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Adaptation of Kenyan-Born Registered Nurses into the American Healthcare System

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Adaptation of Kenyan-Born Registered Nurses into the American Healthcare System

by

Emily Tangwar

A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

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Abstract

Kenyan-born nurses (KBNs) continue to be an important part of the nursing workforce in the United States of America (USA). They bring their skills, knowledge, and experience to their new areas of nursing practice. Even though it may be challenging to adapt, Kenyan Nurse's skills, knowledge, and experiences may be enhanced by successfully integrating them in the American healthcare system. Some of these challenges include socio-cultural difference; structure of healthcare systems; technology; language such as abbreviations, expressions, and phrases; and new environment. This study will be conducted using a quantitative research method and purposeful survey of 20 KBNs using Cross Cultural Adaptability Inventory (CCAI) tool. By focusing on KBNs working in the US, this study will help US hospitals and nursing employers to better understand the transition process of KBNs. Transitioning programs bridges the practices gaps between KBNs to their new setting. This study will examine how KBNs adapt to the American healthcare culture.

Keywords: foreign nurses, experiences, transition, adaptation, nurse migration, orientation.

Dedication

To unquenched loving memory of my father, Joseph Kimaru araap Tangwar,
whose solace lives among us, denied the joy of beholding it,
succumbed to illness in my teenage.

To my loving mother, Magdalyne Jerobon Tangwar
whose strength in heart has helped me weather the storms of life!
whose earnest prayers keep me going...

To my loving husband, Ezekiel Kiprono araap Koech
The love of my youth
who has remained on his knees to keep me on my feet
my fervent inspiration and always and forever smiling!

To my son, Kipleel Rono

The jewel of my life

To my brothers and sisters

our bonded love of one another

To my village, Kerita-Kapkoigaa-Kosyin

That raised me

To my teachers, mentors and professors, and institutions
who bestowed knowledge and understanding in academia

To all and sundry

those who will derive something from this Thesis and from me

I praise God of Isaac and Jacob

who gave me peace within and assurance of health abundant

To Him I ascribe Glory, Honor, Power and Majesty

Acknowledgments

I humbly acknowledge Dr. Frances Sparti and Dr. Candice Rome, for leading the way. I thank the nurses who took part in this study and to the international students, who have shared their world experiences with me and the patients who have shared their lives with me

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TABLE OF CONTENTS

CHAPTER I: INTRODUCTION

Problem Statement	2
Significance.....	3
Purpose.....	4
Research Questions	4
Conceptual Framework.....	4
Definition of Terms.....	7
Summary	7

CHAPTER II: RESEARCH BASED EVIDENCE

Review of Literature	8
Summary	14

CHAPTER III: METHODOLOGY

Implementation	15
Setting	16
Sample.....	16
Design	16
Protection of Human Subjects	17
Instruments.....	17
Data Collection	19
Data Analysis	20
Summary	21

CHAPTER IV: RESULTS

Sample Characteristics.....	22
Major Findings.....	23

Summary	32
CHAPTER V: DISCUSSION	
Implication of Findings.....	34
Application to Conceptual Framework.....	35
Limitations	37
Implications for Nursing.....	38
Recommendations.....	39
Conclusion	39
REFERENCES	40
APPENDICES	
Appendix A: Demographic Questionnaire.....	44
Appendix B: Consent Form	45

List of Figures

Figure 1: The Sunrise Model	5
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List of Tables

Table 1: Demographic Characteristics of Respondents	24
Table 2: Details of US Experience.....	25
Table 3: Details of US Experience.....	26
Table 4: Mean Scores of Cross-Cultural Adaptability of KBN Based on Orientation Time Frame	27
Table 5: Results of ANOVA on Interaction Between Orientation Time and Cross- Cultural Adaptability	29
Table 6: T-test and Sample Statistics.....	31

CHAPTER I

Introduction

Nursing shortages have become an increasing challenge in both developed and developing countries, leading a negative impact on the health and wellbeing of the global population (Buchan, 2004). To meet the growing needs resulting from this shortage, employers have been forced to recruit foreign educated nurses. As a result, nurses are migrating in growing numbers from developing countries to developed countries like the United States, Europe, and Canada. The phenomenon of nurse migration has a long tradition and continues to be a growing global sensation with major implications on the nursing profession worldwide (Likupe, 2006). This nursing shortage within the healthcare system has become severe and employers have sought to look for new ways to improve staffing, including utilizing foreign educated nurses. On the other hand, as diversity in the United State increases, nursing has become a transferable career due to increased global communication and travel. This change in population has also initiated a demand for nurses with multicultural backgrounds to provide culturally sensitive and appropriate care. Currently, the United States of America (USA) is the destination of choice for many foreign nurses (Aiken, 2007).

Cultural differences are one of the major challenges faced by foreign nurses. Many healthcare systems in USA are faced with the challenge of arranging the work orientation for foreign nurses because they may not be familiar with their different cultural needs and exposure to a new environment. The importance of work orientation is significant because it can be a key for how new employees will experience and succeed in their new life and work in America. In addition, it has an effect on foreign nurses'

integration into the USA's working environment including the American society. A good work orientation helps foreign nurses to enter into a different working environment and its associated working tasks. According to Adams and Kennedy (2006), "building positive practice environments will assist the integration of foreign nurses, supports nurses in the host environments, and contribute to creating a dynamic team by valuing and using the skills and abilities of all nurses". The sample population for this study will be derived from Kenyan born nurses (KBNs), a group which has been understudied. There is ample literature focusing on most Filipino, Chinese, and Indian nurses, addressing transition and acculturation.

This Master's Thesis focuses on KBNs cultural adaptation and orientation experiences in the US healthcare system. Basically, it provides information on how they adapt into the American healthcare workforce as measured using the CCAI tool. At its best, the information gathered through this study can assist managers of healthcare systems to plan international nurses' adaptation programs in such a way that their special needs, challenges, and the opportunities that they encounter are taken into consideration in the work orientation planning process.

