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Exploring the Lived Experiences of the Prelicensure Hispanic Nursing Student

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Walden University
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Abstract

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MSN, University of Phoenix, 2004

MHA, Webster University, 2000

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Nursing constitutes the largest group of healthcare professionals in the United States. Despite decades of discussion about the need to diversify the nursing profession, there continues to be a significant lack of diversity, particularly in the number of Hispanic nurses. The purpose of this qualitative study was to explore the lived experiences of Hispanic nursing students who have enrolled in a pre-licensure nursing program using Leininger's culture care theory as the theoretical framework for this phenomenological study. This study sought to explore the lived experiences of the prelicensure Hispanic nursing student attempting to complete nursing school successfully and what factors help or hinder the prelicensure Hispanic nursing student navigate the challenges of nursing school. Semistructured interviews with 12 prelicensure Hispanic nursing students from California and Florida were conducted via telephone. The data were transcribed, manually coded, and categorized into four themes using a modified Husserlian approach. The themes were: "I can help," "I don't know," I need help," and "I can do this." Findings from this study were that Hispanic students were not aware of nursing as a career option and felt prepared for the rigor of nursing school. Recommendations based on this study are to introduce nursing as a career option to middle schools, develop mentoring programs, and to evaluate how the Hispanic student is educated about financial support and scholarships that are available. Results from this study can be used to promote positive social change through a cultural understanding that leads to a diverse nursing workforce, which may result in decreased health care disparities and improved patient care outcomes in the United States.

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Dedication

I would like to dedicate this dissertation to my children

Antonio Alejandro Santos, Angela Marie Santos, and Christina Marie Santos,

my inspiration to do great works. Whenever I needed someone to vent to or cry on,

you were always available.

I am forever grateful for your constant encouragement and love.

Thank you!

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Chapter 1: Introduction to the Study

Introduction

The Hispanic population is the fastest-growing population in the United States (Alicea-Planas, 2009; Crooks, 2013; Hayes-Bautista, Schink, & Hayes-Bautista, 2016; Loftin, Newman, Dumas, Gilden, & Bond, 2012; Minority Nurse, 2015; U.S. Census Bureau, 2018) and is predicted to continue to grow to approximately 119 million by 2060 (Census Bureau, 2018; Hayes-Bautista et al., 2016). The United States population, as of 2018, was 327.16 million, with the Hispanic population reaching nearly 58 million in 2016 (US Census Bureau, 2018). Nursing constitutes the largest group of healthcare professionals in the United States (Bureau of Labor Statistics, 2015). However, Hispanic nurses (HNs) continue to be significantly underrepresented in the nursing workforce (Hayes-Bautista et al., 2016). According to nursing leaders, there is a strong connection between a culturally diverse nursing workforce and providing quality, competent health care (Hayes-Bautista, Schink, & Hayes-Bautista, 2016).

The shortage of underrepresented minorities (URMs) in nursing's workforce has generated a national urgency to recruit, retain, and graduate more URM nursing students to diversify the nursing profession (Diefenbeck, Michalec, & Alexander, 2016; Institiue of Medicine (IOM), 2011). The Hispanic nursing student (HNS) is the most underrepresented within the URMs (Alicea-Planas, 2009; Diefenbeck et al., 2016). This statistic reinforces the critical need for Hispanic nurses (HNs), who can not only speak to Hispanic patients, but understand the Hispanic culture (Alicea-Planas, 2009). While the importance of recruiting, retaining, and graduating more HNSs has been previously

researched, the findings have failed to result in significant improvements in the number of HNSs enrolling in and completing a prelicensure (students that have not received a nursing license prior to enrolling into a nursing program) nursing program (Hayes-Bautista et al., 2016). The complexities of recruiting and high attrition rates continue to affect the nation's health care by creating health care inequality. Resolving disparities starts with developing a more diverse health care work force. The diversity of the nursing workforce has seen minimal growth over the past 30 years (Alicea-Planas, 2009; Mooring, 2016), and the growth of HNs within the nursing workforce has trailed behind all other racial and ethnic groups (Hayes-Bautista et al., 2016). Previous research on the HNS has been limited and focused primarily on the barriers to success experienced by Hispanic and other URM nursing students. Alicea-Planas' (2017) study, guided by Tinto's student integrative model, sought to understand why HNSs leave or persist in nursing school.

Alicea-Planas (2017) also found that the primary challenge for HNSs was not feeling welcomed or connected, along with the severe lack of Hispanic role models in nursing academia. Until Alicea-Planas' study in 2017, no recent studies were identified that explored the Hispanic nursing student's perspective about their experiences and how these experiences and their cultural values influenced their progress and success in a prelicensure nursing program. However, the transferability of this study was limited because only one school in a single geographic region was used. This study sought to fill a gap in the knowledge related to the lived experiences of the HNS while enrolled in a prelicensure nursing program.

In this phenomenological study, I explored the lived experiences of HNSs who were enrolled in a prelicensure nursing program. The implications for positive social change are the insights gained from HNSs may contribute to strategies that can help recruit, retain, and graduate a more diverse nursing workforce that is culturally competent and that mirrors the population of the United States.

In this chapter, I cover the following topics: study background, problem statement, purpose of the study, research questions, theoretical framework, nature of the study, terms, assumptions, scope and delimitations, limitations, and significance.

Background

The review of the literature revealed that there is a lack of HNSs enrolling in nursing programs and that little has been published about the lived experiences of the Hispanic prelicensure nursing student. Although Alicea-Planas (2009) found a plethora of literature calling for increased diversity in nursing, little has changed to improve the number of Hispanic nurses (HNs) over the past 3 decades. Most of the current research focused on the barriers to enrollment, although minimal improvement in enrollment has been realized as a result of current evidence. Alicea-Planas (2017) reported that along with providing academic and financial support, schools of nursing need to target campus culture. Campus culture are the unwriten rules of an institution. Therefore targeting campus culture may be a way to initiate change in nursing's curriculum. Previous studies noted by Alicea-Planas (2017) support the theory that if a Hispanic student perceives a less than hospitable campus climate, they may experience more difficulty adjusting academically, socially, and emotionally. Nobit and Hare (1988) proposed that only

through knowledge synthesis will the correct understanding of the phenomenon be realized.

A metasynthesis of HNSs' journeys to success while in nursing school was conducted by Alicea-Planas (2009), who found that little had changed to improve the severe lack of HNSs in the nation's nursing programs, despite programs that offer financial support, academic preparedness, and faculty diversity to improve enrollment, retention, and graduation of HNSs. In her initial study, Alicea-Planas (2009) concluded that a more in-depth view and understanding of HNSs' experiences would help resolve the shortage of HNs in the nursing workforce. The studies conducted by Morales (2013) and Melillo, Dowling, Abdallah, and Knight (2013) also concluded that the body of literature and knowledge of HNs is underdeveloped and that further research was needed to identify proper support strategies to recruit and retain a more diverse nursing workforce. Healey's (2013) project, which focused on the scarcity of Hispanic practical and licensed vocational nursing students, found that an intervention plan for specific change such as provide mentoring, and establish peer groups for tutoring or study groups was needed to recruit and retain more HNSs. According to Diefenbeck et al. (2016), by understanding the URMs' lived experiences, nursing educators and leaders could develop nursing programs that recruit and retain a more diverse student population. Of the URMs, the Hispanic student continues to be the most URM in nursing (Diefenbeck et al., 2016). Finally, in a follow-up study, Alicea-Planas (2017) agreed with Loftin, Newman, Dumas, Gilden, and Bond (2012) that financial support, academic preparedness, and faculty diversity are key factors for improving the enrollment and retention of HNSs. However,

Alicea-Planas (2017) believes that there may still be a fundamental piece of knowledge missing that will lead to a better understanding as to how to support HNSs through nursing school.

The phenomenological studies conducted by Gardner (2005), Nadeau (2014), and Taxis (2006) explored the experiences of HNSs in predominantly White, non-Hispanic nursing schools. All concluded that a deeper understanding of the HNS's success through nursing school is needed to help decrease the lack of HNSs entering nursing school and, ultimately, the nursing workforce. In short, further research was needed to explore and understand the lived experiences of the HNS to close the gap in the knowledge that is essential to recruit, retain, and graduate more Hispanic nurses. This study explored how the lived experiences of HNSs can influence their educational journey to become a nurse.

Problem Statement

Nurses continue to be the largest group of healthcare professionals in the United States (Bureau of Labor Statistics, 2015; DHHS, 2013). Hispanics represent the fastest-growing population in the US (Alicea-Planas, 2009; Crooks, 2013; Hayes-Bautista, Schink, & Hayes-Bautista, 2016; Loftin, Newman, Dumas, Gilden, & Bond, 2012; Minority Nurse, 2013; U.S. Census Bureau, 2018). The Hispanic population is predicted to reach 119 million in 2060 (U.S. Census Bureau, 2018; Hayes-Bautista et al., 2016). However, Hispanics continue to be significantly underrepresented in the nursing workforce (Hayes-Bautista et al., 2016). According to the Sullivan Report (Sullivan Commission, 2004) and the American Association of Colleges of Nursing (AACN, 2008, DHHS, 2013), nursing has the potential to improve the overall health of the nation by

increasing diversity in its workforce. The 2011 recommendations of the Robert Wood

Johnson Foundation and the Institute of Medicine (IOM) for the future of nursing was to

increase the diversity of the nursing workforce as an essential step towards providing

culturally appropriate care and thus improve existing health disparities within the United

States (IOM, 2011).

There is a lack of URMs in nursing's workforce, and the most significant deficit

is in the number of Hispanic nurses (Nadeau, 2014). The HNS is also the most

underrepresented minority enrolling in nursing programs within the URM group (Alicea-

Planas, 2009; Diefenbeck et al., 2016). While the Hispanic population has grown from

55.4 million in 2014 to 119 million in 2016 (Hayes-Bautista et al., 2016), the number of

HNs in the workforce has not increased at a similar rate. According to Alicea-Planas

(2009), only 5.3% of students enrolled in nursing school were Hispanic. The National

League for Nursing's (NLN) biennial survey of Schools of Nursing in 2014 reported that

8.1% of students enrolled in a Registered Nurse (RN) program in the United States were

Hispanic, which was an increase from 2009 (NLN, 2015b). While Minority Nurse's

(2015) statistics said that there were approximately 135,600 (or 4.8%) Hispanic RNs in

the United States workforce, which demonstrated a reduction in HNs graduating, these

variations confirmed that Hispanic students have continued to be underrepresented in

prelicensure nursing programs. Currently, URMs represent 30 % of the nation's

population, RNs that are URMs represent 19 % of the nation's nurses, and of that 19%,

only 2% are Hispanic RNs (Diefenbeck et al., 2016).

The importance of recruiting, retaining, and graduating more HNSs has been well documented. However, previous research findings have failed to result in knowledge that leads to improvements in the number of HNSs enrolling in, and completing, a prelicensure nursing program (Hayes-Bautista et al., 2016). Previous research analyzed by Alicea-Planas (2009) in a metasynthesis of Hispanic students was limited and focused primarily on the barriers experienced by URM nursing students. Only one current study by Alicea-Planas (2017) was identified that explored the HNSs' perspective about their experiences and how these experiences and their values influenced their progress and success.

The study of HNS experiences by Alicea-Planas (2017) was limited to a single university in the Northeastern part of the United States. Alicea-Planas (2017) realized this limitation of the study and recommended further studies to explore the HNS experiences in other learning institutions and geographical locations to determine if the experiences of HNSs vary based on academic preparation, geographical location, and program type. Nursing students at a single university in the Northeastern part of the United States may not share the same experiences of students in a community college or university in other diverse locations, such as California, Texas, and Florida. The HNSs were enrolled in a variety of prelicensure nursing programs across the United States. Findings from this study will build on the limited research on the lived experiences of the HNS and will help determine if there were differences in the lived experiences of HNS across a variety of academic and geographical settings.

Purpose of the Study

The purpose of this phenomenological inquiry was to explore the lived experiences of the prelicensure HNS enrolled in a prelicensure nursing program. Students were recruited from a variety of academic settings, including those with an associate degree in nursing, a diploma nursing degree, and a Bachelor of Science in nursing prelicensure programs. Currently, the evidence related to the lived experiences of HNSs was limited to a single academic setting and program type in one location by Alicea-Planas in 2017. Including students from a variety of nursing prelicensure program settings may provide additional insight into the lived experiences of HNSs and broaden the understanding of how to recruit, retain, and support the success of these students. This insight could help nurse educators achieve cultural competence and facilitate the development of strategies to improve the recruitment, retention, and student success of HNSs. Social change will be achieved through cultural understanding that leads to a diverse nursing workforce, which may result in decreased health care disparities and improved patient care outcomes for URMs in the United States (Alicea-Planas, 2009, 2017; Alicea-Alvarez, 2012; LaVeist & Pierre, 2014; Phillips & Malone, 2014).

Research Questions

The research questions for this phenomenological study were as follows:

Research Question 1: What are the lived experiences of prelicensure HNSs as they attempt to complete nursing school successfully?

Research Question 2: What are the factors that helped or hindered prelicensure HNSs navigate the challenges of nursing school?

Theoretical Framework for the Study

The theoretical framework for this study was based on Leininger's (2014) culture care theory. Leininger developed the cultural care diversity and universality theory, which emphasized that culture and care are essential concepts in nursing. Leininger (2014) believes that cultural care is a relevant framework for enhancing and guiding nursing education in cultural competency and diversity. The lack of diversity in nursing has been correlated to the health disparities in the United States (Leininger, 2014).

The understanding of culture and diversity is underdeveloped in nursing education research (Leininger, 2014). The goal of Leininger's theory is for nurses to deliver culturally congruent care to diverse individuals and populations. Therefore, this theory serves as a relevant framework for enhancing cultural competence and diversity in nursing education. This study sought to understand how Hispanic culture may influence the educational journey of Hispanic prelicensure nursing students. The major concepts of cultural care diversity and universality theory are care and caring, understanding language expressions, perceptions, beliefs, and the practice of individuals of different cultures and their differences with respect to other cultures (Leininger, 2014). These major theoretical propositions are discussed in more detail in Chapter 2.

Nature of the Study

A phenomenological approach was used in this study. Students who identified as Hispanic and were enrolled in any prelicensure nursing program leading to a degree in nursing were recruited to participate. According to Creswell and Creswell (2018) and Brinkmann and Steinar (2015), the research question determines the data-gathering tools

the researcher uses. The objective of this study was to explore the lived experiences of

HNSs while enrolled in a prelicensure nursing program. A qualitative approach was the

most appropriate because it would lead to an in-depth understanding of the lived

experience of the HNSs who enrolled in a prelicensure nursing program (Choy, 2014;

Creswell & Creswell, 2018). Phenomenology is used when examining different

individuals who can provide a scope of understanding and meaning because they have

experienced a similar life event (Moustakas, 1994). Hence, the phenomenological method

aimed to explore and discover, which aligned with the purpose of this study (Patton,

2015).

The phenomenological research design positions the researcher to develop

patterns, themes, and relationships from the data (Van Manen, 2016). The

phenomenological approach, developed by Moustakas (1994) and then modified by

Stevick-Colaizzi-Keen (Chun, 2013), was used in this study. Chun (2013) described

Stevick-Colaizzi-Keen's six steps of data analysis as follows: "(a) the researcher brackets

their thoughts and feelings to avoid bias; (b) considers all perspectives with an open

mind; (c) from the textual descriptions, constructs epitomic (the how) into relationships

(themes) reflective of the experiences; (d) synthesizes the data by combining the textual

and structural descriptions into the essence of the experience; (e) repeats the process for

each participant to reach saturation; (f) combines all of the textual-structural descriptions

into a composite description of the experience of the whole group" (Chun, 2013).

The primary tool for this phenomenological inquiry was an in-depth interview

with each participant.. The participant described their lived experience with the

interviewer. The experiences were then recorded and analyzed into themes which sought to describe the meanings of the lived experiences of the participant. Therefore, the in-depth interview was particularly useful in getting the story behind a participant's experiences (Patton, 2015). The goal of interviewing allows the interviewer to pursue more in-depth information on the topic (Brinkmann & Steinar, 2015). Therefore, I used an interview protocol and observational field notes to transcribe the data.

Definition of Terms

The operational definitions of important terms in this study are as follows:

Culture: as defined by Leininger (2002) refers to the learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual group that guides their thinking, decisions, actions, and patterned ways of living.

Epoche: also referred to as bracketing, is where the researcher engages in a process to be aware of prejudices, viewpoints, or assumptions about the phenomenon until all the data is collected (Patton, 2015).

Health disparities: is a health difference that is closely linked to social, economic, and environmental disadvantages. These health differences according to Healthy People, 2020 adversely affect groups of people who have systematically experienced more significant obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion (Healthy People, 2020; IOM, 2002; ODPHP, 2017).

Diversity: a representation by ethnic or racial groups, gender, disability, or socioeconomic backgrounds (IOM, 2011).

Hispanic: a term used in the United States to refer to individuals living in the United States who were born in or can trace their family's background to one of the Spanish-speaking Latin American nations or Spain (U.S. Census Bureau, 2018).

Lived experience: is derived from the German word *Erlebnis*; it is the experience as the participant lives through it and recognizes it as an experience (Patton, 2014).

Phenomenology: is the study of essences and making sense of a phenomenon by the participants who have lived through a similar experience (Burkholder, Cox, & Crawford, 2016; Van Manen, 2016).

Prelicensure nursing student: is a student who is enrolled in an associate or baccalaureate nursing program that leads to the eligibility of the student to sit for the NCLEX-RN examination and apply for licensure as a registered nurse.

Assumptions

This study was based on the following assumptions. (a) The participants would be interested in participating in my study. (b) The participants who agreed to be interviewed would provide candid, honest answers freely about their lived experiences in the phenomenon of interest, their lived experiences as a pre-licensure Hispanic nursing student. (c) The participants had shared similar experiences that may result in themes or categories of significant findings.

Scope and Delimitations

In this study, I explored the lived experiences of prelicensure HNSs. The scope of this study was to recruit prelicensure HNSs from a variety of locations and program types in order to broaden the transferability of the findings and build on previous research. Inclusion criteria required all participants to self-identify as Hispanic, be over 18 years of age and speak fluent English. The exclusion criteria included any participant that did not self-identify as Hispanic, under 18 years of age and spoke only Spanish. All participants agreed to be audio recorded and have their interviews transcribed verbatim. Before each interview I obtained informed consent. At that time each participant was also advised of both the potential risks and benefits of this study (Rudestam & Newton, 2015). The delimitations of this study included the study's design, and sample size. A qualitative study was choosen, rather than a quantitative study. This limits the generalizability of the results. The sample size is also smaller as participants are usually 3 to 25 in numbers.

Limitations

Several limitations in this study could impact the trustworthiness of the findings. Bias is one (Creswell & Poth, 2018). My experience as a nurse educator, who has taught Hispanic students, could have introduced bias when interviewing participants and analyzing the data. To address this issue, I used reflective journaling, bracketing, and audit trails (Creswell & Poth, 2018). I also used multiple sources to validate the findings, including triangulating existing evidence and theory (Creswell & Poth, 2018).

