Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines

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THESIS

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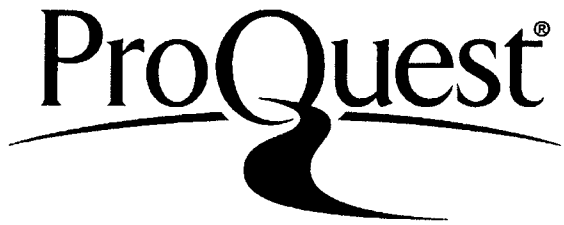

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I dedicate this thesis to my husband, Robert Connor, and my three children, Jordan, Owen, and Nina. I could not have accomplished this without your love, support and encouragement. Thank you for your patience throughout this process. This achievement is just as much yours as it is mine!

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Chapter I. Introduction

A. Significance and Purpose

Occupational stress has long been recognized as a hazard of the workplace (Sauter et al., 2002; Sauter, Murphy, & Hurrell Jr, 1990). The National Institute of Occupational Safety and Health (NIOSH) defines occupational stress or job stress as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (Sauter, Murphy, Colligan, Swanson, Hurrell, Scharf, et al. 1999). The economic, personal and societal cost of the inability to cope with job-related stress is very high. Reports have estimated that stress costs U.S. industry about $300 billion dollars a year as a result of accidents, absenteeism, employee turnover, diminished productivity, direct medical, legal, and insurance costs, workers' compensation awards and tort judgments (American Institute of Stress (AIS), 2007; Tangri). This is exemplified in the nursing profession by the National Sample Survey of Registered Nurses findings that 46% of registered nurses (RNs) cited burnout or stressful environment as their reason for leaving their current nursing position (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, 2004).

Many other studies have implicated occupational stress as a significant factor in causing burnout, turnover, absenteeism and departure of staff nurses from healthcare settings (McGrath, Reid, & Boore, 2003; McVicar, 2003; Payne, 2001). The work of health care workers is indisputably stressful because on a daily basis they are challenged with multiple sources of stress such as dealing with severely ill patients, being confronted with death and dying, facing time pressure and work overload, and dealing with potentially challenging interpersonal relationships with patients, their families, and a host of other healthcare colleagues. Despite the growing

interest in occupational stress of nurses there is a dearth of research on this topic on foreign-born nurses whose work-related stress may be complicated by the fact that they are immigrants who were educated in another country.

Understanding the occupational stress of foreign educated nurses (FENs) is important because they are now a substantial part of the U.S. RN workforce. The proportion of FENs in the U.S. increased from approximately 5% in 1998 to 14% in 2003 (Brush, Sochalski, & Berger, 2004; Polsky, Ross, Brush, & Sochalski, 2007). The steady rise of the FEN population in the U.S. can be attributed to the practice of importing registered nurses (RNs) in order to fulfill the gap left by the U.S. nursing shortage (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Buchan, 2001; Buchan & Sochalski, 2004; Davis & Nichols, 2002; Kingma, 2006). *The proposed study will focus on FENs who come from the Philippines because over half (50,052) of the total FEN population in the U.S. come from the Philippines (USDHHS, 2004).* The Philippines has been the preferred source for importing nurses because their nursing education mirrors that of the U.S. and they are able to speak English (Aiken et al., 2004; Buchan & Sochalski, 2004; Kingma, 2006). Aggressive recruiting of experienced FENs by U.S. health care facilities coupled with the Philippine government's support of labor exportation as a way to stabilize the economy through remittances, fueled the diaspora of qualified RNs to the U.S. and other Western countries (Auerbach, Buerhaus, & Staiger, 2007; Lorenzo, 2002; Lorenzo et al., 2005; Ronquillo, Elegado-Lorenzo, & Nodora, 2005). Nursing is viewed as an opportunity for working abroad in order to earn high salaries (Estella, 2005; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007).

Health care facilities invest considerable time and money recruiting and training FENs yet very little attention has been paid to what happens to them once they are working in this

country. From a cost-benefit standpoint, it is critical to understand the occupational health issues that FENs face in order to prevent costly negative health outcomes and staff turnover. More importantly, all workers deserve to be valued and their health and well-being should be safeguarded from potential occupational hazards. After all, providing quality health care to the society at large is affected not only by the availability of nursing staff but also the nurses' ability to provide care that is not encumbered by their own stress and poor health.

Occupational stress is a complex phenomenon because it has multiple causes and varied outcomes. Yet occupational stress can be prevented and managed if the factors affecting the stress and coping process and the relationship among these factors are appropriately identified. Despite the fact that registered nurses have been subjects of a growing body of research on occupational stress (e.g. Abu AlRub, 2004; Bakker, Killmer, Siegrist, & Schaufeli, 2000; Jenkins & Elliott, 2004; McVicar, 2003; Muncer, 2001), these studies have not parsed the issues pertaining specifically to FENs from the Philippines who simultaneously face demands as nurses and immigrants. Furthermore, the conceptual frameworks and the measurement tools used in these studies may not be relevant for studies of FENs as they were developed and validated for populations in Western cultures. It is vitally important that researchers gather knowledge about this issue through culturally appropriate research. Therefore, the purpose of this study is to explore occupational stress among Filipina FENs within the context of immigration and adaptation.

B. Background

1. Impact of stress on health

There has been significant research attempting to clarify the links between stress and disease (e.g. Levenstein, Prantera, Varvo, Scribano, Berto, Andreoli et al., 1994; McCarty &

Gold, 1996; Sephton & Spiegel, 2003; Thomason, Brantley, Jones, Dyer, & Morris, 1992). Although the pathophysiologic mechanisms often remain unclear and the true causal relationship has not been confirmed, there is significant evidence associating occupational stress with several diseases and health conditions (Seward, 2004). Stress-related disorders include a wide-range of conditions, including psychological/mental disorders and biological outcomes - e.g. cardiovascular disease, gastrointestinal disorders, musculoskeletal disorders, and altered immune system (Baker & Karasek, 2000; Crandall, 1995; Dewe, Cooper, & O'Driscoll, 2001; Sauter, Brightwell, Colligan, Hurrell, Katz, LeGrande, et al., 2002). These circumstances could lead to sick-leaves, poor work performance or even injury.

2. **Immigrants and health**

FENs not only have to face stress at work, but also have to deal with the demands of immigration. Researchers have identified migrants and immigrants as a vulnerable population, exposed to many stressors related to their migration experiences (Kandula, Kersey, & Lurie, 2004; Lipson & Meleis, 1999; Messias & Rubio, 2004). Even when the reason for migration is to improve their lives, moving to a foreign community implies changes of identity and values, loss of support and disempowerment of the migrant. In coping with multiple challenges, immigrants experience high levels of psychological distress that can manifest as depression, anxiety disorders, somatic complaints, and sense of helplessness (Aroian, 2001; Aroian & Norris, 2000; Aroian & Norris, 2003; Mak & Zane, 2004; Miller & Chandler, 2002; Pang, 2000; Ritsner, Ponizovsky, Kurs, Lib, & Modai, 2000). There is also evidence that the level of psychological distress among immigrant women is higher than among immigrant men (Aroian, 2001; Aroian, Norris, & Chiang, 2003; Ritsner, Ponizovsky, Nechamkin, & Modai, 2001; Wiking, Johansson, & Sundquist, 2004).

Aroian and Norris (2002) conducted a longitudinal study to determine what variables predict depression among recent immigrants. At the 2 year follow up, they found that baseline depression, unemployment, novelty, and not having relatives in the local area were significant predictors of depression at the 2 year follow-up. In their follow-up analysis of this data, Aroian and Norris (2003) found that the groups whose depression worsened or remained the same had relatively little change from baseline in their immigration demands, whereas the group whose depression lifted had lower immigration demand scores at the 2-year follow-up than they had at baseline. In addition, poor acculturation, economic difficulties, low sense of coherence, and poor sense of control were strong predictors of psychological and psychosomatic symptoms (Sundquist, Bayard-Burfield, Johansson, & Johansson, 2000). Hovey and Magana (2002) hypothesized that education was a resource to help individuals cope; however, their findings indicated that higher education was related to anxiety and depression possibly because of the sense of failure that they feel about not being able to find jobs commensurate to their ability.