Problem Statement

Researchers indicated an impending significant shortage of registered nurses by the year 2020, with estimates ranging from 340,000 to 1 million registered nurses (Auerbach et al., 2007). This nursing shortage has the potential to diminish the level of patient care delivered in hospitals in the USA (Aiken et al., 2001). To supply a sufficient number of nurses as demand escalates, alternative solutions such as employment of foreign-educated registered nurses become an important part of the nursing workforce

supply solution (Clarke & Cheung, 2008). Kenyan-born nurses fall in to this category. Research done to investigate the experiences of foreign nurses in the US is limited because none of the studies focused exclusively on KBNs. Without proper support and instruction, foreign educated nurses in the US may face a complexity of challenges which may prevent them from fulfilling the roles they were hired for. To help support the nurses who are vital to fulfilling nursing staffing needs in the US, it is important to understand their views and experiences. The purpose of this study was to describe how KBNs adapt into the American healthcare culture as measured using the CCAI tool.

Significance

Foreign-born nurses play an exclusive role in the US nursing workforce. Despite a US population of 300 million people, that constitute citizens who migrated from all over the world and speak more than 320 languages, the US faces a nursing shortage (US Census Bureau of Statistics, 2010). As a result, foreign educated nurses are recruited to alleviate the nursing shortages in the US. Nurses choose to travel to the US because of more diverse job opportunities and better pay. In the recent past, the rate of foreign-born nurses entering the United States nurse workforce increased dramatically. According to the Bureau of Labor Statistics' Employment Projections 2012-2022, the registered nurses' workforce is expected to grow from 2.7 million in 2012 to 3.2 million in 2022. This is an increase of roughly 530,800 or 19%. It also projects that the need for replacement of 525,000 nurses who will be retiring in the healthcare workforce bringing the total number to 1 million by the year 2022. According to the Migration Policy Institute, (MPI ACS, 2010) foreign born nurses, including KBNs, constitute 22% the US nurses' population. A phenomenological study using a sample of KBNs in the US will

refine the knowledge and add a subjective dimension to the orientation programs that hospitals should develop and offer KBNs. Bola, Driggers, Dunlap, and Ebersole (2003) laments that foreign born nurses working in US hospitals experience communication barriers and feelings of being strangers. Ultimately, the development of specific orientation programs and the provision of foreign-based nurses' systematic structures by recruiting hospitals will definitely reduce orientation time while they acclimatize in their new work environments.

Purpose

The purpose of this study was to describe the adaptation of KBNs and examine how they transitioned into the professional United State nursing workforce. The result of this study provided information that will allow US employers to better aid foreign nurses in their adjustment to the US nursing workforce.

Research Questions

1. What is the level of emotional resilience for nurses educated in Kenya?
2. What is the level of flexibility/openness for nurses educated in Kenya?
3. What is the level of perpetual acuity for nurses educated in Kenya?

Conceptual Framework

Currently, American health systems demonstrate a high level of awareness, cultural competency, accommodation, and sensitivity towards foreign nurses. Leininger's Sunrise Conceptual Model of Cultural Care Diversity (Figure 1) and Universality allows one to develop an orientation plan for foreign-educated nurses. Nelson (2006) laments that this model comprises seven cultural and social structure dimensions, where each focuses on factors that influence nurse's wellbeing.

The Sunrise Model

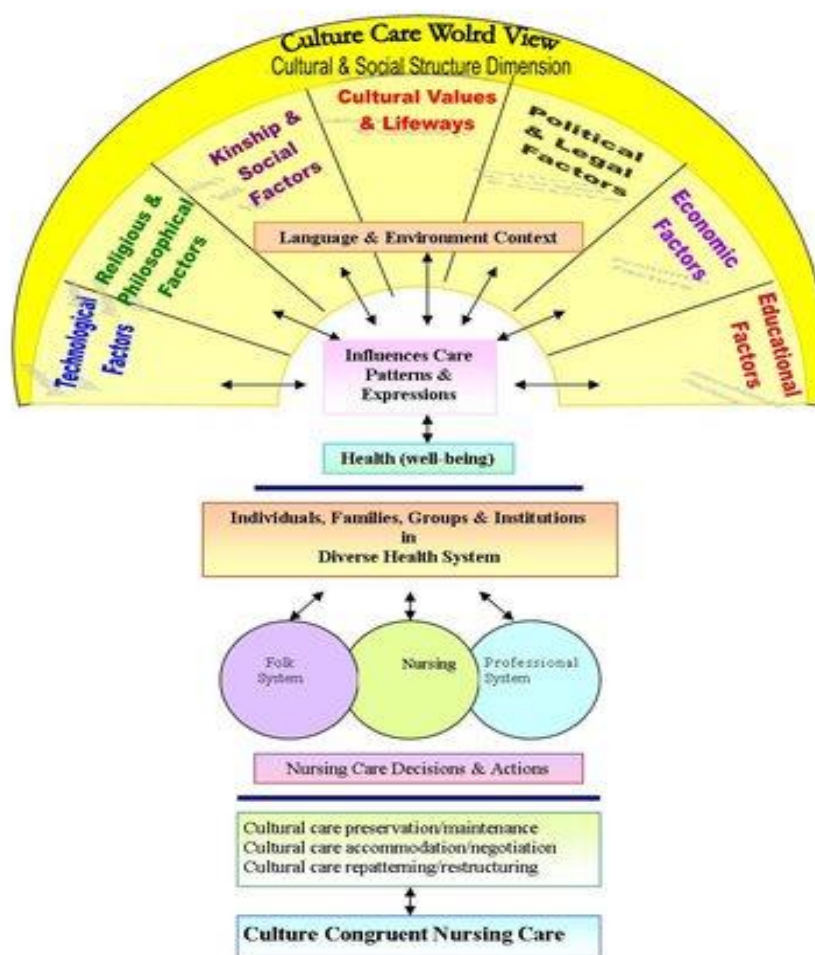


Figure 1. The Sunrise Model

1. *Technological factors:* As a result of advancement of technology, KBNs need medical equipment orientation because technology used in Kenya might have different settings or using other international standards. Thus, it is necessary that the US healthcare systems be developed with specific measuring criteria to assist and assess foreign nurse's technical competence levels.
2. *Religious and philosophical factors:* Today, the world is filled with diverse and different religions, values, and cultural beliefs. Because the US is the worldliest destination of migrates, KBNs will need to adapt to the expansive American cultural diversity.
3. *Kinship and social factors:* Kenya offers a social system, and therefore KBNs will need to adapt the American system of equality, where everyone is treated equally irrespective of status particularly during delivery of care.
4. *Cultural values and life ways:* KBNs should be educated on American diversity during orientation to create awareness. For example, an initial interactive diversity orientation session may consist of a discussion focusing on positive points from each culture. By instituting these important sessions, KBNs will learn to communicate effectively when they are faced with cultural challenges. At the same time, they learn to evaluate how their behavior impacts group interaction and how to react to differences in a realistic and less judgmental manner.
5. *Political and legal factors:* KBNs will understand how American political and legal systems affect areas of healthcare that include patient rights. Similarly, they will learn

how documentation becomes an important legal binding aspect that protects both the patient and the nurse.

