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Culture care meaning of comfort for ethnically diverse pre-licensure baccalaureate nursing students in the educational setting

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

THE CULTURE CARE MEANING OF COMFORT FOR ETHNICALLY DIVERSE
PRE-LICENSURE BACCALAUREATE NURSING STUDENTS
IN THE EDUCATIONAL SETTING

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
School of Nursing
Nursing Education

December 10, 2010

This Dissertation by: Lynne K. Zajac

Entitled: *The Culture Care Meaning of Comfort for Ethnically Diverse Pre-Licensure Baccalaureate Nursing Students in the Educational Setting*

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in the College of Natural and Health Sciences in School of Nursing, Program of Nursing Education

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ABSTRACT

Zajac, Lynne K. *The Culture Care Meaning of Comfort for Ethnically Diverse Pre-Licensure Baccalaureate Nursing Students in the Educational Setting*. Published Doctor of Philosophy dissertation, University of Northern Colorado, December 10, 2010.

The nursing profession is calling for enhanced diversity within the ranks of registered nurses to meet the health care needs of an increasingly diverse society. Nursing education is faced with the challenge of retaining ethnically diverse nursing students. Students who are ethnically diverse face unique challenges in addition to the universal stressors of nursing school. The experience of comfort as theorized by Kolcaba may provide ease, relief, and transcendence of the discomfort experienced by diverse nursing students. This ethnonursing research study utilizing Leininger's Culture Care Theory is an in-depth examination of the culture care meaning of comfort for ethnically diverse nursing students. A purposeful sample of seven key informants and 14 general informants was employed.

The researcher used words, observational field notes, and artifact pictures and descriptions to understand the meanings and expressions of comfort in the educational setting. Patterns of comfort care, both universal and diverse, came to light and are conveyed in five themes: (a) the desire to be cared for as a distinct human being within the context of ethnic differences; (b) being ethnically diverse influences expressions of comfort; (c) identification with cultural practices and values promotes feelings of comfort, as well as discomfort; (d) family, social, and peer relationships affect expressions of comfort care; and (e) comfort care activities of ethnically diverse nursing

students are represented by universal and diverse expressions. Suggestions for nurse educators for providing culturally congruent ways of facilitating comfort care by applying Leininger's action and decision modes are presented. The modes are relative to preserving, accommodating, and restructuring culture care patterns to enhance comfort for ethnically diverse nursing students with the goal of retaining them in nursing education programs.

Key words: comfort, Comfort Theory, Culture Care Theory, ethnically diverse nursing students, ethnonursing research, nursing education, nursing student stress

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CHAPTER I

INTRODUCTION TO THE STUDY

Nursing education is demanding and can be stressful for the student in terms of the time commitment, the amount of information presented, and the responsibility of applying knowledge to patients in the health care setting. Numerous studies underscore the impact of stress and stressors experienced by nursing students (Mahat, 1998; Dziegielewski, Turnage, & Roest-Marti, 2005; Nicholl & Timmins, 2005; Shirey, 2007; Hegge, 2008). There is an established relationship between stress and the effect on health (Murff, 2005; Cass, 2006), and between stress and learning. While mild stress can reinforce learning, significant stress interferes with academic achievement (Rickinson, 1998; Murff, 2005; Zajacova, Lynch & Thomas, 2005). Selected studies in the literature imply that students can improve their chance of success in the learning environment if stress is lessened (Lo, 2002; Dziegielewski et al., 2004; Walsh, Chang, Schmidt, & Yoepp, 2005). Stress is generally defined as an internal or external environmental factor that induces mental or bodily tension (Merriam-Webster, 2006; Smeltzer, Bare, Hinkel, & Cheever, 2008).

Conversely, comfort is described as freedom from pain, trouble or anxiety; something that consoles, gives freedom or ease (Merriam-Webster, 2006). The possibility exists that the experience of comfort, or being comfortable or comforted, could decrease perceptions of stress. The experience of comfort may also assist students

in managing stress. In her work with the middle range nursing theory, Comfort Theory, Kolcaba (1991, 1992, 1994, 2001, 2003) established a connection between nursing interventions and patient expressions of comfort. According to Kolcaba, the role of nursing is the intentional assessment of comfort needs, design of comfort measures or interventions to address those needs, and reassessment of patient or community comfort after implementation of comfort measures, compared to a previous baseline. Kolcaba posits that comfort is individually defined and is contextually influenced; therefore, nursing interventions to maximize comfort must be individualized, as well. In order to assess comfort needs and subsequently intervene, one must first understand the meaning of comfort to the select population. This raises the question of what constitutes comfort for stressed nursing students in the learning environment and how the understanding of comfort could assist nurse educators in maximizing a comfortable learning milieu.

Comfort may have different meanings for students from diverse backgrounds. According to Leininger (2006), “cultures have their own definitions and uses of their terms” (p. 12). The phenomena of comfort may be culturally defined and influenced by cultural values and lifeways, political and legal factors, kinship and social factors, religious and philosophical factors, technological, economic, and educational factors (Leininger, 1991; Leininger & McFarland, 2006).

In addition to the experience of universal stressors associated with nursing school, culturally diverse nursing students experience unique stressors and challenges in the nursing education environment (Soroff, Rich, Rubin, Strickland & Plotnik, 2002; Taxis, 2002; Evans, 2004; Amaro, Abriam-Yago, & Yoder, 2006; Gilchrist & Rector, 2007). The faculty’s understanding of the experience of comfort from a diverse perspective may

be crucial to decreasing stress and improving chances of academic success for culturally diverse nursing students.

In order to explore this phenomenon, a qualitative ethnonursing research study to discover the culture care meanings, experiences, and expressions of comfort for a culture of ethnically diverse pre-licensure baccalaureate nursing students is proposed. This first chapter of the dissertation includes: 1) the background of the diversity in nursing and nursing education; 2) the background of Comfort Theory (Kolcaba, 1991) and Culture Care Theory (Leininger, 1991); 3) the problem statement related to the culture care meaning of comfort; and 4) the significance of understanding the culturally defined meaning of comfort for diverse nursing students.

Background

Diversity and Nursing Education

The need for increasing the diversity of the health care workforce to meet the needs of a diverse population is well established (Sullivan Alliance, 2004; American Association of College of Nursing, 2007). Currently, within the ranks of registered nurses (RNs) there is a lack of cultural diversity and minority representation. Nursing continues to be a homogeneous profession comprised of mostly White females. According to the 2004 findings of the United States Department of Health and Human Services - Health Resources Services Administration (2006), 88.4% of RNs were listed as White, non-Hispanic, while 74.1% of the general United States (U.S.) population is listed as White, non-Hispanic (U.S. Census Bureau, 2008). By mid-century the non-White population will outnumber the White population and there will be no majority population

(Sullivan Alliance, 2007). If the current trend continues, the diversity variance between the U.S. population and the RNs providing the health care will expand further.

The initiative for increasing the proportion of minority registered nurses is hindered by the current nursing shortage and complicated by the lack of recruitment and retention of minority nursing students (Terhune, 2006). The obstacles to increasing diversity in the nursing student population are prominent in the literature. Ethnically diverse nursing students experience feelings of discrimination and separation in the educational environment (Mills-Wisneski, 2005; Terhune, 2006; Starr, 2009). Additionally, nursing students express the lack of faculty understanding of their culture and lack of support for their cultural needs as barriers to academic achievement (Soroff et al., 2002; Taxis, 2002; Amaro et al., 2006; Alicea-Planas, 2009; Starr, 2009). Thus far, select recommendations to overcome these barriers include support for nursing faculty development in the area of culturally competent teaching (Yoder, 2001; Taxis, 2002; Amaro et al., 2006; Eschallier & Fullerton, 2009) and commitment to a culturally supportive and caring educational environment within the nursing curriculum (Amaro et al., 2006; Evans, 2006; Gilchrist & Rector, 2007). Faculty support, faculty caring, and culturally congruent teaching, all commence with understanding the lifeways and values of diverse students. An examination of the culture care meaning of comfort may support this understanding and consequently improve the educational outcomes for culturally diverse nursing students.

Comfort

Comfort Theory, a middle range theory, was developed by Kolcaba (1991, 1992, 1994, 2001, 2003) in recognition of the need to define an individualized condition of

patients that was more than just the absence of disease or pain. Kolcaba identifies the opposite of comfort as suffering. Comfort Theory has been applied to several quantitative research studies for various patient populations. One study resulted in college students with preexisting mental health issues reporting an increase in comfort after receiving healing touch interventions (Dowd, Kolcaba, Steiner, & Fashinpaour, 2007). Most recently, Comfort Theory has been employed at the health care institutional level as a framework for improving the clinical practice environment for both patients and employees (Kolcaba, 2006) and to an educational setting (Goodwin, Sener, & Steiner, 2007). The theory includes several major concepts and definitions that could be applied to the nursing education setting. Several are described here: a) comfort care – focuses on addressing physical, psychospiritual, sociocultural and environmental comfort needs; b) comfort needs – a desire for or deficit in relief, ease, and transcendence; c) relief – the experience of having a comfort need met; d) ease – a state of calm or contentment; e) transcendence – the state in which one rises above problems or pain; f) comfort measures – nursing interventions designed to meet specific comfort needs of recipients; and g) health seeking - a broad outcome category where patients engage in behaviors towards well-being (Schlotfeldt, 1975). At present, there have been no studies using the Comfort Theory framework for understanding comfort specifically within the culturally diverse nursing student population.

Malinowski and Stamler (2001) explored the concept of comfort in nursing and found no consensus for a definition of comfort in the literature. They connected ideas of comfort with Watson's Theory of Caring (1988) and Leininger's Culture Care Theory (1991). For example, caring actions may lead to the experience of comfort as uniquely

defined by individuals. Malinowski and Stamler (2001) concluded that understanding the meaning of comfort is vital to the process of providing culturally congruent care. The authors expressed the need for further research to understand the meaning and expressions of comfort in order to facilitate comfort producing nursing actions in concert with cultural needs. The same understanding could benefit nurse educators. Research is needed to explore the meaning of comfort care by expanding the knowledge of care expressions, practices, and beliefs associated with comfort in ethnically diverse nursing students in the educational setting.

Culture Care Theory

Madeleine Leininger conceptualized the Theory of Culture Care Diversity and Universality in the 1950s, and developed it for use by nurses and health professionals by 1960. Culture, the major tenet of Culture Care Theory, is defined as “the learned, shared and transmitted values, beliefs, norms, and lifeways of a particular culture that guides thinking, decisions, and actions in patterned ways and often intergenerationally” (Leininger & McFarland, 2006, p. 13). An important aspect of the Culture Care Theory is to discover what is diverse among cultures and what is universal (Leininger 2001, 2007; Leininger & McFarland, 2006). The way to discover and explain cultural phenomena is through the ethnonursing research method. Leininger’s (2007) ethnonursing research method has enabled the nurse researcher to “tease out the largely unknown and covert care beliefs, values and lifeways” (p.11) of particular cultures.

Care and caring are central constructs of Leininger’s Culture Care Theory. Caring, an action which, according to Leininger (1991), is the essence of nursing and is directed towards assisting, supporting, or enabling another individual with culture care

needs to improve a human condition. Leininger (2006) posits that care, a phenomenon to be understood in order to guide nursing actions, is “meaningful, explicit, and beneficial” (p.3), is culturally rooted, and can be abstract or concrete. According to Leininger, care can be generic (emic) or professional (etic) and ethnonursing research provides a compass for discovering both. Leininger defines generic care as learned and transmitted, lay, indigenous, traditional or local knowledge and practices (Leininger, 2002, 2006) and professional care as formal and explicit cognitively learned professional care knowledge and practices (Leininger, 1991, 2002, 2006).

Leininger’s holistic theory of culture care and universality encompasses a cultural approach which focuses on the care that promotes the health and well being of people. In order to appreciate what is culturally appropriate care the expression of a culture care phenomena such as comfort must be understood. Both culture and care are significant to the discovery and understanding of illness, wellness, and other manifestations of health. The study of culture care using Leininger’s theory has uncovered subtypes of care-related concepts and among them is comfort care. Comfort care has been identified as being “essential to health and well-being” (Leininger & McFarland, 2002, p. 57).

Ethnically diverse nursing students experiencing stressors of a culturally unfamiliar educational environment may have comfort care needs that are currently unknown to nursing faculty. When comfort care needs are expressed by students in various words, behaviors, traditions, and habits, then enlightened faculty can assist in providing a more comfort care environment. Nursing faculty should be informed to preserve and maintain comfort care needs which may impact retention of culturally diverse students.

The Problem Statement

The gap between the diversity of the patient population and the lack of culturally diverse registered nurses continues to widen. Despite the efforts to recruit and retain diverse nursing students, a deficiency of diversity persists in the nursing student population. Culturally diverse nursing students describe feelings related to intolerance and lack of support by faculty, as well as feelings of isolation in the educational environment (Mills-Wisneski, 2005; Amaro et al., 2006; Terhune, 2006; Alicea-Planas, 2009; Starr, 2009). As a result, there may be a reduction in academic accomplishment and a drop in retention within the diverse nursing student population once they have been admitted to a nursing program.

Although comfort care is identified as a culture care subtype of Leininger's Theory of Culture Care Diversity and Universality (1991), there have been no ethnonursing studies examining student comfort care in the classroom. The limited existing research impedes the understanding of what makes ethnically diverse nursing students feel comfortable in the educational setting. Until the understanding of the beliefs, practices, experiences, and meanings related to comfort for the ethnically diverse nursing students is known, retention efforts may continue to fall short.

Leininger developed the ethnonursing research method using Culture Care Theory, which includes principles to provide structure for a research process that focuses on a particular culture's worldview, ideas, and cultural practices (Leininger, 1991, 2006). The ethnonursing research method is inductive, naturalistic, and a conduit for gaining insight into the meaning of people's life experience related to health, human care, and wellbeing by examining the world through the eyes of the participants. This research

method provides an opportunity to understand comfort and comfort care from the perspective of ethnically diverse nursing students.

Little is known of what constitutes culturally congruent care with respect to comfort in the classroom. Culturally congruent care maximizes the health and wellness of an individual, family, or community without infringing on cultural beliefs and values (Leininger, 1991). There are three modes of nursing actions and decisions identified by Leininger that encompass culturally congruent care. The three action/decision modes are: a) culture care preservation or maintenance; b) culture care accommodation and negotiation; and c) culture care re-patterning and restructuring (Leininger, 1991, 2007; Leininger & McFarland, 2002, 2006). The modality of care is dependent upon the information obtained from members of the culture. In this case, the members are the students who will be active participants in the decisions about culturally congruent comfort care.

The domain of inquiry for this ethnonursing research is the study of the culture care meanings, experiences, and expressions of comfort for a culture of ethnically diverse pre-licensure baccalaureate nursing students in the educational setting. A starting point for select appropriate questions may include:

- Q1 What is the expression of comfort for ethnically diverse nursing students?
- Q2 What is the experience of comfort for ethnically diverse students in the nursing classroom?
- Q3 What are the comfort care needs of ethnically diverse nursing students in an educational setting?
- Q4 How do ethnically diverse nursing students make themselves feel comfortable in an educational setting?
- Q5 What is the meaning of being cared for or feeling comfort care in the classroom?

- Q6 In what ways can comfort care be offered in the educational setting for ethnically diverse nursing students?
- Q7 What are the generic practices of comfort for nursing students from ethnically diverse backgrounds?
- Q8 What accommodations by faculty would maximize comfort for ethnically diverse students in the educational setting?
- Q 10 What are the universalities and diversities associated with comfort between and among ethnically diverse nursing students?
- Q11 What are non-verbal expressions and behaviors related to comfort for ethnically diverse nursing students?

Significance of the Study

More should be known about the essence of comfort for ethnically diverse students in pre-licensure nursing programs. Nurse educators will benefit from understanding the comfort care needs of diverse nursing students. Increased initiatives to recruit students from minority and underrepresented populations will increase the possibility of educators having students from a multitude of backgrounds in the classroom and clinical settings. After culturally diverse students are recruited, the challenge becomes retaining them for a successful educational experience.

