

DESCRIPTIVE CORRELATIONAL STUDY TO EXAMINE VARIABLES AND
RELATIONSHIPS PROPOSED IN CONCEPTUAL FRAMEWORK OF VIRTUAL
TRANSITIONING PROGRAM DEVELOPED FOR FOREIGN
EDUCATED NURSES (FEN)

by

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As members of the Dissertation Committee, we certify that we have read the dissertation prepared by *Klaudia Joanna Cwiękała-Lewis*, titled *Descriptive Correlational Study to Examine Variables and Relationships Proposed in Conceptual Framework of Virtual Transitioning Program Developed for Foreign Educated Nurses (FEN)* and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.



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DEDICATION

This research is dedicated to my wonderful father (Mój kochany tato), Władysław Cwiękała.

Thank you for instilling a thirst for knowledge in me. I miss you every day!

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ABSTRACT

Currently, many healthcare organizations actively resource nurses from other countries due to the overwhelming nursing shortage in the United States (US). In 2016, Foreign Educated Nurses (FEN) comprised about 15% of Registered Nurses (RNs) in the US. A concern for the welfare of FENs and the financial loss of healthcare institutions is that many FENs leave the US or leave nursing altogether during their transitioning period. A better understanding of influences on FEN successful transition is needed. A long-term goal is to provide a theory-guided evidence-based transitioning program to facilitate this transition. The primary purpose of this study is to examine potential predictors of FEN well-being and acculturation. Two main research questions derived from the framework were tested:

1. What combination of independent variables (Weeks of US Nursing Practice, Demands of Immigration, Resilience, and the interaction between Demands of Immigration and Resilience) best explains FEN Well-Being?
2. What combination of independent variables (Weeks of US Nursing Practice, Demands of Immigration, Resilience, and the interaction between Demands of Immigration and Resilience) best explains FEN Acculturation?

A descriptive correlational study was designed to study a convenience sample of FENs who met the following criteria: male or female nurse over the age of 18, born and completed their education in a foreign country, currently working full or part-time as a nurse for less than two years in the US. Participants completed an online survey using established measures of the variables: demands of immigration, well-being, resilience, and acculturation. Participants were recruited through social media sites and message board at their employment.

Sixty participants (75% female, 88.3% full-time employed) completed the survey. Several significant bivariate correlations were found. Research Question 1 results indicated the best model predicting FEN Well-Being had two predictors, Demands of Immigration and Weeks of US Nursing Practice (Adj. $R^2 = .62$, $p < .01$). Research Question 2 results were similar, with Demands of Immigration and Weeks of US Nursing Practice as the significant predictors of FEN Acculturation (Adj. $R^2 = .53$, $p < .01$, but Weeks of US Nursing Practice was negatively related to Acculturation. An unexpected finding was that Resilience was not a significant predictor in the context of other variables. Additional analysis of qualitative comments in response to a question about participants' "biggest concern in transitioning to US work" revealed the following themes: Professional Resources, Practice Knowledge and Skill, Technology Knowledge and Skill, Relational Knowledge and Support and Cultural Support and Knowledge.

In conclusion, this investigation provides initial theory-guided research into this little-studied topic and supports a theoretical framework that includes: Weeks of US Nursing Practice and Demands of Immigration as the most significant predictors of FEN Well-Being and Acculturation. Future research employing a random sample, and longer-term investigation may support or extend the investigator's current model of FEN well-being and acculturation.

CHAPTER I: STATEMENT OF THE PROBLEM

Many consider the United States (US) as a destination country for those who seek refuge for economic, social, religious and political reasons (Zong, Batalova, & Hallock, 2018). Nearly 43.7 million immigrants lived in the US in 2016, which accounts for 13.5% of the total US population (Zong, Batalova, & Hallock, 2018). In 2017, immigrants made up about 17% of the US labor force (Blanco, 2017). Immigrants have a significant impact on the overall labor force including the nursing field (Kaestner & Kaushal, 2012). Currently, the US is experiencing a severe nursing shortage. One of the solutions that employers are considering includes nurse immigration as an important role in alleviating current and future nurse shortages (Kaestner & Kaushal, 2012). Nurses who have obtained their basic nursing education in their country of origin and then migrate to the US are called foreign educated nurses (FEN) or internationally educated nurses (IEN). In 2016, FEN made up about 15% of registered nurses in the US (Hohn, Lowry, Witte, & Fernández-Pena, 2016). However, FEN transition into nursing roles in the US is not always successful, and little research has been done to study this problem.

The focus of this study is to examine potentially significant factors involved in the FEN transition, particularly in reference to their personal characteristics, transition conditions and patterns of a successful transition. Development and testing of a theoretical framework that supports FEN transition is an essential step in planning effective transition programs and support for these nurses.

Background and Significance

In 2016, the National Council of State Boards of Nursing (NCBSBN) found that 11.97% of candidates who pass the National Council Licensure Examination (NCLEX) for Registered

Nurses (RN) were foreign educated nurses (FEN). Furthermore, 3.66% who passed the NCLEX for Licensed Practical Nurses (LPN) in 2016 were FEN (National Council of State Boards of Nursing [NCSBN], 2017). NCLEX is the nationally accredited examination required for licensure to practice as an RN or LPN within the US (NCSBN, 2017). One of the possible reasons for FEN migration is due to the US actively recruiting nurses from other countries to help alleviate the overwhelming nursing shortage. It is estimated that a shortage of nurses in the United States will reach 800,000 by 2020 (World Health Organization [WHO], 2014). The FEN population in the US has consistently remained between 13% to 15% of working nurses since 2008 (Hohn, Lowry, Witte, & Fernández-Pena, 2016). In the US, FEN currently works primarily in hospitals, long-term care facilities and home health (Hohn, Lowry, Witte, & Fernández-Pena, 2016).

FEN immigrating to the US to work experience many obstacles upon arrival. Those obstacles are also called characteristics of Demands of Immigration (DI) (Hohn, Lowry, Witte, & Fernández-Pena, 2016; Ma et al., 2010). Characteristics of DI include loss, novelty, occupational adjustment, language accommodation, discrimination, and not feeling at home.

Even though FEN must prove to be efficient in English prior to their arrival, they are unfamiliar with language innuendos, slang, and in some cases very specific health care related terminology. FEN trained in a different healthcare system may find it difficult to understand the scope of practice, work policies and regulations as well as professional etiquette for American nurses (Hohn, Lowry, Witte, & Fernández-Pena, 2016; Ma et al., 2010). Lack of understanding of the US culture, as well as the complexity of the culture make the FEN transition to the US workforce much more challenging. Successful FEN transition into a new culture and work

environments are imperative. Studies show that many FENs leave the US or leave nursing altogether due to lack of support and education during their transitioning period (Moyce, Lash, & de Leon Siantz, 2016; Xu, & He, 2012). This creates a substantial financial loss to the hiring institution and compounds the nursing shortage problem. Some studies show that transitioning programs have a positive impact on FEN retention rate, thus generating major cost savings to the hiring organization (Hillman & Foster, 2011).

To assist in closing the education gap and offer support to FEN's during their transition, current research suggests that transitional programs should be developed in the US (Moyce, Lash, & de Leon Siantz, 2016; Xu, 2010; Xu & Zizzo, 2009). Currently, the literature describes very few community-based transitioning programs available in the US (Xu, 2010; Xu & Zizzo, 2009; Xu, & He, 2012). The few existing programs are only offered to the FEN hired for a particular institution and are limited to the geographic location of the institution (Xu & Zizzo, 2009). Currently, no literature can be found that discusses a framework supporting the development of transitional programs for FEN. Often times, the cultural needs of the patient are examined in nursing practice. This study is significant to nursing because it advances the practice by identifying the cultural differences and needs of FEN. In understanding the challenges FEN experience, we can bridge the gaps that exist and aid to fill the nursing shortage.

Purpose of the Study

The purpose of this study is to examine relationships among factors proposed in the Cwiękała-Lewis Foreign Educated Nurses (FEN) Transition Theoretical Framework. After adequate research, the theoretical framework may then be used to guide the development of a transition program for foreign-educated nurses who have immigrated to the US. This study also

will build the science of nursing by introducing modified middle range theory that supports the framework for the FEN transitioning process.

Philosophical and Theoretical Perspectives

An electronic search of potential theories regarding FEN transition was conducted of the published research and included: PubMed, CINAHL, Web of Science, and Embase, with no time limitation, using the following search terms: “foreign nurse transition theory” or “internationally educated nurse” AND “transition theory.” Articles were limited to the English language.

Transition is a concept of interest to nurse researchers, clinicians, and theorists, however currently no theory specific to FEN transition was found in the literature. Therefore, the Cwiękała-Lewis FEN transition theoretical framework was developed by the investigator to guide the research. This framework is derived from research results on FEN, published literature of FEN transition programs, the investigator’s philosophical perspective, and on Meleis (2011) transitions theory.

Philosophical Perspective

Philosophical dimension is a context of a theory that comprises of constituents that effect knowledge formation, including the philosophy of science, the nursing metaparadigm, and the philosophy of nursing (Reed, 2011). The components of the philosophy influence the focus of the theories and place emphasis on learning and gaining knowledge within a discipline (Reed, 2011). The dimension of philosophy is very broad with the description of the way processes and things are seen from a singular viewpoint of certainty (Reed, 2011).

This author believes that the environment plays a major role in the successful transition of FEN. This view was influenced by Fawcett’s (1993) reciprocal interaction views of the

individual (FEN) as multifaceted beings who closely interact with the environment. Within the reciprocal interaction view, a person is viewed as a composition of parts (cognitive, emotional, social & spiritual), yet is part of the environment. Humans are viewed holistically, although parts of a person are recognized as having meaning only within the whole of the human being (Fawcett, 1984, 1993a, 1993b, 2004). Reciprocal interaction occurs between a person and the environment, and the environment is based on multiple dimensions and experiences. Reality is context dependent, and human beings and their environment interact in a reciprocal fashion. Knowledge is gained through both subjective and objective means (Fawcett, 1984, 1993a, 1993b, 2004). Reciprocal interaction worldview is an example of post positivism where there is an appreciation for the impact of one's environment on behavior, and objective and subjective knowledge is important to understand phenomena (Rogers, 2005).

Meleis Transitions Theory Overview

Meleis theory of transition (MTT) explains how the person relates to the changes in the surrounding environment (Meleis, 2010). Both patients and nurses experience changes in personal circumstances, relationships, and environments called transitions (Chick & Meleis, 1986; Schumacher & Meleis, 1994). The concept of transitions and how nursing professionals should intervene have been developed by many nursing researchers and clinicians over the last three decades (Meleis, 2010). Meleis pioneered the research on this subject in 1975, collaborated with Chick in 1986, and worked with Schumacher in 1994. This research resulted in a mid-range theory of transitions (Meleis et al., 2000). The transition experience is affected by how an individual interacts with change. Meleis' transitions theory aligns with this researcher's worldview in that transitions theory emphasizes the bio-psycho-social characteristics of human

beings and the role of environment in health outcomes. Further, transitions theory reflects a view of change (transition) in terms of a distribution of possible outcomes (probabilistic) versus yielding a single solution (deterministic).

The key concepts in Meleis' theory were modified to fit the FEN experience of transition. Among types of transitions, such as developmental or organizational, immigration is regarded as a situational transition. Transition is experienced on both a qualitative and quantitative scope (Meleis et al., 2000). The transition experience spans from before a FEN's actual arrival in the US and lasts until acculturation occurs. This study will focus on the FEN experience after arrival to the US.

Components in the Theoretical Framework

The investigator's theoretical framework was derived from existing theory and research findings using strategies of theoretical derivation and abductive inference. Philosopher Charles Peirce, described by Brukes (2007) in his book on *Collected Papers of Charles Sanders Peirce*, describes the abduction strategy of inference, which is used in theory development. The investigator can identify best with the abduction strategy during the theorizing process. The theoretical framework was developed by the investigator through a synthesis of the investigator's observations about clinical encounters with FEN struggling with transitioning to a new work environment, as well as research-based literature, and existing theory.

The framework as derived from Meleis' transitions theory, consists of three key components represented by three abstract concepts, and the variables and empirical indicators (in italics and brackets, respectively) of each concept: FEN Personal Characteristics (*Weeks of US Nursing Practice*[measured in weeks]); Transition Conditions (*Demands of Immigration* [DI]

and *Resilience* [RS-14]); and Pattern of Response (two outcome variables of successful transition, *Well-being* [W-BQ12] and *Acculturation Scale* [VIA]). The framework for nursing knowledge development flows from abstract to concrete concepts. Progression from abstract to concrete, such as theories have a narrower scope and have more concrete concepts and concept relationships that can be measured using quantitative measures of the empirical indicators. Empirical indicators represent and measure theoretical concepts.