6. *Economic factor:* Orientation should introduce to KBNs that the quality of care they provide determines the reimbursements to US healthcare facilities.
7. *Educational and demographic factors:* KBNs may require additional education outside the health organization's orientation program in order to meet and exceed educational requirements for general practice.

Definition of Terms

There are specific terms that need to be defined in order to provide clarity. Those terms are as follows: Kenyan-born nurses (KBNs) are nurses that were born and raised in Kenya. Also, they may either be Kenyan educated or US educated. Foreign nurses (FNs) are all nurses who were born and raised in other countries, but migrated to the US. Foreign educated nurses (FBNs) are nurses who were born, raised, and educated in other countries.

Summary

As the global nursing shortage continues to rise while the world's population increases, the nursing workforce is pressured. The recruitment of foreign nurses into the US healthcare helps in alleviating nursing shortages that are currently being experienced. As the demand for foreign nurses' increases, US healthcare settings should institute proactive orientation programs that bolster objective nurses' transitions and acclimatization into the US workforce.

CHAPTER II

Research Based Evidence

Nursing shortages have been a global issue that every country around the world, including the United States is facing. As a result of the ever-increasing nursing shortage, American hospitals are forced to recruit foreign nurses, who were educated in other countries (Aiken, 2007). KBNs are among those that enter the US healthcare workforce. To provide KBNs with smooth transitional experiences, US hospitals provide first hand orientation programs. The aim of this thesis was to explore their adaptation and how KBNs transition into the American healthcare system.

Review of Literature

It is estimated that by the year 2020, nursing shortage is estimated to reach 800,000, (USDHHS, 2002). According to the survey conducted by nursing management in 2006, approximately 55% of the baby boomers practicing as nurses today are expected to retire by 2020, while at the same time fewer nurses are entering the profession. One solution to alleviate the nursing shortage has been the recruitment of foreign nurses. Foreign nurses who include KBNs have played an integral part in the US nursing workforce. The review of literature indicated those foreign nurses who have successfully acculturated to their host countries are more satisfied with their jobs and have a better quality of life (Magnusdottir, 2005). Cultural differences and workplace values are important factors that should be considered when recruiting a foreign nurse. Importantly, recruiting facilities should provide an in-depth orientation program to enhance a smooth transition.

The literature related to adaptation of KBNs into the US healthcare workforce was identified through electronic databases. The electronic databases used to obtain the relevant literature were published between 2000 and February 2014 using Cumulative Index to Nursing and Allied Health (CINAHL), MEDSCAPE, MEDLINE, and resources such as the U.S. Department of Labor, U.S. Department of Human Services, and International Center on Nurse Migration (ICNM). To maximize the amount of relevant literature, the following keywords were used: Foreign, experiences, migration, transition, and acculturation in combination with nurse. This identified 18 published research articles and journals. All articles, journals, and information reviewed were in English. The abstract and full texts of the articles were reviewed prior to their inclusion in the literature review.

Orientation Experience and Transitional Adaptation of KBNs in the United States

According to Carney (2005), a strong mentorship and orientation program will help facilitate the development and smooth transition of foreign nurses. Cultural competency training is recommended for both foreign nurses as well as the American healthcare staff to ensure effective communication between colleagues and patients. The transition of migration can be difficult. Many foreign born nurses struggle with being away from home and their families as well as integrating back into their own cultures and lifestyles after being in the United States.

Foreign nurses face numerous challenges during their adaptation into the American healthcare system. These challenges range from technological to cultural factors, (Bola et al., 2003). Most KBNs nurses recall their first time experiences during their arrival and particularly at the orientation. Because this was their turning point in life

and a threshold in their careers, the majority of them vividly remember what they went through during their adaptation and acculturation into the American Healthcare System. Some of the experienced challenges came as a result of differences in terminologies, language, and equipment's units of measurements among others. For example, one nurse who has been in the US for over ten years remembers an instance where she was requesting for "spirit" but American nurses could not understand what she was referring to. Later, they realized that the nurse meant alcohol swabs. Similarly, another nurse described a scenario where she weighed a patient and kept wondering whether the machine was at fault or hers. She later learned that the weight machine was defaulted in "pounds" (lbs) as opposed to international systems that uses kilograms (kgs) for weight. Interviews of Korean nurses working in the United States revealed that adjusting to working in the US healthcare workforce took 10 years for most nurses, (Yi & Jezewski, 2000).

Communication Barriers

Communication is one the main challenges faced by KBNs because Americans use different idioms than they are accustomed to. Similarly, different accents, colloquial terms, jargons, and the speed with which the medical words are pronounced in American system pose another challenge to KBNs, (Baumann, Blythe, Rheume, & McKintosh 2006). As a result, they may restrict themselves due to fear of being ridiculed by coworkers and even patients. Therefore, they opted to remain silent because they are unsure of the accepted culture specific behaviors that accompany verbal communication thus lowering their self-esteem and morale.

Baumann et al. (2006) agreed that the absence of non-verbal cues makes telephone communication most stressful because of fear of miscommunication and harm to patients. In order to compensate for their language inadequacy and because they missed their culture, foreign nurses at times speak in their native language at the workplace, unintentionally worsening discord with peers and perpetuating the perception of communication deficiency. Literature has shown that a fully implemented orientation communication design will assist foreign nurses to develop effective communication skills.

Adaptation

Apart from communication barriers, cultural and professional differences create difficulties adapting and adjusting between the workforce of a foreign-educated nurses' home country and their new work environment (Vapor & Xu, 2011). Foreign-educated nurses in these studies suggested that culturally sensitive orientation programs, information on nursing, and support systems would facilitate their practice. The perceptions of employers of foreign-educated nurses are consistent with those of the nurses. A survey of eight Filipino physician-turned-nurses reported that lack of language skills, cultural issues, and readiness to work as negative factors in hiring foreign-educated nurses, (Vapor & Xu, 2011).

