in the area of African American education. For the next sixty years school districts were structured in agreement with the concept of segregation. American society developed on the reality of “separate but equal.” While African Americans appeared to have resigned themselves to the concept of “separate but equal,” they kept working toward their dream of equal constitutional rights as promised by the U.S. Constitution.
“Separate but equal” was a fallacy, and African Americans recognized inequalities in their schools. The negative psychological effects of being segregated were also being identified. These effects were at first recognized by a few individuals involved with the movement to integrate schools. Eventually, the effects of segregation on African American children became apparent. It was argued by leaders for integration that “even if the facilities for African Americans were equal to those of white schools, the mere fact of separate school systems now posed a serious question as to its effects on African American students, who appeared to suffer a general disability as a result” (Mungazi, 1999, p. 147). They concluded that the integration of the schools was the only way to give black students equality in education.

The case of McLaurin v. University of Oklahoma Board of Regents became a way to corroborate this conclusion. The McLaurin case was the first time in its history that the Supreme Court actually addressed the effects of segregation on an African American student. This was a new way of thinking for the Supreme Court. After McLaurin, each successful court action and decision brought the rights of citizenship granted to African Americans by the Constitution closer to reality. This finally came in Brown v. the Board of Education of Topeka in 1954 (Mungazi, 1999). Chief Justice Earl Warren wrote the unanimous decision saying:

Segregation of white and colored children in public schools has a detrimental effect upon the colored children. The impact is greater when it has the sanction of the law, for the policy of separating the races is usually interpreted as denoting the inferiority of the Negro group. Segregation with the sanction of law, therefore, has a tendency to retard the educational and mental development of Negro children and deprive them of some of the benefits they would receive in a racially integrated school system. We conclude that in the field of public education the doctrine of "separate but equal" has no place. Separate educational facilities are inherently unequal (Fellman, 1976, p. 138).
This decision was definitely a high point in the advancement of education for African Americans. It intended that no state legislature could pass laws permitting segregation in public schools ever again. In short, no type of racial segregation at all could be permitted in the public schools (Mungazi, 1999).

Along with Chief Justice Warren’s decision two revolutionary initiatives gave a significant push to African American and other minorities to enroll in post secondary education. These programs dramatically changed both the number of minority applicants and their geographical distribution throughout American higher educational institutions. The first initiative occurred in 1945 with the passage of a GI bill that included educational benefits. After the Korean and Vietnam Wars this trend continued. Pragmatically, the reason for the first GI bill was to keep millions of veterans from overwhelming the job market after World War II which would have seriously disrupted the national economy. In spite of its practical goal, the first GI bill “enabled hundreds of thousands of veterans, including thousands of African American and Hispanic veterans, many the first in their families, to attend college independent of scholarship or previous educational achievement. The GI bill was a true educational revolution that structurally changed American higher education” (Wilson, 1994, p. 195).

The second initiative in 1964 occurred with the passing of the Civil Rights Act. All the now familiar programs began from this initial effort: Executive Order 11246 established Affirmative Action, Upward Bound, Special Services, and Talent Search. In 1965, 600,000 African Americans were in college with 65 % enrolled in historically Black colleges. By 1980 African American enrollment had doubled to 1.2 million with only 20 % in historically Black colleges (Wilson, 1994). In 1980, the majority of the
increase in African American undergraduate student enrollment was in community colleges. Because of the traditionally "open admissions policies" community colleges were more reachable to minorities whose primary and secondary educational preparation was often not sufficient to qualify for entrance into four-year colleges.

According to Wilson, (1994) with the majority of these institutions in the northern and western United States, the trend of African American enrollment in the past two decades has progressively been outside of the South and into the community colleges in northern and western states. Community colleges, while increasing access to post secondary education, did not significantly contribute to improving baccalaureate degrees for minority populations. While most African American community college students aspire to complete a B.A. or B.S. degree, less than 15% actually transfer to a four-year school and fewer still graduate from the community college (Wilson, 1994).

The United States started with an educational system that totally banned participation by African American citizens and later provided limited access, but as a matter of law, not as a commonly accepted practice. Today with the legal restrictions on access to schooling and post secondary education lifted, the remnants of racism still exist at the very core of the education structure (Freeman, 1998). For African American students, the educational setting is often incongruent with the culture in which their styles of being and knowing are embedded. This mismatch, for African American students, has proven to be detrimental to the development of both cognitive and affective outcomes (Freeman, 1998). Although African American students enroll in post secondary schools, graduation rates have been poor and the development of black students has been limited (Stikes, 1984).
Institutional emphasis on traditionalism in many areas such as the organization of the college, its delivery system for services, the administration, management and supervision of students, teaching methods, interpersonal relations, students' coping strategies, and students' learning styles create problems for different minority students, who often feel lost on predominantly Euro American campuses. Students get involved in conflicts about cultural values with administrators, faculty, staff, and fellow students; they also experience conflicting pressures from college values and from their family and cultural expectations (Maynard, 1980). “This destructive conflict need not exist. Educational programs for blacks and whites can coexist in harmony with appropriate recognition of differing cultural values” (Stikes, 1984, p. 121). The cultural care educational expressions, beliefs, and practices of African American nursing students in predominantly Euro American associate degree programs still needs to be discovered and understood.

Relevant literature and research conducted with African American students

In the current nursing workforce, minority registered nurses are underrepresented and this disparity in numbers alone related to the general population adds to the escalating shortage in the nursing workforce. In 2000, 4.9% of the nursing workforce listed their race/culture as Black/African American while in 2004 that percentage has actually dropped to 4.6% or 122,495 nurses (HRSA, 2004). As a result, a key characteristic of the nursing shortage is the inadequate numbers of minority registered nurses in the profession. In spite of their small numbers, practicing minority nurses have contributed significantly to the provision of healthcare services and are leaders in the development of models of care that help address the unique needs of minority
populations (Simmons, 2002). Unfortunately, with the underrepresentation of minorities in nursing education the perpetuation of the disparity of minorities in the nursing workforce is continued (National Advisory Council on Nurse Education and Practice, 2000). Clearly, efforts must be made to identify cultural and educational barriers that influence African American students, and methods that facilitate recruitment and retention in not only basic nursing programs but in graduate education programs as well. Statistics show, that overall minority nurses place a higher value on advancing their education than their white counterparts, with 48.1% of African American nurses acquiring baccalaureate or graduate degrees in nursing compared to 41.8% of white nurses (Sullivan, Dole, & Rogers, 2004). Identifying minority students’ cultural care expressions, beliefs, and practices may help to improve completion rates in nursing programs. Improving completion rates of multicultural students will improve diversity in the profession of nursing.

*Studies conducted with African American nursing students*

A comprehensive search of the literature regarding the domain of inquiry using search engines and databases such as ERIC, CINAHL, Proquest, Medline, Questia, and PubMed did not identify any studies conducted on the cultural care of African American associate degree nursing students; however, studies with racial and ethnic minority students investigating barriers to success and perceptions of experiences influencing success in nursing programs have been conducted. While many of these studies have been conducted in four year baccalaureate nursing programs, a few studies were conducted in associate degree programs that have relevance to the current study.
Additionally, some research with African American post-secondary students has been conducted in predominantly white institutions that support the need for the current study. In 1980, Buckley identified the impact of faculty on the retention of African American nursing students. This early research acknowledged that a commitment by the faculty to black students in the nursing program was one of the positive factors affecting African American students’ retention in the program. While these findings may be generalizable to predominantly Euro American programs, this study was only conducted in one four-year baccalaureate nursing program.

In a classic article by Tucker-Allen (1989) pertaining to the perceptions of nursing by African American nursing students, she acknowledged a lack of research on what the African American nursing student believes would best serve his or her educational needs in a nursing program. Additionally, this article highlighted the problem of inadequate numbers of practicing African American nurses and the substantially negative impact this has on disadvantaged and African American populations’ access to the health care system. Tucker-Allen (1989) held that the lack of African American-educated nurses affects the educational system as well, in the “low number of African American nurses who are prepared to become teachers in schools of nursing” (p. 396). Unfortunately, this disparity continues to affect the educational system today.

In Hyche-Johnson’s (1995) study on the perceptions of barriers to African American baccalaureate nursing students’ persistence to graduation, 202 generic baccalaureate nursing students completed a survey and 12 junior and senior African American nursing students were interviewed. In this study, all nursing students identified perceived barriers to success in the nursing program. The barriers identified by the
students in this study were primarily external and a result of the higher educational structure or the inflexibility of the nursing program, the courses and course sequencing, the rigidity of the rules and regulations in the program, or inadequate financial resources needed to complete the program. This study found that the faculty recognized institutional constraints more than White students but less than Black students. Additionally, the study found that “faculty members’ perceptions of students’ attitudes, feelings, and behaviors failed to take into consideration the fact that behavior, attitudes, perceptions, and feelings arise out of past experiences, observations of the experiences of other similar people, magazines, media and shared life experiences by family and friends” (Hyche-Johnson, 1995, p. 166). This discovery was significant when viewed in the context of providing a culturally competent education to students. This study also found that barriers alone did not impede some African American students; it was how the students’ viewed those barriers. While the study admits that generally successful students have higher SAT scores or strong cognitive skills, non-cognitive factors such as racism, self-concept, leadership skills, realistic self appraisal, community service, long term goal directed behavior, and a strong support system played a significant role in student success. While this study was focused on identifying barriers influencing minority students’ success, the limitation was the small sample of African American students in the study. This study was significant to this research study in that it acknowledged and identified the importance of non-cognitive variables for success in nursing programs. According to Elling & Furr (2002), it is important to study the culture associated with student populations in order to meet the cultural needs and develop effective interventions and improve retention.
Kersey-Matusiak (1999) conducted a study in a four-year Catholic college to identify the factors that minority students perceived influenced their success in college. Combinations of quantitative and qualitative methodologies were used. The Students’ Perceptions Questionnaire (SPQ) was distributed to 60 minority nursing students, fifty-eight females and two males. This questionnaire used a two part method with the first part requesting biographical data and the second part requesting responses from the students on a thirty-six item perception scale on: personal ambition, goal commitment, sociocultural integration, alienation, academic satisfaction, institutional support, and personal attributes. The questionnaire was analyzed using factor analysis, multiple regression and t-tests. Of the 60 minority students who completed the questionnaire, fifteen agreed to participate in face to face interviews with the researcher. The quantitative findings of this study found that there was no significant correlation between any of the demographic variables, GPAs or personal attributes. It also found that there was no significant difference between Black students and other minority groups or successful and unsuccessful students based on their GPAs. Qualitative data from the face to face interviews reported positive perceptions regarding their academic satisfaction and their institutional support with faculty. Since the students identified a positive supportive relationship with faculty in the qualitative component of the study, this shows that faculty impacts the experiences of students supporting the classic study conducted by Buckley (1980). Conversely, half of the students felt that while faculty was supportive they (the minority students) were not integrating with the White students on campus (Kersey-Matusiak, 1999). This study is of relevance in that its quantitative section found no significant correlations between any of the demographic data and no significant
differences between successful and unsuccessful students based on GPAs. What it did find, was a positive influence by faculty on all students from diverse cultures. This study was conducted with baccalaureate students in a four year institution and has not been replicated with associate degree nursing students.

In the state of California a study was conducted to determine the reason for the lack of diversity in nursing (Coffman, Rosenoff, & Grumbach, 2001). The study was conducted using two possible hypotheses for the lack of diversity in nursing. First, the low numbers of high school graduation and college admissions by minority students as one reason that there were low numbers of minority students pursuing careers in nursing and other fields that require college degrees. The second, the racial/ethnic minority students who pursued a college degree in nursing were less likely than white students to complete and obtain the degree. The study compared the racial and ethnic composition of the registered nurse (RN) workforce in California with the general population of California along with the population of working-age Californians from age 20 – 64. The study used the demographics from the National Sample Survey of Registered Nurses collected in 1996.

This retrospective study evaluated by racial and ethnic groups the highest educational levels attained in California by 24 through 39 year olds for one year. The study used the U.S. Census figures for California to obtain this data. All the degrees obtained by college students in California for one academic year were evaluated. Degrees were grouped in the categories of: nursing, other health fields, physical and biological sciences and an “other” category. Data was also obtained from the official agency in California that collects educational data, the California Postsecondary
Education Commission (CPEC). The results of the study clearly indicated that African Americans and Latinos are under-represented in the RN workforce in the state of California. Women far outnumber men in the RN workforce with women accounting for 93.5% of all RNs. “African American women also have rates of high school graduation, college entry, and college graduation that are lower than those for non-Latina white women” (Coffman, Rosenoff, & Grumbach, 2001, p. 265). The study also found that white female college graduates were “56% more likely than Latina graduates were to receive degrees in nursing” (Coffman, Rosenoff, & Grumbach, 2001, p. 266). This study concluded that gaps in educational attainment by minority students accounted for much of nursing’s lack of diversity (Coffman, Rosenoff, & Grumbach, 2001). This study had several limitations including that it was conducted in one state and the data used in the study covered only one year of degrees earned in the state of California. It also integrated all minorities in the analysis and did not evaluate in depth any one minority population.

Since this was a retrospective study, the interpretation of the data was confined to what was available to the researchers and the assessment and interpretation may not have reflected accurately the data. The study did not take into consideration any qualitative factors such as cultural perceptions of nursing, family support, role models, or counseling into the profession of nursing. While the study had limitations, it concluded that to improve the representation of minorities in nursing, new and innovative programs that enhance educational attainment among minority populations of students was necessary. Additionally, the study identified the need to develop comprehensive and coordinated approaches to close the gaps in the educational attainment as a method to help improve
diversity in nursing. These approaches need to include qualitative factors such as an understanding of the culture care values, needs, worldviews, and lifeways of these students.

In a qualitative phenomenology study conducted at three 4-year public universities in California to identify the barriers influencing the success of minority students in predominantly white nursing programs, eight themes were identified (Gardner, 2005). These themes were: “loneliness and isolation, differentness, absence of acknowledgment of individuality from teachers, peers’ lack of understanding and knowledge about cultural differences, lack of support from teachers, coping with insensitivity and discrimination, determination to build a better future, and overcoming obstacles” (Gardner, 2005, p. 151). The data from this research with 15 racial and ethnically diverse students illuminated the “need for educators to become more knowledgeable about the challenges and needs of minority nursing students” (p. 161). The population of students for this study was identified as “minority” students with only two of the fifteen participants, African American. A semi-structured open-ended interview was used to elicit responses from the participants. The eight themes that emerged from the data were identified as common to most of the participants and reflected the beliefs of these students regarding their peers, faculty, and nursing school experiences. These themes illuminate that while nurse educators have been urged to promote the success of minority students in nursing, without a better understanding of students’ culture care values and lifeways, improving the number of minorities in the profession of nursing will not be achieved. This qualitative study is important and relevant to the current study in that it helps in
understanding minority nursing students’ perceptions and experiences at four year institutions.

Jeffreys (2004) determined that the conceptual models and frameworks developed by a variety of researchers such as; Bean & Metzner, Tinto, Spady, Nora, Pascarella & Chapman to explicate student attrition had limited relevance to nursing students. Due to the lack of a relevant model to study nursing students Jeffreys (2004) developed the NURS model to provide a framework to examine retention in undergraduate nursing students. Student characteristics such as age, ethnicity and race, gender, language, educational experiences, and family background are components of the model. Cultural values, beliefs, self-efficacy and motivation are also considered important variables for retention and attrition. Jeffreys (2004) states that while nurse educators are in a position to positively influence student retention, insight into interactive variables and the student’s perspective is necessary in order to design supportive retention strategies. While the NURS model is not the framework for this study, it provides support in its variable components for the conceptualization of care constructs and their discovery using the Culture Care Theory of Universality and Diversity for this study.

*Research conducted in associate degree nursing programs*

The comprehensive review of the literature on the domain of inquiry specific to associate degree nursing programs identified only 82 published items included in professional journals, news journal articles, and newspaper articles along with 490 dissertation studies covering every theme relating to associate degree nursing. Narrowing the search to minority populations in associate degree programs there were 23
dissertations that addressed minority students and only three that were identified as research with or about African American students in associate degree programs.

Hunt (1992) conducted a study on the perceptions of student retention in associate degree nursing programs by the directors of those programs. A random sampling of 250 directors of National League for Nursing (NLN) accredited associate degree programs was conducted. A revised form of an instrument on student retention was administered to the directors of the programs. The survey was seeking to identify information on student attrition rates, the involvement of the institution on retention, and the types of institutions administering the programs. The results of this study indicated that the mean attrition rate from the first to second year of the program was 20.5%. Over half of the directors had been involved in retention/attrition studies while six percent felt that there was not really a need to study attrition or retention. The study found that the directors believe that the most influential negative characteristic of attrition was conflict with jobs and class schedules, with financial aid second and inadequate counseling and support systems third. Not surprising they rated a caring and supportive faculty as one of the most important positive characteristics to retention of nursing students. In this study over 92% of the campuses had implemented a program designed to improve the retention rates of their students (Hunt, 1992). This study is relevant to the current study in that it supports the influence faculty have on student retention. Even so, it did not specifically address specific cultural populations in the programs.

Sims’ (1996) phenomenological study on Black women’s experiences at predominantly white schools of nursing, indicated that nursing education and nursing research should focus efforts on evaluating nursing curricula that support diversity and
multiculturalism in nursing education. In this study, 18 Black women who had graduated from associate degree nursing programs in the North and South Carolina area were recruited to participate in taped audio interviews. Using van Manen’s phenomenological method three major patterns and eight relational themes emerged. The three major patterns were: getting in, getting through, and getting out. The eight relational themes were elements of the major patterns. Beneath the major pattern of getting in, the relational themes identified were: coexisting, proving self, hiding self, including avoiding self disclosure, avoiding the instructor, some students had been LPNs, and did not want their instructor to know they had this background. The relational themes beneath the major pattern of getting through were making sacrifices, dealing with stress, including threats to racial identity and cultural values, threats to their pattern of living, being treated differently, and seeking and gaining support from religion, family members, each other, and advice from those they considered “trailblazers.” The third major pattern of getting out had the relational theme identified by the graduates as determination (Sims, 1996).

This phenomenological study is relevant to the current study in that it identified what it is like for a group of Black females in an associate degree program that is predominantly white. This research is relevant to the current study because the participants identified threats to their cultural values and racial identity as an aspect of their experiences. This study opens the door to future research in the area of cultural care values, needs, and experiences of African American associate degree nursing students.
Flinn (2000) conducted a study to identify, describe, and analyze multicultural teaching strategies being used by five nurse educators in associate degree nursing programs. This study identified 155 discrete multicultural education teaching strategies used by these educators. Five major categories were identified with all of the teaching strategies incorporated into these categories. The five major categories are: sharing knowledge, working in groups, asking questions, developing relationships, and teaching psychomotor skills. In this study, Flinn (2000) found that “teaching that is culturally responsive occurs when there is equal respect for the backgrounds and contemporary circumstances of all learners, regardless of individual status and power.” (p. 24).

Additionally, the study found that while the goal of good teaching “is to assist students to achieve their fullest potential. A goal of multicultural teaching is to create learning environments so that students from diverse cultural groups will have an equal opportunity to learn” (p. 43). This is a relevant study that supports the need to understand and be aware of the cultural care values and lifeways of their students in order to offer culturally competent teaching strategies.

A study by Stewart (2001) looked at retention strategies and attrition rates for African American associate degree nursing students. This study combined quantitative and qualitative methodologies. Quantitative data collected from the deans and directors of 11 Associate Degree Nursing programs in South Carolina were analyzed and compared with the qualitative perspectives from minority students in one of the programs. The statistical data indicated that 14% of the total numbers of nursing students enrolled in the 11 programs were African American. The retention rates for the African American students in the programs varied from 17% to 83% overall for all 11
programs. To decrease attrition in the programs, the nursing programs implemented a variety of retention strategies. Regression analysis from the study indicated that there were no statistically significant relationships between the retention rates and the strategies used by the programs for admissions/recruitment, orientation, and academic support that were initiated in the study. However, the study showed a statistically significant negative relationship between retention rates and student support.

Butters (2003) conducted a study of overall retention in associate degree nursing programs that also evaluated the retention of minority students. This quantitative and qualitative study used a survey and interviews with a small group of “successful” second year associate degree nursing students. Surveys were distributed to nursing students at six institutions in Massachusetts with a return rate of 268 completed surveys. There were 79 minority students in the cohort that completed the survey. The survey results identified environmental factors as significant in attrition for both majority and minority students. Students identified difficulty in finding time for study with the need to balance responsibilities of family and work. Butters (2003) recognized the possibility of bias in her research regarding interviewing students from other races and age groups. She identified that she, as the researcher, and a Caucasian female at least a generation older than most of the students, might be a problem. She was also disappointed that more minority students did not volunteer to be interviewed. She stated:

I was disappointed that more minority participants did not volunteer to be interviewed, but I cannot be surprised. I arrived at the participant programs as a person unknown to the students who would fill out the survey and volunteer for the interview. How could the student know whether I came from an “external-insider” or “external outsider” approach? For most of the participants, the day of the survey administration was the only time they would ever have contact with me as a person and a researcher. When I presented these findings to two student groups as a member check, I noticed that only one student of color, and no white, responded to
any assertions concerning disproportion of minorities in the nursing field. Except for the one comment noted above, it was as though I had not discussed the topic…. Perhaps this is an example of support for Barbee’s assertion (1993) that the culture of caring in nursing makes discussion about racism in nursing an unbearable topic. I would suggest a more long-term and comprehensive research approach for the future. The problem of minority disproportion in the nursing ranks will not be solved quickly or easily. Nursing education could become involved in research about students in their own states, and maintain, update, and analyze information on a regular schedule (Butters, 2003, p. 200).

This study is relevant to the current study, in that the need for more research in this area and a more comprehensive approach to the research in the future be completed. She approached the research from the external-insider and external-outsider which shows a relationship with Leininger’s etic and emic perspectives and the stranger to trusted friend enabler in the Culture Care Theory. She also identified in this study the importance and necessity to decrease the disproportion of minorities in the nursing profession.

Jackson (2003) conducted a study on predictors of first semester attrition with associate degree nursing students using Tinto’s Student Integration Model of persistence as its framework. This was a retrospective correlational study conducted to determine if variables such as English proficiency, weekly hours of employment and financial resources, and past academic achievement could differentiate between passing and failing in the first semester of an associate degree nursing program. This study conducted at a multi-campus community college found that English proficiency prior to admission to the nursing program correlated significantly. This quantitative study also recommended raising the admission grade point averages above the minimum “C” currently required by the program. While this study is important with its findings of minimum academic requirements for success, it did not specifically address culturally diverse students or
African American nursing students but studied generic associate degree students in one program in Florida.

A qualitative phenomenology study was conducted by Rudel (2004), to gain a better understanding of how non-traditional associate degree nursing students perceive nursing education. The study was conducted in a Midwestern community college with six non-traditional associate degree nursing students. Van Manen’s methodology for phenomenology was used and identified three major themes. The three themes were: retention, faculty characteristics, and challenges related to the lack of applications by faculty of adult learning theory. This study recommended that by embracing the learning principles for adult learners, faculty could facilitate a more positive learning experience for students (Rudel, 2004). While the study was conducted in an associate degree program on perceptions of nursing education, it did not address culturally diverse students or more specifically African American students. However, the results of this study are relevant as they support the need for faculty to understand the students better and facilitate a more positive and congruent learning process for all students.

*Educational research with post-secondary African American students*

The post-secondary educational research literature review supports the influence of faculty on student retention. A study by Wynetta (1999) focused on determining factors that contribute to the retention of African American students in a four-year post-secondary institution. This qualitative study utilized focus groups of minority students. The researcher held focus groups over the semester with an average of seven students per group, interacting with 120 students in total. This study determined that African American students entering predominantly White public institutions enter with a strong
heritage that does not match the institutions culture and environment (Wynetta, 1999). Additionally, low retention rates and the complexities of their cultural heritage were considered deterrents to the students’ degree attainment. These deterrents to retention all point to the “importance of effective strategies to foster retention to degree completion” (Wynetta, 1999, p. 30). The students in this study indicated that faculty mentoring is one of the important factors in retention. They also indicated that same race faculty mentoring is not as important as a faculty person who is in their field of study and who is supportive of their culture. Recommendations from that study suggested mentoring relationships be developed that are beneficial to both faculty and students and that “future research should also determine the extent to which majority faculty feel culturally competent to effectively mentor minority students” (Wynetta, 1999, p. 38). This recommended research would significantly transform institutional practices and improve the prospect of retaining African American students to degree completion. This study identifies how essential it is for faculty to strive for cultural competence in the process of African American student retention; this can be facilitated by understanding the culture care emic view of the African American student.

In order for nursing curricula to better meet the cultural care of culturally diverse students, educators need to become culturally aware of those culture care values, beliefs, and lifeways. Understanding, valuing, listening, and responding to culturally diverse students cultural care is central to improving diversity in nursing. By understanding the culture care meanings that are attached to activities, events, behaviors, knowledge, and rituals, new and non-traditional paths in nursing education can be explored that encourage more diversity in the nursing workforce. The Sullivan Commission’s report
on diversity in the Healthcare Workforce identifies the lack of minority health professionals as compounding the “nation’s persistent racial and ethnic health disparities” (Sullivan, Dole, & Rogers, 2004, p. i). Since studies have consistently documented that racial minority health professionals are more likely to return to their communities and provide health care, (Coffman, Rosenoff, & Grumbach, 2001; Moy & Bartman, 1995; Stinson & Thurston, 2002; Tucker-Allen, 1989) the Institute of Medicine (2003) recommends increasing the number of minority health professionals as a key strategy to eliminating health disparities. According to the College Board (1999):

> Until many more underrepresented minority students from disadvantaged, middle class, and upper-middle class circumstances are very successful educationally, it will be virtually impossible to integrate our society’s institutions completely, especially at leadership levels. Without such progress, the United States also will continue to be unable to draw on the full range of talents in our population during an era when the value of an educated citizenry has never been greater (p. 11).

As the statistics indicate, America is a very diverse society and if not addressed, educational differences have the potential to become progressively larger and more problematic; educators, legislators, and educational policymakers know that eliminating the disparity in education has become a moral and pragmatic imperative (College Board, 1999). For the profession of nursing, eliminating the disparity in the workforce will not only benefit the profession of nursing as a whole, but also the general health of all people. In a report by the Institute of Medicine (2003), the unequal treatment faced by minorities when encountering the health care system is compounded by cultural differences.

**Culture Care Theory**

One article was found that reported the Culture Care Theory was used as the framework to recruit and retain culturally diverse students in a traditionally European American baccalaureate nursing program (McFarland, Mixer, Lewis, & Easley, 2006).
This was a 3-year federally funded project with the intent of forming partnerships with community institutions, health departments, home care agencies, and the university involved in the project. The project focused on recruiting, engaging, and retaining culturally diverse students in a baccalaureate nursing program in the Midwestern United States that was predominantly “European American.” This project found that the culturally diverse students recruited into the program challenged the faculty and fellow students to work with families, communities, and patients in a more culturally sensitive manner. The effective use of the Culture Care Theory and the Sunrise Enabler as the framework for the project exceeded the preproject target objectives of increased enrollment and progress. However, the authors have stated that “the ultimate goal of creating a culturally diverse nursing program and nursing workforce continues to be a work in progress” (McFarland, Mixer, Lewis, & Easley, 2006, p. 250). This report of a recruitment and retention project is relevant and important to the current study by its use of the Culture Care Theory as the framework for an educational study on improving diversity in the nursing workforce from the nursing viewpoint.