On the other hand, Christopher and Kulig (2000) found that education was not a factor that is predictive of psychological mental health amongst Irish immigrants. Her explanation is that perhaps these immigrants feel that the jobs that they occupy initially are just "stepping-stones" to future positions that are more fitting with their education and ability. Hovey and Magana (2002) also looked at individual's control and choice to immigrate as a determinant of psychological distress; as expected, immigrants who were willing to migrate were at less risk for depression than those who were not willing. Control and choice are important variables that empower individuals; indicating that when they have the ability to choose or control their destiny, they are able to better cope with whatever adversities may come their way.

Resilience is a predictive variable that has also been studied in relation to immigrants and psychological distress (Aroian & Norris, 2000; Christopher & Kulig, 2000; Miller & Chandler, 2002). Christopher & Kulig (2000) found that a resilient personality, along with satisfaction with one's life is associated with higher psychological well-being. Miller & Chandler (2002) chose a negative outcome variable and found that women (from the former Soviet Union) who scored high on the Resiliency Scale had lower scores for depressive symptoms. In contrast, Aroian & Norris (2000) found that resilience did not modify or mediate relationship between demands of immigration and depression. This finding is contrary to theories that resilience is related to psychological outcome. However, the authors' explanation for this discrepancy is that the effects of resiliency may be more distal than what was captured in their study.

Studies have looked at interactions between the immigrants and the host and co-national population (Ward & Rana-Deuba, 2000; Zheng, Sang, & Wang, 2004). Strong association with the culture of origin was associated with greater psychological distress in a sample of predominantly Western subjects living in Nepal (Ward & Rana-Deuba, 2000). They also found that identification with the host culture was unrelated to adjustment outcome. This is in contrast with Zheng et al.'s (2004) findings regarding contact with host and culture of origin. In his study of Chinese students, he found that identification with both culture of origin and host culture is correlated with subjective well-being; for integrated individuals who have attained a balanced identification, subjective well-being is increased. This discrepancy indicates that there may be differences in the psychological adjustment mechanisms of Eastern and Western cultures. Ward & Rana-Deuba (2000) also found that it is the quality of interpersonal relationship, rather than the quantity, that impacts adjustment. Individuals who are satisfied with the quality of relationship with their social support network are less lonely.

The complexity of research on immigrant health is apparent. These studies looked at the relationship of multiple variables with psychological distress and well-being and for some of the variables the findings of one study conflicted with another. Inconsistency of some of the findings can be related to the choice of outcome variable (well-being or distress), the cultural background of the sample, or the validity of the instruments. As a whole, evidence shows that immigrants face multiple challenges which may put them at risk for health problems. On top of these immigration related demands, FENs are confronted with demands inherent in the occupation of nursing. FENs from the Philippines have had a long history of coming to the U.S. to work and settle, yet there is a dearth in knowledge about their occupational health issues.

3. **U.S. colonization of the Philippines and its link to nursing**

At the end of the Spanish-American War in 1898, U.S. colonization of the Philippines began after Spain ceded the Philippines to the U.S. for $20 million dollars (Philippine history, 2010). The Philippines is a Southeast Asian country comprising of over 7 thousand islands. The three main geographical regions are Luzon, Visayas, and Mindanao. Luzon is the largest island group and Manila (the capital city) and Quezon City (the island's most populated city) are located in this region. The major regional languages in Luzon include Tagalog, Ilocano, and Bicol. English is also used by many people in this region – particularly in the metro Manila area. The Visayas are the group of islands in the central region of the Philippines. The major islands are Cebu, Bohol, Leyte, and Palawan – people from this area identify themselves as Visayan. The Visayan languages are comprised of over 30 languages, the chief language being Cebuano - the second most spoken language in the Philippines (Philippine statistics, 2010).

The development of nursing in the Philippines can be traced to this period of U.S. colonization. After the U.S. took possession of the Philippines, one of the major goals of

American missionary workers and medical providers was to improve what they perceived to be poor health and substandard sanitary conditions experienced by the Filipino people (Choy, 2003; McCalmont, 1909). Worldwide nursing and public health reform began to intensify in the 1920's and the U.S., through funding by the Rockefeller Foundation, sent nurses to their colony charged with the mission of improving the population's health (Brush, 1995). The establishment of hospitals and nurses training schools was one of the channels to achieving these goals. Another method was to send Filipino nurses to the U.S. for training in order to learn more about the American nursing practice and methods. Beginning in 1911 and throughout the colonization period, Filipino nurses were sent to the U.S., sponsored through the philanthropy of individual hospitals and particular interest groups to advance their learning about nursing practice and methods, and to proliferate this knowledge upon their return to the Philippines (Brush, 1995). Knowledge transfer was reflected in the Philippine nursing education curriculum, which was reviewed and revised to remain consistent with the latest trends in American nursing (Sotejo cited in Choy, p. 53).

The indirect result of colonization was the spread of Americanized or Westernized influences in socio-political, cultural, and even health practices of the colonized. Many scholars argue that the impact of colonization is long-lived and difficult to shed even after a country and its people gain their independence (Lopez, 1990). The nursing profession in the Philippines was actually a direct result of colonization, created nearly as a mirror image of American nursing; as such, Philippine and American nursing are inextricably linked and both reap the benefits as well as bear the consequences of a relationship that allowed for the propagation of "labor-export-ready-nurses" (Choy, 2003; Brush, Sochalski, & Berger, 2004; Brush, 1995; Lopez, 1990).

Chapter II. Review of the Literature

The purpose of the literature review is to synthesize the current knowledge about FENs, and occupational stress in nursing. The review will also discuss the relevancy of popular occupational stress frameworks and their relevancy for use in this population. Finally, the limitations and gaps in the existing research will be summarized in order to illustrate the significance of this research study.

A. Research on Foreign Educated Nurses (FENs)

Eighteen studies (13 qualitative, 2 quantitative, and 3 mixed-method) were included in this review of research on FENs. Eleven of the articles either included Filipino nurses in a larger sample or Filipino nurses were the main subject of their studies (Alexis & Vydelingum, 2004; Alexis & Vydelingum, 2005; Alexis & Vydelingum, 2007; Alexis, 2007; Andal, 2006; Daniel, Chamberlain, & Gordon, 2001; Ea, Griffin, L'Eplattenier, & Fitzpatrick, 2008; Lopez, 1990; Mc Gonagle, Halloran, & O'Reilly, 2004; Winkelmann-Gleed & Seeley, 2005; Withers & Snowball, 2003). Only 5 of these studies were conducted in the U.S. (Andal, 2006; Dicicco-Bloom, 2004; Ea et al., 2008; Lopez, 1990; Yi & Jezewski, 2000). One pilot study described the stress factors of Filipino nurses; one study examined the relationship among acculturation, job satisfaction and select sociodemographic factors; and sixteen studies examined the post-migration experiences of FENs. Filipino nurses were subjects of over half of the limited number of studies found for this review; this is indicative of the recognition that most FENs originate from the Philippines and the importance of including Filipino participants in occupational stress studies of nurses.

Taken as a whole, studies on FENs contributed to the knowledge about the experiences of FENs working in the new country. Findings from these studies were summarized as follows.

1. **Sources of occupational stress of FENs from the Philippines**

Only one study (Andal, 2006) was found that addressed occupational stress of Filipino nurses. Andal conducted a quantitative, cross-sectional survey as a pilot study to explore how stressful the nurses found each work related factor identified in the Expanded Nursing Stress Scale (ENSS; French, Lenton, Walters, & Eyles, 2000). The participants rated these items as occasionally or frequently stressful: (1) lack of support from nursing administration, (2) not having enough time to complete all nursing tasks, (3) being in charge with inadequate experience, and (4) patients making unreasonable demands. Although this study provided a preliminary assessment of stressors of Filipino nurses, the tool used to obtain this data was not based on experiences of immigrant nurses and may not contain relevant items to determine their specific stressors.

2. **Immigration experiences of FENs**

When conducting occupational health research it is important to consider that in virtually every working environment, people of different cultures and ethnicities come into contact with one another. Whenever the cultural orientations of migrants and members of the host societies differ, interpersonal conflicts (a major source of stress at work) may arise from different cultural values, attitudes, and expectations (Bierbrauer & Klinger, 2005).