Vapor and Xu (2011) recommended supporting acculturation through more of a social role that includes staff taking an active role in supporting foreign nurse. By helping with difficulty areas such as pronunciations, medical terminology, cultural aspects of care, orientation, and finding useful resources, all staff members will benefit. Additionally, offering positive feedback and mentorship will help ease their transition

and adaptation into a new healthcare system. Cultural workshops for staff, housing assistance, assertiveness training, and social training are tools used to assist foreign-educated nurses, (Vapor & Xu, 2011).

According to Vapor and Xu (2011), the success of an adaptation program revolves around the mentor-mentee match. For example, when there is a good match between foreign registered nurse and the American nurse, the adaptation will be more successful. In essence, utilizing the cultural diversity offered by foreign-educated nurses offers an improved healthcare environment. At the same time, employing a diverse nursing staff helps increase and widens the understanding of what culturally and linguistically diverse patients experience on the unit. Furthermore, these nurses are able to deliver a different level of empathy to their patients who are also undergoing life changes.

Cultural Differences

The greatest challenge for most foreign nurses working in the US was cultural barrier. These nurses encounter barriers both with US nurses and patients they are caring for. Culture is viewed as a combination of set patterns of learned behavior that are typical features of anyone in any society. When people migrate from different cultures and interact with each other in the workplace, cultural differences plays an important role and sometimes these differences create misunderstanding and conflicts. Additionally, when people migrate to the United States, particularly foreign nurses, they face cultural shock at the work place (Muecke, Lenthal, & Lindeman 2011). Lack of similar social environment or familiar customs could lead foreign nurses' to isolation and frustration. Culture shock not only affects individual's healthcare workers, but can also have

significant impact on the community itself. These negative encounters experienced by clients of healthcare services can lead to the distrust of the system and hostility towards future foreign nurses. Muecke et al. (2011) also stated that apart from the frustration it causes to the foreign nurse, it leads to ineffective passing on of skills and knowledge to the clients.

Technological Gaps

For KBNs to gain successful adjustments to their work routines, technological orientation programs and acculturation to American system are necessary (Adeniran et al., 2008). Additionally, KBNs face different medical terminologies and become overwhelmed by different medical equipment settings. First, there is a difference in nursing practice style between the foreign nurses and the US nurses, especially regarding the use of technology and availability of multiple resources that foreign nurses are not accustomed to having. Quality of care and good performance is enhanced by a supportive working environment with medical equipment. Findings from the study done by Adeniran et al. (2008) outlined important themes that healthcare organizations should use that will help foreign nurse integrate, particularly an extended nursing orientation for them to address technological differences and the skills they need to transition. These inquires identified the need for a comprehensive program that addressed the differences in nursing practice, technological, and terminology variance. A review of literature has shown that foreign nurses encounter technological problems while providing care due to different equipment usage, (Adeniran et al., 2008).

Differences in nursing practices

The findings from 29 studies conducted in Australia, Canada, Iceland, UK, and the US were included in this review. These findings indicated foreign educated nurses need support for a successful adjustment. Many foreign nurses realized the incongruence between job expectations and actual demands. Some of these demands include high acuity of patients, increased physical demands, and fragmentation of care (Kawi & Xu, 2009). They also lament that foreign nurse were not allowed legally to perform certain procedures they routinely performed in their home countries. This, in turn, led to a perception of being deskilled and devalued. Surprisingly, for most foreign nurses, families were not involved in patient care in their host country. Many noted that more time was spent on paperwork than their patient care.

Summary

Even though several studies have been completed that focused on foreign nurses, more information is still needed from individual countries of origin. By focusing on specific countries, this helps the host country to prepare for successful orientation and transition. Currently, there is no literature cited concerning Kenyan-born nurses in the USA; however, literature was chosen that focuses mainly on the problems faced by all foreign nurses. In the study, varieties of articles were accessed and most of the articles used quantitative research methods, which was similar to the research completed for this thesis.

CHAPTER III

Methodology

In describing adaptation and orientation experiences of KBNs and examining their transitioning in the nursing workforce in the United States, it was found that providing and aiding these professionals will facilitate their adjustment faster. For the purposes of this study, KBN is defined as a registered nurse (RN) who was born in Kenya and either received his or her nursing education in Kenya or in United States. To validate this study, respondents were required to have an American-equivalent degree and licensure. A sample of 20 nurses will be purposely recruited from two states namely, North Carolina and South Carolina working in different hospitals.

Implementation

For this study, the researcher used a quantitative design that included participants' completion of survey questions. The Cross-Cultural Adaptability (CCAI) tool consisted of 50 questions. The participants also completed a demographic questionnaire (Appendix A) related to their nursing careers.

Participants will be gained through snowball referral. Prospective participants who were willing to participate were contacted by telephone with an invitation to participate in this study. Thereafter, a personal meeting was arranged at a convenient time in a mutually agreed upon location in which privacy is achieved. Locations included the participant's home, café, or private meeting rooms depending on the participant's choice. Importantly, before any scheduled meeting is made, each participant will be asked to sign an informed consent for participating in this study (Appendix B). A CCAI survey

booklet and demographic questionnaire was administered to the participants along with the survey. It was anticipated that the survey would not take more than 30 minutes.

In order to ensure a complete description of this study, data collection of this study was continued until the total number of 20 participants was reached. Precisely, every completed survey packet was labeled with an assigned code number for confidential matters, and then they were kept in a secure, locked cabinet in the researcher's home before being transported to university for data analysis using the Statistical Package for the Social Sciences (SPSS) software. Data collection for the study will occur in September 2014.

Setting

This study was conducted in a privately chosen location of each participant for confidential purposes.

Sample

Data was collected from 20 Kenyan-born registered nurses who fit in the outlined criteria that was chosen through the snowballing technique. Informed consent forms were signed by willing KBNs before any data collection took place.

Design

A non-experimental design was used to describe KBNs and explore their adaptation, and orientation experiences. Prior to the recruitment of the participants, institutional review board (IRB) approval from the university. This study did not expose participants to any risk.