The significance of understanding the cultural needs of diverse nursing students exists in the literature. Evans (2004) recommends that promoting a culturally caring educational environment will decrease student tension and discomfort in the classroom and, perhaps, lift some of the barriers associated with lack of retention. Yoder (2001) discusses the benefit of the “bridging approach” to teaching, where faculty understands the cultural needs of diverse nursing students in the classroom. The diverse students identified the bridging approach as positive to their academic success and personal empowerment (Yoder, 2001) because the faculty is culturally aware, maintains a positive

relationship with students, and identifies barriers that ethnically diverse students face.

Alicea-Planas (2009) suggests that faculty support and encouragement will assist Latino nursing students in progressing through a nursing education curriculum. Cultural understanding is vital to the support and encouragement efforts.

Culturally diverse nursing students may have unique needs related to feeling uncomfortable in a dominant culture classroom. Because the retention of culturally diverse nursing students has been problematic, educators may benefit from understanding the meaning of comfort from a multicultural student perspective in order to promote comfort in the educational setting. Additionally, culturally diverse students may benefit from the promotion of comfort, as they strive to cope with challenges associated with learning in a cultural environment different from their own.

Consequently, understanding the meaning of comfort care for ethnically diverse nursing students may inspire faculty to use comfort care actions or interventions in the classroom for nursing students who may benefit from them. Comprehension of what constitutes comfort in the educational setting may assist nursing faculty to be a conduit for interventions and decrease the feelings of separation and discrimination experienced by diverse students. Until the culture care meaning of comfort for ethnically diverse pre-licensure nursing students is first understood, the appropriate comfort interventions remain unknown. The answer to the question of what constitutes comfort is important, as faculty strive to retain a nursing student population that is increasingly diverse. This study contributes to the knowledge base about culture care meaning, expressions, practices and beliefs of comfort for ethnically diverse pre-licensure nursing students in the educational environment.

Operational Definitions

Culture - “the learned, shared and transmitted values, beliefs, norms, and lifeways of a particular culture that guides thinking, decisions, and actions in patterned ways and often intergenerationally” (Leininger & McFarland, 2006, p. 13).

Comfort - will be determined by the participants in the setting.

Ethnically Diverse – defined for the purpose of the study as not a member of the dominant culture.

Prelicensure baccalaureate nursing students –students who are not registered nurses who have been accepted into a four year college nursing program of study.

Educational setting- an academic institution of higher learning.

CHAPTER II

REVIEW OF THE LITERATURE

Leininger's holistic theory of culture care and universality encompasses a cultural approach which focuses on the care that promotes the health and well being of people. In order to appreciate what is culturally appropriate care the expression of a culture care phenomenon such as comfort must be understood. Both culture and care are significant to the discovery and understanding of illness, wellness, and other manifestations of health. The study of culture care using Leininger's theory has uncovered subtypes of care-related concepts and among them is comfort care. Comfort care has been identified as being "essential to health and well-being" (Leininger & McFarland, 2002, p. 57) and to healing (Leininger and McFarland, 2006). In an ethnonursing study of Finnish women in childbirth comfort care was identified as physical presence, being near, touching or stroking massage, holding and whispering softly (Lamp, 2006). Because comfort care is culturally defined the meaning will be individual to the participants of the specific culture.

Kolcaba (1993) theorizes comfort as way to combat physical, psychospiritual, sociocultural, and environmental stressors. Her mid-range theory (1993, 2003) posits that comfort is an outcome of nursing and health care and that human beings attempt to get their comfort needs met. In addition to Leininger, Kolcaba also puts forth that comfort is individually determined; which is why it is important for nurse educators to understand comfort from a cultural perspective. Studies using Comfort Theory have primarily

focused on patient comfort in the health care agency and on institutional comfort. An exception is one interventional study with 53 college students between the ages of 18 and 24 that demonstrated that healing touch and coaching, a form of counseling, decreased stress and improved comfort (Dowd, Kolcaba, Steiner, & Fashinpaur, 2007). The students had preexisting stress discomforts, such as transient headaches, anxiety, difficulty concentrating, insomnia, and appetite changes. The student sample was 71% White. No other ethnicity information was provided. Findings revealed that healing touch had better immediate results on stress and comfort, while coaching had better long term results on stress and comfort when compared with a group who was placed on a waitlist for interventions. The authors conclude that both healing touch and coaching are appropriate practical comfort enhancing interventions that can be provided to college students at university health services.

Students in the academic environment can experience discomfort as a result of learning new material, providing patient care while in the student role, or encountering academic assignments that are challenging. This type of discomfort experienced by most students may be a consequence of the intellectual challenges that occur as a result of growth within the educational process, which is not the focus of the proposed study.

The domain of inquiry for this study centers around comfort as it relates to the atmosphere of learning for ethnically diverse nursing students. Goodwin, Sener, & Steiner (2007) recognized the need for a comfortable learning environment and applied Comfort Theory (Kolcaba, 1991, 2003) to an accelerated nursing education curriculum. Learning activities were created to promote learning outcomes related to comfort and comfort theory. Comfort is defined holistically within the physical, psychospiritual,

environmental, and sociocultural educational context (Goodwin et al., 2007).

Fundamental to the comfort curriculum is the learning partnership between faculty and students where faculty are committed to a teaching philosophy of upholding holistic comfort. In this realm the attributes of comfort, *relief*, *ease*, and *transcendence* (Kolcaba, 1991, 2003), are met. For example “students may have the opportunity to transcend traditional views of nursing education as they learn what it is to feel comfortable, confident, and empowered in their education” (Goodwin et al., 2007, p. 281). The curriculum is too new to be fully evaluated and several limitations were noted. One limitation was that the students were ethnically diverse compared to the White faculty, therefore students and faculty had different meanings and experiences related to comfort and discomfort in the educational environment. An understanding of comfort from a culturally defined perspective such as the proposed study could further enhance application of comfort theory to a nursing education environment.

There is an abundance of information in the nursing education literature emphasizing the stress associated with nursing school as well as including suggestions for relieving that stress. The literature also underscores the additional stressors that diverse nursing students encounter in an educational environment that is culturally different from their own. Research that uncovers the expression of comfort or comfort needs is sparse in the literature. The majority of literature in the identified areas consists of qualitative and descriptive quantitative studies, literature reviews, and anecdotal accounts. This second chapter focuses on the prevailing literature in the areas of stress, nursing education, and diversity, as well as comfort. These specific areas include: (a) stress experiences of nursing students in general, (b) strategies to overcome student stress, (c) barriers faced by

diverse nursing students in the academic environment, (d) existing strategies to overcome barriers experienced by diverse nursing students, and (e) comfort in the college age population.

Stress and Nursing School

The demanding nature of nursing education can be a source of stress for nursing students. Several quantitative studies highlight the stress, stressors, and perception of stress felt by nursing students in the classroom. In three recent descriptive quantitative studies, undergraduate nursing students rated a primary stressor as difficulty balancing academic commitments with work and personal time (Nicholl & Timmons, 2005; Hegge, 2008; Weitzel & McCahon, 2008). Course work, examinations, excessive reading and writing assignments also ranked high as stressors for the students. The ethnicity of the students was not revealed in these studies. Implications for faculty include evaluation of student workload throughout the curriculum, referral to appropriate college support services, and general faculty support and caring.

Stress is also implicated in nursing student attrition and other negative consequences, such as absenteeism. Timmins and Kaliszar (2002) identified stress as a cause of absenteeism in third year nursing students. While no specific stressors were distinguished, the descriptive study revealed that stress in general was the third most common cause of absenteeism behind social and family commitments. In a qualitative study by Bowden (2008), eight White nursing students were interviewed to determine what factors prompted them to consider leaving nursing school. Academic issues, specifically examinations and writing, were discussed most frequently by the students followed by clinical placement, financial issues, and personal issues. Factors that

influenced the students' decision to stay in nursing school were the support of university staff, including tutors and clinical teachers, peers, family, and friends. Limitations of this study include a small sample size and location in one institution.

Gibbon, Dempster, and Moutray (2007) conducted a series of focus groups with 16 undergraduate nursing students to determine events that led to stress and eustress. Four themes emerged from the data: clinical experiences, levels and sources of support, learning and teaching experience, and course structure. Some factors were noted to be a source of stress, as well as eustress. For example, stressful clinical experiences were due to negative attitudes from staff and working on short staffed units; the experiences were countered with positive comments from patients. Levels of support from tutors and teachers varied and left some students feeling criticized rather than supported. Students did rely on their classmates for support. The fast pace of nursing courses, as well as the academic demands, were cited as sources of stress. Student coping styles and level of maturity were issues thought to influence the ability to manage clinical activities and course demands.

Additional studies support that students consider aspects of the clinical experience to be stressful. Common stressors identified by undergraduate baccalaureate students in the clinical setting for three descriptive studies include: (a) lack of knowledge and unfamiliarity with the clinical environment, (b) fear of harming patients or providing inadequate care, (c) relationship with instructors and nursing staff such as inconsistent expectations and lack of communication, and (d) heavy workload and assignments (Mahat, 1998; Gorostidi et al., 2007; Chan, So, & Fong, 2009). A grounded theory study by Shipton (2002) of 16 baccalaureate nursing students revealed categories of appraised

stressful clinical person-environment relationships as actions by faculty, actions of the nursing staff, actions of peers, implementing nursing procedures, preparing for clinical assignments, and encountering new clinical rotations. The researchers in the above studies recognized the use of positive coping strategies by students as seeking support from peers and family, problem solving, and discussing feelings of stress. Faculty are encouraged to foster positive student-instructor relationships by identifying student stress, taking steps to minimize the stress, and encouraging positive coping mechanisms to cultivate a positive learning environment.

Strategies to Overcome Student Stress

A sampling of the literature reveals that planned interventions do decrease the stress levels of undergraduate college students, however many of the studies do not indicate the ethnicity of the participants. In a study of 50 undergraduate nursing students by Sharif and Armitage (2004) there was improvement after one semester in the stress levels of students who received psychological and educational counseling to reduce anxiety compared to a control group that received no intervention. No mention of the ethnicity of the participants was included in the article. Gammon and Morgan-Samuel (2005) studied the effect of a structured student tutorial support on students' stress, self-esteem, and coping, and found a significantly lower level of stress in the experimental group than the control group. In the description of the 50 nursing students no information regarding ethnicity was provided.

Dziegielewski et al. (2004) conducted a study aimed at providing social work students with information to identify and cope with stress during school as well as to prepare graduates with coping strategies for stressful situations in the professional work

environments. The study included 48 participants who were randomly divided into a control and experimental group. The experimental group participated in a 45 minute stress management seminar. The researchers created a measurement tool to measure the effectiveness of the seminar and also utilized a standardized Stressful Situations Questionnaire. The results indicated that significant changes occurred in the experimental group with respect to the self report of reduction of apprehension in stressful situations. The findings suggest that intervention programs can assist students to better handle stress. Of the 48 students in the study six were African – American, three were Asian, and one was unidentified.

In a study that included a majority of ethnically diverse nursing students, Walsh et al. (2005) determined that a creative arts intervention could decrease students' stress and anxiety. The study design of 36 BSN students was pre-test, post-test quasi- experimental where students participated in four creative arts activities within a nursing research course. After participation in the creative arts intervention the students reported a decrease in stress and anxiety and increase in positive emotions. The ethnicity of the participants included 33.3% Hispanic, 27.8% White, 16.7% Pacific Islander, 13.9 % Black and 5.6 % Other.

Barriers for Diverse Nursing Students in the Educational Environment

In addition to the notable stressors associated with being in nursing school, diverse nursing students may be subjected to additional tensions such as isolation, discrimination, language barriers, and misunderstanding by peers and faculty. In a qualitative study by Amaro, Abriam-Yago, and Yoder (2006), 17 graduates of nursing programs representing Latino, Portuguese, Asian, and African American populations

were asked about student needs and perceptions of educational barriers, as well as motivators for and facilitators of success. The graduates identified needs as personal, academic, language, and cultural. The cultural needs were specifically related to communication with instructors and peers, assertiveness as an expectation by instructors when it is not part of the culture, and lack of role models or mentors. The barriers that were identified in this study included prejudice and discrimination. The participants reported intolerance by instructors, patients, staff nurses, and classmates. Amaro et al. (2006) conclude that it is vital for faculty to understand their role in the educational success or failure of diverse students. Interestingly, Yoder (1996) identified the same needs and perceived barriers in a study 10 years earlier.

Starr (2009) synthesized 10 qualitative studies focusing on issues associated with English as a second language for nursing students. Two major categories emerged: challenges (barriers) and reinforcements (support). The challenges included: language, which influences all other areas; academics, which ranged in topic from nursing studies to interaction with teachers; resources, which included finances, time, and family; and culture, which included differences, prejudices, isolation, and confidences. Language transcends all areas as it affects diverse students' interactions with others, it is necessary for academic success, and it facilitates relationships with faculty. Another common theme was culture. Students felt that a lack of ethnic role models contributed to a lack of understanding of cultural needs, such as gender roles. In another study, Mills-Wisneski (2005) found that African American nursing students identified the lack of minority nursing faculty as contributing to students' perception of being unsupported and not

feeling connected. Students reported that they were hesitant to approach faculty that were not African American.

Nursing students may have similar concerns regardless of culture and also have specific concerns that are culturally influenced. A survey of beginning Jordanian and American nursing students regarding their stress revealed that, for the combined groups, the three highest-ranked concerns were: finding time to study, fear of doing something wrong with a patient, and keeping grades up (Callister, Khalaf, & Keller, 2000). Jordanian students reported concerns related to English as a second language and American students ranked the extra expense of a nursing program as their primary concern.

Alicea-Planas (2009) reviewed the qualitative literature from 1992 to 2007 concerning Hispanic students' experiences in nursing school. Common threads in the meta-synthesis were financial concerns, poor high school preparation for college, living in and balancing two cultures (home and school), difficulty learning concepts in English, academic issues such as unsupportive faculty, discrimination by faculty and classmates, and subsequent feelings of isolation and success despite obstacles. Alicea-Planas notes that for contemporary Hispanic students, experiences are similar to those encountered by Hispanic students 25 years ago.

Strategies to Overcome Barriers

While there are obvious impediments that may affect the academic success of diverse nursing students, suggestions exist in the literature for success strategies. Approaches specifically targeted for language and academic challenges include tutoring programs, study groups, mentoring programs, remedial coursework, and support services

(Soroff et al., 2002; Amaro et al., 2006; Gilchrist & Rector, 2007; Starr, 2009). Gilchrist and Rector (2007) propose that interventions to promote success should be attentive to cultural needs because “the Eurocentric curriculum of many nursing programs may be detrimental to the education of minority nursing students” (p. 279). Dickerson and Neary (1999) conducted a qualitative study of the experience of nursing faculty teaching Native American students. Although faculty valued cultural diversity and identified the importance of being culturally competent, their teaching methods still reflected a traditional Anglo-American worldview, which often conflicted with the worldview of the Native American students.

The literature supports changes in the educational milieu, beginning at the top of the academic institutional structure (Taxis, 2002; Terhune, 2006; Gilchrist & Rector, 2007). At the institutional level, open dialogue, creating an atmosphere of inclusiveness, and initiatives which support the academic needs of culturally diverse students may set the tone for actively promoting success. At the program level, creating an environment or curriculum that is caring and supportive for diverse nursing students is recommended (Taxis, 2002; Amaro, et al., 2004; Evans, 2004; de Leon Siantz, 2008; Gilchrist & Rector, 2007). Initiatives include funding for remediation programs and support services for students, funding for faculty development in the area of culture competence, program design to allow flexibility in scheduling to meet financial and family obligations of diverse students, and teaching students in way that draws upon their individual academic strengths.

The presence of positive faculty-student interactions is consistently noted as a strategy for successful educational outcomes for diverse students

(Evans, 2004; Gilchrist & Rector, 2007; Alicea-Planas, 2008; Starr, 2009). The foundation for building positive interactions commences with faculty development in the area of cultural competence, which is necessary for the development of appropriate teaching strategies (Gilchrist & Rector, 2007; Alicea-Planas, 2008). A workforce diversity grant at New York Institute of Technology supports orientations programs for new faculty and workshops to specifically address the needs of diverse students (Soroff et al., 2002). Evans (2004) advocates the application of a caring nursing curriculum in which the diversity is celebrated and student dignity is promoted in order to foster supportive, nurturing faculty-student relationships and positive educational environments. “Psychologically supportive learning environments are essential because otherwise, students spend much of their emotional and mental resources coping with classrooms in which hostility, discomfort, and tension prevail” (Evans, 2004, p. 226).