Another potential limitation was transferability. Transferability according to (Ravitch & Carl, 2016) is a way in which researcher may keep depth related to content

while allowing that content to be applicable and transferable to a larger setting. The Hispanic population includes numerous different countries of origin and cultural influences. Representing every culture and origin of the Hispanic population was not possible. To address this limitation, I used purposeful sampling to recruit a diverse group of participants from different regions and academic programs (Polit & Beck, 2017). This type of purposeful sampling can aid the researcher in identifying participants who have experienced the same phenomenon of interest (Creswell & Creswell, 2018; Van Manen, 2016). In Chapter 3, a full description of the steps to prevent researcher bias is described.

Significance of the Study

This research sought to build on the limited evidence related to the lived experiences of prelicensure HNSs and to provide insight into the cultural influences that could impact the HNS while in nursing school. Morales (2013) conducted a qualitative study on the lived experience of Hispanic new graduate nurses; the study focused on entry into practice issues. While the information provided in that study was useful, it only offered a glimpse into the lived experiences of Hispanic nurses who were successful in nursing school. Alicea-Planas (2017) conducted a qualitative study exploring the lived experience of HNSs; however, that study was limited to students of a single university in the northeastern United States. This study targeted students who were currently enrolled in nursing school in various settings and sought to add insight into the barriers to and facilitators of success in a nursing program. An in-depth examination of this multifaceted issue could lead to increased awareness and understanding of the barriers, cultural dynamics, and facilitators affecting the success of prelicensure HNSs.

Mooring (2016) concluded that not much had changed over the past 30 years to improve the success of the nursing student in prelicensure nursing programs and that it was a multifaceted problem that requires a multidimensional approach. These findings were supported by Haye-Bautista et al. (2015), who found that Hispanics were still significantly underrepresented in nursing, despite decades of publications from professional nursing organizations calling for the nursing workforce to mirror society. Alicea-Planas (2017) revisited the lack of HNSs at a private liberal arts college in the northeastern United States, emphasizing that a small, but integral piece was still missing in the research. Consequently, there continues to be a gap in the existing nursing literature on understanding the essence of why Hispanic students are not entering the nursing workforce at the same pace that the Hispanic population is growing in the United States. This study addressed this gap and facilitate positive social change by revealing some of the factors that should be considered when designing programs to increase recruitment, retention, and graduation of HNSs.

Further, the knowledge gained from the results could be used to promote academic strategies that are engaging, encouraging, and culturally supportive of the prelicensure HNS. This knowledge may also lead to nursing programs improving the recruitment, retention, and success rates of HNSs. Finally, understanding how cultural influences affect prelicensure Hispanic nursing students' success may lead to an increased Hispanic nursing workforce in the United States.

Summary

The Hispanic population is the fastest-growing minority group in the United States (Alicea-Planas, 2009; Crooks, 2013; Hayes-Bautista, Schink, & Hayes-Bautista, 2016; Loftin, Newman, Dumas, Gilden, & Bond, 2012; Minority Nurse, 2013; U.S. Census Bureau, 2018). Unfortunately, the nursing workforce does not mirror the current population of the United States, and Hispanics are significantly underrepresented. Historically, the nursing workforce has been predominantly White (non-Hispanic) and female. But this phenomenon contributes to a lack of cultural competence in the nursing profession (Alicea-Planas, 2009), and can result in disparities in care and poor patient outcomes. Consequently, there is a gap in the evidence to explain the discrepancy between the growing Hispanic population and the low number of Hispanic students graduating and entering the nursing workforce.

Using a phenomenological approach, the lived experiences of HNSs who were enrolled in a prelicensure nursing program were studied to learn about their perceptions, influences, and experiences. Leininger's cultural care diversity and universality theory served as the theoretical framework for this study. This study has implications for positive social change: analyzing the lived experiences of HNSs, which can be utilized to develop strategies to promote HNS success in future nursing programs. Chapter 2 will provide an in-depth discussion of the literature search strategy, theoretical foundation, and the literature reviewed related to the Hispanic workforce and HNSs.

Chapter 2: Literature Review

Introduction

The shortage of HNSs in nursing schools across the United States is challenging them to increase their enrollment and graduation rates of HNSs to meet the healthcare needs of the growing Hispanic population (Nadeau, 2014). The importance of recruiting, retaining, and graduating more HNSs has been well documented over the past 30 years (Alicea-Planas, 2009). A review of the literature revealed that little has been published on the lived experiences of HNSs in prelicensure nursing programs and their challenges to success (Alicea-Planas 2017; Nadeau, 2014). Previous research studies have failed to supply significant strategies to improve the number of HNSs enrolling in and completing a prelicensure nursing program (Alicea-Planas 2017; Nadeau, 2014). The purpose of this study was to understand the dynamics that could increase the number of HNSs enrolling in prelicensure nursing programs and their retention and graduation rates.

This study will fill a gap in the understanding and knowledge related to the factors that may influence the underrepresentation of Hispanic students enrolled in prelicensure nursing programs. This study added to the literature by validating her results and provided a more in-depth understanding of Alicea-Planas' (2017) study on the lived experiences of HNSs, which was limited to one institution. This chapter will explain the literature search strategy, discuss the theoretical foundation used as the framework for this study, and explore the fundamental concepts relating to the experiences of Hispanic nursing students.

Literature Search Strategy

A comprehensive literature search, ranging from 2013 to 2018, was conducted using the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, ProQuest, Educational Resources Information Center (ERIC), Cochrane Database of Systematic Reviews, and Education Source. The keywords included the following in various combinations : *Hispanic, nursing, student, non-nursing student, challenges, qualitative, lived experiences*. Within CINAHL, Medline, and ProQuest, 31 articles were located, 25 of which were rejected as duplicates or not applying to the topic. Within ERIC and Education Source, 8 articles were located, 6 of which were rejected as duplicates. No relevant studies were found in the Cochrane Database. A hand search for articles, using the references of selected peer-reviewed articles, was completed to identify 6 additional relevant documents.

Six dissertations were found in the ProQuest database using the same keyword combinations. Two were rejected as duplicates, leaving four dissertations for review. A few documents were included in the review of the literature that were published before the selected time frame because they were seminal or substantial publications; examples include the Sullivan Report (2004), reports from the IOM (2002; 2011), and archived reports and articles from the NLN (2009, 2015a, 2015b). The following sections cover the theoretical framework and rationale used to guide this research study, followed by the fundamental concepts.

Theoretical Foundation

Albougami, Pounds, and Alotabibi (2016) and Shen (2015) both postulated that cultural competence is an essential factor when providing relevant, useful, and culturally responsive services to an increasingly diverse population. Several major cultural competence models reviewed by Shen (2015) (Campinha-Bacote, 2002; Giger & Davidhizar, 2002. Jeffreys, 2010; Leininger, 2002; Purnell, 2000, 2008) were noted as being used in nursing practice, education, research, and administration. Albougami et al. (2016) also compared four of the above well-known models of cultural competence of Leininger, Giger and Davidhizar, Purnell, and Campinha-Bacote. Of these four well-known models of cultural competence, Purnell, Campinha-Bacote, and Leininger were evaluated further as possible theoretical frameworks for this study. Since Leininger, postulated that nursing education leaders have a responsibility to understand the role of culture and its influences in the academic environment, this theory was selected to provide the framework for this study.

Leininger's Theory of Culture Care Diversity and Universality

Leininger's theory of culture care later revised to Leininger's theory of culture care diversity and universality theory, which is also called transcultural nursing theory, was selected as the theoretical foundation for this study. Leininger (2008) independently developed the theory to guide the care and health needs of diverse clientele in community settings, hospitals, and clinics worldwide. This theory became an essential guide for nurses' thinking, practices, and research (Leininger, 2008). Leininger postulated that cultural care is crucial in helping nurses realize and recognize new ways of understanding

nursing and health care, interrelationships of care, and integrating different cultures (Leininger, 2008). Leininger also held that culture is the most comprehensive and universal feature of human beings, and care is embedded within one's culture.

  While working in a child guidance home as a mental health nurse, Leininger realized that repetitive behavior patterns of the children she cared for had a cultural basis and was the missing link in understanding a patient's willingness to comply with healthcare interventions, healing, and wellness (Sitzman. & Eichelberger, 2017). Leininger's goal was to provide nurses with a theory to study and explain culturally congruent holistic care. Leininger's cultural care theory provides the healthcare provider with guidance that can be used to support the client's cultural beliefs, practices, and values (Sitzman. & Eichelberger, 2017).

  Nurses learn to view the patient as a whole person from physiological, psychological, spiritual, and social perspectives. Leininger postulated that when considering how to care for the patient, it is also essential to consider the patient's culture and their cultural background (Petiprin, 2016). Leininger further stated that culture is the "learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual or group that guides their thinking, decisions, actions, and patterned ways of living" (Sitzman. & Eichelberger, 2017, p 95). Petiprin (2016) agreed that students' values and beliefs have been passed down to them from generation to generation and are found to affect their decisions and reactions to education as much as their environment and social life.

Cultural competency helps nurse leaders and educators to be understanding, inclusive, and respectful of both student and patient diversity. Hence, a nursing school's commitment to their students may be strengthened when using cultural knowledge to recruit, retain, and educate diverse nursing students. So that the student will be eligible to enter the nursing workforce. Cultural competency may also help nursing leaders and educators to keep an open mind when considering non-traditional enrollment support strategies for HNSs.

Within the transcultural nursing theory by Leininger, nursing education leaders have a responsibility to understand the role of culture in the academic environment. Leininger identified three nursing decisions and actions that achieve culturally attentive care for the patient (Petiprin, 2016) that can be applied to students. The action and decision modalities are cultural preservation or maintenance, cultural care accommodation or negotiation, and cultural care re-patterning or restructuring (Abitz, 2016; Petiprin, 2016). These three theoretically predicted action and decision modalities of the culture care theory were defined as follows (Leininger, 1993a; Leininger, 1993b; Leininger & McFarland, 2002):

> 1. Culture care preservation or maintenance referred to those assistive, supporting, facilitative, or enabling professional acts or decisions that help people of a particular culture to retain, preserve or maintain beneficial care beliefs and values so that they can maintain their well-being, recover from illness, or face handicaps and death.

2. Culture care accommodation also is known as negotiation referred to those assistive, accommodating, facilitative, or enabling creative provider care actions or decisions that help people of cultures adapt to or negotiate with others for culturally congruent, safe and effective care for their health, wellbeing, or to deal with illness or death.

3. Culture care repatterning or restructuring referred to those assistive, supportive, facilitative, or enabling professional actions and mutual decisions that would help people to reorder, change, modify or restructure their lifeways and institutions for better (or beneficial) health care patterns, practices or outcomes. (Leininger, 1993a; Leininger, 1993b, 1995; Leininger & McFarland 2002).

These three action and decision modalities are based on research data and are held to be essential for providing care in a culturally competent manner. Leininger's Theory of Culture Care challenges nurses to discover specific and holistic care knowledge that can aid them in building culturally based knowledge and understanding. Leininger's theory encourages the nurse to provide care measures that are in harmony with an individual or group's cultural beliefs, practices, and values (Leininger, 2008). In the educational context, this means that the nurse educator and the student collaborate for the well-being of the student. Abitz (2016) also agreed that all three of these activities and decision modalities require co-participation of the nurse and client (student) to work together to identify, plan, implement, and evaluate each caring mode for culturally congruent nursing care. Hence, these modes can help stimulate nurse educators to design nursing actions

and decisions using the new knowledge that is culturally based on meaningful and satisfying holistic care to individuals, groups, or institutions (Leininger, 2008).

Leininger's culture care theory has been successfully applied in other qualitative studies. For example, a study by Bohman and Borglin (2014) examined the lived experiences of Swedish students who participated in a cultural exchange program. Findings from this study included both the lived experiences of students and the need to enhance intercultural education (Bohman & Borglin, 2014). Additionally, Dotevall, Winberg, and Rosengren (2018) utilized Leininger's theory as a framework for their qualitative study describing nursing students' experiences in providing mental health care for refugees. Strouse and Nickerson (2016) also applied Leininger's theory in an ethnographic study that explored nursing faculty perceptions about the culture of nursing and the integration of diverse cultures into nursing school. Consequently, no studies were identified that examined the lived experiences of HNSs using this theory.

Cultural Care Models Considered

After careful consideration of the four recommended cultural competence models used in nursing, the model by Giger and Davidhizar was rejected, leaving the Purnell model, the Campinha-Bacote model, and Leininger's model for further review as the theoretical framework guide this study. Purnell created the Purnell Model for Cultural Competence for healthcare providers to consider when assessing and caring for patients (Abitz, 2016) as a foundation for understanding cultural attributes (Albougami, Pounds, & Alotabibi 2016). Purnell's Model for Cultural Competence consists of 12 domains that are inclusive and encompass many aspects of diversity impacting the person, family,

community, and global society. Initially, Purnell (2000) developed the Purnell Model of Cultural Competence to provide nurses with a framework to use as a cultural assessment tool and is based on multiple disciplines (Shen, 2015). Marzilli (2016) offered Purnell's model as a useful model for assessing and revising the nursing curriculum. This model was noted in one of the dissertations and one article reviewed. This model was rejected because it was represented as an assessment tool for cultural competency. The focus of this study was to understand how the culture of HNSs impacts the students lived experiences while enrolled in a prelicensure nursing program.

Josepha Campinha-Bacote developed the process of cultural competence in the Delivery of Healthcare Services Model (Abitz, 2016). Campinha-Bacote's focus was on cultural awareness and the provider's insights into their cultural values, beliefs, and how they affect their health care philosophies. Marzilli (2016) also discussed Campinha-Bacote's process of cultural competence as an awareness tool, stating that the more a student expresses a desire to be culturally competent, the higher their level of cultural competence would be achieved. Abitz (2016) posited that Campinha-Bacote's model confused bias with the truth when considering self-awareness versus ethnocentrism. Although Albougami et al. (2016) recommended Campinha-Bacote's model to guide empirical research and educational interventions, it was not ideal for this study which sought to understand the lived experiences of HNSs rather than developing educational interventions.

Literature Review Related to Key Concepts

A overabundance of research over the past several decades has examined the absence of minorities among nursing's workforce. The most underrepresented minority in nursing's workforce is the Hispanic nurse and is described as the missing person in health care professions (Bond, Gray, Baxley, Cason, Denke, & Moon, 2008). However, these studies have been limited in scope and have not resulted in an improvement of HNSs enrolling in nursing programs (Alicea-Planas, 2009; Alicea-Planas, 2017). Therefore, additional research was needed to explore the lived experiences of HNSs in a variety of academic settings and geographic locations in the hope of gaining knowledge that will lead to increased recruitment and graduation of Hispanic nurses.

In most of the literature retrieved the researchers discussed minority nursing students along with HNSs in their studies (Bond, Cason, & Baxley, 2015; Bond, Gray, Baxley, Cason, & Denke, Moon, 2008; Diefenbeck, Michalec, & Alexander, 2016; Dapremont, 2013; Graham, Phillips, Newman, & Atz, 2016; Loftin, Newman, Bond, Dumas, & Gilden, 2012; Loftin, Newman, Dumas, Gilden, & Bond, 2012). These articles had to be separated to obtain articles that focused strictly on only research with HNS and their experiences. After the literature was collected, reviewed, and examined, the following categories emerged as facilitators and barriers to HNS success. The literature disclosed barriers to success related to finances, socioeconomic status, academic stress, family/culture, and feelings of isolation (Alicea-Planas 2009; Alicea-Planas 2017). Nadeau (2014) additionally found challenges for the HNS as (a) facing academic challenges, (b) recognizing emotional response, (c) seeking help, (d) transcending

academic challenges, (e) owning knowledge, (f) persevering, and (g) living out values and beliefs. The literature also revealed facilitators of success as personal attributes, supportive faculty, financial assistance, and supportive families (Alicea-Planas 2009; Alicea-Planas 2017; Goetz 2007; Herrera, 2012; Villarruel, Canales, & Torres, 2001). Facilitators may also be barriers for some students, and barriers may be facilitators (Alicea-Planas 2009; Alicea-Planas 2017).

A Call for Action

The Sullivan Commission on Diversity in the Healthcare Workforce (2004) reported a correlation between the deficiency of minority health care professionals and health care disparities among minority populations. As a result, the Sullivan Report (2004) called for action, recommending that studies be conducted within health care educational environments challenging nursing leaders and educators to develop improvements in nursing education. In the hope that these improvements would attract and graduate more minority students into health care professions closing the gap between minority populations and minority healthcare providers in the workforce. Additionally, researchers have found that a more culturally diverse nursing workforce is needed to meet the health care needs of an increasingly growing diverse and vulnerable minority populations (IOM, 2011; Loftin, Newman, Dumas, Gilden, & Bond, 2012; NLN, 2009). Similarly, reports from the Institute of Medicine's Future of Nursing Report (2011) and findings from the 2017 Agency for Healthcare Research and Quality's National Healthcare Disparities Report also support the urgent need to reduce and, ultimately, eliminate health disparities (AHRQ, 2017).

Because of these reports, health care leaders and nursing organizations all believe that nursing is in the best position to reinforce the aim for quality, safety, and accessibility to health care for all populations. Therefore, nursing organizations and nursing leaders are also challenging nursing educators to increase the number of HNSs graduating that may then enter nursing's workforce. This may in time lead to a more diverse nursing workforce, which may result in decreasing health disparities across the U.S. for vulnerable Hispanic populations (Heinrich, 2014; Phillips & Malone, 2014; Wakefield, 2014). Moreover, nursing along with healthcare organizations such as the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the Institute of Medicine (IOM), and the National League for Nursing (NLN), all agree that a more ethnically diverse nursing workforce is needed to enhance patient care quality for vulnerable populations across the nation. Research by the following: American Nurses Association, 2011; IOM, 2011; Graham, Phillips, Newman, and Atz, 2016; Loftin, Newman, Dumas, Gilden, and Bond, 2012; and national league for nursing, 2009 have all found that the development of effective interventions to reverse the numerous health disparities realized in the United States is a high priority. Consequently, nursing leaders must identify and address both facilitators and challenges to the success of minority nursing students in all aspects of their nursing education, especially the Hispanic nursing student.

Experiences of Minority Nursing Students

An integrative review by Graham et al. (2016), conducted between 1991 to 2006, explored the barriers and facilitators of nursing school success in 14 nursing research

studies. Of those studies reviewed, 10 were qualitative studies, 1 was a mixed-methods study, and 3 were descriptive studies. Additionally, of the 14 articles reviewed, only 3 included HNSs in their study, with only 1 article, found being specific to HNSs by Villarruel, Canales, and Torres, (2001) "Bridges and barriers: Educational mobility of Hispanic nurses." Graham et al. (2016) found barriers to HNS success in their review that were similar findings to those reported in a previous integrative review conducted by Loftin et al. (2012).