Differences in language and communication were universally encountered by FENs regardless of how well prepared they felt before immigration. Communication problems were often due to unfamiliarity with accents, use of colloquialism/jargon, abbreviations, and differences in medical terminology (Bola, Driggers, Dunlap, & Ebersole, 2003; Choy, 2003; Jackson, 1996; Lopez, 1990; Magnusdottir, 2005; Xu & Kwak, 2005; Xu & Kwak, 2007; Yi & Jezewski, 2000). There were, however, instances when multiple language skills was an asset –

primarily when colleagues and doctors call upon these nurses to assist in communicating with patients from the same ethnic group (Winkelmann-Gleed & Seeley, 2005).

Immigrant nurses also faced changes in values, practices, and beliefs upon entering and working in the host or adopted countries resulting in discrepancies between their expectations and actual experiences (Daniel et al., 2001; Mc Gonagle et al., 2004; Withers & Snowball, 2003). Variations in nursing practice occurred in the (a) role of the nurse, (b) scope of practice, and (c) technological and legal environment (Xu & Kwak, 2007). For instance, the nurses from the Philippines were unaccustomed to the practice of primary care nursing that included tasks, usually done by family members and nurses' aides, such as bathing, feeding, and emptying bedpans (Alexis & Vydelingum, 2004; Alexis & Vydelingum, 2005; Daniel et al., 2001; Mc Gonagle et al., 2004; Withers & Snowball, 2003). Driven by the cultural value of filial piety and reverence for their elders, it is common in the Philippines for families to be at the patient's bedside to assist them in their activities of daily living (ADLs) such as feeding and bathing. Therefore, some nurses from the Philippines viewed providing ADLs a waste of their education and training and felt deskilled and humiliated (Daniel et al., 2001; Lopez, 1990; Xu, 2007). The large amount of paperwork and charting is a general complaint among all nurses; FENs also discussed being unaccustomed to the incessant amount of documentation that interfered with actual patient care (Alexis & Vydelingum; 2004, 2005; McGonagle, 2004). Regulations, policies and legal issues (such as the practice of taking verbal orders and "do not resuscitate" orders) are also unfamiliar to many foreign educated nurses (Daniel et al., 2001; Lopez, 1990; Xu, 2007)

In all of the reviewed studies, immigrant nurses experienced some form of racism and discrimination. Examining the effects of racism and discrimination is warranted because exposure to racism and discrimination is stressful and may have negative biopsychosocial effects

that might help explain intergroup differentiation in health outcomes (Clark, Anderson, Clark, & Williams, 1999). Racism may also adversely affect mental health status through the subjective experience of discrimination (Williams, 2002). Blatant and subtle forms of racism and discrimination were often encountered by study subjects (DiCicco & Bloom, 2004; Hagey et al., 2001; Larsen, 2007). FENs perceived that they had been denied opportunities to advance in their careers because of racist attitudes (DiCicco & Bloom, 2004; Hagey et al., 2001). In addition, some of those who complained about discriminatory practices experienced further conflict and hostile maneuvers from their supervisors, leading them to file formal complaints or grievances (Hagey et al., 2001). FENs also spoke of being subjected to unfair practices such as being assigned the highest patient workload, shift work, and being assigned to do work that is beyond their job description more so than nurses who are not minorities or FENs (DiCicco & Bloom, 2004; Hagey et al., 2001; Lopez, 1990).

Marginalization was also identified as a common experience by FENs. Nurses often felt like outcasts and at times unaccepted by colleagues who were perceived to be "stand-offish" or distant (Magnusdottir, 2005). Other nurses expressed similar experiences of being outsiders when physicians sought out other non-immigrant nurses to discuss their patients (Jackson, 1996). FENs perceived that by these actions colleagues had misgivings about their abilities. Although infrequent, being rejected by patients who object being cared for by foreign nurses was even more hurtful (Magnusdottir, 2005). The need to be valued and trusted was important for their dignity but also because they valued group harmony and cohesiveness (Jackson, 1996; Magnusdottir, 2005; Ordonez & Gandeza, 2004).

B. Occupational Stress in Nursing

Studies of occupational stress in nursing are most often related to job dissatisfaction and intent to leave their job or their profession as outcomes (Bratt, Broome, Kelber, & Lostocco, 2000; Cimete, Gencalp, & Keskin, 2003; Coomber, & Barriball, 2007; Fletcher, 2001; Hayes et al. 2006; Kalliath & Morris, 2002; Lu, While, & Barriball, 2005). In studies which have explored job satisfaction, there is support for stress as a significant predictor of intention to leave among nurses (Fang, 2001; Shader, Broome, Broome, West, & Nash, 2001; Yin & Yang, 2002). Frequently identified sources of stress were related to the physical (e.g. workload), psychological (e.g. dealing with death and dying, inadequate preparation), and social environment (e.g. interpersonal relationships, discrimination) of the workplace (Gray-Toft & Anderson, 1995; Gray-Toft & Anderson, 2001; Lambert & Lambert, 2001; McVicar, 2003).

1. Physical work environment.

Intrinsic job characteristics, which include the variety of tasks performed, work-scheduling factors, and the amount of control and discretion that the individual has over the pace and timing of their tasks, are part of the nurses' physical working environment (Cooper, Dewe, & Michael, 2001). These variables, which comprise the nurses' workload, were documented as potential sources of stress (French, Lenton, Walters, & Eyles, 2000; Gray-Toft & Anderson, 1981; McGrath et al., 2003). Workload is found to be a stressor confronted by nurses regardless of the country in which they practice (Glazer & Gyurak, 2008). In a study of 1442 nurses working in 19 hospitals in Budapest, Hungary, northern Israel, northern Italy, London, the U.K., and the Baltimore area of Maryland in the U.S., quantitative workload (i.e. excessive workload demands that the person cannot meet, long work hours, excessive patient load, competing

priorities) and lack of staff (which most certainly contributes to the increased workload) were found to be the top sources of stress in these countries (Glazer & Gyurak, 2008). In a study of Northern Ireland's community and hospital based nurses (N=171), 67% reported moderate or high levels of stress from experiencing too little time to perform duties to their satisfaction (McGrath et al., 2003). McGrath et al. also found that approximately half of the respondents found rationing of scarce services or resources and meeting deadlines set by others as moderately or highly stressful. Shader et al. (2001) found that the main stressor reported by their nurses was the lack of stability in work schedule: a more stable work schedule is associated with less work-related stress and lower turnover. Conversely, high work-related stress was associated with lower job satisfaction mediated through the lowering of group cohesion. Yin and Yang's (2002) meta-analysis of nursing turnover found that job stress due to high workload was the second most frequently cited reason for leaving their last position and the sixth most frequently cited reason one might leave their current position. Although much research has been done on RN's job satisfaction and dissatisfaction, fewer studies have looked at job satisfaction among immigrant FENs. When asked what would alleviate their stress, more pay (52%), more financial resources (40%), support or appreciation from seniors (35%) and reduced workload (33%) were the top factors cited (McGrath, 2003). Greenglass, Burke, & Fiksenbaum (2001) also found that heavy workload was positively associated with emotional exhaustion (a component of burnout) in hospital nurses.

Only two studies were found that looked at job satisfaction of FENs (Ea et al., 2008; McNeese-Smith, 1999). Ea and colleagues (2008) did not examine occupational stress factors but found that among a sample of Filipino RNs, acculturation, length of stay in the U.S., and age significantly predicted job satisfaction. McNeese-Smith (1999) conducted a content analysis of

semi-structured interviews of 30 nurses in order to identify and describe staff nurse views of their job satisfaction and dissatisfaction. Although not by design, 20 (67%) of the nurses received their nursing education internationally, including 18 (60%) Filipino nurses. Factors that had a major influence on job satisfaction were factors that other studies considered as stressors. For instance, insufficient staff and high patient acuity contributed to heavy workloads, which was a major source of frustration and physical exhaustion for these nurses. Work overload and a hectic pace were described to create chaotic and even dangerous situations in which the overall quality of patient care they were able to provide deteriorates. The fear of making mistakes in these situations was a source of great anxiety.