Comfort

There is a dearth of educational literature about the experience of comfort in conjunction with college student experiences. In addition to the aforementioned comfort study using Kolcaba’s comfort theory (1993) a few studies are presented here. The literature that does exist ranges from social comfort to self comfort. Several studies highlight student racial social comfort and implications for college transition. McDonald and Vrana (2007) found that college adjustment was different between Black and White students depending upon racial views. Black students’ social comfort with both White and Black students was an indicator of college adjustment. Black students who recorded more comfort with Whites had better college adjustment. Black students who reported less comfort with Whites had improved college adjustment when reporting more social

comfort with Blacks. In other words, social comfort for Black students was significant to college adjustment as their comfort with Whites decreased. White students who experience less social comfort with Black students had poorer adjustment to college. McDonald and Vrana suggest increased comfort may be achieved by increasing racial exposure through planned dialogue, service learning, and diversity programs to increase cultural exposure. Cole and Yep (2008) studied Black students' social comfort with Whites, called *outgroup comfort* (OC), to determine anxiety in the academic setting. The findings indicate that students with high OC had less anxiety in academic settings compared to those who had low OC. Cole and Yep recommend that college personnel focus on experiences of diverse students to in order to improve their college experience.

A report on college classroom comfort highlighted an activity that promoted student-faculty and student-student interaction (Case et al., 2008). On the first day of class, the instructor collected information about the students followed by students asking questions of the instructor; an activity called the reciprocal interview. The purpose of the interview was to make students feel more comfortable interacting with and asking questions of the instructor. The students collaborated on specific questions for the faculty. The population of 146 students was comprised of 51% White, 13% Latino/Hispanic, 13% African American, 12% Asian American, 7% Arab American and 8% Other or did not reply. The ethnicity of the instructors is unknown. The authors surveyed the students after the activity, which included 39 Likert Scale questions and 3 open ended questions. The students rated the activity with a high level of approval. Students remarked, "a very good way to create comfortable educational environment", "felt connected to the course and instructors" and appreciated "getting a chance to know everyone"

(Case et al., 2008, p. 212). Interestingly, the ethnically diverse students had more positive attitudes about the reciprocal interview activity than the White students. The authors suggest that this activity enhances the shared appreciation between faculty and students and demonstrates a commitment to an environment of care and trust.

Dahlqvist, Soderberg, and Norberg (2008) identified patterns of self comfort among health care students. The study involved 168 students of nursing, occupational therapy, physiotherapy, and medicine. The mean age was 29.6 and no ethnicity descriptions were reported. The students documented activities they used to comfort themselves when feeling distressed. The design method was exploratory and used a content analysis approach. Two major themes emerged: ingressing and transcending. Ingressing consists of the sub-themes of unloading, distracting, nurturing oneself, withdrawing, and reassuring. Transcending includes the sub-themes of opening up and finding new perspectives. “While in ingression participants focus on themselves, in transcendence the complexity of human life in general becomes the focus” (Dahlqvist et al., 2008, p. 482). The authors propose that self comfort activities are learned early in life and can be called upon, if encouraged, during times of stress.

Summary

While there appears to be no single interpretation of comfort in the literature, there is some indication that increasing comfort has been associated with positive results for college students with varying experiences of stress. The experience of stress, description of stressors, and negative outcomes of stress for nursing students is clearly delineated in the literature. Additionally, the barriers to educational excellence for diverse nursing students are also apparent in the literature. Overwhelmingly, the strategies to

maximize diverse nursing students' success commence with faculty actions and interactions which require a culturally congruent approach.

Comfort care is a culturally defined construct (Leininger, 1991) and the meaning remains undefined for diverse nursing students. Leininger (2002) posits that nurses who use the Culture Care theory in conjunction with the Sunrise Enabler will “discover factors related to cultural stresses, pain, racial biases as non therapeutic to clients” (p.190). This discovery transfers to nursing faculty who would benefit from understanding the meaning of comfort for diverse students in order to promote an academic environment of excellence that is free of discrimination and isolation. The lack of definition for the culture care meanings, expressions, practices, and beliefs about comfort in the literature for pre-licensure nursing students in the educational environment supports this ethnonursing research study.

CHAPTER III

METHODOLOGY

The ethnonursing research method within the qualitative paradigm of research was utilized for the study of the culture care meaning of comfort for culturally diverse and/or underrepresented prelicensure BSN nursing students. Qualitative research is characterized by several salient features (Creswell, 2007), which include: (a) collecting data and interacting with participants in a natural setting; (b) the researcher as the instrument for data collection; (c) collecting data from multiple sources for organization into categories; (d) the inductive reduction of data; (e) focusing on the participants' meaning of the phenomenon; (f) the design of the research emerging as the data is collected; (g) the theoretical lens that the research is centered around, for example the context of culture; (h) interpretive inquiry where the researcher makes interpretations based on the meaning of the data; and (i) the research as a holistic account of the topic of inquiry. Ethnonursing research within the qualitative paradigm uncovers the meanings, patterns, and values of a cultural group from the perspective of human care, a phenomenon central to the essence of nursing (Leininger, 1991). The ethnonursing research method is an appropriate method for the in-depth examination of culture care meanings, experiences, and expressions of comfort for a culture of diverse and/or underrepresented pre-licensure baccalaureate nursing students in the educational setting.

The chapter includes presentation of: (1) the ethnonursing ideology, including major tenets, principles, and assumptions of the ethnonursing research method; (2) a description of participant selection, including a discussion of key and general informants; (3) the study setting; (4) the data collection process; (5) data analysis; and (6) discussion of participant protection. A more detailed description of data collection and analysis is presented in Chapter IV as the data collection, analysis, and findings occur simultaneously.

Ethnonursing Ideology

Ethnonursing research was developed as a way to understand the care, health, and well being of people from a cultural perspective (Leininger, 1991) and is defined as:

a qualitative research method using naturalistic, open discovery, and largely inductively derived emic modes and processes with diverse strategies, techniques, and enabling guides to document, describe, understand, and interpret the people's meaning, experiences, symbols, and other related aspects bearing on actual or potential nursing phenomena (p. 78).

The major tenets of Culture Care Theory (Leininger, 1991; Leininger & McFarland, 2006) are that there are similarities and differences in expressions, meanings, beliefs and practices between cultures; there are multiple factors such as environment, language, generic (emic) and professional (etic) care that predict and influence illness and wellness outcomes; there are action and decision modes that are necessary for congruent and meaningful nursing care and, for this research, necessary for meaningful, culturally congruent educational practices of nurse educators. The action and decision modes are: (a) culture care preservation and/or maintenance, (b) culture care accommodations and/or negotiation, and (c) culture care re-patterning and/or restructuring. The modes are appropriately identified with the participants during data analysis.

Major Principles

There are several principles that guide ethnonursing research (Leininger, 1991; Leininger & McFarland, 2006). The first principle concerns the researcher as an active listener who is genuinely engaged in the process of learning about participant's culture care meaning of a particular phenomena, such as comfort. The second principle is that the researcher maintains an appreciative, inquisitive, and reflective position about what is heard, observed, and encountered when exploring cultural care meanings. This is an investment in time and requires patience. The third principle is the commitment to record the data in a vigilant, meticulous, and unbiased manner in order to preserve the full expressions and meanings of the participants with attention paid to accurate interpretations. A fourth ethnonursing principle is for the researcher to secure a mentor who is skilled in the research method and who can provide guidance during the process of collecting, analyzing, and presenting the data. The researcher for this study was guided by a mentor who has conducted ethnonursing research studies.

Assumptions

Theoretical assumptions that emerged from Culture Care Theory (Leininger, 1991) encompass the concept of care and culture care and were adapted for this ethnonursing research study of the culture care meaning of comfort for diverse prelicensure BSN nursing students. The assumptions were: (a) care is central to the essence of nursing; (b) caring is essential to understanding the comfort needs of students; (c) Culture Care Theory combines two major constructs (culture and care) that guide the researcher to understand and discover culturally derived meanings, expressions, patterns, and practices related to comfort; (d) there are differences in culture care meanings,

expressions, patterns between and among cultures; (e) culture care values, beliefs, and practices are influenced by social structures and environmental factors; and (f) culturally congruent nursing education and nurse educator care occurs when beliefs, expressions, meanings of comfort are understood, which influences the type of action or decision mode that is appropriate for the culture care practices of comfort in the classroom.

Participants

Key and General Informants

Participants for ethnonursing research are key and general informants (Leininger, 1991). Key informants are members of the culture of interest who can speak to the norms, values and beliefs of the culture of interest. General informants have general knowledge of the culture and the domain of inquiry. Willing and interested key informants who are knowledgeable about the domain of inquiry, in this case the meaning of comfort for diverse nursing students, were purposefully selected. Selection criteria included: (1) ethnically diverse prelicensure BSN students; (2) students enrolled in a 200, 300, or 400 level nursing course; and, (3) currently enrolled in the nursing program at a small mid-western college. General informants possess a broad understanding to assist the researcher in identifying the similarities and differences related to the culture care meaning of comfort. General informants were interviewed after the researcher completed several sessions with the key informants. The general informants were purposefully selected from faculty who teach in classes of ethnically diverse students, academic advisors of ethnically diverse students, administrators and advisors who work specifically with diverse college students at the college, members of the college diversity committee, and ethnically diverse students who were not key informants.

A brief overview of the purpose of the study was explained by the researcher to nursing students in an adult health nursing course. A document was distributed to all students in the course explaining the purpose of the research to identify key informants who were interested and eligible for the study (see Appendix A). All students in the spring semester 2010 Adult Health I class were given the document explaining the study and asking for information related to diversity. Only those students representing ethnically diverse cultural groups were accepted into the study.

According to Leininger (1991), the participant size for ethnonursing research can range from a mini study with 6 to 8 key informants, to a macro ethnonursing study of 12 to 15 key informants. There should be twice as many general informants as key informants. The numbers of key informants to general informants have been established through years of research using the ethnonursing method. However, Leininger cautions that large numbers are not the norm and emphasis should be placed on obtaining in-depth knowledge about the domain of inquiry, not the number of participants. The researcher intended a mini study, but used theoretical saturation to determine when the final number of key informants was achieved.

The interested key informants were contacted via phone, email, or in person to solicit the interview time and place on campus that was favorable to them. The students signed a consent form (see Appendix B) that explained: (a) the study, (b) the participant's right to volunteer or not, (c) the participant's right to withdraw at anytime, and (d) the procedures to protect confidentiality. The researcher obtained approval from the Institutional Review Board (IRB) of the researcher's university of study and the IRB of

the participants' college. The key informants were given a nominal gift certificate for ten dollars for the college café in appreciation of their time.

The pool of general informants were: (a) the nursing faculty member for the Adult Health I nursing course, (b) the nursing advisors who are members of the nursing department at the institution to whom the students in the study are assigned to for academic curriculum guidance, (c) members of the college diversity committee (d) administrators and staff who work with ethnically diverse students of the college, and (e) college students who are not key informants. The general informants were given a document explaining the study and asking for their participation. The interested general informants were contacted via phone, email, or in person to solicit the interview time and place on campus that was favorable to them. The general informant interviews took place after the interviews of the key informants.

The Researcher as Key Instrument for Data Collection

According to Creswell (2007), the researcher is the tool for qualitative research. The researcher actively gathers the data through interviewing, examining, and observing. This researcher is a nurse educator with 20 years of nursing education experience in classroom, clinical, and nursing skills lab instruction. The researcher's experience with academic settings includes a two year community college, a four year college of nursing and allied health, and a college that includes both undergraduate and graduate nursing programs. The researcher is currently teaching in the graduate level nursing program and is not an instructor in the undergraduate program where the study was conducted. Ethnonursing research requires that the researcher's "biases, prejudices, opinions, and preprofessional interpretations be withheld, suspended or controlled so that informants

can present their emic ideas and interpretations rather than those of the researcher” (Leininger, 1991, p. 86). Identifying one’s own biases or preconceptions was the first step in being able to withhold or suspend these interpretations. The researcher’s bias includes awareness of the stress levels of nursing students through listening to statements of nursing students in relation to the difficulties of a nursing curriculum, the time commitment of nursing school/college, and the challenges of balancing school, work, and family responsibilities. In the past, diverse nursing students have asked the researcher for mentors to assist them as they navigate through nursing programs that are predominately populated by White students. The researcher was involved in an ongoing process of reflection and self assessment to remain vigilant in withholding bias. A personal journal was utilized for the researcher to record personal feelings during the research process. This activity provided an avenue for the researcher to check biases and reflect on feelings. Biases were bracketed through the act of writing in the personal journal. Journaling provided the opportunity to ponder personal reactions to the interviews and observations during data collection. The personal journal was used to write notes for the purpose of focusing prior to the interviews.

Setting

The setting for the study was a non-residential campus of a private, faith- based mid-western college of 2,300 students. The college offers liberal arts and professional programs of study, including undergraduate and graduate programs. The college is located north of a mid-western city. The mid-western city has a population of 301,000 with demographics, consisting of 74.3% White (one race), 12% Black (one race), 15% Latino (of any race), and 1% Asian, two or more races 2.2%, and Other 5.8%

(U.S. Census Bureau, 2006-2008). The college's student ethnic demographics include a 22% minority representation; the nursing program has a 23% minority population, however in May 2009 the graduation rate for minority nursing students was 8% (College, 2009).

First, the researcher participated in observational activities in various settings within the academic environment: (a) the nursing classroom, and (b) a general open meeting of the Student Nurses Association. Permission for the observational activities was obtained from the Dean of the Nursing School and the nursing course faculty (see Appendix C). After the observation activities, individual audio-taped interviews took place in a quiet on-campus conference room.

Data Collection

Access

The researcher is a faculty member at the college where the study took place and, therefore, was able to interact and observe within the culture. The faculty member is considered a constituent of the academic culture, which allowed for minimal disruption during the observation phase of data collection. Conversely, the researcher is White and, therefore, not part of a particular racial minority group and utilized the Stranger to Trusted Friend Enabler (Leininger, 1991) and the Observation-Participation-Reflection Enabler (OPR) to assist in gaining access and gathering data that was sincere and trustworthy from students/informants of diverse backgrounds.

Research Enablers

The Stranger to Trusted Friend Enabler (see Appendix D) was developed by Leininger (1991) to facilitate the collection of credible authentic data. It is essential to the

ethnonursing research process that the participants trust the researcher so that the participants provide truthful accurate data that represent the beliefs, values, and expressions of the culture care meaning of comfort. The researcher anticipated entering the academic student world of the participants with the intention of being respectful of and sensitive to their experiences in a dominant culture. The researcher endeavored to obtain trust by participating in group activities during the classroom and by participating in events of the Student Nurses' Association. The researcher presented a caring and appreciative demeanor during the interactions with the participants. The Stranger to Trusted Friend Enabler lists responses or actions by the participants that indicate if the researcher was perceived as a friend or stranger. The researcher noted the participants' words and actions to identify signs of trust and acceptance. The researcher also noted that the participants freely shared emic values, beliefs, and practices without prompting. The Stranger to Trusted Friend enabler served as a reflection guide for the researcher to assess the progress of moving closer to the participants to obtain accurate data. This assessment was ongoing throughout the study.

The Observation-Participation-Reflection Enabler (OPR) (see Table 1) was developed and refined by Leininger (1991) to provide a means for the ethnonursing researcher to become involved with the participants, to stay connected with the participants, and to bring the ethnonursing study to a close. In the first phase of Observation the researcher observes the culture and actively listens as described earlier. The next phase of Participation comprises the active involvement of the researcher. The researcher was a participant in classroom group activities with the students. This provided interaction between the researcher and the students before the commencement

of the interviews. Reflection is the third phase and the period where the researcher reflects on phenomenon observed and the expressions heard before interpreting the meanings. Reflection occurred again at the conclusion of the study as the researcher confirmed findings with the key informants.