While retention and attrition has been discussed and examined extensively in both higher education and nursing literature, empirical studies have been limited and targeted predominantly on traditional baccalaureate nursing programs and students (Jeffreys, 2004). Moreover, Jeffreys (2004) identifies that comparisons of the studies are difficult due to inconsistencies between operational definitions, diverse sample sizes, enrollment status, and methodology. While comparisons of the studies are difficult, the most consistent result in the research is that student attrition persists.
The Culture Care Theory of diversity and universality and the research method of ethnonursing have been used extensively by nurse researchers to study over 300 western and nonwestern cultures or subcultures (Leininger & McFarland, 2002). This Theory is unique in that it has been used world wide by nurse researchers and has led to the establishment of a broad transcultural knowledge base that is contributing to the transformation of nursing practice (Leininger & McFarland, 2002). Using the Culture Care Theory with this study will contribute to this growing knowledge base by discovering the culture care educational expressions, beliefs, and practices of African American students in predominantly Euro American associate degree nursing programs.

Synthesis of Literature

The literature review identified research conducted with baccalaureate nursing students as well as retrospective studies investigating the reasons for lack of diversity in the nursing profession. The research revealed that gaps in education for minority students in general accounted for some of the low numbers of nursing degrees being awarded. Studies in four year colleges investigating academic requirements for nursing students, perceptions to barriers that influence success in the nursing programs, and attrition and retention problems did not have consistent findings. One constant finding throughout all the studies was the students’ identification of the need for a supportive faculty and the importance of faculty members who understand the students and their needs. While all of the studies focused on different aspects of nursing education, none of them addressed the culture care educational values, beliefs, practices, and experiences of specific cultures of nursing students.
The review of the literature specifically on African American Associate Degree nursing students revealed a paucity of studies conducted specifically with African American nursing students in Associate Degree programs. While studies on perceptions, attrition, and retention of African American nursing students have been conducted, there has been no research on the cultural care educational values, beliefs, practices, and experiences of African American nursing students in predominantly Euro American associate degree nursing programs. With the latest results of the RN Sample Survey (HRSA, 2004) indicating that the numbers of African American nurses have declined in the past four years, additional knowledge and understanding of the culture care educational values, beliefs, practices, and experiences of these students is imperative. The synthesis of this literature with the lack of information or study with associate degree nursing students indicates an important need for this study to be conducted to fill this gap in the literature. Nurse educators need to better understand and support minority students, specifically African American nursing students in order to provide culturally congruent learning experiences. This study will contribute to the discipline of nursing education by adding to its growing body of transcultural nursing educational knowledge.

Orientational Framework

The orientational framework for this study is Leininger’s Theory of Culture Care Diversity and Universality. The Sunrise Enabler: is a conceptual research map that will serve as a guide to tease out “culture care phenomena from a holistic perspective of multiple factors that can potentially influence care” (Leininger & McFarland, 2002, p. 79). Leininger maintains that cultural differences and commonalities exist within all cultures. Discovering them can be used to guide nursing culture care (Leininger, 1985).
Ethnonursing is a “qualitative nursing research method focused on naturalistic, open
discovery and largely inductive (emic) modes to document, describe, explain, and
interpret informants’ worldview, meanings, symbols, and life experiences as they bear on
actual or potential nursing care phenomena” (Leininger & McFarland, 2002, p. 85).
According to Leininger & McFarland, (2002) using this method of inquiry will enable the
researcher to discover the worldview, social structure factors, ethnohistory,
environmental factors, and other additional areas of the informant’s cultural lifeworld.
The ethnonursing qualitative approach for this study is appropriate because it permits the
researcher to discover the essences, patterns, symbols, attributes, and meanings of
educational care and related phenomena under study with African American nursing
students in their natural or familiar nursing school environments (Leininger &
McFarland, 2002).

The purpose of the theory of Culture Care Diversity and Universality is to guide the
researcher into the discovery, documentation, and interpretation of human culture care as
it is influenced by the social structure, lifeways, language, and environmental context. It
is the only theory that is “explicitly focused on discovering holistic and comprehensive
culture care” (Leininger & McFarland, 2002, p. 84). The goal of the theory is to provide
competent culture care resulting in health and well being for people (Leininger, 1991,
2002).

Some unique features of the theory are: it can be used in Euro American and non
Euro American cultures due to the multiple holistic factors found universally in cultures;
it focuses on investigating comprehensive factors that influence human care such as
environmental context, ethnohistory, social structure, language, generic and professional
care, and worldview; it is abstract and practical and can be used to systematically arrive at culturally congruent care outcomes; it is designed to ultimately discover cultural care with its diverse and universal factors; it has a method to enable tailor-made care practices using specific care constructs; it uses the ethnonursing method with enablers to generate new knowledge in nursing to provide “culturally congruent, safe, and responsible care” (Leininger & McFarland, 2002, p. 85).

There are three modes of action that the nurse researcher examines with the Sunrise Model Enabler. They are: culture care preservation or maintenance, culture care accommodation or negotiations, and culture care repatterning or restructuring. When these modalities are used with the Sunrise Model Enabler, the researcher and informant decide together the appropriate culture care action and what culture care is accepted.

The Sunrise Model Enabler (APPENDIX 1) was developed by Leininger as a valuable comprehensive guide for researchers to use to tease out data related to multiple theoretical factors. This guide enables the researcher to conceptualize the theory and discover hidden, apparent, and unpredicted factors that influence culture care meanings, patterns, symbols and practices in different cultures. The Sunrise Model Enabler offers flexibility in its use as the researcher can start the data collection process either at the upper or lower part of the enabler meeting the interests and comfort level of the informant and researcher. The comfortable environment provided by this flexibility allows for a more in-depth teasing out of culture care meanings, values, and lifeways relating to all dimensions of the Enabler. At all times, when using the Enabler, the researcher needs to actively listen, and confirm what is heard and seen. A genuine
interest in this process facilities a rewarding and fuller picture of the life of the informant for both the informant and the researcher (Leininger & McFarland, 2002).

*Philosophical Roots*

The basis of the Culture Care Theory of Diversity and Universality was developed from the theorist philosophy of life, her professional experiences, anthropologic background, and her belief in God. Her philosophical beliefs regarding nursing and the theory include:

1. The nursing profession has a moral and ethical responsibility to discover, know and use culturally based caring modalities as a unique and distinct contribution to humanity (Leininger & McFarland, 2002).
2. Nursing has a transcultural challenge to ultimately discover worldwide, comparative, culture care phenomena that will help to develop humanistic and scientific culture care knowledge for practice (Leininger & McFarland, 2002).
3. Nursing is a unique and dynamic field of practice that is influenced by ethnohistory, social structure, culture, and environmental factors as it serves others. It is a profession with discipline knowledge that helps people with their diverse care needs (Leininger & McFarland, 2002).
4. New practices for nursing are necessary to meet diverse cultural needs and provide therapeutic care practices. Human beings with their complex and diverse cultural lifeways need comprehensive and holistic care practices. A theory that is “broad, holistic, and yet culture specific with research based knowledge to transform nursing and traditional medicine (Leininger, 1997b)” needed to be developed (Leininger & McFarland, 2006, p. 17).
CHAPTER III

METHODOLOGY

This study sought to discover, describe, and understand the cultural care expressions, beliefs, and practices from an educational perspective of African American students in predominantly Euro American associate degree nursing programs. This chapter presents the qualitative research method of ethnonursing that was used to conduct this study by discussing the methodology, research site, key and general informants, criteria for selecting informants, procedures for the protection of human subjects, data collection, data analysis, and criteria for evaluating research.

Ethnonursing Method

The ethnonursing method was used in this study with African American nursing students within the environmental context of predominantly Euro American associate degree nursing programs. This method enabled the researcher to use the “data collection methods of participant observation in selected cultural activities and in-depth interviewing of the members of the subculture, as well as supplementary methods…to learn from informants the meaning that they attach to their activities, events, behaviors, knowledge, rituals, and other aspects of their lives” (Munhall, 2001, p. 278). The ethnonursing research method was developed by Madeleine Leininger in the 1960s to study nursing phenomena from a nursing perspective (Leininger, 1991). It is a method that facilitates the discovery of data as it relates to the theory of Culture Care Diversity and Universality. “Knowledge of cultures with their care needs using the Culture Care
Theory has become a major and unique emphasis in nursing as a means to know and help cultures” (Leininger & McFarland, 2006, p. 3). Ethnonursing is a qualitative process that focuses on a naturalistic, open discovery, and largely inductive method to document, describe, explain and interpret informants’ worldview, meanings, symbols, and life experiences (Leininger, 1991; Leininger & McFarland, 2002, 2006). This method focuses on “learning from the people through their eyes, ears, and experiences and how they made sense out of situations and lifeways that were familiar to them” (Leininger, 1991, p. 79). Ethnonursing methodology facilitates knowing from an emic perspective about the knowledge and practices related to lifecycle experiences. Although the ethnonursing process of research was designed, and has been used, to build the body of transcultural nursing knowledge and guide culture care practices of nurses in clinical practice, it was an appropriate method for this study in that it allowed this researcher to get a more in depth understanding of the culture care educational expressions, beliefs, and practices of African American nursing students from their viewpoint. Culturally congruent educational practices were discovered by exploring the culture care educational expressions, beliefs, practices, and experiences of African American nursing students. The ethnonursing method provided a richer, more focused nursing perspective for the study.

The criteria (APPENDIX 2) developed by Leininger for qualitative paradigm studies includes; credibility, confirmability, meaning in-context, recurrent patterning, saturation, and transferability (Leininger & McFarland, 2002, 2006). These criteria were used to arrive at accurate and credible interpretations for the data obtained. These criteria were used and documented during the study to check on the accuracy of the findings.
According to Leininger, “the goal of a qualitative study is “not to produce generalizations, but rather to document, understand, and substantiate the meanings, attributes, patterns, symbols, metaphors, and other data features related to the domain of inquiry under study drawing heavily on informant data” (Leininger & McFarland, 2002, p. 89). These criteria provided the process to confirm and reaffirm from informants, findings in this study during the collection process.

In order to tap into the informants’ world of knowing, Leininger developed enablers to help tease out in-depth ideas and obvious facts related to the domain of inquiry. The enablers were used by the researcher to guide the informants to talk out their ideas, tell stories, and describe life experiences that they felt comfortable sharing with the researcher. While using the enablers, the researcher was attentive to her own responses, actions, reactions, and feelings. The enablers used for this study were Leininger’s Observation-Participation-Reflection (APPENDIX 3), Stranger to Trusted Friend (APPENDIX 4), Domain of Inquiry, and the Sunrise Model (APPENDIX 1). A self-developed open ended inquiry guide that addressed the factors of the Sunrise Model as it pertained to African American student nurses in predominantly Euro American associate degree nursing programs was also used. (APPENDIX 5).

According to Leininger, a nurse’s knowledge about cultural similarities and differences enables nurses to provide meaningful and culturally congruent care to patients that are consistent with the goals of the Culture Care Theory. In the same way, knowledge of the cultural care educational expressions, beliefs, practices and experiences of African American nursing students in predominantly Euro American associate degree
nursing programs will assist nurse educators to provide students with a culturally congruent nursing education.

Research Site

This study was conducted with self-identified African American or Black students in predominantly Euro American associate degree nursing programs in the area of Southeastern Pennsylvania, and Southern New Jersey. The initial contact with the informants was either by email, in person, or by telephone. Once the informant agreed to participate in the research study, a mutually agreed upon time and place where the informant was comfortable was set up for the interview. If the informant wished, this researcher met them at their school of nursing for the initial interview. As a means of immersion in the culture, this researcher participated in student association meetings at the schools, sat in on class meetings, and was present for group discussions in which informants and other nursing students were involved. These activities facilitated the use of the observation-participation-reflection enabler during the study.

Entry into the community

Entry into the community of African American associate degree nursing students in predominantly Euro American programs was facilitated by the deans/directors and chairs of the nursing programs. Deans/directors and chairs of associate degree nursing programs as the gatekeepers of these communities of students were contacted by this researcher to gain access to the nursing programs’ student bodies. A gatekeeper is a person who can guide and act as liaison and has the authority to grant or refuse entry to the community. Initially a verbal agreement to grant access to the student body, specifically African American students, in the nursing programs had been obtained from
the deans/directors and chairs of several associate degree nursing programs. This verbal agreement was followed with a written acceptance of the approval of the study by the Institutional Review Board from Duquesne University. The gatekeepers provided the initial contact with informants and from these contacts a convenience sample known as snowball sampling or network sampling was used to recruit both key and general informants. All informants were self-selected after being given information on the research study either by a gatekeeper or another informant.

The fact that the researcher was not African American was viewed as a possible limitation in the initial contact with the informants. Leininger’s enabler, Stranger to Trusted - Friend (APPENDIX 4) was used to guide the researcher from a stranger to a friend with the informants in order to obtain accurate, credible, and confirmable data. Using this enabler helped the movement of the researcher from distrusted stranger to a trusted researcher. Leininger (1991) believes that the researcher will initially be viewed as an etic stranger or an outsider by the informants and will not necessarily be given accurate data. However, as trust grows between informant and researcher, more reliable and credible data is exchanged. The expectation for this study was to become a friend in the sense of information obtained from the informant to the researcher was offered from an individual who had developed a level of trust. This was achieved when the informants were able to engage in an honest and open exchange of data. A change in attitudes, behaviors, and expectations of the informants and the researcher was identified using this enabler. This enabler provided the researcher with a means to determine the reliability and accuracy of the data from the informants. This enabler was used throughout the entire research period to assess the relationship between informants and the researcher for
accurate data. This enabler has been an essential and standard guide with the ethnonursing method of research (Leininger, 1991; Leininger & McFarland, 2002).

Key and General Informants

“Key and general informants become a major source for nurse researchers to learn about people and their cultural care, well being, health, and general lifeways as influenced by a variety of factors” (Leininger, 1991, p. 110). Key informants were purposefully selected as the most knowledgeable about the domain of inquiry and provided a reflection of the norms, values, beliefs, and general lifeways while the general informants had a general idea about the domain of inquiry and were willing to share their beliefs. It is anticipated that 12 to 15 key informants and 24 to 30 general informants or until saturation of the data has occurred will be needed for this study. It is also anticipated that they key informants will reassure members of the culture that the researcher is not a threat to them. According to Leininger (1991), a ratio of 1:2 is the general rule to follow for key and general informants with two to three interview sessions with key informants and one session with general informants. Leininger indicates the large numbers of informants by itself are not the rule; rather the focus should be on obtaining an in-depth knowledge to understand the phenomena under study. At the end of each interview, informants will be asked if they know of other potential informants who are knowledgeable about the domain of inquiry and who would be willing to participate in the study. It is anticipated that the key and general informants will be chosen using this snowball method of sampling.

Inclusion criteria for key informants in this study

1. Self-identified African American or Black students
2. 18 years of age or older.

3. U.S. Citizen or permanent resident of the United States.

4. Currently enrolled in a predominantly Euro American associate degree nursing program.

5. Willing to participate in the study.

6. Knowledgeable about the domain of inquiry.

7. Lives in the tri-state area of southern Pennsylvania, central southern New Jersey, or northern Delaware.

General informants will have the same general inclusion criteria as the key informants, however, may not have or be willing to share as in depth knowledge about the domain of inquiry as the key informants. General informants will be interviewed only once, where key informants will be interviewed or contacted between one and three times depending on the data and need for clarification or a more in depth explanation of the information provided.

Sample

A letter indicating that the study was being conducted by a doctoral student from Duquesne University investigating the culture care educational experiences of African American associate degree nursing students in predominantly Euro American programs was sent to the Deans/Directors and Chairs of associate degree nursing programs in southern Pennsylvania, central and southern New Jersey, and northern Delaware (APPENDIX 6). The Deans/directors and chairs of the Colleges with Associate Degree Nursing programs in Pennsylvania verbally agreed to distribute this information (letter) to their student body. After IRB approval a written agreement with the associate degree
programs was obtained. The letter distributed to students gave a brief description of the study explaining that the researcher is a doctoral nursing student and requesting to interview the student from one to three times during the study for 45 to 90 minutes. The letter further indicated that any student, self-identifying as African American or Black, wishing to participate in the research study should contact the researcher or indicate to the dean/director or chair that they are interested in participating in the study. The letter provided them with information on how to contact the researcher. Once contact was made with the researcher, the consent form was explained and made available and any additional questions the student had about the study were answered. The researcher answered any questions potential informants had prior to agreeing to be part of the study. Informants were asked to identify and refer other informants who meet the inclusion criteria and were willing to participate in the study at the end of the interview process. Snowball sampling was used to recruit informants for this study. Like other convenience sampling, snowball sampling runs the risk of sampling bias (Polit & Hungler, 1999). Informants were incorporated into the study until saturation of the data occurred. The researcher discussed with them that they were free to withdraw at anytime from the study and that they did not have to answer any questions that were uncomfortable for them.

*Procedures for the Protection of Human Subjects*

Informed consent was obtained from the participants both verbally and in writing at the beginning of the study (APPENDIX 7). A verbal and written explanation of the plan and purpose of the study was provided to all informants. A signed consent was obtained from each informant with the assurance of confidentiality, privacy, and anonymity during the data collection, assessment, evaluation, and presentation of the study. Anonymity of
informants was maintained by the use of pseudonyms for all field notes and recordings of field data. All informants were told that the use of verbatim quotes when reporting data in the final report, publication and presentation will be used but that no names or identifiers will ever be attached. In the consent form a phone number of the researcher, advisor, and chairperson for the Institutional Review Board (IRB) at Duquesne was provided for any informant that had questions prior to or during the study. Clearance from the Institutional Review Board at Duquesne University was obtained prior to start of the study. All consent forms are stored in a locked cabinet in the researcher’s office and will be destroyed when all activities related to the study are completed. All tapes used in the study are locked in a file cabinet in the researcher’s office and will be destroyed when all activities related to the study are completed. Informants were told that the audio taping of the interview transcripts may be reviewed by the dissertation chair and committee members. To maintain informant confidentiality the Transcriptionist signed a confidentiality agreement (APPENDIX 8) agreeing to keep confidential any information obtained through transcribing the tapes. Informants were again informed that verbatim quotes would be used during the presentation and or publication of the study but there will never be any identifying information to connect the quotes to any individual, and at all time confidentiality will always be maintained.

As most community colleges do not have Institutional Review Boards (IRB), a letter was obtained from the deans/directors/chairs, or appropriate individual at each institution for permission to use the Institutional Review Board approval from Duquesne University for protection of human subject participation of Informants. This release was obtained from each associate degree nursing program that has students who participated
in the study (APPENDIX 9). If the program did have an Institutional Review Board, permission was sought and obtained from that board.

Students were informed by the deans/directors and chairs of the associate degree nursing programs during the academic years of 2006/2007 and 2007/2008 that a research study investigating the cultural care education of African American nursing students in predominantly Euro American associate degree programs was being conducted by a doctoral student from Duquesne University.

Data Collection

Data collection was obtained from field notes, observations, journaling and semi-structured interviews with informants. Data were also collected using the Observation-Participation-Reflection enabler during student meetings, class meetings, or social gatherings where students in associate degree programs are involved. In-depth interviews were conducted on a one-to-one basis and at times with more than one informant due to informant schedules and time constraints until saturation was reached. Tape recordings of informant interviews, field journals, as well as the record of the researcher’s feelings and reactions while with the informants were transcribed for analysis on a regular basis. Concurrent data collection and analysis occurred throughout the entire study. Leininger’s phases of data analysis (APPENDIX 10) were used during the data collection. It was anticipated that one to three interviews lasting 45 to 90 minutes would be conducted with informants depending on their status as key or general informant.

At the start of each initial interview the researcher explained the purpose of the study and asked permission to tape the interview. Leininger’s Stranger to Trusted Friend enabler (APPENDIX 4) was used to determine the progression with the informants from
stranger to trusted friend. Care behaviors and attitudes, along with expectations were identified by the researcher with this enabler. The use of this enabler early and throughout the study to assess the relationship with the informants assisted in gathering accurate and in-depth data for the study. The transcribed data was dated and coded with a pseudonym after each interview to protect the informants’ confidentiality. The open ended interview guide (APPENDIX 5) was used to initiate the interview but the interviews were controlled by the information provided by the informants. Data and information obtained during the interview guided the interview process and follow up interviews and contacts with informants. All interviews with both key and general informants were used to identify, clarify, and explore areas in the domain of inquiry (DOI).

Data Analysis Plan

Data analysis utilized Leininger’s four phases of Ethnonurisng Qualitative Data Analysis. “The four phases provide a systematic data analysis when thoughtfully used” (Leininger & McFarland, 2002, p. 95). Leininger’s ethnonursing criteria as stated earlier: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability was used (APPENDIX 2) to evaluate the research data. This data analysis was supported by the use of a computerized software package called QSR N6 version of the NUD*IST 6.0 software for qualitative data analysis. This software assisted in the compiling and coding of the collection of data using Leininger’s Phases of Ethnonursing Data Analysis. QSR N6 is the sixth version of the software program for qualitative data analysis. It was earlier known as NUD*IST an acronym for the accurate description of Non-numerical Unstructured Data Indexing Searching and Theorizing. It was originally
derived from a research project in qualitative computing over 20 years ago. It has basically three tools: the Coders, Text Search and Node Search that operates on two complementary sets of data, the document system and the node system (QSR N6, 2002). The Coding is the responsibility of the researcher. While QSR N6 managed and assisted with this task, identifying the topics to code, coding, and obtaining useful results from the coding was completed by the researcher.

**First Phase**

During the first phase, raw data were collected, described, and recorded related to the domain of inquiry and research questions under study by using field journals and recorded interviews from key and general informants. This phase provided this researcher with the opportunity to observe, participate, and discuss experiences with African American associate degree nursing students enrolled in predominantly Euro American programs. This phase assisted in identifying contextual meanings and facilitated preliminary interpretations. This phase provided the opportunity to document raw data and develop nodes or ideas regarding the culture care educational expressions, beliefs, and practices identified by the informants.

**Second Phase**

During the second phase, data continued to be coded and classified as it related to the domain of inquiry; the emic or verbatim stories or quotes from the informants were evaluated for the similarities and differences in culture care educational values, beliefs, practices, and experiences along with my own etic descriptions. Any unclear data was documented with notes and was clarified with the informant at a later date. Any reoccurring components were studied and analyzed for meanings and patterns.
**Third Phase**

The third phase scrutinized the data to identify patterns and the interpretation of the data as it related to the domain of inquiry and the study’s research questions. Data was further assessed for saturation of ideas, expressions, and explanations of culture care values, beliefs, and experiences in the environmental context of the nursing programs from the emic and etic perspectives. The data was also examined for patterns in-context with meanings and expressions to confirm the findings.

**Fourth Phase**

This was the highest phase of the analysis. This phase facilitated abstracting and major themes emerged from creative reflection and synthesis of the information. During this phase analysis, synthesis, and interpretation of the findings occurred with recommendations and potential theoretical formulations.

**Criteria for evaluating research**

Throughout the four phases of the study, Leininger’s credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability were used to evaluate the data collected (Leininger, 1991; Leininger & McFarland, 2002). (APPENDIX 2) The credibility of the data refers to how truthful, accurate, or believable the findings are in the study from the standpoint of the informant and researcher. These findings substantiated the data by the observations of the researcher, the meanings-in-context, and specific events experienced. Direct experiences of the researcher with informants and the explanations and clarifications by the informants of situations or events substantiated the credibility.
Confirmability was accomplished by reaffirming what the researcher saw, heard, and experienced regarding the culture care educational values, beliefs, practices, and experiences of the informants within the domain of inquiry. This was accomplished by the researchers’ observation and informants’ explanations or restatements about specific aspects in the study. The researcher confirmed all data by asking for clarification and paraphrasing information provided by the informant during the interview. The researcher also confirmed the data with future informants when discussing the same aspect.

The meaning-in-context criterion focused on how the African American students interpret and understand culture care educational values, beliefs, practices, or experiences. This criterion refers to the data that is understandable by the informants in different or similar environments. The interpretations and meanings that are placed on experiences, communications, activities, and situations by the informants within the specific environmental context of a predominantly Euro American associate degree nursing program provided the meaning-in-context for this study.

Recurrent patterning refers to the patterns and themes that repeated over time and reflected the consistency or lifeways and behaviors of African American nursing students. This phase was discovered by the researcher by confirming with the key and general informants patterns and themes that encompass both the diversity and universality of the students that were encountered during the interviews.

Saturation refers to knowing all that can be known about the phenomena of inquiry, specifically the culture care education values, beliefs, practices, and experiences of the African American nursing students in predominantly Euro American associate degree programs that participated in the study, and by obtaining consistent information
from additional informants. Interviews were conducted with both key and general
informants until saturation was reached about the domain of inquiry.

Transferability is when the findings from this completed study would have a
similar meaning in another context or situation such as associate degree nursing programs
in another part of the country or with nursing students from other cultures or nursing
programs.

These qualitative criteria will be used to confirm and reaffirm findings during data
collection from the start to the end of the study and in the final analysis with the
interpretation of the findings. According to Leininger and McFarland, (2002) these
qualitative criteria “are the scientific evidence with documentation” (p. 89).

Summary

According to Leininger and McFarland (2002) “this theory is timely and has come
of age and is so relevant to nursing; we have long needed it to prevent racism and
ethnocentrism” (p. 97). This chapter has presented the qualitative research method of
ethnonursing that was used for this study based on Leininger’s Culture Care Diversity
and Universality theory. This method provided an appropriate way to collect and analyze
the data for this study. The ethnonursing method is a sound and rigorous research
methodology that helped to ensure a sound study.

Different methodologies require different ways of handling data. The use of the
N6 software provided the researcher with the computerized tools needed to record,
organize, explore, and interpret the complex data in context. This software package
allowed the researcher to accurately access information and carefully discover, explore,
and abstract patterns and themes. It also provided the means to record verbatim
interviews, summaries, annotations, and memos and “treats as data the records of ideas about these research events and reflections on them” (QSR N6, 2002, p. 3).
CHAPTER IV

RESULTS AND FINDINGS

This chapter presents the discoveries and findings from interviews, observations, interactions, and field notes with key and general informants as well as the observations of verbal and nonverbal behaviors within the environmental context of the study. The environmental context of this study was conceptualized broadly and included the totality of the experiences on campuses, with classmates, and faculty as well as the social and organizational structures of the associate degree programs the informants attended. While two of the programs were offered in four year college settings, all of the informants were commuter students and none of the informants in the study lived on campus while attending the nursing program. Seven of the nursing programs were located on suburban campuses in either Southeastern Pennsylvania or Southern New Jersey and one program was located in the center of a large metropolitan city. Demographically the colleges varied from small private single campus colleges with an approximate student body of 3,000 to multi campus community colleges and universities with over 30,000 students (Table 1). The associate degree nursing programs varied in size from classes of 60 nursing students to classes of over 200 students. From information from the deans, directors, and chairs of the programs and direct observations of the informants, all programs have a predominantly Euro-American student body and mirror the general demographics of the college or university. According to their web sites all the colleges, actively recruit international students as well as students from underserved populations including all minority populations. However, overall the colleges are predominantly Euro-American in make-up of both student body and faculty.
Table 1 – Student Demographics of Colleges in the Study

<table>
<thead>
<tr>
<th>School</th>
<th>Caucasian %</th>
<th>African American %</th>
<th>Total numbers of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>79</td>
<td>13</td>
<td>2723</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>24</td>
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</tr>
<tr>
<td>3</td>
<td>69</td>
<td>9</td>
<td>8860</td>
</tr>
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<td>4</td>
<td>81</td>
<td>3</td>
<td>9596</td>
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<td>5</td>
<td>74</td>
<td>9</td>
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<td>78</td>
<td>5</td>
<td>7019</td>
</tr>
<tr>
<td>7</td>
<td>65</td>
<td>8</td>
<td>2681</td>
</tr>
<tr>
<td>8</td>
<td>85</td>
<td>8</td>
<td>35000</td>
</tr>
</tbody>
</table>

Participation and observation by the researcher in the activities of associate degree nursing students also contributed to the findings in this study. The gatekeepers of the associate degree nursing programs that the informants were attending provided a very valuable and important service for this study in their facilitation and encouragement to both the researcher and the informants during this study. The findings presented in this chapter of the study were derived from the emic or insider’s experiences that were shared with the researcher during interviews and interactions as well as from the etic (researchers) outsiders views, interactions, and observations during the study.