Participants were recruited purposefully from Kenyan-born Registered Nurses working in American Hospitals. Snowball referral was used to identify participants who

were relevant to the study. Once potential participants were known they were contacted by telephone. During the telephone conversation, participants were informed of the purpose of the study and were given an opportunity to ask questions about the study. Informed consent forms will be signed prior to participation. Participants' confidentiality will be maintained by not mentioning their names or any other form of identification.

The intended population was constituted of 20 KBNs. They were not in any way coerced into participation. It was made clear to them that their participation was voluntary and that they may stop at any time without penalty. This was clear on the consent form and was repeated verbally by the researcher.

Protection of Human Subjects

Participants were reminded to observe the protocol that was signed in the informed consent. The participants were informed that the study would not affect their jobs, or used in any way that could compromise their work relationship with their institutions, or used in profiling of their personal life. Also, they were informed that participation was voluntary with no monetary obligation and they could decide to terminate at any given point for their own personal reasons. The researcher will keep the data collected confidential. Additionally, they were reminded during the study not to give information that might reveal their identity. At the same time, the researcher did not ask questions that would lead to reveal their identity. Ultimately, the interviewee would choose their preferred location for their own privacy.

Instrument

A quantitative approach was used in this study to collect data from the sample. Specifically, a questionnaire survey consisting of 50 items was used to collect the data.

The Cross-Cultural Adaptability (CCAI), Kelley and Meyers (1995) was used in addition to the general demographic questionnaire. The CCAI is a self-scoring assessment instrument that helps individuals identify their current strengths and weakness within four critical skill areas which are important for effective cross-cultural communication and interaction. This instrument also helped provide insight into the ability to adapt to new situations, interact with people different from one-self, tolerate ambiguity, and maintain a sense of self in new or different surroundings.

The authors proposed that cross-cultural adaptability has four dimensions: (1) openness, (2) emotional resilience, (3) perpetual acuity, and (4) personal autonomy. Openness refers to a person's tendency of possessing a broad mind and open to others. Emotional resilience is maintaining positive emotions while being in unfamiliar and influential environments. For example, an individual in a new environment most often experience negative emotions as a result of culture shock. The emotional resilience scale represents individual's ability to cope with these emotive feelings. The perceptual acuity scale focuses on one's ability to detect both verbal and nonverbal cues from individuals from another culture in addition to general communication skills. The personal autonomy scale assesses how one is able to appreciate cultural differences while maintaining a personal self.

Validity and Reliability

The validity of an instrument refers to the ability to obtain valuable and significant inferences from the use of that instrument (Creswell, 2003). The CCAI was developed to be used in cross-cultural training to allow people to identify factors that are important when interacting with people from other cultures as well as to identify personal

qualities that will further the development of cross-cultural skills (Kelley & Meyers, 1995). The authors indicated the CCAI has three types of validity. They suggested the CCAI has been shown to have face validity through expert review. At the same time the CCAI also suggested to have construct validity through statistical tests conducted by the instrument authors and other researchers who have used the instrument in the past (Kelley & Meyers, 1995). However, a recent factor analysis of the CCAI, (Davis & Finney, 2006) suggested a less than optimal fit of the four scales and suggested additional statistical research be done on the instrument to confirm the validity of the instrument. No additional information on the validity of the CCAI was available at the time of the study.

The reliability of CCAI estimates indicated the items within each scale are strongly related to one another, therefore, showing high internal consistency. The CCAI exhibited a degree of construct validity based on the statistical analysis of data collected from a normative sample of 653 research participants, including American and foreign participants with different backgrounds and levels of education, (Kelley & Meyers, 1995). Overall reliability for the CCAI is .90, thus demonstrating a high internal consistency (Kelley & Meyers, 1995).

Data Collection

Data was collected in November 2014 after approval by the Advisor at the university. A snowball referral form of interview was utilized while seeking willing participants. Willing participants were contacted by telephone with an invitation to take part in this study. All participants were asked to read and sign an informed consent, agreeing to the terms and conditions of participating in the study. The KBNs were asked

to complete a 50-item survey questionnaire regarding their experiences using CCAI tool. Data was collected via paper and pencil format. A demographic questionnaire data was also collected where every participant was asked to respond to questions, such as: what is their age, gender, orientation time frame, years of practice as nurse in US, years of practice as a nurse in Kenya, where they studied, and area of specialty. The answers to these demographic questions helped the researcher interpret the collected data.

The completed survey packet was labeled with assigned code numbers for confidential matters, and was kept in a secure, locked cabinet in researcher's home before being transported to the university for data analysis using the SPSS software.

Data Analysis

Once the data collection process was completed, the data was transferred into statistical software known as SPSS. Thereafter, the data was analyzed to answer the three research questions posed in this study. Frequencies and descriptive statistics were run to assess the result of the survey instrument. A series of correlations such as T-test, and Analysis of Variance (ANOVA) were used to explore their relationship. The independent variables were (1) openness, (2) emotional resilience, (3) perpetual acuity, and (4) personal autonomy and the dependent variable was the orientation time frame. The hypothesis was stated and was used to explore the levels of significance of these associations.

Summary

Successful orientation of foreign nurses played a major role in alleviating challenges faced and aided in the transitioning process in the US workforce. Participation in this study helped answer foreign nurses other challenges. Through this study, the US health workforce will be able to implement their orientation structures for smooth transition of foreign nurses.

CHAPTER IV

Results

This chapter presented the results on the data gathered from the responses to the questionnaires and CCAI tool relative to the research subjects of this study. The data were collected and then processed in response to the problems posed in chapter one of this research study. Four important objectives drove the collection of the data and the subsequent data analysis. These objectives were to develop a base of knowledge on the role of openness, emotional resilience, perpetual acuity, and personal autonomy on orientation time frame for KBN in the USA. The finding presented in this chapter demonstrated the potential for integrating theory and practice (Frankel, 2009).

Sample Characteristics

A CCAI survey booklet and demographic questionnaire were given to KBN in the USA after indicating their willingness to participate in the study. The KBNs then completed both the questionnaire and the survey. The confidentiality of the participants was observed and their completed research surveys and questionnaires were kept in a secure and locked cabinet in the researcher's home before being transported to the university.