Table 1

Four Phases of Observation-Participation-Reflection Enabler

Phase	1	2	3	4
Focus	Primary observations and active listening (no active participation)	Primary observation with limited participation	Primary participation with continued observations	Primary reflection and reconfirmation of findings with informants

Adapted from Leininger and McFarland (2006)

Leininger's Sunrise Model (1991), later redefined as Sunrise Enabler to Discover Culture Care (Leininger & McFarland, 2002, 2006), is a guide that depicts multiple factors that could influence culture care expression, patterns, and practices (see Appendix E). The factors include: technological, religious and philosophical, kinship and social, cultural beliefs and life ways, political and legal, economic and educational. The Sunrise Enabler has been utilized as a guide for nurse researchers to uncover the meaning of multiple cultural influences on the care and health of the particular life world of people and was used as a guide to holistically study the culture care of comfort. Reference to the Sunrise Enabler kept the researcher focused on the expansive holistic view of culture throughout the process of data collection and analysis with particular emphasis on cultural values and life way factors, kinship and social factors, and educational factors. For example, attention to these three factors differentiated between etic and emic care practices of comfort. The participants were students in a pre-professional educational

track, but were members of a diverse culture and used both etic and emic expressions of comfort.

Process

Data collection commenced with the researcher observing participants in the academic culture of the classroom. The participants were observed in a preprofessional nursing meeting. The researcher actively listened and observed the actions, behaviors, expressions, and interactions in the designated settings and recorded notes in a field journal. Creswell (2007) recommends the use of an observational protocol for field notes, which includes the following: (1) notes of information about the observational setting, (2) a section of descriptive notes in chronological order documenting the activities that occurred during the session, and (3) a section for reflective notes about the session, contemplation about the session, and a synopsis for theme development.

Prior to the interview process with the key informants, the researcher piloted the research questions to ensure that comfort was understood in the context of the questions. The researcher used the OPR guide to connect and maintain engagement with the participants. Personal in-depth interviews were conducted at a day and time that was convenient for the key informants. The interviews were audio-taped and lasted approximately one hour. Seven key informants were interviewed once and five were interviewed a second time to “obtain in depth insights, full meanings, interpretations, and other data that are often embedded in diverse social structure factors and in different human care experiences” (Leininger, 1991, p. 110). In addition to the audiotape of the interviews, the researcher noted verbal and non-verbal responses as well as linguistic accents in a field journal during each interview. At the conclusion of the interview, the

informants completed a document containing demographic information. As data from the key informants was recorded and analyzed, the general informants were interviewed for perspectives, interpretations, and descriptions of the broader community or, as in this case, the culture of the college nursing program environment. The researcher reflected personal feelings and responses in a personal journal after each interview.

Interview items were formulated to allow an in-depth exploration of the cultural meanings, expressions, and practices related to comfort. Creswell (2007) emphasizes that patience and skill is required of the interviewer for an in-depth interview when conducting qualitative research. The semi-structured interview consisted of several open questions (see Appendix F). According to Creswell, the researcher's role is to "generate or inductively develop a pattern of meaning [and] the more open ended questioning the better" (p. 21).

The researcher maintained an open, genuine posture and a caring manner during the interview to allow time for participant response. There are aspects of interviewing that are distinctive when interacting with participants from another culture. Birks, Chapman, and Francis (2007) identified researcher-specific factors, participant-specific factors and context-specific factors that should be considered when interviewing people from other cultures. The researcher-specific factors include interviewing skills, preparedness, knowledge of culture and environment, ability to establish rapport, communication skills, and control of the process. Participant-specific factors include level of anxiety, English proficiency, and the desire of the participants to please the researcher. Context-specific factors include location, time, cultural mores, and ethical issues. The researcher was cognizant of these factors throughout the interview process.

The last source of data was the use of artifacts. Artifacts are items from a particular culture that can be made, used, worn, and appreciated. Each key informant was asked to bring an object or artifact from their culture that represents comfort. The artifact was described in the researcher's field notes and the participant's words to express how the artifact symbolizes comfort. The researcher asked permission to photograph the artifact.

Participant Protection

The participants selected a pseudonym in lieu of their names for the data analysis and results. The consent forms are secured in a locked file cabinet in the researcher's office for a period of three years as per institution protocol. The audio-tapes and field notes were kept in a locked file cabinet in the researcher's office and were destroyed after the responses were transcribed, the data were analyzed, and the results verified.

Data Analysis

Phases of Analysis

With qualitative research, the process of data collection and data analysis occurs simultaneously. The data from each interview were read and compared with the data from previous interviews using a constant comparative analysis approach (Creswell, 2007). The interview data were compared to the data from the observational logs and from the artifact notes. Data analysis occurred in four phases, in a process entitled the Phases of Ethnonursing Qualitative Data Analysis (Leininger, 1991, 2005) that sometimes overlap due to the constant comparative analysis to search for patterns, similarities, and differences (Leininger & McFarland, 2002). The first phase was data collection and the researcher collected the data as mentioned previously for the culture care meaning of

comfort for diverse nursing students in a prelicensure BSN program. Data from the audio-tapes was transcribed verbatim into a word processing document and data from classroom observations and descriptions of artifacts was kept in a field journal. The second phase was identification and categorization of descriptors and components. In this phase, the researcher utilized the qualitative software data program Atlas.ti (Atlas.ti, 2009) to assist with coding and classifying the data. Etic and emic data were analyzed for differences and similarities. The third phase of data analysis was pattern and contextual analysis. In this phase, the researcher looked for saturation of data and for recurrent patterns of differences and similarities of meanings and expressions for the culture care meaning of comfort. The last phase concerns major themes, research findings, theoretical formulations, and recommendations. This is the “highest phase of analysis, synthesis, and interpretation” (Leininger & McFarland, 2002, p. 95). In this phase, the researcher synthesized the data from the other three phases. The researcher thoughtfully and creatively formulated the major themes that emerged from the rich, thick data. The researcher rechecked the themes to assure congruence with the raw data and sought confirmation with the key and general informants.

Qualitative Criteria

There are six qualitative criteria that Leininger (1991, 2002, 2006) recommends for the substantiation of qualitative findings. The criterion was used to ensure the trustworthiness of the research. The six criteria are: Credibility, Confirmability, Meaning-in-Context, Recurrent Patterning, Saturation, and Transferability (Leininger & McFarland, 2002). *Credibility* refers to the truths of the participants as a sincere resource of data. This is established as the researcher establishes trust with the participants over

time. *Confirmability* is instituted when the researcher asks the key and general informants to verify the verbatim data and observational evidence. *Meaning-in-Context* is the “understandable and meaningful findings that are known and held relevant to the people within their familiar and natural living environmental contexts and the culture” (Leininger & McFarland, 2002, p. 88). *Recurrent Patterning* refers to the substantiation of replicated themes and patterns consistently displayed over time. *Saturation* refers to completeness of the identified data related to the domain of inquiry. No new data is revealed and the participants have imparted everything about the domain of inquiry. *Transferability* refers to the applicability of the findings from the research to another circumstance while maintaining the meanings of the completed study.

As the themes emerged from the data, the researcher examined the *three modes of decision-making and action* in relation to the themes in question for (a) preserving or maintaining comfort in the educational environment, (b) accommodating the culture care of comfort in the environment, and (c) restructuring or re-patterning of appropriate comfort care by diverse students.

Summary

This chapter detailed the methodology that was used for the ethnonursing research study to the culture care meaning of comfort for ethnically diverse and underrepresented prelicensure baccalaureate nursing students in the educational setting. The next chapter presents specific details related to data collection and the research findings obtained with the ethnonursing research method.

CHAPTER IV

RESULTS

Introduction

This chapter is presented in three sections identified as data collection, data analysis, and resulting themes and patterns. The first section, data collection, includes 1) the use of enablers to facilitate the researcher's access to the culture to ensure trustworthy data collection (Leininger, 1991, 2006); 2) the recruitment and demographics of the informants; and 3) the categories of data collected. The next section of the chapter describes the four ethnonursing phases of data analysis. Finally, the third section of the chapter presents the resulting themes and patterns in response to the domain of inquiry: the in-depth examination of culture care meanings, experiences, and expressions of comfort for a culture of ethnically diverse pre-licensure baccalaureate nursing students in the educational setting.

Data Collection

Access to the Culture and Use of Enablers

The collection of the data was predicated upon the researcher's integration into the students' culture. The ethnonursing research method requires that the researcher become immersed in the educational culture for enough time to be trusted by the students to elicit genuine responses about comfort. The researcher is part of the academic environment, so presence in the culture is ongoing. However, the immersion into the

culture of a specific classroom and the subsequent acceptance of the researcher by students as a trusted friend occurred over time.

The use of the Leininger's Observation-Participation-Reflection Enabler (1991, 2001) provided access to the student informants' environment. The observations in the classroom of a nursing course and at professional nursing student meetings took place over a four-week period. The nursing course was offered in two sections that met for three hours once per week. Each class had approximately 25 students. The researcher sat among the students in the classroom, observed the classroom setting, participated in small group classroom discussions when appropriate, and recorded and reflected on the findings.

Observations. The general impressions recorded into field notes are noted here. When the researcher was introduced to the class many of the students established eye contact and several smiled. The cultural patterns of the classroom were typical for undergraduate nursing courses. The classroom had a traditional set up with tables facing the front of the room and two students sat at each table. Most students arrived on time, were attentive, and contributed to the discussions initiated by the instructor. The instructor called on students by name. The faculty member for this nursing course is Latino and spoke openly and appropriately about her ethnicity during discussion of ethnic food preferences for patients with gastrointestinal disorders.

Apparently, the students sat in the same seats for every class and the researcher attempted to be cognizant of not sitting in a student's seat. The room temperature changed throughout the day, as the researcher was present for both the morning and afternoon sections of the course. No ethnically traditional dress was noted among the

students of diverse backgrounds. Sweatshirts and light jackets provided warmth when needed. The majority of the students brought fast food and snacks into the classroom, such as muffins, doughnuts, coffee, and fruit for the morning fare, and pretzels, chips, crackers, pop, and fruit in the afternoon. There were no differences in food choices between the ethnically diverse students and the White students.

Participation. The researcher participated in small group discussion activities with the students. One discussion focused on ethnic food during the holidays. A student in each group reported to the class about the results of the discussion group, however one student was prompted by others in her group to describe her ethnic food traditions during the Easter holiday. The students took required breaks during the class time and some left the room, while others stayed in the classroom to check phone calls and text messages. This gave the researcher another opportunity to talk with the students. The break also afforded several Black students the opportunity to converse with one another. Conversations during the classroom break appeared to be separated by ethnic diversity, as Black students who were not seated together held conversations during the break.

Reflection. The last phase of the Observation-Participation-Reflection Enabler is the primary reflection and reconfirmation of findings with informants (Leininger, 1991, 2006). Reflection and reconfirmation is presented in the data analysis section.

Recruitment and Demographics of Informants

At the conclusion of the Observation-Participation period, ethnically diverse students were asked to complete a participation letter to indicate interest in contributing to the study. Immediate responses yielded seven female key informants who volunteered to be interviewed to provide an emic perspective of comfort. The ethnic diversity of the

key informants varied and the descriptions were consistent with how the college identifies ethnically diverse students. Four students identified themselves as Black, one as Asian-American, one as Latino-Middle Eastern, and one as Mediterranean-American. Their ages ranged from 19 to 30 years (Table 2).

Table 2

Key Informant Demographic Information

Demographic Characteristics	Linette	Janice	Mary	Rudy	Leah	Nicole	Anita
Age	30	21	27	26	24	30	19
Gender	F	F	F	F	F	F	F
Ethnicity	B	A	O ¹	B	O ²	B	B
Marital status	S	S	S	S	S	S	S
Other college degrees	N	N	Y B.A.	Y A.S.	N	Y B.S.	N
Family who attended college	Y b	N	Y gf, a, m, f, c	Y All	N	Y m, f	N
Family with college degrees	Y c	N	Y gf, a, u	Y All	N	Y s	N
English primary language/other	Y	Y Cantonese	Y Spanish Arabic	Y	Y Mediterranean	Y	Y
Religion	Christian	Confucianism	Christian	Methodist	Greek Orthodox	Baptist	Christian
Year in college	Jr	Jr	Jr	Jr	Jr	Jr	Jr
Artifact of comfort	Bookmark	Necklace	Prayer beads	-	Bed	Devotions	Bible

Legend: F = Female, Y = Yes, N = No, S = Single, O = Other, B = Black, A = Asian, L = Latino, m = mother, f = father, b = brother, s = sister, c = cousins, gf = grandfather, a = aunt, u = uncle, Jr. = Junior, O¹ = Latino/Middle Eastern, O² = Mediterranean

All seven key informants followed through with their initial scheduled interviews. Interviews were held in a small conference room on campus. Five of the seven key informants participated in second interviews to substantiate credibility and confirmability of the data. The last phase of the Observation-Participation-Reflection Enabler is the primary reflection and reconfirmation of findings with informants (Leininger, 1991).

An email letter was sent to 15 potential general informants who hold various positions in the academic environment in which they were assumed to have holding knowledge regarding the domain of inquiry. The positions included: 1) admissions counselor, 2) academic advisor, 3) academic coach, 4) dean of students, 5) director of residential and student life, 6) faculty members from the academic areas of nursing, sociology, early childhood education, and organizational leadership, 7) academic tutor, 8) administrative assistant/ethnically diverse college student, and 9) Outward Bound director. Their educational preparation ranged from high school diploma to doctorate. The ethnicity and gender of the fourteen informants were two Black males, three Latino females, two Black females, and seven White females (Table 3). All general informants have interacted with ethnically diverse undergraduate students in their academic positions. The general informants were known by and intermingled with the researcher during the past academic year at college meetings and functions. The 14 interviews with general informants took place over a six-week period. The general informants were interviewed in the informant's office or in a nearby workroom. Questions for the general informants were developed after components of the key interviews were read. As per the Stranger to Trusted Friend Enabler (Leininger, 1991, 2006), the researcher recognized that trusted friend status had been achieved by the use of cultural terms and expressions.

Table 3

General Informant Demographic Information

Demographics	Abby	Lourdes	Elena	Thomas	Sally	Carlisle	Jennifer	Akilah	Sandra	Lucy	Milwad	Celia	Ginger	Polly
Age	43	31	41	49	39	23	48	34	27	-	42	57	50	47
Gender	F	F	F	M	F	M	F	F	F	F	F	F	F	F
Ethnicity	W	L	L	B	L	B	W	B	B	W	W	W	W	W
Years in academia	15	15	9	1	5	0.5	11	10	-	20	9	23	20	3.5
Current position	N. Advisor	Instructor	N. Faculty	Instructor/ Dir. of Field Education	Admin. Asst./ Student	Ad- missions Counselor	Asst. Director/ Personal & Career Counselor for TRiO Program	Director Graduate Program	Academic Skills Coord.	Director of Campus & Residence Life	Coord. TRiO Program/ Asst. Director Access- ibility Services	N. Faculty	Dean of Students	Tutor/ Adjunct Instructor
English/primary language	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Religion	CA	CA	CH	CH	CA	-	CH	CH	CH	-	CH	CA	-	ME
Highest level of education	BD	MSD	MSD	MSD	HS	BD	MSD	Doc	MSD	-	BD	MSD	Doc	MSD
Legend M = Male F = Female Y = Yes N = No O = Other B = Black A = Asian L = Latino W = White, N. = Nursing, CA = Catholic, CH = Christian, ME = Methodist, BD= Bachelor's Degree, MSD = Master's Degree, Doc=Doctorate, HS= High School														

The general informants are not considered members of the cultural group of study but have holding knowledge concerning the domain of inquiry. According to Leininger (1991, 2006) six to eight key informants and 12 to 14 general informants are sufficient numbers for conducting a mini-ethnonursing research study.

Categories of Data

Three categories of data provided a comprehensive reservoir of information for examination of the domain of inquiry. The three categories are: 1) field notes during observations, 2) the interviews of key and general informants, and 3) comfort artifacts. To begin with, the field notes from the classroom observations were regularly entered into a notebook and included the general observations of student behaviors, the physical aspects of the environment, and the students' interactions with each other and with the professor. The field notes and researcher's personal journal provided a channel to reflect from an etic viewpoint on the Observation-Participation experience. The second category of data, the transcripts of face to face interviews with key and general informants, provided an enormous amount of emic data. Lastly, the comfort artifacts identified by the key informants were described by the key informants and photographed by the researcher for additional emic information.

Data Analysis

Data analysis for ethnonursing research occurs in four phases (Leininger, 1991,2005,2006) in which some of the activities overlapped. The first phase is the process of collecting, recording, and describing the data. Observations were entered into field notes, as described above, and interviews with key and general informants were audio taped and transcribed verbatim into a word document. Key informants were asked

to bring an item to the interview that represented comfort. Artifacts of comfort were photographed and described by the informants and the descriptions were entered into field notes if they were not part of the recorded interview.