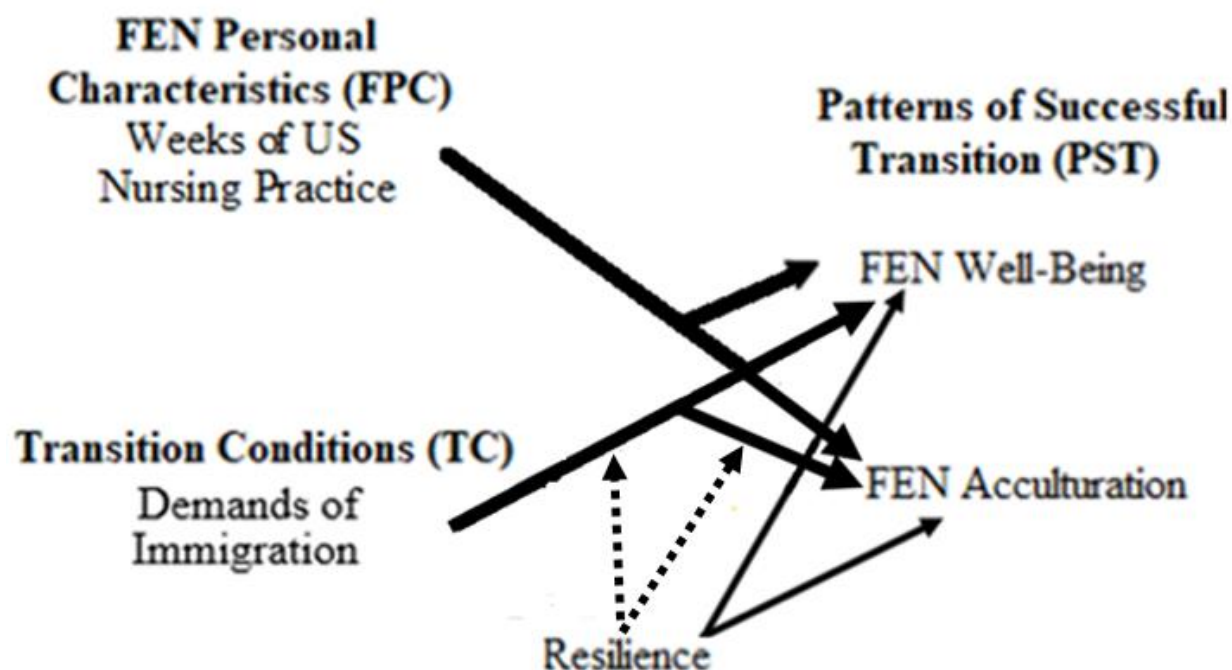


FIGURE 1. Proposed Cwiękała-Lewis foreign educated nurses (FEN) transition theoretical framework.

Foreign educated nurses (FEN) are defined as a group of registered nurses that obtained their nursing education, as well as initial training, in a country other than the US. FEN transition is situational. It includes the process that FEN's undergo upon arrival to the US leading to their acculturation and feelings of well-being. Acculturation is one FEN outcome indicator of a successful transition. During this transition phase, the FEN comes to adopt practices and values

of the US culture, while still retaining their own culture. A successful transition is also one where feelings of distress due to demands of immigration are replaced with a sense of well-being (Schumacher & Meleis 1994).

Variables proposed to influence the outcomes of acculturation and well-being are the FEN personal characteristic of number of weeks of US nursing practice and the transition condition of demands of immigration (DI). Resilience was conceptualized as a variable that may relate directly to acculturation and wellbeing. In addition, resilience was examined as a potential moderator of the relationship between the demands of immigration and the two outcome variables (Figure 1).

Well-being (W-BQ12) and acculturation (VIA) are theorized as indicating successful outcomes of FEN transition. Characteristics of well-being (W-BQ12) include positive emotions and negative emotions (Center for Disease Control and Prevention [CDC], 2016). Positive emotions include contentment, happiness, successful transition and feel supported and the absence of negative emotions include: stress, depression, and anxiety (CDC, 2016).

Acculturation is a complex and multi-dimensional change as a result of immigration. The change occurs in the group or individual person as two dissimilar cultures begin to coexist (Gibson, 2001). When acculturation occurs the individual or a group becomes culturally plural (Berry & Sam, 1996). Many studies explore how FEN acculturate to host countries (Alba & Nee, 1997; Berry, 1980; Basch, & Blanc, 1995; Ea, 2007; Ea, Griffin, L'Eplattenier & Fitzpatrick, 2008; Griffin, L'Eplattenier & Fitzpatrick, 2008; Schiller, Basch, Blanc, 1995; Sochan & Singh, 2007). Available studies on FEN acculturation findings report that FEN who have successfully acculturated to their host cultures are content with their jobs and report a higher quality of life

(Ea, Griffin, L'Eplattenier, & Fitzpatrick, 2008; Withers & Snowball, 2003; Yi & Jezewski, 2002;).

Some literature suggested that the length of time in nursing practice in the US has a positive impact on the transitioning process of FEN into US practice (Ma et al., 2010; Rosenkoetter, Nardi, & Bowcutt, 2017). No studies were found that measure the relationship between the length of FEN practice and the success rates but suggested the relationship may occur during the transition process (Lin, 2014; Thekdi, Wilson, & Wu, 2011). The relationship proposed in the literature is positive, since length of stay of FEN in the US may increase the potential of successful transition.

The demands of immigration (DI) scale measures demands associated with immigration, including loss, novelty, occupational adjustment, language accommodation, discrimination, and not feeling at home in the relocation country. *Loss* is described as a feeling sad, stress and/or depressed due to feelings of loss and feeling homesick are common (Ma et al., 2010; Rosenkoetter, Nardi, & Bowcutt, 2017). Losses are experienced from the immigration experiences and may be subtle but nevertheless important, such as loss of self-esteem and self-confidence in the ability to function in the new environment. *Novelty* is defined as unfamiliarity with the tasks of daily living (Aroian et al., 1998; Ma et al., 2010). This would include differences in personal beliefs and values, individual tolerance for ambiguity, standards pertaining to work ethics, and differences in the structure of political and legal systems (Ma et al., 2010). *Occupational adjustment* includes adjustment difficulty in finding acceptable work (Aroian, 1990; Ma et al., 2010; Rosenkoetter, Nardi, & Bowcutt, 2017). This characteristic includes lack of knowledge about nursing standards and nursing autonomy, lack of

understanding of the imperial system of measurements, lack of understanding of multicultural and multigenerational workforce and patient approach, lack of education about the US healthcare system and US culture and customs, lack of education about professional expectations and unfamiliar technologies and equipment. *Language accommodation* includes general communication including verbal, written or nonverbal communication. These characteristics include feeling unprepared for the use of the English language in the health care setting, not understanding slang or language innuendoes as well as having a hard time interpreting nonverbal communication due to cultural differences (Ma et al., 2010; Sherman & Eggenberger, 2008). *Discrimination* is defined as the FEN's perception of a lack of structure orientation that includes cultural aspects of transitioning to a new culture, lack of understanding from nursing leadership and colleagues, and lack of support. *Not feeling at home* includes feeling confused, not understanding the traditions and customs practiced in the US, and difficulties inherent in managing a dual identity.

Resilience (RS-14) is defined as an individual's tendency to cope with adversity better than expected; the process of becoming proactive rather than reactive in dealing with adversity; and having a positive outcome through the use of attributes known as individual and environmental protective factors (Wagnild, 2010; Zautra, Hall, & Murray 2010). It is not known if or how resilience may function in the transition process of immigrant nurses. Resilience (RS-14) was tested both for its potential direct relationship with well-being and acculturation, and as a moderator of the relationship between demands of immigration and each of the outcome variables.

Research Questions

Two main research questions were derived from the theoretical framework:

Question #1

What combination of the following independent variables of weeks of US nursing practice, demands of immigration (DI), resilience (RS-14), and interaction variable [demands of immigration X resilience (DI X RS-14)] best explains the variance in FEN well-being (W-BQ12)?

- a. What is the relationship between weeks of US nursing practice and FEN well-being (W-BQ12)?
- b. What is the relationship between the demands of immigration (DI) and FEN well-being (W-BQ12)?
- c. What is the relationship between resilience (RS-14) and FEN well-being (W-BQ12)?
- d. What is the relationship between the interaction variable (resilience [RS-14] X demands of immigration [DI]) and FEN well-being (W-BQ12)?
- e. What is the relationship of weeks of US nursing practice, demands of immigration (DI), and resilience (RS-14) to FEN well-being (W-BQ12)?
- f. What is the relationship of weeks of US nursing practice, resilience (RS-14), demands of immigration (DI) and the interaction variable (demands of immigration [DI] X resilience [RS-14]) to FEN well-being (W-BQ12)?

Question #2

What combination of the following independent variables of weeks of US nursing practice, demands of immigration (DI), resilience (RS-14), and interaction variable (demands of immigration X resilience [DI X RS-14]) best explains the variance in FEN acculturation (VIA)?

- a. What is the relationship between weeks of US nursing practice and FEN acculturation (VIA)?
- b. What is the relationship between the demands of immigration (DI) and acculturation (VIA)?
- c. What is the relationship between resilience (RS-14) and FEN acculturation (VIA)?
- d. What is the relationship between the interaction variable (demands of immigration [DI] X resilience [RS-14]) and FEN acculturation (VIA)?
- e. What is the relationship of weeks of US nursing practice, demands of immigration (DI), and resilience (RS-14) to FEN acculturation (VIA)?
- f. What is the relationship of weeks of US nursing practice, resilience (RS-14), demands of immigration (DI) and the interaction variable (demands of immigration [DI] X resilience [RS-14]) to FEN acculturation (VIA)?

Summary

A salient issue that faces the US healthcare field is the nursing shortage. Significant numbers of RN prepared nurses are FEN. FEN's are at increased risk of turnover due to many factors. These factors are rooted in difficulty transitioning into a new environment both culturally and professionally and may include the experience of nursing practice in the US, demands of

immigration, and the FEN's resilience. The ultimate outcome for FEN transitioning into the US healthcare system is successful acculturation (VIA) and achieving optimal personal well-being.

CHAPTER II: REVIEW OF THE LITERATURE

Nursing experts and healthcare administrators suggest that the number of FEN relocating to the US and practicing nursing will continue to grow (Aiken 2007; Carberry 2007; Heyne et al. 2009; Moyce, Lash, & Lou 2016). Considering the needs of FEN through their transition to living and working in the US is imperative for FEN hiring companies (Chege & Garon, 2010; Goździak, 2015; Kawi & Xu 2009; Zizzo & Xu 2009). To further understand the needs of FEN during the transitioning process current literature presents many inhibitor/obstacles and existing facilitators.

FEN Transition

A comprehensive literature search was conducted to identify previous research that addresses the demands of immigration for a successful transition. Few exclusion criteria were imposed to gather a robust body of evidence. The search focused on presenting barriers to FEN successfully transitioning in the US. Sources which did not discuss the barriers or facilitators to FEN successfully transitioning into the US healthcare system were removed. Due to the author being fluent in the speaking, writing, and reading of both the English and Polish languages, sources written in English and Polish were included.

The literature search initially was conducted by examining six popular health science databases. Electronic databases included: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, and Embase, from January 2000 to December 2018. Concurrently, a Google Scholar (<http://scholar.google.com/>) search was also reviewed. The author reviewed abstracts carefully to establish a variety of high and low-quality evidence-based material. Based on the research many studies were found documenting DI of FEN

transition. Both qualitative and quantitative studies were effectively scored based on the RE-AIM model (King, Glasgow, & Leeman-Castillo, 2010). The RE-AIM (Research, Efficacy, Adoption, Implementation & Maintenance) model was used to organize the findings and compute a study quality score (SQS) for the 21 reviewed articles (Glasgow, Vogt, & Boles 1999). On a scale from 1 to 61, the raw SQSs for all reviewed studies ranged from 24 (26%) to 58 (74%). All articles included in this study attained an acceptable score by the standards.

Based on the research many studies were found documenting DI of FEN transition. Articles not related to the topic, letters to the editor, commentaries, systematic reviews, articles that did not explore barriers, facilitators, and/or transitioning programs, and sources not written in English or Polish were excluded. All included studies were conducted in the US. Seven articles that were unable to be accessed were excluded from the literature search. Twenty-one (21) studies were included in this review exploring the outcomes of FEN transition related to DI.

Demands of Immigration (DI)

The demands of immigration (DI) scale identifies six broad categories generated and validated in instrument development (Aroian et al., 1998). These categories have been found to be associated with demands of immigration that were supported in the literature as relevant to FEN success: language accommodation, not feeling at home, novelty, loss/stress, discrimination, and occupational adjustment (Aroian et al., 1998). Studies included qualitative (n = 14), quantitative cross-sectional (n = 1), quantitative comparative descriptive (n = 2), one quantitative descriptive correlational (n = 1), and literature review (n = 3). All of the selected studies were non-experimental and all of the studies examined the existing demands of immigration obstacles hindering FEN successful transition. Eighteen studies reported the gender of the participants.

Language Accommodation

The most commonly reported barrier to workforce transition for FEN was found to be communication. Improved acculturation, increased satisfaction, and increased contributions in the work environment resulted from improved communication skills (Ho, 2015; Jose, 2008; Lin, 2014; Ma et al., 2010; Primeau, Champagne, & Lavoie-Tremblay, 2014). Nurses without English language competency had decreased work performance (Ma et al., 2010; Yi & Jezewski, 2000). Outcomes such as difficulty in practice, feelings of isolation, decreased self-esteem, decreased sense of professionalism, decreased feelings of authority, confidence, and decreased integration into practice have been shown to result from a lack of English language proficiency (Beechinor, & Fitzpatrick, 2008; Ho, 2015; Jose, 2008; Lin, 2014; Ma et al., 2010).