A total of nine key informants (Table 2) and 19 general informants (Table 3) were interviewed for this study as is appropriate with the ethnonursing methodology. The interviews occurred in places that the informants acknowledged as convenient or comfortable to them and were mutually agreed upon with the informant and researcher. The majority of the interviews were conducted at the informants’ college campus. However, due to the hectic schedules of the informants, interviews were scheduled and
conducted at any location that the informant identified as convenient or comfortable. These places included restaurants, the local shopping mall, public libraries, and the informants’ homes. The researcher and the informants set up times and places that worked into the schedules of both the informants and the researcher. Interviews were conducted until saturation was reached. An additional four interviews were conducted after saturation was achieved to be assured of saturation of the data.

All of the gatekeepers of the Associate Degree Programs, the Deans/Directors and Chairs, in Pennsylvania, New Jersey, and Delaware were sent information describing the study. The gate keepers were asked to give the study information to nursing students in their program. Students were initially told about the study by the gatekeepers and given the researcher’s contact information. All of the informants self selected and identified themselves as African American or Black nursing students enrolled in a predominantly Euro-American associate degree nursing program. Informants included in the study are from eight associate degree nursing programs, with seven programs in Pennsylvania and one in New Jersey. None of the students from the Delaware associate degree programs contacted the researcher to participate in the study as informants. In addition, none of the Deans/Directors and Chairs from the Delaware associate degree nursing programs responded to the researcher regarding the study information sent to them even after numerous attempts by the researcher to contact them regarding the study. As expected by the geography of the programs the informants predominantly resided in Pennsylvania with four informants living in New Jersey.

After nine months of data collection the researcher only had data from a total of 12 informants. After talking to the initial four key informants about the lack of participants in the study, the key informants identified that this was probably due to the fact that this study was not a priority in the busy schedules of the students. The key informants acknowledged that when they were initially told about the study they were interested in being a part of the study. But they further stated that it was very easy to take
the paper with the information about the study with the intention of calling the researcher, but never call. They pointed out that they had put the paper in with their school work and did not think about it again until they found the paper with the information on it and made a concerted effort to call the researcher. After reviewing this recruitment process with the chair and members of the dissertation committee, the Institutional Review Board of the University was contacted requesting a change in recruitment for the informants. This change involved contacting the gatekeepers again and now giving the research study information to the students with the researcher’s contact information as before, but also obtaining permission from the students in the nursing program expressing interest in the study, to give the researcher student contact information so that the researcher was able to make contact with the potential informant. This change was approved by the Institutional Review Board on July 27, 2007. The gatekeepers were informed of the change in recruitment process for the study. This process, with permission of the students to contact them to be a part of the study, provided the remaining informants for the study. A total of 28 informants were included in the study, 22 females and six males. Fourteen are married with one to five children. Ten are single with no children and four are divorced single parents with between one and three children. Nine of the informants were born outside of the United States. The key informants have been residents in the United States between 15 and 23 years, while the general informants varied between five and 20 years. All participants identified themselves as United States citizens or permanent residents of the United States.
### Table 2 – Demographics of Key Informants

<table>
<thead>
<tr>
<th>Code</th>
<th>Age</th>
<th>Sex</th>
<th>Birth Place</th>
<th>Religion</th>
<th>Yrs at college</th>
</tr>
</thead>
<tbody>
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<td>Haiti</td>
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<td>K02TL</td>
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<td>Philadelphia</td>
<td>Baptist</td>
<td>2</td>
</tr>
<tr>
<td>K03DT</td>
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<td>F</td>
<td>Nigeria</td>
<td>Christian</td>
<td>2</td>
</tr>
<tr>
<td>K04CD</td>
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<td>Philadelphia</td>
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<td>Guyana</td>
<td>Episcopal</td>
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<tr>
<td>K09JC</td>
<td>43</td>
<td>M</td>
<td>Philadelphia</td>
<td>Episcopal</td>
<td>4</td>
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</table>

### Table 3 – Demographics of General Informants

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<th>Code</th>
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<th>Birth Place</th>
<th>Religion</th>
<th>Yrs at college</th>
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<td>M</td>
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<tr>
<td>G02RS</td>
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<td>M</td>
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<td>F</td>
<td>Philadelphia</td>
<td>Baptist</td>
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</tbody>
</table>

Presentation of Categories

This section of the chapter presents the identification and categorization of descriptors and components of the data. This is the second phase of analysis (APPENDIX 10) using Leininger’s phases of ethnonursing qualitative data analysis. The software data management program QSR N6 was used to organize and manage the data for analysis. During this phase, Free Nodes were created from the data using domains from the Culture Care Theory of Diversity and Universality and the study’s research questions. All data obtained from the informants was compiled, reviewed, identified, and coded. The coded data was then classified according to the domain of inquiry and guided by the research study questions and the Sunrise Model. (APPENDIX 1)

Fourteen categories were identified during this phase of analysis. The categories are: Worldview of African American Associate Degree Nursing Students; Meanings and Expressions of Care; Non-caring Expressions; Economic Care Factors; Technology Factors; Resources; Support; Understanding; Educational Environment Care and Concerns; Cultural Beliefs and Practice; Health Related Beliefs, Illness Related Beliefs; Barriers to Educational Care; and Environmental Context and Concerns. A complete
description of each of the categories will be presented after a contextual discussion of the Worldview of African American Associate Degree Nursing Students using the domains of the sunrise enabler (APPENDIX 1) as a guide with supporting dialogue from the key and general informants.

Worldview of African American Associate Degree Nursing Students according to the Culture Care Theory

The worldview of African-American Students in predominantly Euro American Associate Degree Nursing programs was explored using the Sunrise Enabler (APPENDIX 1) of Leininger’s Culture Care Theory of Diversity and Universality as the guiding process. The theoretical domains of the Sunrise Enabler (educational factors, economic factors, political & legal factors, cultural values, kinship and social factors, religious factors, and technological factors) with informant responses will first be presented and discussed in order to understand and explicate the cultural and social structural dimensions of the context of the worldview of African American Students in predominantly Euro-American Associate Degree Nursing programs. Following this contextual discussion, the findings of the remaining identified categories with supporting responses from the informants will be presented and discussed.

Educational Factors

The educational background of the African American Associate Degree nursing program informants in this study was varied and noteworthy (Table 4). Informants in the study encompassed individuals right out of high school to second and third career students with Master’s degrees in counseling, social work, psychology, and finance. Universally education was viewed by all informants as important, something to be valued, and they worked toward attaining. The reasons they chose the nursing programs they were attending were also diverse. Some of the reasons and experiences that the informants gave for why they chose nursing, and in particular the nursing program they are attending, are described by the informants below.
K03DT felt that:

Nursing school is, very, very difficult. And of course it’s not like going to college…It’s different. I went to college. It’s [college] basically just a honeymoon. College was easy. Psychology was easy. I have a Master’s Degree in Psychology, I mean every other degree in college to me, was easy, nursing school is completely different. I thought…oh…college…that…I will take 20 credits and at least I’ll see at least a B if it’s not A, well….it’s going to be a B and I’ll just make it. I work well under pressure. But I came into nursing school and boy it was challenging.

G16TR agreed with K03DT with regard to the difficulty of the nursing program:

I have never spent as much time with my Master’s program as I have in the nursing program. I just did it and I graduated with a 3.8 in my Master’s program. It’s just amazing. And it’s just…yes, nursing is difficult. People who aren’t in it don’t realize it.

K04CD stated that:

When I was in the 5th grade, my mom went and got her Master’s degree. And I used to say all the time, like…thank you to my mom, you showed me how to do it. Thank you. She’d say, when I was in college, “You go ahead” and I’d wind up signing up for another class. So, she was a wonderful role model for me for education.

When discussing her reason for choosing this specific program and nursing as her major G02RS said she was originally supposed to go to Drexel and was actually admitted to Drexel:

I’m supposed to be there now. However, money-wise, I guess cost would be a major factor in why I chose this program. Aside from that, I’ve been hearing; when I tell people you know which school I attend. I hear…that’s a good one. I didn’t really choose it for any particular reason. As long as it was accredited, you know. I could have gone to any school, but I chose this one because I’m familiar with it a little bit and it’s not that far from my house.

G01JN chose the program based on “costs…it’s a big thing….because I live in [this county]. I didn’t want to go to a program that would not allow me go to school and go on down the road to home.” K01MM acknowledged that her reason for choosing this nursing program is because:
It’s within my township. If I had to go to Philadelphia it would have been more money. It’s not really closer, Philadelphia would be closer, but because I live on the border it’s money-wise cheaper. Because it’s within my county if you go to your county you pay one time and if you go to another county you pay twice the money.

One of the informants (K02TL) divulged she started in a Bachelor of Science in Nursing (BSN) program but, for what she termed many reasons, left for the 2 year program. K02TL stated:

I did go there [the 4 year program] the first year, which were all basically classes. And then, the second year I was doing fine up until I got pregnant. So in the nursing fundamentals class I got a D, but I kind of did it on purpose. Like I didn’t study for the final because I knew I was leaving the college. I knew that I couldn’t commute from my hometown to the college with a baby, so in November when I found out I was pregnant; I put my application in here for their nursing program. And I got accepted. I put an application in here because I knew they had a 2 year program and I could at least get my RN faster than repeating the whole fundamental things at the 4 year college, all the while being closer to my new son.

When discussing the reason for the nursing program they are now attending G03CC stated:

Initially it was cheaper and that was feasible. It was… initially should have been, a shorter program. And when you look at it on paper, it says….okay, 2 years. If I take this class, this class, this class. But then you realize that it’s been more than 7 years since you’ve had these science classes or these other classes and you have to take them over. And, you have a family, I have a family to support, so you know, I can’t…I didn’t have the ability to go to school full-time in a 4 year program.

While G05RW indicated her choice of a nursing program happened by chance, she explained it as:

Very interesting. I met a young lady in the library at the community college that I was attending. She had heard about the nursing program. I was just finishing up some of my prerequisites; I was not all the way completed yet. I was thinking about the next September to start and not this September. She said, well this program, you know, it just came about, you should go ahead and apply. So I went on their web site, downloaded all the information, filled out my application, sent everything in. It was the only school that I applied to and they accepted me in. So it was such a perfect thing …it was meant to be.
General informant G06AW is originally from Kenya and came to the United States so she could attain a better education. She has been in the United States for a number of years and is a permanent resident and she said:

I chose the nursing program because… it was kind of interesting. Last summer I did veterinary medicine. Yeah, I was working in a vet’s clinic. But when I came here, I worked in a nursing home and it just changed my heart, it pulled me through. Geriatrics I like...the old people they need much care and they don’t have those kinds of facilities or clinics in my old country.

G07TM really only knew about the nursing program she is in when she applied to nursing. She stated:

I guess at the time when I decided that I wanted to go into nursing, this was really the only place in the area...oh there was another, but actually at the time I didn’t even know about the other. This was the only place that I knew about.

Informant G08AH said nursing is very different than what she had planned:

I don’t want to say it was weird, but somebody [a friend] told me about the program, I was planning on going into physical therapy. And then I did candy striping and found I really liked nursing. But this was like June and all the other programs were filled. I was applying everywhere, but someone (but she couldn’t remember who) said apply to this program. And I never even heard of it, but I applied and they accepted me and they told me I could do it all at the same time and I wouldn’t have to take my prerequisites first. So since I could do it all in 2 years, I came here.

G10BS stated that she “chose this program from a coworker. She was going here and she made it sound great.”

While education is viewed as very important to each of the informants, the diversity of their reasons for applying to their associate degree programs was clear with each contact. At the end of each interview and interaction with the researcher, the informants expressed great interest in going on beyond their initial nursing degrees for further education. General informant G14KC whose husband is from Nigeria talked about going to Nigeria as a nurse to help out for a period of time:
Yeah. I’m not going to live there [Nigeria]. I am American. I do like...I am a little spoiled. There are some things I look forward to...like getting into a hot shower. However, I do believe that you have to give back. And I also look forward on the same note...educators are very special individuals because they are facilitating others to go and help. So I am not opposed to, God willing, when I get past my Associate degree, BSN, looking into Masters so that I could possibly at some point in time in life become an educator.

Not all were interested in going on in their education in the nursing profession. Some expressed an interest in adding their nursing education experience to their current knowledge base to broaden their marketing potential however, they all believe that their nursing education will assist them in all fields of practice, even if they chose to leave health care. And like G14KC many of the informants did express an interest in teaching nursing in the future.

Table 4 –Informants Education

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Economic Factors

The informants for this study came from quite diverse economic backgrounds. Since all informants were self-selected, this was a significant characteristic of the study. Some informants still live at home with their parents, some are single and on their own, some are parents with children, and some are single parents trying to meet the needs of a family, a job, and go to school. The occupations that they are planning on leaving when they complete their basic nursing program, but are still working in, also varied greatly. Some informants work in health care as licensed practical nurses, nursing assistants, or home health aids; whereas others are working in positions such as supervisor in a psychiatric facility, counseling, bartending, secretarial positions, consulting for businesses, financial analyst, junior high school science teacher, and sales clerks in stores such as Best Buy and Circuit City. All of the informants articulated that while finances were extremely important in their completing nursing school some admitted they were not very good at planning for school or managing their finances. This was identified as a significant barrier to completion of school. Many of the informants were working full time to keep health benefits while in school and others were going to school full time to keep health benefits with their parents. A few don’t have health benefits and are concerned about their health and future if they become ill. Half the informants acknowledged that they were working more than 40 hours a week to help meet the financial needs of their family and home. Some of the informants receive help from their families; others are relying on loans and grants to finance school. Some are paying out of pocket. All identify that financing school is a significant obstacle to education.

For K08LM, he felt the associate degree was the most economical and best way to get the nursing career he wanted. He stated that his son and wife were both nurses and he was encouraged by them to pursue this path. K08LM talked about financing nursing school since he already had a four year degree in accounting, was currently working full
time as a certified nursing assistant and going to school for his third or fourth career. He stated:

And you know I didn’t want to go in for another 4 year program. I tried getting into an accelerated nursing program, but I …it was calling for a lot more pre-requisites…a lot more pre-requisites and then I was looking at doing the program at …it’s a little more intense, in the sense that…I mean for my son it’s okay, right. He doesn’t have the kind of, you know, responsibilities that I do, [his son has a degree in information technology, went to an accelerated nursing program and still lives at home] because I still got to be…I still got to be a homeowner. You know, if I go home one day…you know, I might leave here and go home from school….something wrong with the water heater...so you got to forget everything about what you’re doing and. take care of it… you got to take care of what is more important.

G02RS stated that she had “all grants except for one loan. But it’s [the loan] not a lot because I also have help from my family.” G03CC is the main source of income for his family and he states, “I see myself as the breadwinner, but I mean I need to share the load with my wife, with the finances everything comes out of the same kitty, so...we work together for the budgeting.” When discussing financial aid, he said that he had financial aid in the form of loans, but not the scholarship grants that were offered by Pennsylvania Higher Education Foundation Fund (PHEFF) because, “in the midst of schoolwork and everything else, I mean it’s the pay off in the end, yes. But it wasn’t a….the timing wasn’t right for me to write the essays.”

G01JN is a general informant who said preparation prior to coming to the nursing program helped. Emotionally and financially it was important to prepare for school and part of that preparation was saving money and applying for Stafford loans. He stated:

Since we got married, both of us have always worked. But I mean she’s continued working and I...I mean I’ve had the opportunity that, you know, that our finances are being strained. Now, to be able to do that and I was preparing for nursing school. I also was preparing financially to basically have the money set aside to help pay the mortgage and monthly bills.

He also told this researcher that he was getting help with summer clinical courses from the scholarship grant from PHEFF. When asked about any other financial support for
school, G01JN stated, “I mean I have been told that they have all this money out for nursing. I just haven’t seen it.”

When K04CD discussed the financial side of paying for school she stated that she had to work full-time:

Oh yeah. That’s the reason why I had to continue full-time because I wasn’t the average 20 year old student. I didn’t want to finish school and have another mortgage payment, so I got a job working in the hospital and I paid it out of my pocket. I paid all I could out of pocket.

When she was discussing scholarships and grants for school, her response was, “well, I got the Pell grant, I took the minimal. Like my $35,000 education I got half in scholarships and the other half came out of my pocket.” She stated that she was very upset that the school did not help her with any other financial aid. K04CD said:

They apologized. We were the first graduating class of their associate degree program and they had no… scholarships, because they sent us this whole big package. And once you go through it, you realize that everything that they had prepared is only for their baccalaureate nursing students. So we got nothing, but they apologized to us with… guess what? No money. They overlooked it for our class since we were the first. Of course it’s going to get better for the future classes.

G04JW stated:

Well, I paid my way, [while doing her pre-requisites in college] but when I got into the nursing program, I got a scholarship. They’re like paying me for me to go to clinical, I mean the nursing program, but before I was accepted into the nursing program I paid for it. I had not heard about it [the scholarship] but right now I have a scholarship.

G05RW indicated that she had to go sign up for welfare when she started school, she acknowledged that:

We are on a very, very tight budget. And … that’s how I am able to have health insurance, through welfare. Because I think if I didn’t and had to pay for it, that would have been a big, big barrier. Which I’ve seen a lot of the students in our school have that problem.

When discussing going to school without using welfare G05RW stated:
Not paying 300 and something dollars a month. I wouldn’t have been able to. Not on a $500 cash income a month. Of course you get food stamps, but it was only $500 a month from them. I am paying for school through grants...grants and then I have loans with the Pennsylvania Higher Education Association (PHEA) and then my father paid out of pocket the rest of it. It was like $5000, my father paid for it. The nursing program gave us….I believe it was $1500 that they gave to the nursing program, the ASN nursing program for grant money that came in through the school, which helped a lot. Because if not, that would have been out of pocket for my dad.

Discussing the financial impact of going to nursing school G07TM said that she was:

…broke. I mean, I work. I work like through the weekend program at a nursing home, and it pays my bills, but financing school? I have loans. I took out the minimum amount of loans that I need. I was paying for it, but I decided that was….because I was working full-time when I was just doing the pre-requisites. That’s not as expensive. So I thought loans would probably be the best thing till I’m finished.

When asked about assistance from her nursing program she stated, “they handed us…I don’t know. Over the summer they gave us papers on how to get scholarships and stuff like that. But I never followed through to do that.”

K09JC discussed financing school and related how he handles his job and school. He stated:

Our school isn’t real expensive. Always it’s a...you know, I have a home equity loan. Like some of these kids...some people, I don’t know everybody’s financial situation, but it’s different when you live at home with your parents than when you have like a mortgage, car payments, credit card bills, it’s different, you know. You have to pay your bills too, so you work full time you know, but I know that and I work hard during the summer and I try to do like little odd jobs and try to get like extra money for like different things.

Regarding paying for school he stated, “I pay for it myself.” He discussed how he does this. He did indicate that he gets some reimbursement from his employer. When discussing tuition reimbursement from his employer he said:

They do, but you have to work full-time. I really need it. I wish they had tuition reimbursement in categories...like if your full time you get $5000 per year and they’d give you $2500 if you go part-time. But that’s not here. They have it at where I use to work but I like it here now.

When discussing grants and scholarships offered at his nursing program he stated:
I think they do, but it’s just like...I don’t know, I really haven’t ... Like I can like manage it. Like I haven’t had to take loans or anything, right. I mean I just manage it. Like I have a home equity loan, provided I just pay the school before the semester and I was going to be paid [tuition reimbursement] before I owed the money for the loan, I just borrow from myself, I just pay myself back.

The economic impact and financial burden of attending school was diverse for each of the informants, and while they were provided with information on how to obtain grants and financial aid funding for the program, many of them did not follow through with the paper work to obtain that funding. When discussing why they didn’t follow through with the process to obtain grants and scholarships, they universally replied that they did not have enough time and they were too busy with their schedules to get it completed on time.

*Political and Legal Factors*

When asked about the politics at their college, the political situations in their local and state area, their political leaders as well as national and local politicians, the informants acknowledged that politics was not a very important factor in the lives. They indicated that they didn’t pay much attention to what was going on in the political arena again due to time constraints and scheduling. When asked to discuss their local political leaders, many admitted they had not even read a newspaper since they started nursing school and had no idea who was running for office.

When G16TR was discussing politics she stated, “Yeah, I still vote, but I’m not really familiar with any of the issues. I am not very savvy, astute, or even really interested. I mean I probably should be a little more interested, but I just don’t have time.” When discussing political leaders her response was, “I think that...I think that they’re definitely, you know, they can provide the fundamental infrastructure that needs to happen and you know, to help provide people with some financial support for school.” G15EP said when discussing the political situation in the country, “I just...I wish that our troops come back home. That’s the main focus. I feel like it’s a senseless war.”
Discussing political leaders she felt they could do more, but was non-specific stating, “Yes. Uh hmm maybe more money.” G14KC acknowledged when discussing politics:

I let my husband worry and learn about it. I’ll be honest with you. I mean every once in a while something will strike me and I’ll make a comment, but in all honesty I look at him…it’s just one less thing that I have to deal with. I can’t control the...I do vote. And when it comes to voting time, I do like a quick brush-up. Yeah, like okay...what are you doing, what are you doing? Now, let me vote.

While G09DH stated, “I don’t pay attention to anything but school. And when I’m not paying attention to school I am sleeping.” G11KJ stated, “Well, when we do get a little time, I do see some of the political commercials and, it’s a horrible situation.”

Some of the interviews were conducted around voting day in November. G09DH expressed a curiosity about the political situation when asked to discuss her views, she stated:

What’s going on? Because I don’t know. My mom said...my mom always tells me like...too late. She says to me, ‘Like you know, the country could be ready to blow up and you wouldn’t even see it coming. Like you wouldn’t even know, you would not even watch the news. She’s like...what is wrong with you?’ I wish I had time to do that.

A couple of the informants described their political stance as “neutral” and when asked to describe what that meant, both G08AH &G10BS stated that they just don’t get involved in it at all. G08AH stated, “It is what it is.” And when discussing political leaders they both felt that the politicians could do more, but G10BS replied that, “They’re doing the best they can do. I think you have to take care of yourself, but then that becomes very negative when I say so. I think that’s a whole other discussion. Political leaders that...yes, they do what they got to do.”

G07TM acknowledged that she paid, “just a little bit of attention and not anymore. Not anymore, so… I think that they maybe should focus more on education… just education in general.” When G06AW discussed her views on the political situation she said, “I don’t think about it. Well, actually, I do pay attention to it by like what is
going on in Iraq, and in the different parts of America and the whole world. It’s criminal.”

When asked about her views of the political situation in the country and if she followed the political positions, G05RW stated that she “Try’s not to. Although right now it’s just not a good time. I want the war to be over.” When asked if she knew who was running for office she stated she knew:

A little bit. Hillary Clinton...I know that she’s going to be running. Who did I just hear? Oprah is like endorsing? Obama? I don’t know. I’m waiting still. I’m like...I don’t know yet. But I’m sure when the time comes, which will be soon, that I’ll know who I want to vote for.

G04JW responded, “No.” when asked if she followed any politics in the country. She then stated, “Not at all. Well, you know I don’t even pay attention to it honestly. I don’t vote. I just like...you know, I just go alone. I’m just a whatever.” When G03CC discussed politics he stated:

You know what...I grew up...or I was raised or it was instilled in my brain, whereas religion was not...to be a Democrat. Why? It never made sense. And as you get older, you know it’s just something that stuck, by that I mean you have your own reasons for doing that too.

When he was asked about the current political situation he stated that he was not happy:

Not with who’s in charge. They’re on their way out, yeah. And I don’t think...whoever wins the Democratic primary, I think is a shoe in just because people want to change. I don’t think things are going according to plan at the White House for the last 5 years.

While the political factors in their local, regional, and national levels influenced educational care and their lifeways the majority of the informants were not involved in what was going on in the political arena in their college environment or their neighborhoods. It was clear with each interview and in follow up discussions with key informants that for the majority of the informants in the study the political factors at local, regional, and national levels were not a priority in their worldview or their everyday lives.
Kinship and Social Factors

According to Lassiter (1999) the typical African American family is an extended kinship network with strong bonds and flexible family roles. Lassiter (p. 43) states, “Roles played by members are determined by ability rather than gender or marital association.” The informants in this study confirmed these statements in their responses. In addition, when asked about their social life and social factors while in school they all answered that they “don’t have a social life” while in nursing school.

When K02TL was discussing kinship and family she stated that her mother and step-dad live close by along with her 16 year old brother. She indicated during the interview that she saw her family much more before she started the nursing program but she makes a point of visiting as often as she can since this is a priority for her even though she is a single parent trying to complete her education. She also stated, “My aunt. She lives in Langhorne. I usually go over there at least every Friday. And I go down to the city maybe once every two weeks, sometimes once a week.” When discussing her role or her status in the family she indicated that:

My role is...I feel like sometimes I feel like I have a heavy financial responsibility because my mom watches my son when I’m in school, so I work. Raising my son, invested in being a mother, a caregiver, a good provider for my son is my role. So my status...I feel like...I feel like sometimes she [her mom] wishes that she could be like me because she didn’t... she had me when she was 16 and she didn’t ...she couldn’t finish school. Well, she did go back to high school, but that was just as stressful as it is for me now in college. But sometimes I feel like she wished she could have done what I’ve done. So my status is like...I feel like she I don’t know how to say this. I think she views me as beautiful. She’s very...I know she’s proud of me. Sometimes she might not verbalize it, but I know she’s proud of me. And...beautiful, smart, independent, she knows that I’m independent everything that she wanted me to be, a young lady.

When discussing her social life and her responsibility as a single parent, she stated:

I have a network of friends that...I’m the kind of person where I’ll meet some people that I know that will be my friend. Like if I’m your friend, you’ll also be my friend in return. So by befriending these kinds of people, like whenever I need help, they’re always there for me. And I have this one particular friend Tasha. Any time she needs anything, I’m there for her. She’s also obese. So I feel like...I
feel like I just have to do things for them so… It’s hard to explain. But you know if you had a 300 pound patient and they couldn’t do anything, so you feel like you have to do everything for them because they can’t. And my friend, she’s probably like 300 pounds, and like I feel like...it must be like over 250, I’m not exactly sure. She’s big, but I just feel like if she’s upstairs and she wants me to get her a cup of water, I feel like I have to go get her the cup of water. And in return, if I need her to watch my son, she’ll watch him for me. …as for a social life, I don’t have one.

K03DT said that she didn’t have any family living in the immediate area, and her parents still live in Africa but they come to visit her every year and stay for about 6 weeks. She came to the United States in 1977 and has 5 children of her own with one son in New York, another in Maryland and 3 others still at home. Family to her is a priority even while she is in school. K03DT When discussing family and family ties K03DT stated:

You have to be very respectful. We don’t talk back. I can be 50 but when my parents say something they always have the last word. You don’t talk back to parents. And also we have a way that when adults are talking to you, don’t look directly into the eyes. No, we don’t. You look down. You don’t look into persons eyes. And you’re respectful. ‘Yes maam’, ‘yes sir’. And you move on. That’s our culture. And that is respect. And then of course... yes, we don’t like to aggravate the adults. I’m from river states in Africa, so I don’t know if that means anything here. River state is actually an Africa culture. You just believe that family situations and you know family is very, very important. You cannot separate yourself from family. We believe in that strongly.

When discussing kinship and family K04CD stated they didn’t get to see each other often any more but when they were able to get together she stated:

We get together, we eat, we laugh, we tease. I have five brothers two sisters, and I’m the youngest. I’m also, just to give you a little background; I was the only overweight child in my family and I have one brother who will never let me live it down. So that’s my family. My grandmother is dead, my father just died like a week yesterday. And my mother, she died seven years ago when I was 6 months pregnant with my second son. I have two sons, they are nine and seven and I have a 43 year old [husband] that acts like one.