A total of 20 Kenyan-born nurses completed a CCAI survey booklet and questionnaires at their specified location in November 2014. The response rate was 100%. This was ensured by continual administration of the instruments until the total number of 20 participants was reached. The data from the questionnaires were statistically analyzed using SPSS version 20. The findings are discussed according to the sections of the questionnaire and then with reference to CCAI Tool. The two sections of

the questionnaire were the demographic section and the cross-cultural culture adaptability inventory tool.

Major Findings

Personal Data

This section of the questionnaire covered the respondents' age and gender. Even though it is not central to the study, personal data helped contextualize the findings and the formulation of appropriate recommendations to enable KBN nurses to adapt to the new and challenging work environment in a different culture.

The demographic characteristics of the respondents are presented in Table 1. The younger KBN ranged from 26-45 years, with the majority being 26-35 years 12 (60.0%). It should be noted that most KBNs studied in their home country before they travelled to the USA in search of greener pastures. Of the 20 respondents, only 5 (25%) were male whole the rest 15 (75.0%) were female. This means that the research results might not be generalizable respondents' of all the gender.

Table 1.

Demographic characteristics of Respondents (n=20)

Characteristics	Frequency	Percent
Age		
20-25 years	0.0	0.0
26-35 years	12	60.0
36-45 years	8	40.0
46 and above	0.0	0.0
Gender		
Male	5	25.0
Female	15	75.0

Cronbach=0.379 N=20 Source: Researcher's Survey, 2014

US Experience

Of the respondents, 5 (25.0%) had been in the USA for 1-3 year, 11(55.0%) had been in the USA for 4-6 years, 3(15.0%) had stayed in the USA for 7-10 years while only one nurse had stayed for over 10 years. (see Table 2)

Table 2.

Details of US Experience

Characteristics	Frequency	Percent
Years lived in the United States		
1-3 year	5	25.0
4-6 years	11	55.0
7-10 years	3	15.0
Over 10 years	1	5.0
Orientation time frame		
6-8 weeks	11	55.0
9-12 weeks	9	45.0

Cronbach=0.409 Source: Researcher's Survey, 2014

Table 3 represents the years that the selected KBN had been practicing nursing in the US. Of the 20 nurses, 2 had been practicing for less than 1 year (10.0%), 6 had been practicing between 1-3 years (30.0%), 8 had been practicing between 4-6 years (40.0%), while the rest 20% had been practicing nursing between 6-10 years. As shown in Table 3 most of the nurses had been practicing nursing in US for more than three years but less than 10 years

Table 3.

Details of US Experience

Characteristics	Frequency	Percent
Years practicing nursing in USA		
Less than 1 year	2	10.0
1-3 years	6	30.0
4-6 years	8	40.0
6-10 years	4	20.0

Cronbach=0.409, Source: Researcher's Survey, 2014

Results on Specific Objectives

The first research question examined the level of emotional resilience for KBNs working in the US. Means and standard deviations of all the four cross-cultural attributes are presented in Table 4 below. The mean scores for ER ranged from 79.3636 for (6-8 weeks) orientation time to 82.4444 for (9-12 weeks). To address the research question ANOVA test was conducted to compare the means scores of emotional resilience, flexibility/openness perceptual acuity and personal autonomy and orientation time.

Table 4.

Mean Scores of Cross-Cultural Adaptability of KBN Based on Orientation Time Frame

Orientation Time Frame		Emotional Resilience	Flexibility/openness	Perceptual Acuity	Personal Autonomy
6-8 weeks	Mean	79.3636	62.6364	60.4545	29.5455
	Std. Deviation	7.83929	8.92494	10.53910	3.61562
	n	20	20	20	20
9-12 weeks	Mean	82.4444	69.6667	69.6667	30.0000
	Std. Deviation	11.67381	9.56556	9.56556	5.31507
	n	20	20	20	20

Cronbach=0.765, Source: Researcher's Survey, 2014

Table 5 shows the output of the ANOVA analysis and whether there is a statistically significant difference between our group means. It can be seen that the significance level is 0.858 ($p = 0.858$) for ER and orientation time which is greater than 0.05 and, therefore, there is a no statistically significant difference in the mean of orientation time and ER. Therefore, there was no need for carrying out post-hoc tests for the association since there was no significant difference between the two means.

The second research question examined whether there was a significant difference between the mean scores of flexibility/openness and orientation time. The mean score 62.6364 for (6-8 weeks) and 69.6667 for (9-12 weeks) and are presented in Table 4 above. ANOVA test was conducted to address this question and the results are presented in Table 5 below. The table illustrates that there is no significant difference in flexibility and openness and time taken for the nurses to be orientation ($p=0.993$, $p>0.05$).

The third research question sought to find out the level of perpetual acuity for KBNs .The mean score ranged from 60.4545 for (6-8 weeks) to 69.6667 for (9-12 weeks) as shown in Table 4. The Sig. value for the two associations is 0.585. This value is greater than 0.05 ($p>0.05$). Because of this, it can be concluded that there is no statistically significant difference between the mean response of orientation time and perpetual acuity for KBNs.

Finally, though not a subject of this study, personal autonomy was also examined to determine the influence on orientation time for KBNs. Table 4 shows the mean scores between the two associations. The mean score ranged from 29.5455 for (6-8 weeks) orientation time to 30.0000 for (9-12 weeks) orientation time. The results for ANOVA test are presented in Table 5. Therefore, was no statistically significant difference

between groups as determined by ANOVA ($p = 0.289$, $p > 0.05$). Post Hoc tests was not needed because there was no significant association.

Table 5.

Results of ANOVA on Interaction Between Orientation Time and Cross-Cultural Adaptability

		Sum of Squares	df	Mean Square	F	Sig.
ER	Between Groups	0.583	5	0.117	0.374	0.858
	Within Groups	4.367	14	0.312		
	Total	4.950	19			
FO	Between Groups	0.028	3	0.009	0.030	0.993
	Within Groups	4.922	16	0.308		
	Total	4.950	19			
PAC	Between Groups	0.550	3	0.183	0.667	0.585
	Within Groups	4.400	16	.275		
	Total	4.950	19			
PA	Between Groups	0.673	2	0.337	1.338	0.289
	Within Groups	4.277	17	0.252		
	Total	4.950	19			

ER=Emotional Resilience FO=Flexibility/openness PAC=Perceptual Acuity

PA=Personal Autonomy, N=20 Cronbach Alpha=0.808

Source: Researcher's Survey, 2014

In a nutshell, ANOVA analysis was conducted to compare means for cross-cultural attributes and orientation time frame for KBNs working in the US. The results yields that there was no significant association between the independent variables openness, emotional resilience, perpetual acuity, and personal autonomy and the dependent variable was the orientation time frame.

