

THE EXPERIENCE OF BECOMING AND BEING A MALE  
HISPANIC NURSE IN THE UNITED STATES

By

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the thesis of John A. Santos find it satisfactory and recommend that it be accepted.

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Abstract

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The ever growing diversity of patients in our population presents nursing schools and the nursing profession with an astronomical challenge. Hispanics are one of the fastest growing segments of this population. Yet, they continue to be extremely under-represented in the U.S. nursing work force. The purpose of this study was to explore Hispanic men's experiences of becoming and being nurses in the United States. The research questions were: (a) "How does cultural upbringing affect the lived experiences of male Hispanic nurses professionally?" And, (b) "in what way does cultural upbringing affect the lived experience of Hispanic male nurses' during the nursing educational process in the United States?"

This study was based on an ethnonursing, exploratory, qualitative research study, utilizing a purposive sample comprised of three participants. Participants

were recruited from the Vancouver-Portland metropolitan area. The key informants were members of the National Association of Hispanic Nurses, Portland, Oregon Chapter and they provided the potential participants' contact information. The inclusion criteria used in the study were: (a) Hispanic male nurse, (b) who attended a school of nursing in the United States, and, (c) bilingual/bicultural. Data were obtained from audio-taped interviews. The interviews were transcribed verbatim and analyzed by a qualitative analysis team comprised of the principal investigator and his faculty committee.

Three participants were interviewed and were informed that participation was voluntary and confidential. They completed informed consent, a five-item Castro acculturation and a demographic form prior to the interview about their lived experiences as student and professional nurse.

After completion, the interviews were transcribed verbatim and e-mailed to the participants to review for accuracy. The data were entered and coded for analysis in the Ethnograph software. Themes used in this study were interpreted and analyzed using Leininger's theory of "Culture Care and Universality" based on a reflective and qualitative paradigm. This method fostered a systematic analysis of the Hispanic male participants' support and barriers to becoming a nurse.

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This work is dedicated to the memory of my grandmother Ananias for whom education was the most important thing a person could achieve in life.

## CHAPTER ONE

### INTRODUCTION

The health care system in the United States (U.S.) continues to struggle with the nursing shortage. In the last decade, male nurses represented approximately 5.4 percent of all nurses in the U.S. (Meyers, 2003; Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000). Men often overcome a series of cultural and identity obstacles in the process of becoming nurses (Meadus, 2000). The stigma of being in a primarily female profession combined with cultural and language barriers makes the nursing profession unattractive to Hispanic males (Meadus, 2000). The purpose of this study is to explore Hispanic men's experiences of becoming and being nurses in the United States (U.S.). The research questions are: (a) "How does cultural upbringing affect the experiences of male Hispanic nurses professionally?" and, (b) "how does cultural upbringing affect the experiences of male Hispanic nurses in the process of nursing education in the U.S.?" Information that emerged from this study may prove valuable in addressing the nursing shortage and in improving the under-representation of Hispanic health care providers in the U.S.

#### *Statement of the Problem*

The Hispanic population is the fastest growing population in the U. S. (Flores et al., 2002; Villarruel, Cannales & Tores, 2001). A large number of

Hispanics do not seek appropriate health care and the lack of preventative care is the number one reason leading to illness for Hispanics living in America (Flores et al., 2002; Komaromy et al., 2004; Lavizzo-Mourey & Knickman, 2003; O’Leary, Federico & Hampers, 2003). Several factors contribute to the poor health care of Hispanics. Poverty, illiteracy, low socioeconomic and immigration status may prevent Hispanics from seeking medical attention (Adler and Newman, 2002). However, Hispanic patients name limited English proficiency (LEP), cultural barriers, and the lack of health care providers who are linguistically proficient and culturally competent as the main reasons preventing them from seeking health care (Clarck & Thornam, 2002; Komaromy et al.; O’Leary et al., 2003 ;Riegel, Carlson, Glaser, Kopp, & Romero, 2002;). According to Flores et al. (2002), besides a lack of Spanish speaking providers, inadequate interpreter services are perceived by some Hispanic people as a health care barrier.

Several studies point out that Hispanic health care providers are dismally under-represented (Barbee, 2001; Flores et al., 2002; Heller, 2002; U.S. Department of Health and Human Services [DHHS], 2001). The 2000 National Sample Survey of Registered Nurses by the United States Department of Health and Human Services reports that Hispanic registered nurses represent 2% of registered nurses (McQueen & Zimmerman, 2004). In a culturally diverse society, disease prevention is better achieved when there is no language gap between

provider and patients (Flores et al., 2002; O’Leary et al., 2003; Tate, 2003; Villaruel et al., 2001). Gaps in cultural competence and language, perceived and real difficulties in communication prevent Hispanics from seeking early intervention/prevention. Potentially preventable problems turn into serious chronic illnesses such as diabetes, hyperinsulinemia, insulin resistance, and obesity (Center for Disease Control and Prevention [CDC] 2003). For example, Hispanic Americans are 1.9 times more likely to develop diabetes than White Americans (CDC, 2003). Disparities such as these may be mitigated through increased numbers of Hispanics in the health care work force.

### ***Significance of This Study***

The U.S. Department of Health and Human Services predicts that if the nursing shortage goes unchecked, the deficit of registered nurses will increase from 6 percent in the year 2000 to 29 percent in the year 2020 (Meyers, 2003). Several organizations have indicated that there must be a greater representation of minorities and vulnerable populations within the health care system (Flores et al., 2002; O’leary et al., 2003; Villarruel et al, 2001). This study used Leininger’s dimensions of culture and social structure to broaden the understanding of male nurses’ experience in the United States. It contributes to the growing body of transcultural health care knowledge and serves as an added step toward better

understanding of the Hispanic male nurses' viewpoints and experience of becoming and being nurses in the United States.

### *Nursing Literature and Hispanic Male Nurses*

Substantial published information can be found regarding male nurses and Hispanic nursing. Yet, no evidence-based information addressing male Hispanic nurses exists in current published works. The lack of Hispanic men in the nursing profession is somewhat unexpected because according to the Bureau of Labor Statistics (2004) Hispanic nurses increased by 164 percent over the period from 1980 to 2000. The number of nurses identifying their background as "one or more" racial minority groups or Hispanic/Latino numbered 333,368 in 2000. This is nearly triple the number of nurses estimated to be minorities in 1980. Hispanics, with an increase of 35 percent, had the largest increase between 1996 and 2000. Despite this increase, Hispanics remain the most under-represented group of nurses in proportion to the Hispanic population. Male Hispanic nurses are still a small percentage of the nursing profession (Anonymous, 2003; Villaruel et al., 2001). In the past five years, campaigns aimed at recruiting males to join the nursing profession were developed in several states. Examples of active marketing attempts to lure men into nursing can be seen in Nebraska, Oregon, and South Carolina (American Association of Colleges of Nursing, 2000; Meadus, 2000; Meyers, 2003; Villaruel, 2001). Male nurses are viewed as a minority, and they

are being targeted as a group of interest to become nurses (Anonymous, 2003; Meadus, 2000).

Despite continued recruiting, the fast growing Hispanic population enrollment in the health care field is poorly represented (Barbee, 2001; Heller, 2002). Hispanic men comprise a still smaller segment in the health care industry field. To date, neither the Department of Labor nor the United States Health and Human Services reports specific numbers for Hispanic male nurses (Department of Health and Human Services [DHSS], 2000). They are truly a minority group that has great potential in nursing and other health professions. Currently, the majority of the literature on the process of becoming a Hispanic nurse, or literature on being a Hispanic nurse is written from a female perspective (Brady & Sherrod, 2003; Meadus, 2000). In the review of the literature, only a single non-scientific journal report was found on the male Hispanic viewpoint and experiences (Carol, 2003).

Culturally and traditionally Hispanic males play a central role in decision-making for their families (Carol, 2003; Marin & Marin, 1991). They are viewed as patriarchal with male dominance and female passivity (Leininger, 1995). Hispanic males trying to become nurses in the U.S. may see the largely-dominated female nursing profession as undesirable. However, common jobs pursued by Hispanic men such as construction, restaurants and temporary services are frequently adversely affected during an economic down turn. According to Aguirre-Molina,

Molina, and Zambrana, (2001), the increasing unemployment in the beginning of 2003 skyrocketed and affected Hispanics in a disparate way. Likewise, they suggest, it is not uncommon for Hispanic unemployment rates to be higher than national rates. The higher unemployment rates for Hispanics may in part reflect differences in education and training levels. For some Hispanics work is seasonal and they are therefore more vulnerable to economic changes. In addition to unpredictable wages, Hispanic men continue to struggle to make up for wage gaps that may account for as much as a relative wage of 81 cents for every dollar earned by white men (Aguirre-Molina, Molina, & Zambrana, 2001).

Unlike seasonal jobs, the nursing shortage has created a variety of stable job opportunities. The United States Department of Labor (2001) predicts that nursing will be one of the leading professions experiencing job growth in the next decade. With wages at or above national averages, becoming a registered nurse can be a reliable and consistent means for Hispanic males to provide familial support, one of the typical Hispanic cultural values for men.

Increasing the numbers of Hispanic male nurses could be beneficial in several ways. First, Hispanic male nurses would have the opportunity to link Hispanic families and the health care system. Moreover, they could be valuable resources in dispelling miscommunication among Hispanic heads of households. Additionally, Hispanic male nurses would increase the number of proficient

Spanish-speaking health care professionals in the health care system. Male Hispanic clients may respond in a different way to these new health care providers which could promote improved communication and understanding, the foundation of cultural competence. Male Hispanic nurses may play a pivotal role in how Hispanics view health and health care. It is hypothesized that improved cultural and language communication will motivate Hispanic families to better utilize the health care system (O'Leary et al., 2003). By dissolving language and culture barriers, health promotion and disease prevention can improve and chronic diseases may be avoided (Flores et al., 2002; McGinnis, William-Russo & Knickman, 2002).