When asked to describe her social life K04CD laughed and stated, “I don’t have one.” When G01JN was discussing kinship and social dynamics he informed this researcher that he grew up in Kenya and stated that family and kinship is very important:
Oh, definitely. Things like when somebody dies. Basically the whole community is going to be coming to your place every day for hours on end and getting together and singing and contributing to the needs of the family. They pay for the funeral; they provide food for all the gatherings. So it’s definitely a very caring community. You know, when one person is in need, you gather around them and they provide that. There is no social security there, so the community is your social security. They don’t have to be [blood] relatives. They don’t have to be relatives.

When discussing kinship and family with G02RS she described extended family including godsisters and godparents when she stated:

The funniest thing about my family…I think I can count all 7 of my (blood) family members who live here. We have other family members who live around the area, but I really don’t talk to those family members, so it’s only like my grandmother, my grandfather, my 2 aunts and my 1 uncle, and my other uncle lives in Virginia. I mean I saw him last weekend. So things like that…7 people. I’m an only child. But I do have my godsisters.

When asked if she was able to visit often with her family G02RS said:

I think my grandmother would say ‘not enough’. She has to call me…she called me 2 weeks ago and said…‘what are you doing? I haven’t seen you in a long time.’ And a long time for her would be three weeks. Just because I’ve been really busy and I just have problems doing other things. And then sometimes my godmother would say…you haven’t been here in 2 weeks. And I say…my godfather will actually say it after 3 days…he hasn’t seen me in 3 days…he’s like…’where have you been?’ He told me to get out the other day, and then he wanted me to come back. So I would say it varies, depending on who it is. But you know…every month.

G03CC stated he didn’t have any family in the immediate area, “They’re all in Chicago or various areas of the country.” He stated that he gets to visit his parents and his family members a couple of time a year. However, he stated, “my wife’s family lives here, in the general area within a 3 mile radius of our home.” He acknowledged that they helped a lot with child care.

G04JW comes from a family of 7. She states, “I have…7 of us altogether four sisters and two brothers. Actually they all…yeah, I have a couple of them in New York; I have one in Canada, a couple of them in Maryland.” While family was very important to her she responded that she didn’t get to visit them as much as she liked. She also replied when asked to discuss her social life, that she “had no social life.”
As G14KC stated:

Even with me going to school, I look at it that I’m not doing it just for me; I’m doing it for all of us. And it’s on a number of levels. I’m doing it because, yes, financially it will better us. But, I’m also doing it because one day they [her children] will be faced with the decision to go to school or not… and people look at it differently and it really shouldn’t make a difference. You should just go. But, you know, depending on finances, depending on what your mindset is at that time, you’re making a decision. And I want them to say, you know what, it wasn’t easy, but Mom did it. So on that level, I’m also moving towards the mark for that reason. I plant the seed within myself that this is what I’m doing, period, and end of story. No ifs, ands, or buts. I rarely say any more...oh, if I become a nurse. I don’t even say it. I think that that’s negative. ‘When’ I become a nurse, is what I say.

Religious Factors

When asked about religious affiliation, the informants identified their religion as Baptists, Christian, Catholic, Muslim, Jehovah’s Witness, and several said they didn’t have any specific formal religious affiliation. With the diversity of formal religious affiliations it was clear during the discussions that universally the informants believe that “faith” and “beliefs” were important to them as individuals and as nurses. K01MM indicated that while she identified with the Catholic religion and observed several holidays such as Easter, Christmas, Lent, and Advent and while she was strict at home, she did not go to church regularly every Sunday. She did feel that her religion helped her in nursing by giving her a “moral compass” to use when working with people.

K02TL stated when discussing religious beliefs:

I believe that most nurses do, and should have some kind of religious grounding because, for an example, my friend Tina, just found out that her...first lady died, a lady at her church, she died yesterday. Well, she was like 42. She had a rare cancer, very rare. They said it usually was one people from the Eastern world get, some kind of throat cancer. I can’t remember what it is but it spread to her heart. But, like when she told me yesterday I’m going to compare, when my aunt died, I just would like I was thinking throw it off, I was thinking – why did you have to take her. After she died, each person that I see die, and yesterday when I found out that her (the lady who died) birthday is tomorrow, the first thing I thought was…I’m happy she’s in a better place now, that she’s not suffering. So to me, as a nurse, when you see people dying and when they do actually die, you can
comfort the family in knowing that they’re in a better place. So I think that part of religion should be grounded in most all nurses.

K03DT stated that religion “means everything. It’s my life. Like if I was taking my last breath, I would say God, I don’t know what to do. Is this the right thing? I need him every day.” She also indicated that she needs God, “Oh yeah….every hour.” She also believes that her religious beliefs help her succeed in school. She stated, “Uh hum. If I don’t pray then I am afraid that I will be ... a failure. God like would punish. Yeah, Lord please I can pray now.”

K04CD stated she is Baptist and she explained:

Christmas is my favorite holiday. I can’t wait for the vision of Christmas Day. And it’s always me who… I decorate the tree. It’s like I love Christmastime. It has nothing to do with my religion though because actually we don’t know when Jesus was born, you know. So I view Christmas as a wonderful time of year. Also, I was brought up in the whole aspect of Easter as well. For the same reason, I just put my God into the holiday. I don’t know if that part of religion is because they don’t know when things happened you know. I don’t do Halloween with my kids. And my kids still say... ‘I know, Mom, we don’t do Halloween’. And why don’t I do Halloween? I never have because even though I’m not a practicing religious person, I have been instilled with this from childhood that you celebrate Christian holidays… you know. So, no, thank you. What else do we celebrate? I think that’s it.

G01JN states that religion is important:

Definitely, yes. It’s a part of my life. I mean…I think it influences how I view myself. Not influences…I think it guides how I view myself and how I view the world in general. And it… basically guides me as to how to live and how to behave. I’m...basically, I’m a Christian and I hold to Biblical values. I think it’s made me more focused. I think. It’s helped me prioritize my goals.

G02RS stated when discussing religion:

For the most part, my religion means a lot to me. It plays...it kind of guides me in the way that I’m supposed to make my life. I definitely use it as a guide. I’m very careful not to...kind of take my religious beliefs and impart them on someone else. I think that’s the best thing people can do. But I let my religion guide me. The one religious thing that I really just started was...the no working on Sunday. Which means that I don’t go to work on Sunday, which helps me a lot because… I didn’t finished up all my schoolwork? I’m able to do that on Sundays. That’s supposed to be a total day of rest...maybe it’s silly, finishing unfinished nursing schoolwork on that Sunday night but it helps me get ready for Monday.
When asked about holidays that she observes, G02RS stated, “I celebrate...no, now I observe, you know, like Easter. Celebrate Christmas. I observe my religion, it is denominational. You ask which one am I. ......I guess I grew up like a Baptist, but the church I attend now is Pentecostal.”

When discussing religion G03CC acknowledged; “No formal religion just ‘beliefs.’ In my family, people who believe in God leave it up to the individual. Beliefs mean, it means whatever it means to them, the individual.” When asked about the children in his family he responded:

Interesting. My in-laws are very religious people. They are Jehovah’s Witness following. So...I mean they learned at an early age...I mean they never swear, and because my in-laws baby sit the kids a lot since I am in school. So when they watch the kids, they would sometimes have to go to meetings and that is their preference and they know that that’s not our preference. But they [our children] learned to, at an early age, to respect that...okay, this is what Poppy or Mammy believes and this is what Mom and Dad believe. And it’s amazing. Again, the 4 year old, she knows the difference. As much as a 4 year old can know, between home life at home and life at the grandparents. You know, my wife grew up with...I shouldn’t say grew up...well, till she was 12 or so and decided that she didn’t want to go with them [Jehovah’s Witness] any more. She put up a struggle with her parents, but they don’t impose their religion or will on her now as far as that is concerned. And, the only time something like that becomes...uncomfortable is a bad word, but for lack of a better word, uncomfortable...is if we’re there for dinner and they do prayer and you know, we just kind of step out of the room and... let them do their thing, because we’re not disrespectful.

G04JW was very clear about her religion and her beliefs when she stated:

Well, for one thing, I’m a Catholic. I was born and raised a Catholic, you know, I grew up as a Catholic. And I, my family, kids, you know, they have to go... If you’re Catholic, you have to go to Catholic school. I went to an all girl’s Catholic school and I want them to grow up the Catholic way I grew up. Have that sort of communion, confirmation, and the whole works. And I strongly believe in that.

Religion is a very important part of G05RW’s life. G05RW acknowledged that she had changed her religious beliefs and:

Being a Muslim, I mean this is...I figure I was Catholic. But being a Muslim now, it’s just more disciplined. I find that my religion is very disciplined. You know, we don’t eat pork, which like I said, it’s very disciplined. It’s just better for me. I
felt this was comfortable for me. I believed that I was closer to the truth with this religion.

When discussing with this researcher her religious activities along with going to school, she stated that she needed to pray several times a day:

Five times during the day, at different times during the day, we pray. Well, with school, that’s hard. You know, it is hard, because you need to be in a quiet area, you need to be in an area where there are no pictures, no mirrors. So it does make it hard for you. But you can come home and make up your prayers, so that is a comfort.

G05RW also stated that she wore a head covering when at school. “It’s a kemar. And you wear that out in public.” She stated that she never had any discomfort or problems at school with faculty or peers in the practice of her religion or dress. G05RW acknowledged:

Never at school. I would say more so when I’m out in public. You know, some people stare, but never in school. And I think that we (her class) were just like such a big family, we were the first class. And everybody…it was a very…our class was a very diverse class. I mean you saw a lot of people with different barriers and different issues that could have caused them not to be at the school, so we just...we worked really, really hard.

G07TM stated that, ‘I grew up Catholic, but I really haven’t attended church for…oh awhile.” G14KC acknowledged when discussing religion:

I think I got rid of nonsense in my life. I’ve always been religious, probably since a child. But you know, people go in and out of states and I mean to say that you’re not always as faithful as you are at different points in your life. And I really am… I’m really sticking with my faith. I’m trusting God, I pray, and I try not to overstress. I take it as it comes. Every once in a while I get stressed or I say something and it not right. But I really think that my faith, it feels more solid. And I feel as though, you know, I am working towards this and I’m not going to stop until I get there. And I think that if you plant this, this is what they said in the sermon and from that point of hearing it in the sermon, that’s what I do. I plant the seed within myself that this is what I’m doing, period, end of story. No ifs, ands, or buts. I rarely say any more…oh, if I become a nurse. I don’t even say it. I think that that’s negative. You should say, ‘when I become a nurse’ and work on that, you know. I’m all for doing what I need to do to get there. For me, personally, it’s religion which facilitates that positive thinking.

G16TR responded about religious holiday and beliefs:
I guess we celebrate…I guess I celebrate Christmas. I don’t celebrate as much as I used to, only because it’s just so commercially attached. So I don’t need that as far as I’m concerned. Like, you know, everybody I know goes to church on Easter and Christmas. Not that they don’t celebrate…and Mother’s Day. These are people who don’t go to church any other time, yet they go for those 3 times. But I just don’t do that. So I feel bad about some stuff. Well, according to my mom, I need to go to church.

G15EP was enthusiastic when discussing religion. She stated:

Religion, it means, it’s the most high of anything. Without religion, I don’t think any of this would be possible. Because I find myself often calling on God, God, please get me through this. God, you know...you know, just sitting there with God. I know you brought me through this, but I need to get through this.

Later in the interview when she was discussing how she believed that her religious beliefs influenced her in school she stated:

I mean if it wasn’t for my religion, I don’t think that this would be possible. I figure every part of my life has...I had to go through a stage and that was God’s way of showing me that you can do this. It may take longer, but you can get through this. And I believe everything happens for a reason, you know. You know, you just weren’t put here just to be here. You have a purpose.

**Technological Factors**

Technological factors are an integral part of the physical and social context of the African American associate degree nursing students’ environment, from the computers and the internet that are used to research and complete papers to the medication administration systems and electronic documentation that must be accomplished while in the clinical area. Along with this type of technology, students must also master skills with the specialized equipment that is prevalent in both acute and long term care health facilities. Technology in the schools such as virtual laboratories, simulation laboratories, electronic libraries, video taping of nursing skills, utilization of Digital Video Devices and the use of hand held equipment to manipulate their electronic devices are daily interactions the informants have identified with technology they use everyday.
When discussing this technology along with her view of how it affects care in the hospitals with patients K02TL replied:

Well, I’m new at...I’m new in all this so since I’ve been in nursing all they’ve had, is technology...so I really can’t say what was before technology. I know paperwork, but in my job when we do care tracker we use the kiosk computer. And here [in school] we do ERI’s, [Educational Resources Incorporated’s standardized testing] we have to use the computer. So that’s all I know of technology. I think it’s good because, like I said earlier, when I don’t ask an instructor about a question that I have and then I can go on the internet and find the answer.

When K03DT discussed her use of technology she replied, “You have to learn to use the computer, we chat [on line] then go on our own and do distant learning, doing the chapters. All of our skills tests they are all done on line. Like we can do them from home then give them some time for grading. I have been doing it for 2 long years.” She was very definite in her beliefs on how technology is affecting patient care, she stated:

I think positively. The way I look at it. I mean its eliminating a lot of errors, and of course checking our information. Like a computer has its mind. You know, and there was a time I was checking a patients temperature and patient’s temperature was 96 or less than 95. And I tried to put it to 95 and the computer wouldn’t take it. It did help me with like an error message. I tried to put the information I have, but what I have done would have been to retake his temperature. If it’s below the normal range, then you know you hold it. Check that. Maybe another 15 minutes or 1 hour or something he could have had a drink of water or something. So if you’re going to put that information in, then you’re going to you know, the right information. Also, if the doctor needs to be notified or something is wrong then you find out...and something is wrong, it’s triggering there’s a problem. So I say...oh you have your own mind don’t you. Then what I did was, actually I go back and take his temperature again and it was a good temperature this time 98 and then this computer would take it.

Technology was a favorite topic for K04CD during discussions, she stated:

I love technology. It makes us…it’s helpful. And first hand for that was when our hospital embraced the e-mail system. Oh, you talk about taking the personal touch out of stuff. So a lot of the patient education care now is done on Power Point, which took the nurse away from the bedside. So now she takes you into the family education room and loads up and says...all right, there you go. But I do believe, on the other hand, that it’s a wonderful thing. If it was not for technology, I would not have been able to be a student and do some of my courses for my RN degree online. So it has its good and it’s bad. Oh yeah, I’m very comfortable with technology. I love technology as far as that is concerned.
When she was asked what kind of technology she was comfortable with K04CD replied:

Well, I was on the ICU for about four years, so I got to see everything. The new gadgets are...yeah, they blow your mind. Oh, and I’m so amazed at some of the stuff that some of this stuff will do. I’m perfectly comfortable with the medical equipment. I’m perfectly comfortable with this here. I’ve made it so my kids to be perfectly comfortable with it. There’s no part of technology that I’ve come into that I’ve been uncomfortable with, not that I’ve encountered.

G01JN grew up in Kenya and has a background in computer science, so when he discussed his views of technology he stated:

I joke that this country is so different. Kenya...is in the Stone Age. I’m pretty comfortable with computers. Fundamentally, that’s...whatever you’re dealing with. In computer equipment and software I think the menu itself is a computer interface, so I think when you basically fundamentally understand computers, and then you’re better able to interact with whatever technology comes along. But, I think...that health care is becoming much more impersonal. Since the patient, he’s basically just a record and...it’s easier for people who are controlling the technological side...be the nurse or the doctor. All they do is telling on the chart, become detached from the process. But it’s with people that are caring, are involved; it’s not just finding a record and that kind of thing. Technology is a help. Computers are good and I have terrible handwriting.

In summary, as documented above in their verbatim responses, the worldview of African American Associate Degree students in predominantly Euro American nursing programs is based in their strength of purpose, determination, persistence, endurance, and optimism. The informants identified how important determination was to their lives. Individually they expressed how being optimistic in their goals helps them to be successful. Overall religion was an integral part of their worldview giving them a path for optimism, focus, and guidance. Family and kinship relationships impact everything they do, as their lives revolve around not only their nuclear family but their extended family.

The remaining phase II categories identified with the data analysis are: Meanings and Expressions of Care; Non-caring Expressions; Economic Care Factors; Technology Factors; Resources; Support; Understanding; Educational Environment Care and Concerns; Cultural Beliefs and Practice; Health Related Beliefs, Illness Related Beliefs;
Barriers to Educational Care; and Environmental Context and Concerns will now be presented and fully discussed with verbatim supporting data from the informants.

Meanings and Expressions of Care

When discussing “care” informants used verbal expressions such as: understanding; sincerity; patience; respect; looking out for someone’s well being; going the extra mile, doing something beneficial for another person; empathy; loving; being compassionate; and respecting feelings. All of these expressions of care explicate what care means to them, (emic) in the context of their physical and social environment as individuals as well as their beliefs and values as associate degree nursing students.

When discussing the concept of care, G16TR defined a caring person as, “A person, who is one that would be empathetic, very sympathetic, and they try to be very open-minded and try to be a good listener.” G05RW stated a caring person as one who is, “giving and sharing. I would describe my mother as a caring person. Very loving, very nurturing, very strong, very supportive.” When K01MM described caring she stated:

Ok it’s in regards to how somebody… it’s the kind of time somebody can give to you, that time attention somebody can give to you, whether you are in need or not and never show any impatience that they are always willing to help.

G01JN stated, “Care means to me responsibility to other people. I think it is somebody who is just concerned about people and they feel responsible, concerned and is able to empathize and be understanding. Willing to take the time to understand.” G03CC described care and a caring person as:

It means to look out for somebody’s well-being I suppose. Someone who is looking out for you and taking care of someone… So a caring person would be someone that… as opposed to someone taking care of you, is someone that has your best interests at heart.

G06AW stated, “A caring person is one who can relate to people, irrespective of how they look like or where they have come from, trying to get to understand their needs… to
help so that you can come in.” G07TM describes a caring person as one that is: “taking care of needs. I guess respecting their feelings and, you know as well, patient, kind, they go out of their way to do things for other people. Puts other people’s feelings first sometimes instead of their own.” G13TO describes a caring person as: “It’s like one who is going the extra mile to show they care what happens to you. I guess it’s both physical and emotional and like…manifested in their attitude.” When G11KJ discussed care she stated: “care to me means someone that is always there, you know, whenever you might need them. Someone who is there to help you.” G09DH described, “Care means to me, being concerned and being helpful.”

When discussing care expressions, informants very easily recalled times they provided “care” to someone or when someone provided care to them. G07TM remembers a time when she was a teenager:

Yeah. Well, when I was younger we took care….when my grandmother passed away; we took care of my grandfather for a while. We did everything for him. Gave him medication, you know, all the ADL’s. He had Alzheimer’s, so…just everything. He got progressively worse so that at first we just reminded him that he doesn’t work any more and stuff like that.

G15EP expressed care as, “Well, care means helping people that are in need, that can’t do it themselves, empowering themselves to do something about it as well. Just that extra hand. Sort of like being an extra hand.” She described a time when she sat with an individual and felt that just sitting with her and listening to her was the care she could offer:

One of my consumers, she had a wound problem and really had a lot of…she had family, but they weren’t there for her a lot. So I found myself going to her home more often and I realized that the nurses put a lot of time into her because she had no one else and she just needed the extra care. So in a way she kind of made me want to do it. I mean I would sit with her for hours and I’d see her like...see her decline as well. That made me think...oh she really needs help. And I was like...I don’t’ know what else to do...I just like helping people. So that was one time.

When discussing care expressions and how she shows others she cares G06AW stated:
I give my care when I can and talk to people, like asking them then and there and giving them what they need if I have the ability. I listen to them and if I can give to them, no matter how...I mean like it doesn’t mean I can meet all their needs, but if I can meet only one need, I just extend it that way and I feel that each is an important life.

When G04JW was explaining what her expectations of care were she was able to immediately respond to how she provides care to her family and how her family shows her care:

Well, yeah, my brother always calls me if he needs something. If he needs money, he’s in a bind, can I help him there, can I do this for him, you know. I have…7 [siblings] of us altogether four sisters and two brothers. I have a couple of them in New York; I have one in Canada, a couple of them in Maryland. Well, like they’ll listen to you...I mean listen to me, like if I did something wrong they don’t try to criticize me, they try to bring me up and talk to me, hugs and console me, and tell me it’s going to be okay.

K02TL became very quiet and thoughtful when she was discussing care and shared some of her fears for family members during this time. She stated:

My aunt is hypertensive and she is currently on...she’s on hydrothiazide and she is on coumadin. And I just, I feel like I have to take care of her because her sister which is also my mom’s sister, she passed away at the age of 39, two years ago. And I just feel like I have to nurse her so nothing will happen to her. And every time I’m there she asks...well she’s also obese. She’ll ask me to go do something for her and I’ll go do it. Or if she needs anything, like if she needs milk or something, I’ll bring it up to her or something.

Discussion of care with G14KC brought out her feelings about nursing as a career and her expectations of care and how she feels about providing care to patients:

To me, care is...it starts with a feeling and ends in an action. You have to be a certain type of person to care for another person. And it’s like I said, it does start with a feeling, it’s something inside you that kind of guides you to the point or place. Because you know nursing is not glamorous, you know. I don’t know what people think when they think ‘nurse’, but it’s hard work. You’re dealing with people that are not feeling well, they’re not themselves. Sometimes they’re very unhappy. You have to deal with all sorts of bodily fluids and, you know, you don’t, you don’t cringe, and you don’t back down. You feel like you want to help that person and that’s care.
When discussing her expectations of care and care expressions K03DT drew from years of experience in her counseling and psychology career, she stated:

To me, care means a whole lot of things. And one of the ways I look at this is...I’ve always felt that when I was working in psychology, counseling people, and when I look at people, I look at the whole human being. I look at the whole. And I say to myself – How can I make and meet this need? Somehow medically I’m missing some point. It’s not like I want to be a doctor, a medical doctor. But when, you know, at least I want to understand somewhat what is wrong with these people. That they need this emotionally I understand but then there are their medical needs, and of course you give them a fast check, and if they’re okay. And it seems that if you do that, at least I...well, I don’t know I may get there. And I really want to take care of people. That’s where my work here is coming from. So in order to be able to meet more of the needs of the people, I want to be able to understand what the people need, so you can meet their need. So that’s…and that’s what I mean by care.

In summary, informants clearly articulated their viewpoint of care in their verbatim responses. They were able to describe caring individuals easily as individuals who want to help, puts someone else’s needs before their own, a person who wants to understand another and meet the needs of others. They were able to describe their values regarding care actions, feelings, and expectations. Beliefs and value placed on care and caring is high and is incorporated with expectations, needs, and feelings. Informants were easily able to identify the kind of care they expected from others and the kind of care they themselves provide to others.

**Non-caring Expressions**

The informants found non-caring expressions were more difficult to articulate and define however, they described concepts such as; only doing their job, impatient, rigid, harsh, disinterested, you don’t matter as an individual, not taking time to hear what someone is saying, arrogant, and ignorant to your feelings as non-caring expressions. When discussing non-caring experiences they have endured during their lives and within the environmental context of their associate degree program the informants were able to articulate non-caring expressions much easier. G15EP stated she has had some faculty
during her education who have been what she considers non-caring, she stated, “Okay. So a non-caring faculty, I think is…they were there because they had to be and they really didn’t show you that it meant anything to them that you were in the classroom.”

G06AW stated:

Non-caring faculty would be ignorant because unless they know me, I’m not ready to tell you what I need. I think like they’re not even ready to know what I need, and they might not listen. They might not...the way they approach me, they may not care to know me.

During her discussion of non-caring expressions K03DT revealed very emotional non-caring experiences she had with physicians and health care workers:

I have a child that’s medically challenged and each time I’m in a hospital with her, I….it [the experiences with her daughter] broke me, I judge myself in everything that is happening to her. But I want her to know I cared and most of the time the doctor will say - Are you a doctor? Are you a nurse? And I wasn’t any of these. …well, you deal with emotional things, you know. And I was just a mom. And I didn’t like it where I was pushed aside. So I said – No, I want to find out what it’s about. That is another reason I am in nursing now.

G08AH discussions on non-caring attitudes and expressions identified her frustration with faculty not picking up on her confusion in class and not understanding her as an individual, she stated that:

I like teachers that don’t try to lump all the students together, like a majority. I like professors that will look at different people and see somebody and say maybe, you know, they may be confused or they might have had a problem, and you know they might seek them out. When they don’t it is non-caring. I just like when the teacher realizes that they’re dealing with individuals in a group all of the time. And just take the group, you know, as individuals; just....they wouldn’t think it’s interracial. They are individuals.

G13TO recalled a time when he felt very discouraged. He felt his teacher didn’t care about his learning. He said he was paying attention in the class, but didn’t understand some of the concepts and he had questions that were not answered by the teacher during the class. He stated:
He didn’t care what I did. I ask a question and not understand what was said. During the lecture I was thinking and had questions. Questions about the class… about 5 minutes were left and I’ve got 2 questions and he won’t call on me. When I got my questions asked, he just looked at me and then the second time he told me no more questions, oh I told you that already, He didn’t care.

When G07TM was discussing non-caring expressions she immediately was able to describe a nursing faculty member she felt was, “Very arrogant.” She stated:

And that’s just….she was just really all about her degrees and how she was better [than us] and how we should be… I don’t know how to explain it. She made us think that we weren’t anything because we were here for an Associates degree and she had her Master’s or whatever the case may be.

G02RS felt she has been very fortunate in her education, she didn’t think that she ever had a non-caring teacher, but when asked to describe her impression and description of a non-caring faculty she stated:

Maybe someone who just comes in and presents information and walks, you know…wants to walk away and not so much…would it matter to them if you get it or you don’t get it. I don’t really come across teachers or faculty members who just don’t care. I really mean it.

G08AH & G10BS were very clear in their description of a non caring clinical faculty:

Well, our first semester, you know, our first semester we were both in the same clinical group at the same clinical site with the instructor. And she was very...she was cold. A lot of people would tell us, oh you know what, my nursing instructor helped us do this. For us it was all research and procedure and you did it wrong or you did it right. She like really belittled us and there wasn’t a lot of encouragement from her at all. I mean it really makes us appreciate our clinical instructors now who are a lot warmer and more encouraging, because from her...I mean she almost made me want to quit the program. We’re just learning. Everything a mistake was made in, it was the end of the world.

In summary, verbatim descriptions of non caring experiences in their lives were very emotional for many of the informants. Their experiences with individuals including nursing faculty, physicians, and people who had expressed non-caring or uncaring attitudes toward them were much more difficult for them to articulate due to either being hurt or angry. One informant told the researcher that she just tries to put those
experiences out of her mind, so she can stay positive and do what she needs to do to be successful in her goals.

Economic Care Factors

In an article in the Journal of Nursing Education in 1980 Claerbaut stated:

Minority students, in general, tend to have economic difficulties. Frequently the simple lack of money precludes their entering post secondary education of any kind. Nursing is no exception. Aggressive efforts are needed to insure that the burden of financial stringency is not added to all the other problems related to minority status (p. 14)

From 1980 through today economics continue to be a big part of the barrier to nursing education in all types of programs, even the more affordable associate degree programs offered in community colleges. The informants in this study all identified their economic status as strained significantly by nursing school. While the informants identified significant financial obligations related to family as well as attending school many also admitted that financial aid in the form of grants and scholarships that are available were not sought due to lack of time and the complexity of the application process. Those that did have grants and scholarships were able to apply and plan in advance of starting school for the funding or the school provided the funding without a significant time commitment by the informant. Dependency on spouses, parents, and loans were identified as ways informants financed school along with paying for school out of pocket.

K03DT acknowledged that she did not apply for or have any grants or scholarships for school, “actually, I depend on my husband. We’re struggling. I’m not shopping for clothes. I know my strengths and my priorities. I’m not working now while in nursing school. And my husband takes care of the budget for the family.” When discussing her economic situation while in school G07TM declared, “I’m broke. I mean I’ll work...I work like through the weekend program at a nursing home.” She did acknowledge that job provided her with just enough money to make ends meet each month, but it also was her way of keeping health care, which the school required, while in
the nursing program. When discussing with G07TM scholarships and grants that are available in Pennsylvania for nursing students she acknowledged that, “They handed us...I don’t know...over the summer they gave us papers on how to get scholarships and stuff like that. But I never followed through to do that.” Discussion with G07TM on the end results of following through with the paper work might have helped make her education in the nursing program close to being free, she responded, “Yeah, I know, I just didn’t have the time to do that.”