The integrated review by Loftin et al. (2012) reviewed 17 published nursing journals that explored the perceived barriers to successful completion in nursing programs by URMs in nursing publications between 1996 and 2011, with 16 articles being a qualitative approach. Of the reviewed articles 7 discussed specifically HNSs and their experiences. The study by Villarruel et al., (2001) was cited in both integrated reviews by Graham et al., (2016) and by Loftin et al. (2012). The barriers found in both reviews were financial support, lack of emotional and moral support, isolation and loneliness, discrimination, family issues, and academic advising. Additional barriers addressed by Loftin et al. (2012) were professional socialization, mentoring, academic advising, technical support, and cultural competence. As a result, Graham et al. (2016) and Loftin et al. (2012) both noted in their reviews, that cultural differences do impact the behavior and communication in the nursing education environment for nursing students.

The primary facilitator perceived by URMs students mentioned in both reviews was determination/perseverance (Graham et al., 2016; Loftin et al., 2012). Also, Diefenbeck, Michalec, and Alexander (2016) discovered vital factors such as family-

oriented factors, school-based factors, and other sustaining/promoting factors are considered facilitators for URMs success and have also been exceedingly documented by existing literature. URM nursing students have also reflected that the lack of cultural sensitivity by faculty and their peers in the institutions' academic environment has a negative impact on their success (Dapremont, 2013; Graham et al., 2016; & Loftin, et al., 2012). So far, strategies discovered in the literature have failed to increase diversity within the nursing profession and have not improved the URM enrollment in nursing programs. Therefore, nursing leaders and educators are being summoned to focus on URM retention and understanding the student's culture (Diefenbeck et al., 2016).

Consequently, Diefenbeck et al. (2016) agreed with Graham et al. (2016), Bond et al. (2015), and Loftin et al. (2013) that additional studies are needed to determine how URMs experience their lived experiences differently as these attributes may be culturally influenced. By understanding and learning from these lived experiences, nursing programs may be developed that are more efficient and attractive to HNSs, the most URM in nursing programs, which may then lead to a more diverse nursing workforce (Diefenbeck et al., 2016). Hence, nursing leaders and educators must attempt to develop a more productive, diverse, and well-educated nursing workforce using the perspectives gained from the perspective of URMs in nursing school.

Hispanic Nurse Workforce

The Hispanic nurse is mainly missing from the nursing workforce. This disparity is significant because nurses represent the largest profession within the healthcare system and have a significant role in providing culturally sensitive, quality patient care. The

Hispanic population is one of the fastest-growing minority populations in the United

States with health care needs that are placing significant demands on the current stressed

health care system (Alicea-Planas, 2009; U.S. Census Bureau, 2018). However, the

current nursing workforce does not mirror the current population. Despite the rapid

growth of the Hispanic population, only 5.3% of the nursing workforce identifies as

Hispanic (Minority Nurse, 2015). This trend does not seem to be changing. According to

the NLN (2016), only 7% of Hispanic students enrolled in nursing programs compared to

the 13% of Hispanic students enrolled in other degree-granting programs. Representation,

including the cultural competencies that come with inclusion, matters because the general

Hispanic population is not receiving culturally competent care. The underrepresentation

of Hispanic nurses is considered one of the contributing factors for health disparities in

the United States (IOM, 2002; Sullivan Commission, 2004). Thus, it is essential to

analyze the lack of HNSs graduating from nursing programs.

Experiences of Hispanic Nursing Students

Although outside the literature review time frame, the most cited study of the

articles reviewed was the study by Villarruel, Canales, and Torres, (2001). Villarruel et

al., (2001) conducted focus groups at six different locations across the United States (San

Jose and San Francisco, California; El Paso and San Antonio, Texas; Springfield,

Massachusetts; and New York City), to discover the barriers and bridges HNSs

encountered while completing their ADN, BSN, and MSN degree programs. Of the 37

participants, all were immigrants from Latin American countries or U.S. born, and most

were female. During their discussions, students identified the following as barriers to

their nursing studying: financial burdens, institutional barriers, perceived discrimination by faculty and peers, and cultural values such as the importance of the family and prescribed gender roles (Villarruel, Canales, &Torres, 2001). Surprisingly, some of the factors mentioned as barriers were also considered bridges to success and included family, peers, and faculty (Villarruel et al., 2001), which was later supported by Alicea-Planas (2009). Through their study Villarruel et al. (2001) found that the family plays a vital role in supporting the HNS while in nursing school, concluding that programs that include family education, networking, and support may be critical strategies to HNS success.

Goetz (2007) conducted a grounded theory study using semistructured interviews with thirteen HNSs and HNs already in practice. The challenges identified by the participants included: (a) unprepared for the difficulty, (b) time management, (c) finances, (d) family beliefs and cultural influences, (e) inadequate academic preparation, (f) nursing theory and practice, (g) support, (h) prejudices, and (i) the educational institution (Goetz, 2007). Of these barriers, the most frequently articulated challenging barriers were lack of preparation for the difficulty, time management, finances, support, and family beliefs, and cultural influences. Most of these barriers were previously identified as finances, support, and family beliefs, and cultural influences Villarruel et al. (2001). Although financial considerations and job security were cited by most of the participants as reasons why they chose nursing as a career, most of the participants decided to attend nursing school without considering what was required or what the educational experience would demand. Goetz (2007) concluded that further research is

needed to answer the many questions that affect the HNS's success. Studies should also compare strategies employed by HNSs in ADN and BSN programs as well as strategies of Hispanic males and females in each program. Additionally, studies should investigate the role of mentors as a facilitator for the HNS's success and whether these mentors should be of the same ethnic or cultural group.

In a qualitative study, Herrera (2012) used a phenomenological approach to explore and better understand how HNSs perceive their associate degree in nursing (ADN) program at a community college. Herrera (2012) interviewed six Hispanic nurses who had completed the ADN program. The interviews described negative experiences the student had with faculty and identified a lack of sensitivity and knowledge of cultural demands placed on a Hispanic woman by faculty, especially nursing faculty (Herrera, 2012). Again, these same negative experiences were cited by both Goetz (2007) and Villarruel et al. (2001). Consequently, the data emerging are the following four most common themes of barriers and facilitators for HNS's are financial challenges, fear of failing, supports and supporters, and lack role models experienced.

A meta-synthesis on HNS barriers and facilitators of success was completed by Alicea-Planas (2009). This study encompassed the following geographical areas: Northwest, Midwest, Deep South, and West U.S. Alicea-Planas (2009) read, analyzed, and interpreted 12 qualitative studies (eight published articles and four dissertations) ranging from 1992 to 2007. The most frequently used method was the grounded theory with four studies, while two studies were phenomenological approaches, and six other studies were a variety of different qualitative studies. The participants predominately

represented Mexican Americans, and Puerto Ricans, with ages ranging from 19 to 54, while attending an associate, baccalaureate, or master's degree nursing programs. Alicea-Planas (2009) found through her meta-synthesis that the success of the HNS is dependent on various factors.

The five most common factors discovered by Alicea-Planas (2009) were financial, family, personal experiences, faculty, and school factors. Of these factors, students declared that the lack of financial assistance, the need to work, and financial aid issues were one barrier, while poor college preparation was another. Previous studies also noted this financial barrier as a primary barrier (Goetz, 2007; Herrera, 2012; Villarruel et al., 2001). Alicea-Planas (2009) found that the following personal attributes were facilitators for success: self-confidence, determination, perseverance, and ambition (Alicea-Planas, 2009). Upon further synthesis of these barriers and facilitators, Alicea-Planas (2009) found that what was a barrier for one student may be a facilitator for another student, as did Villarruel et al. (2001) in their study. Furthermore, Alicea-Planas (2009) concluded that the influences determining the success of HNSs is a complex phenomenon and is dependent on various considerations and dynamics.

Alicea-Planas (2009) proposed that some of the issues that are perceived as barriers or facilitators by beginning students may develop later during the student's educational journey. Therefore, a comprehensive awareness and understanding of these issues are needed to help the Hispanic prelicensure nursing student achieve educational success. Ultimately, Alicea-Planas (2009) concluded from her meta-synthesis that nothing has changed in nursing education over the past three decades despite national

attention to this phenomenon and recommended that additional research was warranted and should focus specifically on the lived experiences of HNS. Awareness and understanding of the HNS were seen as crucial to creating a nursing educational environment that is more appealing, alluring, and compassionate for the HNS (Alicea-Planas, 2009).

Eight years after her meta-synthesis Alicea-Planas (2009), along with other nursing researchers, recognized the need to increase the number of Hispanic students enrolling in nursing programs. However, there continues to be a significant challenge in retaining and graduating HNSs. Alicea-Planas (2017) answered her call for additional research with a phenomenological qualitative study. Previous qualitative studies of the lived experiences of ethnically diverse nursing students included a range of ethnicities and did not focus solely on the Hispanic nurse or nursing student (Goetz, 2007; Herrera, 2012; Villarruel et al., 2001).

Alicea-Planas (2017) interviewed ten female Hispanic students from one small Jesuit liberal art college in the northeastern part of the U.S. All these participants ranged in age from 18 to 33 years of age. The participants all self-identified as a member of a Hispanic group such as Puerto Rican, Cuban, Dominican, Ecuadorian, and El Salvadorian, although they were all born in the United States (Alicea-Planas, 2017). The findings of Alicea-Planas' (2017) study included students feeling unprepared and unconnected or unwelcomed in the campus environment. The findings of this study were limited to a specific gender and location; therefore, a broader study was needed to

address a more diverse group of Hispanic nursing students, across several geographic locations, and program types.

Recommendations offered by Alicea-Planas (2017) were to provide HNSs with science and math remediation before starting nursing school, for university staff to foster inclusion while embracing diversity, and to incorporate cultural content into the nursing curriculum. Based on these findings, Alicea-Planas also suggested that the fundamental purpose is for institutions of higher education to integrate a campus climate that is more accepting of HNSs that may lead HNSs to navigate their educational journey through nursing school successfully. The previous studies have alluded to a missing piece related to the Hispanic culture. However, they have not found the integral piece that is missing that will encourage more Hispanic students into the nursing profession. Alicea-Planas' (2017) final recommendation was to conduct additional research that explores the HNSs experience in other learning institutions and geographical locations.

The study by Alicea-Planas (2017) specifically focused on the lived experiences of HNSs. Many factors were identified that affect HNSs' success, including personal factors, institutional factors, and dominant or overarching factors. Dolan, Young, Cesario, and Symes, (2015) sought to understand the educational habits used by baccalaureate HNSs to promote academic success during their first semester in nursing school through a grounded theory study. Fifteen HNSs at a public Texas university discussed their educational approaches used to stimulate their academic success in focus groups and individual interviews (Dolan, Young, & Symes, 2014). This grounded theory sought to

provide insight into the HNSs' expectations, experiences, perceptions, and behaviors in their first semester of nursing school.

Nadeau (2014) used semistructured interviews to explore the lived experiences of six successful HNS when they encountered academic challenges in their prerequisite nursing courses through an interpretative phenomenological analysis. The following challenges emerged from the data: (a) facing academic challenges, (b) recognizing emotional response, (c) seeking help, (d) transcending academic challenges, (e) owning knowledge, (f) persevering, and (g) living out values and beliefs (Nadeau, 2014). Furthermore, Nadeau (2014) concluded that nursing faculty need to recognize the importance of family, relationships, values, and beliefs to academic success among HNSs and respond appropriately. Promoting academic success for Hispanic pre-nursing students will help to prepare a health care workforce that reflects the diverse population of the United States.

A grounded theory study conducted by Dolan, Young, and Symes, (2014) sought to explore what strategies of 15 HNSs used to succeed academically during their first semester in nursing school through focus groups and individual interviews at a public Texas university. The goal was to gain insight into the expectations, experiences, perceptions, and behaviors exhibited throughout the first semester of their clinical nursing program (Dolan, Young, & Symes, 2014). Upon acceptance into the nursing program, students rotate through phases that recycle as the student progresses through a nursing course. The phases that are recycled are phases of managing academically, experiencing evaluation, and dealing with the outcomes of the evaluation process as either successful

or unsuccessful. Once the cycle was completed, HNSs face the challenge of either altering or retaining their coursework management behaviors.

Facilitators of Success

Personal factors, such as persistence and a supportive social connection, were realized in the study by Dolan et al. (2015) to have a significant impact on the HNS's success while in nursing school. These findings have also been reflected in the findings of previous studies by Alicea-Planas (2009) and Alicea-Planas (2017). Although Dolan et al. (2015) looked more into the processes used by HNSs when met with obstacles in their nursing courses, they also found success requires more than just personal drive; it also requires self-efficacy. Success was experienced by students who were proactive in recognizing their challenges and then seeking help were able to alter their unsuccessful behaviors (Dolan, Young, & Symes, 2014). As a result, students felt empowered when they were able to recognize their unsuccessful course and then developed techniques to change their outcome. Alicea-Planas (2009; 2017) purposed that the HNS's journey to success requires a more in-depth awareness and understanding of the HNS experience. To meet the HNS's academic needs Alicea-Planas (2009; 2017) concluded that nursing needs to create a nursing academic environment that is more appealing, alluring, and compassionate for the HNS. Alicea-Planas (2009) further identified a need for additional research that is specific to the lived experiences of HNSs as the educational journey for the HNS is complex and is contingent upon various factors.

Perceived Barriers

Nursing school is an adjustment for all students, and studies have stated that there are challenges that are more specific to HNSs such as finances, family dynamics, dealing with potential failure, and time management (Alicea-Planas, 2009; Dolan et al., 2014). HNS's felt that cultural differences do impact behavior and communication in the nursing academic environment. Additionally, dominant or overarching factors to success found by Alicea-Planas, 2009; were family obligations, finances, academic under-preparedness, and first-generation college experiences.

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Summary

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The literature review revealed several themes or fundamental concepts that emerged from the literature previously studied with HNSs over the past 30 years. These fundamental concepts studied were the challenges of nursing school, factors that facilitate success, and cultural influences. Although some research exists related to the lived experience of HNSs, there continues to be a gap in the evidence of how this diverse population of HNSs perceives their journey to becoming a nurse. By learning from the lived experiences of HNSs while enrolled in a variety of prelicensure nursing programs in multiple regions across the U.S., nursing leaders and nursing educators may gain the insight needed to fill the gap in the knowledge enabling them to attract, recruit, and graduate more HNSs. A positive social change will also be experienced because the information gained from HNSs' lived experiences can aid faculty and administrators in developing a more diverse nursing workforce that is culturally sensitive and better mirrors the population of the United States.

Chapter 3 describes the chosen research method, the research design, and rationale, the role of the researcher, descriptions of the setting, sample, and sample selection. Further data collection, data analysis procedures, and the dissemination of the study's findings were discussed. Ethical issues relevant to the research process and issues of trustworthiness were addressed along with measures to protect the participants' rights and anonymity.

Chapter 3: Research Method

Introduction

Nurses constitute the largest group of healthcare professionals in the United States (Bureau of Labor Statistics, 2015). However, Hispanic nurses continue to be significantly underrepresented in the nursing workforce (Hayes-Bautista et al., 2016). The purpose of this phenomenological study was to explore the lived experiences of prelicensure HNS as they strived to complete a prelicensure nursing program. This chapter discusses the following topics: research design and rationale, role of the researcher, methodology, instrumentation, procedures for recruitment, participation, data collection, issues of trustworthiness, and ethical procedures for this study.

Research Design and Rationale

Hispanic students are not enrolling in prelicensure nursing programs across the United States at the same pace as the other ethnic groups in the United States population (Nadeau, 2014). Exploring the lived experiences of the HNS may provide the insight needed to achieve a more diverse nursing workforce that could meet the challenges of an increasingly diverse and aging population of persons 65-and-older age group (Diefenbeck et al., 2016). Although some studies have examined the lived experience of URMs, further studies are needed to explore the lived experiences of the prelicensure HNS to identify factors that should be considered when designing programs to recruit, retain, and graduate HNSs. To better understand of lived experiences of prelicensure HNSs, in-depth interviews were used guided by an interview protocol. The interview questions aligned

the research questions with the central concepts related to the lived experiences of the prelicensure Hispanic nursing students. Two research questions guided the study:

Research Question 1: What are the lived experiences of prelicensure HNSs as they attempt to complete nursing school?

Research Question 2: What are the factors that helped or hindered prelicensure HNSs with the challenges of nursing school?

Rationale for the Approach and Design

A qualitative research design is concerned with establishing answers to the whys and how of the phenomenon in question (unlike quantitative). Due to this, qualitative research is often defined as being subjective and not objective, and findings are gathered in a written format as opposed to a numerical format. A qualitative design with a phenomenological approach was used to develop this study. Phenomenology is an approach that focuses on the shared knowledge of a group on a lived experience within a group arriving at an explanation of the phenomenon of interest (Creswell & Poth, 2018). By using a phenomenological approach, I attempted to interpret and illustrate the way that the lived experience occurs for the group being studied through their descriptions of their everyday lived experiences (Patton, 2015). This was a valid methodology because it let me study a phenomenon across time and space, recovering the living moment of the now within a unique culture (Patton, 2015). This study explored the lived experiences of HNS and provided insight into contextual and cultural factors that influenced their educational experiences.

Phenomenology is one of several qualitative research strategies that allow the researcher to explore and understand the meaning or the essence of the research topic. Other qualitative approaches include ethnography, grounded theory, case studies, and narrative research. The researcher is studying an entire culture in their natural setting over time through observation and interviews in the ethnographic tradition (Creswell & Creswell, 2018). The grounded theory method is for studies where the researcher develops a theory through the interactions of the participants by collecting data at multiple stages then compares the data for similarities and differences of the data (Creswell & Creswell, 2018). Exploring an in-depth event, program, or activity over time, and by collecting data in a variety of ways, the researcher would use the case study strategy (Creswell & Creswell, 2018). In a narrative research strategy, the researcher is provided stories by the participants about their lives and then retold by the researcher combining their views with the views of the researcher's life collectively (Creswell, 2018).

Through the in-depth, open-ended question interview, I sought to gain a comprehensive understanding of the attitudes, behaviors, interactions, events, and social processes that comprise the everyday life of the participant. Moustakas (1994) articulated that phenomenology describes experiences and does not provide explanations. Phenomenological research becomes valid by first-person reports of life experiences seeking the essence of the human experiences related by the participants (Creswell & Creswell, 2018). Therefore, a phenomenological approach is the most appropriate

research method to describe the lived experiences of prelicensure nursing students in this study.

Role of the Researcher

The researcher develops an active role in interacting with the study's participants as an instrument (Rubin & Rubin, 2012). Because of this active role, the researcher must be aware of biases and attitudes that may influence the responses to questions of the participant when asking questions during the interview. I attempted to bracket these biases and attitudes during the interview by putting them aside. Throughout the recruitment and interviewing process, I was sensitive to my emotions as well as those of the participant. Seidman (2013) recommended that the researcher choose a role that the researcher can relate to honestly during the interview that will encourage open communication between the participant and the researcher. Roles that will be meaningful for me to assume will be that of observer-participant while serving as the instrument, guided by the interview protocol (Appendix C). I did not have any personal or professional relationships with the participants, or relationships involving power over the participants recruited for this study, and none of the selected schools of nursing were this researcher's workplace.