There is a noted cultural deficiency for FEN related to non-verbal communication as well as accent and rate of speech. Telephone conversation was found to be a major area of conversational breakdown between FEN and providers (Ho, 2014; Sherman & Eggenberger, 2008; Smith & Yi & Jezewski, 2000). Increased difficulty in both spoken and written communication was identified in FEN for whom English was not their first language (Ho, 2015; Jose, 2008; Ma et al., 2010). Also, one study found that difficulty in communicating professional ideas and knowledge was likely due to insufficient English vocabulary (Giegerich, 2006).

Three relevant syntheses of the literature were reviewed and all were found to include communication as one of the major inhibitors of transitions (Davis & Kritek, 2005; Primeau, Champagne, & Lavoie-Tremblay, 2014; Zizzo & Xu; 2009;). Language constraints among FEN were found to be very problematic due to the complexity of clinical practice. Jargon, slang, accents and technical terminology of medications and equipment presented a challenge for FEN

(Rosenkoetter, Nardi, & Bowcutt, 2017; Thekdi, Wilson, & Wu, 2010). Primeau and colleagues (2014) pointed out that some non-verbal communication, such as smiling or eye contact, were challenging to understand for some FEN. More specific communication that presented FEN with difficulty included telephone orders (Davis & Kritek, 2005; Zizzo & Xu, 2009). FEN supervising managers received complaints from physicians that FEN was taking too long to talk and the physician had to repeat part of the conversation several times (Davis & Kritek, 2005; Primeau et al., 2014). Furthermore, inadequate language and communication skills were recognized as the common root cause of issues related to patient safety and quality of care (Wheeler, Foster, & Hepburn, 2013). NCLEX and English Proficiency test achievement does not guarantee effective communication skills while working in a healthcare setting (Wheeler, Foster, & Hepburn, 2013 & 2014; Wolcott, Llamado, & Mace, 2013). Furthermore, Xu and colleagues (2010) found that language and communication are significant barriers that hinder successful FEN transition. They suggested the development and testing of an evidence-informed program to facilitate the successful adjustment of FEN to their new work environment.

Novelty and Not Feeling at Home

Not feeling at home was an experience that occurred both personally and in the workplace. The majority of the studies describe FEN feeling lonely and confused, with emotional and sentimental feelings when thinking of their homeland. These feelings included missing people and places that they left behind (Giegerich, 2006; Ibitayo, 2011; Jose, 2008; Ma et al., 2010; Primeau et al., 2014; Rosenkoetter, Nardi, & Bowcutt, 2017; Sherman & Eggenberger, 2008; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011; Wheeler, Foster, & Hepburn, 2013; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011; Wheeler, Foster, & Hepburn,

2013; Xu et al., 2010; Yi & Jezewski, 2000). In literature, this phase is identified as stage two: The distressed phase, of culture shock (Barker, 1990).

Primeau and colleagues (2014) described the feeling of culture shock faced by FEN as a “feeling of displacement.” In this study culture, shock included expectations, communication styles (verbal & non-verbal), intrapersonal relationships, attitudes towards coworkers and elderly, belief systems and independence (Primeau et al., 2014). The theme of cultural displacement was also found in research by Ho (2015), who used semi-structured in-depth interviews of FEN in the US who were born in Kerala, India (n=10), to explore race, gender, and immigration in their personal and work lives. This study was limited by studying only women from one setting.

Some studies suggested that FEN preconceived idealistic pictures of a new workplace may have negative effects during their arrival. Some FEN may realize that what they expected may differ with their actual experience upon arrival. This realistic picture may often result in a severe culture shock (Rosenkoetter, Nardi, & Bowcutt, 2017; Sherman & Eggenberger, 2008; Wolcott, Llamado, & Mace, 2013; Yi & Jezewski, 2000).

Lin’s (2014) qualitative approach study on the employment of Filipino FEN in the US and their adjustment to the US culture and the healthcare system included six inhibitors: language barriers, discrimination, adapting to US nursing practices, learning social customs, need for acculturation, and developing work ethics. The study concluded that perceived cultural differences between citizens of the US and the Philippines influence how these FEN’s adjusted to US nursing (Lin, 2014). Other cultural differences included lack of confidentiality policy in

the Philippines, lack of nursing autonomy and assertiveness and lack of customer service toward patients in the Philippines (Lin, 2014).

Some research identified that an important aspect in improving FEN transition was to encourage FEN to seek clarity and/or the information and acknowledge of the cultural considerations related to structure (Davis & Nichols, 2002; Hayne, Gerhardt, & Davis, 2009). Fear of humiliation or presumed incompetence related to asking too many questions was found among FEN (Hayne, Gerhardt, & Davis, 2009; Xu et al., 2010).

Loss

Hayne, Gerhardt, and Davis (2009) state that various coping methods may be employed to mitigate stress arising from in part in the work environment that FEN undertake, due to exposure to a new setting. Loss of confidence is one of the stressors that can either manifest in or out of the workplace (Hayne, Gerhardt, & Davis, 2009). Variables such as personality and family status may interact with the worker's perception of stress during the first week of acculturation (Ibitayo, 2011). Ibitayo (2011) discussed that missing home and lack of confidence as a nurse in new settings was the source of stress in FEN. Social support is a major intervention to ameliorate the negative effects of missing home (Ibitayo, 2011).

Beechinor and Fitzpatrick (2008) in their research observed the burdens of transition on nurses from Canada and from the Philippines who were migrating to the US. To measure the strains, the researchers used the Aroian's DI scale and 73 participants completed the scale. Higher levels of distress were correlated with higher scores related to the transitioning process (Aroian et al., 1998). The results of the study displayed that the Canadian group reported

significantly higher ache due to loss than did the Filipino group. However, the Filipino group also reported anguish due to loss, language difficulties, and not feeling at home.

Primeau and colleagues (2014) concluded that FEN experience high amounts of stress during the transitioning period. FEN-related this feeling as one that has a negative impact on their self-esteem. In this study, FEN described stress as feeling lost between two worlds and they questioned self-ability to function successfully within the US (Primeau et al., 2014).

Discrimination and Facilitating Integration

Ibitayo's (2011) participants described their experiences of discrimination in the US work environment as rather traumatic. Not all discrimination occurred at the beginning of the transition process (Ibitayo, 2011). One participant experienced overt racism in the form of strange looks and laughs (Ibitayo, 2011). Other articles mention FEN feeling alienated by the rest of the nursing staff (Primeau et al., 2014; Smith & Ho, 2014). Feelings of being left out and not fitting in while at work were also highlighted a lack of support (Primeau et al., 2014; Thekdi, Wilson, & Wu, 2011). FEN also felt discriminated against. This was described in the literature as being treated as outsiders, second-class citizens and treated with less respect (Ibitayo, 2011; Ma et al., 2010; Smith & Ho, 2014).

The majority of FEN who did not have fellow nurses and friends in the community who are from their home country, a place to worship and practice religion, and feel safe living in the US, reported a negative impact during their transitioning to the US (Ibitayo, 2011). This is similar to findings in other studies where having family and friends from the FEN home country (Hayne et al., 2009; Lin, 2014; Smith & Ho, 2014) and social support systems (Blythe & Baumann, 2009) contributed positively to FEN relocation experiences in a new country.

Hayne, Gerhardt, and Davis (2009) reported that good housing and work environments can be assisted by strong personal resources. FEN reported higher levels of self-care and that their standard of living had improved. The study also showed the importance of providing support to FEN by including additional resources such as help finding a job for a spouse, day care, transportation and stable support systems with fellow nurses. Lack of those considerations has a negative impact during the FEN transition (Hayne, Gerhardt, & Davis, 2009).

Several studies have shown that having family and social support systems in the US assist FEN in successfully transitioning into the US culture and US healthcare system (Bae, 2012; Davis & Nichols, 2002; Jose, 2008; Lin, 2014). Other studies supported the family and social environment concepts as an important part of the transition process (Giegerich, 2006; Jose, 2008; Lin, 2014). FEN successful transition in the US may require affiliation in not only ethnic networks, but also local networks that will provide FEN with practical information about local neighborhoods, childcare, and the workplace (Lin, 2014).

During the “settling down” phase following the arrival to a new country, additional support was perceived as being very important by international nurses (Ma et al., 2010; Smith & Ho, 2014; Zizzo & Xu, 2009). Seven of the 20 programs included some form of logistics support related to becoming familiar with new living and working environments for FEN and five actually provided the support (Zizzo & Xu, 2009). Assistance finding lodging arrangements, getting picked up at the airport, receiving help in finding local grocery stores, setting up bank accounts, and locating pastoral services improved FEN perception of their employers (Ma et al., 2010; Smith & Ho, 2014; Zizzo & Xu, 2009).

Occupational Adjustment

Sherman and Eggenberger's (2008) qualitative study described the transition experiences and challenges of FEN in the US using semi-structured interviews with a purposive sample of FEN from seven countries (n=21), nurse managers with experience managing FEN (n=10), and two experts. Four themes relevant to occupational adjustment emerged from the nurse leaders: cultural challenges during the transition; leadership support significance, recruited FEN's orientation needs; and the internally recruited nurses' contributions to the unit. Differences in nursing practices, issues while transitioning to the US workforce culture, and orientation educational needs were the three themes that emerged from the interviewed FEN. Fear of litigation was found to be the largest transitioning challenge for the FEN (Sherman & Eggenberger, 2008).

For successful integration into the health workforce, Lin (2014) suggested that transitioning programs are a helpful aid to FEN at the beginning of the acculturation process. Hayne, Gerhardt, and Davis (2009) studied Filipino nurses in the US (n=15) and key stakeholders using the 'Nursing Work Index-Revised and Occupation Stress' instruments, finding that investing in the family and work life of Filipinos increased job satisfaction and promoted adaption to a new environment. The study suggested solutions including mentorships, frequent meaningful progress reports with supervisors, extended and substantive orientation processes, and fostering an environment that promotes professional growth and competence. More extensive orientation with relation to technical equipment and the implementation of specific therapies was deemed necessary in order to bridge any gaps that may have arisen from

differences in the way FEN were taught and trained, and how practices are completed in the US (Hayne, Gerhardt, & Davis, 2009). The study's major limitation was its small sample size.

In Zizzo and Xu's (2009) literature review, any study employing a preceptor, mentor or any other equivalent figures to provide personal guidance for FEN, was deemed as having a mentorship component. Several studies were interested in mentorship because it is generally recognized as one of the critical factors for the successful adaptation of FEN (Giegerich, 2006; Jose, 2008; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011; Xu et al., 2010).

Yi and Jezewski (2000) identified the initial adjustment phase of a FEN to a US hospital took two to three years to complete. The fundamental classification that developed during the study included FEN adjustment to the US the healthcare system as an essential part of their successful transition (Yi & Jezewski's, 2000). The study's limitation was the sample was comprised of one ethnic group.

Davis and Kritek (2005) revealed common methods for assisting the FEN to acclimatize to a new work environment in a survey of over 650 US nurse executives. Mentors and preceptors were the primary intervention tool used. Secondary methods utilized included extensive orientations, clinical assessments, and English classes (Davis & Kritek, 2005). Other tools found to be useful included cultural workshops for the staff, an introduction to US healthcare, housing assistance, assertiveness training, computer training, and social training (Davis & Kritek, 2005). English competency was identified by executives as the most important transition for a FEN. However, the majority of the interventions used in the study included clinical skills and competency evaluations, as well as the use of technology, and familiarity with US nursing practice and medications (Davis & Kritek, 2005).

Several studies demonstrated the importance of specific training requirements regarding the US healthcare system as positively influencing FEN transition (Davis & Kriek, 2005; Giegerich, 2006; Ho, 2015; Jos, 2008; Ma et al., 2010; Zizzo & Xu, 2009; Yi & Jezewski, 2000). In the Giegerich study (2006) participants stated that technology training (37.5%), US healthcare information (56.4%) and cultural information (50 %) would make the transition process easier.

In Giegerich's study (2006) 56.4% of participants admitted that an orientation program for FEN would make their transition process easier. These results were similar to other studies that recommended to include language tutoring and culturally sensitive education to nurture attainment that may improve the quality of care and safety in the healthcare setting (Ma et al., 2010; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011). As part of the occupational adjustment, it should be imperative for FEN to recognize the standard nursing practice in their new work setting and to assimilate their old practice into the US healthcare system.

Resilience

Resilience is described as an individual's ability to recover or to survive despite hostile conditions and setbacks (Rutter 2008; Zautra, Hall, & Murray 2010). Some studies describe resilience as a character attribute (Campbell-Sills, Cohan, & Stein 2006; Fredrickson, Tugade, Waugh, & Larkin 2003) while others refer to resilience as a vibrant process (Luthar 2006). A more commonly used definition of resilience includes an attribute of emotional strength. People who are described as resilient are said to be able to persevere during overwhelming and challenging life circumstances. Combined, the attributes of resilience are referred to as transition facilitators in the Meleis transitions theory (Meleis & Trangenstein, 1994; Schumacher & Meleis, 1994). In accordance with the transitions theory, transition facilitators are those factors that bring

about successful transitioning (Meleis & Trangenstein, 1994; Meleis et al., 2000; Schumacher & Meleis, 1994). Like resilience, successful transitioning can also be conceptualized as a balance of personal characteristics and transition condition (Meleis, 2010).