G06AW acknowledged that the school helped her to obtain a position as an extern in a hospital along with financial aid to continue in her classes. She indicated that this was the only reason she had the aid. She has student loans that the school also helped her obtain.

I guess they helped me with aid and loans. Financial things...everything. I pay out of pocket for some things. I’m an extern and a nursing assistant. Well, I have late hours. With the externship you can call in for hours if you want they can ... make it easier for me. Like when I feel like I’m able to then I can have 2 hours, I can go watch. But for the nursing assistant, they have a set schedule like every Saturday and Sunday. Yeah. I work every weekend. I don’t have no life.

G12TD did indicate that she had both grants and loans. She was very clear on how her school schedule affected her work schedule:

I have grants and loans. It’s kind of hard to maintain a schedule [at work] when they are constantly changing the curriculum and the schedule or whatever. So I had to like cut back hours and on the second part of the semester I had to cut back another day and hopefully I can add on [another day], you know, somewhere else pick up time.

G13TO a 41 year old male nursing student stated, “I have loans and I had a nursing grant the first year because the school provided it to me. I worked full time and at the end of the [first] year my application for the grant was denied. I didn’t qualify.” He discussed that his financial obligation to his family required that he work full time while in school but this made financing school more difficult because it made him
ineligible to continue to receive the grant money for school. He said he had to take out a loan for his second year of school.

G14KC said that she took out student loans, because there was no funding that she was aware of from her nursing program. “Never, no. I probably…if I did more research which calls for more time, I probably could find out. I’m not…I don’t have that much time. I have financial aid. So that’s good.” When discussing her working schedule she stated:

Before school, 6 days a week, but now it’s down to 5. I work Saturdays and Sundays, Mondays, Wednesdays. Is that it? No, it’s Friday, Saturday, Sunday, Monday, Wednesday...yeah. Tuesdays and Thursdays I’m off. Tuesday is to the clinical lab. Thursday [she is off], thank God, I need it. And I work anywhere from 25 to 30 hours a week.

In summary, as documented above in the verbatim responses to economic factors in their lives, informants are working many and long hours to meet the fiscal responsibilities of family and school. Financing school is a significant burden for the informants and while financial aid in the form of grants and scholarships may be available for many of them, the majority of the informants did not pursue or investigate how to obtain this type of funding. Those that did follow up on the information for scholarships and grants found the complexity of the application and the time required to complete the application prohibitive.

Technology Factors

Informants felt technology overall is necessary and advantageous for daily life. All informants acknowledged that they were using numerous forms of technology in their private lives with some samples cited: personal computers (PC’s), the internet, personal digital assistants (PDA’s), cellular phones, I Pods, and MP3 players. All informants were required to use computers in their educational program for assignments, papers, mandatory testing, and research. None of the informants expressed any discomfort with using technology in their nursing studies. Technology in health care was viewed overall
as a positive development. When G14KC discussed technology in health care she felt that patients and staff benefit by technology but she was concerned about it being used wisely and not relying on it totally without considering the patient and the clinical picture. She stated:

I like it. I think it’s important. I think you have to always know that…it’s faulty like anything else, you know, so it’s good to have some knowledge so in case something is completely askew, that you don’t just accept it and say…okay. But I do think that it does facilitate quite a few things. God help us, I love the science that doctors note, physician’s orders are printed out in certain facilities because, to me, it’s so much easier to read, there’s less chance of error, and you know, that’s a good thing.

G15EP’s discussion of technology brought in both her personal feelings as well as a health related situation she experienced with her son:

Well, without technology, I don’t think a lot of things would be possible. It’s...my son actually had his kidney removed last summer...the summer before. He had kidney problems. He was born with it. So this was his second surgery and the scar is...I was like....oh my goodness, like they took his kidney out and I mean you can barely see it. So with technology I think scars are better I think. You know, everybody is getting well a little bit better. I think it has its ups and downs. You know, some people say, you know, with all this technology it is causing cancer over here. I think you have to weigh it. Pretty much the rest of the time I like the technology.

When discussing technology in health care G07TM said, “I think it’s good as long as like the actual care, you know, is still focused around the patient.” G01JN expressed concern that technology could affect patient care negatively if it moved health care providers away from the bedside, he stated:

I think…. health care is becoming much more impersonal. Since the patient, he’s basically just a record and…it’s easy for people who are basically controlling the technological side…be it the nurse or the doctor to just look at that. All they do is telling on the chart or whatever is necessary, they become detached from the process. But its people that need caring it’s not just finding a record and that kind of thing.
K09JC talked about using technology daily and when discussing how he perceived technology in everyday life and healthcare he felt nurses should have input into the software they were using, he stated:

"Umm. I used to work with a hospital system that was in developed by a computer department. I love technology. I love computer science. I think it’s very useful for patient care. Yeah, I like tech. Yeah, I like the technology. Anything that doesn’t take away from patient care though. I don’t want it to take away from patient care. And one…like the hospital system uses a software package for like say documentation or vital signs or something. I don’t want...I don’t think like just using software, I think it should be nurses, the people that are using it that help to develop it.

In summary, as described above in the verbatim responses of the informants, technology in their lives is a necessary tool. Without the technology they are using everyday they would not be able to successfully complete their nursing program and would have difficulty in meeting their family and work obligations. Values and beliefs regarding technology were easily described by the informants. Many of them are very technology confident, while a few are using the health care and educational technology and learning it as they go.

*Resources*

Universally the informants identified not using any of the resources provided by the college for them as minority students or even as generic college students except for what was mandated by the curriculum of their program. When asked if they were aware of the resource program provided by the colleges they generally answered, “Yes.” However, when they were asked why they didn’t use the resources, their general response was that they just didn’t have time or didn’t feel they needed to use them. When asked if they would use the resources provided by the college if they needed assistance, their responses were varied. When discussing using the colleges resources G01JN acknowledged, “No. [had not used them] except the AV library where we have to get the videos. I haven’t felt the need to use any of the resources. But, if I did, I wouldn’t have any problem using..."
them.” G02RS acknowledged that, “I know we do have a few resource programs such as at the learning center. I’ve never used any of them, but I know they’re there.” She acknowledged later in the interview to the researcher that resources were a necessity for positive outcomes in school. G03CC also stated that resources are, “one of the other students, someone who I’ve befriended. I used the video lab or...yeah, the videos we must watch.” K02TL indicated when she was discussing resources and getting any kind of assistance:

I would probably ask a peer first. I’m not...not too big on e-mailing instructors because I feel like...I don’t know...I don’t like to be even asking for help. I usually never ask for help, but it would have to be a big serious issue for me to ask the instructor. No. I have never used any of the resource programs here at the college.

K04CD also acknowledged that she didn’t use any of the resources at the college, she stated:

No. No time. They [the faculty] were great though. Like they would come and….they would always send us e-mails and I would and I’d say boy those are so nice, I just wish I had the time. But that would be the only time I ever thought about the resources, I never got… just no time.

When discussing resources at the college with G07TM she acknowledges that she knew the college had resources for students, but stated:

I haven’t used any. They do have the learning center over there which is very helpful. But I get things better on my own. I usually read. And if I don’t understand, I’ll read it again and ask somebody to explain it. And then just read it till I get it.

When discussing her academic performance she did say that she would not hesitate to use the resources if she felt she needed them and if she had the time.

In summary, in their verbatim responses to resources informants clearly believe that resources to help them be successful in their education were very important. After articulating this belief, they distinctly stated that while they were important they did not use any of the non-mandatory college provided resources for their academic programs. Informants generally indicated that the resources provided by the colleges for students
were not the ones they used. Individually identified or developed resources that fit into their hectic schedules were described by informants as their resources for success in their program.

**Support**

Support was viewed and valued by all informants as a necessity to be successful in their nursing program. While support was explicated in a variety of ways by the informants, all acknowledged that it was an essential element to be able to attend school. All informants in the study commuted to school and had varying responsibilities at home and work along with their school work. Support by family, friends, and faculty was seen as essential to be successful, help alleviate stress, and to survive each semester. When discussing the support received, G01JN stated:

Yeah. But yeah, I’ve got a lot of...a lot of support. And I still get a lot of support. Like, for example, with meds and calculations I can get help. Basically students have [helped him] and I think the faculty workshops that we have are great. Also they basically alleviate the anxiety and answer questions.

Later in the interview when discussing personal support from his family he expressed how supportive his wife has been while he is in school, he stated:

She’s excited. She’s always nervous when we have a test...nervous too. But I tell her, you know, talk about this - when I go to school, my wife is going to school too. But she’s very much involved. She’s very accommodating in terms of having to study and she’ll make time for that. So, yes, very supportive of school. Yeah, she wants me to get to finish and succeed.

When G03CC was discussing family support while in the nursing program he talked about the support his wife and children provided. He stated:

My wife understands. I think she understands what I’m going through. I guess she won’t fully understand. She thinks she does. I think she does, but I don’t think she’ll fully understand until she starts her clinical rotations and the nursing program, but she is supportive. And the kids...they just see Daddy going to school. Daddy is studying when they’re studying. Daddy can’t...you know, they want to know why Daddy can study while the television is on or why Daddy can do this with music in the background or why Daddy can sit in the bed and read and they must do it sitting at the table. They understand. I think the 14 year old really
understands that, you know, when I’m done with school it will be better for everyone

G05RW discussed how important it is to her to have her friends and neighbors support and care about her and her family. She stated:

Yeah. My neighbor has a key to my house. So if we go on vacation, she’ll watch the house, you know. She’ll go on vacation and we watch the house. We do have Crime Watch around here too, so everybody congregates and talks and looks out and make sure there are no criminals. And we get together for community events and try to have flea markets and block parties.

G07TM acknowledged that her family was excited about her going to nursing school and that they were, “Very supportive, yeah, very.” When G08AH was discussing support she talked about her relationships with her children as a single parent she stated:

I guess I’m going to say my immediate family supports me, me and my children, we love each other, we kiss each other. They tell me every day they love me and I tell them every day I love them. Thanks for being my mom. Thanks for being my kids. So we’re kind of lovey dovey.

G08AH did acknowledge that she did get what she expected when she started school, her expectation was for, “My family to be supportive and my teachers and professors to teach me.”

G10BS revealed that:

I didn’t get what I expected. When I first started, they assured me that I would have people helping me out and a support system to help me with the classes if I get overwhelmed. And I haven’t really gotten that at all from any outside sources, except for my close friends in the nursing program. But I don’t….I haven’t really felt it anywhere else.

In summary, informants were able to discuss their values, beliefs, and experiences regarding support for them while in the nursing program. Support was viewed as one of the necessities for a meaningful, successful completion of their nursing program. Informants clearly identified their expectations and experiences with both supportive and non-supportive family, friends, faculty, peers, and co-workers when discussing what was viewed as necessary for success in their career goals.
Understanding

Understanding from a variety of standpoints was felt to be necessary for all informants during the nursing program. Understanding what they are going through in the nursing program by family, friends, and nursing faculty was considered a caring attribute. A search of the term understanding in the interviews in QSR N6 revealed it was repeated more than 80 times by the informants. While nine of the informants were born outside of the United States and American English is their second language, overall being foreign born did not seem to be the major area of concern for them. The majority of informants indicated that they did not always understand what was expected of them or the concepts being taught by the nursing faculty. Informants also expressed feeling that at times, faculty did not understand what they as students were experiencing. G01JN is a Nigerian born nursing student who stated:

It is a lot that people take for granted, you know, for example...you go for clinical and somebody tells you...all right, go meet your patients. I think they presume that you understand interactions....the way you should approach it. And I think that’s taken for granted. I think that the small elements like...how should I be when I talk to my patients, should I be myself. How should I act, like myself? At what level should I keep the interaction? Is it personal? It is more business-like? They are not considered, and I think I found those to be the most challenging in school, I need a clear understanding. It’s a good idea for me to prepare, that definitely has helped me a lot.

When discussing the ability to verbally communicate with a foreign accent:

I think because I have an accent, they don’t think that I understand everything that they say. I’m used to that. You know, some of these things I think that I deal with, not only there [at school], but everywhere. An all white school....it’s almost like you have to prove yourself in a big way. But do I feel that they treated me differently because of that? No, I don’t think so. I think they...I think that they have dealt with different people. That’s one of the changes and questions I hear from people. I think it’s something I’m going to deal with as long as I’m in this country.

G04JW felt that someone who understands what nursing students are going through should be available in every nursing program, when she was discussing the nursing program overall she felt:
Because it’s very, very stressful, and especially when you have some instructors that don’t really care what you’re going through…it’s just a mental breakdown. It’s just terrible. You need somebody that you could talk and they’d understand you and give you advice. Talk to you, listen to you, and just say it’s going to be okay.

G06AW’s first language is British English and she expressed that when she in the clinical area she has some trouble with patients and staff understanding her but, when talking about her relationship with her nursing faculty G06AW felt:

Well, I would say it’s good. I’m not getting in trouble. Yes, and I also think that they try to listen and be more personal. I think that some people will try to help us. But some people…it’s not like they don’t want to they just don’t understand me. Most of the faculty do fine, but like when you’re out there in the clinical, maybe someone will say you have an accent. I’m like…oh yes, I do.

In summary, understanding was viewed by all informants as an integral part of a caring experience in school as in their life. They believe that family, friends, and faculty’s sincere desire to understand what they are experiencing and going through while attending the nursing program is showing care to them. The terms understand and understanding were used by every informant when discussing caring relationships and their education while in the nursing program.

*Educational Environment Care and Concerns*

Discussion about the educational environment in the nursing programs revealed a variety of expectations informants had of faculty, families, and themselves. Several informants affirmed that their curriculum didn’t address basic care for minorities with regard to assessment differences or differences in regard to responses to medication. One informant indicated that when information on minority populations was taught in class, she felt that the faculty looked at her for confirmation of the content. One informant, K08LM expressed to the researcher that even the textbooks they were using lacked information that would be beneficial when doing an assessment on a black individual and
that quite often the faculty didn’t even address that there was a difference in the assessment process.

What their expectations were regarding their educational environment and experiences they had while in their nursing program was an area that informants discussed easily with the researcher. Educational caring expressions were described by informants effortlessly regarding their experiences in school. G02RS shared an experience she had with a caring faculty when she was in high school. G02RS stated:

A caring faculty….one thing that pops out in my mind…. one that really popped in my mind…this is going to be funny. I had this gym teacher…she was actually a nun, when I was in high school. And we were just on the road or something. I think she had a deep down inside really, really had this…I couldn’t even imagine…it’s like this unimaginable type of feeling for humankind. Because one of the kids wrote on themselves with a pen and she just was emotionally distraught. And I could not figure it out. We were in gym class and she really got emotionally distraught and she said something about how we have to take care of ourselves and, you know. How we had to take care of ourselves and she really had this sort of spark in her for the subject matter and for just individuals in general. Like she would ask how is everyone doing? I guess she was caring because she really was involved in how you were, how you were making out, and what she could do to help, you know, and advising one and what they might need to improve on. She was really helpful in that manner. I don’t know….when I saw her cry, that really….you know….it was just like someone wrote on their skin with some pen….they were just playing around. But she really took it personally. And I think that’s a part of caring taking whatever you’re doing and taking it to that next step and being personally involved.

G07TM felt that she was supported in the educational environment of her nursing program because of her clinical instructor. She stated:

Well, my clinical instructor right now, she’s… you know, great. I don’t know…my clinical instructor; I just think she makes the environment for learning just very good. Like everything she does… she just focuses on the good things that you do and everything else is just not stressed.

G10BS also felt very comfortable in her clinical environment, and expressed her feeling easily regarding her nursing instructor as she stated:

She allows you to make mistakes. I mean not that you’re going in to make mistakes, but you feel comfortable doing something around her and if it’s wrong,
she’ll let you know. And that, I mean, she let’s us learn. And you’re more comfortable asking her questions. Very comfortable saying, I don’t understand this or...would you please teach me or show me. It’s not even just caring. I mean just patient. Patience is a lot.

K03DT felt her nursing educational environment was a concern at first for her. She describes it as not understanding why she was being singled out, but ultimately she felt it was fair. She described a time where she didn’t understand what her simulation laboratory instructor was trying to do with her and for her during the simulation laboratory classes. She felt she was being treated differently and unfairly by her instructor. She ultimately realized that her instructor was not being unfair to her but trying to help her be successful. Because of this misunderstanding she feels that second year students should share their experiences with first year students. She feels students should mentor each other and discussing this she states:

So first we need to tell them to be encouraged and I don’t mind doing that and going over it. Nobody talked to you and told you that you can do it. So if you are coming into the program and instead of looking at ...they won’t let me go further, you can find your own way. You know, like...I mean, I’ve done something... when I saw (my professor) and instead of saying, ‘Oh this white woman again, she won’t get away from me.’ What I did was, OK, I wiped my tears and told her “thank you,” I know you are not trying to stop me from succeeding, that you want me to succeed and do it right.

G06AW described how she is uncomfortable with some comments faculty make and the way some content was taught in her program. She said that content would be introduced as “this one is an African American disease, but we don’t learn about ‘white’ diseases. It’s not listed that way when we’re taught it.” This type of presentation during class makes her very uncomfortable.

When discussing her educational environment G04JW discussed concerns about meeting her obligations to her family, she explained how she is trying to fit in school with her family responsibilities she stated:

Yeah. I’m the one that has to run them here and run them there. But with nursing school, and I told my husband, like my daughter, she is active in sports. She plays basketball, she does cross-country, track. And my son plays basketball. So it’s like
I cannot do it. I cannot take them to practice… just have to wait, put it on hold until I’m done with school. Because I have to study, I have to read. It’s like the day is not long enough for me to read, you know. Sometimes I’m like, why can’t the day be like 36 hours instead of 24 hours? Yeah, it’s like I’m studying at night, like from 8 or whatever time. I look at the time, it’s like 12:30 or 1:00 in the morning and I’m not even halfway there yet. I’m like…gee, you know. So, yeah, it’s just like I can’t be running them around all days, running them here and running them there because you need to calm down to get into…to read, to understand, to study. I don’t want to be like rush, rush, and, you know.

After discussing this with the researcher, G04JW admitted that she was very upset about not being able to do all of the activities with her children if she took the time she needed to be successful in school. When G05RW was discussing the educational environment of nursing school she was adamant about support, planning schedules, finances, and trying to set time out of the schedule to take care of yourself:

Yes. And plan, yes. Yes, and plan. Plan your finances as best as you can before you even start school. Set your support system up. If you have children, find out who is going to watch them. Know that you need a day to yourself. So as far as…I mean it can really put you at a setback unless you want to live on the streets, it can really like stop you from finishing the program, just the clinical experience. And [my friend] was nice enough, like she cared enough to know that…it’s going to take her out of her way to go … But you know, it’s not that far, knowing that I would have had to actually leave the program completely because there’s no way I would have been able to work and do all that.

After discussing how important it is to have friends that care enough to support you and understand you while you are in school, she readily admitted that she rarely had a day to herself; it was more like an occasional hour. While discussing her program and how she feels she has been treated while attending the nursing program G14KC stated:

I think that my mindset is different this semester I think and it has a lot to do with me, but I also think that I am receiving fair…fairness in regards to education and in regards to teaching me the information and in regards to getting up to par if I’m a little behind in something. I think there’s the fairness factor in there. I really think that to me is everything. It’s all coming together that way. No, I think fair across the board I think and I think that makes a difference. I think that if you go into something thinking that things are unfair, sometimes you cause your own trouble. I think you have to be careful of individuals, not to confuse your state of mind with other people’s state of mind. I think that if you go in with a good attitude, you’ll be surprised. And I can’t say that through all my education I always had the best attitude, but I really feel good this semester and I think it’s because I have
my…like the nurse educational care always says when you walk into the room, have a presence. If you have that presence, then they will have a confidence in you being there even though it says student after your name instead of RN.

In summary, informants were able to discuss the care and concerns they have with regard to their educational environment. In general, the informants described what they believe is a caring and supportive educational environment in their nursing programs. While some of the informants have discussed with the researcher their discomfort with some of the teaching styles, and strategies nursing faculty use while in the classroom and in the clinical area, they have not informed their nursing faculty about these concerns or their discomfort. As described to the researcher, after some of the interviews, when the tape recorder was turned off they didn’t want to get into trouble with the program and they didn’t want to take a chance on not doing well if they addressed their concerns.

Cultural Beliefs and Practices

Cultural beliefs and practices were varied throughout the study. A few of the informants had cultural beliefs and practices that focused on home remedies that they incorporated into their lives. Others did not believe that any cultural beliefs or practices were shared with them by their parents, grandparents, or relatives. When K02TL discussed her family passing on any cultural practices she stated:

It’s hard… no. Definitely not my family. It’s hard because definitely what you learn in nursing school for African American is (they are) mainly high risk for cardiovascular disease. All these diseases are exactly what’s in my family. So me being in nursing school is just like…I know exactly why it’s like that. Because you eat unhealthy food and you don’t exercise. I see what’s going on. But then when you go to nursing school, I’m like…okay, I know why this happened. So I mean I try, for the most part, since I’ve started nursing school I’ve tried to have a life style change as far as fruits and vegetables. After acknowledging that she tried to do this, she did tell this researcher later in the interview that while she was trying to make better lifestyle changes she has really not cared for herself very well since she started school.

K03DT acknowledged that,” We eat our cultural foods which I think is more healthy. We eat our own food.” When asked to describe her beliefs about her foods she stated:
They have vitamins high quality this vitamin actually goes into your blood stream as opposed to some other vitamins you take that goes through the digestive process before they are absorbed. So that is very healthful and then our food, we cook our own food fresh. And try not to take fast food to often on the highway and eat which is okay. So I do all the cooking and I cook all our food for the week on Saturday, that’s when I do all my cooking. Then I cook for like 2 or 3 weeks at a time. We have a...oh, we call our soup which is not your soup. It has a lot of vegetables. Meats. And we get them...they have what we call the African market. So we go into there and I can buy our own kind of food. Then we eat all our food now. Real African food, at least once a day real African food. So...because it’s good because vegetables... there are a lot of vegetables, greens, okra, together with peas meat all that cooked together.

K03DT has been in the United States for 25 years, but she was easily able to describe how the community she came from in Africa believed in family:

So everybody knows everybody, everybody is involved in everybody’s business, you know. It takes a village to raise a child. It’s an old saying. Yes. So everybody’s involved in everybody’s business. I’m from river states in Africa, so I don’t know if that means anything here. River state is actually an African culture. You just believe that family situations and you know family is very, very important. You cannot separate yourself from family. We believe in that strongly.

K04CD indicated that while she did not have any cultural beliefs or rituals that her family followed, she stated, “No, no ritual type of things, we just...go with the flow.”

While talking about cultural beliefs and practices, G01JN related that while visiting with parents in Kenya the realization of how unhealthy his diet had become:

And ultimately here, when you’re watching a show….or something like that, it’s just so easy to eat fast foods. Eventually it becomes a habit a bad habit. I’ve been trying to get back to foods that are fresh and what we make at home, such as fresh vegetables and that kind of thing. It’s funny, we went to Kenya, my wife and I, around March, late March and middle of April. And we found that we were having BM’s like 2 times a day. Kind of blew us away. Yeah. I mean, we...you know, got me thinking, sort of wondering - the more we thought about it, the more we realized that the food we’re eating, you know, most likely came from the garden. It’s fresh...At home [in Kenya], no processed food, lots of fruits and vegetables, and it just kind of blew us away. You know, that we don’t realize that we live with a lot of nonperishables. But then, until we are away from that, it dawns on us that it is a problem.

Cultural beliefs and practices that were taught were very vague recollections to G03CC who stated, “You grow up and your parents would tell you various things. You know,
eat...I don’t now...like taking cod liver oil, you know, that will make you...I don’t know. Whatever they said...I don’t remember exactly.” Cultural foods and beliefs about home remedies and health were very clear to G04JW who stated:

Well, where I’m from [Granada], we cook every day. Everything is healthy. Nothing is frozen not even our chicken. Everything is from the garden and we don’t eat any canned food or stuff. So like with the McDonald’s and buying all this canned food, I mean once in a while, but it’s not something that I keep in my house, like can of soup or can of vegetables and stuff. I’m not into that. Well, it’s hard here in this country to have a home remedy. I mean back home everything is like we know where to find the home remedy. Here I don’t. You know what I mean. So I have to go to the doctor and get some medicine. But if I was in my old country, it was a different story.

G06AW was raised in Kenya and described a cultural practice she was taught growing up that is at odds with her life since she has been in the United States, she states:

In my culture, giving an eye contact is like being rude. That’s rude. And here, raising your voice is required. So I’m really walking on eggs because sometimes I say...I’ll say you know. Not to the elders. Like I wouldn’t look or ask my mom like this.

She said that when she goes back to visit her mother in Kenya while she can look at her mother and the elders in her village when she talks to them she is suppose to look down still, “we try to encourage the kids like not to have eye contact, I know that it sounds so rude.” K03DT is originally from Nigeria and she revealed the same cultural practices:

You have to be very respectful. We don’t talk back. I can be 50 but when my parents say something they always have the last word. You don’t talk back to parents. And also we have a way that when adults are talking to you, don’t look directly into the eyes. No, we don’t. You look down. You don’t look into a person’s eyes. And you’re respectful. Yes maam, yes sir. And you move on. That’s our culture. And that is respect. And then of course yes, we don’t like...aggravate the adults. We don’t.

In summary, a few of the informants born outside of the United States were more easily able to describe cultural beliefs and practices they had been taught by their parents and families. Examples of these described above were practices such as making eye contact and the way respect is shown to elders. Most of the informants born in the United
States revealed less cultural practices they could specifically identify as being taught them by their parents, families, and friends. Cultural beliefs and practices was a category that foreign born informants were better able to articulate than United States born informants.

*Health Related Beliefs*

The majority of the informants were able to define and easily described by professional and generic health and well being related beliefs when discussing health and illness. Most viewed health and well being as a physical, emotional, and spiritual harmony while others described health in specific terms. G02RS discussed health and well being as:

They’re a little bit different. I guess health would be...it would be kind of like your...I guess it would kind of be like your nutritional status. I don’t know if you’d be healthy, but you may have a degree of health. I think health is like the nutritional...the actual...like if you were to do a lab test...that would measure the health. A person’s well-being is more subjective, it’s more like their whole, you know, like their whole self. You know, spiritual, and emotional...that would kind of be like their well-being, you know.

G07TM views health as, “Absence of illness. Oh, health, just...I want to say feeling good about yourself like...like being able to like function every day physically, mentally, spiritually.” G04JW believes, “Healthy. Healthy means...I mean you don’t have to ask, you don’t have any major disease, you know. I mean you get colds and stuff like that. But being healthy is like you can cure yourself.” G01JN discussed the belief that folk medicine and herbs that his father took in Kenya worked well to resolve sinus infections. He stated:

A lot of traditional medicine and I didn’t have an opportunity to take [any] while there, but next time I go, I definitely will seriously go and get them. The people who...it’s a tradition that’s carried down through the generations, so this medicine is handed down from father to the son, what works. Different kinds of medicines. And different herbs. They give you them already made, tell you….now take these herbs and boil them or cook them. All of them, cover yourself with a blanket, and just breathe in the steam. Stuff like that, yeah. Or drink it or whatever.
During her discussion of health beliefs K03DT also discussed different folk remedies she was taught that improve health. She shared that when her parents visit from Nigeria she is brought some of the herbs her mother uses. One in particular that she has used:

And it is...what we have like Hebba leaf. We have some, what you call grass roots. I don’t know. There are special ones that they use. And in our culture that is what we do. What we do is pick them and boil them. And boil a lot of water. And boil this. And give to drink. They’ll save you a glass to drink; you drink liquid that has been boiled. You can drink that. And then the last thing they do is see how you feel, to me and my mom. When it spoils, it’s bitter... right? You know something that spoils sometimes? So what they do, they pick it up from the stove, put it on the floor and you sit over it. And they cover it with a blanket. So now like kind of vaporizing, kind of steaming. And gradually work it out. If you have any kind of illness at that point, it’s going to leave your body the steam will take it out. But you got to sweat it out. And you are only to do it for so long. And they are counting the minutes. Yes. And by the time, you know, sweat is dropping out of your body and think by the time they do like the thing two or three times of sweating that week, that...all of that illness is gone. Right. And then they have another herb called bitterleaf and use that for diabetes too. It’s when you are eating and you know you cannot use spinach or collard greens. You make it like a salad. And when you taste the soup, it’s very different. And it helps out with the illness.