## CHAPTER TWO

### RESEARCH DESIGN AND METHODOLOGY

#### *Philosophy/Theoretical Framework*

According to Juntunen (2001), the cultural perspective of transcultural nursing was initiated and influenced by Leininger's Culture Care Theory. Transcultural nurses like Leininger shared the opinion that culture is comprised of gender identity, roles, language, interpersonal relationships, space, and subcultures as well as environmental factors. Leininger's concepts have been widely used in patient care and cultural interaction (Juntunen, 2001). Philosophically and epistemologically, the source of ethnonursing knowledge is in the people served. In order to develop and institute care congruent with the insider's or emic knower's culture, it is imperative that the ethnonursing researcher learns from the people. The Ethnonursing research method based on the Leininger's Theory of Cultural Care Diversity and Universality was chosen for this study as a method and philosophical framework because of its congruence with the study goals. The philosophy and framework contained within this theory provides the structure necessary to evaluate the male Hispanic nurses' experience of becoming and being a nurse in the United States.

### *Conceptual Guide and Assumptions of Ethnonursing*

The theoretical assumptive premises of the theory of Cultural Care Diversity and Universality encompass 13 basic dimensions (Leininger, 2002). They are part of Leininger's Sunrise Model and include concepts related to caring, culture, nursing, emic versus etic knowledge, worldview, and the qualitative paradigm. Each dimension of the Sunrise Model is designed to provide care that is congruent with an individual's cultural values, beliefs, and practices. The caring dimension of the Sunrise Model (see Figure 1), according to Leininger, is the essence of nursing. Caring is indispensable to achieve well-being, health, healing, growth, and survival as well as to face adversity such as handicaps or death. Leininger postulates that in order to provide adequate care one must combine culture and care in what she calls Cultural Care. Holistic and comprehensive, Culture Care means to know, explain, interpret, and predict nursing phenomena in a way that directs nursing practices and policies that are congruent with the individual's cultural needs. The Leininger model assumes that Culture Care has both differences (diversities) and similarities (toward commonalities or universalities) among all cultures of the world. In the context of the current study questions, this means that for the Hispanic male contemplating a career in nursing, or going through the nursing educative process, some aspects of the culture of nursing in the U.S. may intersect/clash with aspects of the culture of Hispanic men.

The dimension of Leininger's Culture Care related to nursing declares that nursing is a transcultural humanistic and scientific care discipline and profession that has as its central purpose serving human beings' needs throughout the world. The well-being of individuals, families, groups and communities are the fundamental goals of culturally-based nursing. This goal cannot be accomplished unless the nurse uses meaningful and appropriate cultural care values that are congruent with the client cultural beliefs (Leininger, 1991; 1995).

Leininger's Sunrise Model of Cultural Care Diversity and Universality is based on a reflective and qualitative paradigm. The Sunrise Model of Cultural Care provides ways of knowing and different ways of discovering an epistemological and ontological scope of human care transculturally. This dimension is of critical importance for this study. Epistemic refers to knowing while ontologic refers to being (Leininger, 1991; 1995; Juntunen, 2001). Together these can be used to broaden the understanding of male nurses' experience in the United States. More specifically, it can be used to improve managers' and educators' understandings of the Hispanic male nurse and nursing student's experience.

### ***Methodology***

The ethnonursing research plan, according to Leininger (1995) has eight general phases: (a) identification of the general intent or purpose; (b) identification of the potential significance; (c) review of literature of the domain and phenomena

being studied; (d) the conceptualization of the study from the beginning to end; (e) the writing and analysis of the study soon after completion; (f) preparation for publication in appropriate journals; (g) assistance in implementing the study findings and (h) planning of future studies related to the domain studied or other new ones. Phases a through c were already presented. Phase d will be further described below. The findings and discussion sections of this thesis comprise phases e and f. According to Leininger (1995), phase d, the conceptualization of the project, provides the backbone for successful ethnonursing research and involves: (a) the selection of the phenomena to be studied; (b) informed consent; (c) exploration and gaining of entry to the site (d) anticipation of potential barriers and facilitators; (e) the choice of key and general informants (f) the maintenance of trusting and favorable relationships (g) data collection and confirmation; (h) maintenance of continued processing and (i) check for credibility and confirmability of finding.

One important aspect of ethnonursing is the use of the enabler. A methodological practice designed by Leininger that distinguishes ethnonursing from other ethnography, Leininger (1995) coined the term enabler to tease out data from culture care, health, and related nursing phenomena. Enablers are tools that assist the ethnonursing researcher to analyze specific data that may otherwise be ambiguous to the nursing field. Enablers are congruent with the qualitative

paradigm and are “a participatory and cooperative way to obtain ideas that were often difficult to know immediately, without gentle probing or informants willing to share their ideas” (Leininger, 1991, p. 82). Several enablers were developed by Leininger as part of the ethnonursing method and one was used in this study. Leininger suggests the use of the “outsider to trusted friend” as one enabler (see Figure 2). This refers to the process of getting to know the participants to the point where they are willing to give rich and authentic experiential narrative about the phenomenon in question. In this study, the phenomenon of concern is the process of male Hispanics deciding to pursue nursing as a job or a profession. The Stranger to Trusted Friend Enabler was utilized throughout this study. It guided reflection during the pre and post data collection phases.

### ***Sampling Process***

The phases aforementioned are Leininger’s general guidelines in developing ethnonursing research; yet Leininger (1995) also states “the researcher may modify the process to fit with the research setting or context” (p.105-106). Participants for this study were selected based on their firsthand experience becoming and being a male Hispanic nurse. They were male practicing nurses who live in the Pacific Northwest of the United States, were of Hispanic origin, and have attended nursing school in the United States. In addition, the participants were low acculturated or bilingual/bicultural. According to Castro’s short 5-question acculturation scale (see

Appendix D), low acculturated and bilingual/bicultural participants' scores range from 1.0 to 3.69 on 1.0 to a 5.0 scale (Castro, Cota & Vega 1999). Initially, the selection criteria were set for bilingual/bicultural, however after further deliberation, it was decided to include individuals who scored "low acculturated" on Castro's short 5-item scale because of what they could contribute to the understanding of the phenomenon. These individuals were sought because they would be better able to articulate the values' conflicts that are believed to occur in the decision making of men choosing nursing as a career. The focus of purposeful sampling is to obtain the richest phenomena information possible.

### ***Procedures and Data Collection***

Three local National Association of Hispanic Nurses (NAHN) leader/members served as key informants for this study. They were responsible to identify three potential participants each. However, the first three participants were utilized on this study. Because all three participants met the criteria previously established in this study, no further participants were contacted. Although one of the participants was rated "low acculturated" according to Castro's short acculturation scale, he met Castro's description for bilingual/bicultural and therefore was included. After the key informant obtained permission from the participants, the researcher invited them, via telephone, to sign the informed consents. The second contact took place during individual interviews and at that

time the participant signed the informed consent and completed the demographic (see Appendix C) and acculturation forms (see Appendix D). Data interpretation began with the initial interview and interviews continued until data saturation and recurrent, consistent themes emerged. The interviews were audio recorded, transcribed verbatim and eventually coded using the computer software Ethnograph version v5.0 (Qualis Research Associates). Participants in this study were people who the researcher learned from. They were the ones whose norms, values, beliefs, and general lifeways were studied.

To assure privacy, the audiotapes, coded lists and transcripts were reproduced on a compact disc (CD) and the original files were permanently erased from the author's computer system. The CD were kept in a locked cabinet and released only to those involved with this research.

### ***Ethics Consideration***

In order to protect the informants from possible undesired outcomes at their workplaces their identities were omitted. The demographic information and data collection was performed using numeric filing that kept the informant identity confidential according to Institutional Review Board (IRB) directions (see Appendix A). Although participants signed written informed consent before interviews began, participants were given the option of withdrawing particularly

sensitive or identifying narratives at any point in the research process. Informed consent in this way was conceptualized as an on going process.

### *Data Analysis*

Even though the sample was small, three participants, the author followed the premises established by Leininger (1991; 1995) in which she emphasized that large numbers of respondents are not as important as is obtaining a thorough, in-depth understanding of the phenomena being studied. Data saturation occurred and recurrent consistent themes were identified.

The participants were asked to tell as concretely as possible their story of “becoming a nurse” and to also describe their experiences of “being a nurse” as an Hispanic man in the United States. The information obtained was recorded on audiotapes that were later transcribed, coded and stored in a computerized system by the researcher. Analysis of the data followed Leininger’s Phases of Ethnonursing Analysis for Qualitative Data. Leininger’s “Sunrise Model” (see Figure 1) was used as the structural blueprint.. According to Leininger, the “Sunrise Model” provides the means for a “systematic analysis of qualitative ethnonursing research data, especially for research findings bearing on theory of “Culture Care” (Leininger, 1991). In addition to the “Sunrise Model”, the author also followed the steps suggested by Leininger’s “stranger to trusted friend” enabler (see Appendix F) during the initial contact and interview process.



Leininger( 1991; 1195) states that the enabler is frequently used to determined whether the participant is providing an emic view of the phenomena of interest. The emic views of the participants coded using the Ethnograph software (see Appendix G) were further evaluated for recurrent themes.