Methodology

This study used a qualitative approach where there is a shared space between the researcher and the participants during the interview. The identities of both the researcher and the participant have the potential to affect the research process via perceptions, not only of others but also of how we expect others to perceive us (Bourke 2014). The

research questions, goals, and participants that were unique to the qualitative study were changed and be fine-tuned throughout the study as they drove the qualitative research (Ravitch & Carl, 2016). The researcher in a qualitative study is the primary instrument as the researcher interacts with the participants, then journals those encounters into field notes or memos for later reflection (Ravitch & Carl, 2016). Recruitment did not begin until the Institutional Review Board (IRB) approval from Walden University was received.

Participant Selection

For this study, the target population was prelicensure HNSs from Florida, Texas, and California as they are the three most highly Hispanic populated states in the United States. The Hispanic population stats for these three states are as follows: Florida's Hispanic population is 24.9%, Texas has a 39.1%, and California has a 38.9% Hispanic population (U.S. Census Bureau, 2018). The sampling strategy used was purposeful. Purposeful sampling is often used in phenomenological studies as the researcher's goal is to gain an in-depth understanding of a phenomenon (Grove, Burns, & Gray, 2013). Purposeful sampling is where the researcher purposefully selects the participants based on deliberately chosen criteria and are best able to provide a detailed account of the lived experience being studied (Grove et al., 2013; Ravitch & Carl, 2016). I consciously selected these three highest Hispanic populated states in order to target the most diverse Hispanic prelicensure nursing student participants.

Participants for this study will self-identify as being currently enrolled prelicensure HNS enrolled in an associate, diploma, or bachelor's degree program within

the United States and able to communicate with the researcher sufficiently in English.

This criterion was selected so that the participants will have experienced the same

phenomenon of the topic of interest and provide an in-depth account of their lived

experience. The factors to consider according to Grove et al. (2013) in determining

sampling size are: (a) scope of the study, (b) nature of the topic, (c) quality of the data,

and (d) study design, therefore sample size becomes less critical in the qualitative study

than in a quantitative study. As the goal of the study was to make sure that the research

questions were thoroughly answered (Ravitch & Carl, 2016).

Sample Size

The phenomenological study design was selected to allow for an in-depth

understanding of the phenomena studied. The number of participants, according to

Creswell and Creswell (2018) and Van Manen (2016) for a phenomenological study

range from three to twenty-five participants. After analyzing eleven phenomenological

studies, Guetterman (2015) found that the mean sample size for a phenomenological

study was 21 participants for a single site with the minimal sample size being eight.

Hence, for a phenomenological study, sampling is not a single decision in the planning of

the study but a series of decisions throughout the research process (Emmel, 2013;

Nastasi, 2017). My goal was to recruit 10-15 participants for this study. The appropriate

sample size for this phenomenological study was determined by the point at which the

data reached saturation or when no more participants were available to be recruited. Data

saturation was achieved when additional interviews did not result in any new concepts or

themes (Creswell & Creswell, 2018; Nastasi, 2017; Van Manen, 2016).

Instrumentation

The primary data collection instrument used for this phenomenological study was an interview protocol starting with an open-ended question and followed by probing questions/comments as necessary (see Appendix D). The questions drafted for the semistructured interview were based on the literature review and the purpose of this research. The interviews began with the following prompt: "Please share with me in as much detail as possible, your experiences as a Hispanic prelicensure nursing student." This question is similar to the research question asked in Alicea-Planas' (2017) study when she interviewed students of a small Jesuit liberal arts college.

This open-ended question allowed the student to describe the experiences that were most relevant to their academic journey. Follow-up questions or probes were asked; they varied depending on the responses of the different participants and the need for clarification or further exploration of their described experience. The interview protocol began first with establishing rapport with the participant by briefly discussing my role in the research process, my occupation, the purpose of the study, and the interviews. I was hoping that by disclosing this information with the participants, that they would feel more at ease through the interview.

Next, a general opening question not specific to the study was asked to gain a trusting relationship further. This question was followed by asking the first question specific to the study: "Please share with me in as much detail as possible, your experiences as a Hispanic prelicensure nursing student." Then I kept the participant involved in the conversation by using follow-up or probing questions, such as "tell me

more"; and by listening intently to the participant's responses. Additional questions were asked to draw upon conclusions of the participants' verbalized lived experiences or probes were asked and varied depending on the responses of the different participants and the need for clarification or further exploration of their described experience. To conclude the interview, I summarized the critical points and thanked the participant for participating.

The semistructured interview is the most popular tool in qualitative studies to collect data because it is a versatile and flexible data collection tool. Kallio, Pietila, Johnson, and Kangasniemi (2016) posited that using a semistructured interview guide improves the trustworthiness of the qualitative study and consists of two levels of questions: central themes and follow-up questions. When the central themes of the research questions are covered, the participants are encouraged to speak freely about their perceptions and experiences. Probing techniques or follow-up questions are used by the interviewer to make the central themes easier for the participant to understand (Kallio et al., 2016).

Data Collection Instrumentation

The individual interviews were conducted via the researcher's computer using freeconferencecall.com. The interviews were audio-recorded using freeconferencecall.com and then transcribed verbatim using Rev. The semistructured interview questions served as the data collection tool (Appendix D). The interview questions guided by the interview protocol derived from the information found in the literature review and the theory used to frame this study. The interview protocol was used

as the primary instrument to collect data and to ensure that the research questions were answered. Additionally, the interview protocol provides an opportunity for the researcher to encourage the participants to expand on the topic of interest. Each interview was planned to last about 30 to 60 minutes. Before the interview, the participants were informed that the interview would be digitally recorded and saved electronically on the researcher's computer by encrypting the document and using a password-protected file to assist in capturing all the data collected during the study. The interviews focused on the participant's experiences as an HNS in a prelicensure nursing program.

Interviews were audio-recorded using a personal freeconferencecall.com phone line. Audio files from freeconferencecall.com were uploaded to Rev.com. Rev is a paid online transcription service that allowed the digital audio recordings to be transcribed verbatim, confidently, and securely for a nominal fee (Rev.com, n.d.). The Rev privacy agreement is included as Appendix F. The audio recordings from freeconferencecall.com, and written transcripts from Rev.com were stored on my personal computer, and Cloud account using encrypted password protected files.

Upon beginning the interview, participants were notified that the call was being recorded and asked for consent to proceed. During the interview, minimal notetaking was planned so that I could remain focused and relaxed during the conversation with the participant. Immediately following the interview, I made detailed notes on my observations from the call and any reflective thoughts I might have from the interview. A field diary/journal was also maintained to record any observational notes, inscriptions, thoughts, feelings, experiences, and perceptions during the research process.

The interviews were transcribed verbatim to protect against bias (DiCicco-Bloom & Crabtree, 2006) using the Rev.com service. Reflecting and writing memos in the margins once the transcripts were created helped provide line-by-line coding. Phrases were highlighted that would be collapsed into categories followed by organizing them into themes as they emerged from the data.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

Purposive sampling was conducted to recruit only prelicensure nursing students who were currently enrolled in a prelicensure nursing program and self-identify as Hispanic. I purposefully selected study participants who were prelicensure HNS enrolled in universities and colleges in Florida, Texas, and California, were at least18 years of age, and fluent in the English language. Also, the participant agreed to be available for an interview lasting about 30-60 minutes using a free conference call line. There was not any cost incurred by the participants for interviews.

An email identifying the purpose of the study by professional letter (Appendix E) was sent to several public listservs and posted on social media websites, including Facebook, to recruit HNS from California, Texas, and Florida. Email addresses for public listservs were obtained using publicly available data on professional nursing organization websites. These websites, for example, included: the Organization of Associate Degree in Nursing, California Organization of Associate Degree in Nursing, California Association of Colleges of Nursing, Texas Nurses Association, Florida Nurses Association, National Association of Hispanic Nurses, individual state Boards of Nursing webpages that list

approved nursing programs and web searches for contact information based on school name and location.

The email requested that nursing leaders consider disseminating the recruitment flyer (Appendix D) to nursing students by posting it in locations frequently visited by nursing students or other internal communication methods, such as email. The flyer requested students who were interested in learning more about the study and participating in the study to email or call this researcher. Additionally, I recruited participants by creating a Facebook page and posting the informational flyer, which will include the name of the university (Walden University), a brief study description, selection criteria for participating in the study, and the researcher's contact information. A privacy statement included notifying participants to not send any confidential or private information on Facebook since communications over social media cannot be considered private and was not a secure way of communicating information.

Interested students were asked to use the link in the SurveyMonkey survey to access the study description, informed consent, and complete a brief demographic survey. The participant read the study information, which was followed by a page giving informed consent. After indicating consent, the participant was taken to a brief demographic survey. Information from the short survey was used to validate that the participant meets the study inclusion criteria (Appendix A) and wished to participate.

Participation

After the student completed the online consent process and entered demographic data, I followed-up with an introductory email to schedule interviews with participants

who met the inclusion criteria. When I scheduled the interview, I also reviewed the details of the study, such as interview procedures, voluntary nature of the study, risks and benefits, privacy, and the consent form. Before each interview, the purpose of the study was explained, assuring the participant that their identity would remain confidential by using created names, such as HNS03. I also explained that the audio call would be recorded.

I assured each student's confidentiality by giving the participant a choice of whether to participate in the study or not and ensured that this confidentiality would be maintained throughout the study (Ravitch & Carl, 2016). Students were assured that nonparticipation, or withdrawal from the study at any time, will not result in any penalties (Ravitch & Carl, 2016). The students were provided a brief recruitment statement explaining the study's purpose and what it entailed (Appendix B). The possible risks and benefits, confidentiality procedures, and contact information were provided verbally and in writing as a part of the consent process. Students were assured that their information will be completely confidential and would not impact their enrollment in their nursing program. After the student read the consent form online, the student was instructed to print or save a copy to keep for their records. The online consent form included a box to select "I consent to participate." I was not an instructor or supervisor and did not have any prior contact with any of the participants, so there was no power over the participants. Participants received a $10 Amazon e-card at the end of the interview as compensation for study participation.

Data Collection

Recruitment and data collection continued until data saturation was achieved (Ravitch & Carl, 2016). Data saturation is when no new themes or categories are materializing in the information being obtained from the interview participants. I planned to audio-record the interviews so that I would maintain engagement with the participant during the interview. The audio-recording allowed me to focus on the interview and keep note-taking at a minimum. After the interviews, I listened to the audio-recordings to obtain a deep understanding of the data. Audio recordings were transcribed verbatim by the Rev transcription service.

Ranney et al. (2015) stated that for a qualitative study, the researcher should place most of their effort into developing a systematic, well-developed data collection protocol. Ranney et al. (2015) articulated that there are three fundamental elements to a qualitative data collection protocol (a) developing a clear collection strategy, (b) appropriately identifying and sampling the population of interest, and (c) obtaining data (whether by observation, interview or focus group) in a reproducible and "rich" (detailed and complete) manner (Ranney et al., 2015). Participants were reminded that they might exit the interview at any time. I thanked the participant for their time after each interview and explained the next steps of the research process. The results of the research were offered to share with the participants if they desire the information upon study completion.

Data Analysis Plan

Giorgi, Giorgi, and Morley (2017) asserted that qualitative data analysis ideally occurs as the data is collected. This is so the researcher can generate an emerging

understanding of the information obtained from the research questions, which also helps

to inform the researcher of the type of information being asked. This process continues

until no new themes or categories materialize, which indicates saturation. I made and

used an audio recording using freeconferencecall, field notetaking, and journaling to

document the interview for analysis. A practice interview using freeconferencecall and

Rev was completed to minimize the risk of technical issues during the interviews. The

recorded data were carefully guarded by encrypting the documents and making them

password protected. The recorded data were stored on a portable computer drive and will

be kept in a locked storage cabinet for five years. At the end of five years, the data will be

destroyed.

I began hand-coding the data once the interview was transcribed by attempting to

categorize the information into themes using participant quotes as appropriate. The

descriptive phenomenological data analysis started with a five-step method of data

analysis, as recommended by Giorgi et al. (2017). Husserl's descriptive

phenomenological method of research, modified by Giorgi (1997; 2009) and then

modified again by Giorgi et al. (2017), was the five-step method of data analysis used to

analyze data collected from individual interviews.

> The steps are: (1) assume the phenomenological attitude, (2) read entire written
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> account for a sense of the whole, (3) delineate meaning units, (4) transform the
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> meaning units into psychologically sensitive statements of their lived-meanings,
>
> and (5) synthesize a general psychological structure of the experience base on the
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> constituents of the experience (Giorgi, 2009; Giorgi et al., 2017).

Transcripts were manually coded using the five-step process outlined by Creswell and Poth (2018). The first step was to manage and organize the data. I named transcript files using the assigned participant code. The next step was to read each transcript and begin noting emerging ideas from the transcripts and my interview notes (Creswell & Poth, 2018). At this point, I began developing a list of codes and descriptions of the data. These codes were further developed and refined as I moved through the data until data saturation had been reached. Once a complete set of codes was developed from all transcripts, I started collapsing codes into major themes (Creswell & Poth, 2018). Themes were contextualized using quotes and examples to validate the interpretation of the data. A visual representation of the themes and categories that emerged from the data were developed to demonstrate the relationship between the themes, categories, and data (Creswell & Poth, 2018).

Issues of Trustworthiness

Qualitative researchers are challenged with establishing confidence and trust of the insights they have gained in understanding the phenomenon being investigated. The researcher is considered the research instrument in a qualitative research study. Therefore, care must be taken to avoid researcher bias (Amankwaa, 2016). A qualitative research study is a different approach to studying humans than a quantitative research study and uses the perspectives of credibility and trustworthiness to ensure quality (Connelly, 2016). A qualitative research study seeks to explore individual experiences, describe a phenomenon, or develop a theory (Amankwaa, 2016). Qualitative researchers use the following criterion: credibility, transferability, dependability, and confirmability,

to confirm the quality and trustworthiness of their study (Amankwaa, 2016; Connelly, 2016).

Credibility

The credibility of a study refers to the truth of the data or the participant's views and the researcher's representation of them (Amankwaa, 2016).). To support credibility, the researcher can describe and verify their experiences with the participants by demonstrating engagement, methods of observation, and audit trails. If the data is consistent and similar conditions are found among the participants, the information is considered credible (Amankwaa, 2016). When the researcher can demonstrate that the data represented is that of the participants' responses and not the researcher's biases or viewpoints, the data has confirmability (Amankwaa, 2016). The data were exemplified by providing rich quotes from the participants that depict an emerging theme and by describing how conclusions and interpretations were established directly from the data (Amankwaa, 2016). Strategies that are recommended by Amankwaa (2016) are prolonged engagement, persistent observation, triangulation, and peer debriefing. Another strategy to enhance credibility is to maintain an audit trail, which is a collection of materials and notes that the researcher has documented decisions and assumptions (Morse, 2015). Another researcher who can make the same conclusions of the study can review a well-established audit trail, which consists of interview transcripts, data analysis, process notes and drafts of the final report are some of the study materials used in an audit trail (Morse, 2015).

To achieve credibility, I developed a well-established audit trail by collecting and storing material such as interview recordings, transcripts of recorded interviews, and researcher journal notes that were documented throughout the interview and data analysis process. To further achieve credibility, I documented specific details on how participants were recruited, data collected, and analyzed. Also, throughout the data analysis process, I used rich quotes from the participants as much as possible to depict any emerging themes. Findings were corroborated through triangulation by using multiple data sources to validate findings, including alignment with existing evidence, theory, and peer review by my doctoral committee (Creswell & Poth, 2017).

Transferability and Generalizability

A qualitative study has transferability if the findings of the study can be applied to other settings or groups and have the same meaning to other individuals that were not involved in the study (Amankwaa, 2016). Transferability is dependent on the qualitative study's aim. Amankwaa (2016) stated that the authenticity of a qualitative study refers to its dependence on the aptitude and degree to which the researcher can express the feelings and emotions of the participant's experiences faithfully by using thick descriptions as a way of achieving external validity (Amankwaa, 2016).

Strategies that help the researcher not only attain the criteria, but also enrich the credibility and trustworthiness of the study are triangulation, prolonged engagement, persistent observation, and reflexivity at each phase of the research process (Morse, 2015). The method of using multiple sources to conclude is triangulation. This approach uses various methods of data collection and attempts to provide a comprehensive view of

the phenomenon of the study, enhancing credibility and trustworthiness (Amankwaa, 2016). Thorough data collection and fieldwork, which may include interviews, observation, notes, and journaling recorded throughout the research process is essential when conducting qualitative research that provides the study with credibility and trustworthiness (Morse, 2015). Since the research instrument in a qualitative study is the researcher, I kept a reflexive journal to reflect and noted thoughts and feelings to help avoid bias during the investigation process (Amankwaa, 2016; & Morse, 2015). Amankwaa (2016) recommended that the novice researcher use a reflexive approach throughout the interview process.

Dependability

To establish the dependability of a research study Amankwaa (2016) recommended using inquiry audits. Audits were done by having a researcher that is not involved in the research process evaluate the accuracy of the study's findings, interpretations, and conclusions that are supported by the data supports the dependability of the study (Morse, 2015). Other dependability strategies recommended by Morse (2015) is triangulation, splitting data, duplicating the analysis, and providing an audit trail. Dependability is concerned with being consistent in the data collection process and the appropriateness of the methods used. As the researcher, I was consistent in establishing a well-documented audit trail with the following documents, such as the interview recordings, the transcripts of recorded interviews, and researcher journal notes that were documented throughout the interview and data analysis process.

Confirmability

Morse (2015) and Amankwaa (2016) suggested that the best way to establish

confirmability is through audit trails, triangulation, and reflexivity. Reflexity allowed me

the opportunity to reflect on the interview process and the use of the interview in this

qualitative study to collect valuable data from participants. The process of practicing an

interview with family and friends aided in developing a consistent interview approach

(Amankwaa, 2016). Interviewing requires considerable skill and practice to encourage

the participant to share their lived experiences and stories that are full of rich, resourceful

data of the phenomena of interest, as this is a much more focused process than an

ordinary conversation with people. Amankwaa (2016) also recommended that novice

researchers develop and maintain a reflexive journal making regular entries into a journal

throughout the research process. Reflexivity is where the novice researcher considers

one's self by conducting a self-examination. Through this self-examination, I reflected on

my values, assumptions, prejudice, and the influence the interview and interview topic

had on me, the investigator (Amankwaa, 2016).

Ethical Procedures

Before I began this study and collected any data, the Institutional Review Board

(IRB) of Walden University approved the research (Approval No. 10-03-19-0616518).

Participant recruitment adhered to the inclusion criteria previously specified. The purpose

of the study, what the participant was required to do, and the protection of their personal

information was discussed with each participant at the initial meeting. Interested students

were then given a link to Survey Monkey to access the study's description, provide

informed consent, and complete a brief demographic survey. Upon agreeing to participate

in the study, each participant was scheduled for an interview with me on a confidential

free conference call phone line. There is no anticipated harm or risk for the participant

from this study, and the participant was reminded that participation is voluntary, and they

can refuse to participate at any time during the interview.