K01MM grew up in Haiti and was taught by her mother to use oil of palm to treat a cold. She says she uses this before she goes to a physician and has been doing this since she was very young. She doesn’t really believe that any special foods improve health other than just eating healthy with fruits and vegetables. G04JW grew up in Granada and stated:

Well, I know that, for instance, if you have a cold, we like in the islands we always have oranges. We always have fruits all year round. But whenever we have an orange, we peel the orange, we like dry the skin. You know, leave it out to dry in the sun and if you have a cold, you boil the orange peel, whatever, and drink that. That’s the cold remedy right there.

During the discussion on health beliefs and practices K04CD remembers a folk remedy her mother used for asthma when she was growing up:

I still remember how to make homemade concoctions. She [her mother] gave my niece who is now 21, who still is a chronic asthmatic. She...when she was a baby, she would give her hot coffee, hot black coffee when she’d see her changing. And I have...my youngest one is an asthmatic now. And from remembering how my
mom used to say...she looks dusky, I’ve learned how to watch my son’s skin changes and I know when this boy is getting ready to go into a full blown asthma attack.

As the discussion continued regarding health beliefs and practices K04CD also remembered her mother using other home remedies:

She’d cook...had to get an onion and a lemon and a sugar and she had a glass full. She covered the onion and the lemon up. And overnight all of that juice would mix...then she’d pour in the sugar and mix it up. And we had to drink it. And the mutton is...what is that stuff they rub on you? Vapor rub. It did. That’s what she would use to mix with the fat and whatever and it was Vapor rub. It made our noses run, smelled like God knows what, but it worked. It worked. It worked.

G15EP remembered a similar remedy her mother used, she stated, “She always says something about garlic and what else does she say? You know, eat garlic and the vinegar. Something about the vinegar. I really never paid attention to it because I’m like...Mom it stinks. G06AW states she was taught a similar type of remedy for a cold:

Like when I have a cold, I usually boil 6 cloves of raw garlic. And ginger. And put some lemon. And I mix it with honey and that’s my remedy for cold. You boil it with some water and just make like a juice and you drink it.

G12TD recalled a home remedy her grandmother used:

My grandmother, she was like someone who would put potatoes in a sock for fever. To break fever. And tie it around your waist and let it sit there for awhile...a while. And like it supposedly relieves your fever and when you take it off, take the potatoes out its black. Yeah. So then your fever is gone.

G13TO who was born in Nigeria talked about some of the folk medicine used by the family:

And yes, some of the folk medicines were holistic medicine. Like when I was growing up there were so many things that really work and I cannot explain now. Like, for example, my grandmother she has one for vomiting a lot and she would use objects such as ashes and put them in the water. And you would just drink it and the vomiting stopped. Yes, it’s not charcoal; it is white ashes...and another one is for ear pain is called leaf wrap. Like you just smoke it and then squeeze it out into the water and put it in the ear, and no more infection. So many things like that we used.
In summary, health related beliefs and practices is one of the categories that the informants born and raised outside of the United States were able to articulate easier than the United States born informants. Informants raised outside the United States generally were able to describe folk medicine using specific herbs such as Hebba leaf, and bitterleaf. Other folk remedies for health restoration such as garlic, vinegar and hot coffee were described by informants born in the United States. While folk remedies were passed on from their parents, usually mothers or grandmothers most did not use these remedies all the time. Some informants described only vague recollections about what remedies they had been told by their mother helped with restoring health.

*Illness Related Beliefs*

When discussing and describing illness the informants defined and described non-physical holistic components such as lack of spirituality, lack of peace, lack of emotional tranquility, and mental distress along with the physical aspect. G01JN stated, “Loneliness, lacking peace is illness. And a big piece is to be at peace with yourself. To have people around you that know you and understand you and that you understand and can talk to you. Illness of course, physical illness is breakdown of the immune system.” G03CC felt, “illness means there, whether it’s physically or mentally, something’s wrong. Something out of the norm, out of whack. Some of the things can be remedied and others can’t.” G05RW defined illness as, “stress, death and sadness.” G02RS believes, “It means having some deficiency. Either it can be a disease process or…basically, that’s what I would think illness is.” G07TM believes that illness is, “Being sick. A disease like diabetes, a chronic disease or like a type of mental disease.” When describing illness G12TD believes, “I think it could be mental or physical.” G04JW stated, “I think illness is really when you have a suffering, have cancer, a handicap. I mean, I don’t want to say handicap, but totally in a wheelchair. You can’t help yourself. You’re needing someone to take care of you. I call that illness.” When discussing illness treatment and beliefs in her village in Kenya G06AW stated:
Basically, initially, like the days of my mom, they used to go to like the elder people who are herbalists, they know all the types of plants in the forest and what they can do. Now because of the technology from the West, it is different back there. We have doctors that basically study medicine from the West. Herbalists. Actually they do study Western medicine and most of them are from Britain and they come over to take care of us. Um, you know basically it’s like you know they still believe it was like an evil spirit in the family, so it’s actually maybe the lack of information for the thing. People still believe. Not that much, but it is always the cause but they link it to something that is not right.

G15EP states:

Illness could mean...just not wanting to get up. It could be like an illness. I mean sometimes you’re just so stressed out that you feel ill. Yes, stress can make you ill. I have a theory that...I’m so stressed out that I made myself sick. You know and I actually...now I just try to calm myself of that, you know, by doing something different or exercising. When I feel myself getting to a certain point that I’m so stressed, I’m like...okay, I have to go and exercise. Stop what I’m doing, I’ll put a book down and go exercise. And I don’t exercise all the time. But when I’m at that point where I’m feeling like this is going to make me sick...I go and...

In summary, illness related beliefs and practices in conjunction with health related beliefs and practices provided a more in depth understanding of how the informants view, value, and treat illness in their lives. Their values and beliefs that health and illness are holistic concepts were very clearly articulated by the informants.

**Barriers to Educational Care**

When discussing the educational experiences the informants have had in school throughout their lifetimes they described a variety of experiences that they viewed as both positive and negative. Some of the educational and life event barriers they shared in the interviews along with some of the non caring behaviors they perceived as barriers to their education while in or prior to getting into the nursing program were discussed.

One informant K06LE described growing up in an inner city neighborhood with gangs, drugs, graffiti, and intermittently going to school. He was never sure when he walked out his front door if he would be shot or mugged. He was into a gang and had tried drugs as well growing up. He believes that he learned somewhat how to read in
elementary school, but his reading ability didn’t go beyond that ability. He said that often when he did go to class, he didn’t have a textbook for the class, since none were available in his classes. His parents were divorced and he was the oldest of 3 children. He related that he didn’t go to his high school graduation because he didn’t think he had graduated. He only found out that he had when he was called at the end of that summer to come and pick up his high school diploma. K06LE stated:

Yes, fighting all the time, you know, in school. Barely made it out of high school. As a matter of fact, I thought I didn’t graduate from high school, you know. So my intention was to just go ahead and forget about it and go towards the military. And you know, so what am I going to do? I eventually was able to go back and get a little credit. The [high school] school contacted me and said, come and pick up your diploma, because I didn’t even go to my graduation or my prom because I didn’t think I was going to graduate and get out of high school.

K06LE was able to relate his frustration and what he called being duped about how other people live when he realized that not everyone lived like his family in his neighborhood. He met a girl in a bar one night and was invited back to her home outside of the city. He was amazed he said that these homes were not attached to each other and had grass around them. He realized at that point that this is what he wanted and enrolled in the community college. When he started classes at the community college he then realized that he was unable to read and write and do math. He stated, “Yeah. And you take placement tests. But I couldn’t read. I couldn’t read properly. I couldn’t write, my writing skills were horrible. My math skills were horrible and, you know…” He said he was so determined to get one of those houses that he sat up at night and taught himself how to read, write, and do math. He was successful in his courses at the community college and graduated with an associate degree. He was then able to go to a 4 year college and get a bachelors degree. Even with his bachelors degree he was still seeking a career that had meaning for him and found that nursing was calling him. He was very clear that his secondary education was a significant barrier to his adult education.
Informant K07KM described her educational care barriers quite differently. She was a good student in class, and also graduated from and inner city high school, but she was accepted to a 4 year University in the city with an academic scholarship in business. While in her first year in college she met and married her husband who was also in the same business major. She completed two years of college and dropped out as she became pregnant with her first child, and over the next few years had another child. One day when her youngest child was about three years old her husband went outside after work to play basketball with some friends. A fight broke out across the street from his basketball game and he went over to help break up the fight. As he was breaking up the fight, he was shot and murdered by one of the boys. She related this history to explain the inner city’s cultural barriers she had to her education and the path she took to get back to school. She said she knew that the business major was not what she wanted and realized at this point in her life that she wanted to be a nurse. She was now a single parent trying to go to nursing school. She said she was unsuccessful in this first attempt due to the overwhelming schedule she had as a single parent with work, school, and her children. She was able to successfully complete a semester of the nursing program but was unable to pass her Anatomy course along with the other class so she dropped out of school again. Several years later she met and married a wonderful man and had two more children before she was able to get back to school. She is now in an associate’s degree nursing program with what she describes as an extremely hectic schedule but this time she is receiving educational care with support from her family, friends, and faculty and she says she is doing well.

G09DH and G11KJ expressed how determination and the importance of the education and career must be to continue in the nursing program, they said:

And you have to be strong. You actually have to want this because there’s no way you can put yourself through all of what you’re going through and not really want this career. Because there’s no way you would stay in it if you didn’t really want to
be there. Like if it just didn’t matter to you, I think it would be so much easier for you to just walk away.

In summary, barriers to educational care for the informants in this study varied greatly from difficult secondary educational experiences to the problems of being a nursing student while working and meeting family obligations. Informants continually discussed the importance of support and care from family and faculty along with a self determination to successfully complete the program.

*Environmental Context and Concerns*

Universally when discussing their lifeways while in the nursing program informants in the study stated that they “don’t have a life.” Many of the informants stressed that they have put their life on hold while attending nursing school and it has been very hard on them and their families. Family life and support was a very strong emphasis from all the informants during the study. As stated earlier, all informants in the study are commuting students and the context of their educational care environment includes the totality of their lives at home, with their jobs, and their nursing program on the college campus with its social and political implications. As stated earlier informants all attend nursing programs in suburban settings. Politically none of the informants were active in their college community. Most stated that they go for class or lab and then don’t have time to participate in the social activities or politics of the campus. One student acknowledged that he attended one soccer game in the past year because he knew one of the other college students who was playing, but even then, he arrived late and could not stay for the entire game.

Discussing the cultural diversity they see in their colleges and nursing programs informants easily described their views. G03CC stated, “You know, if you look at percentages and numbers...no, it’s not diverse. But if you’re going to say we have...if you ask a few African Americans or however many maybe five Indians.” G04JW stated:
I don’t know why you have to be…I grew up in Granada. I’m from a black island. We had a lot of tourists. And I grew up, I never knew about people not liking people, not liking this race or culture. Because like when we had white people, we just loved them. I didn’t know about the separation. And I’m proud of who I am. And I don’t see, like even in this country, I don’t see the next person, the next person sitting next to me being white or black. I don’t see that. You know, I’m a black person. I’m proud of that and I carry that. But I could be sitting in a room full of white people; I don’t see them being white.

G01JN stated:

It [the college] is diverse. I notice quite a few blacks. I have noticed Indians. And men of different cultures are rare in nursing. I think it’s a general cultural thing, especially as you look at it from a…you know, a predominantly white school. In a big way I think coming from an African culture, you find that people are more...they’re less direct in communication. So sometimes somebody well tell you…oh, it’s okay, but it’s really not okay. They say it’s okay, then it’s really not okay, you know. So that really bothers me. In my culture things are very clearly stated.

G02RS described:

Definitely have like a small black...small black community. You really don’t see most of the nursing students because they’re...we’re not all here at the same time. Yeah. You go, you know, like upper level students. I know one young lady…she’s from like a different ethnic group and I’m not sure what her ethnic group is, but… She’s not white and she’s not black. I’m not sure what she is.

Discussing concern about their environment at home and at the college, overall the informants described feeling safe on their campus. They also described generally feeling safe going to their clinical rotations. Some were not as comfortable about their home environment. G06AW stated, “Yeah, I don’t [feel safe]. No. I try not to [go out at night]. When I come from a walk, I just run to the door.” G02RS stated:

Yeah. I don’t feel like…I feel pretty safe. I just...yeah...I don’t know...I just need to...I feel pretty safe, for the most part. I just always fear a little bit of my feeling....because we do have bad people that live in...the general area, it makes you think now, but someone who is watching me...I had no idea he even knew that I had a car. You know, he’s watching me...he knows that ...has this one. So that kind of says something about that. I feel safe going in and out of my house...I don’t feel like my life is at jeopardy or anything.
G05RW stated she was very worried about her home environment and determined to keep her family safe and finish school so she moved while still in school to help protect her children:

My environment. It was a tough the neighborhood I came from. So I’ve been here for just about a year. I just had to go. And it [this neighborhood] was a good environment for us to move our family because my mother is living with me, like my father, my brother. We all worked together. But it was just the environment was bad. With the gunshots and the drugs and having to worry about the kids and cars being broken into and all that stuff. I didn’t have a Plan B. This is what I wanted and I was not going to stop until I got it. So I think that’s what definitely did it. I was very, very determined. Very determined.

When G07TM described her environment, she said she was not one to socialize but she was not uncomfortable in her neighborhood and her neighbors watch out for her:

Yeah, stuff like that my neighbors would do, even though like I really...I keep to myself. So I really don’t talk to my neighbors much. I say hi, you know, the basic stuff...hi, how are you doing, talk to their kids, you know. So I’ll initiate stuff like that, but other than that, I won’t sit outside and talk to them. But I know that they watch my car...Yeah, they keep an eye out on everything.

G15EP expressed:

Yeah. I think the environment where I’m at right now...its okay, but I feel like I can’t let my children too much out of my sight in the area we’re in. You know, they have their quiet months and then you have the months where I guess there’s a lot of activity in the city and everybody wants to act up at the same time because I’m living at the section, that is so... I mean well honestly, like on my block, I don’t feel like that. On my block it seems like, you know, because the people see you, they know you, so they don’t bother you. They know...I guess they probably know your routine. You know...oh, she’s here, but she’s just going into the house and she comes back out.

In summary, environmental context and concerns were based mostly on their place of residence and not their college campuses. Those informants who described living in an environment that was unsafe usually resided in an inner city neighborhood. Some informants when discussing their living environment acknowledged that they didn’t plan on living there for a long time, just until they could finish school and get a job working as a nurse.
Summary

Using Leininger’s phases of data analysis (APPENDIX 10) Phase II identified the categories (Table 5) and descriptors in this chapter that were coded and classified as they related to the culture care education and experiences of African American students in predominantly Euro American associate degree nursing programs. The emic and etic descriptors were scrutinized within the context of the study for similarities and differences as they related to this domain of inquiry and the research questions. Recurrent components were again scrutinized for their meanings in context and eight patterns emerged from this analysis.

Table 5
Categories Identified in Phase II

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<tr>
<td>1 Worldview of African American Associate Degree Nursing Students</td>
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<tr>
<td>2 Meanings and Expressions of Care</td>
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<td>3 Non-caring Expressions</td>
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<td>4 Economic Care Factors</td>
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<td>5 Technology Factors</td>
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<td>7 Support</td>
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<td>8 Understanding</td>
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<td>9 Educational Environment Care and Concerns</td>
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<td>10 Cultural Beliefs and Practice</td>
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<td>11 Health Related Beliefs</td>
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Phase III - Presentation of Patterns

Phase III of data analysis examined the data that was documented and coded in the Phase II categories to identify patterns (Table 6) and the interpretation of the data as it related to the domain of inquiry and the study’s research questions. Data was evaluated for saturation of ideas, expressions, and explanations of culture care values, beliefs, and experiences in the environmental context of predominantly Euro American associate degree nursing programs. The data was also examined for patterns in-context with meanings and expressions to confirm the findings.

In the process of scrutinizing the categories identified, documented and coded in phase II of the data analysis, patterns emerged that were supported by data from the informants however, the patterns emerged in a random order when examined directly from the categories. During phase III of the analysis the random patterns were reorganized into groupings that support the themes that were contextualized from the creative reflection on the patterns. Using Leininger’s phases of ethnonursing analysis for qualitative data (APPENDIX 10) the following patterns emerged from the informant’s responses:

1. A pattern of caring and understanding by family, friends, and faculty is essential
2. A pattern of education as valued and sought after
3. A pattern of religion and spiritual beliefs as an essential part of life

Supporting Categories/Cultural Context for patterns 1-3: worldview, meanings and expressions of care, non-caring expressions, support, educational environment care and concerns,
4. A pattern of health and illness beliefs as holistic concepts incorporating physical, spiritual, emotional, and mental aspects of life

5. A pattern of technology as important to daily life, health, and health care

   Supporting Categories/Cultural Context for patterns 4 & 5: cultural beliefs and practices, health related beliefs, illness related beliefs, kinship and social factors, technology factors, environmental context and concerns

6. A pattern of students’ non-use of available college resources

7. A pattern of expected social interactions by family, friends, religion, and school resulting in lack of self-care

8. A pattern of financial resources as important for education

   Supporting Categories/Cultural Context for patterns 6-8: worldview, economic care factors, technology factors, environmental context and concerns

Phase IV Themes

This is the fourth and final phase of the data analysis (APPENDIX 10). During this phase three major themes emerged (Table 6) from analysis and creative reflection and synthesis down from the 14 identified categories and eight patterns of the culture care education and experiences of African American students in predominantly Euro American Associate Degree Nursing programs. The three major themes and the supporting patterns will be presented in the remainder of this chapter.

Table 6
Three Major Themes

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<tr>
<td>1 Care, understanding, and spirituality by family, friends, and faculty are essential for meaningful educational experiences for African American students.</td>
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Theme One: Care, understanding, and spirituality by family, friends, and faculty are essential for meaningful educational experiences for African American students.

The patterns of care that supported this theme were (a) a pattern of caring and understanding by family, friends, and faculty as essential, (b) a pattern of education as valued and sought after, (c) a pattern of religion and spiritual beliefs as an essential part of life.

The universal pattern of caring and understanding by family, friends, and faculty as essential emerged from the verbatim descriptions in the categories of worldview, meanings and expressions of care, and support. The verbatim descriptions of how essential support, caring, and empathy are to achieving positive and meaningful outcomes in their education were described by all the informants. As described by key informant K04CD her family, specifically her mother was her role model as she was growing up and she provided care and understanding for her during her education. She felt this was essential for her education to have meaning. Key informant K05LB described how important encouragement, caring, and support from her family has been for her, “I was blessed with a wonderful grandmother, a wonderful mother. My grandmother taught us a lot and she was always very caring. And she was just constantly giving me encouragement to pick myself up a little bit. And she was healthy for me.” G02RS easily discussed how her family supports and cares about her while she is in school, she declared:
I can be somewhat lazy sometimes and when I’m lazy I get those Bs. But when I’m not being lazy, I get those As. So it’s my family telling me...now we’re not going to be lazy any more, are we? And I told them I got a B and they’re like...you didn’t study? What do you mean...I didn’t study because I got a B?

She shyly admitted that they were important to her to keep her focused on her education.

G03CC easily discussed how important friends and neighbors are to attending school. “They look out for the kids if they’re playing outside, you know, and cars coming by and they shoo them in the home if they’re out in the yard. So I mean they just show that they care. They don’t want anything to happen to my kids or their kids or my dog, for that matter, you know if my dog were to get out of the yard and start running around.”

Care by faculty was viewed as necessary and important for a meaningful educational experience. General informant G06AW simply stated that she needed a caring faculty person to, “listen to me. Asking, trying to understand me, so that they can basically know the care that I need.” She felt if the faculty didn’t talk to her and listen to what she was saying they wouldn’t be able to help her with her education.

Care and support by not only friends but employers was described by one general informant G04CD who worked the night shift as a nursing assistant. She described one of many examples she had of how the nurse manager in her unit supported her:

I went to work one night and I forgot I had a test the next morning. Because of all my stress when I put it on my calendar for the week, I put it on another week. So I called my nurse manager at home, 8:00 at night. I was like...I have a test in the morning. She said...go home. She said...go home and you owe me 8 hours. But this was the kind of support that I had.

The universal pattern of education as valued and sought after emerged clearly in the categories of world view, educational environment care and concerns, and barriers to educational care. Informants described in their verbatim responses many reasons why they chose the educational path of their associate degree nursing program from time and cost to recommendations by co-workers. Education was viewed, valued, and sought after
as a means to improve themselves and their lives. Previous educational achievements of the informants also signifies the value placed on education with two informants holding masters degrees in other fields, 10 with bachelors degrees, two with associate degrees, and five with one to two and a half years at other colleges prior to attending their current nursing program. While 10 have bachelors degrees in other fields, 11 of the informants are working in the health care arena with seven as certified nursing assistants and one as a licensed practical nurse. Success in the nursing program was viewed as a high priority to African American students in predominantly Euro American associate degree nursing programs and the caring and support they receive from family, friends, and faculty are important aspects of this priority. All informants acknowledged wanting to go on for more education after obtaining their associate degree in nursing with G14KC stating:

And I also look forward on the same note…educators are very special individuals because they are facilitating others to go and help. So I am not opposed to, God willing, when I get past my associate degree, BSN, looking into masters so that I could possibly at some point in time, in my life become an educator.

K06LE stated:

Once I have this degree [associate degree in nursing] behind me, so you have a nursing degree. You work in the finance department, you’re a registered nurse. That will make me decide to go back to get my Masters degree. I can get it. I already have a Bachelors degree a B.S. in Business. And I was thinking about…I could go for my MBA you know.

In the universal pattern of religion and spiritual beliefs as an essential part of life informants easily articulated what religious beliefs mean to them. Religion was viewed as an essential component to meaningful experiences and a way of focus for many of the informants. Religion or spiritual beliefs were an important factor in the lifeways of the informants in this study. While not all informants profess to an organized religion, their beliefs are felt deeply and are important to their lives. For K06LE religion is not formal:

Not of the world, you know, but of my personal belief, my personal feelings of what I believe…I can feel it, with my heart. I just know that there is a spiritual being. We call God in the United States in America, but all across the world, God
is called something else. I only use that terminology, God, you know, because everybody else uses that word. I don’t know if it’s God, Allah, or Buddha. I don’t know. I just say that he knows because he lives. He or she or whatever. I can’t diminish that by that term. I just know it’s there. Whatever it is…that we don’t have it by chance.

For key informants K03DT, religion and her beliefs “means everything. It’s my life.” For general informant GEP15 she believes, “I mean if it wasn’t for my religion, I don’t think that this would be possible.” Religious beliefs for G14KC were described “for me, personally, its religion which facilitates that positive thinking.”

Theme Two: For African American students professional and generic health and illness beliefs are holistic concepts incorporated into all aspects of life including pursuing a professional nursing education

The patterns of care that support this theme were (a) a pattern of health and illness beliefs as holistic concepts incorporating physical, spiritual, emotional, and mental aspects of life, (b) a pattern of technology as important to daily life, health, and health care.

The pattern of health and illness beliefs as holistic concepts incorporating physical, spiritual, emotional, and mental was derived directly from informants verbatim responses related to the categories of cultural beliefs and practices, health related beliefs and illness related beliefs and environmental context and concerns. When discussing health and illness most informants described all facets of health and illness including physical, spiritual, emotional, and mental components. When discussing treatment of illness some informants acknowledged having incorporated folk care remedies into their lives, others chose to “ignore” to some extent what they were taught by their parents, grandparents, friends, and relatives. Acknowledging that they generally do not practice the cultural folk care remedies taught them, most agreed that when sick they would treat themselves before they call a physician or nurse practitioner. Informants who grew up in Africa or one of the Caribbean islands were easily able to articulate specific cultural folk beliefs and practices they were taught that restored or maintained health. One general informant G01JN discussed visiting his parents in Africa and not being able to take
advantage of a folk remedy for a sinus infection, but declared that he will call on the herbalist when he goes to visit his parents in the future. Only one key informant K03DT acknowledged that she continues to eat her cultural foods each day, and uses some of her folk remedies to treat “colds.”

Informants overwhelmingly believe that general health is a harmony between the physical, emotional, and spiritual aspects of life. Most believe that physical health means that you do not have a disease, while a few believe that you can have a chronic disease and be healthy as long as you properly treat the disease. Western medicine was their response to “proper treatment.” To maintain health or stay healthy they express the importance of a healthy diet and exercise. When describing a healthy diet all include fruits, vegetables, and proteins such as chicken, fish, and beef. Three informants, one key and two general, believe cultural foods are healthier. Informants described not only physical ailments such as diabetes, cancer, heart disease and high blood pressure as illness but concepts such as, lack of spirituality, mental distress, and lack of emotional tranquility as illness. General informant GEP15 states that illness can also be a result of severe stress.

Informants acknowledged they were comfortable in their college environments and felt this was part of being healthy. They did not feel threatened or unsafe while attending any of their classes or believe that they were in any danger while in their clinical rotations. Within the environmental context of their associate degree programs they don’t believe that their health has been negatively affected by the schedules, rotations, or their school environments. A few of the informants expressed discomfort in their home environments due to the violence, drugs, and gangs that are in the neighborhoods where they live. During this study, this researcher conducted a couple interviews in the informant’s homes. Some of the residences were located in the inner city of Philadelphia and it was noted that homes along one of the streets were boarded up and had racial graffiti on the walls. When discussing the neighborhood with the general informant, she
indicated that she was not comfortable during the evening hours and would run from her
car to her door when she arrived home after dark. She also indicated that she was
planning on staying only until she finished school and could afford to move out of the
neighborhood.

While the majority of the informants have health insurance either because their
nursing program requires it for them to complete clinical experiences or they have it
through their employment, the few informants who do not have health insurance
expressed concern about illness and how that would affect them overall; in their lives;
with school work; with their families; and with their current employment. Many
indicated that they put their faith and trust in God and prayed to stay healthy.

The pattern of use of technology as important to daily life, health, and health care
was derived directly from the verbatim responses in the categories of technology and
technology factors in daily life and health care. Informants generally believe that
technology is a good and necessary tool. All use technology everyday describing as
examples their use of computers, microwave ovens, cellular phones, personal digital
assistants, digital video recorders and players, and many other forms of technology, but
not all are comfortable with all forms of technology. G10BS described her first on line
course as, “I haven’t got comfortable with that yet. Yes, yes. I’m learning it. I will jump
on there, but in my mind I’m quivering.” They all easily described using technology in
various forms during their daily activities, and when discussing health, illness, and health
care they generally felt that it was a beneficial and necessary tool in the treatment of
illness. They described their experiences using technology while in their clinical
rotations in the forms of computers to complete electronic documentation; they are using
technology in the administration of medications to their patients. They described the
ability of health care providers, such as doctors, nurses, therapists, and case managers to
quickly access medical, laboratory, and x-ray information on the patients as an excellent
tool in the treatment of illness. They believe that technology can decrease medical errors,
help health care providers do a better job in treating patients and when documentation is electronic, they clearly consider it easier to read a chart. A few of the informants expressed caution about technology fearing that it could “de-personalize” care to patients if not used properly. When general informant G02RS discussed technology in health care she stated:

… I think that it’s going to play… technology will play a huge part in health care in the near future. And a lot of these things have already started to show up in, you know, nursing homes and hospitals and things like that. And I think it’s going to definitely provide better care. It will allow nurses to provide better care and doctors as well.