Nurses, in general, are faced with an assortment of occupational challenges, including errors due to lack of appropriate staffing, lack of support, high client acuity, and extended hours (Dunton et al. 2007; Kane et al. 2007; Rogers et al. 2004). Occupational challenges also include horizontal violence from their colleagues, violence from clients and their families, and sexual harassment (Roche et al. 2010; Roberts, DeMarco, & Griffin 2009). In addition to occupational challenges, FEN is also faced with the demands and obstacles involved in the process of immigration. Even the most resilient person can be broken down when tested repeatedly. Occupational challenges, psychological emptiness, a diminishing inner balance, and a sense of dissonance in the workplace are the vital causative factors that affect resilience in professional nursing practice (Glass 2009; Hodges et al. 2008; Kornhaber & Wilson 2011).

Well-Being

Well-being is defined here as a concept focused on FEN quality of life (QoL). Well-being and happiness are often interchanged for QoL in the literature (Frisch, Cornell, Villanueva, & Retzlaff, 1992). Visualizing well-being through the lens of QoL is often seen in healthcare sciences including medicine, sociology, psychology, and nursing and applied in medical contexts (Lent, 2004). Larsen's (2007) phenomenological study explored the understanding of discrimination's impact on the well-being and career progression of FEN. Undermining of FEN self-confidence and professional effectiveness resulted from significant racial discrimination (Larsen, 2007).

Acculturation

Acculturation refers to the adaptations a person develops, through both active and passive methods, from people of different cultures, groups and social influences (Gibson, 2001). The process of acculturation is two-fold. It involves the individual's own cultural beliefs as well as the psychological change that occurs from involvement with individuals from differing cultures (Gibson, 2001). These changes can be measured and observed through various concepts including behaviors, values, attitudes, and the individual's own sense of primary cultural identity (Ryder et al., 2000). In many cases, the study of acculturation is performed on immigrants, migrants and asylum seekers that are living in countries not native to them (Sochan & Singh, 2007). Acculturation is also referred to as biculturalism. Individuals that are considered bi-cultural are found to have better adjustment, lower depression rates, higher self-esteem, and more pro-social behaviors (Chen, Benet-Martinez, & Bond 2008). People that are considered bi-cultural are able to more easily adapt to opposing beliefs and are capable of assimilating these beliefs into their own value system (Tadmor et al., 2009).

The current literature suggests that FEN use the process of adaptation and assimilation, through both internal and external factors, during the acculturation process (Daniel et al., 2001; DiCicco-Bloom, 2004; Ea et al., 2008; Magnusdottir, 2005; Withers & Snowball, 2003; Yi & Jazewski, 2000). Some of the factors identified include that of the individual's own ethnic identification, the age of the individual on arrival to their new host country, as well as the length of residency within the host culture (De la Cruz et al., 1998, 2000; Kahn et al., 1997). In this study, weeks of US nursing practice and demands of immigration were examined as a potentially correlated of acculturation.

Summary

This literature review focused on the barriers and facilitative factors related to FEN successful transition into US workforce culture. All articles were either written in English or Polish. All studies were conducted in the US. Research regarding the specific factors of demands of immigration, resilience, and weeks of US nursing practice was reviewed. Related research related to the successful transition of FEN in terms of acculturation and well-being was also reviewed. Interventions identified to improve FEN transition into the US workforce emphasized transitioning programs that included mentorships and or communication education, extended orientations, and culturally-based workshops. While there was a lack of research in which factors were examined together for their combined influence on successful transitioning, findings from individual studies indicated the demands of immigration is likely to influence FEN transition. Also, research results suggested that length of time in US practice and resilience may have an influence on successful transitioning of FEN.

CHAPTER III: METHOD

Research Design

The purpose of this quantitative, descriptive correlational study was to assess the relationships between the independent variables of FEN *weeks of US nursing practice*, *demands of immigration* (DI), and *resilience* (RS-14), AND each of two dependent variables of *well-being* (W-BQ12) and *acculturation* (VIA). An online survey questionnaire format was used to collect the data. This method allowed the researcher to inquire about FEN participants' opinions, attitudes, and behaviors through standard questionnaires. The population of interest included nurses who received their education in a country other than the US and immigrated to the US less than two years ago.

Descriptive and correlational designs were types of non-experimental designs (Marczyk, DeMatteo, & Festinger, 2005). Descriptive research describes characteristics such as who, what, where, and when (Lane, 2008). Quantitative methodologies detect precise, perceptible variables in a distinctive study (Babbie, 2013). Noticing exact variables and probable associations, conceivable effects, or possible interactions amongst the variables, provides results that were more generalizable than results that were obtained from qualitative methodologies (Babbie, 2013). A descriptive design will be appropriate as this study will not include an intervention (Frodge, 2007). Furthermore, a descriptive, correlational research design was chosen as it helped to determine potentially significant relationships that may subsequently be used to formulate causal links between variables in future research (Brown, 2005).

Sample and Setting

The sample size for this study was determined through power analysis using an effect size calculator and G*power (Faul, Erdfelder, Buchner, & Lang, 2009). As a rule of thumb, in regression analysis, there should be 10 cases for each independent variable (Field, 2013). In order to reach a correct decision about the regression parameter, a power analysis was conducted to assess the effect size, power, and sample size. According to the G*Power calculation, with an effect size of .15 and power of .80, the required sample size was 55.

Participants

Based on the research done by Ryan (2010), nurses with a minimum nursing experience of two years or more in the US were asked to participate. The initial period extending up to two years of job acceptance relatively remains a transition period for FENs to settle in a new work environment.

Inclusion Criteria

In this study, any male or female nurse over the age of 18, who was born and completed their education in a foreign country was included. Participants had to be currently working as a nurse in any healthcare setting (full-time or part-time) for less than two years. Nurses who did not meet these criteria were excluded from the study.

Exclusion Criteria

FEN nurses who had their basic nursing education in the US, nurses with English as a primary language and those who have been working within US health care settings for more than two years were excluded from this study.

Protection of the Rights of Human Subjects

The Institutional Review Board (IRB) Human Subjects Committees at the University of Arizona reviewed the current study and granted approval (Appendix A). FEN receive preliminary introduction material with a brief description of the study, the surveys, and the tentative timeline, as well as a description of inclusion and exclusion criteria. All participants were made aware of the voluntary nature of this study. Completion of the questionnaire will be considered consent to participate. English comprehension of FEN was established as all participants who successfully passed the Test of English as a Foreign Language (TOEFL) upon their arrival to the US.

Instrumentation

Demographic Survey

The demographic questions included: age, gender, country of birth, education level, employment status, current position, and weeks of work experience in professional nursing in the US. Appendix E provides an illustration of the demographic survey.

Demands of Immigration (DI) Scale

The 23-item demands of immigration (DI) scale developed by Aroian and colleagues (1998), was utilized to measure the demands on immigrants included in Aroian's conceptualization. Subscales include: (a) loss; (b) novelty; (c) occupational adjustment; (d) language, including the ability to be understood; (e) discrimination; and (f) not feeling at home (Aroian et al., 1998). Each item was rated on a scale of '1' (not at all) to '6' (very much); thus, total scores may range from 0-69. The reliability estimates in previous research (Cronbach's alpha) ranged from .82 to .95. Construct validity was demonstrated by significant correlations

with psychological measures of depression and somatization (Aroian et al., 1998). Appendix F provides the permission to utilize the scale for this study.

Resilience Scale (RS-14)

The resilience scale (RS-14) was developed to evaluate levels of resilience in the general population. The resilience (RS-14) was developed by combining items retained from the original RS with the highest inter-item correlations, and those that also measured the five characteristics of resilience (RS-14). The five characteristics of resilience (RS-14), termed the resilience (RS-14) core, was made up of the following: meaning and purposeful life (Items 2, 9, & 13), perseverance (Items 6 & 8), equanimity (Items 3 & 10), self-reliance (Items 1, 5, 7, 12, & 14), and existential aloneness (Items 4 & 11) (Wagnild, 2003). Each item was rated on a Likert-type scale of '1' (strongly disagree) to '7' (strongly agree); thus, total scores may range from 14 to 98. Higher scores of RS-14 was indicative of superior perceived resilience (RS-14).

The scale has been validated in an extensive variety of populations comprising adolescents (Black & Ford-Gilboe, 2004) and older populations (Wagnild, 2003) as well as numerous ethnicities and various languages (Ahern et al., 2006; Abiola & Udofia 2011; Ruiz-Parraga et al., 2012). RS internal consistencies estimated by Cronbach's alpha ranged from .72 to .94 (Ahern et al., 2006; Abiola & Udofia 2011; Damasio et al., 2011; Ruiz-Parraga et al., 2012). Appendix F provides a copy of the permission to utilize the scale for this study.

Well-Being Questionnaire (W-BQ12)

The 12-item well-being questionnaire (W-BQ12) was developed as a generic measure of several aspects of psychological well-being. The W-BQ12 was constructed with three four-item subscales: negative well-being (NWB), energy (ENE), positive well-being (PWB); and the 12-

item overall scale general well-being (GWB). Three characteristics of well-being were included in the W-BQ12. They include: negative well-being (items 1-4), energy (items 6-7) were reversed and then sum up with 5-8 to produce a total energy score, and positive well-being (items 9-12). Each item was rated on a scale of '3' (all the time) to '0' (not at all). The negative well-being (W-BQ12) scale score was reversed and then added with energy and positive well-being items. The sum of all items produces the general well-being score (0-36), with a higher score being indicative of a greater sense of general well-being.

Poewwret and colleagues (1999) found W-BQ12 to be a reliable and valid measure of psychological well-being. W-BQ12 test-retest reliability ranged from .66 (PWB) to .83 (GWB), with a mean interval of 66 +/- 14 days. Convergent validity of the W-BQ12 scales was supported by high correlations with other measures of effect (Poewwret et al., 1999). This short instrument was easy to administer and may be considered a useful tool for both clinicians and researchers to assess the psychological well-being of patients. Mitchell and Bradley (2001) found W-BQ12 high Cronbach's alpha coefficients demonstrates good internal consistency reliability in the entire scale (alpha = .87) and in subscales (alpha > .78). The W-BQ12 scale was validated in a wide range of populations including older adults (Adriaanse et al., 2004) and young adults (Pires-Yfantouda & Evangelis, 2012) and in many ethnicities and various languages (Adolfsson et al., 2014; Poewwret et al., 1999; Watrowski & Rohde, 2014). Appendix E provides the example of the 12-item well-being questionnaire (W-BQ12) and Appendix F has a copy of the permission to utilize the scale for this study. Permission was granted for use of this scale.

The Vancouver Index of Acculturation (VIA)

The Vancouver index of acculturation (VIA) scale assesses interest or participation in one's "heritage culture" and "typical American culture" through 20 items. Each of the two cultural subscales has 10 items, which were alike in wording except for the culture referenced. These items measure three domains of acculturation: social relationships, values, and faithfulness to traditions. The VIA items were appraised based on a nine-point Likert-type scale ranging from '1' (strongly disagree) to '9' (strongly agree) and total score range 20-180.

Reliability for the VIA was adequate. Ryder and colleagues (2000) measured VIA reliability by means of Cronbach's alpha coefficients and mean inter-item correlations. Internal consistency (alpha) coefficients were .79 for the six-item Heritage subscale (mean inter-item $r = .40$) and an alpha of .75 for the six-item Mainstream subscale (mean inter-item $r = .34$). Huynh, Howell, and Benet-Martínez (2009), using bivariate correlations, found that variability and reliability estimates were associated with scale length, gender, and ethnic composition of the samples. Their multiple regression findings show that when used in the United States, users can be sure of the reliability of scores. Vancouver index of acculturation (VIA) has produced alphas above 0.80 on both the non-dominant and dominant culture scales across many different samples (Huynh, Howell, & Benet-Martínez, 2009). The VIA was validated in a wide range of populations (Ahrold & Meston, 2010; Asvat & Malcarne, 2008; Brotto et al., 2005; Choi, Miller, & Wilbur, 2009) and in many different ethnicities and languages (Asvat & Malcarne, 2008; Brotto et al., 2005; Cheung, Chudek, & Heine, 2011). The VIA was available online. Appendix E provides the example of the Vancouver index of acculturation (VIA). Permission was not needed to use this instrument; the author only requested that proper attribution be cited.

Data Collection Procedure

The sample of FEN nurses throughout the US was obtained through personal contacts and snowballing procedure. Snowball sampling was helpful in providing access to a population that was widely dispersed and difficult to access (Goodman, 1961; Rissell & Khavarpour, 1997). There were limitations to snowball sampling, including bias. In the snowball sampling strategy, the sample was not randomly selected and the sampling was responder-driven (Tyrer & Heyman, 2016). To help increase participation and to help alleviate the reliance on the respondents to the snowball sampling strategy, the use of strategic sampling was also included. In this approach, the researcher sent out email requests to various agencies that recruited FEN and posted the announcement on networking sites across the US to help publicize the survey (Appendix C). A website was used to help FEN find out information about the study and complete the survey. The agencies that were utilized as sources of potential participants included: a) online via email sources from O'Grady Peyton International (approximately 320 FEN), Upwardly Global (approximately 32 FEN), Global Medical Recruiting (approximately 110 FEN); b) online via Facebook: from International Healthcare Leadership and Development Association (approximately 500 FEN), Conexus MedStaff LLC (approximately 400 FEN), American Staffing Association (approximately 310 FEN), Missouri Nurses Association (approximately 40 FEN), American Staffing Association (approximately 175 FEN), Avant Healthcare Professionals (approximately 200 FEN), Global Medical Recruiting (approximately 110 FEN), Translate Nursing LLC (approximately 50 FEN).