Informed Consent

All participants were informed that their personal information will not be shared

with others and that their identity will always be protected. The participant was further

told that the data collected will be reported in aggregate form so that the participant

cannot be identified. An alphanumeric code will be assigned to each participant to

maintain confidentiality. None of the research documents will request or include

personally identifiable information such as names. The data collected was stored by me in

an encrypted and password-protected file on my personal computer and my cloud

account. Any printed documents were stored in a locked file cabinet located in my home

office. This data will be kept for five years after completion of the study and then

destroyed.

Confidentiality

Participants were assured confidentiality, which means that any information that

may have the participant's real names and any identifying information, such as email

addresses, were used in the written documentation of this study. All documentation was

stored separately from the interview transcriptions, and the demographic information

sheet. These documents were secured in a locked file cabinet or password-protected file.

The participants were informed that quotes from the interviews would be transcribed verbatim and published using the alphanumeric code in the final study. The participants will be provided a 2-3-page summary of the results of this study after completion unless they decline.

Risks

Before any study may begin, it is essential to acknowledge potential risks to the participant, not only physical but emotional, psychological, and economic risks (Rudestam & Newton, 2014). There were no significant risks for participants in this study. Study participants did not report experiencing any physical, psychological, academic, or economic harm because of this study. Therefore, it was not necessary to make any referrals for support.

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Summary

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I used a phenomenological approach to explore and to understand the lived experiences of Hispanic prelicensure nursing students while enrolled in nursing school. The outcomes of the study have the potential to provide nursing educators and nursing leaders with a deeper understanding of experiences prelicensure HNSs face while enrolled in a prelicensure nursing program. This knowledge may be used to recruit, retain, and graduate more Hispanic nurses. The results of this study may influence a positive social change that increases the number of HNs, which may then improve the quality and safety of patient care leading to a decrease in health disparities across the United States.

Chapter 3 presented a synopsis of the planned phenomenological qualitative research study that seeks to understand the lived experiences of HNSs as they enter a pre-licensed nursing program. I presented and discussed the research design and the rationale, the role of the researcher, the method planned, and issues with trustworthiness anticipated. This chapter also included a discussion of participants to recruit, the instrument development, and its rationale as a suitable instrument for this phenomenological study.

Chapter 4 will discuss, in depth, the results of the interview questions and the significant themes discovered from the responses of the participants.

Chapter 4: Results

Introduction

The purpose of this study was to build on existing studies that examined the lived experiences of Hispanic students enrolled in a prelicensure nursing program. Alicea-Planas (2009) concluded that a more in-depth understanding of HNSs' experiences might help resolve the shortage of HNs in the nursing workforce. Therefore, I conducted research to explore and understand the lived experiences of the HNS to address the gap in the knowledge that is essential to recruit, retain, and graduate more Hispanic nurses.

The following two research questions guided this study: What are the lived experiences of prelicensure HNSs as they attempt to complete nursing school successfully? What are the factors that helped or hindered prelicensure HNSs navigate the challenges of nursing school?

This chapter covers the following topics: the results of the study (which includes the demographics of the participants and a discussion of the data collection method), a thorough description of the data analysis process, evidence of the study's trustworthiness, a discussion of the study's results, and a summary of the answers to my research questions.

Setting

Recruitment for this study was conducted between December 2019 and February 2020. A recruitment letter, along with a recruitment flyer, was emailed to several public listservs and posted on social media websites, including Facebook, to recruit HNSs from California, Texas, and Florida. The flyer provided my email and phone number.

Interviews with 12 prelicensure HNSs were conducted over the phone using the freeconferencecall.com program. Participants had the option to dial in to the conference call by phone or to join the conference call using their computer. All participants chose to call into the conference call line using their personal phone. Each interview was audio-recorded and uploaded to Rev, a program that transcribed the audio recorded interviews verbatim into individual transcripts.

Demographics

Twelve students met the inclusion criteria and were interviewed for this study. The inclusion criteria were as follows: all participants were currently enrolled in a prelicensure nursing program with a college or university within California, Texas, and Florida; all were over 18 years of age; all spoke English fluently; all self-identified as Hispanic (four Puerto Ricans, four Mexicans, two Central Americans, one Cuban; one self-identified as other); all consented to participate in the study using a recorded interview. All participants self-identified as prelicensure female nursing students. Their stated ages ranged from 21-29. Four were 21-23, five were 24-26, and three were 27-29. The average age was 24.5 years of age. Six of the participants were from California, and the other six were from Florida. There were no respondents from Texas. (See Appendix B.)

Seven students were attending an Associate Degree in Nursing (ADN) program, and five were attending a Bachelor of Science in Nursing degree (BSN) program. All but one student stated that nursing was their first career choice. Seven students indicated that they had a family member who had graduated from college, and five did not have any

family members who had graduated from college. All but one participant reported that they were working while in nursing school.

I developed an alphanumeric code using a pseudonym HNS and a number for each participant. The abbreviation HNS indicating Hispanic nursing student followed by a number 01-12 were assigned, for example, HNS01.

Table 1

Participant Demographics and Characteristics

Participants	Country of origin	Age range	State	School of nursing program
HNS01	Puerto Rico	24-26	Florida	ADN
HNS02	Mexican	27-29	California	ADN
HNS03	Mexican	24-26	California	ADN
HNS04	Central American	24-26	California	ADN
HNS05	Central American	24-26	California	ADN
HNS06	Puerto Rico	24-26	Florida	ADN
HNS07	Puerto Rico	21-23	Florida	BSN
HNS08	Cuban	21-22	Florida	BSN
HNS09	Puerto Rico	27-29	Florida	BSN
HNS10	Mexican	21-23	California	BSN
HNS11	Mexican	24-26	Florida	ADN
HNS12	Other	21-23	California	BSN

Data Collection

Participants

The initial goal was to complete interviews with 10 to 15 participants from California, Texas, and Florida. During the recruitment process, eighteen participants initially responded to the study flyer. Of the eighteen, sixteen participants completed the SurveyMonkey survey, the online consent form, and agreed to participate in a recorded

telephone interview using a conference call line provided by freeconferencecall.com.

However, I was not able to schedule an interview with four participants and achieved

data saturation with 12 participants. Other than not having participants respond from

Texas, there were no variations in the data collection process for this study.

Location, Frequency, and Duration of Data Collection

Before any data collection, Walden University's IRB granted permission to collect

data from human subjects (Approval No. 10-03-19-0616518). Following IRB approval, a

recruitment letter along with the recruitment flyer was emailed to several public listservs

and posted on social media websites, including Facebook, to recruit HNS from

California, Texas, and Florida.

Potential candidates were encouraged to email me for further information if they

felt they met the study criteria. Once a potential candidate emailed me expressing an

interest in participating in the study, I sent a response email describing the study process

and an explanation that an email from SurveyMonkey would be sent to them. Participants

were then asked to complete the online consent and demographic information. Data were

verified from the demographic survey ensuring that the participant met inclusion criteria.

Following confirmation of inclusion criteria and informed consent, I sent the

potential participant an email to request a day and time to schedule an online or telephone

conference call interview through freeconferencecall.com. At the beginning of each

interview, a description of the study, an explanation that any information they shared

would be kept confidential, and the voluntary nature of the study's participation were

reviewed using a protocol script (Appendix B). I conducted all telephone interviews

between December 23, 2019, and February 2, 2019.

All twelve interviews were audio-recorded with the freeconfercencecall.com

program and saved as an encrypted password-protected file on my personal password-

protected computer. Recording the interviews allowed me to take minimal notes during

the interviews so that I could focus attention on what was being said by the participant.

Audio conferencing was chosen for this study, as face-to-face interviews were not

possible due to geographic distances between this researcher and the participants.

Interviews were completed in the privacy of my home office and lasted approximately

25-35 minutes each. Interview completion times varied among the participants depending

on the depth of the experiences shared or if further probing for clarification was needed.

As the primary instrument for this study, I interacted with the participants using

semistructured interview questions. Field notes were written in an electronic journal file

during and immediately after the interviews and stored on my password-protected

computer. After each interview was recorded on the freeconferencecall.com program and

saved to my computer as an encrypted password file, the file was then uploaded to Rev

(an audio transcription service and computer app) for transcribing documents as a secured

file.

An interview script with open-ended questions was used during the interviews to

allow the participants to share their lived experiences as an HNS and to help keep the

interview on the topic. During the data collection process, I asked participants to share

with me their experiences as a Hispanic prelicensure nursing student. The participant was

encouraged to describe their thoughts, what they said, what they did, and anything else

that was important to them about their experiences as prelicensure Hispanic nursing.

Further inquiry was made by asking the participant to describe any factors that have

helped or made it harder for them to be successful in nursing school. The interview

concluded with a request that they tell me about the experiences in their life that have

influenced their decision to apply to nursing school. I did not encounter any variations in

the data collection process from what I described in chapter 3.

Data Analysis

The data analysis method I utilized was the five-step descriptive

phenomenological method of data analysis, as recommended by Giorgi et al. (2017). The

five steps of data analysis were:

> (1) Assume the phenomenological attitude, (2) read the entire written account
>
> for a sense of the whole, (3) delineate meaning units, (4) transform the
>
> meaning units into psychologically sensitive statements of their
>
> lived meanings, and (5) synthesize a general psychological structure of the
>
> experience base on the constituents of the experience. (Giorgi, 2009; Giorgi
>
> et al., 2017)

As I assumed the phenomenological attitude, I first read each transcript to get a

sense of the whole interview. Each transcript was reread, referring to the research

question to delineate meaningful units. Next, I began reading and reducing the data into

keywords that emerged while asking myself questions, making comparisons, and looking

for similarities and differences within the transcribed lines (Finlay, 2014). As I read each

transcript twice, line by line notes of keywords and relevant sentences or phrases were noted. Also, I further noted words that repeated in several lines in each transcript or the notes made during the interview. The second level of coding was done to refine the codes, further transforming the meaningful categories into psychologically sensitive statements of their lived meanings, which led to identifying emerging themes.

Codes

I manually coded the data using a first level and second level coding process. The data analysis process required that the researcher continuously read, use reflective writing, and interpretation to derive from the transcript text the meaning of the texted response provided by the participant (Giorgi et al., 2017). On a separate word document, I listed each question with the corresponding responses from each participant by their alphanumeric code. Furthermore, I identified the number of times the categories of codes in the text were documented. Commonalities among the categories led to theme development, which also served to answer the research questions.

Through this data analysis process, the following descriptive categories emerged from the coded data: Cultural Understanding, Spanish Language, First-Generation College, Knowledge of Health Care and Nursing, Family Tradition, Health Care Role Models, Support from Students, and others, Facilitators, and Challenges. During the interviews with the participants, these categories commonly occurred and sought to answer this study's research questions. Table 2 presents the codes that emerged from the data and their occurrences.

Table 2

Categories and their Occurrence by Participants

Category name	No. of participants	No. of occurrences
Cultural understanding	10	52
Spanish language	7	16
First generation college	5	14
Knowledge of health care and nursing	12	32
Family tradition	11	15
Health care role models	9	39
Support from students and others	7	13
Facilitators	12	36
Challenges	12	26

Another review of each transcript validated and ensured that all the codes that had emerged were mentioned throughout the interviews. Next, I further analyzed each code to determine if they were relevant to the Hispanic nursing student's lived experiences or needed to be deleted (Moustakas, 1994). The interview questions helped to prompt the participant's responses and led to the emerging descriptive codes that were further summarized into four common themes (See Figure 1).

Themes

Themes offer explanations of what something means from the coded data retrieved from the study's participants (Rubin & Rubin, 2012). The process of grouping, organizing, and linking data that I similarly coded are placed into categories to consolidate meaning or to search for patterns of ideas as themes (Saldana, 2016). After initial coding was completed, each transcript was reviewed, and codes were highlighted in the margins of the interview worksheet. Next, a new word document was created of

each interview transcript correlating each of the interview questions with the assigned

participant's identifiers and their responses. In a column next to the responses, I listed

codes, enabling me to review the entire document looking for commonalities for each

question. I then noted similarities as the themes of the codes found within the transcripts.

(See Table 3).

Four themes emerged from the data analysis: "I can help," "I don't know," "I

need help," and "I can do this." Each participant relived or illuminated an experience they

experienced as they applied and entered a prelicensure nursing program. For example,

when I asked, please share with me in as much detail as possible, your experiences as a

Hispanic prelicensure nursing student, HNS01 stated, "Oh, my experience. I would say it

was a normal experience and like any other nursing student. I was never treated

differently." HNS03 reflected on her reason for deciding to attend nursing school "I'm

the first in my family to go into health care… I went into nursing because I was always

going to visits with family members, and I was always the one translating."

HNS04 stated, "I've had a good experience…the challenge I face is like helping

my family understand the challenges that come with nursing school." HNS011 shared,

"Only thing I maybe feel is a little different then maybe other people is that there aren't

as many Hispanics in the class."

Table 3

Themes and Categories

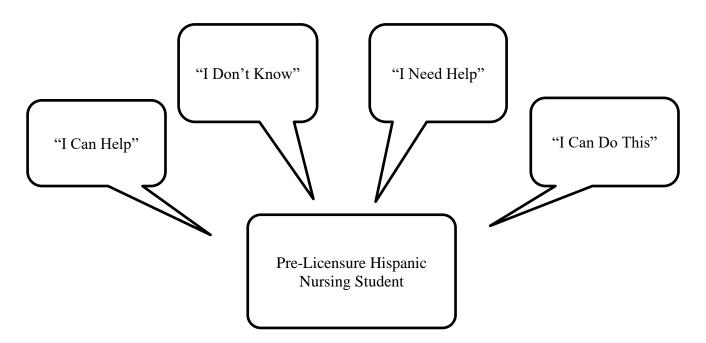| Themes	Categories
"I can help"	Cultural understanding Spanish language
"I don't know"	First generation college student Knowledge of health care and nursing
"I need help"	Family tradition Health care role models Support from students and others
"I can do this"	Facilitators Challenges

Figure 1. Four common themes.

Evidence of Trustworthiness

Trustworthiness refers to ensuring the quality and rigor of a study. As discussed in chapter three, I used strategies of trustworthiness throughout this study. These strategies included credibility, transferability, dependability, and confirmability.

Credibility

An essential part of the research design is its credibility (Ravitch & Carl, 2016). I confirmed the credibility of this study by using triangulation, which included an independent evaluation of the interview transcripts and data analysis by the dissertation chair. This was done to determine if the results were consistent with my results and served to ensure that no personal bias influenced the interviews or data analysis. According to Amankwaa (2016), if the data is consistent and similar conditions are found among the participants, the information is considered credible. Credibility was additionally accomplished by providing specific details on how participants were recruited and how the data were collected and analyzed. Reflexive journaling after every interview was also done to ensure that my personal thoughts, feelings, and experiences were addressed, therefore adding to the validity and rigor of the study (Ravitch & Carl, 2016).

Transferability

Transferability was enhanced in this study by completing twelve interviews with participants from different geographic and educational settings and reaching data saturation. Qualitative research does not seek to produce generalizations. However, qualitative research does cultivate descriptive and relevant statements from the data

(Ravitch & Carl, 2016). Thick descriptions of the data are recorded so that readers can make comparisons to other situations, which also enhances transferability. I provided extensive, detailed and distinct descriptions of the data, and examined the uniformities across the data, so that readers may not only share in participant's experience but gain a more comprehensive look into the lived experience (Creswell, 2014).

Dependability

Dependability is accomplished by maintaining consistency in the data collection process and analysis. Dependability for this study was established by completing thorough participant interviews using a prepared interview protocol (Appendix D) and by using a descriptive and interpretive hand-coding process in analysis. Dependability was furthermore assured and established through triangulation in the form of reflective journaling on both my thoughts and feelings after each interview (Patton, 2014).

Confirmability

Confirmability of this study began with a description of this researcher's experience and acknowledgment of any prejudices or bias, as disclosed in chapter three. Confirmability was completed in the form of an audit trail, and reflexive journaling after each interview was completed. Personal biases were also addressed by utilizing reflective journaling during the data collection and analysis process and by making a conscious effort not to interject any personal feelings or experiences during the interview process. These steps, according to Amankwaa (2016), ensure that when the researcher reflects upon each interview, consequently, the in-depth moments can be confirmed rather than making biased assumptions.

Results

The findings of the data obtained from this study are discussed with supporting

quotes from the participants. These findings collectively answered the two research

questions that guided this research study. The following themes were developed through

an exhaustive process of reviewing the transcripts and manually coding each participants'

responses. The four themes that materialized from this study were "I can help," I don't

know," "I need help," and "I can do this."

"I Can Help"

The perception of most of the research participants was that their Hispanic culture

predisposed them to understanding their Hispanic patient's cultural norms. The research

participants shared thoughts about how their cultural behaviors, ways of life, language,

and beliefs influenced their experience enrolling and attending a prelicensure nursing

program. These cultural influences were focused on two elements of cultural

understanding and knowledge of the Spanish language. Cultural understanding included

family and personal culture as well as an understanding of Hispanic culture as a nurse.

The Spanish language included being fluent and non-fluent in Spanish.

Cultural understanding. Family culture and the influence that it has on the study

participants were discussed from both a facilitator and barrier lens. HSN06 reflected on

the application process as being stressful because "As a Hispanic student, you always

want to do good for your parents and stuff, and they expect everything very highly of

you." HNS07 shared how the family tries to stay together,

My culture, with my Family, we are very close-knit. My parents they came from

the island; they came from the island, and they all came together. They didn't

come one by one how some people do; they all came together and, basically, we

all live in the same town together. We all go to each other's houses uninvited, just

show up and just talk to each other, and stuff like that.

HNS11 shared that Hispanic families are family-oriented, "I think part of my Hispanic

culture, I feel like a lot of us, most of us are very family-oriented, and I feel like that has

made me compassionate." HSN12 stated the family's expectations,

They expect a lot more in a Hispanic household for us to do good in school

because they work harder. Like they work hard for their money, especially if

parents work in the field. You have to do something good because your younger

siblings are looking up to you and also to make them know that their working in

the field is worth all of it.

Although each student's story was a little different, the participants all mentioned how

their family is very close and is family-oriented with high expectations since Hispanic

parents work hard for their money.

The participants continued to share experiences that understanding their Hispanic

patient's cultural norms leads to improved care, connection with patients, and increased

patient trust and comfort, which leads to better patient care. Participants further voiced

that this family-centered culture promotes compassion with their patients. HNS01 shared,

I felt like I had the upper hand to be able to help, versus other nursing students

who were not of the Hispanic background. Especially with being Spanish

speaking, it was easier for me to correlate between the patients and the nurses.

And especially with the culture, knowing how some Hispanics are reserved, some

are really loud. I think as being Hispanic, we are rather stubborn. So when

someone tells us that something is wrong with us and that we need immediate

help, or we need to be taking these medications, sometimes we don't.

HNS01 further shared that, "One day a nurse will pull you into a patient's room and say,

hey, can you help me with this? Or a patient will look at you, and will be comfortable

with you, being able to trust you, knowing that you are from a Hispanic background. And

they themselves do not know the language." HNS02 reflected, "I can better understand

them more than what someone else would because I have the Hispanic background."