### ***Participants Selection***

The participants selected represented three distinct Hispanic groups living in the U.S., a first generation South American (Participant-1) and Mexican (Participant-2) and a second-generation Mexican-American (Participant-3). At this juncture, it is worth mentioning that much like this convenience sample, Hispanics living in U.S. are not a monolithic ethnic group (Weinick, Jacobs, Stone, Ortega and Burstin, 2004).

All three participants attended nursing school in the U.S., two were master's prepared nurses (Participant-1 and 2) and one was an associate degree prepared nurse. The participants have been practicing nursing in the U.S. since 1997, 1996 and 1998 respectively. They were raised in different socioeconomic classes and had attained different education levels prior to attending nursing school. Their acculturation level according to Castro's (five item) acculturation scale were: participant-1( 2.2 or low acculturated), participant-2( 2.6 or bilingual/bicultural) and participant-3( 3.6 or bilingual/bicultural).

### *Study Qualitative Criteria--Trustworthiness*

The aim of qualitative research is to increase the understanding of a phenomenon that occurs within a context. The key point is to identify the characteristics that may have been previously obscure or unexplained, to uncover the meanings. As previously discussed, there were no published scientific research studies, either quantitative or qualitative, regarding Hispanic male nurses. Qualitative research, therefore, is an approach that yields findings that can be useful for early description or exploration of a phenomenon.

Leininger (1995) stated that “the use of internal and external validity or reliability measurement are not appropriate” in the qualitative paradigm. The connotation and applicability of the term credibility is more acceptable to qualitative researchers than that of validity (Speziale & Carpenter, 2003). This study used Leininger’s Sunrise Model in combination with the six qualitative criteria: credibility, confirmability, meaning-in-context, recurrent patterning, saturation and transferability to ensure trustworthiness. Credibility in this study was defined as the faithful depiction of the informant’s lived experiences. Prolonged engagement is one of the means Lincoln and Guba (1985) suggest to ensure credibility. Because the author himself is an insider in the population of interest, there was opportunity for genuine and deep engagement. To assure that participants were being understood the author followed the “stranger to trusted

friend” enabler guide and offered the participant opportunities to review the transcripts of their audiotaped interviews.

The greatest obstacle was confirmability maintenance. Confirmability for the purpose of this study was defined as the maintenance of neutrality and the prevention of personal bias that may influence the study outcome. Leininger’s enabler was used to assist in ensuring the confirmability of this study (Leininger, 1991). In order to avoid undesired interpretation, mentor and thesis committee consultation was frequently used. Furthermore, as previously stated the author sought the clarification and confirmation from the participants themselves. Meaning-in-context in this study refers to the participants’ understanding of actions, symbols, events, communication, and other human activities that took place with a specific or total context. In this study it represented all interaction between the participants and their health care work environment, social and cultural experiences related to becoming and being a nurse. This is an important aspect because a thick description was provided that attested to this study’s credibility. Recurrent patterning was defined as the repeated instances, sequence of events, experiences, or lifeways that reoccurred over a period of time. This was used to substantiate the identifiable sequences of behavior patterns of Hispanic male nurses. “Saturation means that the researcher has conducted an exhaustive exploration of whatever is being studied, and there is no further data or insights

coming forth from informants or observed situation” (Leininger, 1991, p.114).

Saturation was assumed at the point that consistent, recurring themes were uncovered from the coded transcribed data.

Transferability in qualitative research is the ability to transfer the findings of one study or setting onto another (Speziale & Carpenter, 2003). The author attempted to incorporate thick descriptions and verbatim quotations whenever possible to support future transferability. This will provide subsequent researchers the means to use and/or judge the appropriateness of transferring these findings to another group or setting.

### ***Bracketing***

Ethnography encourages the researcher to be an active participant, to become a participant observer, and to engage in activities appropriate to the situation. Spradley (1980) distinguishes participation as a key issue in ethnography. He emphasizes that participant differs from the active participant because he or she is not avidly observing. According to Spradley (1980) “The participant observer comes to a social situation with two purposes: (1) to engage in activities appropriate to the situation and (2) to observe the activities, people, and physical aspects of the situation” (Spradley, 1980, p. 54). To perform “bracketing,” one must put aside his belief and avoid making judgments of observed and heard interaction. It should be understood that bracketing in

qualitative research is somewhat controversial. For example, some philosophers caution that bracketing is not truly possible. That is, holistic humans cannot wall off or partition beliefs, values, or taken-for-granted lifeways (Munhall & Boyd, 1999).

An important part of bracketing is explication. Although it is impossible to truly “bracket” one’s biases because one cannot know all of them consciously, Leininger’s (1991) methodology suggests the use of the Stranger to Trusted Friend Enabler. This Enabler was used as a formal explication and reflection on the process by the researcher and thus constitutes the bracketing that occurred.

## CHAPTER THREE

### FINDINGS AND DISCUSSION

#### *Introduction*

The literature on Hispanic males in the nursing profession is relatively sparse. However, the existing literature on male nurses along with these study findings suggested that Hispanic males may face similar challenges as those of non-Hispanics men and other minorities. The information collected in this study revealed that male Hispanics experienced and responded to nursing in similar ways as other minorities. They faced gender as well as the known Hispanic minority challenges.

Although the majority of themes were congruent with prior research findings, others provided a deeper insight that may be unique to Hispanic male nurses. These findings may be useful to attract, retain and encourage Hispanic males into nursing. Themes that most frequently emerged include: (a) the influence of the registered nurse in the process of “becoming a nurse”; (b) the importance of the “English language” for successful advancement into nursing education; (c) the “barrier and support to nursing education” faced by Hispanic male nurses; (d) “the Hispanic Man Perception of Nursing Education”; (e) “the financial burden” to remain in a nursing program (f) “the difference in thought

processes” of men and women are similar between Hispanic and those faced by non-Hispanic male nurses; and (f) the stigma of “the sexist stereotyping of male nurses” also applies to Hispanic male nurses.

### *Becoming a nurse*

The process of becoming a nurse took place in similar ways among all participants in this study. None of them chose nursing as their first option for a profession. Two participants became orderlies in a long-term care facility before becoming registered nurses and one was an outreach worker for the health department. Prior to direct exposure to nursing care or working with nurses, they had not thought about becoming nurses. They were not encouraged in their earlier academics to pursue health care careers. Participants developed feelings towards the profession by direct observation. One participant put it this way:

Well, the first day when I decided I wanted to become a nurse was when I was working at [a long term care convalescent center]...I saw nurses and...I...I mean I was proud of what they did. I mean I was happy how they helped people.(Participant-3)

Another participant had limited or no understanding of nursing as a viable profession for a man prior to becoming an orderly. He stated the following: “My idea of nursing...I had absolutely no clue...ah...in my country a nurse is a girl... there is not a concept of male nurse”.(Participant-1)

While working as a dishwasher at a long term care facility, this participant was exposed to nursing like the first participant, through direct observation. His initial contact opened his views about who could become a nurse and what nurses do. He stated: “I had no idea what nurses did...there was this guy who helped the ladies in white [his first exposure to a male CNA]...so somebody says... ‘why don’t you take CNA classes...we need some orderlies to transport the patients’”.

(Participant-1)

This participant became a certified nurse assistant (CNA) and, after working as an orderly, he went on to pursue a career as a registered nurse. He was directly influenced at that juncture by a registered nurse who personally encouraged him to consider the profession.

The nursing profession as practiced in the United States was not initially understood by one of the participants. He shared how his exposure to Public Health in the U.S. changed his view of nursing: “What nurses do in Venezuela and what nurses truly do here are totally different things.” From his prior experience as a public health outreach worker, focused on autoimmune deficiency syndrome and human immunodeficiency virus (AIDs/HIV) and tuberculosis (TB) treatment and prevention, he was introduced to nursing outside the acute care arena. Nursing practice in public health was new and an attractive concept to this participant who stated: “I don’t want to work in hospitals...I learned about becoming a nurse



because my boss was a nurse...and she was a public health nurse...so I saw what she did...That was very different from taking care of sick people.” (Participant-2)

In general, all the participants attributed their coworkers who were registered nurses, their immediate supervisors who were registered nurses, or the ability to work directly with other registered nurses as the main reason for their engagement in the nursing field. For participants one and two, a particular registered nurse went out of her way to encourage each of them to consider nursing as a profession. For the third participant, his own exposure to registered nursing and his own internal motivation including the financial stability and the ability to work in many geographic sites was important. Yet, the lack of experience, culturally or professionally with nursing substantially delayed each of their entrance into the nursing profession.

### ***English Language***

The ability to write and speak English was considered extremely important to all three participants. They ranked English proficiency as vital not only to being successful in their nursing school and career but also to further their professional advancement in America. As one of the participant stated:

I was brought up with an accent but believe me, if you want to get through this country and you want... to excel, you have to drop the accent, learn how

to write properly and do all those things. I did have a thick accent but I worked very hard to get rid of it. (Participant-1)

To improve their English skills they accessed a variety of extracurricular and self-study tools. For example, to build their vocabulary one participant did crossword puzzles; another used text book translations from English to Spanish. These added steps boosted their confidence and abilities to handle the English language. A participant recalled his experience saying that he didn't care what others thought, in order to gain the needed writing skills, he decided to take college writing courses at two levels lower than those he was capable of "because I wanted to write more...I felt like it was one of my weaker subjects, and it had been my weaker subject throughout high school." (Participant-2) Even though this participant was a second generation Mexican-American and had attended high school and some college in the U.S., he was still uncomfortable with the English language.