Theme Three: Care expressed through social interactions, financial support, resources, and scheduling are viewed as significant to beneficial educational outcomes for African American students.

The patterns of care that support this theme were (a) a pattern of expected social interactions by family, friends, religion, and school resulting in lack of self-care, (b) a pattern of non-use of college resources in place for students, (c) a pattern of financial resources as important for education.

The pattern of expected social interactions by family, friends, religion, and school resulting in lack of self-care was derived directly from informant’s responses in the cultural context of their worldview, cultural beliefs, and technology factors. Informants described daily schedules that were so full that they did not have a “social life.” This was perceived as a major conflict with their general lifeways. Family is a priority and while trying to meet family obligations and required familial social interactions, and go to school, the social interactions with family and friends were severely limited. Where they would see certain family and friends almost daily before starting school, visits were now shorter and much less often. Informants indicated that family also felt they were not socializing enough with them. General informants G02RS discussed how her grandmother, godparents, and godsisters were indicating she is not around enough now
that she is in school. Some informants did not have any blood relatives in the immediate area but extended family was also included in their concern about social interactions. Informants clearly acknowledged that support and care from family including participation in social interactions was essential to meaningful educational experiences for them. Informants easily discussed how important family and social interactions are for kinship and their lifeways. In contrast to this view, the expressions often used by the informants during the interview were that they “don’t have a life.” This was expressed by the majority of informants in the study. All described the dramatic changes in their life since starting the nursing program and how their daily schedules and lifeways have been dramatically altered to go to school. They almost universally indicated that their social life is non existent. A few admitted that they were told that they would have a very intense two years in the program but both general and key informants acknowledged they did not believe that it would be as intense as they have found it to be.

When discussing taking care of self, universally all informants responded that they had not shown care to themselves since starting school. Some of the informants acknowledged that they try to take an hour now and then but generally they have not taken care of themselves since they started their nursing program. They all acknowledged that it was very important to take care of self but confessed to not doing so. When asked how she cared for herself key informant K04CD stated:

Awfully. One of my clinical instructors also a coworker she just reamed me forever and ever. I don’t…take care of myself and I always take care of other people, like I don’t do what I say. I had not been for two years to my doctor. I was in the bed at 2 a.m. and up at 5a.m. My doctor, because I have high blood pressure said…He’s like…are you crazy? …you need to find another way because you are stressing yourself out. So, no, I don’t take care of myself. I was so busy taking care of everything else and everybody else, you know.

Informants were very clear that family responsibility is a significant part of their lifeways and worldview. Informants repeatedly indicated that you cannot separate yourself from family and family is important for support and positive outcomes.
However, family responsibilities require a time commitment and this impacts daily schedules and time for study. Cultural beliefs and practices impact daily life and require time commitments. Generally, informants described daily schedules that begin in early morning and end in early mornings with their cultural family responsibilities a significant part of the day.

Informants easily discussed how their use of technology assists them meet school obligations and everyday life chores and activities. Cellular phones, computers, personal digital assistants (PDAs), and on-line courses assist them with their daily schedules to help meet obligations that are overwhelming at times. Even though most of the informants discussed fiscal constraints all indicated that they used technology for their daily life. Technology was viewed as an essential tool that helped to make their hectic schedules work.

The pattern of students’ non-use of available college resources was derived directly from verbatim responses by informants regarding resources, economic factors, and environmental context and concerns. Informants universally identified the importance of having resources for positive outcomes in education. Generally the informants were able to describe the resources the college provided for students even though they did not use them. The only college resources that the informants acknowledged using were the ones that were mandated by their curriculum. Any of the other resources, such as learning resource centers, software packages for test taking success, tutoring, and college sponsored organizations supporting students from minority populations along with academic support services were not used. Informants indicated that they would be comfortable using the resources, just that they did not have time in their schedules to take advantage of these resources. The resources informants did identify using were personally developed such as, peers, self-selected study groups or a study buddy, and occasionally, if necessary, they would ask their instructor or faculty in the course. G08AH in talking about college resources said, “They have tutoring, but I
can never get an appointment at the time I can go… I usually reach out to peers and coworkers. One of those people who pretty much understand the material, I’ll ask them a question.”

The pattern of financial resources as important for education was derived directly from the verbatim responses of the informants in the cultural context of worldview and categories of economic care factors and environmental context and concerns. Informants were easily able to describe their difficulty in meeting financial responsibilities while working long hours and not caring for themselves. Informants described how important caring for self is, while acknowledging that actions toward self care were very limited while in school due to working, school, and family responsibilities. All of the informants described in some way how the economics of going to school, keeping up a home and job negatively affected self care.

Financial responsibility and source of funding for school was seen as a significant factor affecting their daily life. Over half of the informants in the study work 40 hours per week while trying to complete school and meet their family financial obligations. Discussions on finances revealed that even when given information on grants and scholarships, many of the informants did not follow through on filling out the forms due to lack of time on their parts. Both key and general informants repeatedly discussed how their schedules do not allow enough time to meet all their obligations and responsibilities.

Informants indicated that while their social life was nonexistent, and this was a significant concern by family and friends and a real conflict for them culturally, they did not see any other way to achieve their goal of a nursing education other than to continue on the path they were taking for their education. A few informants described unease regarding their living environment but acknowledged that they could not afford to relocate or move at this time. Again, their environment at each of their colleges was a comfortable safe haven for them.
The three themes (1) care, understanding, and spirituality by family, friends, and faculty are essential for meaningful educational experiences for African American, (2) for African American students professional and generic health and illness beliefs are holistic concepts incorporated into all aspects of life including pursuing a professional nursing education, (3) care expressed through social interactions, financial support, resources, and scheduling are viewed as significant to beneficial educational outcomes for African American students emerged from the patterns after concurrent and intensive analysis and creative reflection on the data in context within the domain of inquiry and the research questions. Follow up discussions by this researcher with key informants during phase IV of the analysis, in the form of emails, and phone conversations confirmed that the identified patterns and themes accurately reflect the beliefs, values, and practices of African American students in predominantly Euro American associate degree nursing programs based on their emic experiences.

In summary, African American students in predominantly Euro American associate degree nursing programs identified and described in rich detail how important care by family, friends, and faculty is in their lives for meaningful, positive, and beneficial educational outcomes. They provided insight into the social and cultural expectations their families and they have of themselves while in a nursing program along with their cultural health and illness beliefs as African American students attending a nursing program. They elegantly described their daily lifeways, worldviews, expectations and experiences with academia from secondary education through their post secondary nursing education. A conceptual model (Figure 1) was developed to illustrate the relationship of the three major thematic concepts identified from the study data. Together all three themes provide an beginning insight into the daily lives, expectation, experiences, values, and beliefs of informants while in predominantly Euro American associate degree nursing programs.
Transcultural Care Decisions & Actions

Culture Care Preservation/Maintenance
Culture Care Accommodation/Negotiation
Culture Care Repatterning/Restructuring

deRuyter’s Model of Culture Care Education

CHAPTER V

DISCUSSION OF THE FINDINGS

The purpose of this ethnonursing study was to explore, discover, and analyze the culture care educational experiences of African American students within the environmental context of their predominantly Euro American Associate Degree Nursing Programs. It was postulated that discovery of the cultural lifeways, beliefs, and educational experiences of African American students in predominantly Euro American Associate Degree programs would provide additional data associate degree nursing programs and nurse educators could utilize that would lead to more culturally congruent educational care paths. Culturally congruent education would promote meaningful educational experiences and ultimately help to improve retention and graduation of African American students in predominantly Euro American associate degree nursing programs.

The ethnonursing method was used to discover the emic (insider) views of African American students related to the domain of inquiry. Observations of this researcher (etic) were also included as part of this study. Data were collected for over a year in the environmental context of the Associate Degree programs in southeastern Pennsylvania and Southern New Jersey. The quantity of time spent in conducting the research and the extensive amount of data collected assisted in substantiating the data, based on the research criteria of credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability.

The findings from this study are grounded in extensive verbatim descriptors and focus on the patterns and themes discovered in relation to the Culture Care Theory. Verbatim descriptions were presented in Chapter IV that explicated the 14 categories of worldview of African American students, the meanings and expressions of care, non-
caring expressions, economic care factors, technology factors, resources, support, understanding, educational environment care and concerns, cultural beliefs and practices, health related beliefs, illness related beliefs, barriers to education, and environmental context and concerns. From the 14 categories data were continually scrutinized for saturation of ideas and recurrent patterns related to the domain of inquiry. From the categories eight patterns: (1) caring and understanding by family, friends, and faculty as essential, (2) education as valued and sought after, (3) religion and spiritual beliefs as an essential part of life, (4) health and illness beliefs as holistic concepts incorporating physical, spiritual, emotional, and mental aspects of life, (5) use of technology as necessary for health and health care, (6) non-utilization of college resources in place for students, (7) expected social interactions by family, friends, religion, and school resulting in lack of self-care, (8) financial resources as important for education emerged with respect to meanings in-context, along with further credibility and confirmability of findings. The common three themes that were abstracted from the eight patterns were based on the verbatim responses of informants during data collection interviews and follow up conversations and interactions with the informants regarding the study findings as well as the observation/participation of the researcher during data collection.

The three major themes that emerged from the data in the study were (a) care, understanding, and spirituality by family, friends, and faculty are essential for meaningful educational experiences for African American students (b) for African American students professional and generic health and illness beliefs are holistic concepts incorporated into all aspects of life (c) care expressed through social interactions, financial support, resources, and scheduling are viewed as significant to beneficial educational outcomes for African American. Each of these themes will be discussed in this chapter.
Theme One: Care, understanding, and spirituality by family, friends, and faculty are essential for meaningful educational experiences for African American students.

This first theme clearly emerged from the universal patterns identifying the importance of family, friends, and faculty for meaningful and constructive educational experiences to occur. African American students repeatedly discussed the importance of support and care by family members as essential to a positive educational experience. Care was defined by the informants using terms such as; understanding, sincerity, support, patience, respect, respecting feelings, listening, being compassionate, and doing for others. Informants included friends or non-blood relatives in their discussions of social interactions with “family” members; this finding supports the extended family structure of African American families identified in existing literature. This study’s findings support the current literature identifying family support as an important component to positive outcomes for African American students. This study’s findings also support the literature (Morgan, 2002; Glanville, 2003) regarding the high value placed on education by African American families including the cooperative efforts families demonstrated with informants to obtain their education.

Informants repeatedly described the significance of support by faculty for meaningful educational experiences. Previous studies by Buckley (1980), Kersey-Matusiak (1999), and Elling and Furr (2002) in Chapter II are supported by the results of this study identifying the significance of faculty to a positive educational outcome.

Religion was valued and described by informants as an integrated and essential component of caring. The belief in a higher power that is dominant and necessary in every aspect of their lifeways and makes all things possible supports existing literature. In addition, the diversity of religious affiliations by the informants also supports existing literature (Leininger & McFarland, 2002).

In summary, the responses by informants in this study support existing research on the significance of care, support, and understanding by family members and faculty
for beneficial cultural experiences. This study’s findings revealed the significance of care for African American students in predominantly Euro American associate degree nursing programs. Family care was viewed as an important component of a beneficial outcome. Faculty care and support was repeatedly expressed as an important component of a beneficial educational outcome. Religion and spiritual beliefs are integral to all aspects of life including education. Informants identified these findings as imperative for positive educational experiences to take place for African American students in the environmental context of predominantly Euro American associated degree nursing programs.

**Theme Two: For African American students professional and generic health and illness beliefs are holistic concepts incorporated into all aspects of life including pursuing a professional nursing education.**

Theme two creatively emerged from the universal patterns to reveal the significance of the beliefs, values, practices, and lifeways of informants concerning health and illness. Informants described health and illness as holistic concepts that integrated physical, emotional, spiritual, and mental characteristics throughout their daily lifeways. While most informants indicated they do use professional health care providers such as physicians, nurse practitioners, midwives, etc. for illnesses, many indicated that they and their families would usually wait and try to treat the illness at home themselves before calling a physician or nurse practitioner. This finding supports the existing literature in Glanville (2003) “the role of the family has an impact on the health-seeking behaviors of African Americans. African Americans have strong family ties; when an individual becomes ill, that individual is frequently taught to seek health care from the family rather than from healthcare professionals” (p. 47). The finding in this study concerning faith, spiritual beliefs, and family involvement in health and illness practices supports the existing literature for African American populations.
This theme revealed the significance of nurse educators understanding their students’ health and illness beliefs, backgrounds, practices, and values when teaching the nursing curriculum. Informants expressed cultural discomfort at specific educational experiences. Informants expressed discomfort in the classroom setting when nursing faculty, teaching health related content concerning minorities, looked to them [the informant] for confirmation and on minority population health. Moreover, informants also verbalized, in several interviews, disappointment when physical assessments were taught in class and assessment of minority populations were not addressed or discussed at all during the didactic content. Informants expressed the expectation that nurse educators would understand their cultural health and illness beliefs and practices and teach them nursing content that would support, explain, or facilitate from a nursing perspective how to teach them to either support or modify minority health beliefs or practices in their practice of nursing.

Many informants expressed their belief that spirituality and religious beliefs were an integral part of health care but did not find spirituality and religious beliefs taught as part of their nursing curriculum. This study’s findings, in this theme, revealed how significant the identification of cultural health and illness beliefs, values, and practices are when teaching in associate degree nursing curriculums.

An interesting finding of this study was that while the majority of the informants expressed that they use professional healthcare providers and had health insurance, there were a few whose programs did not require students to have medical coverage, and those students did not have any health insurance. When discussing health insurance, they indicated during the interview that it was good that it was not required for school since it was so expensive. When discussing their beliefs about health care and illness for themselves, all those who didn’t have health care said they put their faith in God and “prayed” to stay healthy.
Technology was viewed universally by the informants as an important tool in daily life and health care today with a belief that it would play a more central role in health care in the future. The majority of informants believed that the use of technology by health care providers supported better care by caregivers. A few informants indicated they were not totally comfortable with some of the medical technology nevertheless they were learning it and using it daily in their education and clinical experiences.

In summary, informants clearly articulated their belief and views that health and illness were holistic concepts that could not be separated from religious beliefs. Informants were uncomfortable with some of the teaching techniques and strategies used by faculty when teaching health and illness content in the curriculum and felt that there was a disparity in the educational material regarding what was taught about minority populations. All informants have incorporated technology into their daily lives, education, and clinical experiences and believe that technology is valuable in health care and a necessary tool for all health care providers.

Theme Three: Care expressed through social interactions, financial support, resources, and scheduling are viewed as significant to beneficial educational outcomes for African American students.

This theme emerged clearly from the universal patterns and revealed the views, beliefs, and lifeways of African American students in associate degree nursing programs and how they are meeting cultural expectations, financial obligations, and educational goals in their daily schedules. These students manage an intense and condensed nursing curriculum, cultural family obligations, and work responsibilities that in combination cause cultural conflicts in their lives that impact nursing education experiences. What they describe as their normal social interactions with family have been limited while attending the nursing program and this is perceived by some of the informants’ families as a conflict. While most of the families are very supportive and are providing emotional, physical, and financial care and support to the informants while in school,
there is still a perceived conflict by both informants and families regarding expected social interactions and obligations.

Financial resources and fiscal responsibilities was a finding of this study that support existing literature (Leininger & McFarland, 2002; Purnell & Paulanka, 2003). All of the informants indicated that it was a financial burden for them to go to school. Many are paying for school out of pocket or with loans and financial assistance from their employers, families, and friends. While their nursing programs supplied information on how to obtain grants and scholarships that are available for nursing students, most did not take advantage of this resource. While a few informants (five) did apply for the grants and scholarships, most indicated that they did not have the time to fill out the paperwork and write the essays. The lack of time response by informants was almost universal when discussing daily schedules and how they spend a typical day. Most of the informants are working at least 30 hours per week and many are working 40 hours and more while trying to attend nursing classes along with clinical experiences and still meet family obligations. Overextended scheduling to meet all the demands was a significant finding of this study. In theme three scheduling revealed how widespread hectic lives and family obligations are in all the informants’ lives. Informants expressed in every interview how they had “no life” since they started nursing school. They expressed in almost every interview how important it is to them in their culture to care for family. However, with work, school, and family keeping them busy they are unable to care for themselves and still meet their family and school obligations. Many said they try to take an hour here and there to have some time away from everything just for them to reflect and have “self” time, but this happens infrequently. In the process of trying to set up interviews for the study with each of the informants, many of the interviews were scheduled and rescheduled numerous times before they occurred due to informants’ hectic and changing family, school, and work schedules. Three students, in two separate schools, who contacted the researcher to be in the study, scheduled interviews with the
researcher at sites they identified as convenient and comfortable, then did not show up for the interviews. When contacted by the researcher for follow-up and to reschedule the interviews, two students stated they forgot due to their schedules and responsibilities and one student never responded back to the researcher.

During interactions with nursing students in the eight schools that are represented in the study the researcher spoke with African American nursing students who indicated they would like to be a part of the study but did not have the time to sit and talk to the researcher for 45 minutes to an hour for a taped interview. Using the observation/participation enabler the researcher began arriving early for scheduled interviews with informants on campuses and waited where nursing students took breaks between classes. After a couple of days of sitting and observing the students while on break, the nursing students started to talk and interact with the researcher. Once the study was described to them, all were very open and willing to talk about how their lives are scheduled minute-by-minute with family, school, and work. They discussed how trying to change one thing to make time for something else causes a domino effect in their schedules and things they need to do, get missed. This was experienced first hand by the researcher with a few of the informants who “forgot” the interview meeting. One important variable that emerged in these discussions was that many of these students do not own vehicles; they commute to school and work via public transportation. Due to this transportation constraint, three potential informants who were interested in being a part of the study were unable to schedule a time to meet. All three spoke to the researcher on four separate occasions for a few minutes each time and were very friendly and open in their discussions about their lives and schedules. Each time the students spoke with the researcher while on campus, they indicated that they were very interested in the study but were unable to commit to a block of time to be interviewed due to family obligations, school, work, and public transportation schedules. During school activities that the researcher attended, other students also verbalized how difficult it was to make
changes to their schedules. During conversations with these students they also described how difficult it was to take care of themselves with all they were trying to do each day. They stated that something had to go when making decisions on what needed to be completed and they all agreed it was usually caring for themselves.

The lack of college resource utilization was a noteworthy finding of this study. Informants almost universally identified how important it was to have resources available for all students attending college. They were easily able to identify the resources that their college had for them to use as students. Many of the students expressed their “wish” that they could use the resources, such as tutoring, software for test taking skills, organizations for support of minority students, and learning resource labs and centers. While they were all aware of these resources, they were not utilizing them. The only resources any of them identified using were the ones that were mandated for curricular assignment completion. These were identified as videos in a learning lab that they must review for a class. An interesting and surprising finding of the study was a few of the students were unable to identify where the college library was located on their campus. During the discussions about the resources available at their college all readily acknowledged that they would use them if their schedules and time permitted. None of the informants indicated any discomfort or reticence in using the resources.

In discussions and follow up clarifications many of the informants described the necessity of developing personal resources for beneficial educational outcomes. Some of these personal resources were identified as study buddies and study groups that worked within their daily schedules, using co-workers if they were working in a health care facility, some even used family members who were also in health care for academic assistance. Almost universally college resources were not utilized by the informants in the study.

During discussions on politics, the majority of the informants stated they did not pay much attention to what was going on politically since they started nursing school.
They almost all acknowledged that politics was important for the country and their community, but this was another area that was not seen or viewed as essential in their daily lives or for success in the nursing program. None of the informants in the study was involved in the politics of their college or their nursing program. None of the informants in the study was an officer in any of the organizations or participated in any of the student activities on campus. As stated earlier in chapter IV, all informants in the study are commuters to their nursing program and live off campus only going to campus when scheduled for didactic classes and simulation laboratories.

In summary, social interactions, while viewed as an important cultural expectation have been minimized while in the nursing program which causes conflict with informants and their family. Financial obligations for school and family life and the resources to meet these obligations varied among the informants with few utilizing grants and scholarships and many working full time. Personal resources were developed that met the needs of their lifeways and schedules while college resources were under utilized by most informants. All informants described the importance of taking care of oneself while at the same time acknowledging that they did not care for themselves very well while in nursing school. A few of the ways they described non care of them self were; eating poorly, not exercising, not getting enough sleep, eating junk food for meals, snacking on junk food constantly while studying, not having time to get their hair cut, and no longer taking care of their finger or toenails. Informants identified their lack of involvement and interest in political activities as a result of their other daily life demands.

Summary

This chapter has presented the themes that creatively emerged from the data collected from the universal patterns. The universal patterns were extracted from the categories identified from the taped interviews conducted with key and general informants (emic perspective) along with the observation and participation of the researcher (etic perspective) with associate degree nursing students in eight different
programs over the past year and a half. The culture care education, experiences, expectations, beliefs, values, and practices of African American students in predominantly Euro American associate degree nursing programs were discovered and clearly articulated in the three themes. The three themes of the study collectively describe the educational expectations, perceptions of care, values, beliefs, and practices of African American students within the environmental context of predominantly Euro American associate degree nursing programs.

The remainder of this chapter will present the effect these themes can have on culturally congruent education and experiences in the future for African American students in predominantly Euro American associate degree nursing programs. This study provided insight into the values, beliefs, and practices of African American nursing students that can assist in the development of culturally congruent educational practices. The nursing implications, how this study will affect the nursing theory, nursing education, and future research will also be presented along with reflections on the study and the conclusion.

*Discussions for Culturally Congruent Nursing Education*

Grounded in Leininger’s Culture Care Theory, this study discovered the beliefs, values, practices, and experiences of African American students in predominantly Euro American Associate Degree Nursing Programs as described in the thematic interpretation of the study data. Supported by Leininger’s Theory of Culture Care Diversity and Universality, Leininger’s three major modalities will be used to discuss the study findings and/or actions to help nurse educators provide culturally congruent education. These three modes of culture-care actions assist the researcher to focus on appropriate, congruent, satisfying, safe, and beneficial measures for the population being studied (Leininger & McFarland, 2002). These modes are (a) cultural care preservation and/or maintenance, (b) cultural care accommodation and/or negotiation and (c) cultural care repatterning or restructuring (Leininger & McFarland, 2002).
Culture care preservation and maintenance

According to Leininger and McFarland (2002) culture care preservation and/or maintenance are those “assistive, supportive, facilitative, or enabling professional actions and decisions that help people of a particular culture to retain and/or maintain meaningful care values and lifeways for their well-being, to recover from illness, or to deal with handicaps or dying” (p. 84).

In order to preserve or maintain meaningful care values and lifeways for African American students during their nursing education, nurse educators need to first have a sincere desire to provide culturally congruent education to all nursing students. In order to provide a nursing education that is culturally congruent for all students, nurse educators need to embrace a method or process early in their first academic semester with their nursing students to identify cultural values, meanings, beliefs, and practices. A significant finding in this study was the importance and expectation of care, viewed as support and involvement by family, friends, and faculty in maintaining meaningful educational experiences. One of the expectations of informants in the study was the facilitation of their learning by their nursing faculty. In many associate degree programs the didactic component of the nursing curriculum is taught in small groups or sections of students. This practice lends itself to faculty being able to meet with students on a one-to-one basis and start to know who they are as individuals so this facilitation of learning can be initiated. According to Cerbin (2000):

I am suggesting that what is important is not just what students know, but how they think with what they know. A teacher who is attuned to students’ thinking will make different decisions about what to tell students and how to support the development of their understanding, than a teacher who simply lectures according to pre-planned and inalterable syllabus. (p. 17)

It is also worthwhile and beneficial for the nurse educator to identify the religious factors, beliefs, and practices that maintain healthy interactions for African American students within the environmental context of the nursing program. Religious beliefs
influencing meaningful educational activities were a finding in this study that support existing literature on the importance of religion in the lives of African Americans. Many informants indicated during their interviews they incorporate prayer and spiritual thoughts into their educational actions and practices. Nurse educators should be sensitive and aware of this practice in both the classroom and the clinical arena. In order to preserve and maintain meaningful culture care educational experiences for African American students nurse educators need to know what those practices, experiences, and expectations are in order to encouraged or facilitate these activities.

Many informants discussed the difficulty in meeting expected family obligations as well as their curricular requirements, by offering “open houses” or “information sessions” prior to beginning a nursing program, or after the start of the nursing program and inviting family and friends to these events could help to preserve the support and understanding students need to have meaningful beneficial educational experiences.

**Culture care accommodation/negotiation**

According to Leininger and McFarland (2002) “culture care accommodation and/or negotiation refers to those assistive, supportive, facilitative, or enabling creative professional actions and decisions that help people of a designated culture (or subculture) to adapt to or to negotiate with others for meaningful, beneficial, and congruent health outcomes” (p. 64). The assistive, facilitative, enabling actions that help students to adapt or negotiate the educational environment of an associate degree program with meaningful, beneficial and congruent educational outcomes requires that the nurse educator be open to recognizing that cultural diversity exists and be willing to modify educational practices to meet students’ unique characteristics and cultural backgrounds. A sincere desire on the part of the nurse educator to see the academic environment from a different perspective is the first step to accommodation or negotiation to provide culturally congruent educational to a diverse population of nursing students. Since cultural care patterns are dynamic and constantly changing there needs to be a
willingness to recognize that cultural diversity exists in both the classroom and in the clinical environment with students. The path to culturally meaningful educational experiences needs to begin with the nurse educators desire to provide culturally congruent education. In order to provide culturally congruent education to students, nurse educators need to understand their own cultural beliefs, values, and practices before they can identify and understand the students. In order to accommodate or negotiate healthy and culturally congruent educational experiences for students, nurse educators need to recognize the beliefs, values, and expectations of the students in the educational environment. The significance of care, understanding, and patience by faculty was an important and supportive finding in this study. Informants easily expressed their expectations of care by faculty as needed for positive, meaningful educational experiences.

In order to support accommodation and negotiation of educational care for African American students, faculty must be sensitive to the varied responsibilities regarding family, jobs, religious beliefs, and cultural expectations of students in the nursing program. Students’ expectations in the nursing program are that faculty will support them, are interested in teaching them as individuals, and will facilitate their learning. Nurse educators should not make the assumption that all classes of students should be treated the same. This study has identified how diverse the backgrounds and educational experiences can be of African American nursing students while also extrapolating their universal and diverse views, beliefs, and values. An accommodation to learning styles requires an understanding of the individual students’ learning style and expectation along with methods of instruction that can be used to meet the needs of a diverse class of students.

Culture care repatterning and restructuring

According to Leininger and McFarland (2002) “culture care repatterning and/or restructuring refers to the assistive, supportive, facilitative, or enabling professional
actions and decisions that help clients reorder, change, or modify their lifeways for new, different, and beneficial health care outcomes” (p. 84). Culture care repatterning and restructuring for new, different, and beneficial educational outcomes for African American students will require nurse educators and students to better understand each other. A sincere desire on the part of the nurse educator to better understand students is necessary before any change or intervention can take place. Many nurse educators are very comfortable with their specific teaching strategy. They teach the content the same way each year only updating their subject matter, not their teaching strategy. Nurse educators need to reflect on their own processes and strategies as well as their own cultural views, beliefs, and values in order to better understand how their teaching strategies and actions affect student actions, interactions, and outcomes.

Before repatterning and restructuring can occur a rapport between student and faculty member must take place that incorporates a trusting and mutually beneficial relationship. Informants indicated their reluctance to bring to the attention of their nursing professor their discomfort in class when teaching methods were not culturally congruent and comfortable. The vulnerability of students fearing reprisal from faculty members when educational teaching methods caused discomfort was clear in the study data. One way to diminish this reluctance is for students and faculty to begin to know each other. As described earlier, one on one meetings between faculty and student are a way to begin to understand individuals as well as their cultural values and beliefs. Once faculty and student are familiar with each other an open exchange of ideas, values, and beliefs as well as responsibilities, expectations, and requirements can take place that would enable faculty and student together to facilitate any repatterning or restructuring of lifeways, daily schedules, or practices that would support beneficial meaningful educational experiences.