The demographic survey, demands of immigration (DI) scale, resilience (RS-14), 12-item well-being questionnaire (W-BQ12) and the Vancouver index of acculturation (VIA)

questionnaires were entered electronically on SurveyMonkey©. The W-BQ12 and VIA were placed first so as to minimize the influence of the other scales on the respondents' ratings of their well-being (W-BQ12) and acculturation, followed by the DI and resilience scales.

An email (Appendix D) that was sent to all identified participants at the beginning of the data collection included an introduction, purpose of the study, a timeframe by which the survey should be completed, the informed consent form (Appendix B), and contact information (Brown, 2005). A hyperlink to a secure internet survey conducted by SurveyMonkey© was also included in the email.

Participants had four weeks to access and complete the surveys available to them via SurveyMonkey©. The four-week time frame was considered a judicious period in which the survey should be completed. Respondents gained access to the surveys through a link provided in the email sent to all the participants. A reminder to complete surveys was sent to all participants at the two-week mark (half-mark) (Appendix D).

Data Integrity

Risks to participants were minimal and mainly involved a breach of confidentiality and the inconvenience of completing the study questionnaires. The researcher described efforts to protect participant confidentiality including de-identifying data. All of the data proposed in this study were housed on a secure computing server. The data analysis was completed on the author's individual computer, which was password protected and located in a locked office within the home office. No physical data was stored by the researcher. Any printed results of data analysis were kept in a locked office or discarded to a secure shredder. No printed or electronic data was transmitted out via the Internet, email, or any other mode. The researcher

maintained the security of the server by completing nightly and weekly backups. The researcher maintained a secure firewall, antivirus software, and other software updates. Since SurveyMonkey© was used to collect data, the researcher blocked internet protocol (IP) addresses to further secure participant confidentiality. If participants decided to withdraw from the study please, they were instructed to close the internet browser before completing their survey. Only complete surveys were included in the study, and others were deleted.

Data Analysis

Upon the completion of data collection, data from the SurveyMonkey® website was exported into Microsoft Excel for formatting. Once the formatting was complete, the Excel file was transferred into Statistical Package for Social Sciences (SPSS) version 25 (IBM Inc., Chicago, IL, USA). The reliability of each instrument in the current sample was estimated using Cronbach's alpha coefficient. Frequency distributions were analyzed and range of scores, standard deviations and standard error of the means were calculated to measure the dispersion of the data. If dependent variable data were not normally distributed, data were transformed to meet assumptions of multiple regression statistics. Descriptive statistics and Pearson's correlations were used in the initial analysis of the data. For Research Questions 1 and 2, correlation and multiple regression analyses were used. Rowntree's (1981) interpretation of correlation coefficients was used in discussing the magnitude of the relationships found in the results: .0 to .2 very weak, negligible; .2 to .4 weak, low; .4 to .7 moderate; .7 to .9 strong, high; .9 to 1.0 very strong, very high.

Summary

The methodology of this study was quantitative and descriptive correlational in nature. The author demonstrated the relationships between weeks of US nursing practice, demands of immigration (DI), resilience (RS-14), and well-being (W-BQ12) and acculturation (VIA). Participants were selected via a voluntary basis. Inclusion criteria were being born and being licensed in a country other than the US, currently working as a nurse, and must have migrated to the US within the last two years. A demographic survey, demands of immigration (DI) scale, resilience RS-14, well-being (W-BQ12), and acculturation (VIA) were utilized to determine FEN experiences and show correlations among the concepts being analyzed. The data collected was ethically handled and maintained using rigorous and substantive protective measures.

CHAPTER IV: RESULTS

The results of this study are presented in this chapter, organized into two sections. The first section presents the demographic data and descriptive statistics of the sample, and internal consistency to estimate the reliability of the study instruments. The second section provides the results of the inferential statistics to address the research questions, using bivariate correlations and regression analyses to examine relationships between the independent variables of FEN weeks of US nursing practice, demands of integration (DI), and resilience (RS-14); and the dependent variables of well-being (W-BQ12) and acculturation (VIA). The dependent variable of well-being (W-BQ12) was normally distributed, however, acculturation was not. A log10 transformation was done to obtain a normal distribution of acculturation scores (Kolmogorov-Smirnov test, $p > .05$) prior to analyses to address the research questions.

Sample

The sample consists of 60 participants, who identified themselves as foreign educated nurses. The data of the sample were summarized in Table 1, with respect to gender, birthplace, age, degree, weeks of US nursing practice and employment status.

TABLE 1. *Demographics of the sample.*

	Category	N	Percent
Gender	Male	15	25
	Female	45	75
Birth Place	Philippines	23	38.3
	Nigeria	6	10
	Poland	4	6.6
	Russia	4	6.6
	India	3	5
	Cameroon	3	5
	Saudi Arabia	3	5
	Egypt	2	5
	South Africa	2	3.3
	Germany	2	3.3
	Pakistan	2	3.3
	Kenya	1	3.3
	Brazil	1	1.6
	Turkey	1	1.6
	Slovakia	1	1.6
Italy	1	1.6	
South Korea	1	1.6	
Age	Mean Age	32.6	
	SD	6.44	
	Range	22 - 45	
Degree	Diploma	0	0
	Associate degree	12	20
	Bachelor degree	43	71.6
	Graduate degree	5	8.3
Weeks of US nursing practice	Mean	32.78 weeks	
	SD	21.17	
	Range	0 - 87 weeks	
Employment	Full time (36 or more hours per week)	53	88.3
	Part time (less than 36 hours per week)	6	10
	Per Diem (on as needed basis)	0	0
	No working as of now.	1	1.6

Of the 60 participants, 45 (55% of the sample) identify themselves as female and 15 (45%) as male. All of the participants were born outside the US with the highest number (N=23) from the Philippines and the next highest (N=6) from Nigeria. See Table 1 for other places of participants' birth. The mean age of the participants was 32.6 (SD = 6.44) with a range from 22-

45 years of age. The majority of participants had a bachelor degree (n=43), 12 had an associate degree in nursing, and five of the participants held a graduate degree in nursing.

The mean number of weeks practicing nursing in the US was 32.78 (SD=21.17) with a range of weeks from 0 to 87. The majority of participants (N=53 were employed full time (36 or more hours per week), with six participants employed part-time (less than 36 hours per week) and one participant reporting not currently working.

Instruments

The reliability of each instrument in the current sample was estimated using Cronbach's (1951) alpha coefficient. Table 2 illustrates the results of Cronbach's alpha obtained on all four of the instruments: 12-item well-being questionnaire (.93), The Vancouver index of acculturation (.85), demands of immigration (.93) and 14-item resilience scale (.68). The instruments used in this study attained an acceptable or nearly acceptable reliability coefficient of .70 (Nunnally, 1978). In addition, the total scores (SD) on each instrument are reported in Table 2.

TABLE 2. *Ranges, total scores, means, standard deviations and Cronbach's alpha for key variables in the theoretical model (N=60).*

Scale	Possible Range of Scores	Actual Range of Scores	Mean	Standard Deviations	Cronbach's Alpha
12-Item Well-Being Questionnaire (W-BQ12)	0-36	1-34	18.75	8.2	.93
The Vancouver Index of Acculturation (VIA)	20-180	99-172	125.55	20.2	.85
Demands of Immigration (DI) Scale	0-69	16-69	51.55	13.8	.93
14- Item Resilience Scale (RS-14)	14-98	63-93	82.02	7.1	.68

Research Questions

For research questions 1 and 2, a first step was to analyze the bivariate correlations among the seven variables as measured by the Vancouver index of acculturation (VIA), 12-item

well-being questionnaire (W-BQ12), 14-item resilience scale (RS-14), demands of immigration scale (DI), interaction variable of demands of immigration (DI) X resilience (RS-14) (RS-14 X DI), age, weeks of US nursing practice. A summary of correlations is presented in Table 3.

TABLE 3. *Pearson correlation of study variables as related to each other (N=60).*

	The Vancouver Index of Acculturation (VIA) Using Log10	12-Item Well-Being Questionnaire (W-BQ12)	14- Item Resilience Scale (RS-14)	Demands of Immigration Scale (DI)	(RS-14) X (DI)	Age	Weeks of US nursing practice
The Vancouver Index of Acculturation (VIA) Using Log10	1	.69**	.29*	-.70**	.28**	.31*	-.18
12-Item Well-Being Questionnaire (W-BQ12)	.69**	1	.17	-.78**	-.005	.10	.24
14- Item Resilience Scale (RS-14)	.29*	.17	1	-.24	-.24	.24	-.21
Demands of Immigration Scale (DI)	-.70**	-.78**	-.24	1	-.088	-.12	-.08
(RS-14) X (DI)	.28**	-.005	-.24	-.09	1	.17	-.73**
Age	.31*	.10	.24	-.12	.17	1	.39**
Weeks of US nursing practice	-.18	.24	-.21	-.08	-.73**	.39**	1

** p < 0.01 level, * p < 0.05

The results of the sub-questions, in addition to the results for the overall question for research questions 1 and 2 are presented below.

Research Question 1

What combination of the following independent variables of weeks of US nursing practice, demands of immigration (DI), resilience (RS-14), and interaction variable (demands of immigration X resilience [DI X RS-14]) best explains the variance in FEN well-being (W-

BQ12)?

- a. What is the relationship between weeks of US nursing practice and FEN well-being (W-BQ12)?

The correlation between weeks of US nursing practice and FEN well-being (W-BQ12) was not significant ($r = .24$, $p > .05$), indicating that weeks of work experience and well-being have no significant statistical correlation.

- b. What is the relationship between the demands of immigration (DI) and FEN well-being (W-BQ12)?

The correlation between demands of immigration (DI) score and FEN well-being (W-BQ12) was significantly inversely correlated at ($r = -.78$, $p < .01$).

- c. What is the relationship between resilience (RS-14) and FEN well-being (W-BQ12)?

The correlation between resilience (RS-14 score) and FEN well-being (W-BQ12 score) was not statistically significant at ($r = .17$, $p > .05$).

- d. What is the relationship between the interaction variable (resilience [RS-14] X demands of immigration [DI]) and FEN well-being (W-BQ12)?

As shown in Table 6, the interaction variable (demands of immigration X resilience) was significantly inversely correlated with FEN well-being ($r = -.78$, $p < .01$).

- e. What is the relationship of weeks of US nursing practice, demands of immigration (DI), and resilience (RS-14) to FEN well-being (W-BQ12)?

Multiple regression analysis was used to examine the direct effects of three independent variables in predicting well-being. (The interaction variable was not included). Because there was no clear theoretical basis for regarding one independent variable as more important than

another in predicting well-being, a stepwise linear regression analysis was used to determine the best combination of variables predicting FEN well-being, entering all independent variables (weeks practicing in US, demands of immigration, and resilience) simultaneously into the equation to determine the final model. The results indicated that weeks of US nursing practice ($\beta = .18$), and demands of immigration ($\beta = -.76$) were significant predictors of FEN well-being, explaining 62% of the variance in FEN well-being ($R^2 = .64$, $\text{Adj. } R^2 = .62$, $(F(3, 56) = 33.02, p < .01)$). Resilience ($\beta = .026$) dropped out of the model. The Durbin-Watson statistic score of 01.06 indicated no autocorrelation and additional statistics indicated there was no multicollinearity (Field, 2005). A summary of correlations is presented in Table 4.

TABLE 4. *Multiple stepwise linear regression of FEN well-being on the variables weeks of US nursing practice, demands of immigration (DI), and resilience (RS-14).*

	B	SE	β	t	Sig.
Model (constant)	37.16	9.51		3.9	.000
Demands of Immigration	-.45	.05	-.76	-9.1	.000
Weeks of US nursing practice	.07	.03	.18	2.2	.030

Dependent Variable: WBQ12, $R = .78$, $R^2 = .64$, $\text{Adj. } R^2 = .62$, $p < .01$.

- f. What is the relationship of weeks of US nursing practice, resilience (RS-14), demands of immigration (DI) and the interaction variable (demands of immigration [DI] X resilience [RS-14]) to FEN well-being (W-BQ12)?

A stepwise multiple linear regression that included four variables (weeks of US nursing practice, resilience (RS-14), demands of immigration [DI] and the interaction variable [demands of immigration X resilience]) was conducted to determine the best model for predicting FEN well-being. Because there was no clear theoretical basis for regarding one independent variable as

more important than another in predicting well-being, a stepwise linear regression analysis was used to determine the best combination of variables predicting FEN well-being, entering all independent variables and including the interaction variable simultaneously into the equation to determine the final model. The results indicated that weeks of US nursing practice ($\beta = .28$), and demands of immigration ($\beta = -.74$) were significant predictors of FEN well-being, explaining 62% of the variance in FEN well-being ($R^2 = .64$, Adj. $R^2 = .62$, $F(4, 55) = 25.11$, $p < .01$). Resilience ($\beta = .03$) and the interaction variable (demands of immigration X resilience) ($\beta = .13$) both dropped out of the model. The Durbin-Watson statistic score of 01.61 indicated no autocorrelation and additional statistics indicated there was no multicollinearity (Field, 2005). A summary of correlations is presented in Table 5.