Another participant was completely illiterate prior to coming to the U.S. For this participant a mentor played a key role in his learning English. He addressed this mentor with great admiration and gratitude. He emphasized his mentoring qualities as he stated:

He was a retired Marine and he was a patient man. He liked to talk a lot and he had a lot of time on his hands and I guess he just told me that he saw a

potential. Do you know...and he wanted to be a part of helping out and seeing me grow. (Participant-2)

This participant added that his learning successes were greatly influenced by his ability and willingness to face uncomfortable situations in order to communicate in English. He made the effort to speak and practice English as much as he could. As an example he stated the following:

They saw that I was trying to learn--that I made an effort to communicate with people. Do you know I only went where there were Mexicans to pick [crop picking]. After [work] I went to the local Seven-Eleven to say words like “coffee” “how much?” ...always trying to assimilate. (Participant-2)

At this juncture the researcher brought up some of the common barriers that afflict non-native English speakers (Xu, 2005). When poor self-esteem and embarrassment in speaking or pronouncing sentences incorrectly were brought up as possible reasons to avoid public interaction, this participant responded that learning English was a matter of survival. He stated:

That was very easy because it is sink or swim. It's like what am I gonna do to survive here? What am I gonna do to survive here? What's going to get me what I want? And that is--learn English! And get along with my neighbors now. (Participant-2)

Although it was basic survival to him, he stated that there are thousands of Spanish-speaking newcomers every year that did not support English learning activities. Instead of engaging and incorporating English into their lives, these individuals maintain strong support from the Hispanic communities, are bound together in their common language, and make no attempts to speak, write, learn or practice English. This separation, segregation, is consistent with literature and sometimes starts early in minority children's educational process (Tedin & Weither, 2004). This participant stated that there is too much resistance and that he had lost faith that first generation migrants would ever make an attempt to learn English and further their education. Nowadays, he stated that he has better chances with the first generation children so he focuses his efforts on recruiting the youth. He shared the following: "This is probably children of Mexicans...you know...Hispanics. They are second generation Hispanics. ..their parents probably—I don't want to say that they are lost cause but I think that I can make more of an impact with their kids". (Participant-2)

This participant claimed that Spanish-speaking older adults' communities become a barrier to learning English. He stated that to successfully learn English, Hispanics must detach themselves from their main communities and completely immerse themselves with the English language. He claimed that learning a new language takes considerable practice and that exclusive Spanish speaking

communities hinder Hispanics' ability to practice English daily. Therefore, it inhibits their development of English fluency and perpetuates the Hispanics adult's isolation from mainstream America. Subsequently, this lack of language facility limits their opportunities to become educated and achieve better jobs. It creates a cultural and linguistic isolation that impacts career advancement. When asked how he sees the importance of English to Hispanics he responded:

That was my goal. I wanted to learn English because English is gonna do me well if I stay or if I go back to work in the resort [in Mexico]. If I know English I got a job. So that was what drove me to come to this country....English...because I saw English....that was going to make me extremely marketable.(Participant-2)

This participant states that his isolation in order to learn English was crucial to his success and marketability; this is a repeated and consistent theme across all participants and is also the experience of the researcher.

Even though the participants adamantly recognized that living in the U.S they needed to learn English, they strongly stated that not all Hispanics were capable of learning and assimilating the English language. They contended that the majority of Hispanics did not have the resources or financial support to attend school and at the same time provide for their families.

Participants disagreed about the chances for success with fellow Hispanic migrants or immigrants. According to one participant “the majority” of Hispanics from Mexico have low motivation for success which he claimed is associated directly to their cultural upbringing. The participant shared the following:

The way I see it...one of the things that I see around here...the majority of the people who come from my background--they come where education is not a thing that people look for. They just go... ‘Yeah, I just got to learn how to read and write and do better than my father did. My father did crops. Now I am working in a factory assembly line. I’m set.’

The participant went on to say:

Particularly if you are talking about Mexico, it sounds bad and people will probably really nail me for this one but I think it is a very mediocre society. They are just doing a little better than I was back home and they stick with that mentality. “I live in an apartment. It is better than to sleep in a shack. I got a car now. I used to walk.” That’s it and that’s what saddens me about my....particularly about the Mexican community. I cannot speak for any other community. (Participant-2)

Interestingly, another participant talked about his lack of motivation during high school and college. This participant was a second generation Mexican-American. When asked about his high school education, he stated the following:

I finished high school because it was something to do. I had no focus in life and I did try to go to college but my focus was not school. My focus was having fun and just trying to discover myself at that time. I wasn't ready. Being away from my mom to kind of grow by myself instead of having her trying to delegate and push and make me feel that growth needs to be done. Once I graduated, I went to Oregon State for a year and a half and I wasn't doing too well. I left and then I went to work at just whatever kind of job, just whatever. I got tired of it and a year after I stopped going to Oregon State I became a certified nurse assistant (CNA) and then from there I started my nursing career (Participant-2)

### ***Barriers and Supports for Nursing Education***

According to Villarruel, Canales, and Torres (2001), Hispanic barriers to education start at the high school level. Frequently, teachers and guidance counselors tell these students that college is not realistic for them. Hispanic students are typically steered toward vocational programs that require lower levels of English fluency. For instance, after "failing" an aptitude test one participant was told to do welding or carpentry. The following describes the interaction between the participant and a career counselor:

I took the test...and out of 100% I scored 7%....I scored 7% ...so...the counselor looked in my scores and goes—now this is the person who is

suppose to motivate you and encourage you—but he looked in my scores and goes ... “can you tell me your name again so I can make sure I got the right person?” He looked at it and goes—“you want to be a nurse? Do you know we have a great welding program here? What do you think about shop? Working with wood and making cabinets and all that?” I said, “No I don’t care about doing that.” He said, “Well, what about body mechanics? You know--auto body repair, or mechanics?” I said, “no I want to take care of people.” He said, “do you know what? I don’t think you have what it takes. Maybe you were having a bad day. Let’s take the test again.” So he gave me the test again. And out of 100% this time I scored a little higher 13%. So I went ahead and interviewed that particular LPN vocational school. And they flat told me. “You can’t. You can’t. It takes some brains and the scores.....” “You’re just not material for that.” (Participant-2)

Participant-2’s resiliency and ability to struggle on towards his goal to be a nurse in the face of well-meant discouragement (“What do you think about shop?”) is explainable when one looks at Chin and Kameoka’s (2002) work. In a study with Hispanic inner-city adolescents, Chin and Kameoka (2002) concluded that self efficacy strongly predicts both the educational and occupational expectations of Hispanic adolescents. Moreover, self efficacy is strongly influenced by social persuasion or the messages and support Hispanic adolescents received from



important adults in their lives as well as their own prior experiences. In the exemplar above with the participant who was encouraged to consider a career in shop and told that he was not “material for nursing,” continued to apply until he was eventually accepted into a nursing school. Notably, he had received continuing emotional and intellectual support and was constantly challenged to achieve higher levels of education by his mentor, a retired Marine who befriended the participant and became like “a father” to him. According to Chin and Kameoka (2001), internal psychological process combined with external environmental support is predictive of academic performance and persistence. Self efficacy plays a significant role. Related to environmental support Shelton (2000) suggests that perceived faculty support can play a crucial role in student persistence and retention. This is consistent with other research with under-represented students (Evans, 2004, 2005; Flinn, 2004).

Even though the participants in this study came from different environments, the participants’ motivation and ability to face adversity was congruent with Chin and Kameoka’s study. To further illustrate, one can take into account the participant who lacked motivation during his high school education. He sadly reported that his family was divided in two socioeconomic levels and that negatively affected his inner feelings. In this participant’s family, there were well educated and successful professionals and those without educations who held

menial jobs like his father. According to the participant, those who were successful had a superior attitude and that influenced the way he felt about himself, made him feel unaccomplished and inferior. He reported that:

In one side of the family that my father belonged to, he was the person that was not very successful. The other children were pharmacists and lawyers and then there was a policeman and my father was just a laborer. And there was a feeling of...that they were better than us (Participant-3)

This participant went on to say that his cousins caused him to feel like he was not as good as them. This particular participant elsewhere reported that he had phobias related to unknown environments and he has not pursued further education beyond his associate degree. He also suffered from low self esteem and depression during his nursing education. His early lack of support may have affected his self efficacy and likewise his ability to cope with college demands.

However, according to another participant lack of funds and opportunity associated with low socioeconomic status is the main reason for Hispanic failure in American schools. This was a Hispanic immigrant from South America who was raised in an affluent middle to upper-middle class family there. In the exemplar below, he compares the education system offered to Hispanics, especially for the poor, to Maslow's hierarchy of needs. The following excerpt illustrates his description of this system:

This is where it fails. First, you have this group of people that are disfranchised from the main community. And there is this goal of –‘ohhh here is nursing.’ Okay, so let’s get you over here. It’s kind of Maslow’s hierarchy of needs. You can’t be having higher thoughts when you are not feeding yourself—correct? When you hungry--when you are not taking care of the basics needs. Okay, so here is nursing and here are all these groups of people who would benefit but there is huge gap. And to jump that gap is gonna be so difficult and so hard that only probably out of 20--probably one person will cross over. So it is a great thought. It is a wonderful thought but there is no connection between the two places. (Participant-1)

He attributed Hispanic failure to achieve educational success (particularly in nursing) to the absence of community support and financial assistance. Speaking about his own experience he stated that educational support for Hispanics was merely empty promises or political lip service. This participant shared his experiences and stated the following:

I mean there was no financial help. Finances actually were very hard because you know what you always hear—“there is always money for a student like you--you know, Latin students of color.” But when push comes to shove, there isn’t any money and nobody actually does anything. So there is actually this party line, this lip service, that they tell you “oh yeah, go to

admissions, sign here, initial here, there is money, there is money” but nobody is there to help you. Nobody is there to kind of help you out.