HNS03 recalled a similar experience stating,

In clinical, I really like having patients that are Hispanic, and that may have a

language barrier with other nurses because I can kind of provide extra support,

and I can tell that they feel a little bit more comfortable knowing that I'm

Hispanic too. I feel like I could connect more with them.

Spanish language. Several participants stated that their ability to speak with

patients in their native language improved the patient's care and enhanced their feelings

of success as a nurse. HNS04 articulated that, "I do speak fluent Spanish, so that has

really been an advantage for me, especially in the clinical setting, being able to

communicate to the Hispanic community, which tends to be common in the clinical

setting." Further into the interview HNS04 also stated,

Definitely being able to understand Spanish and fluently speak it has helped me,

and then I've noticed too when you're able to communicate better with them in

their language, they kind of are a little bit more trusting because they know

exactly what's going on, so they're more willing to comply with their care.

HNS06 shared, they can tell me what's wrong. They won't be afraid to tell me what's

wrong, because we can relate on a cultural level. I know those Spanish speakers who

don't speak English, and once they hear that I can speak Spanish, they feel relieved,

almost, because they know somebody can understand them." And HNS08 revealed,

"That in clinical, when I'm able to translate for patients or someone says, oh, come over

here. I need to know what they're saying. That makes me happy that I'm able to provide

care for them in Spanish." HNS09 stated, "I've seen a lot of nurses and like other

students not show compassion when they can't understand a patient. I think being able to

understand them and speak with them, you are able to connect and have that foundation

and care about them."

Further, HNS11 reflected, "When I was talking to him in Spanish, he seemed to

kind of brighten up, and he seemed a little happier. So that made me happy because he

didn't really speak a lot of English." HNS05 reflected, "I wish it was emphasized more

because there's been so many times during clinicals where there's a Hispanic person, and

they just light up when they find out you speak Spanish, and it's just so nice."

Several only English-speaking Hispanic research participants or those with

limited Spanish-speaking knowledge stated they were uncomfortable because their

instructor or preceptor expected or assumed, they spoke Spanish because they were

Hispanic looking or had a Hispanic last name placing the students in awkward or

uncomfortable situations. HNS10 reflected on a situation in front of a patient with a nurse

preceptor, "Oh, you speak Spanish, right? You're Mexican. And actually, I understand more Spanish than I speak. So actually, I was not able to. I kind of took offense to that." HNS12 also shared a similar situation during a clinical check off with a patient when the professor placed undue pressure on the student, "She was like, you don't know Spanish? And she kind of judged me a little bit for it and I was a little bit upset, but I didn't let it get to me. Yeah, it was a pretty awkward situation when I think an interpreter would have been better to have there, especially since we're supposed to use one." HNS07 revealed,

> I wish I knew more medical terms in Spanish. I know one thing, when they ask me to translate, I'm very hesitant because I learned Spanish through my family. But medical terms I'm not familiar with, so I have a hard time translating them. That's why I'm very hesitant because I don't want to say the wrong thing because I'm not sure if it's right.

Non-native English-speaking students shared that they have had more difficulty with nursing school and clinical due to language comprehension as a patient may say to the student, "Oh, you can't speak English very well. We want someone else" (HNS01). HNS01 further iterated that "It's very hard not having good English, and then the patient gets frustrated with that nurse because she can't verbalize exactly what's

going on. So, I feel like that's why a lot of Hispanic students are nervous."

"I Don't Know"

Participants discussed how generational knowledge impacted their decision to enter nursing school and their success within the program. A lack of generational knowledge of nursing and college left them at times with the feeling of "I don't know."

Generational knowledge was both a barrier and a facilitator of success. A lack of

generational knowledge, as seen in first-generation students, was a barrier for some

participants because they did not have the experience to draw from about how to navigate

college or health care. Knowledge of health care and nursing was a facilitator of success

when the participant had a family member or mentor who was in a health care profession.

First-generation college student. First-generation students discussed how they

are confronted with many obstacles as they transition into college. Many of the

participants verbalized that they were the first in their family to obtain a college

education or enter a health care career, such as nursing. HNS04 stated,

I feel like everyone's pretty much on the same playing field and I think

a little bit, maybe the challenge I face is like helping my family understand the

challenges that come with nursing school because they've never really been to

college so they don't sometimes understand the time and the energy and all that

then needs to go into the schooling."

HNS05 additionally added,

I'm a first-generation here in the United States. So, I feel like it took a long

time for me to even figuring college out and taking a lot of classes and kind of

like, I don't want to say wasting time, but kind of not really knowing the direction

of college in general. I didn't know that nursing was a career.

HNS12 shared, "But it's also harder because coming from a Hispanic household some of

us are the first ones in the family to go to school, so it's a lot harder for us to get there

because our family doesn't know much about college and like how to it work through that."

Several research participants indicated that there is a lack of knowledge in how to apply to school and apply for financial aid resources leading to a lack of knowledge in the educational processes to make informed decisions during their educational journey from the application process to the program completion. HNS03 provided, "I'm the first in my immediate family to go to college, so that factor did not help because I feel like I had to figure things out myself. Just little things like financial aid or something." HNS12 also added, "My sister and I are the first ones in our family to go to college. So sometimes I feel like I have kind of maybe a distorted perception of what things are supposed to be like or I don't really understand how things work, and I feel like that has hindered me a little bit."

Another participant discussed how generational knowledge from their elders influence what some Hispanic people think about how their medical condition developed as HNS04 explained, "For example, sometimes you can get diabetes because you've gotten scared in your lifetime. Things like that. Things that they've been told by their generations before, that they still believe today to be true."

Knowledge of health care and nursing. Most of the participants articulated that health care career fields, primarily nursing, is not known as a career choice among the Hispanic population unless a family member is a nurse. HNS04 reflected, "Less talking with family compared to what I hear other students experience, where it's like their families sometimes played a big role in choosing nursing as a career." Additionally,

HNS09 stated, "It might just be because we don't know about it. Or maybe we might not have the funds for it." HNS03 further elaborated,

> I started volunteering at a family practice clinic when I was 16. The doctor worked with two nurse practitioners, and the doctor was from that same neighborhood that I was from. I worked as a medical assistant for him. I knew I wanted to go into healthcare, but I didn't know what, so he helped me guide my career choices.

HNS06 stated, "Okay, so like I said, my mom is a nurse. She's been a nurse for almost 20 years. My aunt and my uncle are nurses, so there's a bunch of nurses in my family, and I always knew that I wanted to be in the medical field." HNS05 confirmed having a nurse or HCP in the family increases the knowledge of nursing as a career path with the following response, "I had never heard of nursing as a good career." HNS11 additionally added,

> I feel like some people maybe know a nurse in their family; maybe they know other graduate nurses, and I didn't. Maybe they can give them some advice or some kind of way to go about things. Maybe what books you need, what books you don't need, when to apply for classes. Maybe even later on, what's a good hospital to work at and just the whole college experience, knowing what to expect. I never really had anybody to explain those kinds of things to me. So, I just, I feel like I came up with it on my own, and sometimes it did not always help.

For many Hispanic students, an entry point to nursing is first to be a Certified Nursing Assistant (CNA) or Medical Assistant (MA). HNS04 reflected, "I actually got into nursing school just because I started working as a CNA, and I loved it. I loved everything about it, and that is when I decided to go to nursing school." The general consensus with the participants was that those who know a nurse or HCP are more likely to become a nurse, while others begin as a CNA or MA and become interested in nursing through exposure to the health care environment.

"I Need Help"

Hispanic students reported "I need help" as they sought support from several support systems including family, health care role models, and other Hispanic or non-Hispanic students, nursing faculty, school counselors, and other persons knowledgeable in educational planning. Support systems were classified into three categories: family tradition, health care role models, and support from students and others. Overall, support from any source was viewed as a facilitator of success and lack of support was a barrier to success. HNS07 emphasized, "I just said it. Your support system. Big, big help if you have one." And HNS10 stated, "Well, I have two older sisters, and they're the first ones in our family to graduate college. Seeing them go through schooling has helped me stay motivated and encouraged me to continue."

Family tradition. Participants indicated that family within the Hispanic culture traditionally focuses on family and children and is a close-knit group that is very supportive of its members. Each member within the family has a role to fill. HNS03 shared,

Cultural, I feel like it's an acceptable field because women are already supposed

to be caregivers, I guess, and they, for the most part, are in their families. I can tell

you that my parents were kind of like, "Hey when are you getting married and

when are you having kids?

Some participants discussed lack of support particularly related to gender issues

with male Hispanic family members being concerned about female students being

exposed to male genitalia. HNS01 shared, "Oh my brother cringes, but he's also 14 years

old, so anything that I say of male reproductive or anything, it makes him cringe."

HNS03 further stated, "I am married now, but I sometimes have conversations with my

father in law and stuff and I can tell that culturally they feel weird about that. Oh, you see

a whole male's anatomy and stuff like that."

Many of the participants expressed how the Hispanic family is very supportive, as

HNS05 stated, "Family is super, super important. So, I feel like it's been tough to kind of

have to put it to the side. I have a daughter, and I have a big family, so having to kind of

put everyone on hold has been really challenging." Furthermore, HNS05 responded with,

"I mean, the whole reason I feel like my mom came to this country is to make a better

future. And in her eyes, that's the dream to graduate college, own a house, like the

American dream?" "Oh yeah. Very supportive. They're all super proud, and they want

me to take it even farther" (HNS11). HNS02 stated,

I think my support system. I have my fiancé who is very supportive, and he's

working now to put me through school and pay the bills and stuff like that and

take care of the kids. And then my parents also help me with my kids. And so, I

think I have an excellent support system that not everyone is fortunate enough to have.

Health care role models. Several participants commented that having family members as a nurse or knowing an HCP facilitated their success by providing positive words of encouragement and help with navigating nursing school. These positive experiences further encouraged the student to enroll in nursing. HNS06 commented,

Most Hispanics I've met, their parents or a relative of theirs is a

nurse. So usually, that's our inspiration or why we mostly go into nursing. So

those who are kind of on edge about being nurses, I always point them out to my

mom, because she keeps giving them words of encouragement.

HNS08 further commented that,

My mom is a nurse. So, one time I was in the hospital with her to bring her

keys or something, and while I was waiting for her, a code happened in the unit,

someone had a cardiac arrest, and I saw all the nurses rushing into the room and

trying to save this person's life. And that was the moment that I was like, wow,

this is what I want to do.

HNS07 also revealed, "My family is very close-knit, and that's the easiest part of it because it's not a hassle to look for the support I need. I already have it. I didn't have to grow support." HNS10 reflected, "Also, my parents themselves, they've created a lifestyle for themselves that allowed us to go to college. So they really emphasize the importance of education and how much easier life would be with it." HNS12 stated, "I

know a lot of nurses that are Hispanic, and I see the way they are with residents and

patients and the way they really care for their job, so that's also influenced me a lot."

Participants further verbalized experiencing greater success if they knew a

Hispanic health care role model or had a family member who was an HCP. This was

reflected by HNS06, who commented, "My mom, she's a nurse as well, so she inspired

me to get into the nursing field, and she's always expecting me to have really good

grades." HNS03 responded with,

> I worked at a family clinic where I was around two nurse practitioners that were
>
> both Hispanic, and we're both from similar backgrounds as I was, so they
>
> definitely helped guide me. One of them provided a letter of recommendation for
>
> a program, and they just really helped guide me in that direction and just serve as
>
> role models.

HNS06 provided, "And luckily, I have a good support system. That's what's made

everything better so far. My family is rooting for me, and my mom is super excited that

I'm going to be a nurse like her. HNS09 reflected,

> Then one of my friend's mom, ... after talking to her and she wasn't even trying
>
> to convince me to be a nurse. She just explained to me how she loved what she
>
> did and how she had so many options. Then it got me thinking, there's a lot more
>
> opportunities as a nurse.

HNS10 shared an experience, "And seeing those nurses take care of her ... it just really

struck something in me to go down the nursing pathway."

Support from students and others. Students discussed receiving support from both Hispanic and Non-Hispanic students in the form of study groups was considered highly necessary for success. Professional support by seeking guidance from a school counselor for educational planning and financial aid also improves success. This was reflected by HNS03 "I feel overall, my instructors and the program do offer a lot of help, so that helps." HNS05 echoed, "And then nursing school friends for sure have gotten me through it. Sometimes I feel like they're the only ones who understand how hard it is and just talking about it and knowing we're on the same page." HNS06 further commented, "I have good friends at the school already. We have study sessions. We practice in the lab together. So, we're doing everything together, and basically, I guess not working by myself is an advantage for success."

One research participant offered that Spanish speaking nursing students can provide support to potential nursing students in high school and stated,

So, when I was in my first year, there were some high school students who came into my school. And there were a lot of Hispanic students, and that made me happy. I feel like we even translated because they were ESL, English as a second language. So, we had to translate because not all of them understood English. And I feel like that's super important (HNS05).

Social groups are essential to Hispanic students, as HNS03 commented. "I mean when I was applying and everything, I feel like I didn't see any programs or any associations or any clubs specifically for that. So, I feel like it would've been cool for more to be out there. HNS11 reminisced, "It always interested me, and even through

middle school and high school I felt drawn to nursing. So, I thought being a nurse would be great, and nursing is so flexible it seems like."

"I Can Do This"

While many of the themes and categories above either contributed to the success or served as challenges for the Hispanic nursing student, there were other specific facilitators and challenges that emerged in my study including personal attitude and motivation, prior experiences, time management skills, financial support, and equitable treatment by faculty.

Facilitators. Participants shared that having a positive, "I can do this" attitude and being motivated to succeed facilitated or helped them in nursing school. HNS07 revealed, "You just have to just sacrifice. There's still a lot of times where I am not able to enjoy certain extra-curricular activities because I'm focused on life. I have a family of my own, and I have two kids." HNS07 reflected,

> Make sure that you set yourself up for success with time management,
>
> and then, have a lot of support too. It takes a lot of people. You can't do it on your
>
> own, basically. You need support. Somebody to help you, give you time to study,
>
> so they can watch the kids, and maybe they can order pizza, or they can cook, or
>
> something like that. so you have more time to do other things.

HNS02 stated, "And so I think I have an excellent support system that not everyone is fortunate enough to have." HNS06 shared, "I always point them out to my mom because she keeps giving them words of encouragement." HNS09 shared,

> Somethings that have helped is the fact that I'm a little bit older than the

majority of the students in my program. I'm more experienced, and I can connect

better to patients, I can understand where teachers are coming from. I have more

of that motivation to succeed without being too obsessed with the grade aspect."

"So, getting into it was just a lot of hard work and dedication to my studies and support

from my family" (HNS10). HNS12 shared, "Financial aid has helped out a lot."

Challenges. The significant challenges voiced by the participants were having to

work while in school and juggling home responsibilities with children and partners.

These challenges can be relieved or made easier when family members support the

student while in nursing school. HNS06 reflected, "I'm definitely trying to still balance

everything out, time management-wise, like find time to study, find time to go to the

gym. Find time to spend time with family." HNS12 stated,

> "And actually, it was hard because a lot of Mexican parents don't understand how
>
> to do all of that to enroll for school. So, you have to like ask friends and other
>
> people who've actually been in school, how exactly you go about getting financial
>
> aid and all of that because Hispanics don't really know much about that. So that is
>
> actually, really challenging, harder."

HNS02 responded saying,

> "I want to say trying to juggle my life as far as being a mom and being a
>
> significant other and having my own home. I'm not as young as everyone else and
>
> with the minimum amount of responsibility. So, I think that that has been a really
>
> big challenge for me to do both at the same time."

HNS03 shared,

> Things that did not help me were my parents they weren't helpful. My mom
>
> didn't go to high school, my dad did some college in Mexico, so they don't know
>
> about the whole system here. I had to figure things out myself. Just little
>
> things like financial aid or something. I had to work during college, and that did
>
> not help.

"Like I said earlier, for my family, to understand like the challenges that come with going

and all the time and that has to be invested and things like that" (HNS04). HNS04 further

shared, "I think probably one of the challenges is that people are not well informed about

schooling in general or the pathway to nursing." HNS06 commented, "I don't have the

best time management skills because I'm always doing something, either with friends or

family or I'm working or whatever." HNS09 responded with, "The biggest factor that

didn't help is the fact that I am working. Because I have to work, I think that puts a really

huge strain on my success in the program." "I think if I didn't have to work, I would have

more time to study, and I'd be less stressed out." (HNS11).

HNS12 shared,

> We have to have dinner ready because most of our parents' work. So, we have to
>
> have dinner ready, and we have to help out with the younger siblings. And we
>
> play a role in the house by making sure to clean the house, cook, take care of
>
> younger siblings, and stuff like that.

Summary

The two research questions that guided this research study were: What are the

lived experiences of prelicensure HNSs as they attempt to complete nursing school

successfully, and what are the factors that helped or hindered prelicensure Hispanic nursing students? Through in-depth interviews of HNS participants and analysis of their responses, the following themes emerged: Hispanic culture, generational knowledge, support systems, and a path to Hispanic nursing student success. The participants all expressed having positive experiences with their enrollment process and prelicensure nursing program. Most indicated that guidance and support were imperative to their success throughout the program.

Participants shared how their Hispanic cultural beliefs, ways of life, and behaviors influenced their experience enrolling and attending a prelicensure nursing program. The participants all shared that family support and the support of other people is a critical factor for choosing to become a nurse and being successful in nursing school. The participants further shared experiences that understanding their Hispanic patient's cultural norms and their ability to speak Spanish with patients leads to improved care, connection with patients, and increased patient trust and comfort. A couple of English-speaking only participants or those with limited Spanish-speaking knowledge stated they were uncomfortable when their instructor or preceptor expected or assumed; they spoke Spanish. Their instructor or preceptor expected or assumed they spoke Spanish because they were Hispanic looking or had a Hispanic last name placing the students in stressful or uncomfortable situations.

Many of the participants verbalized that they were the first in their family to obtain a college education or enter a health care career, such as nursing. As a first-generation college student, there is a lack of knowledge of how to apply to college and

apply for financial aid resources. This lack of knowledge in the educational processes hinders the Hispanic student from making informed decisions during their educational journey from the application process to program completion.

Most of the participants articulated that health care career fields, primarily nursing, is not known as a career choice among the Hispanic population unless a family member is a nurse. Participants felt those who know a nurse or HCP are more likely to become a nurse—further emphasizing that there is a higher success among Hispanic students that know a Hispanic health care role model or has a family member who is an HCP. Some participants stated that they started their journey as an HCP, a CNA, or MA.

Participants verbalized that Hispanic students receive support from several support systems such as family, health care role models, and other students, nursing facility, school counselors, and other persons knowledgeable in educational planning. Participants explained that Hispanic culture traditionally focuses on family and children and is a close-knit group that is very supportive of its members. Each member within the family has a role to fill. Several participants commented that having family members as a nurse or knowing an HCP facilitated their success by providing words of encouragement and help with navigating nursing school. All these positive experiences further encouraged the student to enroll in nursing. Participants also receive support from both Hispanic and Non-Hispanic students in the form of study groups, and this activity was considered necessary for success. Professional support by seeking guidance from a school counselor for educational planning and financial aid also improves success.