2. **Psychological work environment**

Psychological demands are inherent to nursing: dealing with the process of death and dying, feeling inadequately prepared to help the emotional needs of a patient and uncertainties concerning the treatment for patients had been identified as sources of stress for nurses in general (Harrisson, Loiselle, Duquette, & Semenic, 2002; McVicar, 2003). Nurses who worked in critical care areas and hospice rated psychological demands of work higher than general medical nursing areas because they endured high levels of contact with and therefore stress from death and dying (Payne, 2001).

3. **Social work environment**

The social environment of the workplace encompasses the immediate social relationships, and cultural surroundings within which nurses function and interact. Sources of stress for nurses within their social environment can stem from conflicts within the multi-disciplinary teams, bureaucracy, inadequacy of nursing care by others, verbal abuse from patients and relatives, and lack of social support (McVicar, 2003; Muncer, 2001). Evidence from

studies showed that supportive leaders and work group cohesion predicted work-related stress, job satisfaction, and intent to leave (Kovner et al., 2006; Larrabee et al., 2003; Shader, Broome, Broome, West, & Nash, 2001; Stordeur, D'hoore, & Vandenberghe, 2001).

Evidence reviewed in this paper suggested that nurses encounter stressful situations in their daily work life. These studies found that the sources of stress stem from their physical, psychological, and social environment. The findings from these studies, however, may not be generalizable to FENs whose sources of stress at work may differ from non immigrant nurses. These studies also focused mainly on job satisfaction or intent to leave nursing as outcomes, whereas the outcome of concern for FENs should also include the effects of stress on their work performance and on their health.

C. **Occupational Stress Concepts and Models**

The existing stress studies on Asian Pacific Islanders (APIs) have been criticized because they lacked cultural context (Wong, Wong, & Scott, 2006). There is much concern about the validity and relevance of research that is based on theories that have originated in Western cultures because the underlying assumptions may not be congruent to the experiences of people from non-Western cultures (Im, Page, Lin, Tsai, & Cheng, 2004; Kikuchi, 2005; Leuning, Swiggum, Wiegert, & Culloch-Zander, 2002; Lipson & Meleis, 1999; Meleis, 1996; Papadopoulos & Lees, 2001; Poss, 2001; Triandis, 1990). Two of the most widely used theoretical frameworks used in occupational stress research are the Demand Control/Support (DC/S) model and the Effort Reward Imbalance (ERI) model (de Jonge & Kompier, 1997; Huang, Feuerstein, & Sauter, 2002; Hurrell Jr, Nelson, & Simmons, 1998). The Demand-Control (DC) Model, also known as the Job Strain model, provides a theoretical framework to explain the relationship between the psychosocial characteristics of the work environment and health

outcomes. The Effort-Reward Imbalance (ERI) model emphasizes the effects of an imbalance between the effort required for a job and the rewards provided by the job. The central tenet of this theoretical approach is the idea of social reciprocity, in which there is an expectancy that high effort will be reciprocated by society (in this case, the work organization) in terms of some type of reward (Department of Medical Sociology, Duesseldorf University, 2006). Both models view the stress-strain process as a closed-system, composed only of the worker and his work environment. Previous examination of these theoretical models and the questionnaires associated with them found that they did not consider sociocultural factors (e.g. language, cultural norms and values, family structure, religious beliefs) which may enhance the understanding of variations of occupational stress among ethnically and racially diverse populations (Briones Connor, 2007).

Chapter III. Methods

A. Design and Rationale

The study utilized a cross-sectional qualitative design to explore the phenomenon under study. According to Strauss and Corbin (1990), qualitative approaches can be used to better understand any phenomenon about which little is yet known or to gain more in-depth information about a phenomenon too complex to convey quantitatively. The occupational stress of FENs fit both of these scenarios because: (1) occupational stress is understudied in skilled immigrant workers, including FENs, and (2) there is a multitude of variables (e.g. cultural norms, values, pre-migration experiences, acculturation etc.) that could potentially affect occupational stress of FENs. Occupational stress studies among nurses have predominantly been quantitative but it is important to note that cross-cultural theoretical and methodological issues were not taken into consideration, therefore the credibility of these findings are uncertain when applying them to FENs. This is exemplified by the major occupational stress theories which do not consider the effects of cultural norms and values (Wong, Wong, & Scott, 2006). Consequently, corresponding questionnaires lack culturally relevant items. In addition, the measures used in assessing nursing stress (e.g. ENSS, Nursing Stress Index) were developed for use with non-immigrant Western educated nurses and had not been validated for use on immigrant FENs.

The methodology used to obtain the data was in-depth interviews. Qualitative research is based on a "naturalistic inquiry" in which the main feature is that the research is conducted through intense contact with a life situation without manipulating the phenomenon of interest. The researcher's role is to gain a holistic understanding of the situation under study by striving to

capture the data on the perceptions of the participants through the process of deep attentiveness or empathetic understanding (Patton, 2002; Miles & Huberman). According to Patton (2002), research that is based on foundational questions that strive to find out what is going on about a phenomenon (e.g. stress in FENs) and what can be established with some degree of certainty takes on a reality-oriented approach to inquiry. The researcher's view concurs with Miles and Huberman (1994) who believe that "social phenomena exist not only in the mind but also in the objective world---and that some lawful and reasonably stable relationships are to be found among them" (p.4). This orientation takes into account the subjectivity and complexity of a phenomenon, such as occupational stress as experienced by FENs yet acknowledges that there is an underlying structure or core of events that can be encapsulated to provide a causal description of the phenomenon under study (Miles and Huberman, 1994).

B. **Conceptual framework**

The review and critique of the DC/S and ERI models suggest that in their original forms, these theoretical models are incomplete for cross-cultural research of occupational stress, particularly in the population of FENs because they fail to evaluate the individual as a whole being who is influenced by many factors such as cultural beliefs and values and pre-existing history. A preliminary framework, the Model of Occupational Stress for FENs, (see figure 1, Appendix A) guided the study of occupational stress of FENs. This framework takes into account the basic concepts of the metaparadigm of nursing which views the open, dynamic, and interwoven relationship among person, environment and health. In order to construct a framework that is relevant for the study of occupational stress of FENs, this framework includes occupational stress concepts in the DC/S and ERI models (e.g. demands or efforts, social support, reward, health outcomes) and culturally relevant person and environmental factors (e.g.

cultural beliefs and values, migration history, immigration related demands). This is an emergent framework that graphically explains the key factors to be studied and the presumed relationships among them.

C. Sampling and Recruitment

1. Sample design, selection criteria and rationale

A purposeful sampling procedure was used to select the research sample for this study. A purposeful sampling procedure is typically used in qualitative inquiry in order to acquire in-depth and rich detail from relatively small samples (Patton, 2002). Typically, sampling size for qualitative research is determined when no new information or themes are emerging from the data (Patton, 2002). Literature review conducted by Thomson (n.d.) demonstrated that saturation normally occurs between 10 and 30 interviews. Guest, Bunce, and Johnson (2006) conducted 61 interviews and found that 100 out of their 114 (92%) codes were created by the 12th interview and an additional 9 codes were created from the 12th to the 31st interview. Based on this information and time and budgetary constraints, a sample size of 20-30 FENs was proposed.

The selection criteria for participation in the study were Filipina women who (a) were 21 years and older, (b) received their basic nursing education in the Philippines, (c) worked as a registered nurse in the Philippines prior to migrating to the U.S., (d) immigrated to the U.S. in 1992 or later, and (e) worked as a nurse in any healthcare facility in the U.S. at the time of the interview. Although there are male FENs from the Philippines they were excluded from this study primarily because gender issues would likely influence the findings and in order to properly compare and contrast experiences, the number of male subjects and female subjects would have had to be approximately the same. In addition, practical concerns (such as limited budget and time frame) were a consideration for the completion of this dissertation project. This

study also excluded nurses who received graduate level education because their experiences will differ significantly from the majority of FENs who received baccalaureate degrees and diplomas and work as staff RNs. According to the National Sample Survey of Registered Nurses (2004), the majority of foreign educated RNs received baccalaureate degrees as their initial nursing education (48.4 percent) followed by diplomas (41.6 percent).