(Participant-1)

The themes illustrated by the latter participant perfectly sum up the struggles of Hispanics who do not have money and/or educational opportunities in their upbringing and also lack insight into how the system works. They will likely not be able to speak English fluently and subsequently will not be able to achieve better job opportunities such as nursing. This theme is supported by one of the participants who came from the lowest socioeconomic level as he stated that most of those coming from his background will opt not to pursue education in order to achieve better job opportunities. And again, this was congruent with the second generation participant who also struggled with the same issues. According to the participants, financial support plays a pivotal role in whether or not Hispanics are successful in their educational and job endeavors.

Their cultural ties to their language and communities may impede their professional future as a nurse. All the participants point out that the willingness to forfeit the Spanish language and the comfort of the Hispanic community, and immerse in the English community in order to learn the English language is paramount to success.

### *The Hispanic Male Perception of Nursing Education*

The participants had some dissimilar ideas about the process of nursing education. For participant-1 and participant-3, the process was negative and “nerve wracking.” For participant-2 the process was uplifting and rewarding. Even though overall the participants’ feelings diverged, they identified consistent barriers to pursuing further education. These barriers were influenced and intertwined with their cultural and socioeconomic upbringing and they were directly related to their perception of success in the nursing program.

Several positive and negative themes related to the process of nursing education emerged. Participants’ views, whether positive or negative, were directly related to how they were evaluated clinically and/or academically. Performance appraisal has traditionally used safety as a common denominator for student achievement. However, no definite concise tool has yet been able to evaluate clinical aptitude (Wiles & Bishop, 2001). In reference to clinical versus academic learning, one of the participants jokingly stated the following:

I had fabulous, fabulous instructors. The thing I liked [about] this program-- we were a very unique program that probably goes against everything that nursing does. In the way that, do you know, it was not a very theory based program. All these ladies were former military nurses—Vietnam, Panama. All these people--so they go—“here is all the theory you need to know about

nursing. Florence was the most wonderful gal in the world. By the end of this week I want 5 IVs, 5 Foleys, 3 NG tubes and do not dare to come to my office without that check off list.” (Participant-2)

For participant-2, the task orientation of faculty who were military nurses was the “real” world of nursing. He liked less theory and more practice, with well delineated objectives.

Clinical objectivity can be quite challenging to multicultural students. Information addressing student and teacher performance expectations in nursing schools were found abundantly in the literature (Canales, Bowers & Norton, 2000; Wiles & Bishop, 2001). However, most of these expectations are predicated on an assumption lacking in culturally competent care or educational practices and are mostly based on values of white, middle-class women (Flinn, 2004). A number of researchers elaborated on the notions that societal, educational and familial Hispanic expectations are quite different from those of Anglo-Americans (Evans, 2004; Fiscella, 2002; Doutrich, Wros, Valdez, & Ruiz, in press). This can cause major difficulties for Hispanic students’ educational processes because they may not relate or understand teachers’ expectations, either academically or clinically. A recent study by Bagnardi and Perkel (2005) reported that students with different culture backgrounds and English as a second language (ESL) function best with clear, consistent expectations, roles, and responsibilities. The same study

emphasized that at times these students needed a kind ear and shoulder for support and guidance. Like Evan's (2005) findings, faculty personal relationships with students who come from like cultures and who speak the same language were found to be an important factor in decreasing attrition (Bagnardi & Perkel, 2005). Moreover, Evan's participants who reported their experience as negative also stated that they were never comfortable reporting their personal or academic problems to their instructor. In fact, they stated that if they had reported any problems to anyone, their situation would have gotten much worse.

Nursing education remains largely based on the Caucasian Euro-American linear, sequential, time-oriented, individualistic, competitive and dualistic worldviews (Evans, 2004). Participants in the current study identified ways that their learning was non-linear and this expectation was problematic. A typical example of linear versus holistic learning was experienced by one of the participants:

I entered the community college to get the prerequisites and then go into university and I remember people making fun of some the choices of words that I would pick. Because when you are learning English you tend to think in Spanish and are kind of translating certain things. So the word order, or the words that you pick are not appropriate when you translate them. I remember people having difficulty understanding me and I remember really

suffering over writing papers. Because you have the tendency to write longer--while in English you tend to condense thoughts into fewest words possible. (Participant-2)

Another participant spoke of his classmates' and instructors' thought processes and competitiveness:

The subjective thinking of the instructors...and also...subjective thinking of the students because they became extremely competitive with each other. [For me] it was about obtaining the knowledge itself to try to accomplish a goal. It was not about back stabbing and bad mouthing each other as the other students did. (Participant-3)

An interesting and significant event took place during this participant's nursing education experience. It is an important event because it related not so much to his ability to comprehend and speak English, but to his direct interaction with his clinical instructor. The participant describes the incident as it took place during a clinical in a hospital:

I don't talk about this to too many people and I'm quite embarrassed and I remember the four inches. [He left a patient in a bed in "high position" (four inches up) and the instructor was extremely upset.] What was really funny is that I didn't understand where she was coming from. I am of the thought 'there was no big deal to it,' but she made my life a miserable hell. I don't



know if it was just me but she told me that she was gonna go to talk to the rest of the instructors and they were going to make a decision whether I was an appropriate person to be a nurse. I don't tell to too many people but I will be honest with you. They proceeded and this lasted for almost two weeks. It was the most tortuous ...that's why it was the most memorable because it was the worst experience for me. Meanwhile they were discussing all this, finals were around the corner. I was a nervous wreck. I was anxious and I remember they took forever to make the decision if I was an appropriate nurse to graduate or not. When finally the hatch came down and the shit hit the ceiling. They decided it was okay for me to continue. But it wasn't okay. It wasn't okay because all the latter portion [of the term] I didn't do too well. I got a C in the class and I was really unhappy. I am not a C person. I like Bs and As. I told them and I made them put this in writing ...that...I was to come back the next year...and retake the whole term--the whole quarter again...What really made me upset is that I lost all the information due to the level of anxiety...I passed the course but I was not happy with my performance and decided to retake it and skip out a year.

It is important to note that this participant was in good academic standing when this incident took place. The incident occurred early in the term and after getting in such serious trouble his confidence was severely shaken. The participant

was anxious and bewildered and he reported that the thought of putting his patient at risk was “devastating” to him. Yet, this is a typical and known reaction by many Hispanics in similar situations (Evans, 2004). Rather than deal with the incident and move on, the participant continued to dwell on it, avoided his instructor, and subsequently felt that he did not acquire the knowledge he wanted that term. He remembered crying on the bus on the way to clinical and thinking of ways to avoid his instructor. Although the faculty decided to allow him to progress, his sense of competence was so damaged, he chose to come back and finish his schooling the next year. At the time of the incident, he had only to finish the quarter and graduate. Instead, his education was prolonged.

Hispanic male nurses’ perception of nursing may be strongly related to their relationship with faculty. Two participants stated that their overall nursing educational process was negative and filled with depression and anxiety. One of these participants described it like this:

I have to say that in my experience, and this is my experience, I don’t know about other people but I find nursing school for the most part tragically, tragically negative....toward students. They [the faculty] make things harder for them. They are not very flexible I have to say. (Participant-1)

This participant attended three levels of nursing education, an associate, bachelor and master of nursing programs. He attended each program in a different

school of nursing. His experiences were painful and told to the author with feelings of anger and sadness. Villarruel, Canales, and Torres (2001) had similar findings in their seminal qualitative study, “Bridges and Barriers: Educational Mobility for Hispanic Nurses.”

Paradoxically, just as negative experiences in nursing school were recalled by two participants, one participant had the complete opposite perception. He had nothing but good things to say about his learning experiences. Even though this participant initially lacked formal education and was from the lowest socioeconomic status in Mexico, he turned out to be the most successful and the happiest with the nursing profession. As mentioned earlier, he stated that he had fabulous, inspiring instructors. Speaking about educators, he had the following to say:

I am a big believer now that teaching is a gift. No matter how many credentials you have or how many titles or how many degrees, teaching is a gift. People are born with it. I don't think it is learned. You might have to go to school to kind of learn your angle. It is my personal philosophy and my prejudice but I don't believe in titles. I don't believe in all these credentials and stuff like that.(Participant-2)

Brady and Sherrod (2003) stated that men, not specifically Hispanic males, related their satisfaction with their nursing education to their relationship with their

nursing instructors and peers. Even though not specific to Hispanic male nurses, this thematic pattern, emerged consistently in the data of this study. Various faculty approaches and behaviors have been associated with student improvement. According to Shelton (2000) students need psychological and functional support. Shelton developed a “Perceived Faculty Support Scale” to measure students’ perception of faculty support received in nursing programs. This could assist male Hispanic nursing students. One of the items in Shelton’s instrument, “Have a genuine interest in students” was listed by one of the participants as important for him. He stated: “Somebody who took me kind of under her wing...to help me and kind of teach me certain things. I think that would made a big, big impact. It would lessen things for me”.(Participant-1)

This information is congruent with the findings in this study, the literature and the author’s own lived nursing education experiences. Hispanic male nursing students have specific perceptions and expectations of nursing education that are linked to their cultural upbringing and gender. To successfully retain these students, nurse educators have to be willing to adapt to support these students’ specific needs (Cummins, 2001; Higgins, 2004).