TABLE 5. *Multiple stepwise linear regression of FEN well-being on the variables weeks of US nursing practice, demands of immigration (DI), demands of immigration (DI) X resilience (RS-14) and resilience (RS-14).*

	B	SE	β	t	Sig.
Model (constant)	32.17	10.59		3.0	.004
Demands of Immigration	-.44	.05	-.74	-8.7	.000
Weeks of US nursing practice	.10	.05	.28	2.3	.030

Dependent Variable: WBQ12, $R = .80$, $R^2 = .64$, Adj. $R^2 = .62$, $p < .05$.

Research Question 2

What combination of the following independent variables of weeks of US nursing practice, demands of immigration (DI), resilience (RS-14), and interaction variable (demands of immigration X resilience [DI X RS-14]) best explains the variance in FEN acculturation (VIA)?

- a. What is the relationship between weeks of US nursing practice and FEN acculturation (VIA)?

The correlation between weeks of US nursing practice and FEN acculturation (VIA) was significant ($r = -.18, p > .05$), indicating no statistically significant relationship between weeks of US nursing practice and FEN acculturation (VIA).

- b. What is the relationship between the demands of immigration (DI) and FEN acculturation (VIA)?

The correlation between demands of immigration (DI) and FEN acculturation (VIA) was significant and inverse ($r = -.70, p < .01$).

- c. What is the relationship between resilience (RS-14) and FEN acculturation (VIA)?

The correlation between resilience (RS-14) and FEN acculturation (VIA) was significant at ($r = .29, p < .05$).

- d. What is the relationship between the interaction variable (demands of immigration (DI) X resilience [RS-14]) and FEN acculturation (VIA)?

The interaction variable (demands of immigration [DI] X resilience [RS-14]) was significantly correlated with FEN acculturation (VIA) ($r = .28, p < .01$).

- e. What is the relationship of weeks of US nursing practice, demands of immigration (DI), and resilience (RS-14) to FEN acculturation (VIA)?

The transformed (Log10) acculturation variable was used for this calculation. This analysis tested only the direct effects of the three independent variables in predicting acculturation (without the interaction variable). Because there was no clear theoretical basis for regarding one independent variable as more important than another in predicting acculturation, a stepwise

linear regression analysis was used to determine the best combination of variables predicting FEN acculturation, all independent variables (weeks of US nursing practice, demands of immigration, & resilience) entered simultaneously into the equation to determine the final model. The results indicated that demands of immigration ($\beta = -.72$) and weeks of US nursing practice ($\beta = -.24$) were significant predictors, explaining 53% of the variance in acculturation ($R^2 = .54$, Adj. $R^2 = .53$, $F(1, 58) = 33.95$, $p < .01$). Resilience did not enter the equation as a significant predictor of FEN acculturation. The Durbin-Watson statistic score of 1.67 indicated no autocorrelation and collinearity statistics indicated no multicollinearity. A summary of correlations is presented in Table 6.

TABLE 6. *Multiple stepwise linear regression of FEN acculturation (VIA) on the variables of weeks of US nursing practice, demands of immigration (DI), and resilience (RS-14).*

	B	SE	β	t	Sig.
Model (Constant)	2.006	.03		87.68	.000
Demands of Immigration (DI)	-.004	.00	-.72	-7.99	.000
Weeks of US nursing practice	-.001	.00	-.24	-2.62	.011

Dependent Variable: VIA, $R = .73$, $R^2 = .54$, Adj. $R^2 = .53$, $p < .01$.

- f. What is the relationship of weeks of US nursing practice, resilience (RS-14), demands of immigration (DI) and the interaction variable (demands of immigration [DI] X resilience [RS-14]) to FEN acculturation (VIA)?

The transformed (Log10) acculturation variable was again used for this calculation. Because there was no clear theoretical basis for regarding one independent variable as more important than another in predicting well-being, a stepwise linear regression analysis was used to determine

the best combination of variables predicting FEN acculturation, entering all independent variables (weeks practicing in US, demands of immigration & resilience, and the interaction of demands of immigration & resilience) simultaneously into the equation to determine the final model. The results indicated that demands of immigration ($\beta = -.72$) and weeks of US nursing practice ($\beta = -.24$) were significant predictors, explaining 53% of the variance in acculturation ($R^2 = .54$, Adj. $R^2 = .53$, $F(2, 57) = 33.95$, $p < .01$). Neither resilience nor the interaction of demands of immigration and resilience the equation as significant predictors of FEN acculturation. The Durbin-Watson statistic score of 1.67 indicated no autocorrelation and collinearity statistics indicated no multicollinearity. A summary of correlations is presented in Table 7.

TABLE 7. *Multiple stepwise linear regression of FEN acculturation (VIA) on the variables of weeks of US nursing practice, demands of immigration (DI), demands of immigration (DI) X resilience (RS-14) and resilience (RS-14).*

	B	SE	β	t	Sig.
Model (Constant)	2.302	.026		87.68	.000
Demands of Immigration (DI)	-.004	.00	-.72	-7.99	.000
Weeks of US nursing practice	-.001	.00	-.24	-2.62	.011

a. Dependent Variable: VIA, $R = .74$, $R^2 = .54$, Adj. $R^2 = .53$, $p < .01$.

Additional Analysis of Qualitative Data

At the end of the demographic survey, respondents were asked to answer an open-ended question: What is your biggest concern while transitioning to work in the United States as a nurse? Content analysis was used to examine the data. Five themes were identified. Exemplar responses and the frequency of each theme are listed in Table 8.

TABLE 8. *Themes.*

Theme and N (%) of Responses Reflecting the Theme	Supportive Data
Professional Resources N = 44 (73%)	Participants expressed: lack of support from management (N=13) nursing lack of knowledge about professional expectation (N=11) lack of support from mentoring (N=10) lack of understanding on how to get a new job as a nurse (N=7) lack of understanding of job performance review (N=1) work load (N=1) lack of support with registering kids to school (N=1) need of nice mentor (N=1)
Practice Knowledge & Skill N = 35 (58%)	Participants expressed: lack of knowledge about new nursing regulation/policy/standards (N=13) lack of understanding new nursing position and responsibilities (N=8) concerns about making medication errors (N=5) concerns about harming the patients/providing safe care (N=6) lack of understanding of medical insurance (N=2) lack of understanding of healthcare system (N=1)
Technology Knowledge & Skill N = 23 (38%)	Participants expressed: concerns about English language/communication (N=11) lack of knowledge of the medical equipment/technology (N=5) lack of knowledge of the medical/nursing terminology (N=4) lack of training in general (N=3)

TABLE 8 – *Continued*

Theme and N (%) of Responses Reflecting the Theme	Supportive Data
Relational Knowledge & Support N = 22(37%)	Participants expressed: discriminations/being accepted (N=16) lack of understanding of work relationship (N=2) “not fitting in” (N=3) anxiety about the adaptation process (N=1)
Cultural Support & Knowledge N = 8 (13%)	Participants expressed: concern about cultural difference (N=4) concern transitioning process to US culture (N=4)

The participant’s answers were categorized by the most common theme and reported based on the most common occurrence reported. The researcher identified five themes, listed from most to least frequent: professional resources, practice knowledge and skill, technology knowledge and skill, relational knowledge and support, and cultural support and knowledge.

Summary

The results of the regression analysis of 60 participants determined that weeks of US nursing practice and demands of immigration together were the best predictors of *both* FEN well-being and FEN acculturation. Demands of immigration was inversely related to both FEN outcome variables. However, weeks of US nursing practice was positively related to FEN well-being, and negatively related to FEN acculturation. Resilience (RS-14) was not a significant predictor in either FEN outcome, nor was it a significant moderator of the relationship between demands of immigration and well-being or of the relationship between demands of immigration and acculturation. Key themes identified by the participants as their biggest concern in transitioning to working in the US were professional resources, practice knowledge and skill,

technology knowledge and skill, relational knowledge and support, and cultural support and knowledge.

CHAPTER V: DISCUSSION

Study Overview

The overall purpose of this study was to examine relationships among factors proposed in the Ćwiękała-Lewis foreign educated nurses (FEN) transition theoretical framework by assessing the relationships between the independent and dependent variables. Independent variables included FEN US work experience, demands of immigration (DI), and resilience (RS-14), and the dependent variables of well-being (W-BQ12) and acculturation (VIA). A descriptive correlational design was utilized to describe the variables in this study. Data were collected from 60 SurveyMonkey© surveys completed by FEN that meet study criteria. Power analysis proved that the attained sample size 60 FEN was acceptable to support the statistical analyses and to reduce the possibility of Type I error. Data were analyzed using descriptive statistics, Pearson's correlation statistic, multiple regression test to describe the sample and to examine relationships among independent and dependent variables. Acculturation scores were transformed to meet the assumptions required for the use of correlation statistics. Based on the calculations the research questions 1 and 2 showed statistically significant associations.

Major Findings

The results for both research questions were the same; that is, the same two variables, (demands of immigration & weeks of US nursing practice) were the significant predictors of both of the variables selected to represent successful FEN transition, well-being and acculturation. Although no research was found that studied these relationships specifically, this finding overall is consistent with existing research reporting difficulties in the demands of immigration experienced during immigration transition (Daniel et al., 2001; DiCicco-Bloom,

2004, Ea et al., 2008; Magnúsdóttir, 2005; Withers & Snowball, 2003; Yi & Jazewski, 2000).

Previous research findings indicate that demands of immigration negatively influence well-being (Hohn, Lowry, Witte, & Fernández-Pena, 2016; Ma et al., 2010), as found in this study.

Further, it was expected that more weeks of US nursing practice would be positively related to FEN well-being since the FENs gave high priority to professional concerns in their qualitative responses (Ea, 2007). In addition, the positive relationship between weeks of US nursing practice and FEN well-being may be due to increased length of time in the US, regardless of time spent in nursing practice; the underlying explanation of this relationship needs more study. Further, the inverse relationship between weeks of US nursing practice and acculturation was not expected. However, this relationship was weak, and moreover, FENs may become bi-cultural rather than merely acculturate to the one (US) culture where they currently reside (Ea, 2007).

The results also indicated that resilience is not a significant predictor of either FEN well-being or acculturation. This was an unexpected finding since characteristics of resilience have been cited as transition facilitators in the transitions theory (Meleis & Trangenstein, 1994; Schumacher & Meleis, 1994). In accordance with the Meleis transitions theory, transition facilitators are those factors that bring about successful transitioning (Meleis & Trangenstein, 1994; Meleis et al., 2000; Schumacher & Meleis, 1994). A possible explanation for the lack of significance regarding resilience in this study is in this sample of the participants the resilience scores were overall high, which potentially created lack of variability in the overall resilience score. In addition, the demands of immigration were a much stronger variable explaining the variance in the FEN outcomes.

Ćwińska-Lewis Foreign Educated Nurses (FEN) Transition Theoretical Framework: A Preliminary Model based on Current Results

The original model proposed in Figure 1, was based on empirical works in the literature and from existing theory and research findings using strategies of theoretical derivation and abductive inference. Based on the finding of this study the independent and dependent variables relationships supported some but not all of the proposed relationships of independent variables to each of the outcomes, well-being, and acculturation. Based on the above finding the proposed model was adjusted and illustrated in Figure 2.

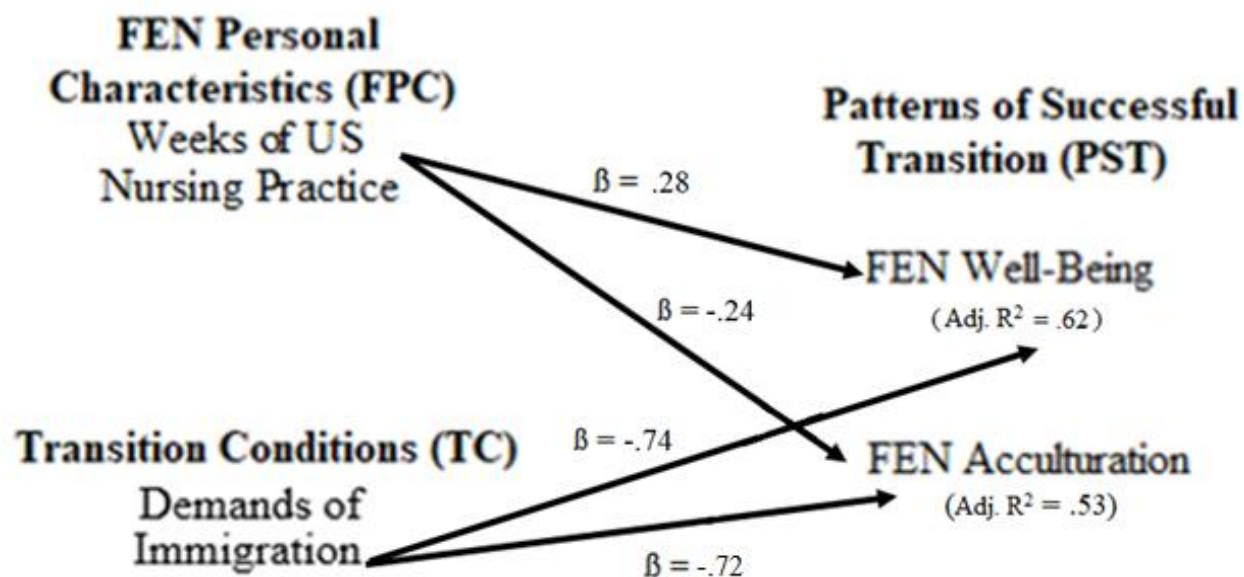


FIGURE 2. Ćwińska-Lewis foreign educated nurses (FEN) transition theoretical framework.