2. **Sample demographics and characteristics**

Twenty Filipina women ranging in age from 28 to 48 years old were interviewed for this study. All of the women are registered nurses (RNs) currently working in a health care institution in the Chicago Metropolitan area and have been living in the U.S. for 2 to 17 years. The average time the women had been in the U.S. was 9 years. The average age of the study participants when they arrived in the U.S. was 30.5 years; the oldest nurse was 44 years old and the youngest was 22 years old. Eight (40%) of the nurses interviewed came to the U.S. when they were 30 years or younger; nine (45%) of the nurses came to the U.S. between the ages of 30 and 35 years.

The highest degree that all the nurses had was a Bachelor's degree in nursing which all of them received from a university or college in the Philippines. They all worked as RNs in the Philippines prior to coming to the U.S. to work. Three of the RNs also experienced working in another country other than the Philippines or the U.S.; two of the RNs worked in the Middle East and the other worked in the United Kingdom.

Sixty percent (N=12) of these nurses were single when they arrived in the U.S.; of the eight nurses who were already married, three of them (63%) had at least one child when they arrived in the U.S. Currently, 17 (85%) of the participants are currently married, one is single, one is divorced, and one is separated. Ten of the married participants have at least one child; the divorced and separated women each have two children. Four of the married women married men

who were not Filipino (one of the husband is African-American, one is South Asian, and two are Southeast Asian other than Filipino).

Overall, this sample of women reported that they were in good health. Nineteen of the women described their health as the same or better compared to others their age.

D. **Instrument**

A semi-structured, open ended interview guide was developed to elicit information relating to the specific aims of the study, along with probes for each major question. A background questionnaire was also developed to obtain information about demographics, work history, education, and overall health. The interview guide and background questionnaire were developed in English since all FENs were required to exhibit written and spoken fluency of the English language. In addition, nursing education in the Philippines is conducted in English. The interview guide and background questionnaire were refined after several consultations. The researcher reviewed the instruments with professional colleagues and a "think tank" at the college that was composed of researchers who were familiar with cross-cultural research. Her advisors were also consulted regarding the appropriateness of the questions. Finally, the researcher pilot tested the instruments with several Filipino immigrant women. The women were able to easily understand the questions from the interview guide and felt they were appropriate and non-threatening. The women also had no difficulty completing the background questionnaire.

E. **Protection of human subjects**

The study was approved by the University of Illinois at Chicago Office for Protection of Research Subjects (OPRS). Interview participants were informed that participation in the study was voluntary and that they did not have to answer any questions they did not feel comfortable

with. They were reassured that confidentiality will be maintained and should the researcher and participants meet each other in social situations, the researcher would not indicate familiarity due to her participation in the research study. At the end of the interview, participants were given an identification number and a pseudonym which was used on all documentation. Other identifiers such as names of work places were not included. A master list of participants and their identification numbers and pseudonyms were kept separate from the data to which only the researcher had access.

F. **Procedure**

The researcher applied the concept of maximum variation (heterogeneity) with regard to migration pattern (e.g. some FENs worked in another foreign country prior to coming to the U.S.), occupational history, demographics, and family status (e.g. some have their families with them while others had to leave their children and spouse in the Philippines) of FENs. Recruiting participants whose backgrounds and situations were heterogeneous was a strategy that aimed at capturing and describing central themes that cut across variation (Patton, 2002). Therefore, common patterns that came out from this variation were interesting and significant as they captured the core experiences and shared dimensions of the phenomenon of occupational stress of the FENs (Patton, 2002). The researcher also sought to locate FENs at a variety of healthcare facilities throughout the Chicago Metropolitan area. Therefore, a modified network or chain sampling was used to recruit the participants.

Typically, network or chain sampling is a method where participants are asked to refer potential participants to be interviewed. However, the researcher took into account the difficulty of gaining access to immigrant and minority populations when planning the recruitment strategy for this study. It is generally known that there are challenges to recruitment of immigrants that

stem from a distrust of the researcher or the research process (Lipson & Meleis, 1989). During the initial planning of this study, the researcher spoke with key informants from the Filipino community to gain insight into issues that may arise in conducting research with Filipino nurses. The researcher was told that the best way to recruit FENs would be through social networking – identify key persons who know FENs, gain their support for the study, and ask them to endorse participation in the study by identifying FENs who may fit the criteria. This advice was taken into great consideration when the recruitment plan was developed.

Two recruitment methods were attempted: a) flyers were distributed throughout the community (e.g. hospitals, extended care facilities, community businesses and agencies, and churches) and b) referrals from social networks and personal contacts. Following the advice of the key informants the researcher sought out "contacts" who were professional colleagues, leaders from Filipino nursing associations, Filipino social and religious organizations, and personal acquaintances who worked with FENs or were well connected with the target population. The researcher explained the purpose, specific aims, and goals of the study to gain their support. They were asked to refer colleagues or acquaintances who may be interested in participating in the study. Through this process the initial distrust of the researcher and the research design was averted because a known and trusted person was endorsing the study.

When conducting cross cultural research, one must be aware of insider/outsider issues that carry certain disadvantages and advantages. Positionality is defined as one's physical and psychological distance or connection with respect to her participants that may influence trusting relationships (Merriam et. al, 2001). One's positionality may facilitate entry in to the community which is a benefit for recruitment. However one must be wary that participants are not being coerced into participating (Merriam et. al, 2001; Mullings, 1999; O'Connor, 2004). As an

indigenous-outsider, the researcher knows that Filipinos have great respect for authority figures. She took into account the possibility that participants may agree to be interviewed because of the power and positionality of the people who served as contacts for the researcher. When the researcher made contact with the potential participants, she made it clear that participation in the study was completely voluntary and although they agreed to be contacted, they should not feel obligated to give an interview. They were reassured that all communication, including the screening phone call is confidential. In addition, whether or not they participate in the study will not be discussed with the person who referred them. Only one of the women reported feeling obligated to participate and subsequently declined to be interviewed. Seven women declined to be interviewed because they said that they were too busy to schedule a face-to-face interview, however they would have been willing to complete a self-administered questionnaire. Four other women were ineligible because they had been in the U.S. earlier than 1992 and two were ineligible because they were male. One of these men however became a "contact" and referred other FENs, one of them agreed to be interviewed. The researcher left messages for fifteen other referrals who did not return her call. After three attempts to contact them, the researcher took them off the call list.

Only one person contacted the researcher because he saw the flyer but he was ineligible because he was a male FEN. Nineteen of the participants were recruited into the study via referrals from social networks and contacts. Referrals from ten contacts led to recruitment of 17 of the study participants. In addition, two participants each referred a participant after being interviewed; and one participant was identified by the researcher. Figure 2 in the appendices section provides a visual representation of the process.

Interested participants were contacted and screened for eligibility. Eligible participants were informed regarding the confidentiality of the data and procedures used during the study, including audio-taping of the interview sessions. They were then invited to participate in the study. An appointment was scheduled with those who agreed to participate. The researcher set the date, time and location of the interview according to what was preferred by the participant. Twelve of the women were interviewed at home, five at coffee shops, two at their office, and 1 at the library. The interviews ranged from 45 minutes to 2 hours.

Participants were called the day before the interview to confirm the appointment. Hospitality is highly valued in the Filipino culture and out of respect for the participant the researcher brought an offering of appreciation (i.e. food items) or bought the participant food and drink if they were being interviewed in the coffee shop. It is also customary for Filipinos to offer food and drink when you are in their home.

Prior to the interview, the informed consent was obtained. The interviewee was told that her participation in the interview was voluntary and that she could withdraw from the study at any point during the interview. In addition, the participants were told that she may ask to stop the audio-recording at any time during the interview. Audio-taping began after the consent was obtained and stopped immediately after the formal interview. In three of the cases, the researcher was invited to stay and have a snack, lunch, or dinner with the participant after the interview. Any conversation that occurred during this time was not recorded or considered to be research data because this time was considered to be socialization. As a Filipina, the researcher is aware that offering a meal to guests who are invited to your home is a part of the Filipino culture and declining the invitation can be viewed as an affront to the host. Obtaining information in this

manner was viewed as unethical. The researcher noted a description of the setting, notes about the participant and other impressions or personal reactions of the interview.