### ***Financial burden***

As the number of Hispanic patients has increased across the U.S., numbers of Hispanic nurses have not likewise increased to reflect the population. And,

schools of nursing have not developed a sustainable way to provide financial assistance for nursing education to poor Hispanics. To the contrary, funds to assist low income students have been steadily decreasing in the past decade (Couturier & Scurry, 2005). Decreased funds by the government and increased privatization of educational institutions have further aggravated this phenomenon. For example, the amounts of moneys available to poor students through federal programs have not changed since the late 1980s. This has been in stark contrast to college tuition which has skyrocketed at a much faster pace than inflation (Bellack, 2005 ; Couturier & Scurry, 2004). A large number of students find themselves competing for the ever-dwindling supply of financial assistance. All the participants in this study struggled financially while attending nursing school.

In order to pay for living expenses and school, two of the participants had to work full or nearly full time and one lived strictly from student loans and minimal financial assistance from his mother. The challenge is compounded for students who do not have a support system. One of the key issues raised as a barrier by two of the participants was transportation. This was particularly difficult because they could not get to places in a timely manner. Therefore, they had to squander precious time just to get to and from places, especially distant clinical sites. A participant who had to take the bus to clinical stated that a twenty minute commute in a car would “take almost one-hour and half...it was very unpleasant”. He

complained that every one of his clinicals required several bus transfers and that during the time he spent in the bus, it was impossible for him to accomplish any studying. Another participant did own a car, however, it broke down frequently. The challenge of working long hours combined with unreliable transportation took a toll on this participant and he stated:

I had beat up 1970 bug [Volkswagen] and was just breaking down everywhere. I was working full time and taking classes at night for the prerequisites and then the first year I actually worked full time. Actually [it was] 32 hours which was almost full-time. [I was] doing some work at night and also going to school. I remember how hard it was actually because taking classes and going to school at the same time was just very hard. The car thing was actually not helping either because it kept breaking down everywhere. (Participant-1)

To many Hispanic students, working while attending school is a must (Villarruel, Canale & Torres, 2001). They need to provide for themselves, their family and/or their extended families (Banardi & Perkel, 2005). In a qualitative research by Evans (2005), participants stated that they would send money home even when they themselves were in complete poverty. This theme also emerged in this study, as one of the participants stated:

It was very overwhelming...it was very...very...overwhelming but again, it is just that drive. The determination of getting things done. I got a family that is dependent on me. I got a future that depends on me. I have what I thought this is--this is the woman that I want to spend the rest of my life with and I got to take care of her. We're gonna have kids. I know that. I don't want them to go through the same stuff. So the drive was--I just can't fail. I am not going to fail! (Participant-2)

The need to care for, protect, and the high focus on family is a hallmark of this population and reflects one of the stronger cultural conflicts that frequently emerges particularly for male Hispanics (Marin & Marin, 1991).

Another participant said he resented his financial state. It was depressing and he had to make his money last as much as possible. He stated:

Financially I was not able to do things I want to do with the salary I was receiving at the time. I was very weary, I mean I was, I remember living on \$20 bucks every two weeks and I had to stretch it. I mean 20 dollars. I couldn't go out, I couldn't go to the movies, because I didn't earn enough money...so... I was just miserable (Participant-2)

The need to increase Hispanics in nursing has been well established (McQueen, 2004). Hispanic male nurses faced similar adversities as did those from other minorities. Financial assistance has been linked to minority academic

success (Bagnardi & Perkel, 2005). This is key in a culture where men are expected and expect to provide for their families (Marin & Marin, 1991).

For the past ten years, there has been ongoing incongruence between nursing schools goals for diversity and what they are willing to do to achieve increased diversity in the classroom (Riegel, Carlson, Glaser, Kopp, & Romero, 2002 ; Cummins, 2001; Villarruel, Canales & Torres, 2001). It is predicted that by the middle of the 21st century 50% of the U.S. population will be non-White and primarily non-English speaking, Hispanics will make up 11% of that future America population (Bellack, 2005; Fiscella, 2002). Yet, Hispanic representation is stagnant and represents a small part of the nation's nursing work force. Additionally, "of those low-income students who begin college after high school, just seven percent graduate by age 24, and roughly one-third of African-American and Hispanic students leave college after just one year" (Couturier & Scurry, 2005, p.2). Lack of financial support is at the center of this dilemma. Additionally, these students may lack the English fluency and/or comprehension to fill out the appropriate forms for these limited funds. Steps taken by faculty such as helping students find scholarships, grants, or loans can considerably lessen this student burden (Evans, 2004).



## *Gender Differences in Thought Processes*

Men and women's thinking differ in many ways; "women's thinking is conceptualized as emotional, intuitive, and personalized. The opposite of this would be thinking that is abstract, rational, objective and impersonal" (Brady, Dennis & Sherrod, , 2003, p. 160). To date, the majority of nursing instructors, nursing curricula, and nursing literature remains largely based on a female worldview (Meadus, 2000). Even though men have become nurses in increasing numbers, men's perspective of nursing has not been nurtured or supported in nursing schools. In fact, nurses frequently view male nurses' novel and sometimes challenging views, as undesirable or unwelcome (Brady, Dennis & Sherrod, 2003). In light of this, it is important to take into account that Hispanic male nurses face not only cultural upbringing concerns but also gender differences. Research has shown that to be successful, male nurses find themselves coerced to conform to the female dominant perspective in nursing. In qualitative studies, male nursing students stated that they have to think like the majority, they have to learn to think like women (Brady, Dennis & Sherrod, 2003). In this study, one of the participants stated similar feelings:

Some women...or some of the nurses think of nursing as this cutesy--let's help the world kind of job. While for me I want to become a professional. I think [that] was the biggest problem for me to fit into the nursing culture. In

that instance I did think, “boy it is me or does everybody think this way-- that we should all like hold hands and sing Kumbaya?” (Participant-1)

Traditionally, the caring, compassionate, and gentleness of nursing are associated with female-identity. The example above clearly illustrates the participant’s view of what nursing should be—that is, a profession. While being caring and compassionate and being professional are not mutually exclusive, and expert nurses usually are both, it is a matter of focus for this participant.

Despite being and viewing nursing differently, men have entered nursing for the same reason as women (Brady, Dennis & Sherrod, 2003; Meadus 2000, Carol, 2004). They have the desire to care for others just like their female counterparts. Anecdotal data suggests that Hispanic male nurses may be particularly helpful because they may be able to influence Hispanic males more effectively (Carol, 2004).

### ***Sexist Stereotyping of Male Nurses***

Men who join the nursing profession face the stigma that they lack the ability to become doctors or have female traits and therefore are homosexual (Brady, Dennis, & Sherrod, 2003; Meadus, 2000). The participants in this study face the same dilemma as non-Hispanic male nurses. In “Minority Nurse Magazine”, a Hispanic male nurse interviewee reported that some young Hispanic men are discouraged from becoming nurses because they perceive nursing as too

feminine (Carol, 2004). The following excerpt illustrates the aforementioned theme:

It was a difficult time explaining to my family what I was doing--trying to become a nurse. They go—"like a doctor?" I said, "no, not a doctor--a nurse." "But you are a guy! Right?" "Yeah, I'm a guy." "But--but, that is a girl job? Is there something we don't know about you? Did you pick up some bad habits or something?" I said, "no!" They were afraid I was gay or something like that. I said, "no, I just wanted to be nurse. There is a lot of guys who do this kind of work over here." (Participant-2)

Frequently, Hispanic male nurses find themselves having to defend their masculinity to their family members who can only conceptualize nursing as a woman's profession.

## CHAPTER FOUR

### SUMMARY, RECCOMENDATIONS, CONCLUSIONS

#### *Introduction*

Many of these findings affirm issues that have been discussed in previous literature. Considering that many Hispanics male students need to be supported while pursuing their nursing career, the development of innovative strategies must take place (McQueen, 2004). New programs, such as the one at Barry University have integrated approaches in collaboration with their school learning center, such as personal counseling, reading and math assistance have already been devised and fostered positive results among diverse students (Bagnardi & Perkel, 2005). There are multiple studies that address cultural diversity needs in our nursing schools (Barbee, 2001; Evans, 2005; Flinn, 2004; Klish, 2000, Memmer & Worth, 1991, Villaruel, Canales & Torres, 2001). Even though minorities' barriers to education have been well described in the past, it is imperative that nursing educators and recruiters understand the uniqueness of Hispanic men and move to implement programs that lessen or completely remove barriers and misconception regarding Hispanic male nurses.

## *Discussion*

In some ways, the Hispanic male nurses experiences identified in this study resembled that of female Hispanic and other minorities. However, the combination of cultural upbringing compounded with male gender thought processes and/or identity makes nursing exceptionally challenging to this population. Undeniably, as described throughout this study, cultural upbringing placed the participant in a context where they struggled against incredible odds of becoming nurses in the U.S. In fact, it was not until they were exposed to a registered nurse directly encouraging them or a registered nurse role model that they considered becoming a nurse. Even after making the decision, the challenges continued as they had to adapt and rethink the nursing role, forfeit their previous cultural conception of nursing as well their cultural characteristics, language trait, and community support.

In addition to the known barriers that afflict many minorities, there were unique themes found in this study that have not been previously described in the literature. Two of these are: “becoming a nurse” and learning the “English language” process.

“Becoming a nurse” recognized the importance of the initial contact and direct influence registered nurses had in the participants’ decision to become a nurse. Registered nurses actively encouraged two participants to enroll in nursing

and a registered nurse served as an inspiration to another. They were the primary source of nursing contact for all three participants in this study. Whether as a mentor or role model, registered nurses were vital in the engagement of the participants into nursing. Their action and achievement became the portal to the nursing career for these men.