Additional Analysis of Qualitative Data

The qualitative finding of this study included participants answers to the open-ended question: What is your biggest concern while transitioning to work in the United States as a

nurse? Content analysis was used to examine the data. Five themes were identified. Exemplar responses and the frequency of each theme are listed in Table 6. Similar five themes were described as demands of immigration in current literature. Since in this study conditions transition was influenced by demands of immigration (Ma et al., 2010; Giegerich, 2006; Ibitayo, 2011; Jose, 2008; Primeau et al., 2014; Rosenkoetter, Nardi, & Bowcutt, 2017; Sherman & Eggenberger, 2008; Smith & Ho, 2014; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011; Wheeler, Foster, & Hepburn, 2013; Xu et al., 2010; Yi & Jezewski, 2000). This study results from both the quantitative and qualitative data indicate that demands of immigration are important factors in understanding negative influences on outcomes of immigration, in terms of FEN well-being and acculturation.

Professional Resources

The qualitative finding of FEN reporting strong concerns about professional issues is consistent with previous research indicating that a lack of professional resources may inhibit FEN transition and thus have a negative influence on FEN wellbeing and acculturation. In the qualitative findings of this study, FEN included as major concerns a lack of knowledge about professional structure, frequent progress reports with supervisors, extended and substantive orientation processes, fostering an environment that promotes professional growth and competence and leadership support. Several studies described these concerns as inhibitors that prevent FEN successful transition (Davis & Kritek, 2005; Giegerich, 2006; Hayne, Gerhardt, & Davis, 2009; Ho, 2015; Jos, 2008; Lin, 2014; Ma et al., 2010; Sherman & Eggenberger, 2008; Zizzo & Xu, 2009; Yi & Jezewski, 2000). Further, results reported in previous literature suggested that addressing major characteristics of lack of professional recourses such as for

example, by an orientation program, facilitated acculturation in FEN (Daniel et al., 2001; DiCicco-Bloom, 2004; Ea et al., 2008; Magnusdottir, 2005; Withers & Snowball, 2003; Yi & Jazewski, 2000).

Practice Knowledge and Skill

During this study, 58% of the participants mentioned practice knowledge and skill as their biggest concern while transitioning to work in the US as a nurse. Current literature supports this as the few studies showed that by addressing major characteristics of lack of practice knowledge and skill such as for example a course that introduces FEN to US healthcare allows FEN to acculturate and increases their well-being (Davis & Kritek, 2005). Furthermore, the increase in knowledge that occurs as FEN engage in US nursing practice, likely contributes to an increased sense of well-being.

Technology Knowledge and Skill

In the Giegerich study (2006) participants stated that technology training (37.5%) would make the transition process easier. This finding supports the participant's report of technology knowledge and skill as only of their biggest concerns when the transition to US nursing practice. 38% of this study's participants were concerned about lack of knowledge of the medical equipment/technology, lack of knowledge of medical/nursing terminology and concerned about English language/communication in general. These results are consistent with the present literature finding as the most commonly reported barrier to workforce transition for FEN to be communication including English in general (Ho, 2015; Jose, 2008; Lin, 2014; Ma et al., 2010; Primeau, Champagne, & Lavoie-Tremblay, 2014), medical/nursing terminology (Rosenkoetter, Nardi, & Bowcutt, 2017; Thekdi, Wilson, & Wu, 2010) and lack of current technology training

(Davis & Kritek, 2005; Hayne, Gerhardt, & Davis, 2009). So the positive relationship between weeks of US nursing practice and FEN well-being was not surprising since it is likely that the gains in technical knowledge and skills during nursing practice may be positively related to FEN well-being.

Relational Knowledge and Support

The relational knowledge and support were mentioned as the biggest concern while transitioning to work in the US as a nurse by 37% of this study participants. Here participants were concerned about discrimination/being accepted, lack of understanding of work relationship, “not fitting in” and anxiety about the adaptation process. Those results were consistent with the present literature that reported discrimination experience by FEN in the US work environment as rather traumatic (Ibitayo, 2011; Primeau et al., 2014; Smith & Ho, 2014). Anxiety about the adaptation process and feeling of “not fitting in” was also a finding in several studies (Ma et al., 2010; Primeau et al., 2014; ; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011). The solution found in the literature presented an option of including frequent contact with family and friends from the FEN home country (Hayne et al., 2009; Lin, 2014; Smith & Ho, 2014) and social support systems (Blythe & Baumann, 2009) that contributed positively to FEN relocation experiences. The quantitative result of a positive relationship between weeks of US nursing practice and FEN well-being, in view of the results reported in this literature suggests that FENs may acquire new friends and social support systems through their work experience. Similarly, the quantitative results are congruent with reports in the literature indicating that demands of immigration negatively relates to FEN acculturation.

Cultural Support and Knowledge

The dominant themes that emerged during literature review for this study included cultural displacement (Ho, 2014), learning social customs (Lin, 2014), and culture shock (Primeau et al., 2014; Rosenkoetter, Nardi, & Bowcutt, 2017; Sherman & Eggenberger, 2008; Smith & Ho, 2014; Thekdi, Wilson, & Wu, 2011). That a relatively small percentage of participants (13%) expressed concerns in this area is congruent with other results indicating greater concerns with adjustments in the *professional* areas of their lives rather than with cultural differences overall. Future research may focus particularly on the types of immigration demands and whether work-related is of greater concern than more general demands of immigration for foreign educated nurses. Findings from this more focused research could be used to refine the theoretical framework of FEN transition success.

Strengths and Limitations of the Study

This study had several strengths. The study was based on a conceptual framework derived from the theory which had been previously utilized in nursing research. Research variables were operationally defined and identified through the literature review. Established research instruments were used, and they attained acceptable reliability in the study sample, with alphas above or close to .70 (Gliem & Gliem, 2003). In addition, there was no missing data in the surveys used in the analyses.

The study design limited generalizability and determination of causal relationships from the results. The sample was a convenience sample not necessarily representative of the population of FEN. The design supported correlational, not causal inferences.

Recommendations for Future Research

Further research is needed to refine a theoretical framework that may guide the development of a transition program for foreign-educated nurses who have immigrated to the US. In particular, research is needed that focuses on specific types of demands of immigration, for example, professional versus more general concerns, as they relate to FEN well-being. The role of resilience in the context of immigration demands remains as a variable to be studied in a larger sample. In addition, there are design considerations to strengthen the validity of the research, such as by obtaining a larger, randomly selected sample of FENs. Most immediately, what is needed are studies to examine relationships proposed in the framework along with additional variables, which eventually may be used to design intervention program to facilitate FEN transition in terms of well-being and acculturation.

Implications for Nursing

The purpose of this study was to examine relationships among factors proposed in the Cwiękała-Lewis foreign educated nurses (FEN) transition theoretical framework. This study provides preliminary results that suggest the relevance of certain factors in FEN nurse transition to working in the US. The results suggest that in particular, the demands of immigration, regardless of resilience, is an important factor in influencing the well-being and acculturation of FEN nurses. Further research is needed to identify any other important variables, as well as to validate the potential causal influence of the variables examined in this research. The science of nursing is built through theory-based research and practice. The introduction of a modified middle range theory that guides the study of the FEN process of transitioning to the US work environment is supportive of efforts to contribute to knowledge in this important area of nursing

practice. It is anticipated that future research will examine the effects of specific interventions to improve FEN transition into the US nursing workforce.

Conclusion

In 2016, foreign educated nurses (FEN) comprised about 15% of RNs in the US (Hohn, Lowry, Witte, & Fernández-Pena, 2016). Conversely, FEN transition into nursing roles in the US is not always successful (Moyce, Lash, & de Leon Siantz, 2016; Xu, & He, 2012). To assist FEN with appropriate training during their transition, current research suggests that transitional programs should be developed in the US. (Moyce, Lash, & de Leon Siantz, 2016; Xu, 2010; Xu & Zizzo, 2009). However, presently no literature was found that discuss a framework supporting the development of transitional programs for FEN. This study examined relationships among factors proposed in the Cwiękała-Lewis foreign educated nurses (FEN) transition theoretical framework. Based on the finding of this study the independent variables on weeks of US nursing practice and demands of immigration were identified as significant predictors in FEN outcomes of well-being and acculturation. The findings of the study have the potential to help advance nursing scientific knowledge in building a middle range theory that guides the study of the FEN process of transitioning to the US work environment. Additional studies are required to examine relationships proposed in the framework along with additional variables, which ultimately could be used to design an intervention program to facilitate FEN transition in terms of well-being and acculturation.

APPENDIX A:
THE UNIVERSITY OF ARIZONA INSTITUTIONAL REVIEW BOARD APPROVAL
LETTER



Human Subjects
Protection Program

1618 E. Helen St.
P.O. Box 245137
Tucson, AZ 85724-5137
Tel: (520) 626-6721
<http://rgw.arizona.edu/compliance/home>

Date: September 27, 2018
Principal Investigator: Klaudia Joanna Lewis
Protocol Number: 1809958585
Protocol Title: Descriptive Correlational Study to Examine Variables and Relationships Proposed in Conceptual Framework of Virtual Transitioning Program Developed for Foreign Educated Nurses.

Determination: Approved
Expiration Date: September 26, 2023

Documents Reviewed Concurrently:

Data Collection Tools: *Instruments.docx*
HSPF Forms/Correspondence: *Confirmation for Scientific Review and Department Review.pdf*
HSPF Forms/Correspondence: *IRB Application Lewis final 09-25-18.pdf*
HSPF Forms/Correspondence: *Lewis appendix_waiver_2-2_v2018 klewis.pdf*
HSPF Forms/Correspondence: *Lewis list_of_research_personnel_klewis_v2018.pdf*
Informed Consent/PHI Forms: *Disclosure Form.docx*
Informed Consent/PHI Forms: *Disclosure Form.pdf*
Other Approvals and Authorizations: *Advisor Confirmation Email.pdf*
Other Approvals and Authorizations: *Permission from the various sites to post information or recruit.docx*
Other Approvals and Authorizations: *Permission to Use Instruments.docx*
Recruitment Material: *Message for online sites_agencies_hospitals.docx*
Recruitment Material: *Recruitment and reminder message.docx*
Recruitment Material: *Recruitment Posting and Messages.docx*

Regulatory Determinations/Comments:

- The project is not federally funded or supported and has been deemed to be no more than minimal risk.
- The project listed is required to update the HSPP on the status of the research in 5 years. A reminder notice will be sent 60 days prior to the expiration noted to submit a 'Project Update' form.

This project has been reviewed and approved by an IRB Chair or designee.

- The University of Arizona maintains a Federalwide Assurance with the Office for Human Research Protections (FWA #00004218).
- All research procedures should be conducted according to the approved protocol and the policies and guidance of the IRB.
- The Principal Investigator should notify the IRB immediately of any proposed changes that affect the protocol and report any unanticipated problems involving risks to participants or others. Please refer to Guidance Investigators Responsibility after IRB Approval, Reporting Local Information and Minimal Risk or Exempt Research.

- All documents referenced in this submission have been reviewed and approved. Documents are filed with the HSPP Office.

APPENDIX B:
INFORMED CONSENT

Informed Consent

The University of Arizona Consent to Participate in Research

Study Title: Descriptive Correlational Study to Examine Variables and Relationships Proposed in Conceptual Framework of Foreign Educated Nurses (FEN) Transition in to United States.

Principal Investigator: Klaudia Joanna Cwiękała-Lewis, MSN, RN, APHN-BC

Advisor: Pamela Reed, PhD, RN, FAAN

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to participate.

Why is this study being done?

The purpose of this study is to examine relationships among factors proposed in the Cwiekala-Lewis Foreign Educated Nurses (FEN) Transition Theoretical Framework. After adequate research, the theoretical framework may then be used to guide development of a transition program for foreign-educated nurses who have immigrated to the US. This study also will build the science of nursing by introducing modified middle range theory that supports the framework for the FEN transitioning process.

What will happen if I take part in this study?

You will be contacted up to one times during the course of this study. You will be asked to complete a 76 question survey that includes questions about your experiences during your transitioning period to US healthcare. Survey will take about 30 minutes to complete. Please answer all the questions. Incomplete surveys will not be included in this study.

How long will I be in the study?

The expected length of time required of you to complete the survey is 30 minutes. I expect to complete the study within 4 weeks.

How many people will take part in this study?

A minimum of approximately 55 Foreign Educated Nurses (FEN) nurses are projected to participate in this study.

Can I stop being in the study?

You may refuse to participate in this study or quit the study at any time without penalty.