The second phase of data analysis included the process of comparative analysis, where the key informant interviews were compared to one another for emic descriptions of comfort in the context of the educational setting. The expressions and explanations were analyzed for similarities and differences. The same process was utilized for the general informant interviews. A second set of interview questions were developed for the second interview based on the emergence of several patterns from the key informants (Appendix H). The second interviews with the key informants confirmed the expressions of comfort from the first key informant interviews. After all the interviews were transcribed verbatim, the researcher read the transcripts and highlighted pertinent phases, quotes, and patterns that related to the informants culture care meaning of comfort. Following the first reading, all transcripts and description of the artifacts were electronically coded using Atlas.ti computer software (Atlas.ti, 2009). The field notes were hand coded.

In the third phase of analysis, data were examined for recurrent patterns in the emic expressions to the point where no new information was revealed. In reviewing the coded phases, quotes, descriptions, and observations regarding comfort care, the researcher determined that saturation was obtained. In this phase, 31 codes were reduced to five themes that are supported by 16 specific patterns (Table 4).

Table 4

Themes and Patterns

Themes	Patterns	Codes
The desire to be cared for as a distinct human being within the context of ethnic differences	Cared for beyond the student role Cultural approach to course content Judged or singled out by faculty Faculty care, support, respect, and responsiveness Making connections to navigate college	Cared about Cultural approach Judged/prejudged by faculty Singled out by instructor Unsupported by staff Cared for by faculty Faculty support and responsiveness Making connections Assistance to navigate college
Being ethnically diverse influences expressions of comfort	Need for acceptance and recognition Withholding feelings and expressions Self preparation beyond expectations	Acceptance Confidence Neglect Recognition Withhold feelings and expression Challenged Self preparation beyond expectations
Identification with cultural practices and values promotes feelings of comfort, as well as discomfort	Cultural connections Racial stereotyping	Cultural connections Racial stereotyping
Family, social, and peer relationships affect expressions of comfort care	Peer care and support Maintaining family obligations Lack of supportive friends and family creates disconnection	Peer care and support Small group influenced by peers Supportive friends Maintaining family obligations Home setting different from school Lack of family understanding Friends and family support close to home Dissociation with unsupportive friends Mutual support
Comfort care activities of ethnically diverse nursing students are represented by universal and diverse expressions	Expression of physical comfort Food in the presence of family Self comfort measures	Comfortable measures and routine Self comfort care Family food comfort Physical discomfort

The four phases involved a high level of interpretation that commenced with the confirmation of five themes supported by the patterns that emerged from the analysis in phase three. The five themes are (a) the desire to be cared for as a distinct human being within the context of ethnic differences; (b) being ethnically diverse influences expressions of comfort; (c) identification with cultural practices and values promotes feelings of comfort as well as discomfort; (d) family, social, and peer relationships affect expressions of comfort care; and (e) comfort care activities of ethnically diverse nursing students are represented by universal and diverse expressions. Phase four also includes the researcher's recommendations for the culture care modes (Leininger, 1991, 2006) necessary for preserving, accommodating and or repatterning the comfort needs of diverse nursing students. The modes will be presented and discussed in Chapter Five.

The investigation of the meanings, essences, expressions, and understanding of comfort were accomplished within the six established criteria of qualitative research to establish trustworthiness of the data (Leininger, 1991, 2006). The first criterion, *credibility*, was established by acquiring the genuine emic comfort expressions of diverse students and general informants, and through observations by the researcher. The enablers assisted the researcher in obtaining credible responses. The students appeared willing to share information without hesitation during the interview process. *Meaning-in-context* is another criterion, where the data is understood from the perspective of the informants within the culture of the educational environment. Informants were interviewed, shared artifacts, and were observed in the culture. The artifacts added context to the narratives of the interviews and provided consistency in the data. Both key and general informants restated and reaffirmed thoughts about comfort to establish the

next criterion, *confirmability*. The researcher inquired about comfort from different aspects, such as rephrasing questions and asking for confirmation about the researcher's interpretation of the data. Trustworthiness is a part of credibility and was established through peer debriefing with the researcher's mentor. *Recurrent patterning* was recognized through the repetitive expressions of comfort that were provided by the informants. As mentioned previously, data were obtained until no new information was uncovered, thus the criterion of *saturation* was met. The final criterion, *transferability*, is application of the research finding to another situation without losing the expressed meanings and will be discussed in the final chapter. The analysis of all the accumulated data imparts knowledge regarding the meaning of comfort care in the academic milieu for diverse nursing students.

Resulting Themes and Patterns

The Sunrise Enabler (Leininger, 1991, 2006) assisted the researcher in focusing on several factors that influence the cultural and social structure dimensions in the culture care of comfort. The factors are: (a) Kinship and Social Factors, (b) Cultural Beliefs and Lifeways, and (c) Educational Factors. The culture care expressions, patterns, and practices of the five identified themes are within the realm of these three factors.

Theme One

The first theme, *the desire to be cared for as a distinct human being within the context of ethnic differences*, was expressed by all the key informants. Students expressed situations where comfort meant being distinguished as a diverse individual separate from the role of nursing student in an educational environment that promoted cultural expressions and practices. There are five care patterns that support the first theme.

Pattern 1. The first care pattern, *cared for beyond the student role*, was evident in the key informants' descriptions of interactions with academic personnel. Several key informants had attended other larger institutions where interactions with college personnel felt impersonal. Informants appreciated the current small college atmosphere where most staff and faculty were warm and welcoming. The pattern is reflected in key informant comments such as "she [the advisor] introduced herself to me and she's like if you ever need to talk"; and another comment "having instructors who are more sensitive helps make it more comfortable because it's like I have someone in my corner kind of who can speak up a little when I'm tired of having to answer questions and explaining myself to people", and "she [the advisor] is supportive of me." One key informant stated, "When an instructor knows your name that makes you comfortable 'cause they remember it, there's meaning behind the name, there's a relationship there". General informant faculty also support caring for ethnically diverse students as reflected in the comment, "Students are more likely to share personal experiences if I have made that effort to talk to the students....I think that knowing that the faculty member is supporting them in sharing their view makes a difference." This was evident to the researcher during the classroom observations when the faculty member acknowledged the students by name and specifically asked diverse nursing students for their input on issues.

The key informants equated comfort with feeling that faculty and staff were approachable. Key informants also described specific incidences of feeling uncared for. Specifically, they described negative talk encounters with college personnel that caused discomfort. Statements included, "I've never had them [advisors] pat me on the back...just like to be happy for you", or telling me "I can't work fulltime and go to school

full time because something's gotta give," or "oh your GPA isn't high enough, you haven't done this, so it was a lot of discomfort in that I felt like I wasn't being given a chance to show what I could do". Clearly, informants felt that how they were spoken to mattered in their expressions of comfort in the overall academic setting.

Pattern 2. The second care pattern, *cultural approach to course content*, was a comfort need expressed by students. Students expressed comfort when cultural diversity is ubiquitously celebrated in the classroom, as opposed to having an isolated discussion about culture in the classroom. Both key and general informants expressed the need for opportunities to bring attention to diversity issues in the classroom and on campus. There is an awareness of faculty who are committed to celebrating diversity and those who are just filling time in course content. Statements to support this pattern are, "she [faculty member] comes from an ethnic background so she's more sensitive to that" or "when you do come to that topic [diversity] opening up so that everybody has a chance to speak on that" or "when you have instructors you want those [diverse] examples and those who are able to talk from different places for me personally I want to hear professors say things that I can relate to". Janice explained that in a nursing course the instructor makes a point to reference the cultural information in the textbook. The student expressed that this "helps diverse students get more respect". A general informant validated the key informants' perceptions. Ginger stated:

Comfort need I think really is for the student to feel like their culture is valued and that they are valued, and they see and hear that, not only do they have role models that look like them, but also they're studied in the curriculum as well and

that they are able to talk about some of their insecurities some of what they value so they feel as though they are really a part of the group.

Pattern 3. The next pattern, *judged or singled out by faculty*, was identified by informants as a cause of discomfort. The key informants shared perceptions of non-caring behavior toward their ethnic diversity by faculty. Specific stories included being embarrassed in front of peers for asking questions and lack of understanding about the student's cultural background. Comments by key informants that support this pattern of discomfort or non-caring include "don't look at us any differently", "discomfort is if I have to be anything other than myself or if I have to feel like I have to be a certain way to be accepted", and "maybe you aren't expected to be able to perform as everyone else."

Two key informants expressed a perception of negative judgment based on how students speak English. Cecelia, a general informant faculty member who is involved in program design for diverse students and is aware of the prejudgment of diverse students states, "You've got this program that your starting to design, it all looks like your saying that everything is a deficiency in the student so you're building all these interventions to improve the students' skill set, but what are you doing to improve the environment?" Both key and general informants recognize that perceptions have much to do with the feeling of being judged or singled out. One general informant who is an academic coach for diverse students tries to bring both faculty and students together to clear up misperceptions when they occur.

Pattern 4. The next pattern is *faculty care, support, respect and responsiveness*. Key informants indicated that specific actions in the classroom influenced feelings of comfort. Comfort with faculty was connected to the student's willingness to continue

down the challenging academic path of nursing education. Students affirm that they are more likely to engage in their classroom learning when faculty call them by name, ask if assistance is needed, and are enthusiastic about their role as an educator. When discussing the effect of faculty on classroom comfort, a key informant pointed out “the personality of the teacher. There are some teachers that I will not feel comfortable asking or explaining things to and those are the classes I don’t do good in”. Another key informant explained how approachability affects comfort and described the following about one of her faculty members, “she would show me how to be organized with school life and personal life. I know that is a lot from a teacher, but when I started the nursing program I had no idea what to expect”.

Informants indicated that faculty who were perceived to be less than approachable hindered the educational experience. Comments that reflect this sentiment are, “If you don’t have support, no one’s made an effort, then what’s the point of me staying” or “ she [the teacher] is not gonna go beyond what she is required to do and so that kind of makes you feel like she’s not approachable”. Nicole, a key informant, communicated that she left college for five years because she felt discouraged over the lack of encouragement from a particular professor. General informants echoed the key informants’ expressions. One general informant remarked that if the teacher approaches the student to find out what is hindering the student from understanding class material it gives that student an opportunity to elaborate. The general informant further stated, “when you develop that kind of open dialogue with that student, the student knows that you care about the struggles that they’re having and you know that they’re trying and they want to do well.”

Pattern 5. The fifth care pattern is *making connections to navigate college*.

Informants identified the importance of making connections to those programs and activities during the academic journey which facilitates comfort within the educational environment. Key informants seemed to understand the importance of knowing what programs and opportunities are available to them. They are more likely to participate if they are shown the way. Nicole, a key informant reflects, “I need to know how to make it through the program, you know, how to be able to organize work and just referring me to other people that are around school to help you....that helped a lot – just giving me other information besides just handing out the syllabus”. Another student commented that knowing how to obtain scholarships, and eventually receiving one, helped to release some financial burden so that she could concentrate on school. General informants confirm this as evidence by the statement from Abby, “I get good feedback from diverse students who have said for the ones who utilize services here there’s almost no reason why you can’t be successful except for the reality of your life outside here”. Other general informants are in positions to assist students beyond the academic role say that helping students to make connections to overcome obstacles such as transportation, childcare, and finances is especially important for first generation college students. Some of the advice given is very basic, for example, how to set up a study space at home if feasible or get a backpack for all educational essentials and then keep it away from younger siblings and children. General informant Carlisle, discussed the discomfort of first generation diverse students who are “stepping out on a limb because they have no blueprint to follow”. He states that providing “a landscape to follow” is beneficial and that “just being supportive does wonders for the human psyche, just feeling that you have

someone here to say, hey, I am here for you, I care about you as a person and you can do this”.

Theme Two

The second theme is *being ethnically diverse influences expressions of comfort*. Informants recognized that ethnic diversity plays a significant role in how they experience comfort and seek comfort in the classroom. Three patterns support this theme.

Pattern 1. The first pattern is the *need for acceptance and recognition*. When asked to describe comfort in the classroom from the perspective of being ethnically diverse, informants overwhelmingly said being accepted for who they are. The phrases and words used to words to illustrate acceptance includes “being myself”, “being able to speak up”, “I want to be treated like everyone else is treated”, “belonging”, “find comfort in the likeness with other people”, and “be yourself without fear or reproach”. Informants want this acceptance and recognition from the students in their class, as well as from the faculty. The descriptions of what comfort feels like in the classroom stems from understanding expressed feelings of discomfort. Informants describe discomfort in the classroom as being neglected, with phrases such as “no eye contact”, “feels like you’re not included”, or “set apart”. Students related stories about being ignored without apparent cause. One student, Anita, explained:

There was some students where they were talking and when I first got there [into the classroom] they were in the midst of conversation and then when I came they would either leave or they would sit there and play with their phone and not really talk and I was like, hmm, that’s not very comforting.

A general informant gave another example and stated:

if faculty can't take the extra mile and you don't call on the particular [diverse] student, other students know that, so what you are saying is one of two things: I don't think the person has anything to offer so you guys shouldn't either, but it also gives insight into where that faculty member is in terms of comfort level with issues of diversity and ethnicity and all those other things. (Akilah)

Informants feel that this attitude comes from a lack of cultural understanding and could be improved by more dialogue. If there is no improvement then, according to the students, the tone is set for the experience of discomfort in subsequent classrooms.

Pattern 2. The second pattern is *withholding feelings and expressions*. This is a non-caring pattern that is influenced by past experiences in the classroom as an ethnically diverse person. Informants convey that, even if the opportunity is there for students to convey thoughts and feelings about a different perspective from what is being discussed, they may sit back and not participate until they are invited to do so. Additionally, diverse students may feel uncomfortable asking for assistance. A key informant, Nicole, relaying experiences in the nursing skills lab says, "I'm not sure who to approach for help and I may look for that one person who helps all the time but if she's not there then I usually won't ask". Another informant stated "there's some instance where I just want to keep it [the questions for the professor] to myself". A key informant described feelings that carried over from being the only Black person in the eighth grade, "instead of putting yourself out there you just say hi and keep going".

General informants who are ethnically diverse educators conceive that ethnically diverse students are not used to having a voice because they are not used to challenging other people's ideas. One key informant stated "that students [peers] have not really dealt with me and I think that's more my skin color versus them having a conversation with me

and being offended”. A general informant, Thomas, states, “they [diverse students] are sitting there [in class] with a wealth of experiences, life experiences, and they’re holding on to it because of the fear of failure”. Another comment from an ethnically diverse general informant: “silence is a powerful weapon that they [students] use to just keep quiet and not say anything”. There does appear to be risk in the silence, as one general informant educator, Elena, states, “if they feel isolated and all alone that’s when I see them fizzle out and end up leaving”.

Pattern 3. The third pattern is *self preparation beyond expectations*. All the ethnically diverse informants cited the pressure to overachieve as significant to their comfort level because from their perspective society expects less of them. This pressure induces them to seek comfort in their own personal preparedness. This preparedness is exhibited by mental preparation, having a positive attitude, arriving to class early, making the best of the educational opportunity, and “to go the extra mile”. When asked for further explanation, one key informant, Anita said, “I feel like I have to fight even harder, like not even academic wise, just mentally, mentally and emotionally like, I feel like I have to be suited up per se, like ready to be able to go in and deal with that”. A general informant, Akilah said,

In the black community we call it the ‘black tax’ because we’re perceived as not being smart enough. We are taught that early on, that even though Sally gets an A you always have to get an A plus because they think that you are not smart.....it doesn’t stop at schooling. I mean I do the same thing. I mean I mentally prepare myself to come here.

Key informants also spoke of “doing what you got to do” regardless of race or ethnic diversity. Furthermore, getting accepted into the school of nursing is a competitive process, but remaining in the program is also challenging. The key informants are aware that everyone is expected to be prepared for class and clinical and put forth their best possible effort.

Theme Three

The third theme is *identification with cultural practices and values promotes feelings of comfort as well as discomfort*. There are two contrasting patterns that support this theme: cultural connections and racial stereotyping.