G. **Data analysis**

The interviews were transcribed verbatim. Any identifiers, such as names of persons and places of employment were removed to protect each participant's identity. Identification numbers were assigned for each participant. When the coding process began, the researcher assigned pseudonyms for each participant that would likely be names for Filipinas. The real names that went along with the identification numbers and pseudonyms were kept separately at a location accessible only to the researcher. During the later phase of analysis, the pseudonyms were adjusted to help the researcher with her analysis. The beginning letter of the name reflected the length of time each FEN had been in the U.S. as follows:

Table I
Pseudonym assignment

Beginning letter of each name	Length of time in the U.S.
A	<4 years
B	4 to <6 years
C	6 to <10years
M	≥10 years

Atlas.ti, v5.0 (Atlas.ti, 2008), a qualitative data analysis (QDA) software, was used to assist the researcher with data analysis. An updated version, Atlas.ti, v6.0 (2009) replaced this version but this did not affect the analysis process. The QDA was used to assist in coding and identification of themes and concepts.

Auerbach and Silverstein's (2003) method of qualitative analysis was used to assist the content and thematic analysis of the data.

H. Coding procedure

After initial reading of each transcript, the researcher read the text again with the research purpose and aims in mind in order to search for *relevant text* in the raw data (the interview transcripts). Each relevant text was assigned a code; each code was given a definition. The codes were reviewed periodically (e.g. after coding another transcript), to determine redundancy. If it was found that different codes were given for the same idea, the different codes were combined. The coding procedure began after the first 3 interviews. Each subsequent interview was coded after they were transcribed.

1. Thematic analysis

Relevant texts from the interviews were analyzed to develop a preliminary list of categories. This was done by looking for repeating ideas that reflected the research concerns. The coded text was categorized into groups that appeared to reflect the same ideas. Each category was given a descriptive title; these categories served as subthemes.

The sub-themes were reviewed and organized into larger groupings of themes. Three major themes emerged related to the stress and adaptation experiences of the participants; and one major theme emerged that was related to their coping strategies and resources.

2. Content analysis

In addition to looking for stress and coping themes, the investigator also analyzed the data by looking within and across groups to determine if there is a developmental process that occurs across time for FENs who migrate to the U.S. The data was analyzed by examining commonalities and differences within and across groups of FENs that were based on the length

of time the participants have been In the U.S. The participants' length of time in the U.S. varied from 2 to 17 years therefore a time-ordered display of their adaptation was not possible. However, the analysis revealed that despite the length of time the FENs had been in the U.S. they reached milestones that indicated attainment of similar occupational goals although the tempo at which they were reached varied depending on the conditions and situations encountered by the FENs. These milestones were clustered within three phases. These segments were named according to what best describes the phases - *surviving, achieving, and self-determining* - and is depicted in Figure 3 in the appendices.

I. Maintenance of rigor

1. Credibility

The credibility criterion suggests if the findings are accurate from the standpoint of the researcher, the participants and the reader. In qualitative research, the investigator is the instrument and thus it is important to be aware of parts of her background which may impact the research process (Patton, 2002). Although the investigator is a Filipina immigrant who is also a nurse, she migrated to the U.S. when she was a child and received her education, including her BSN in the U.S. The investigator's position within the Filipino community may be considered "indigenous-outsider" because although she experienced high levels of cultural assimilation into the U.S. culture she remains connected to the Filipino culture and community (Banks, 1998; Merriam et al., 2001). In addition, she has not worked as a staff RN since the beginning of her PhD program. With respect to her occupation, the investigator shared fewer similarities with the target population of RNs who at the time of the study, were working in health care facilities (e.g. hospitals, nursing homes). The researcher recognized that while her background and experiences were valuable in providing insight, they could also potentially bias her judgment. Thus the

researcher engaged in critical self-reflection by way of journaling and on-going dialogue with advisors and colleagues.

Member-checking was done by providing the participants with a summary of the findings and giving them an opportunity to dispute the observations. In addition, the researcher telephoned 3 of the participants and asked them to comment on comment on whether the interpretations (embodied in themes that emerged) were legitimate and meaningful to them. This process provided participant validation of the findings.

2. **Transferability**

Although generalizability is not the intended goal of the study, transferability criteria determine the extent that the findings regarding stress and coping in this particular context can transfer to another context. The investigator addressed this issue through thick, rich description of the participants' experiences and the context. The depth and richness of the descriptions serve to identify the relevance of the findings in a broader context.

3. **Dependability**

In order to ensure that the findings were consistent and dependable with the data collected, members of the dissertation committee reviewed the research process and analysis with the investigator. General audit trails were kept to document procedures and demonstrate that coding schemes and categories have been used consistently.

4. **Confirmability**

Audit trail illustrates how data can be traced back to its origins. Ongoing reflection by way of journaling and memo was done throughout the research process. Research findings were presented to FENs from the Philippines who were not part of the study. They validated the accuracy of the findings.

Chapter IV. Results

This chapter presents the key findings obtained from 20 in-depth interviews. The results are presented in three sections. The first section is the pre-migration background and work settings of the women in the study; the second section presents the major stress and coping findings (themes and subthemes) that emerged from this study. The last section describes the three phases and major milestones of the FENs' occupational and adaptation process in the U.S.

A. Pre-migration Background and Initial U.S. Work Setting

This section presents an overview of the pre-migration and initial U.S. work background of the FENs. This section is presented to provide the reader with a context of their previous work experiences which may influence the women's perceptions about their current stress and coping process.

1. Pre-migration work history

All but one of the participants of this study went to school and worked in the same general region that they were raised. Therefore, prior to leaving the Philippines to work abroad, most of the women were not exposed to different cultures or unfamiliar situations. Most of the participants (n=17) came from the Luzon region; three came from the Visayan region. Marissa, who was raised and educated in the Visayan region but went to Manila (Luzon region) to work in a major heart center, was the only participant who experienced living far away from the location of her childhood prior to working abroad.

All of the participants in this study worked as RNs in the Philippines. They all experienced working in hospitals (either as nursing students or RNs) that they considered to be poorly resourced and would often compare and contrast their work situations in the Philippines and the U.S.:

> You know when it [the glove] is broken you have to cut around the broken gloves and not sew, but patch it. Then patients need to buy their own needles. Then when you can get it you have to use it over and over…that is how rough it is. If you do not have medicine you then are just going to miss your meds. The patient has to provide the stuff, yes. Even in the hospital. Not unless you have, different private payer or whatever, I am talking about the general, the ward and the worst scenarios. If you do not have, you will just lay there. (Marissa)

Five of the participants, however, eventually found employment in hospitals or medical centers that they regarded as prestigious or comparable to Western hospitals when it came to technology and resources. For example, after a couple of years working for a charity hospital, Belinda worked in a large medical center in the Green Hills area of Manila – a very wealthy area "where the movie stars are." She said that the hospital was as technologically advanced as the hospitals in western countries like the U.K. (United Kingdom) and the U.S. Similarly, Marcella worked for a prestigious medical center in the financial district of Manila. She also said that working at this hospital is comparable to working in hospitals in major cities in the U.S.: "it was westernized". Resources were plentiful "and the rooms are like, like you are in a hotel or something." Overall, however, the participants found that working conditions in the Philippines were challenging because many of the hospitals were poorly resourced as compared to the U.S. hospitals.

2. **Coming to the U.S.**

Obtaining a visa to come to the U.S. was the first accomplishment for these women. This process began in the Philippines, usually through recruiting agencies who worked for U.S. based health care facilities in need of nurses.

Some of the women were sponsored as permanent immigrants based on permanent employment in the U.S. The application process was completed by the employers or their recruiters while the women were in the Philippines. These women were issued the U.S.

Permanent Resident Card (Green Card) as proof of their permanent resident status. Some of the women were petitioned as temporary immigrants. Although there is a variety of *temporary or non-immigrant* visas these participants were sponsored with a temporary *worker* visa (e.g. H1A, H1C). All of these women had a goal of permanent residency - obtaining their Green Card. Most of these women counted on their employer to file this petition for them.