Your participation is voluntary. You may refuse to participate in this study. If you decide to take part in the study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you. Your decision will not affect your future relationship with The University of Arizona. If you are a student or employee at the University of Arizona, your decision will not affect your grades or employment status.

What risks, side effects or discomforts can I expect from being in the study?

While this study poses no physical risks. Risks to participants were minimal and mainly involved a breach of patient confidentiality and the inconvenience of completing the study questionnaires.

What benefits can I expect from being in the study?

There may be no direct or immediate benefits to you for participating in the study. However, you will be contributing to the understanding of Foreign Educated Nurses' experiences during transitioning period to US healthcare setting.

What other choices do I have if I do not take part in the study?

The only alternative is not to participate in this study. If you decide to withdraw from the study please, close your internet browser before completing your survey. All incomplete survey will not be included in this study and will be deleted.

Will my study-related information be kept confidential?

Risks to participants were minimal and mainly involved a breach of patient confidentiality and the inconvenience of completing the study questionnaires. The researcher described efforts to protect participant confidentiality including de-identifying data. All of the data proposed in this study will be housed on a secure computing server. The data analysis will be completed on the author's individual computer, which is password protected and located in a locked office within the home office. No physical data will be stored by the researcher. Any printed results of data analysis will be kept in a locked office or discarded to a secure shredder. No printed or electronic data will be transmitted out via the Internet, email, or any other mode. The researcher will maintain the security of the server by completing nightly and weekly backups. The researcher will maintain a secure firewall, antivirus software and other software updates. Since SurveyMonkey© will be use to collect data the researcher will block Internet Protocol (IP) addresses to further secure participant confidentiality.

*Your records may be reviewed by the following groups:
Office for Human Research Protections or other federal, state, or international regulatory agencies, The University of Arizona Institutional Review Board, The researcher's dissertation committee members.*

Who can answer my questions about the study?

For questions, concerns, or complaints about the study you may contact **Kludia Joanna Ćwiękała-Lewis, MSN, RN, APHN-BC** (610) 297-2726 or kludialewis@email.arizona.edu

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or online at <http://orcr.arizona.edu/h spp>.

An Institutional Review Board responsible for human subject's research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

When may participation in the study be stopped?

You may stop participating in the study at any time without any penalty.

What are the costs of taking part in this study?

The only foreseeable cost for participation in this study is your time. (About 30 min)

Will I be paid for taking part in this study?

There is no monetary compensation for participating in this study.

Will my data or specimens be stored for future research?

Data obtained in this study is not projected to be used for future research.

Will medical records be accessed?

Medical records will not be accessed for this study.

By responding to the survey, you are indicating your willingness to participate in this study.

APPENDIX C:
RECRUITMENT POSTING AND MESSAGES

Recruitment Message

Seeking volunteers for a research study,

Hi, my name is Klaudia Lewis. I am a PhD nursing student at the University of Arizona. Currently I am completing my dissertation titled:

"Descriptive Correlational Study to Examine Variables and Relationships Proposed in Conceptual Framework of Foreign Educated Nurses (FEN) Transition in to United States".

The purpose of this study is to examine potential influences on the FEN transition, particularly in reference to their personal characteristics, transition conditions and patterns of successful transition.

I am sending you this message to ask if you would like to take about 30 minutes to complete a survey for this research project. Participation is completely voluntary and your answers will be anonymous.

I am seeking

Any male or female nurse over the age of 18, who were born and completed their education in a foreign country.

Nurses that currently working as a nurse in any healthcare setting (fulltime or part-time) for less than 2 years.

If you are meeting these criteria's please and if you are interested, please click on the link for the webpage to complete the survey and read additional information:

For more information about this study, please contact me at klaudialewis@email.arizona or visit the website: <https://klaudialewis.wixsite.com/fenstudy>

Thank you so much for your consideration,
Klaudia J. Cwiękała-Lewis
Principal Investigator

Reminder Message

Last week we sent you a survey, asking for your participation in my “Descriptive Correlational Study to Examine Variables and Relationships Proposed in Conceptual Framework of Foreign Educated Nurses (FEN) Transition in to United State”.

If you have already completed and submitted the survey, thank you for your valuable input.

If not, please complete your survey [link to survey], and submit your responses by [date]. Your responses are much appreciated.

If you have any questions, please contact me at klaudialewis@email.arizona or visit the website: <https://klaudialewis.wixsite.com/fenstudy>

Sincerely,

Klaudia J. Cwiękała-Lewis
Principal Investigator

Message posted on online sites and sent to the various agencies and hospital systems

Seeking volunteers for a research study,

Hi, my name is Klaudia Lewis. I am a PhD nursing student at the University of Arizona. Currently I am completing my dissertation titled:

"Descriptive Correlational Study to Examine Variables and Relationships Proposed in Conceptual Framework of Foreign Educated Nurses (FEN) Transition in to United States".

The purpose of this study is to examine potential influences on the FEN transition, particularly in reference to their personal characteristics, transition conditions and patterns of successful transition.

I was wondering if you would allow me to contact your Facebook customers to see if they would participate in my study.

I am seeking new incoming FEN and FENs that are currently working within the US less than 2 years. Participation in this study involves: A time commitment of 30 minutes to complete an online survey.

For more information about this study, please contact me at klaudialewis@email.arizona or visit the website: <https://klaudialewis.wixsite.com/fenstudy>

Thank you so much for your consideration,
Klaudia J. Cwiękała-Lewis
Principal Investigator

APPENDIX D:
SUPPORT EMAILS

Permission form the various sites to post information or recruit

Upwardly Global

6/29/2018 Good afternoon Klaudia Lewis. Please feel free to post your message on our Facebook page
<https://www.facebook.com/Upwardly.Global/>

Avant Healthcare Professionals

7/1/2018 Good morning miss Lewis. Thank you for your message. We encourage you to post all the information of our Facebook page <https://www.facebook.com/AvantHealthcare/>

Translate Nursing LLC

7/1/2018 Klaudia, your message was added to our site. Good luck with your research. Translate Nursing Team!

Conexus MedStaff LLC

7/5/2018 Hello Klaudia, thank you for getting in touch. I am going to include this in our Facebook page.

Best wishes, Kate @ Conexus

American Staffing Association

7/6/2018 Hello Miss Lewis. Thank you for reaching out to us. Please post all the information of our Facebook page
<https://www.facebook.com/AmericanStaffingAssociation/> Thank you again. Helen

Missouri Nurses Association

7/11/2018 Klaudia, I am going to include this in our Kansas and Nebraska newsletters. I hope to send both out today or Monday. Our Missouri newsletter went out earlier this month already, but if you would like to include it in next month's newsletter, I would be happy to do so. Just let me know!

Travis Gallup

Communications & Graphic Design Manager

Midwest Multistate Division

O'Grady Peyton International

7/13/2018 Dear Klaudia Lewis. You have our permission to post the information about your research on our Facebook page: <https://www.facebook.com/OGPInternational/>



Translate Nursing



Brandon Parkyn <brandonpa@translate-nursing.com>

Sat 7/7, 8:59 PM

Lewis, Klaudia Joanna - (klaudialewis) ▾

  Reply all | ▾

Deleted items

Dear Mrs Lewis,

Thank you for reaching out to Translate Nursing asking for permission to contact our Foreign Educated Nurses to use within your research study through our Facebook Page and other our other public lists. You have permission to do so as the individuals may participate on their own free will. Thank you for your email and I appreciate you reaching out to us.

Sincerely,

Brandon H Parkyn
Vice President of Translate Nursing

APPENDIX E:
INSTRUMENTS

Preliminary Introduction Material

Introduction

This study has been approved by the University of Arizona Human Subjects Board, according to state and federal regulations and University policies designed to protect the rights and welfare of participants in research. The purpose of this study is to examine relationships among factors proposed in the Cwiękała-Lewis Foreign Educated Nurses (FEN) Transition Theoretical Framework. After adequate research, the theoretical framework may then be used to guide development of a transition program for foreign-educated nurses who have immigrated to the US.

Procedures

You will be asked to complete questions that are designed to answer the research questions: 1. What combination of the following independent variables of Weeks of Practicing Nursing in US, Demands of Immigration (DI), Resilience (RS-14), and interaction variable (Demands of Immigration X Resilience (DI X RS-14)) best explain the variance in FEN Well-Being (W-BQ12)? Included in answering this will be an analysis of the bivariate correlations among all of the variables to determine which among the independent variables are significantly correlated with well-being. DI will be examined both as a total measure as well as for its individual components. 2. What combination of the following independent variables of Weeks of Practicing Nursing in US, Demands of Immigration (DI), Resilience (RS-14), and interaction variable (Demands of Immigration X Resilience (DI X RS-14)) best explain the variance in FEN Acculturation (VIA)? Included in answering this will be an analysis of the bivariate correlations among the variables to determine which among the independent variables are significantly correlated with acculturation.

This survey includes 5 instruments. Questions 1-7 demographic survey, 8 -19 Well-being Questionnaire (W-BQ12), Questions 20 - 39 Vancouver Index of Acculturation (VIA), Questions 40 – 62 Demands of Immigration Scale (DI), Questions 63 – 76 Resilience Scale (RS-14).

Risks/Discomforts

While this study poses no physical risks, questions on the survey may bring up memories of stressful or difficult interactions regarding your transitioning process. If

this occurs, there is available at the end of the survey a list of possible resources you could contact for assistance.

Benefits

There may be no direct or immediate benefits to you for participating in the study. However, you will be contributing to the understanding of Foreign Educated Nurses' experiences during transitioning period to US healthcare setting.

Confidentiality

You will not be personally identified in any reports or publications that may result from this study. All data obtained from participants will be kept confidential and kept in an encrypted digital file and stored in a fireproof locked cabinet. Other than the primary investigator and dissertation committee member's no one else will have access to data. The data collected will be stored in the HIPPA-compliant, SurveyMonkey© database until it has been deleted by the primary investigator. Incomplete surveys will not be included in this study; they will be deleted.

Compensation

There is no monetary compensation for participating in this study.

Participation

To participate in this research, you must: Be 18 years old or older, be born and completed your nursing education in a foreign country (other than US), be currently working as a nurse in any healthcare setting (fulltime or part-time) for less than 2 years. If you are not meeting this all of the criteria, please close your internet browser to exit the survey. Unfortunately, you are not a good fit for our study, thank you so much for your effort. If you are meeting the criteria, please know that participation in this research study is completely voluntary. By responding to the survey, you are indicating your willingness to participate in the study. You have the right to withdraw at any time or refuse to participate entirely without any penalty. If you desire to withdraw, please close your internet browser to exit the survey.

Questions about the Research

If you have questions regarding this study, you may contact **Klaudia Cwiękała-Lewis, MSN, RN, APHN-BC**, at (610) 297-2726 (call or text), or klaudialewis@email.arizona.edu.

Questions about your Rights as a Research Participant

If you have questions you do not feel comfortable asking the researcher, you may contact Human Subjects Protection Program at 520-626-6721 or online at <http://ocr.arizona.edu/hspp>.

Demographic Survey

1. What is your gender?

- Female
- Male

2. What is your country of birth?

- United States
- Other (Please specified)

3. What is your current age in years? _____

4. How many WEEKS have you been practicing nursing in United States? _____

(Consider that 1 month = 4 weeks)

5. What is your level of nursing education?

- License
- Diploma
- Associate Degree
- Bachelor Degree
- Graduate Degree

6. What is your current employment status:

- Full time (36 or more hours per week)
- Part time (less than 36 hours per week)
- Per Diem (on as needed basis)
- No working as of now.

7. Your biggest concern while transitioning to work in United States as a nurse is:

(Please describe)

APPENDIX F:
PERMISSION FORMS TO USE SCALES

From: Gail Wagnild <gwagnild@resiliencecenter.com>

Sent: Friday, June 1, 2018 9:26:32 AM

To: Lewis, Klaudia Joanna - (klaudialewis)

Subject: The Resilience Center

Dear Klaudia Lewis,

Thank you for purchasing a licensing agreement to use the RS in your research.

Your User's Guide is attached and is password protected. Your password is: [REDACTED]

The print ready copies of the RS and RS14 are attached.

Your licensing agreement is attached.

Again thank you very much.

Sincerely,

Dr. Gail Wagnild

Gail Wagnild, RN, PhD

Owner and CEO

The Resilience Center

www.resiliencecenter.com

Re: The Demands of Immigration Scale (DI)



Karen Aroian <Karen.Aroian@ucf.edu>

Today: 8:37 AM

Lewis, Klaudia Joanna - (klaudialewis) ▾

Inbox



Demands of Immigratio... ▾
45 KB

Download Save to OneDrive - University of Arizona

Klaudia,

Per your request, please see the attached. You have my permission to use the scale. Best wishes for your dissertation research.

--

Karen J. Aroian, PhD, RN, FAAN
Chatlos Endowed Professor,
UCF College of Nursing

Re: Permission to use WBQ12



c.bradley@rhul.ac.uk

Yesterday, 4:31 PM

Lewis, Klaudia Joanna - (klaudia.ewis) ✉

Inbox

Dear Klaudia,

You have my permission to use the scale. Good luck on your dissertation.

Professor Clare Bradley

Health Psychology Research Unit

Clinical, Health and Social Psychology

Royal Holloway, University of London

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doi:10.3912/OJIN.Vol20No03PPT01

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