Results of t-test

Table 6 provides useful descriptive statistics for the set of groups that the study sought to compare, including the mean standard deviation and Std. Error Mean and provides the actual results from the independent t-test.

Table 6.

T-test and Sample Statistics

Paired Differences		
ER	Mean difference	-1.95000
	Std. Deviation	1.70062
	Std. Error Mean	0.38027
	t	5.128
	df	19
	Sig. (2-tailed)	0.000
FO	Mean difference	-0.30000
	Std. Deviation	1.03110
	Std. Error Mean	0.23056
	t	1.301
	df	19
	Sig. (2-tailed)	0.209
PAC	Mean difference	-0.35000
	Std. Deviation	0.93330
	Std. Error Mean	0.20869
	t	1.677
	df	19
	Sig. (2-tailed)	0.110
PA	Mean difference	1.00000
	Std. Deviation	.72548
	Std. Error Mean	.16222
	t	6.164
	df	19
	Sig. (2-tailed)	0.00

ER=Emotional Resilience FO=Flexibility/openness PAC=Perceptual Acuity
PA=Personal Autonomy, N=20, Cronbach Alpha=0.808,
Source: Researcher's Survey, (2014)

The final output table shows descriptive statistics for the T-value with its degrees of freedom and p-value for the paired group. The null hypothesis states that the mean difference between sub-categories on the cross cultural adaptability inventory between participants orientation time is zero. In other words, the sub-categories have no effect on orientation for Kenyan trained nurses staying in the USA. If that is true then the probability of seeing a difference of 1.95 or more is 0.000 (the p-value). Therefore, $0.000 < p\text{-value} < 0.05$, indicates that the null hypothesis is rejected, and it would be expected that the difference in means is not equal to 0. We conclude then that emotional resilience has no effect on the time it takes the Kenyan-born nurse to be oriented into the work environment here in the USA.

Secondly the study hypothesized that flexibility and openness has a significant effect on orientation time at $\alpha=0.05$. Table 6 presents the mean difference with its p-values that would help us test this hypothesis. The p-value for the difference of 0.3 or more was 0.209 which is less greater than 0.05 ($p > 0.05$) we therefore conclude that flexibility and openness has a significant influence on orientation time.

Thirdly this study found perceptual acuity has a significant effect on orientation time ($p=0.110$, $p > 0.05$, $t(19) = 1.677$) with a mean difference of 1

Lastly it was noted that since $0.00 < p\text{-value} < 0.05$ we have sufficient evidence to reject H_0 . We conclude that personal autonomy has no effect on orientation time

Summary

In summary, looking at the Sig. column, we can see that most of the values are greater than 0.05. However, there are two values that are 0.00. These values correspond with the emotional resilience and personnel autonomy. For this reason, we can conclude

that these sub-categories have no impact on orientation time. However, the other sub-categories were found to have an effect on the time it takes for the Kenyan nurses to be oriented into the work environment in the USA.

CHAPTER V

Discussion

The motivation behind this study was to examine how KBNs adapt to the American healthcare culture. In particular, it sought to find out the effects of openness, emotional resilience, perpetual acuity, and personal autonomy on orientation time it takes the KBN to adapt to the American healthcare culture. The study hypothesized that these factors affect the length of time it takes the KBNs to be oriented into the American healthcare system. Cross-cultural adaptability was measured using the four measures as outlined in the Cross-Cultural Adaptability Inventory (CCAI) by Kelley & Meyers, (1995), namely: emotional resilience, flexibility/openness, perceptual acuity, and personal autonomy.

This chapter contains a discussion of the results and is organized into six sections. Section one describes the implication of the findings. The second section illustrates the application of the findings to the conceptual framework. The third section is on the discussion of the limitations of the study. The next section illustrates the implications of the findings for nursing. Finally, are the recommendations of the study and conclusion based on the objectives presented?

Implication of Findings

The findings from the current study have implications that can be used by US hospitals to develop inclusive and integrated programs. Program implementers should come up with better ways of ensuring that work environment in the American Healthcare system meets the needs and interests of foreign nurses. These programs may include

specific orientation time frame that could positively affect nurses' cross-cultural adaptability.

United States employers may use the results of the study to implement more culturally expanding work environments in the healthcare sector to accommodate foreign nurses seeking employment. This will capitalize on the diverse cultural backgrounds of nurses and also assist in program implementation that exposes KBNs to their new cultural traditions.

The current study will also provide implications for future research. In a future study, researchers may wish to examine U.S healthcare system and size to see if foreign born nurses experience different outcomes. Consequently instead of at looking orientation time frame for foreign born nurses, researchers might choose to focus on a different curriculum as well as their remuneration systems.

Institutions and administrators from healthcare systems should look at current policy governing the different work environment and consider revision and implementation of work policy in order to improve the working conditions for foreign-born nurses. At the same time, policymakers can use the current research to determine certain aspects of orientation time for foreign-born nurses that need to be met by healthcare systems in order to make the experience beneficial to nurses.

Application to Conceptual Framework

The first research question posed in this study sought to determine if there was any significant relationship between emotional resilience and orientation time for the selected KBN into the USA healthcare system. Emotional resilience is represented by eighteen questions on the Cross-Cultural Adaptability Inventory (CCAI) (Kelley &

Meyers, 1995). The higher the score, the higher the level of emotional resilience that the KBNs exhibited. The selected nurses who took 9-12 weeks to be oriented had statistically significantly higher mean scores for emotional resilience than those who took 6-8 weeks to be oriented.

Emotional resilience refers to one's ability to adapt to stressful situations. More resilient people are able to adapt to adversity without lasting difficulties, while less resilient people have a harder time with stress and life changes. To some degree, emotional and physical resilience are something inborn (Swenson, 2013). Nurses who are more resilient will take shorter orientation time frame and therefore may easily handle the prospect of challenging or unfamiliar situations that the American healthcare system presents.