Additional facilitators voiced by participants were time management skills, financial support, help with navigating college processes, and being treated equitably with other students by faculty all provided a positive academic experience. The significant challenges voiced by the participants were having to work while in school and juggling home responsibilities with children and partners. These challenges can be relieved or made easier when family members support the student while in nursing school.

This chapter discussed the data analysis process, which included the setting of the interviews, participant demographics, the data collection process, results, and evidence of trustworthiness during the data collection process. The research questions that guided the study were answered by the responses presented by the research participants. Chapter 5 will provide an interpretation of the findings, limitations of the study, and a discussion of the recommendations and implications for future research followed by my conclusion of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to fill a gap in the existing nursing literature on the lived experiences of HNSs enrolled in a prelicensure nursing program. Leininger's culture care theory guided the study. I used semistructured interviews with 12 HNSs to explore their lived experiences in a prelicensure nursing program. I sought a better understanding of their experiences in order to identify strategies for improving HNS success. Findings from this study may be used by stakeholders, nursing administrators, and faculty to improve enrollment, retention, and graduation rates of HNSs while supporting the HNS's academic journey. The key findings included these four themes: "I can help," I don't know," "I need help," and "I can do this". The knowledge gained may lead to a positive social change as more Hispanic nurses enter the nursing workforce.

Interpretation of Findings

Leininger's culture care theory was used as the theoretical framework to guide this study, encouraging prelicensure HNSs to describe their lived experiences while attending nursing school. Through this study, I aimed at building on the current literature to learn about the experiences of HNSs and gain further knowledge about how to recruit, retain, and support HNS to increase the number of Hispanic nurses in the United States. Findings from this study aligned with the previous research on HNSs enrolled in nursing programs. Alicea-Planas (2017) proposed that culture is a critical factor in creating a nurturing and supportive academic environment. The findings of this study found

similarities, differences, and new knowledge compared to the studies discussed in the literature review.

The previous studies about HNSs discussed in the literature review revealed several themes or fundamental concepts, including (a) the challenges of nursing school, (b) factors that facilitate success, and (c) cultural influences experienced by HNSs. Although this research covered the past 30 years, no significant increase in the number of Hispanic nurses has been realized in the nursing workforce. A gap in the evidence of how this diverse population of HNSs perceived their journey to becoming a nurse persisted. As the Hispanic population encompasses people from a range of different social and ethnic backgrounds. My study sought to learn from the lived experiences of HNSs while enrolled in a variety of prelicensure nursing programs in multiple regions across the United States to help nursing stakeholders to attract, recruit, and graduate more HNSs.

Although a fair amount of research over the past several decades has been done, the Hispanic nurse continues to be the most underrepresented minority in nursing's workforce (Bond, Gray, Baxley, Cason, Denke, & Moon, 2008). These studies have been limited in scope and have not resulted in an improvement of HNSs enrolling in nursing programs across the country (Alicea-Planas, 2009; Alicea-Planas, 2017). Therefore, my study was necessary to learn from the lived experiences of HNSs in a variety of academic settings and geographic locations to gain the knowledge needed that will lead to increased recruitment and graduation of Hispanic nurses. In most of the previous studies, the researchers studied minority nursing students along with HNSs in their studies (Bond, Cason, & Baxley, 2015; Bond, Gray, Baxley, Cason, & Denke, Moon, 2008; Diefenbeck,

Michalec, & Alexander, 2016; Dapremont, 2013; Graham, Phillips, Newman, & Atz, 2016; Loftin, Newman, Bond, Dumas, & Gilden, 2012; Loftin, Newman, Dumas, Gilden, & Bond, 2012), and not just the HNS.

Previous studies discussed barriers to success related to finances, socioeconomic status, academic stress, family/culture, and feelings of isolation (Alicea-Planas 2009; Alicea-Planas 2017). Nadeau (2014) additionally found challenges for the HNS as (a) facing academic challenges, (b) recognizing emotional response, (c) seeking help, (d) transcending academic challenges, (e) owning knowledge, (f) persevering, and (g) living out values and beliefs. Previous research findings also revealed that facilitators to success include personal attributes, supportive faculty, financial assistance, and supportive families (Alicea-Planas 2009; Alicea-Planas 2017; Goetz 2007; Herrera, 2012; Villarruel et al. 2001). Participants in my study also verbalized these same facilitators. Like the study by Villarruel et al. (2001), findings from my study indicate that the Hispanic family plays a vital role in supporting the HNS while in nursing school. Many of the participants in my study articulated this same feeling.

Alicea-Planas (2009; 2017) conducted two qualitative studies and found that a variety of factors influenced Hispanic nursing student success. Additionally, Alicea-Planas (2009; 2017) noted that what is seen as a facilitator for one student may be a challenge for another student. Participates, in my study, also voiced similar experiences that what is noted as a facilitator for one student may be a challenge for another student. An example of this would be the ability or inability to speak Spanish. Alicea-Planas (2009) found that affordability and availability of financial aid and family/cultural

responsibilities were a significant concern for many Hispanic students. These findings are consistent with the findings of my study, where participants experienced similar challenges related to finances and family/cultural responsibilities. Another common finding was that personal attributes, supportive faculty, supportive families, and financial assistance were essential facilitators of success (Alicea-Planas 2009; Alicea-Planas, 2017; Goetz, 2007; Herrera 2012; Villarruel et al. 2001).

Many of the participants in my study also shared, as mentioned by Alicea-Planas (2009), that success is achieved by dedicating self to school and sacrificing family, friends, and self along the way while attending nursing school. A key factor verbalized by the participants in this study was that of family obligations are considered extremely important in the Hispanic culture (Alicea-Planas, 2009; Allison & Bencomo, 2015; Carteret, 2015). Many of the participants in my study shared that financial aid applications and college applications are often cumbersome for the Hispanic student, especially for those who are first-generation college students or those who have English as a second language, which was comparable to findings in Goetz's (2007) study.

Alicea-Planas (2017) identified that participants who were bilingual or had English as a second language could have difficulty understanding nursing concepts and struggled with interpersonal communication skills. A couple of the participants in my study admitted to struggling with some medical terminology that did not easily translate from English into Spanish. Although in my study, many of the participants stated that being bilingual provided them the ability to form bonds with Spanish speaking patients who could not communicate well with health care providers in English. This was

consistent with the findings from previous studies (Alicea-Planos, 2009). Another

similarity to Alicea-Planas' (2017) study was that participants in my study reflected on

how they found comfort and friendship with other Hispanic students that had similar

backgrounds and were able to provide each other support.

Knowledge of cultural demands placed on a Hispanic woman within the family

continued to be an area that challenges the HNS today. This fact coincided with previous

studies by Alicea-Planas (2009; 2017), Goetz (2007), Herrera (2012), and Villarruel et al.

(2001), who all mentioned that family obligations are fundamental in the Hispanic

culture. Like in these previous studies, many of the participants within my study

mentioned that they were one of two or three Hispanic students in their nursing programs.

Although participants in my study acknowledged that there were male Hispanic students

in their programs, I was not able to recruit any male Hispanics students as a participant

for this study.

Nadeau (2014) concluded that nursing faculty need to recognize the importance of

family, relationships, values, and beliefs to academic success among HNSs and respond

appropriately. Participants in my study confirmed that the Hispanic culture has a

significant influence on their lives and guides their relationships, values, and beliefs as an

HNS. Villarruel et al. (2001) also found that the family plays a vital role in supporting the

HNS while in nursing school, concluding that programs that include family education,

networking, and support may be critical strategies to HNS success. The Hispanic family

unit is the cornerstone for Hispanic students and their success in nursing. Several

participants in my study voiced that having a robust support system helps the HNS adapt

to change and endure significant challenges while in nursing school. These findings were also similar to Dolan et al. (2015) study and correlated with personal factors, such as persistence and a supportive social connection to have a significant impact on the HNS's success while in nursing school. These same findings were also reflected in the findings by Alicea-Planas (2009; 2017).

One significant difference that participants voiced in my study were that the participants did not feel they had suffered any negative experiences with their nursing faculty or within their nursing programs, as found in studies by Herrera (2012), Goetz (2007), and Villarruel et al. (2001). The participants in my study all articulated having positive experiences with their nursing faculty and nursing programs. Additionally, the participants verbalized having highly positive experiences during their clinical experiences, where they said the theory from the classroom was brought to life. Although a couple of non–Spanish speaking participants did, however, describe moments of insensitivity caused by an instructor or preceptor in clinical. The instructor or preceptor assumed that the HNS spoke Spanish and would ask the student to translate for them in front of a Spanish speaking patient during a clinical experience or during a clinical check off causing awkwardness for the student. These findings could be an indication that nursing faculty and nursing schools are making progress in providing culturally informed education.

Another difference discovered in my study from the existing evidence was that the HNSs felt they were academically prepared for the rigor of nursing school. Previous research noted in studies by Alicea-Planas (2009; 2017), Dapremont (2013), Goetz

(2007), Herrera (2012), and Villarruel et al. (2001) all stated that the Hispanic student comes into nursing programs unprepared for the academic rigor and heavy academic workload. So much so that the HNS becomes overwhelmed with the course work, finding it impossible to manage (Alicea-Planas, 2009). However, participants in my study stated that the program workload was challenging but manageable.

A new finding not previously highlighted in the previous studies was that several of the participants in this study stated that they were not aware that nursing was a career option. They all knew that they wanted to do something in the medical field but were not sure what. Many of the participants stated that they only learned of nursing as a career option by a family member being a nurse, or from another Hispanic HCP. Some participants verbalized experiencing nursing as a career after encountering a nursing event while caring for a loved one in a health care facility. A few of the participants further stated that they learned of nursing as a career option later in life, by accident, or by working as a certified nursing assistant (CNA) or medical assistant (MA).

Previous studies have alluded to a missing piece of the puzzle being related to the Hispanic culture but had not found that essential piece that encourages Hispanic students to enter the nursing profession (Alicea-Planas, 2017; Loftin et al., 2012). One participant stated that the Hispanic culture would embrace nursing as a career over time as this career option will become known and develop by itself over time. This fact would indicate that there is a belief that cultural acculturation will take place toward nursing. Cultural acculturation or a merging of cultures takes place as a result of prolonged contact or a blending with the American culture (Allison & Bencomo, 2015).

Although previous research alluded to a missing piece related to the Hispanic culture, my study revealed that the missing piece might have been right there in plain sight all along, and it is related to the Hispanic culture. Many of my study's participants articulated that the Hispanic culture and their family values are regarded as having the highest importance in the Hispanic family. The Hispanic culture and family values are so influential that they influence their lives, beliefs, and decisions of all the members within the family (Allison & Bencomo, 2015; Salinas, 2013). Close family commitment and responsibility to family are highly encouraged and desired in the Hispanic culture (Allison & Bencomo, 2015; Carteret, 2015; Salinas, 2013).

As many of the participants further articulated, their families expect a lot more of them as a student. The Hispanic student is expected to do well in school since their parents have worked hard for their money. This study's participants additionally articulated that they are the role models for their younger siblings who are looking up to them for guidance. The participants in this study further verbalized that Hispanic parents take pride in their children being educated. The Hispanic parent has high expectations of their children and believes that education is essential for success in life (Allison & Bencomo, 2015; Carteret, 2015; Salinas, 2013), as further expressed by the participants of this study. Leininger's cultural care theory provides the healthcare provider or nurse educator with the guidance necessary to support the client's or student's cultural beliefs, practices, and values (Sitzman. & Eichelberger, 2017). Leininger (2008) postulated that culture is crucial in recognizing new ways of understanding interrelationships, and

integrating different cultures as culture is the most comprehensive and universal feature of human beings and that care is embedded within one's culture.

Limitations of the Study

There were limitations to my study. My study included prelicensure HNSs from California and Florida attending an ADN or BSN program, who were at least 18 years of age, and fluent in the English language. Although recruitment was from participants who lived in diverse settings and geographic locations, their experiences may not represent the experiences of all HNSs within the United States. The participant sample for my study did not include male HNSs and may not represent every ancestral origin seen in the Hispanic population. Other Hispanic cultures, origins, male students, and those who only spoke Spanish might have a different perspective than what was represented in this study.

Creswell and Poth (2018) stated that bias is a potential limitation in qualitative studies. Since this study was a qualitative inquiry, there was a risk that this researcher, as the primary instrument, may introduce bias. As a full-time nursing educator who has worked with HNS over the past few years, I might have potentially let some of my personal feelings and experiences enter the interview as biases during the interviews and data analysis. To avert bias, an independent analysis of the interview transcripts was conducted by the dissertation chair to ensure that no personal bias influenced the interviews or analysis of the data. Also, reflective journaling, bracketing, and audit trails were used, as suggested by Creswell and Poth (2018), since this researcher acted as the primary tool for data collection.

Recommendations

This study began when I noticed that there were only two or three HNS in the nursing programs of the local schools of nursing compared to the growing number of Hispanic students in the local catchment area. The aim was to explore and better understand the experience of HNSs while in nursing school, which may provide insight into why there are so few people who identify as Hispanic enrolling in nursing schools. Although similarities existed in the literature surrounding the lived experiences of Hispanic nursing students, the studies all echoed that something was missing in the previous research. A common subject discussed within the interviews was the influence of the Hispanic culture on Hispanic life. The Hispanic culture influences verbalized by most participants were like findings related to the Hispanic culture, as in the previous studies by Alicea-Planas (2009; 2017). The most prominent theme that emerged in this study was that the Hispanic culture does exceedingly influence the Hispanic students' understanding of language expressions, perceptions, beliefs, and their decision to attend nursing school. Decades of research have not uncovered what will attract more Hispanic students into nursing. Another finding was that Hispanic students were not familiar with the role, job skills, and the variety of career opportunities that are available to a nurse in the workforce.

Recommendations are to develop a strategic plan to introduce nursing as a career as early as middle school. Middle school and high school students should be encouraged to take courses such as math, English, and science as prerequisites for nursing academic success. High school students expressing interest in nursing should shadow nurses in

different health care facilities and be assigned a nurse mentor. According to Katz, Barbosa-Leiker, and Benavides-Vaello, (2016), pipeline programs and job shadowing can assist HNSs who are unfamiliar with or have a lack of knowledge about nursing and other health care careers. These pipeline programs can provide Hispanic students with a more accurate and positive view of nursing for the Hispanic student to consider.

Another recommendation would be to develop mentoring programs and increase the number of Hispanic nurse faculty to provide Hispanic role models, as requested by many participants. As Alicea-Planas (2009; 2017) recommended, nursing facilities should offer multicultural awareness training with strategies on how to incorporate a more inclusive and culturally informed environment into nursing's curriculum. This plan must require more than just a cultural interest day once a year. The integration of cultural influences must be planned throughout the program, not just on one specific day of the year. The development of a culturally institutional communication strategy might encourage a more inviting connection with the Hispanic community.

An additional recommendation would be to evaluate how HNS are educated about financial support systems that are available and scholarships that are specific to the HNS. Furthermore, Health care facilities, nursing educators, and administrators should recognize and celebrate how the Hispanic nurse has a positive impact on patient care and health outcomes. Based on the data collected, further research is warranted on a larger scale to validate the findings, which may include interviews with male Hispanic students and Hispanic students of the Hispanic heritage or origins not recruited in this study, such as Argentina, Chile, Colombia, Dominican Republic, El Salvador, Guatemala, Peru

across the United States. I hope that this research will serve as stimulus for continued

research of HNS and strategies for their successful completion of a nursing program.

Implications

The literature supports the results of my study that the Hispanic culture influences

Hispanic students and their life decisions. Hispanic students share many of the same

experiences of enrolling and completing courses in nursing school as other nursing

students. However, there were significant differences noted. These differences include

not being aware of nursing as a career choice and the requirements needed to realize a

nursing career path. Addressing this lack of knowledge early in the students' educational

development may facilitate better communication and the lack of knowledge of nursing

as a career path.

My study has implications for a positive social change as it provides the much-

needed research related to the Hispanic nursing student that has not been previously

uncovered in studies. With the information learned from my study, nursing administrators

and faculty might better understand the Hispanic student and their cultural influences in

order to better support the HNS through nursing school. As nursing academia becomes

more diverse and culturally inclusive, nursing programs might attract more Hispanic

students into nursing and ultimately into the nursing workforce.

By providing awareness into the lived experiences of HNSs experiencing the

challenges of enrollment and nursing program success, the nursing stakeholders may

have a better understanding of how to promote recruitment and successful completion of

HNSs through nursing school. Leininger's culture care theory promotes understanding of

the individual, family, and community through seven cultural factors including religion, kinship, technology, educational, economic, political, and cultural lifeways (Leininger, 2002). By incorporating these factors, my study offers valuable information that nurse educators can use to decrease the vulnerability of the Hispanic nursing student and improve Hispanic nursing student outcomes one student at a time.

Conclusion

This study explored the lived experiences of HNS while attending a prelicensure nursing program. Key findings are that HNSs often learn about nursing as a profession through relationships with other Hispanic health care providers. Recruitment efforts and information about nursing as a career choice should be provided to Hispanic students beginning in middle school. Further, my study illustrated that HNSs make a vital connection with Hispanic patients and are able to foster relationships that improve patient experiences and outcomes. This validates the need to increase the number of Hispanic nurses in the nursing workforce. Participants in my study generally had positive experiences with nursing faculty and peers, which indicates that nursing schools in California and Florida may be more adept at providing culturally informed education. Increasing the number of Hispanic nursing faculty will ensure that HNSs have Hispanic role models during their education and will aid in ensuring that curricula and policies in nursing schools are culturally informed and unbiased.

A positive social change will be experienced because of the insights gained from the HNSs lived experiences in my study by nursing faculty and administrators to graduate more HNSs into the nursing's workforce developing a more diverse nursing workforce,

that is culturally competent and mirrors the population which may lead to decreased

healthcare disparities in the United States. Since nursing is the largest health care

professional group, nurses have the potential to improve the overall health of the nation

by increasing its diversity, specifically the Hispanic nurse in its workforce that may lead

to decreasing health care disparities in the U.S.

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Appendix A: Demographic Questionnaire

1. Are you or have you been a student of this researcher?

Yes _____   No _____

2. What is your gender?

Female _____   Decline to State _____

Male _____   Other _____

3. Do you identify as Hispanic?

Yes _____   No _____

4. Which best describes your Hispanic origin? (Check all that apply)

Cuban _____

Mexican _____

Puerto Rican _____

Centra American _____

South American _____

Other _____

5. What is your age?

18-20 ___   21-23 ___   24-26 ___

27-29 ___   30-32 ___   33-35 ___

36-38 ___   39-41 ___   42-44 ___

45-47 ___   48-50 ___   51-54 ___

55-or over ___

6. Please provide the state where you are attending nursing school.

California _____

Florida _____

Texas _____

Other _____

7. Which of the following best describe the type of nursing program you are enrolled in?

Diploma _____

Associate Degree in Nursing _____

Bachelor of Science in Nursing _____

LVN to RN program _____

Masters Direct Entry _____

Other _____

8. Is nursing your first career?

Yes _____   No _____

9. Has anyone in your family, other than you graduated from college?

Yes _____   No _____

10. Are you working or plan to work while in school?

Yes _____   No _____

11. Are you interested in receiving the results of this study?

Yes _____   No _____

Thank you for completing this survey. The researcher will contact you by email to

arrange for an interview.