Prior to coming to the U.S., the women signed contracts with their employers and these contracts usually stipulated the conditions under which they will be petitioned for a Green Card. The conditions included the length of time they had to work for the sponsoring employer. In most cases, once the women met this requirement, the employers petitioned for their Green Cards. Agreements with the employer often included arrangements for initial housing and payment for airfare and application fees. A few of the employers paid for all the costs of coming to the U.S.; most employers paid for the costs up front but required the women to pay back the costs once they begin working in the U.S.

3. **Work settings in the U.S.**

The first work setting for over half of the participants (55%, N=11) was a nursing home or extended care facility; 35% (N=7) worked at a hospital; 5% (N=1) was hired to work for an outpatient dialysis company; and 5% (N=1) worked for a home health agency. Most of the nurses in the study (90%) have held at least two different primary jobs since coming to the U.S. This does not include concurrently held nursing jobs (i.e. side jobs or multiple jobs). Current work settings for FENs are now largely in hospitals (65%, n=13) – nearly double the number of FENs who initially worked at hospitals. Three FENs (15%) still work in nursing homes or extended care facilities – all three of them have been in the U.S. less than 5 years; 2 of these nurses are in management position at the facilities and the other nurse just finished her contract with the

nursing home and hopes to find a job at a hospital. The rest of the nurses work for outpatient dialysis (10%, n=2) and home health (10%, n=2). Most of the nurses who are employed in hospitals (61%, n=8) work in a medical/surgical unit; the others worked in the operating room (15%, n=2), intensive care unit (8%, n=1), emergency room (8%, n=1), and rehabilitation unit (8%, n=1). Nearly all of the nurses (90%, n=18) currently work full time. Over half of sample work the day shift (54%, n=13); 21% (n=5) work rotating/ irregular shifts or are on-call; 13% (n=3) work evening shift; 8% (n=2) work split/12 hour shifts; and 4% (n=1) work night shift.

B. Stress and Coping Findings

This section presents the themes and subthemes that emerged from the data regarding the stress and coping process of this group of FENs. Three themes emerged regarding their *challenges, demands, or stressors* and a fourth theme emerged about their *coping strategies and resources*:

- Immigration and resettlement challenges related to the unexpected social and living environments
- Immigration stressors interact with and intensify work-related stressors
- Challenges arise from encountering cultural differences
- Cultural characteristics and values influence the preferred strategies and behaviors

1. Immigration and resettlement challenges related to the unexpected social and living environments

All of the participants indicated that they faced immigration and resettlement challenges related to the unexpected social and living environments. These challenges gave rise to the following stressors: 1) loneliness, 2) becoming independent and responsible, 3) balancing work and family, 4) financial and economic issues (Table II).

Table II
Theme 1: Immigration and resettlement challenges related to unexpected social and living environments

Stressors
1) Loneliness 2) Becoming independent and responsible 3) Balancing work and family 4) Financial and economic issues a. Having to repay debt b. Initial earnings were insufficient c. Unexpected cost of living d. Lure of spending beyond their means

a) Loneliness

Most of the participants came to the U.S. as single women; for many of them this was the first time they became separated from their family. All of the women expressed feeling very lonely and isolated in the U.S.; aside from being apart from many of their family members and friends, they missed having a sense of community in their new environment. The following narratives exemplified the stark difference between the social life in the Philippines and the U.S.:

> The hardest is the loneliness. It's not like in the PI when you go out of your apartment you will see people talking in the streets or something but here there was nothing. Even those...like in the apartment where we lived there were lots of Filipinos but even though there were lots of Filipinos you couldn't even see them. That's really the bad thing. Even if you want to talk to somebody they are not available. (Amelia)

> [In the Philippines, you] just go out your door and you see your neighbors – 'Hey how are you doing?' You go to the next corner and you'll find a friend and then you just talk to a few minutes. Here your friends are a few hours away. (Aurora)

A few of the women came to the U.S. with their husbands and children, but this did not take away their sense of isolation:

> It's lonely to be in America. When we are in the Philippines, we say, 'Oh we want a greener pasture...I want to go to America.' But when you come here, it's really lonely

> here. It's just the two of us. It's not like in the Philippines that after work you just get out of your house and someone will talk to you. Here, you look – you just wave and say hi to your neighbors and that's it. (Cecilia)

Despite having her husband and son in the U.S. with her, Bernice found that this did not alleviate her feelings of loneliness and isolation, "It's very hard adjusting. You get burned out…we don't have other people or places to visit. Every day we are together, just the three of us. The other nurses we know, they are busy, too. Tired, too." Although she's happy that her husband and son are with her, she states, "But the Filipino culture, the festive aspect of it where you will see your extended family often, that's the saddest part because I don't have that."

b) Becoming independent and responsible

All the participants reported that it was common for households in the Philippines to be made up of extended families; households may have consisted of parents, siblings, grandparents and even aunts or uncles. Adult children often lived with their parents until they were married. In addition to extended family members, many households also employed help (e.g. maids and cooks) – even if they were not wealthy. When the participants in this study arrived in the U.S., most of them were in their early adulthood, they were suddenly thrust into a situation in which they felt pressured to handle all responsibilities alone. In addition to the responsibilities of work, they had to adapt to becoming independent in terms of their household tasks and responsibilities. The demands from both increase their stress level as a whole.

> It was culture shock, too, because not being away and now all of a sudden… I have to act like a grown up. I have to be a grown up now and by force because I cannot say I am going home. I cannot back out now…You are like put in the situation where you just have to adapt…You have to be a professional; then you have to meet these people, administrator of the nursing home and this is the first time, new for us. We did not have to do this back home and live by ourselves, do our own laundry, cook our own food, take care of everything by ourselves - learn how to budget your money. (Melodie)

> And, you know, of course in the Philippines we have people to cook for us, wash for us

> and then suddenly I'm doing it. Not that I…I don't want doing it, it's just that it's new. It's new that you have to - because before when you know I plan the day and I just plan, hmm, who am I going to have dinner with tonight? And you call friends because when you get home, the house is clean. And then now it's like, okay no friends because I have to do the laundry…It's just a different - different, very, very different. (Anabelle)

c) Balancing work and family

For the women with husbands and children, balancing their work and family responsibilities was a challenge because they had the role of primary wage earner in the family as well as having the responsibilities of childrearing and household chores without the help from extended family or hired help (e.g. nannies or maids). Bernice works nights – "so that I could be home with my son and to accommodate my husband's school in the morning. It's really a big sacrifice, also." She also feels stressed about the day to day responsibilities at home that she encounters. She states that her husband subscribes to the traditional role of husbands and does not help with housework, "so when I go home, I'm a full time house wife and a full time worker. I'm stressed not only from work but also at home."

Belinda works16 hour shifts to reduce the amount of babysitting that she would need. However, she found that after a 16 hour shift, she's too tired to be attentive to her young son:

> I mean 16 hours kills you but I think I am used to it now…So, at that time even if it is your day off, you are still tired, you have to do housework, you have to do the baby, you have to do this and that, it is like your days off are not enough. Then by the time you go back to work, you are still tired. (Belinda)

d) Financial and economic issues

All the participants said that the opportunity to make more money was an important motivation for immigrating to the U.S. and there was a common perception that earning a lot of money would be easy to do. For example, Amelia stated, "Oh, before I thought it would be easy to earn money here. Now I know that every penny is hard to earn – like sweat and blood."

Financial difficulties was a stressor for many who came here to work and they found that financial issues continued once they were in the U.S.

(1) Having to repay debt

Many of the nurses arrived in the U.S. already in debt. Maribeth, for instance, borrowed about $3000 from relatives – "We had to pay for our fare and then the placement fee that goes to the recruiter…I was sending money to pay for my loans." Likewise, when asked about the expenses she incurred when coming to the U.S., Miriam said that it was expensive to come here:

> You have to pay cash for everything before you go. Everything…it depends on the agency…the agency I had I had to pay for everything - airfare, the lawyer, the agency. Except for the apartment - the security deposit and the first month was paid for by the agency and then after that we paid everything.

She borrowed money from several family members who had resources but she was obligated to pay them back as soon as she was earning.