Pattern 1. For the first care pattern, *cultural connections*, key informants spoke about cultural practices. The cultural values, beliefs and lifeways represented diversities and universalities (Leininger, 1991, 2006) among the informants. Selected examples include: male vs. female roles, having a curfew as an adult single woman, expectations of parents and grandparents, the role of food, and the importance of family gatherings. According to key informant Mary, males in her Middle Eastern culture, including her grandfather and father, traditionally are not involved with activities related to childcare, such as bathing children or changing diapers, and are traditionally the sole income providers. However, Mary is supported by her entire family to obtain an education and have a career. She states “because of the things that my family does, it connects me to that culture”. Mary presented blue prayer beads from the Middle East given to her by her paternal grandfather (Figure 1). The beads give her comfort and make her feel safe because the beads connect her to her grandfather. Leah, a 24 year old Mediterranean-American, has a curfew. She must be home when all academic activities for the day are

concluded. This is not true for the other key informants. Informants were proud of cultural values and practices and discussed the sharing some of their cultural ways within the educational environment. Two general informants, Sally and Lourdes, spoke about sharing ethnic food with co-workers and non-Latino friends as a way to celebrate culture.



Figure 1 Mary's Middle Eastern prayer beads

Informants recognized their need to have someone in the educational environment to make cultural connections with. They spoke of having someone who “looked like them” to make those connections, however at present there are not a significant number of diverse persons in academic positions at the college. Janice, a key informant, appreciated seeing other diverse nursing students at the Student Nurses’ Association (SNA) meeting. She was not advocating for a separate organization for diverse students, but rather having an opportunity to meet ethnically diverse nursing students who were not in her class. She mentioned having “something separate outside of the SNA where you kinda meet people”. Another key informant relayed that she believed that she could be a role model for other Black people because after graduating as nurse she can say to them “you can do anything you want to if you put your mind to it”. The general informants recognized that students have few ethnically diverse role models in the educational

setting. Consequently, the general informants who are ethnically diverse share personal cultural practices in order to connect with students. One general informant Elena states, “The more I share about myself and my personal struggles...I see my Hispanic students kind of a little more because – oh you know what I’m going through”.

Pattern 2. The next pattern which causes feelings of discomfort for diverse nursing students is *racial stereotyping*. The informants describe instances of being labeled, treated inappropriately, or being the recipient of stereotypical judgment because of being identified with a specific culture. Informants pointed out that this behavior is most likely due to lack of exposure to people who are ethnically diverse. As mentioned previously, there is a lack of diverse people at the college where the study took place. One student said about faculty, “having to work with ethnically diverse students I think some people [faculty] who maybe have never been exposed to ethnically diverse people judge them based on stereotype.” One key informant presented an example of a White nursing student inaccurately describing dark skin. Another key informant described getting served last at restaurants when in the company of White friends. That feeling carried over to the classroom, when she felt ignored in a small group situation. A Black key informant talked about instructors who talk about the inner city in “a negative way”. She says that while, yes there may be some violence for example, there are still some “positive things that happen there, too”. Informants did not display outward anger about the discomfort, but rather said that the lack of understanding comes from the lack of exposure to diverse persons in the dominant culture. Several general informants stated that there is a lack of understanding about White privilege. One general informant stated that a comfortable educational environment would be one where diverse students feel

psychologically safe. Until the students feel safe, they put up a barrier because they are afraid of the misconceptions about their ethnicity. One key informant, who presented her bible as her comfort artifact, stated, “It’s a comfort in knowing there’s a God who does not see color”.

Theme Four

The fourth theme, *family, social, and peer relationships affect expressions of comfort care*, exposes the impact that relationships have on the well-being of ethnically diverse students. This theme is reinforced by three patterns.

Pattern 1. The first pattern is *peer care and support*. For this pattern, peers are designated by the key informants as nursing student classmates regardless of ethnicity. Ethnically diverse nursing students value their developing relationships with specific classmates and members of their clinical groups. Ethnic friendships prior to nursing school remain important when they provide support and understanding, however key informants acknowledge that their nursing student peers have become a source of comfort for them as they progress in the nursing program. Peers understand the challenges that come with nursing school. One key informant says “nursing school has been that much more enhanced by having these students with me and I bet they would say the same thing”. Peers can transcend racial boundaries and three key informants explained that the peer relationships have strengthened the understanding of similarities rather than differences between peers. One key informant, who is in a designated study group, says that her peers understand if she has to cancel because of cultural family obligations. Another key informant, who developed peer relationships in another nursing program and then transferred to the current campus, says that she still socializes with those friends.

According to a general informant, Elena, admission to the nursing program is a competitive process and the students start their nursing courses with that mindset. The general informant points out to the students that fellow nursing students are now your support system because they understand exactly what you are experiencing. Key informants discussed their feelings of comfort and discomfort when placed in a small group within the classroom. Generally, they spoke about being more comfortable when they were able to choose their peers versus being in a group assigned by the faculty member. If they were able to choose their friends for a small group activity then they were more likely to provide input in the work of the group. The key informants felt uncomfortable when they did not have a choice in their group assignments because they were afraid of providing a wrong answer or not being accepted.



Figure 2 Janice's silver necklace

Pattern 2. The second pattern is *maintaining family obligations*. Informants express that cultural obligations include relationships with families. For some informants, family relationships are a source of comfort and strength from which students draw on during times of stress. One key informant, Janice, presented a silver necklace (Figure 2) with her initial that was given to her by her parents as her comfort artifact. The necklace has the word 'believe' inscribed on it. The informant stated, "It basically gives

me strength that if I wear it – it reminds me that everything is possible if I believe in myself”.

Informants described cultural obligations that are universal, as well as diverse. Several key informants talked about how being at home with their families was comforting. Two key informants explained that, with the exception of school, all the activities of their life take place within a several mile radius of their homes. Rudy, a key informant, remarked, “We [family] encourage each other...lift each other up”. Additionally, family members were respected for providing constructive criticism. Three key informants, who do not live with their parents, described the importance of talking to a family member, usually a mother or sister, on a regular basis. Three key informants have children. Two key informants explained that a source of comfort is knowing that family members care for their children while the informants are in school. All three talked about their responsibility to their children and appreciation of those family members who recognized their difficulties balancing home and school.

Two Latino general informants discussed the cultural emphasis on providing for one’s family versus obtaining an education. The general informants understand the struggles that students have maintaining balance between family obligations and educational desires. One general informant recalled postponing her education to find a job to help out her household because her mother was disabled. Many years later, she is now enrolled in college with the support of her children and spouse. Another general informant spoke of the obligation to feed and clothe children versus getting an education. Leah, who is Mediterranean American, spoke of her obligation to a college education because of influence from her grandparents. Within her culture females live at home until

they are married and, while living at home, should strive to get the best education possible. Much of her time is spent studying, because her grandmother says that one “should sit and study until the chair is warm enough to fry an egg on it”.

Pattern 3. The third pattern, *lack of supportive friends and family creates disconnection*, describes the challenges within relationships that some diverse nursing experience. Not all key informants had the supportive relationships that were described in the second pattern. Several key informants feel discomfort within their own culture about going to college. Both key and general informants discussed the struggles associated with the lack of understanding within specific cultures about the pursuit of an education. Resistance can be found in both the Black and Latino families. One key informant, Linette, stated that the friends that she used to “hang with” did not have any goals and could not understand why she continued on to college, so she ended the friendships. Another key informant ended friendships because her friends used drugs and alcohol. She also copes with family members who use drugs and alcohol. She seeks comfort in prayer and in her relationship with God, thus her comfort artifact is her Bible (Figure 3).

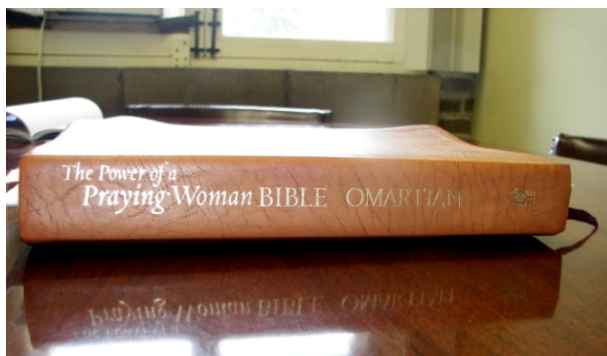


Figure 3 Bible Comfort Artifact

The general informants provided much insight into the behaviors of unsupportive friends and family members of diverse students, particularly for first generation diverse

students. In terms of comfort Carlisle, a general informant, states, “family determines a lot, if everyone in the family does not see the purpose of what you’re doing that’s enough to deter students from not doing it [going to college]”. An additional example from a general informant provides understanding about this attitude; if your family members have been working successfully on the same factory line for several generations then why would it be necessary to go to college? One general informant was questioned as to why she wanted to become a nurse when others in the family “did fine as nursing assistants”. General informants report that friends and families can make students feel guilty for prioritizing school over family. Ethnically diverse general informants say this is where faculty can impact students comfort by recognizing and appreciating the sacrifices that students are making in order to attend college.

Theme Five

The fifth theme is *comfort care activities of ethnically diverse nursing students are represented by universal and diverse expressions*. Three patterns sustain this culture care theme.

Pattern 1. The first pattern is *expressions of physical comfort*. Key informants enjoy a small class size, especially those students who previously attended larger institutions. One student said that she does not like to sit “shoulder to shoulder with other students”. Classroom temperature is important and several key informants stated that they prefer a warm classroom. Students came prepared to class with sweatshirts and light jackets. This was noted during the researcher’s observations, as well as during conversations and interviews with students. Several students discussed their preferred seating placement within the classroom. One key informant prefers sitting towards the

back of the classroom, because she does not like the feeling that her classmates are staring at the back of her head. Another key informant says that if she does not sit at the front of the classroom then she feels disconnected from the instructor. The researcher noted that the students sat in the same seats for every class, however, the ethnically diverse students did not sit together as a general rule.

Pattern 2. The second care pattern is *family connections around food*. Six key informants and three general informants spoke about food in the presence of family as providing comfort. Even the key informants who had challenging family relationships expressed comfort with family food gatherings. One key informant, the oldest of four siblings, said that it is common for her whole extended family of aunts, uncles, grandparents, nieces, and nephews to eat a family dinner together. Statements to support the importance of food are, “we eat a lot of [cultural]food”, “we do barbecues”, “we all gathered around the table ...eating, laughing, sharing jokes”, and “we had to unite around this meal and talk”. One Latino general informant spoke about food as a way of nurturing. The key informant, who is Mediterranean-American, talked of roasting a lamb on her front lawn with all of her local relatives in attendance. The researcher did not observe the key informants eating traditional ethnic foods in the classroom. Food was discussed as a way to have comfort at home, especially when it was enjoyed with family members.

Pattern 3. The third care pattern is *self comfort activities and expressions*. Key informants participated in varied comfort activities. Key informants said that a general expression of comfort was being relaxed and feeling calm. The activities associated with comfort included listening to music, shopping, venting feelings, talking with friends

and/or family members, being in the presence of family members, time with children, praying, going to the movies, and going out to a restaurant to eat. The key informants listed similar activities when they were asked, “What do your friends and family members do for comfort?” The key informants have limited free time due to the demands of nursing school and, if they have additional job and family duties, time for comfort activities is limited. When they do have time for supportive family members and friends, they feel relaxed and free of the burdens that may cause them discomfort in the educational setting. Several key informants talked about routine as being comfortable – in other words, familiarity with the home environment, going shopping in the same stores, and having a daily morning routine. One key informant presented a picture of her comfort artifact, a picture of her bed with three body pillows, four regular pillows, and six blankets (Figure 4). Her bed is the place that she describes as her “comfort zone.” She states, “I can shut the world out...and that makes me feel comfortable”.



Figure 4 Bed as a comfort artifact

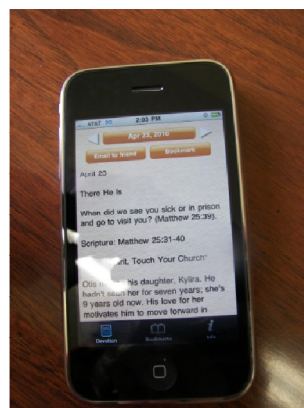


Figure 5 Cell phone with devotions

Another key informant presented her cell phone with devotions on it (Figure 5). She described the devotions as a source of comfort because “the devotions help me keep a positive attitude and to expect the best. The devotions help me to not be defensive”.

Another key informant keeps a bookmark of her daughter's picture. This bookmark provides comfort and strength to her when she views it. Sometime she places it on the desk in front of her when she is at school.

Summary

The emic expressions of comfort for ethnically diverse nursing students in the educational setting are associated with care patterns that are both universal and diverse. These patterns of comfort, as expressed by the informants, are supported by Kolcaba (1993) who theorizes comfort as way to combat physical, psycho-spiritual, socio-cultural, and environmental stressors. Comfort needs are activities needed to provide ease, relief, and transcendence. Comfort needs and comfort care patterns will be presented in the next chapter in the context of Leininger's three culture care modes: 1) preservation and/or maintenance, 2) accommodation and/or negotiation, and 3) repatterning and/or restructuring.

CHAPTER V

DISCUSSION AND CONCLUSION

The intention of this ethnonursing research was to study the culture care meaning of comfort care for ethnically diverse pre-licensure baccalaureate nurses in the educational setting. The researcher, immersed in the academic environment made observations, asked questions, reflected on words, and examined artifacts to elicit the in-depth meaning of comfort for ethnically diverse nursing students from the academic environment. Five themes were identified as expressions of comfort care for key informants who are ethnically diverse nursing students. The five themes are: (a) the desire to be cared for as a distinct human being within the context of ethnic differences; (b) being ethnically diverse influences expressions of comfort; (c) identification with cultural practices and values promotes feelings of comfort, as well as discomfort; (d) family, social, and peer relationships affect expressions of comfort care; and (e) comfort care activities of ethnically diverse nursing students are represented by universal and diverse expressions.

This chapter is presented in three segments. The first section is the summary of the themes with supporting evidence from the literature. The second section incorporates the three modes of decision and action (Leininger, 1991; Leininger & McFarland, 2006) relating to the comfort care patterns and themes. The implications for nurse educators and nursing education are included in this section. The last segment comprises the

implications for further research in light of this study's findings and is followed by the conclusion.

Summary of Five Themes

Theme One

The first comfort theme is expressed as the *desire to be cared for as a distinct human being within the context of ethnic differences*. This theme broadly pertains to the overall academic atmosphere. Diverse nursing students want college personnel to recognize their struggles and extend themselves by offering support. Support tendered in a caring, concerned manner made the difference in the students' overall feelings of comfort within the college campus environment. In particular, first generation college students appreciate the staff and faculty who connect them to college programs and offer them assistance in navigating through the world of academia. In the classroom, diverse nursing students appreciate the faculty who are deemed approachable by virtue of the fact they call students by name, offer suggestions for success in class, and inquire as to their well being. Furthermore, students can distinguish faculty who appear uncaring and unwilling to extend themselves beyond the functions of an educator or lecturer. Similarly, diverse students value culture being integrated into the milieu of the college environment, both in the classroom and on campus. Diverse nursing students appreciate examples and references to their traditions and customs for application to the nursing concepts and content that is taught in class. In a study of 1,377 nursing students, Wong, Seago, Keane, & Grumbach (2008) found that being among the minority correlated with students' negative perceptions of institutional diversity. The diversity ratings were based on college

endorsement for diverse faculty, teaching of diversity, and compassion towards others with similar ethnic or cultural circumstances.

Theme Two

The second theme, *being ethnically diverse influences expressions of comfort*, emerges from actions that primarily transpire in the classroom. Students want to be accepted by both faculty and other students. Students relayed specific stories of feeling that they were considered differently than their White counterparts and, in some cases, ignored. Diverse students expressed comfort when feeling they were accepted in the classroom and this also promoted a feeling of belonging.

Both key and general informants discussed the tendency of diverse students to inhibit their responses and hold back their participation in the classroom due to fear of failure, fear of being misunderstood, and the influence of prior negative experiences. However, according to Davidhizar and Shearer (2005), showing initiative in the classroom may be an expectation of the dominant society and, in some cultures such as Asian, members may view assertiveness as a lack of respect for authorities, for example teachers. Museus and Quaye (2009) posit that precollege cultural experiences of diverse students influence views, outlooks, and encounters they have in college. Additionally, in the presented ethnonursing study, several diverse nursing students also felt they carried the burden of performing to a level over and above what is perceived as the dominant culture's societal expectations in order to prove themselves. In a qualitative study by Moceris (2010), Hispanic/Latino nursing students felt they had to verify themselves to dispel myths that Hispanics are uneducated and lack motivation.