Appendix B: Interview Script

I appreciate the time and energy you are allowing me for this study. This interview will not take more than 60 minutes. I will digitally audio record your responses and take brief notes during the interview. Your answers will be coded, and your identity will never be released. The study results will be shared with you if requested, and you can leave the study at any point by just saying you do not wish to continue with the study. So, if you at any time feel uncomfortable please say "stop" and let me know. Your participation in this research study is entirely voluntary.

Do you have any questions before I explain what I plan to do with our time?

The method I plan to use is called the phenomenological approach, which uses a narrative style of interviewing as the data collection process. The goal of this research study is to allow the participants to tell me their stories, share their views, and to communicate their life experiences relative to my phenomenon of interest, which is your nursing educational success. The questioning style I will be using will allow you to describe your lived experiences from your unique perspective, relating your experiences, and allowing for free expression to the most significant extent you can. The hope is that you will share how you felt as a pre-licensure nursing student enrolled in a pre-licensure nursing program. If you do not understand any of my questions, please let me know.

I would like you to express the sights, smells, emotions, and colors in your life while remembering, recounting, and drawing out incidences especially challenges encountered from your days preparing to enroll into school to present. I understand that

this is a can be a delicate process and I want you to feel comfortable throughout the process, so we can stop anytime you want. This interview should feel natural and not stressful. The responses you provide in this interview will help me gain a better understanding of the types of activities or experiences that promote academic success for Hispanic pre-licensure nursing students. All answers will be confidential, will not be reported on an individual basis, and reported as a group only. Please answer each question by answering as honestly as possible that reflects your experiences as a pre-licensure nursing student.

Appendix C: Interview Protocol

Interview Protocol:

1. *Please share with me in as much detail as possible, your experiences as a Hispanic pre-licensure nursing student.*

   Probe: Can you tell me more about ….…...?

   Explain to me what you mean by …………?

2. *Describe your thoughts, what you said, what you did, and anything else that is important to you about your experiences as a pre-licensure Hispanic nursing student at your college or university.*

   Probe: Can you tell me more about ….…...?

   Explain to me what you mean by …………?

3. *Please describe any factors that have helped or made it harder for you to be successful in nursing school.*

   Probe: What motivates you as a student nurse?

   How do you describe nursing school success?

   How have you faced the challenges you have identified?

4. *Tell me about the experiences in your life that have influenced your decision to apply to nursing school and your experience as a pre-licensure Hispanic nursing student.*

   Probe: What cultural values (such as family's thoughts and behaviors) that have influenced your choice to attend nursing school?

Appendix D: Recruitment Flyer

Attention!!
Hispanic Nursing Students
are needed for a
Research study on the lived experiences of Pre-licensure Hispanic Nursing Students

Interviews are planned to last approximately 30-60 minutes.
Purpose: To gain understanding of how Hispanic Nursing Students experience a pre-licensure nursing program
Reason for study: part of a dissertation requirement for a PhD in Nursing for Mary Santos, Student

Criteria to participate:
- *Be a Hispanic nursing student currently enrolled in a prelicensure nursing program within the United States*
- *Fluent in English*
- *Age 18 years or older*

For your participation: A $10 Amazon e-card will be presented to all qualified participants upon interview completion.

If you are interested in participating in this study, please contact:
Mary Santos by email: mary.santos@waldenu.edu or cell phone: 863-513-2976

Appendix E: Professional Invitation Letter

Dear Nursing Colleague,

I want to invite your Hispanic pre-licensure nursing students to participate in a Doctor of Philosophy in Nursing research study conducted by Mary Santos MSN, MHA, RN, a Ph.D. of Nursing student at Walden University, regarding Hispanic nursing student's experiences enrolled in a pre-licensure nursing program. I am requesting that you post the enclosed flyer in public forums that your pre-licensure nursing students may frequent or encounter daily or disseminate it in other ways you deem appropriate. The purpose of this study is to explore the lived experiences of Hispanic nursing students within a pre-licensure nursing program.

There are no known risks for students who participate in this study. You and your nursing program may potentially benefit from the knowledge gained from this study by through findings that may improverecruitment and retention strategies of Hispanic pre-licensure nursing students. Student participation in this study is entirely voluntary. No personal identifiable information will be collected about students or their nursing programs. Initial consent to participate will be implied by contacting the researcher Mary Santos at the email address mary.santos@waldenu.edu. Interested students will be asked to complete an online demographic survey and consent form. Following the consent, students will be asked to participate in a phone interview.

I thank you in advance for your time and consideration in sharing the flyer about this study with your students. If you have any questions, please contact the researcher. This study is being conducted by Mary Santos, MSN, MHA, RN, Ph.D. of Nursing student with Walden University.

Kind regards,

Mary Santos,
Walden University
mary.santos@waldenu.edu
863-513-2976

Appendix F: Rev.com Privacy Agreement

Privacy Policy

This Privacy Policy was last updated on August 30, 2018.

Our Policy:

Welcome to the web sites (collectively, the **"Site"**) of Rev.com, Inc., including its subsidiaries and affiliates (**"Related Companies"**) (collectively, **"Rev,"** "we," "us" and/or "our"). This Site is operated by Rev and has been created to provide information about our company and transcription, video caption, translation and document related services (the "Services") to our you. This Privacy Policy sets forth Rev's policy with respect to its processing of two types of data:

Personal data that users of our Services (**"Customers"**) ask us to process on their behalf (**"Processor Data"**), which will include any personal data that Customers provide to us to transcribe, caption, translate, or otherwise process for them. When Rev processes personal data on behalf of a Customer, Rev is the "processor" of the data under applicable law, and the Customer is the "controller."
Data, including personal data, that we process for our own business (**"Controller Data"**), other than for our human resources and recruiting operations. This includes, for example, the information we collect through the Site and the names and contact information of our Customers and vendors. Under applicable law, Rev is the "controller" of such data.

Our collection, use, and disclosure of Processor Data: We receive information from or on behalf of our Customers and their users. Because of the nature of the Services, this information may contain any type of personal data, including names, contact information, and other identifying information.
Subject to our contractual obligations with our Customers, and depending on the particular Services, we use and disclose Processor Data as follows:

Providing Services: To provide, maintain, and improve the Services, including by analyzing the Services and addressing security and business continuity issues.

Protecting Us and Others: To enforce the legal terms that govern the Services.

Compliance with Laws: To comply with law, and where we deem disclosure appropriate to protect rights, safety and property (for example, for national security or law enforcement).

Business Transfers: As part of an actual or contemplated business sale, merger, consolidation, change in control, transfer of substantial assets or reorganization.

Consistent with Customer Requirements: For other purposes requested or permitted by our Customers or their users, or as reasonably required to perform our business. Subject to our contractual obligations with our Customers, and depending on the particular Services, we share Processor Data as follows:

Business Transfers: As we develop our business, we might sell or buy businesses or assets. In the event of a corporate sale, merger, reorganization, dissolution or similar event, including during negotiations of such an event, Processor Data may be part of the transferred assets.

Related Companies: We may also share Processor Data with our Related Companies for purposes consistent with this Privacy Policy.

Agents, Consultants and Related Third Parties: Rev, like many businesses, sometimes hires other companies to perform certain business-related functions. Examples of such functions include maintaining databases.

Legal Requirements: Rev may disclose Processor Data if required to do so by law or in the good faith belief that such action is necessary to (i) comply with a legal obligation, (ii) protect and defend the rights or property of Rev, (iii) act in urgent circumstances to protect the personal safety of the general public, or (iv) protect against legal liability.

Consistent with Customer Requirements: Rev will disclose Processor Data for other purposes requested or permitted by our Customers or users, or as reasonably required to perform our business.
Our collection, use, and disclosure of Controller Data:
When you interact with us through the Site or the Services, or become a Customer or are a vendor, we may collect personal data and other information from you, as further described below:

Personal Data that You Provide Directly to Us: We collect personal data from you when you voluntarily provide such information, such as when you register for access to the Services (for example, your name and mailing address), use certain Services, contact us with inquiries, respond to one of our surveys, or contract with us. Wherever Rev collects Personal Data we make an effort to provide a link to this Privacy Policy.

Personal Data that We Collect from Third Parties: We collect personal data from third parties, such as lead generation firms.

By voluntarily providing us with personal data, you acknowledge that you have read this Privacy Policy and understand that such personal data may be transferred from your current location to the offices and servers of Rev and the authorized third

parties referred to herein located in the United States, which may not offer the same level of protection as the country in which you are located.

Automatically Collected Data: When you interact with Rev through the Site or Services, we receive and store certain automatically collected information collected passively using various technologies. Rev may store such information itself or such information may be included in databases owned and maintained by Rev affiliates, agents or service providers. This Site may use such information and pool it with other information to track, for example, the total number of visitors to our Site, the number of visitors to each page of our Site, the domain names of our visitors' Internet service providers, and how our users use and interact with the Services. Also, in an ongoing effort to better understand and serve the users of the Services, Rev often conducts research on its customer demographics, interests and behavior based on the Personal Data and other information provided to us. This research may be compiled and analyzed on an aggregate basis. Rev may share this data with its affiliates, agents and business partners. Rev may also disclose aggregated user statistics in order to describe our Services to current and prospective business partners, and to other third parties for other lawful purposes.

In operating our Site, we may also use a technology called "cookies." A cookie is a piece of information that the computer that hosts our Site gives to your browser when you access the Site. Our cookies help provide additional functionality to the Site and help us analyze Site usage more accurately. For instance, our Site may set a cookie on your browser that allows you to access the Site without needing to remember and then enter a password more than once during a visit to the Site. You can change your settings to notify you when a cookie is being set or updated, or to block cookies altogether. Please consult the "Help" section of your browser for more information (e.g., Internet Explorer; Microsoft Edge; Google Chrome; Mozilla Firefox; or Apple Safari). Please note that by blocking any or all cookies, you may not have access to certain features or offerings of the Services.

Online Analytics: We may use third-party web analytics services (such as those of Google Analytics) on our Services to collect and analyze the information discussed above, and to engage in auditing, research or reporting. The information (including your IP address) collected by various analytics technologies described in above may be disclosed to or collected directly by these service providers, who use the information to evaluate your use of the Services, including by noting the third-party website from which you arrive, analyzing usage trends, assisting with fraud prevention, providing certain features to you, and other purposes. To prevent Google Analytics from using your information for analytics, you may install the Google Analytics Opt-out Browser Add-on by clicking here. If you receive email from us, we may use certain analytics tools, such as clear GIFs, to capture data such as when you open our message or click on any links or banners our email contains. This data allows us to gauge the effectiveness of our communications and marketing campaigns.

Tailored Online Advertising: Third parties whose products or services are accessible or marketed via the Services may also place cookies or other tracking technologies on your computer or other device to collect information about your use of the Services, in order to (i) inform, optimize, and serve advertising content based on past visits to our Services and other sites and (ii) report how our advertising content impressions, other uses of advertising services, and interactions with these advertising impressions and services are related to visits to our Services. We also may allow other third parties (e.g., ad networks, servers and platform) to serve tailored advertising to you on the Services or on other websites or in other mobile applications, and to access their own cookies or other tracking technologies on your computer or other device you use to access the Services. We neither have access to, nor does this Privacy Policy does not govern, the use of cookies or other tracking technologies that may be placed by such third parties. If you are interested in more information about tailored browser advertising and how you can generally control cookies from being put on your computer or mobile browser to deliver tailored advertising (i.e., not just for the Services), you may visit the Network Advertising Initiative's Consumer Opt-Out Link and/or the Digital Advertising Alliance's Web Choices Tool to opt- out of receiving tailored advertising from companies that participate in those programs. Please note that to the extent advertising technology is integrated into the Services, you may still receive advertising content even if you opt out of tailored advertising. In that case, the advertising content will just not be tailored to your interests. Also, we do not control any of the above opt-out links and are not responsible for any choices you make using these mechanisms or the continued availability or accuracy of these mechanisms.

We use Controller Data as follows:

Providing Services: To provide, maintain, and improve the Services, including by analyzing the Services and addressing security and business continuity issues. For instance, if you contact us by email, we will use the personal data you provide to answer your question or resolve your problem. Also, if you provide personal data in order to obtain access to the Services, we will use your personal data to provide you with access to such services and to monitor your use of such services.

Communications: To communicate with you regarding the Services or to tell you about services we believe will be of interest to you. If we do so, each marketing communication we send you will contain instructions permitting you to "opt-out" of receiving future marketing communications. Note however that as user of the Service you cannot opt-out of some administrative communications that are reasonably necessary to the Service, such as billing or service notifications. In addition, if at any time you wish not to receive any future marketing communications, or you wish to have your name deleted from our mailing lists, please contact us as indicated below.

Protecting Us and Others: To enforce the legal terms that govern the Services.

Compliance with Laws: To comply with law, and where we deem disclosure appropriate to protect rights, safety and property (for example, for national security or law enforcement).

Business Transfers: As part of an actual or contemplated business sale, merger, consolidation, change in control, transfer of substantial assets or reorganization.

Consistent with Customer Requirements: For other purposes requested or permitted by our Customers or their users, or as reasonably required to perform our business.
If Rev intends on using any personal data in any manner that is not consistent with this Privacy Policy, you will be informed of such anticipated use prior to or at the time at which the personal data is collected, consistent with applicable laws.
The laws in some jurisdictions require companies to tell you about the legal ground they rely on to use or disclose personal data. To the extent those laws apply, our legal grounds for processing Controller Data are as follows:

Legitimate interests: In most cases, we handle Controller Data on the ground that it furthers our legitimate interests in commercial activities such as the following in ways that are not overridden by the interests or fundamental rights and freedoms of the affected individuals:
Protecting our Services, business, personnel and property
Customer service
Marketing
Analyzing and improving our business
Managing legal issues
We may also process Controller Data for the same legitimate interests of our customers and business partners

To honor our contractual commitments to the individual: Some of our processing of Controller Data is to meet our contractual obligations to individuals, or to take steps at customers' request in anticipation of entering into a contract with them.

Consent: Where required by law, and in some other cases, we handle Controller Data based on consent. Where legally required (e.g., for the use of fingerprints for security purposes in certain jurisdictions), this is explicit consent.

Legal compliance: We need to use and disclose Controller Data in certain ways to comply with our legal obligations.
Rev is not in the business of selling Controller Data. There are, however, certain circumstances in which we share Controller Data with certain third parties without further notice to you, as follows:

Business Transfers: As we develop our business, we might sell or buy businesses or assets. In the event of a corporate sale, merger, reorganization, dissolution or similar event, including during negotiations of such an event, Controller Data may be part of the transferred assets.

Related Companies: We may also share Controller Data with our Related Companies for purposes consistent with this Privacy Policy.

Agents, Consultants and Related Third Parties: Rev, like many businesses, sometimes hires other companies to perform certain business-related functions. Examples of such functions include mailing information, maintaining databases, shipping and fulfillment and processing payments.

Legal Requirements: Rev may disclose Controller Data if required to do so by law or in the good faith belief that such action is necessary to (i) comply with a legal obligation, (ii) protect and defend the rights or property of Rev, (iii) act in urgent circumstances to protect the personal safety of users of the Site or the public, or (iv) protect against legal liability.

Your EU Rights and Choices: We offer the options described below for exercising rights and choices under applicable law, which are subject to important limits or exceptions under applicable law.

For Processor Data: To exercise rights or choices with respect to Processor Data, please make your request directly to the Customer for whom we process the personal data.

For Controller Data: To keep your personal data accurate, current, and complete, please contact us as specified below. We will take reasonable steps to update or correct personal data in our possession that you have previously submitted via this Site or Services.
The law of your jurisdiction (for example, within the European Economic Area) may give you additional rights to request access to and rectification or erasure of certain of your personal data we hold. In some cases, you may be entitled to receive a copy of the personal data you provided to us in portable form or to request that we transmit it to a third party. The law may also give you the right to request restrictions on the processing of your personal data, to object to processing of your personal data, or to withdraw consent for the processing of your personal data (which will not affect the legality of any processing that happened before your request takes effect). You may contact us as described below to make these requests.
For example, residents of the European Economic Area and certain other jurisdictions may have a right to opt out of our processing of Controller Data for direct marketing purposes. You can exercise this right by contacting us as described below. Our marketing emails and certain other communications include unsubscribe instructions, which you can use to limit or stop the relevant communications. Opt-out processes may take some time to complete, consistent with applicable law. Certain communications (such as certain

billing-related communications or emergency service messages) are not subject to opt-out. You may contact us with any concern or complaint regarding our privacy practices, and you also may lodge a complaint with the relevant governmental authority.

Children: Rev does not knowingly collect personal information (as defined in the Children's Online Privacy Protection Act) from children under the age of 13. If you are under the age of 13, please do not submit any personal information through the Services. We encourage parents and legal guardians to monitor their children's Internet usage and to help enforce our Privacy Policy by instructing their children never to provide personal information on our Services without their permission. If you have reason to believe that a child under the age of 13 has provided personal information to Rev through the Services, please contact us, and we will endeavor to delete that information from our databases.

Links to Other Web Sites / Services: This Privacy Policy applies only to the Services. Our Services, our Site, may contain links to other web sites or services not operated or controlled by Rev (the **"Third Party Sites"**). The policies and procedures we described here do not apply to the Third-Party Sites. The links from our Services do not imply that Rev endorses or has reviewed the Third-Party Sites. We suggest contacting those sites directly for information on their privacy policies.

Security: Rev takes steps to protect personal data from loss, misuse, and unauthorized access, disclosure, alteration, or destruction. However, no Internet, email or other electronic transmission is ever fully secure or error free, so we cannot assure you that your personal data will never be used or disclosed in a manner that is inconsistent with this Privacy Policy, and you should take special care in deciding what information you provide to us.

Data Retention: We will retain personal data for the period necessary to fulfill the purposes outlined in this Privacy Policy unless a longer retention period is required or permitted by law. To provide security and business continuity for the activities described in this Privacy Policy, we make backups of certain data, which we may retain for longer than the original personal data.

Other Terms and Conditions: Your access to and use of this Site is subject to any other agreements in place between us, including our Terms of Service located at: /about/terms **Changes to Rev's Privacy Policy:** Our Services may change from time to time. As a result, at times it may be necessary for Rev to make changes to this Privacy Policy. Rev reserves the right to update or modify this Privacy Policy at any time and will notify you of such changes in compliance with applicable laws. Please review this Privacy Policy periodically. This Privacy Policy was last updated on the date indicated above.

Contacting Rev: Please also feel free to contact us if you have any questions about Rev's Privacy Policy or the information practices of our Services.
You may contact us as follows:

mailing us at Rev.com 222 Kearny St, 8th Floor San Francisco, CA 94108
calling us at 888-369-0701
emailing us at support@rev.com