In addition, discussions regarding repatterning and restructuring of actions and processes, nursing program curricula and delivery needs to be assessed and reviewed as
well. Schedules, responsibilities, and obligations of students make attending traditionally delivered programs difficult for a number of students. By identifying personal as well as the professional needs of nursing students, programs can begin to identify and develop creative methods of educating students in associate degree nursing programs. Use of technology in the form of online courses, video conferencing, more simulation experiences, scheduling of didactic classes at alternate times along with new and creative methods not yet identified need to be considered as well.

_Nursing Implications_

Discussions regarding best practices in nursing care are becoming more evident every day. The implementation of nursing care is moving towards evidence based practice and best practices in all aspects of the nursing profession. Evidence based practice and best practices are just as important in the culture care education of nursing students.

This study sought to understand the culture care educational experiences of African American students in predominantly Euro American associate degree nursing programs in order to better understand ways to support or facilitate decisions that would enable maintenance, accommodation, or repatterning for beneficial educational outcomes. The study found that nurse educators need to not only teach students how to provide and practice in a culturally aware and congruent environment, but that they, themselves, must teach the art and science of nursing the same way. The literature shows that health care provided by care givers from the same cultural, ethnic, and racial background as their patients usually provides a more congruent health care experience and better health care outcomes. Yet, the nursing profession has less than half the percentage of minority nurses practicing than are represented in the general population. This disparity in numbers needs to be resolved. Ways to maintain minority students in nursing programs, decrease attrition rates, and recruit minority students into programs need to become a priority for the nursing education profession. Studies such as this one that provide a
better understanding of the cultural beliefs, values, and lifeways of minority students is a start on the path of resolution.

**Implications for nursing theory**

The goal of this study was to identify the beliefs, values, practices, and meanings of the culture care education and experiences of African American students in predominantly Euro American Associate degree nursing programs using as a theoretical framework Leininger’s Culture Care Theory. This is the first study of its kind using the theory to discover the culture care beliefs, values, and practices of a culture of nursing students and in this way provides access to additional venues for the use of the theory. The findings of this study contribute to the expanding body of transcultural nursing knowledge regarding culture care education for African American associate degree nursing students. This study also contributed to the body of transcultural nursing knowledge of five of the 13 basic assumptive premises identified in chapter one of the study. The study’s discoveries support the significance of understanding and care of African American students to promote meaningful educational experiences while in nursing programs.

Leininger’s Culture Care Theory as the theoretical framework was the guiding force of the study through all stages of data collection with informants. This study’s data supported the assumption premises that “care is the essence of nursing and a distinct, dominant, central and unifying focus” (Leininger & McFarland, 2002, p. 79). In the verbatim responses from the informants, care was a dominant concept that was clearly central and a focus for beneficial educational outcomes.

Using the Sunrise Model (APPENDIX 1) as a map provided structure to the investigation and collection of data. All domains were included in the open ended inquiry guide used for the interviews; however, the informants’ responses were the driving force for the interview. Throughout the study, the inquiry guide was modified and restructured based on responses and data provided by informants. During interviews
when informants no longer offered any information regarding a specific aspect of the domain, the semi-structured interview guide provided a means to additional rich data. During the interview process and throughout the study, informants directed the path of discovery of cultural phenomena for the study.

This study confirmed, as stated in the Culture Care Theory, that meanings and experiences of care can be understood when viewed within an environmental and cultural context. The environmental and cultural context of predominantly Euro American associate degree nursing programs in which African Americans are a part provided rich data regarding cultural experiences, beliefs, values, practices, and cultural perspectives. The assumption that culturally based care is a holistic way to know, explain, interpret and predict beneficial and desirable nursing education care practices was evident in the study data discovered.

This study contributes to the body of transcultural nursing knowledge by providing knowledge regarding culture care educational experiences, beliefs, values, and practices of African American students in predominantly Euro-American associate degree nursing programs. The supposition that culture-care concepts, meanings, expressions, patterns, processes, and structural forms of care for African American associate degree nursing students varied transculturally with diversities and some universality was also supported by the study data identified in the patterns that support the three universal themes. Moreover, the themes and patterns discovered in this study may result in future theory development.

This study generally supports the findings of existing studies of African American baccalaureate nursing students in predominantly white programs but deviates in one aspect. Specifically, the existing literature reveals that African American nursing students feel that the institutional culture and environment did not match their own cultural heritage (Wynetta, 1999). All informants in this study indicated they were very comfortable in their colleges and the environmental context of the associate degree.
program did not pose a conflict. In addition, this study supports the few associate degree program studies that have been conducted with African American students identifying job conflicts, family responsibilities, and difficulty with time and scheduling (Butters, 2003; Hunt, 1992; Sims, 1996). The additional findings of this study regarding informants’ lack of utilization of the colleges’ resources and the disregard of information to obtain grants and scholarships was unexpected. These are significant findings for legislators, administrators, deans, and directors of nursing programs that could impact future plans for funding of nursing education and resources.

**Implications for nursing education and practice**

This study’s findings are important and have a significant implication for nursing faculty in predominantly Euro American associate degree nursing programs. The knowledge gained from this study identifying the significance of care, understanding, and patience by family, friends, and faculty with African American students needs to be incorporated into the teaching plans and processes used by all nurse educators. The publication and dissemination of the emerging themes can assist nurse educators in the development of nursing curricula that meets the values, beliefs, and practices of a diverse student body. Nurse educators can begin to identify culturally congruent educational practices in the classroom and the clinical area that would enhance and support a more diverse student population. New and unusual teaching strategies can be identified, developed, and implemented that meet the educational learning styles of a more diverse student nurse population. This ethnonursing qualitative research method provided an accurate means to discover and interpret the emic and etic embedded complex and diverse cultural data of the study contributing to the body of transcultural knowledge’s fifth inherent supposition.

This study supports in the associate degree nursing population the existing literature of the importance of family, religion, and financial support for African American baccalaureate students. In addition, the emerging themes of overwhelming
daily schedules and the lack of utilization of college resources to support students provides nurse educators with data that can assist in future decisions by college and schools of nursing regarding student scholarship and grant funding and the development of future college resources.

Implications for nursing research

This study’s findings affirm the need for additional studies and similar context studies with other minority populations of nursing students in predominantly Euro-American associate degree nursing programs. While the goal for the nursing profession is to have larger numbers of baccalaureate prepared professional nurses practicing, the reality is that over 50 percent of registered nurses in the United States are educated initially in associate degree programs (National Council of State Boards of Nursing, 2002). These programs are located predominantly in community colleges throughout the United States and are the most accessible and affordable entry into post secondary education for the general population and specifically to minority students. While the findings in this study are with one specific population of students, it is necessary that additional studies be conducted to discover and identify the culture care education and experiences of other minority populations of nursing students. If evidenced based nursing education is to take place and the best practices promoted in nursing education, nurse educators need the evidence to work with in the development of culturally congruent nursing curricula.

Recommendations for future study

This research has provided the basis for future transcultural ethnonursing studies in nursing education programs to be completed. As stated in implications for nursing research, similar context studies need to be conducted in other parts of the United States, this study was only conducted in the small geographic area of Southeastern Pennsylvania and Southern New Jersey. Some recommendations for future research studies are:
1. Conduct studies with other minority populations such as: Hispanic, Native American, Asian, and Pacific Westerner.

2. Comparison and Contrasting studies of culture care education and experiences with predominantly Euro American and minority populations.

3. Investigate repatterning/restructuring of nursing program curricula that would provide culturally congruent educational use of college resources.

4. Explore processes that would assist minority nursing students to identify, complete, and successfully obtain financial aid for their education.

This study has demonstrated that the Culture Care Theory can be used in the conduct of research within the nursing student populations of Associate Degree programs and that further studies using the theory need to be conducted. Additional studies using this theory will contribute to the growing body of transcultural nursing education knowledge. Using a nursing theory to conduct nursing research provides the profession of nursing with a viable and reliable method to expand the growing body of nursing knowledge.

Increasing the numbers of nurse educators from all cultural backgrounds is an essential component to the future of the nursing profession. In order to increase the numbers of culturally diverse nursing faculty, more nurses from all minorities need to enroll in, and graduate from, nursing programs. Data discovered in research studies with diverse populations of nursing students provides information for nurse educators to use to review and update nursing curricula. Teaching from curricula that is culturally congruent and speaks to cultural diversity is one way to help close the gap on the disparity in numbers of minority nurses in the profession.

Reflections on the Study

The review of the literature on African American students in predominantly Euro American associate degree programs identified a paucity of research in this area. Most studies that had been conducted were completed in four year baccalaureate programs.
Most associate degree nursing programs are offered in community colleges and appeal to a population of students that are usually seeking a second or third career as compared to traditional generic four year college nursing programs. The informants in this study supported this assumption with all 28 key and general informants pursuing nursing as a second and or third career. However, most of the findings in this study supported the literature for African American students in both two and four year colleges. It was postulated that culture care education, experiences, beliefs, and practices of African American associate degree nursing students would be similar; however, without any studies to support this hypothesis, it was unknown.

Recruitment of informants into the study was one of the processes not expected to be difficult for the study. However, after nine long months of attempting to recruit students into the study, less than half of the informants had been recruited. While it was assumed that students’ schedules would be busy, it was also postulated that they would be willing to participate in the study if recruitment was facilitated by gatekeepers and peers. This did not occur. The initial recruitment process for the study was flawed in its approach. School schedules along with family obligations and work schedules did not allow for the study to be a priority for informants. Once given the letter regarding the study information, even students who were interested in the study easily filed the paper away and didn’t think about it again. Only a few students contacted the researcher and indicated they would be part of the study. Once it became apparent that recruitment was stalled, the researcher contacted key informants to discuss this dilemma. Their thoughtful and insightful responses and suggestions helped to change the process for recruitment that proved successful in recruiting the rest of the informants for the study. This was a very important learning experience for the researcher.

During the study, discovery of the cultural importance of family support, extended family ties and family obligations became clear as each informant discussed their expectations, experiences, and obligations in kinship and social factors. This
study’s findings in this area supported the existing literature regarding the importance of family ties for African American families and is a significant finding concerning beneficial outcomes of educational endeavors.

During the study, the researcher discovered that caring by faculty was an expectation of the African American nursing students and they defined caring as support, understanding, patience, listening, going the extra mile, and facilitating. While all informants in the study felt more minority faculty was needed, they did not feel that faculty must be from the same cultural background or race to be caring, supportive, and facilitative. This was an interesting finding in the study since the majority of informants indicated they did not have any minority faculty on staff in their nursing programs but all felt they had faculty who were caring, supportive, and facilitated their learning.

Researching the culture care education and experiences of African American students was a very rewarding and extremely challenging experience for this researcher. As a novice researcher, unsure of how to obtain data that was as unbiased as possible was a challenge. The enablers in the Culture Care Theory, such as stranger to trusted friends (APPENDIX 4) were able to assist in this process and it was very rewarding to the researcher when informants who started out as total strangers became friendly and open. This enabler assisted with collecting data that was credible and rich in the Domain of Inquiry. It became very apparent during interviews that informants were unsure of the researcher at the start of the interview but very noticeable once the interview started that their uneasiness was relieved. Body language changed during interviews from a very rigid posture at the beginning to a more relaxed and comfortable position as the interview progressed, increased use of hand gestures, laughing, joking, asking questions of the researcher and becoming more energetic throughout the process gave the researcher indications that the informants were relaxing and becoming more comfortable with the process. During the interviews informants moved from just answering questions to becoming more expansive in their descriptions. Contact by some of the key informants
with the researcher has continued past the data collection with many of them asking if anything else is needed for the study. Their open and helpful responses to the researcher’s verification of data, patterns, and themes has been very helpful in the final phase IV analysis process of the study.

**Conclusion**

This study explored the culture care education and experiences of African American students in predominantly Euro American associate degree nursing programs located in eight schools in Southeastern Pennsylvania and Southern New Jersey. This study sought to discover the cultural care educational experiences, expressions, beliefs, and practices of African American students in predominantly Euro American associated degree programs. The study additionally sought to discover the supportive or facilitative acts or mutual decisions that help African American students reorder, change or restructure their care patterns and practices for beneficial outcomes. This study was conceptualized within Leininger’s Culture Care Theory and used for the first time in this type of a study. In addition to answering the research questions, categories, patterns and themes were discovered and discussed regarding culturally congruent care expressions and actions that facilitate meaningful educational experiences for African American nursing students in predominantly Euro American programs. Reflections on the study, implications for future nursing research and nursing education were also presented.
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Leininger’s Sunrise Enabler to Discover Culture Care

CULTURE CARE

Worldview

Cultural & Social Structure Dimensions

Kinship & Social Factors

Cultural Values, Beliefs & Lifeways

Political & Legal Factors

Environmental Context, Language & Ethnohistory

Economic Factors

Influences

Educational Factors

Care Expressions Patterns & Practices

Holistic Health / Illness / Death

Focus: Individuals, Families, Groups, Communities or Institutions in Diverse Health Contexts of

Generic (Folk) Care

Nursing Care Practices

Professional Care–Care Practices

Transcultural Care Decisions & Actions

Culture Care Preservation/Maintenance

Culture Care Accommodation/Negotiation

Culture Care Repatterning/Restructuring

Culturally Congruent Care for Health, Well-being or Dying

(Leininger & McFarland, 2006, p. 25)

Permission to use the Sunrise Enabler in proposal. Madeleine-Leininger.com

06/06/2006
LEININGER’S CRITERIA FOR QUALITATIVE PARADIGMATIC STUDIES

1. **Credibility** refers to direct sources of evidence or information from the people within their environmental context of their “truths” held firmly as believable to them.

2. **Confirmability** refers to documented verbatim statements and direct observational evidence from informants, situations, and other people who firmly and knowingly confirm and substantiate the data or findings.

3. **Meaning In-Context** refers to understandable and meaningful findings that are known and held relevant to the people within their familiar and natural living environmental context and the culture.
   (Note: This was not an explicit criterion of Lincoln and Guba, but deemed important for all qualitative studies by Leininger.)

4. **Recurrent Patterning** refers to documented evidence of repeated patterns, themes, and acts over time reflecting consistency in lifeways or patterned behaviors.

5. **Saturation** refers to in-depth information of all that is or can be known by the informants about phenomena related to a domain of inquiry under study.

6. **Transferability** refers to whether the findings from a completed study have similar (not necessarily identical) meanings and relevance to be transferred to another similar situation, context, or culture.
   (Leininger & McFarland, 2002, p. 88)
Leininger’s Ethnonursing Observation – Participation- Reflection

**Enabler**

<table>
<thead>
<tr>
<th>Phases</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Primarily Observation and Active Listening (no active participation)</td>
<td>Primarily Observation with Limited Participation</td>
<td>Primarily Participation with Continued Observations</td>
<td>Primarily Reflection and Reconfirmation of Findings with Informants</td>
</tr>
</tbody>
</table>

(Leininger & McFarland, 2002, p. 90)
Leininger’s Stranger – to Trusted-Friend Enabler

The purpose of this Enabler is to facilitate the researcher (or it can be used by a clinician) to move from mainly a distrusted stranger to a trusted friend in order to obtain authentic, credible, and dependable data (or establish favorable relationships as a clinician). The user assesses oneself by reflecting on the indicators while moving from stranger to trusted friend. There are dynamic indicators from cultures.

<table>
<thead>
<tr>
<th>Indicators of Stranger (Largely etic or outsider’s views)</th>
<th>Dates Noted</th>
<th>Indicators of a Trusted Friend (Largely emic or insider’s views)</th>
<th>Dates Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active to protect self and others. They <em>are gatekeepers</em> and guard against outside intrusions. Suspicious and questioning.</td>
<td></td>
<td>Less active to protect self. More trusting of researchers (their gate-keeping is <em>down or less</em>). Less suspicious and less questioning of researcher.</td>
<td></td>
</tr>
<tr>
<td>Actively watch and are attentive to what researcher does and says. Limited signs of trusting the researcher or stranger.</td>
<td></td>
<td>Less watching the researcher’s words and actions. More signs of trusting and accepting a new friend.</td>
<td></td>
</tr>
<tr>
<td>Skeptical about the researcher’s motives and work. May question how findings will be used by the researcher or stranger.</td>
<td></td>
<td>Less questioning of the researcher’s motives, work and behavior. Signs of working with and helping the researcher as a friend.</td>
<td></td>
</tr>
<tr>
<td>Reluctant to share cultural secrets and views as private knowledge. Protective of local lifeways, values, and beliefs. Dislikes probing by the researcher or strangers.</td>
<td></td>
<td>Willing to share cultural secrets and private world information and experiences. Offers mostly local views, values, and interpretations spontaneously or without probes.</td>
<td></td>
</tr>
<tr>
<td>Uncomfortable to become friend or to confide in stranger. May come late, be absent, and withdraw at times from researcher.</td>
<td></td>
<td>Signs of being comfortable and enjoying friendship – a sharing relationship. Gives presence, is on time, and gives evidence of being a genuine &quot;true&quot; friend.</td>
<td></td>
</tr>
<tr>
<td>Tends to offer inaccurate data. Modifies <em>truths</em> to protect self, family, community, and cultural lifeways. Emic expressions, beliefs, and practices are not shared spontaneously.</td>
<td></td>
<td>Wants research <em>truths</em> to be accurate regarding beliefs, people, values, and lifeways. Explains and interprets emic ideas so researcher has accurate data of the culture and informant.</td>
<td></td>
</tr>
</tbody>
</table>

(Leininger & McFarland, 2002, p. 90-91)
## Open Ended Inquiry Guide

### ETHNODEMOGRAPHICS – Part I

<table>
<thead>
<tr>
<th>Name:</th>
<th>Religious affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informant code:</td>
<td>Years of education:</td>
</tr>
<tr>
<td>Age:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Sex:</td>
<td>Dates of interview:</td>
</tr>
<tr>
<td>Place of birth:</td>
<td>Years at the college:</td>
</tr>
<tr>
<td>Residence:</td>
<td></td>
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</table>

## OPEN-ENDED QUESTIONS

### CARE

1. What does the word “care” mean to you?
2. Describe a caring person? A caring faculty? A non-caring faculty?
3. Tell me why you chose this nursing program.
4. Describe to me incidents during which you provided care to a family member or friend.
5. In your culture/family, how do men, women, children, family members show care?
6. In your culture/family, how do friends and community show care?
### HEALTH, ILLNESS, AND WELL-BEING

1. What does the word health mean to you? What does “well-being” mean to you?

2. Describe activities you do to maintain good health while in the nursing program.

3. Describe any cultural practices you do to improve or maintain your health.

4. Are there certain foods, medicine, or home remedies that you believe keep you healthy or improve health?

5. What does the word “illness” mean to you?

6. Describe any cultural practices you know that treat illnesses.

7. Tell me about the care you have received from nursing faculty, staff, or your peers.

8. In what ways has nursing school affected your health?

9. Tell me how the care you have received since starting school has affected your academic progress in school.
**ENVIRONMENT**

1. Tell me about your life since you started nursing school here. How has your daily life been affected by attending this nursing program?

2. Tell me about any foods or activities you believe keep you healthy.

3. Do you have concerns about the environment in which you live? Or go to school? Do you have a long commute to school?

**KINSHIP/SOCIAL FACTORS**

1. Do you have family living in this area?

2. How often do you visit with your family and friends?

3. What is your role/status in your family?

4. Tell me about your family and how they view your experiences in this nursing program.

5. Tell me about your relationship with nursing faculty and your peers.

6. How do you spend a typical day and night?

7. Who helps you when you are sick or need care?

8. Who helps you when you need assistance with school work?

9. Tell me about any of the resource programs you have used while at the college?
### CULTURAL/RELIGIOUS FACTORS

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Can you tell me about your customs and cultural lifeways?</td>
</tr>
<tr>
<td>2.</td>
<td>Which cultural group do you identify yourself with?</td>
</tr>
<tr>
<td>3.</td>
<td>Which religious holidays do you observe and how do you celebrate them?</td>
</tr>
<tr>
<td>4.</td>
<td>Tell me about faculty whose values and beliefs about “care” differ from yours?</td>
</tr>
<tr>
<td>5.</td>
<td>Tell me about the cultural groups that are represented in this college/nursing program.</td>
</tr>
<tr>
<td>5.</td>
<td>Can you describe to me how nursing faculty view your cultural expressions, beliefs, and practices? Can you give me some examples?</td>
</tr>
<tr>
<td>6.</td>
<td>What do you believe that nurses can do to help people stay healthy or to help them get better when they are not healthy?</td>
</tr>
<tr>
<td>7.</td>
<td>What does religion mean to you? Describe for me your religious beliefs?</td>
</tr>
<tr>
<td>8.</td>
<td>Does your religion or religious activities help you succeed in nursing school?</td>
</tr>
<tr>
<td>9.</td>
<td>Can you describe for me how your religious beliefs have influenced you while in the nursing program?</td>
</tr>
</tbody>
</table>

### ETHNODEMOGRAPHICS – Part IV

#### TECHNOLOGICAL FACTORS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>How do you view/value technology in relation to health care?</td>
</tr>
</tbody>
</table>
### ECONOMICAL/POLITICAL FACTORS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>What type of health insurance do you have?</td>
</tr>
<tr>
<td>2.</td>
<td>What are your concerns about your economic situation in relation to attending nursing school? Tell me how you are financing school? Has the college or nursing program assisted you with any funding or financial assistance?</td>
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<td>3.</td>
<td>Tell me about your working schedule while you are in school?</td>
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<td>4.</td>
<td>Who is in charge of the budgeting in your family?</td>
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<td>5.</td>
<td>Tell me how your economic situation affects your health and well-being?</td>
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<td>6.</td>
<td>Tell me about political factors, either at the college, in the state, or in your local environment that affect you as an individual?</td>
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<td>7.</td>
<td>Tell me about your views of the political situation in this country?</td>
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<tr>
<td>8.</td>
<td>How do/can political or professional leaders show care/caring to you as an individual?</td>
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### SUMMARY QUESTIONS

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<td>1.</td>
<td>Is there anything else you would like to tell me about your experiences here in this program?</td>
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<tr>
<td>2.</td>
<td>Is there anything else you would like to tell me about the care you have received from the nursing faculty or your peers while in this program?</td>
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<td>3.</td>
<td>Is there anything else you would like to tell me about yourself since you have been in the nursing program?</td>
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<tr>
<td>4.</td>
<td>Is there anything you want to share with me before we close?</td>
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</table>
Dear Program Dean and/or Director:

I am a doctoral candidate in the PhD in nursing program at Duquesne University in Pittsburgh Pennsylvania. I am requesting your assistance in helping me to identify potential informants for my dissertation study entitled “Cultural Care Education and Experiences of African American students in predominantly Euro American Associate Degree Nursing Programs.” This is a qualitative ethnonursing study of the culture care education and experiences of African American nursing student in predominantly Euro American schools of nursing. I am seeking associate degree nursing student participants who would be willing to be informants for me in this study by agreeing to be interviewed by me between 1 and 3 times and be audio taped during the interview. In conducting this study, I am hoping to identify cultural care educational needs and experiences of this population of students that that can be used in the future by nurse educators to better meet the cultural nursing educational needs of this specific population of students.

Your help in this process would be gratefully appreciated. I am asking you to inform students in your program of this study who self-identify their culture as African American or their race as Black. If they are interested in participating, they can contact me at (610) 359-5273.

In keeping with my timetable for completion of the study, I will be very much indebted to your speedy consideration of my request. I am eager to conduct the study and share the findings of my study with you.

Sincerely,

Lana M. deRuyter MSN, RN
Doctoral Candidate
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Cultural Care Education and Experiences of African American Students in Predominantly Euro American Associate Degree Nursing Programs

INVESTIGATOR: Lana M deRuyter, 901 S. Media Line Road Media, PA 19063 610-359-5273

ADVISOR: Rick Zoucha, APRN, BC, DNSc, CTN Duquesne University School of Nursing 523 Fisher Hall 600 Forbes Avenue Pittsburgh, PA 15282 Phone: 412-396-6545

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Nursing at Duquesne University.

PURPOSE: You are being asked to participate in a research project that seeks to investigate your cultural care educational values, beliefs, practices, and experiences as an African-American nursing student in a predominantly Euro American Associate Degree Nursing Program. In addition, you will be asked to allow me to interview you between 1 and 3 times. The interviews will be taped and transcribed. These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no known risks or benefits for participating in this study. However, at the completion of the study information on culture care education and experiences of African-American nursing students in predominantly Euro American nursing programs will provide knowledge that will benefit future African-American nursing students.
COMPENSATION: You will not be compensated in any way. However, participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. Your response(s) may appear as de-identified quotes and when tapes are transcribed, identifiers of the speaker and anyone the speaker talks about will be deleted in summaries in the report of the data via publications and or presentations. All written materials, consent forms, and tapes in this study will be locked in a cabinet in the researcher’s office and will be destroyed when all activities related to the study are completed.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. This will in no way affect your grade. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326), Lana deRuyter, Principal Investigator at (610-359-5273) or Dr. Rick Zoucha, the Advisor at (412-396-6545).

__________________________________                _________________
Participant’s Signature      Date

___________________________________    __________________
Researcher’s Signature      Date
Transcriptionist Consent to Confidentiality

I, _____________________________, agree to transcribe the contents of audio cassettes given to me by Mrs. Lana M. deRuyter and promise to keep all information I gain access to through my transcribing service confidential. I will return all documentation and audiotapes to Mrs. Lana M. deRuyter and delete the original transcription from the hard drive of my computer at home whenever she instructs me to do so.

Signature: ___________________________ Date: ___________________________

Witness: ___________________________ Date: ___________________________
CULTURAL CARE EDUCATION AND EXPERIENCES OF AFRICAN AMERICAN STUDENTS IN PREDOMINANTLY EURO AMERICAN ASSOCIATE DEGREE NURSING PROGRAMS

Use of Human Subjects in this Research Study

This document acknowledges the acceptance of the Duquesne University Institutional Review Boards Consent Form as validation of an Institutional Review and protection of human subjects in the above noted research study. As such, student’s of this school’s associate degree nursing program may participate in the planned research to be completed by Lana M. deRuyter with an approximate start date of Summer 2006 and an end date of 2007. No further institutional review is necessary from our college.

Signature: ___________________________________________ Date: __________________________
Title: ____________________________________________________________________________
College: __________________________________________________________________________
Address: __________________________________________________________________________
Phone No: __________________________________________________________________________
Leininger’s Phases of Ethnonursing Qualitative Data Analysis*

**Fourth Phase**

*Major Themes, Research Findings, Theoretical Formulations, and Recommendations*
This is the highest phase of data analysis, synthesis, and interpretation. It requires synthesis of thinking, configuration, analysis, interpreting findings, and creative formulations from data of the previous phases. The researcher’s task is to abstract and present major themes, research findings, recommendations, and sometimes theoretical formulations.

**Third Phase**

*Pattern and Contextual Analysis*
Data are scrutinized to discover saturated ideas and recurrent patterns of similar or different meanings, expressions, structural forms, interpretations, or explanations of data related to the domain of inquiry. Data are examined to show patterning with respect to meanings in-context and along with further credibility and confirmation of findings.

**Second Phase**

*Identification and Categorization of Descriptors and Components*
Data are coded and classified as related to the domain of inquiry and sometimes the questions. Emic and etic descriptors are studied within context for similarities and differences. Recurrent components are studied for their meanings.

**First Phase**

*Collecting, Describing, and Documenting Raw Data (with Field Journal or Computer)*
Researcher collects, describes, records, and begins to collect data related to the purposes, domain of inquiry, or questions under study. This phase includes: recording interview data from key and general informants, making observations and having participatory experiences; identifying contextual meanings; making preliminary interpretations; identifying symbols; and recording data related to the phenomena under study, from an emic focus, but attentive to etic data. Data from the condensed and full field journal is processed directly into the computer, coded by hand.

Leininger and McFarland (2002, p. 95)