Theme Three

The third theme, *identification with cultural practices and values promotes feelings of comfort and discomfort*, stems from students' life experiences being ethnically diverse. Diverse nursing students in the study felt a sense of connection to their respective cultures. They understood that cultural values shaped their feelings of comfort when not at home. Specific examples of the cultural connections that gave them a cultural identity ranged from gender roles to family traditions. The students identified the lack of diverse faculty and staff at the college to make cultural connections as a source of discomfort. Several studies that incorporate feelings of Asian Americans, Black, and Latino students cite lack of diverse faculty as a barrier to success for ethnically diverse college students (Mills-Wisneski, 2005; Smith, Bowman, & Hsu, 2007; Museus & Quaye, 2009).

A cause of discomfort for the students is expressed as perceptions of racial stereotyping. Students feel that persons from the dominant culture have preconceived ideas about what it means to be part of a particular ethnic or cultural group and provided examples of such. Students believe that this is due to lack of exposure by faculty and staff to diverse cultures. Leininger (2008) challenges educators to discover the cultural world of the student who, as an unknown, is referred to as stranger and states, "inaccurate or partial knowledge of a person or stranger can occur that includes biased information, opinions, pre-judgments, and racial biases" (p. 7). Studies that support racial stereotyping and discrimination are prevalent in the literature. Moceris (2010) reports that Hispanic/Latino students experience overt racist comments from other students without being challenged by faculty. In the same study, students felt that faculty lacked cultural

understanding to the point of discrimination. Asian American college students also experience racial prejudice in the academic environment (Smith et al., 2007). Similarly, sources in the literature maintain that Black students experience discrimination in the educational setting (Mills-Wisneski, 2005; Terhune, 2006; Museus & Quaye, 2009).

Theme Four

For the fourth theme, *comfort care expressions are affected by family, social, and peer relationships*, describe social and familial relationships that can either help or hinder the diverse nursing student, depending on the situation. Ethnically diverse students regard their relationships with nursing student colleagues regardless of ethnicity. Peer camaraderie is important and helps to decrease the stress of nursing school. Diverse nursing students may have to sever ties with non-nursing student friends who are unsupportive and impede progress in nursing school. Working in a small group setting within the classroom can cause comfort or discomfort depending on how the small group is assigned. Diverse students feel inhibited to participate when they are grouped with peers they feel uncomfortable with.

Diverse students report that family support can hamper or aid their feelings of comfort in the educational setting. Some families fail to see the value in a college education, while others lack understanding of how to support diverse students in the academic journey. For some diverse students, family support is what sustains them to persist in achieving educational goals. The importance of social relationships to the success of diverse college students is apparent in the literature. Evans (2008) surmised in a qualitative study of 14 diverse and 18 White nursing students that White students with affluent, educated families could better navigate the college setting. In a study by Wood,

Saylor, and Cohen (2009) of ethnically diverse baccalaureate nursing students, supportive social connections were associated with positive academic outcomes.

Theme Five

Comfort care activities of ethnically diverse nursing students are represented by universal and diverse expressions is the fifth, and final, theme. Classroom comfort depends on the size of the classroom, number of students in the class, and temperature of the classroom. Students listed various activities of comfort enjoyed outside of class by them, their friends, and families. Music, spending time with and talking to friends and family were similar interests conveyed among the students. Sharing food with family is another activity that transcends diversity. Pursuits of comfort depended on the amount of time available to students. Students shared artifacts of comfort, which included a bible, cell phone devotions, a bed, a necklace, prayer beads, and a bookmark. According to Leininger (1991, Leininger & McFarland, 2006), there exists universalities and diversities of cultural expressions between and among cultures.

Modes of Decision Action

The researcher conceives that the concept of culturally congruent care is applicable to the classroom setting and to the care of nursing students. Nurse educators in their understanding of comfort expressions of ethnically diverse nursing students can provide culturally congruent care to diverse students. Knowing and acquiring cultural understanding between the teacher and learner can facilitate an atmosphere of caring and appreciation for the diversity that exists in the classroom. There are three modes of nursing actions and decisions identified by Leininger that encompass culturally congruent care. The uses of these modes encompass both emic and etic care. The three modes are:

a) culture care preservation and/or maintenance; b) culture care accommodation and negotiation; and c) culture care re-patterning and restructuring (Leininger, 1991, 2007; Leininger & McFarland, 2002, 2006). The use of these modes by nurses is appreciated by cultural members as providing safe and trusted care (Leininger, 2008). Implications for nursing education and recommendations for nurse educators are presented within the context of the three modes of nursing actions and decisions.

Culture Care Preservation or Maintenance

The first mode, culture care preservation or maintenance, refers to those actions which preserve existing culture care beliefs. This is the nurse educator's opportunity to continue the culture care comfort expressions of the diverse student in the academic environment. Activities for preserving comfort care patterns include calling students by name and recognizing them as distinct human beings. Comfort care expression of recognition and acceptance can be preserved by inquiring about family members and asking about specific traditions

Faculty who are deemed approachable were a source of comfort for diverse students. Additionally, if faculty is not diverse, presenting an open, caring, genuine attitude is crucial to students' feeling comfortable and interacting with faculty. Leininger (2008) explains that when trust is established, both the teacher and the students feel comfortable to exchange personal and life experiences that have formed their opinions of the world. Bednarz, Schim, and Doorenbos (2010) suggest that faculty should appreciate differences and use the knowledge of these differences to enhance learning opportunities for both faculty and students. Faculty appreciation of the differences commences with

self assessment of breadth and depth of knowledge about cultural diversity and a local assessment of the diversity of student cohort.

Students expressed comfort with the faculty and staff who took the time to uncover what was needed to enhance success in the college setting. College services such as multicultural centers, programs for first generation college students, and academic support programs that are in place to assist diverse students with navigating the academic journey should be encouraged among diverse students. Faculty who are interacting with students on a weekly, if not daily, basis should be aware of these services that benefit diverse nursing students and make the effort for a personal referral. Students expressed comfort with the faculty and staff who took the time to discover what was needed by the students to enhance success in the college setting. Museus and Quaye (2009) propose that students whose cultural backgrounds are endorsed by their contacts with cultural agents (cultural agents refer to academic or social groups with whom the students can connect) are associated with persistence through the college.

Culture Care Accommodation and Negotiation

In this mode the nurse educator balances the comfort care needs of the diverse nursing student while considering the nursing course/curriculum requirements and clinical obligations. Students desire a curriculum that celebrates their diversity and nurse educators can certainly incorporate a variety of cultural content throughout a nursing program. Escallier and Fullerton (2009) suggest that the use of a cultural competency philosophy threaded throughout the nursing curriculum promotes a sense of belonging for the students who are ethnically diverse. This means a curriculum which provides examples of culturally congruent nursing care for diverse populations. Asking students

for their input about caring for patients in the context of their specific culture helps the students apply nursing knowledge from their perspective. The material is understood relative to their life experiences. For example, asking questions like “what does it mean to promote wellness in your culture, or what care is needed to assist with the process of the dying?” This is an opportunity to learn about emic care from the perspective of the students’ culture. Leininger (2008) conceives that the teacher is entering the student’s world and “needs to become an active listener, and to remain flexible, and willing to adjust to the learner’s world view, values, beliefs and practices” (p. 25).

Students expressed discomfort with balancing multiple roles relating to family, work, home, and school. Expectations of family members and demands at home may interfere with classroom deadlines and attendance. Diverse students who are reluctant to speak up to faculty about home and family challenges risk being misunderstood by saying nothing. Faculty members can make an effort to ask students what obstacles they are facing that interfere with academic success. Although certain course expectations may be non-negotiable, faculty can assist diverse nursing students who are facing barriers to problem-solve and can help provide resources for support.

Faculty can support students’ need for positive interactions and social connections. Students expressed comfort in the healthy relationships they had with family, peers, and faculty. Faculty can assist students with accommodating supportive connections in several ways: a) assisting diverse students to find others on campus who share their diversity; b) assigning students to small groups in which they feel comfortable; c) understand that for some individuals comfort means socializing with

members of their own race (Smith et al., 2007); and d) committing to the success of the all students regardless of the faculty's and or student's ethnicity.

Culture Care Re-patterning and Restructuring

This mode refers to those professional actions that can assist members of culture towards better outcomes. An area where re-patterning can occur is the comfort care pattern of withholding expressions and feelings by diverse students. Students report they feel a lack of acceptance for their answers in class or in small group situations or fear being wrong in front of peers. General informants recommend that faculty acknowledge diverse students and ask for their input and perspective during class time. Exhibiting genuine appreciation for their contributions to the class may assist the students to feel comfortable with subsequent classroom situations. If necessary, faculty can engage students one-on-one to determine the level of comfort with speaking and participating in class to discover what aspects of culture students feel at ease with sharing.

Another area that requires re-patterning is the students' expression of discomfort due to feelings of discrimination and racial stereotyping. Faculty can role model cultural competency for all students. This includes challenging inaccurate opinions, incorrect information, and stereotypical responses from students, as well as other faculty members towards diverse students. Faculty in the classroom should be comfortable to have their opinions and views respectfully tested and questioned by diverse students. Leininger (2008) advocates for this open interaction between students and faculty because it promotes learning and respect. "Faculty and students need to feel free to debate, question, or refute ideas that may be vague or limitedly studied" (Leininger, 2008, p. 14).

Wong et al. (2008) suggest that all college students, independent of their race, gain from interactions with diverse students and educators.

While much of the responsibility for the modes of decision action falls within the realm of the faculty role, institutions of higher learning also bear responsibility for comfort care as it relates to the retention of diverse nursing students. This responsibility includes creating an educational milieu that celebrates diversity in students, faculty, and staff and implies a high degree of commitment from the institution's administrative leadership. Strategies may include raising awareness of attitudes about diversity, engaging in meaningful dialogue, providing funding for faculty and staff education about cultural competence, and supporting campus initiatives that support diversity.

Recommendations for Further Research

This ethnonursing research study provided an opportunity to understand comfort and comfort care from the perspective of seven ethnically diverse nursing students who served as key informants. Fourteen general informants substantiated and added to the meaning of comfort in the culture of the educational setting. Both general and key informants provided examples of culture care meanings of comfort and discomfort to support the themes and patterns presented in the findings. Students were able to distinguish between those care patterns that influenced comfort and those that caused discomfort. Interactions with faculty, staff, and student peers shaped perceptions of comfort in the educational setting. Support from family and friends impacted diverse students' experiences of comfort while at school. Being ethnically diverse shaped their perceptions and experience of comfort in a dominant culture. Students recognized the importance of making connections on campus with people and programs that could

enhance their success. For some students, coping meant over preparing for class and being silent in the classroom. Evidence in the literature provides support for the emic responses about experiences of being an ethnically diverse student.

The action decision modes provide nurse educators with culturally congruent ways of supporting and facilitating comfort in the educational setting. Implementing the culturally congruent ways depends on the faculty feelings of comfort related to teaching diverse students. Further research is needed to uncover the meaning of comfort for nurse educators who are teaching in ethnically diverse classrooms. Another area for further research is the comparison of comfort with diverse peer nursing students versus non-diverse peer nursing students to determine how comfort care can be supported and sustained in the nursing education environment. Research in the area of collaboration between student services and academic services to enhance comfort may expand understanding of student comfort with academic institutions. Collaboration between institutional staff in student service areas and nurse educators may facilitate the success of diverse nursing students in the educational environment. Research into the type of collaboration and the benefit of such collaboration would be important to discover. Lastly, this study examined comfort for junior level nursing students. Research examining perceptions of comfort for first or second year diverse students who have not yet been accepted into the nursing program would further contribute to the understanding of the culture care meaning of comfort.

Limitations to this study include the specific setting of a small college campus with a lack of diverse nursing faculty. Experiences of comfort may be different for ethnically diverse nursing students who have ethnically diverse faculty, role models, and

other ethnically diverse students in their educational setting. Also, the distinctive mix of diversity in the small sample contributes to the uniqueness of the students' responses, therefore, it would be inappropriate to assume complete transferability of the findings.

Conclusion

Nursing school is associated with inherent stressors that are experienced by most students. Additionally, students who are ethnically diverse face challenges unique to learning in an educational setting within a dominant culture. This study exemplifies the culturally defined expressions of comfort for ethnically diverse nursing students in the academic setting. Patterns of comfort care are expressed similarly and differently, depending on the students' precollege cultural experiences. The lack of ethnically diverse faculty and staff and lack of understanding by faculty and staff of the dominant culture contribute to students' feelings of discomfort. Nurse educators who are not ethnically diverse can still take a culturally congruent approach by applying the action and decision modes relative to preserving, accommodating, and restructuring culture care patterns to enhance comfort for ethnically diverse nursing students. Enhancing comfort in the educational setting as it is culturally defined may contribute to retention of ethnically diverse nursing students, who will ultimately practice nursing care for a culturally diverse population of patients.

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APPENDIX A
PARTICIPATION LETTER

Date:

Dear Student,

My name is Lynne Zajac and I am a doctoral student in the Nursing Education Program at the University of Northern Colorado. I am a registered nurse and nurse educator. As a nurse educator I am interested in the meaning of comfort in the educational setting for diverse nursing students in a prelicensure Bachelor of Science Nursing program. There is limited information in the nursing education literature about the meaning of comfort for ethnically diverse nursing students. The concept of comfort in the educational environment may have different meanings to nursing students from ethnically diverse backgrounds. The understanding of comfort in the classroom may be culturally defined and knowing this may help nurse educators to provide interventions in the classroom to promote feelings of comfort which may improve educational outcomes.

I am conducting a qualitative research study about the meaning of comfort for ethnically diverse nursing students. I would like to ask several open ended questions about the meaning of comfort, the experience of comfort, and what makes diverse nursing students feel comfortable in the classroom. The format will be similar to an interview or discussion. The discussion will take place with me in a quiet area or room on campus for approximately one hour and will be audio taped. It may take several interviews for me to understand and confirm the meaning of comfort. If you are interested in participating in the study please complete the following survey:

NAME _____

ETHNICITY Please indicate if you are:

Black/Non-Latino _____ American Indian/Alaskan _____

Asian/Pacific Islander _____ Latino _____ Multi-ethnic – please specify _____

Other-please specific _____

LEVEL OF NURSING STUDENT (sophomore, junior or senior) _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Thank- you.

Sincerely,

Lynne Zajac MSN RN

APPENDIX B
INFORMED CONSENT FORMS

Informed Consent for Human Participation in Research
The University of Northern Colorado
Study Title: Culture Care Meaning of Comfort for Ethnically Diverse and
Underrepresented Pre-licensure Baccalaureate Nursing Students in the
Educational Setting
Key Informants

Researcher: Lynne Zajac RN, MSN
Doctoral Student in Nursing Education
University of Northern Colorado
E-mail: zaja6386@bears.unco.edu
Research Advisor: Dr. Nancy White

My name is Lynne Zajac and I am a doctoral student in the Nursing Education Program at the University of Northern Colorado. I am a registered nurse and nurse educator. I am interested in the meaning of comfort in the educational setting for diverse nursing students in a prelicensure Bachelor of Science Nursing program. The concept of comfort in the educational environment may have different meanings to nursing students from ethnically diverse backgrounds. There is limited information in the nursing education literature about the meaning of comfort for nursing students.

I would like to ask you several open ended questions about the meaning of comfort, the experience of comfort, and what makes you feel comfortable in the classroom. The format will be similar to an interview or discussion. The discussion will take place with me in a quiet area or room on campus for approximately one hour and will be audio taped. It may take several interviews for me to understand and confirm the meaning of comfort. I will meet with you to verify the meanings of comfort that I have indentified after I have concluded the data analysis.

You will be asked to choose a name by which you will be referred to in the interview and for the write up of the study. You will decide what information you feel comfortable in sharing with the interviewer. The audiotapes will be kept in a locked file cabinet in my office. When the responses have been recorded verbatim to paper and the results verified then the audio tapes will be destroyed. You will also be asked to volunteer to share an item from your culture that represents comfort to you. If you choose not to share an item you may still participate in the interview process. With your permission I would like to take a photograph of the item you bring, however you may share the item and choose not to have it photographed.

Page 1 of 2 _____ initial here

You are invited to participate for this study based on your expressed interest via the participation letter and because you self identified in the letter as being ethnically diverse. You should know that your decision to participate or not will in no way affect your grades or standing in the nursing program.