The second unique theme was related to a series of factors involved in the process of learning the “English language” for the participants in this study. They were related to the participants’ ability to write and speak English fluently. A common and significant finding in this study identified that participants at some points in the process avoided and/or separated themselves from the comfort of their Spanish-speaking communities because they understood that achieving English fluency was critical to their career and education success.

In response to the research questions addressed by the study, the effect of cultural upbringing in the participants’ lived professional and nursing educational experiences indicated that participants’ attitudes and beliefs regarding upbringing were relevant and influenced Hispanic males joining and attending nursing school. Several themes emerged and were based on the following barriers: the Hispanic perception and conceptualization of nursing, and the lack of knowledge regarding the variety of nursing areas available in the U.S. According to this study, participant and family perception and conceptualization that nursing as an

exclusively female profession may influence migrant and immigrant Hispanic males' decisions about becoming a nurse. Even though the participants in this study became nurses, their initial views of nursing were affected by their innate perception of their native culture and previous exposure to the nursing role. Therefore, one can deduce that cultural upbringing is important in this case because it serves as an influential source for the decision making of Hispanic men.

Such findings hold several implications for nursing and provide insight that can be used to recruit and expand the number of Hispanic male nurses. The data found in this study can be used in future research to develop comprehensive multicomponent interventions and to investigate issues regarding Hispanic male attrition and enrollment in nursing. This can be used to improve and target nursing education to better assist this population of interest. As a final note, it is worth reiterating that registered nurse role modeling and influence were quintessential to attracting this population into the nursing profession.

### ***Limitations and Strength***

It is important to note the unique aspects and some limitations of this study. The data in this study were collected in the Pacific Northwest region in the U.S.. Though participants came from a variety of places their perspectives may have been geographically influenced and may not be consistent with other male Hispanics in other parts of the country.

The study also presented a paradox strength-limitation aspect that was associated with the researcher being “an insider”—someone who lived similar phenomenon and from within the population of interest. The author as “an insider” eased the participants’ ability to describe the phenomena of interest. Therefore, data were confided candidly and interviews yielded thick description. On the other hand, in the analysis and interpretation phase, the researcher was challenged to bracket his own lived experience as a nurse and nursing education in order to maintain validity and trustworthiness of the study. However, during analysis the author employed Leininger’s Sunrise model of Cultural Care and Universality as well as Leininger’s “stranger to trusted friend” enabler to maintain a systematic process. Such steps gave the study considerable strength because this model provides a well-structured format that is based on a reflective and qualitative paradigm that supports a systematic discussion of the Hispanic male nurses and nursing students support and barriers to becoming a nurse.

A final limitation is the fact that the participants attended nursing school in the mid 1990’s which may not reflect current educational practices. With increasing focus on a diverse population and diverse nurse students, today the participants may have experienced their educational process much differently.



## ***Recommendations***

Hispanics in the U.S. and worldwide come from a myriad of countries and cultures. A comprehensive investigation is needed to determine if Hispanic male nurses and nursing students' decisions are affected by other factors such as country of origin and/or geographical location. Therefore, future studies should incorporate a larger sample size of students at different education levels and should take place in a different part of this country and perhaps other countries.

Given the multidimensionality and context-driven characteristic of the struggles faced by Hispanic male nurses and nurse students, faculty can use these findings to better understand Hispanic male nurse views and expectations of nursing education.

## ***Conclusion***

The ever growing diversity of patients in our population presents nursing schools and the nursing profession with an astronomical challenge. Hispanics are one of the fastest growing segments of this population (Flores et al., 2002; Villarruel, Cannales & Tores, 2001). Yet, they continue to be extremely under-represented in the U.S. nursing work force (Flores et al., 2002; Heller, 2002; DHHS, 2001). The themes that were uncovered in this study support previous findings and barriers encountered by Hispanics while attending and practicing nursing. Specifically, the data clearly demonstrated that male Hispanic nurse's

gender and cultural upbringing places them at much greater disadvantage in their attempt to become nurses. In order to recruit and retain this minority segment, nurse educators will want to adapt, adjust and incorporate the new understandings and some of the views into school's curricula and nursing practice.

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# APPENDIX A

## Institutional Review Board



Research Compliance Office

### MEMORANDUM

**TO:** John A. Santos  
Nursing, WSU, Vancouver

**FROM:** Malathi Jandhyala (for) Cindy Corbett, Chair, WSU Institutional Review Board (3140) MJ

**DATE:** 21 June 2005

**SUBJECT:** Approved Human Subjects Protocol - New Protocol

Your Human Subjects Review Summary Form and additional information provided for the proposal titled "*The Experience of Becoming and Being a Male Hispanic Nurse in the United States*," IRB File Number **8591-a** was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the WSU-IRB **approved** your human subjects protocol on **18 June 2005**.

IRB approval indicates that the study protocol as presented in the Human Subjects Form by the investigator, is designed to adequately protect the subjects participating in the study. This approval does not relieve the investigator from the responsibility of providing continuing attention to ethical considerations involved in the utilization of human subjects participating in the study.

**This approval expires on 17 June 2006. If any significant changes are made to the study protocol you must notify the IRB before implementation.** Request for modification forms are available online at <http://www.ogrd.wsu.edu/Forms.asp>.

**In accordance with federal regulations, this approval letter and a copy of the approved protocol must be kept with any copies of signed consent forms by the principal investigator for THREE years after completion of the project.**

Washington State University is covered under Human Subjects Assurance Number FWA00002946 which is on file with the Office for Human Research Protections.

If you have questions, please contact the Institutional Review Board at (509) 335-9661. Any revised materials can be mailed to the Research Compliance Office (Campus Zip 3140), faxed to (509) 335-1676, or in some cases by electronic mail, to [irb@mail.wsu.edu](mailto:irb@mail.wsu.edu).

Review Type: NEW  
Review Category: EXP  
Date Received: 25 May 2005

OGRD No.: NF  
Agency: NA

APPENDIX B

Participant Demographic Information

Name:

Address:

Email:

Phone: Work  
Home

Place of employment:

Length of time of employment at this agency:

Date of graduation from basic nursing program:

Highest degree held in nursing: \_\_\_\_\_Diploma  
\_\_\_\_\_Bachelors in Nursing  
\_\_\_\_\_Master in Nursing  
\_\_\_\_\_Other(including degrees in other

fields)

Age:

Place of birth:

Country of family of origin:

Family education history :

Father\_\_\_\_\_ Mother\_\_\_\_\_

Sibling(s):\_\_\_\_\_

How many generations in US:

## APPENDIX C

### Castro - General Acculturation Index

Please circle the choice that is true for you. Then, add the circled scores to obtain the SUM below. Then, divide the SUM by 5 to obtain the General Acculturation Index value.

1. I speak:
  1. Only Spanish
  2. Spanish better than English
  3. Both English and Spanish equally well
  4. English better than Spanish
  5. Only English
  
2. I read:
  1. Only Spanish
  2. Spanish better than English
  3. Both English and Spanish equally well
  4. English better than Spanish
  5. Only English
  
3. My early life from childhood to 21 years of age was spent:
  1. Only in Latin America (Mexico, Central America, South America) or the Caribbean (e.g. Cuba, Puerto Rico).
  2. Mostly in Latin America or the Caribbean
  3. Equally in Latin America or the Caribbean and in the United States
  4. Mainly in the United States and some time in the Latin America or the Caribbean
  5. Only in the United States

4. Currently, my circle of friends includes:
  1. Almost exclusive Hispanics/Latinos (e.g. Chicanos/Mexican Americans, Puerto Ricans, Cubans, Columbianos, Dominicans)
  2. Mainly Hispanics/Latinos
  3. Equally Hispanics/Latinos and Americans from the United States (e.g. , Anglo-Americans, African Americans, Asians/Pacific Islanders)
  4. Mainly Americans from the United States.
  5. Almost entirely Americans from the United States.
  
5. In relation to having a Latino/Hispanic background, I feel:
  1. Very proud
  2. Proud
  3. Somewhat proud
  4. Little proud
  5. No pride ( or circle 5 if you are not of Latino/Hispanic background)

\_\_\_\_\_ = SUM

Acculturation Index = SUM/5 = \_\_\_\_\_

Based on Felipe G. Castro's Cultural Orientation Continuum: A Conceptual Framework for a General Acculturation Index.

## APPENDIX D

### Potential Interview Questions/Schedule

In qualitative research, the researcher is considered to be part of the interview “instrument”. Analysis begins immediately, even during data collection. For that reason, although potential questions and a “script” are offered, they will not be rigidly ascribed to.

1. Please in as much detail as possible talk about a story or case study from your experience in nursing school? What story really stands out for you? Who was involved? How were you affected?
2. Again, with as much context or information about the situation as possible, describe a situation from you work. It can be recent or maybe something that happened early in your professional career. Who was involved and what happened? What was the response?
3. Please talk about your childhood including where you were raised and some information about your family. Who was the most important adult in your life? Can you tell something about him or her?
4. Please think back to when you decided to become a nurse. How was that decision made? Who was involved? Did you always know you wanted to be a nurse? Please talk about your path into nursing.

## APPENDIX E

### Consent Form

#### WASHINGTON STATE UNIVERSITY CONSENT FORM

#### **The Experience of Becoming and Being a Male Hispanic Nurses in the United States**

Researchers: John Santos, RN, Graduate Student Intercollegiate College of Nursing  
360 254 0502

Dawn Doutrich, RN, CNS, PhD, Associate Professor, Washington State University 360  
546 9464, Research Thesis Chair

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.' We will give you a copy of this form for your records.