The second research question sought to find out the role openness on orientation time. Flexibility/openness (FO) is represented by 15 items on the CCAI measured level, with a higher score indicating a higher level of flexibility/openness. There were significantly higher mean score for flexibility/openness for those nurses who took 9-12 weeks as compared to those who took 6-8 weeks to be oriented in the American healthcare culture.

A possible explanation for the FO differences between the two orientation periods could be because given a chance to live in a culture vastly different from self for long period of time may increase one's flexibility/openness. Another explanation for the FO differences may originate from the fact that nurses who have resided longer in the US may have higher levels of flexibility/openness than those who lived less than three years.

The third research question sought to look into the influence of perpetual acuity (PA) on orientation time frame. As posit by Kelley and Meyers, (1995) ten items from the CCAI measured level of perceptual acuity. Perceptual acuity occurs when one pays attention to and accurately perceives various environmental characteristics. The higher the score, the higher the level of perceptual acuity that the nurses had. There was no statistically significant difference between the mean response of orientation time and perpetual acuity for KBNs. However there was a higher mean score for PA for nurses who took 9-12 weeks as compared to those who took 6-8 weeks to be oriented.

Perceptual acuity can be heightened by spending time in cultures and with people who are different from you. Nurses who took between 9-12 weeks or more in orientation may have a chance to further develop their levels of perceptual acuity as they were exposed to different people and environments during their working time as compared to those who took less.

The results showed that they are in line with Leininger's Sunrise Conceptual Model of Cultural Diversity and Universality that allows organizations to develop orientation plans for foreign-born nurses.

Limitations

There were some limitations with the present study. The first limitation was the fact that the sample was comprised of a majority of female (75.0%) and those aged between 26-35 years (60.0%). Respondents coming from these backgrounds may respond differently than those coming from other backgrounds.

Another limitation deals with the shortcomings of using snowball sampling technique. Using this approach, a few potential respondents were contacted and asked

whether they knew of anybody with the characteristics that you are looking for in your research (Heckathorn, 2011). Because of the use of this sampling type the results of the current study are less generalizable to a wider population.

Finally, the respondents may have rushed while answering the CCAI inventory tool and the demographic survey format when answering the questions. The degree of actual candidness may have had an influence on the results.

Implications for Nursing

As the diversity of foreign nurses' increases, more studies are needed to fully understand this population, especially understanding of those educated with more diverse cultures. Future studies may determine if orientation programs of foreign-born nurses should include specific information about the culture as well as information about the delivery of US healthcare and to explore their transition as they enter the US with support systems. Thus, there is a great need to examine how foreign-born nurses can adapt easily to the American healthcare system to avoid negative impacts on the quality of nursing practice and patient care. Therefore, more studies are needed to strengthen and establish relationships between adaptation and personal work-related variables such as KBNs' perceptions of life and work satisfaction. Healthcare organization's careful review of implementation of programs implies that they have successful integrated healthcare systems in focusing on combination of processes that foster adaptation and improving patient outcome (Suter, Oelke, Adair, & Armitage, 2009).

As the US healthcare sectors continue hiring foreign-born nurses that include KBNs, there is a pressing need to examine the effects of global nurse migration on both the host and home countries. Therefore, studies should be directed to find lasting

solutions that address the negative results from global nurse migration such as uneven labor shifts and multi-distribution of nursing personnel worldwide. Studies that address the implications of global migration of nurses and impact KBNs adaptation on personal and patient outcomes may not only expand the current body of nursing knowledge, but could improve nursing practice.

Recommendations

Healthcare institutions and administrations should develop specific and effective adaptation programs that would facilitate KBNs' smooth transition to the US healthcare system. It is expected such programs will strengthen nursing and patient care delivery, enhance collegiality among nurses from diverse backgrounds, improve patient outcomes, and increase retention of foreign-born nurses in the work place.

Conclusion

The study concluded that there was no statistically significant difference in the mean of orientation time, and cross-cultural sub-categories: emotional resilience, flexibility/openness, and perpetual acuity for KBNs. It can therefore be concluded that emotional resilience and perpetual acuity has no effect on the time it takes the KBNs to be oriented into the work environment in the US.

However, the study did not include all the aspects that can affect foreign-born nurses in a cross-culture environment. More research needs to be conducted to determine the working conditions in the US. It may not be a matter of only providing work opportunities to the most KBNs, but making sure that the work opportunities that are provided take into consideration the different cultures and challenges the workforce in the healthcare systems present.

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Appendix A

DEMOGRAPHIC QUESTIONNAIRE

Please check what applies to you

1. What is your age?

20-25 26-35 35-45 over 50

2. What is your gender?

Male Female

3. How many years have you been living in the United States?

Less than 1 1-3 4-6 6-10 over 10

4. How many years have you been a practicing nurse in the United States?

Less than 1 1-3 4-6 6-10 over 10

5. What was your orientation time frame?

Less than 6 weeks 6-8 weeks 9-12 weeks more than 12 weeks

6. How many years did you practice nursing in Kenya?

None Less than 1 1-3 4-6 6-10 over
10

7. Where did you complete your nursing education?

Kenya United States _____ other

8. List the current specialty nursing area in which you are employed.

Appendix B
CONSENT FORM

I volunteer to participate in a research project conducted by Emily Tangwar, student from Gardner-Webb University. I understand that the project is designed to gather information about the experiences of the Kenyan immigrant nurse in America.

- 1) My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty.
- 2) If I feel uncomfortable in any way during the survey session, I have the right to decline to answer any question or to end the participation.
- 3) Participation involves completing a 8-item demographic questionnaire and the 50-item survey, titled the Cross-Cultural Adaptability (CCAI) instrument. The survey will be distributed in person by a researcher. The whole process should last no more than 30 minutes.
- 4) I understand that the researcher will not identify me by name in any reports using information obtained from this study and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies, which protect the anonymity of individuals and institutions.
- 5) I have read and understood the explanation provided to me. I have had all my questions answered to my satisfaction and I voluntarily agree to participate in this study.
- 6) I have been given a copy of this consent form.
- 7) If you have any further question you may contact the student researcher, Emily Tangwar at 864-542-7386 or Thesis Chair, Dr. Candice Rome at 704-406-4356.

Signature

Date

Print Name

Signature of Researcher