The risks inherent in this study are no greater than those normally encountered in an interview situation or a classroom discussion. If you are experiencing stress as a result of feeling uncomfortable in the classroom you will be referred to the counseling services available to you through the academic institution if you so request. This research study may have no direct benefit to you except through your contribution in this study. Future nursing students may benefit from the results of the data analysis. Nurse educators may benefit through a better understanding of the meaning of comfort for diverse nursing students. At the conclusion of the research study you may read the completed research study if you desire. In appreciation of your time you will be given a ten dollar gift certificate for the college café.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of the form will be given to you to retain for future reference.

If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Program, Kepner Hall, University of Northern Colorado, Greeley, CO 80639; 970-351-2161.

Participant's Signature

Date

Researcher's Signature

Date

Informed Consent for Human Participation in Research
The University of Northern Colorado
Study Title: Culture Care Meaning of Comfort for Ethnically Diverse and
Underrepresented Pre-licensure Baccalaureate Nursing Students in the
Educational Setting
General Informants

Researcher: Lynne Zajac RN, MSN
Doctoral Student in Nursing Education
University of Northern Colorado
E-mail: zaja6386@bears.unco.edu
Research Advisor: Dr. Nancy White

My name is Lynne Zajac and I am a doctoral student in the Nursing Education Program at the University of Northern Colorado. I am a registered nurse and nurse educator. I am interested in the meaning of comfort in the educational setting for diverse nursing students in a prelicensure Bachelor of Science Nursing program. The concept of comfort in the educational environment may have different meanings to nursing students from ethnically diverse backgrounds. There is limited information in the nursing education literature about the meaning of comfort for nursing students.

I would like to ask you several open ended questions about the meaning of comfort, the experience of comfort, and the feeling of comfort in the educational setting. The format will be similar to an interview or discussion. The discussion will take place with me in a quiet area or room on campus for approximately one half hour and will be audio taped. I will be asking for your clarification and validation of comfort expressions obtained from ethnically diverse nursing students. I may also ask you to validate meanings of comfort that I have indentified after I have concluded the data analysis.

You will be asked to choose a name by which you will be referred to in the interview and for the write up of the study. You will decide what information you feel comfortable in sharing with the interviewer. The audiotapes will be kept in a locked file cabinet in my office. When the responses have been recorded verbatim to paper and the results verified then the audio tapes will be destroyed.

You are invited to volunteer for this study because you may have an understanding of what comfort means to ethnically diverse nursing student in the prelicensure BSN program. If you are a student you should know that your decision to participate or not will in no way affect your grades or standing in your college courses. The risks inherent in this study are no greater than those normally encountered in an interview situation or a classroom discussion. This research study may have no direct benefit to you except through your contribution in this study. Future nursing students may benefit from the results of the data analysis. Nurse educators may benefit through a better understanding of the meaning of comfort for diverse nursing students. At the conclusion of the research study you may read the completed research study if you desire.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of the form will be given to you to retain for future reference.

If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Program, Kepner Hall, University of Northern Colorado, Greeley, CO 80639; 970-351-2161.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX C
PERMISSION TO OBSERVE

Permission to Observe in the Nursing Classroom, Nursing Skills Lab,
and/or at a Student Nurses Association Meeting

There is limited information in the nursing education literature about the meaning of comfort for ethnically nursing students. The concept of comfort in the educational environment may have different meanings to nursing students from ethnically diverse backgrounds. My name is Lynne Zajac and I am a doctoral student in the Nursing Education Program at the University of Northern Colorado. I am a registered nurse and nurse educator. As a nurse educator I am interested in the meaning of comfort in the educational setting for diverse nursing students in a prelicensure Bachelor of Science Nursing program. The understanding of comfort in the classroom may be culturally defined and knowing this may help nurse educators to provide interventions in the classroom to promote feelings of comfort which may improve educational outcomes.

I am conducting a qualitative research about the meaning of comfort for ethnically diverse nursing students. I would like to observe students in the classroom, nursing skills lab and or at a Student Nurses Association Meeting in order to understand the meaning of comfort, the experience of comfort, and what makes diverse nursing students feel comfortable in the classroom. I may interact with the students or persons in the classroom or meeting setting. Your signature indicates that I have permission to participate in the stated observations.

Signature

Date

APPENDIX D

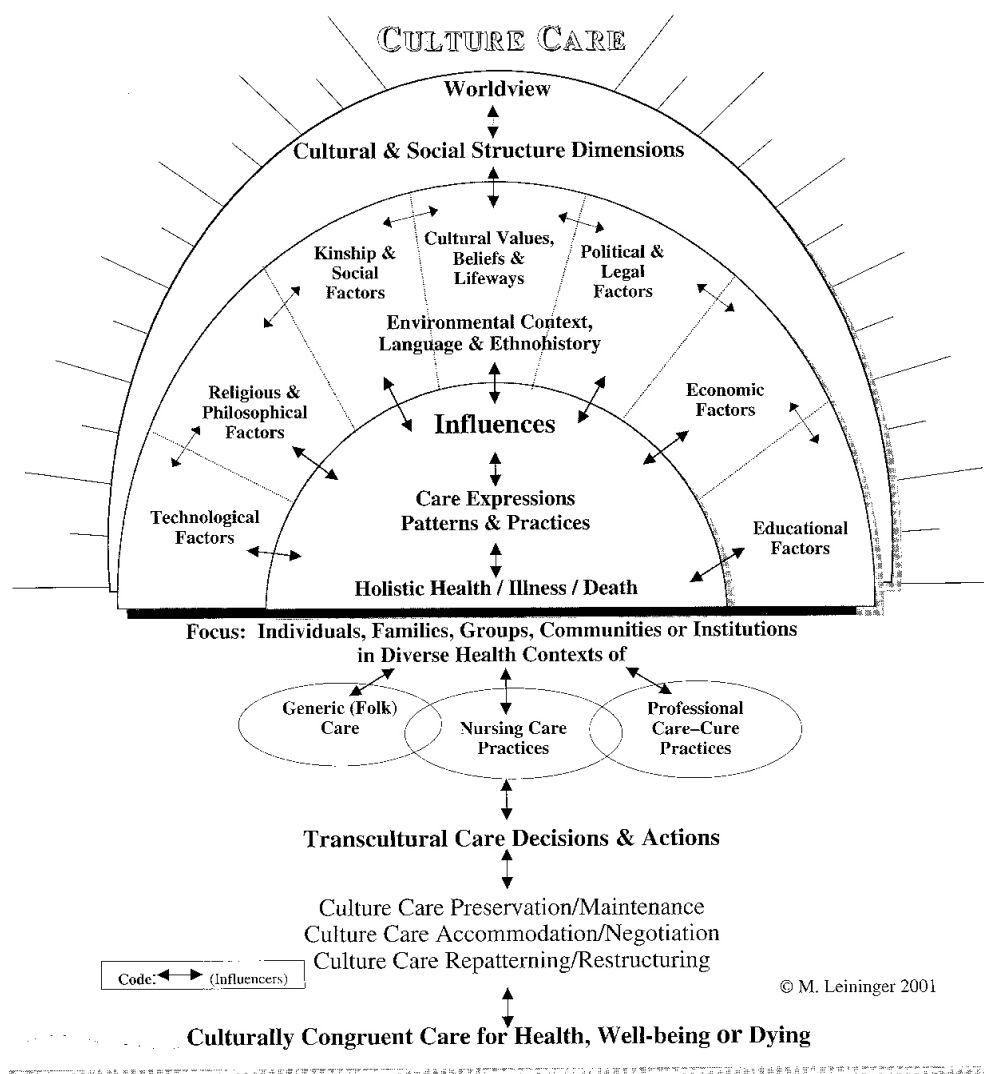
STRANGER TO TRUSTED FRIEND ENABLER

<p>The purpose of this Enabler is to facilitate the researcher (or it can be used by a clinician) to move from mainly a distrusted stranger to a trusted friend in order to obtain authentic, credible, and dependable data (or establish favorable relationships as a clinician). The user assesses oneself by reflecting on the indicators while moving from stranger to trusted friend. These are dynamic indicators from cultures.</p>			
Indicators of Stranger (Largely etic or outsider's views)	Dates Noted	Indicators of a Trusted Friend (Largely emic or insider's views)	Dates Noted
Active to protect self and others. They <i>are gate-keepers</i> and guard against outside intrusions. Suspicious and questioning.		Less active to protect self. More trusting of researchers (their <i>gate-keeping is down or less</i>). Less suspicious and less questioning of researcher.	
Actively watch and are attentive to what researcher does and says. Limited signs of trusting the researcher or stranger.		Less watching the researcher's words and actions. More signs of trusting and accepting a new friend.	
Skeptical about the researcher's motives and work. May question how findings will be used by the researcher or stranger.		Less questioning of the researcher's motives, work and behavior. Signs of working with and helping the researcher as a friend.	
Reluctant to share cultural secrets and views as private knowledge. Protective of local lifeways, values, and beliefs. Dislikes probing by the researcher or strangers.		Willing to share cultural secrets and private world information and experiences. Offers mostly local views, values, and interpretations spontaneously or without probes.	
Uncomfortable to become friend or to confide in stranger. May come late, be absent, and withdraw at times from researcher.		Signs of being comfortable and enjoying friendship—a sharing relationship. Gives presence, is on time, and gives evidence of being a <i>genuine "true" friend</i> .	
Tends to offer inaccurate data. Modifies <i>truths</i> to protect self, family, community, and cultural lifeways. Emic values, beliefs, and practices are not shared spontaneously.		Wants research <i>truths</i> to be accurate regarding beliefs, people, values, and lifeways. Explains and interprets emic ideas so researcher has accurate data of the culture and informant.	

Source

Leininger, M., & McFarland, M. (2006). *Culture care diversity and universality: A world wide nursing theory*. Toronto, Canada: Jones and Bartlett Publishers.
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APPENDIX E
SUNRISE ENABLER



Source

Leininger, M., & McFarland, M. (2006). *Culture care diversity and universality: A world wide nursing theory*. Toronto, Canada: Jones and Bartlett Publishers.
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APPENDIX F
INTERVIEW TOOL

Interview Tool Key Informants

Explanation of the Process

1. Introduce myself to participants and explain the study.
2. Obtain consent and remind the participants of their right to withdraw.
3. Explain the use of the audiotape to record complete responses.
4. Explain that I will make notes in a notebook during the interview.

Questions to start the interview:

- Q1 As an ethnically diverse nursing student what does comfort or feeling comfortable mean to you?
- Q2 As an ethnically diverse nursing student what does feeling uncomfortable mean to you?
- Q3 What is your experience of comfort in the nursing classroom?
- Q4 What is your experience of discomfort in the nursing classroom?
- Q5 What do you need to feel comfortable in the classroom, nursing skills lab?
- Q6 How do you make yourself feel comfortable in an educational setting?
- Q7 How do other students help to make you feel comfortable or uncomfortable in the educational setting?
- Q8 What things do faculty do that make you feel more or less comfortable in the educational setting?
- Q9 What does it mean to be cared for or to feel comfort care in the classroom?

- Q10 In what ways do you think comfort can be offered in the educational setting for diverse nursing students?
- Q11 What are your practices or activities related to comfort?
- Q12 What accommodations by faculty would maximize comfort for you in the educational setting?
- Q13 How do you make yourself feel comfortable when you are not at school?
- Q 14 What do you do if you feel uncomfortable when you are not at school?
- Q 15 How do your friends and family members make themselves feel comfortable?
- Q16 How do your friends and family members make you feel comfortable?
- Q 17 How has your educational experience influenced the way you feel comfort or discomfort?

APPENDIX G

DEMOGRAPHIC INFORMATION KEY INFORMANTS

Key Informants Demographics

1. Pseudonym _____
2. Age _____
3. Gender _____
4. Ethnicity - please check one:

Black/Non-Latino _____ American Indian/Alaskan _____

Asian/Pacific Islander _____ Latino _____

Other _____ If other how would you describe your ethnicity?

5. Marital Status: check one Married _____ Single _____
6. Other college degrees? Circle one Yes No

If yes please list degree _____
7. Has anyone in your family gone to college?

If yes - what relation?
8. Does anyone in your family have a college degree?

If yes – what relation?
9. Is English your primary language?

If no – what language is your primary language?
10. What is your religion or the way that you practice spirituality?

APPENDIX H
SECOND INTERVIEW TOOL

Second Interview Tool

Explanation of the Process

- Thanks for the follow up appointment
- Remind the participants about the use of the audio tape to record the interview
- Remind the participants that I will make notes during the interview

“I am reviewing the first interviews... The initial interviews indicate some patterns in the responses about comfort in general and in the educational setting. Could you comment from your perspective on the following....”

1. The item that you choose to represent comfort is My understanding of this is that you feel....about comfort with regard to this item....
2. General feelings of comfort center on feeling, relaxed, calm, being accepted for oneself; could you comment....
3. Feelings of discomfort revolve around being ignored, stared at, spoken to or looked at differently – could you explain this? *Students have specific stories*
4. Interviews indicate that classroom comfort or discomfort depends on.... Could you comment..
 - a. Physical aspects – size of classroom size, number of students, temperature
 - b. Entering the classroom – eye contact of teacher and other students
 - c. Within the classroom – recognitions from teacher, called on when hand is raised, asking for clarification
 - d. Personal preparation for class – study as well as attitude
 - e. Other students interaction - conversing, recognizing
 - f. Treatment by other students in a small classroom group setting
 - g. Student who are friends in the classroom – support, understanding
5. Faculty Influence on comfort or discomfort - comment
 - a. Acceptance
 - b. Caring and acknowledgement as a person not just as a student
 - c. Approachable
 - d. Willingness to discuss issues related to culture in the classroom
 - e. Encouragement
 - f. Negative
6. Ways faculty can offer comfort in the classroom – please comment (if need more information)
 - a. See above
 - b. Other

7. Personal activities related to comfort or discomfort – please comment
 - a. Shopping
 - b. Music
 - c. Reading
 - d. Prayer
 - e. Interacting with family - positive or negative
 - f. Interacting with friend - positive or negative
 - g. Sleeping
 - h. Avoiding family
 - i. Avoiding people or friend who are not positive
8. Other general feelings about comfort in the educational setting – comments or clarifications
 - a. Starts during the admission process
 - b. Feeling when on campus
 - c. Eye contact and greeting from others
 - d. Encouragement from advisors- focus on what has been done not what can't be done
 - e. Assistance in the skills lab and success center

Is there any additional information that you would like to share with me about comfort in the educational setting?

APPENDIX I
GENERAL INFORMANT INTERVIEW TOOL

Interview Tool General Informants

- Offer thanks
- Obtain consent
- Explain the use of the audiotape
- Explain that I will take notes
- Obtain demographic information

Questions to start the interview:

Q1 What do you think comfort means to an ethnically diverse nursing student?

Q2 What do you think discomfort means to an ethnically diverse nursing student?

Q3 How do you think ethnically diverse students experience comfort in the classroom?

Q4 How do you think ethnically diverse students experience discomfort in the classroom?

Q5 What do think ethnically diverse nursing students need to feel comfortable or cared for in the classroom?

Q6 In what ways can comfort care be offered in the educational setting for diverse nursing students?

Q7 How can faculty enhance comfort for ethnically diverse nursing students in the classroom?

Q8 What is your understanding of how ethnically diverse students make themselves feel comfortable when not in the classroom? Or what do ethnically diverse students experience when they are feeling discomfort outside of the educational setting?

Q9 What are your thoughts about the role of family in the ethnically diverse student's experience of comfort?

Q10 What are your thoughts about the role of friends in the ethnically diverse student's experience of comfort?

Q 11 Is there anything else that you would like to share with regard to comfort of ethnically diverse nursing students in the educational setting?

APPENDIX J

DEMOGRAPHIC INFORMATION GENERAL INFORMANTS

General Informants Demographics

1. Pseudonym _____

2. Age _____

3. Gender _____

4. Ethnicity – please check one

Black/Non- Latino _____ American Indian/Alaskan _____

Asian/Pacific Islander _____ Latino _____

White _____

Other _____ If other - how would you describe your ethnicity? _____

5. Is English your primary language? Yes _____ No _____

If no – what language is primary? _____

6. Number of years working or being involved in the academic environment _____

7. Current position in academic environment _____

8. What is your religion or the way that you practice spirituality?

9. Highest academic degree earned? _____