#### PURPOSE AND BENEFITS

The purpose of this study is to explore Hispanic men's experiences of becoming and being nurses in the United States. The research questions are: (a) "How does cultural upbringing affect the lived experiences of male Hispanic nurses professionally?" And, (b) "how does cultural upbringing affect the lived experience of Hispanic male nurses' during the nursing educational process in the United States?" Based upon these findings, other male Hispanic potential nurses could be assisted by colleges/schools of nursing aiming to develop programmatic changes in recruitment/retention. The main benefit to the individual Hispanic male RN participant is through having the opportunity to contribute to knowledge about nursing education and the professional context for this population. However, in the discussion of particular lived experiences, sometimes participants find the process to be one that is relieving.



## PROCEDURES

Three local National Association of Hispanic Nurses (NAHN) leader/members have agreed to serve as key informants for this study. They have identified you as a potential participant to this study. You have been identified as one of the nine potential participants to be contacted by the researcher and you will be invited to provide further information and sign informed consent. In addition to informed consent you will be asked to fill out a demographic and acculturation form. The interview process may take place in person or by telephone. The first three participants who sign informed consent will be interviewed initially. The interviews will be audio recorded and transcribed verbatim. They will be conducted in the setting you choose. We can do them over the telephone if that is more convenient for you.

## RISKS, STRESS, OR DISCOMFORT

There is minimum risk involved in this project. You may have some feeling of embarrassment or discomfort with self disclosure. However, you have the right to stop the interview process at any time and that you may withdraw particularly sensitive data should you feel the need to do so.

---

Printed name of researcher

Signature of researcher

Date

### Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have general questions about the research, I can ask one of the researchers listed above. If I have questions regarding my rights as a participant, I can call the WSU Institutional Review Board at (509)335-9661. This project has been reviewed and approved for human participation by the WSU IRB. I will receive a copy of this consent form.

---

Printed name of subject

Signature of participant

Date

# APPENDIX F

## Ethnograph Codes

MALENURSES:Code Book--All Code Words 10/31/2005 1:33:39 PM Page 1

Code Word	Parent	Text	Level	Added	Modified
.	*	Yes	1	09/10/05	09/10/05
ET	*	Yes	1	09/10/05	09/10/05
FAM	*	Yes	1	09/07/05	09/07/05
GEN	*	Yes	1	09/10/05	09/10/05
GENPE	RDI	Yes	2	09/10/05	10/31/05
KNL	*	Yes	1	09/10/05	09/10/05
M	*	Yes	1	09/10/05	09/10/05
MOR	*	Yes	1	09/10/05	09/10/05
NUR	KNL	Yes	2	09/10/05	10/31/05
OTHER	*	Yes	1	09/10/05	09/10/05
PC	*	Yes	1	09/10/05	09/10/05
PE	*	Yes	1	09/10/05	09/10/05
RDI	*	Yes	1	09/07/05	09/07/05
SF	*	Yes	1	09/07/05	09/07/05
SFF	*	Yes	1	09/07/05	09/07/05
SFN	*	Yes	1	09/10/05	09/10/05
SKI	*	Yes	1	09/10/05	09/10/05
SM	*	Yes	1	09/10/05	09/10/05
SN	*	Yes	1	09/10/05	09/10/05

Code Word	Parent	Text	Level	Added	Modified
SPA	*	Yes	1	09/10/05	09/10/05
SS	*	Yes	1	09/07/05	09/07/05
SST	*	Yes	1	09/10/05	09/10/05
UND	*	Yes	1	09/10/05	09/10/05
VO	GENPE	Yes	3	09/21/05	10/31/05

FIGURE -1-

Leininger's Sunrise Model

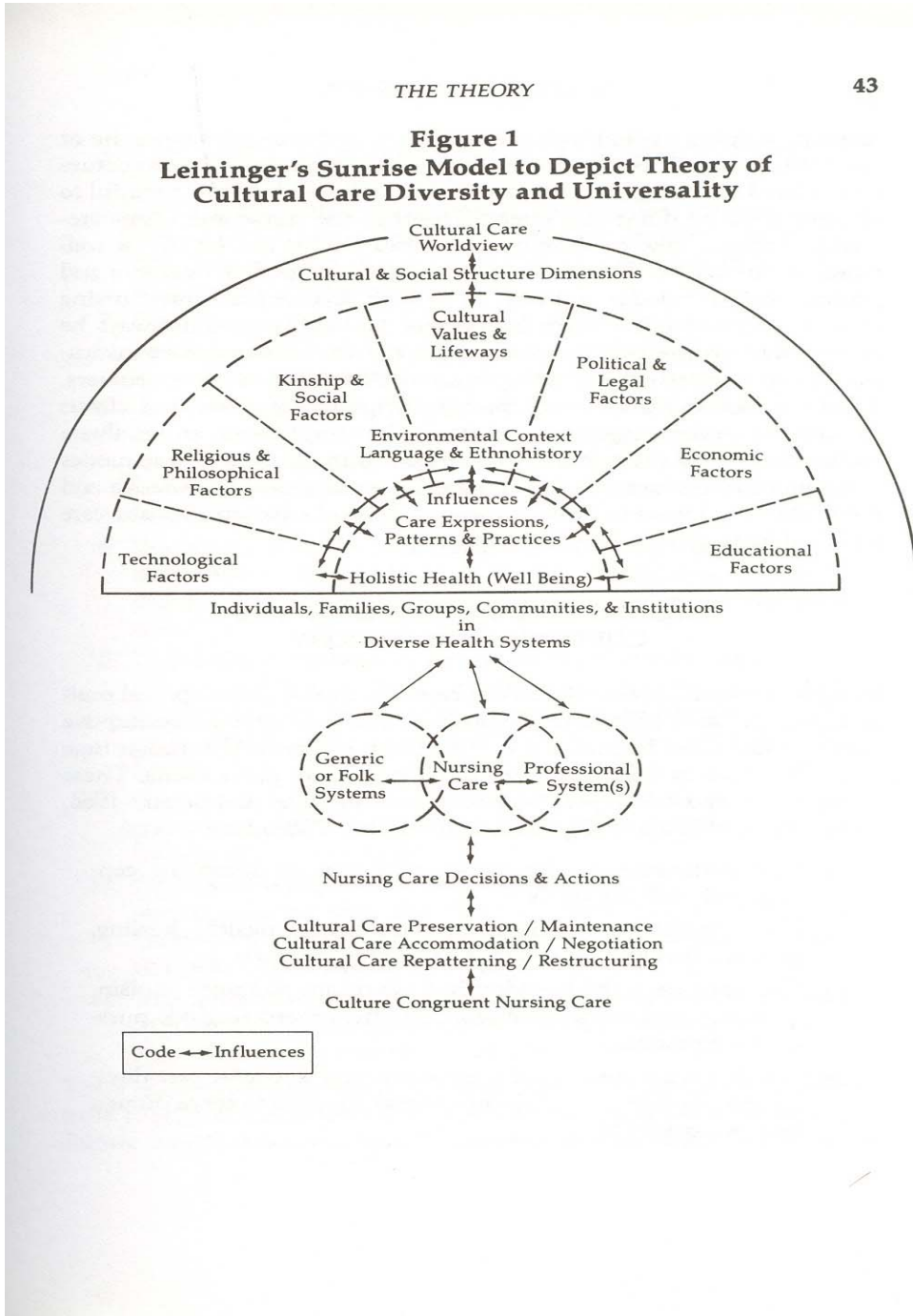


FIGURE -2-

Leininger's Stranger to Trusted Friend Enabler Guide

**Figure 1**  
**Leininger's Stranger to Trusted Friend Enabler Guide\***

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 him or herself by reflecting on the indicators as he/she moves from stranger to friend.

Indicators of Stranger (Largely etic or outsider's views)	Date Noted	Indicators as a Trusted Friend (Largely emic or insider's views)	Date Noted
<p><b>Informant(s) or people are:</b></p> <ol style="list-style-type: none"> <li>1. Active to protect self and others. They are "gate keepers" and guard against outside intrusions. Suspicious and questioning.</li> <li>2. Actively watch and are attentive to what researcher does and says. Limited signs of trusting the researcher or stranger.</li> <li>3. Skeptical about the researcher's motives and work. May question how findings will be used by the researcher or stranger.</li> <li>4. Reluctant to share cultural secrets and views as private knowledge. Protective of local lifeways, values and beliefs. Dislikes probing by the researcher or stranger.</li> <li>5. Uncomfortable to become a friend or to confide in stranger. May come late, be absent and withdraw at times from researcher.</li> <li>6. Tends to offer inaccurate data. Modifies "truths" to protect self, family, community, and cultural lifeways. <i>Emic</i> values, beliefs, and practices are not shared spontaneously.</li> </ol>		<p><b>Informant(s) or people are:</b></p> <ol style="list-style-type: none"> <li>1. Less active to protect self. More trusting of researchers (their "gate keeping is down or less"). Less suspicious and less questioning of researcher.</li> <li>2. Less watching the researcher's words and actions. More signs of trusting and accepting a new friend.</li> <li>3. Less questioning of the researcher's motives, work and behavior. Signs of working with and helping the researcher as a friend.</li> <li>4. Willing to share cultural secrets and private world information and experiences. Offers most local views, values and interpretations spontaneously or without probes.</li> <li>5. Signs of being comfortable and enjoying friends and a sharing relationship. Gives presence, on time, and gives evidence of being a "genuine friend".</li> <li>6. Wants research "truths" to be accurate regarding beliefs, people, values and lifeways. Explains and interprets <i>emic</i> ideas so researcher has accurate data.</li> </ol>	

\* Developed and used since 1959: Leininger.