In other instances, the hiring institutions paid for travel costs and other recruitment costs that were deducted from their salaries when they began working. Mercedes and Melodie were hired by the same institution:

> So what happened with us is when we got here everything that the nursing home spent with the tickets and stuff like that we did it in salary deduction; and the same thing with the recruiter, the one who helped look for the facility here in the States. We had to pay them every two weeks until it's all paid up. Well, I did not know it was going to be that much! Yeah. It was probably a couple of thousand dollars and then we had to go through a nursing review which was like I think five hundred dollars." (Mercedes)

(2) Initial earnings were insufficient

Most of the nurses initially worked as certified nursing assistants (CNAs) or licensed pending RNs until they passed the NCLEX. As CNAs they made substantially less than RNs and many of them had to work an extra shift or a second nursing job to pay back the money they owed. For this reason, many of the nurses felt extra pressure to pass the NCLEX. In Cecilia's

case, she worked as a CNA until she received an "authorization to take the test" – after this authorization was given she was able to work as a license pending RN and she was given six months to take the NCLEX – if she fails the test she would be given a second chance to take the NCLEX but her salary would go back to the CNA rate:

> So I didn't take the test right away. I got scared I think. I need money and I don't want that when I take the test and then I will not pass it then I will go back to being a CNA and then my rate will go back as a CNA. Yes – as soon as I paid off my debt in the Philippines then it was OK – I can take the test and if I don't pass it then it's okay then at least I don't have debt in the Philippines anymore. (Cecilia)

(3) Unexpected cost of living

In addition to the debt already incurred, the women were astonished by the cost of living in the U.S. According to Carmela, it was:

> Like we were starting from scratch here…that's how it was. We didn't have money; we didn't have health insurance right away. Even with the job it took a couple of months before insurance kicked in. That was one of my worries.
> I have a babysitter just so that I can work – if I didn't do that we wouldn't make it financially. I learned how to find markets that are cheaper and use coupons. I still have money for skating and other activities for the kids. I don't have money to send home after that. It's so hard to save money. It's always what matters most.

(4) Lure of spending beyond their means

Some participants talked about how easy it is to purchase material things and make large purchases (e.g. cars and homes) in the U.S. and thus acquire a substantial amount of debt. This debt is a source of stress thus many of the women felt the pressure to work more hours. Maya said that when she first came to the U.S. and started earning a RN salary, "I have a lot of credit cards, really, I buy and I love to shop when I was single…" Then she recognized, "If you have a lot of debt you have to work more to pay your debt and it is going to be hard on you."

According to Mercedes, many Filipinos come here without much money, "but sometimes when you get hold of like a hundred dollars the first time, oh, my gosh I can buy a lot of things.

And you want to do that because that is something that you are not used to doing in the Philippines." Mercedes is appreciative of all that she has – a home and the ability to support her family. But the stress comes with the need to obtain material things. "The stress is you want something and you have to work hard and you get it; and then it gives you some satisfaction. Then you tend to want something else or something more. You work harder for that. You get it. But the satisfaction is short lived." Because of the ability to do double shifts and over time, she often relied on this to obtain something that she cannot afford regularly (e.g. vacations, nice cars, designer clothes). She said that some of this attitude among Filipinos is because in the Philippines they had no means to buy anything more than the necessities or that they had to wait until they saved up enough money to buy items. "Here it is easy to buy – on credit." Miriam concurs, "See when you are back home, you can't get anything you want. Here you can get everything you want through the plastics."

Marissa describes the ability to buy the things that she couldn't buy in the Philippines as an incentive to work: "I did not have a car when I...I did not have the means because I did not have this back home. So it actually fuels you to work double time, double job, to have that…"

After a couple of years, Barbara and Celeste bought homes but found that their normal paycheck was not enough to cover their financial responsibilities:

> I work five days a week. I have to work five 12 hours to pay all this things - all this [looks around her home]. My husband was angry with me because he gets - he said if we stayed in our apartment you don't have to work that much. (Barbara)

> When I first came here I had no money. I had to start from scratch. So I really worked hard to have money to put down for my down payment on this house. I remember I worked two jobs, right - and every afternoon I would come here (as they were building it) and say - oh, my house already has a roof and I have to check my bank account - oh man, I'm going to have a closing - I have to pay - I have to work more. (Celeste)

2. **Immigration stressors interact with and intensify work-related stressors.**

Two categories of immigration stressors, *1) language and communication issues* and *2) being an outsider* directly impacted the type of work related stressors they experienced which in turn may have affected the way they worked (Table III).

Table III
Theme 2: Immigration stressors interact with and intensify work-related stressors

Stressors
1) Language and communication issues
2) Being an outsider a. Feeling excluded b. Being tested c. Being resented d. Discrimination

a) Language and communication issues

The women in the study said that the nursing instruction in the Philippine universities and colleges they attended was conducted in English. All of the women recruited by health care institutions also said they had to pass certain requirements to ensure some level of proficiency with the language. The Commission on Graduates of Foreign Nursing Schools (CGFNS) is an international organization that provides services such as credentials review (including evaluation of nursing education and licensure), the CGFNS Qualifying Exam (to test nursing knowledge), and English language proficiency examination. In addition to the CGFNS exam, all the participants who were sponsored to work in the U.S. were required to take the TOEFL (Test of

English as a Foreign Language), TSE (Test of Spoken English), and TWE (Test of Written English). Despite the exposure to English at school and passing the CGFNS and English language proficiency exams, the participants still had communication and language difficulties. In fact, verbal communication was the most common stressor or challenge for the participants:

> First, language is a big stress to all of us. I am still having trouble speaking their language and it is a big stress for me in case somebody says, 'I do not understand what they are saying.' It gives me stress because you know communication is very important and the fact that they do not understand me is a big stress for me. (Alicia)

> You know in the Philippines, you talk slowly in English but here they talk so fast and you know sometimes it's kind of hard to comprehend and relate because you are not used to talking in English and you have to express yourself. So you have to think about what you are going to say. (Maribeth)

The participants expressed that their English was more formal so the lack of understanding often came when colloquialism was used:

> American staff, they kept saying, "What?" I thought I spoke loud enough. But my words sounded different. They use different words. We are more formal. The English language we use is more formal - more grammar inclined. When we came here it was all slang. We actually had to learn, like a different language. Because the words that they used with patients are different, too. Like who knows what a "poop" is - or the word "crap". You learn as you go along." (Miriam)

The lack of fluency with the English language was intimidating and made it uncomfortable for the nurses to speak to patients, their families and coworkers. Even for those nurses who did not display a strong Filipino accent, finding the right words to express themselves was difficult.

> Communication-wise and that is the one thing that is - with an impact on patient care. If I am a patient and the way you talk to me, even just the first few days you are in the unit, and you can express well then I can open up to you, then that really helps. But if you cannot express what you want to tell me what I should be doing, then that is something that is a problem when you are a foreign graduate nurse. So sometimes you cannot even pronounce some of the medications correctly and your supervisor will be staring at you, what kind of a medicine is that? Or the doctor, what? What medicine is that? And then you had to explain like just get the right [laughter] to get across to them. You are like sweating, oh my god! (Mercedes)

> Sometimes you want to say it but it don't come out...it's hard to explain...when you are discharging a patient, it's hard to explain all this stuff if I cannot find English in layman's term that they can understand. It's hard for me. (Cecilia)

In addition, they worked with different subcultures at the worksite so they also had to contend with multiple accents:

> Especially because (at the hospital where I worked), it's a Black community and the patients they have a different way of speaking. It's kind of hard to understand. So, I kept saying, pardon me? I don't feel like answering the phone because what if I don't understand what they are saying? When I was new, I had coworkers from Thailand - and they had a different accent, too. I'm not used to it. These were older ladies... and kind of strict. They complain like I didn't follow what they were saying. The thing was I didn't follow because I couldn't understand. (Maribeth)

Gestures and other non-verbal communication styles caused distress because they were misinterpreted:

> Language, culture, some practices maybe like, I do not like it when I am being called like this (beckoning sign - index finger sticking out of clenched fist - moving repeatedly in a hooked position - meant to indicate "come here") oh my God, those are the things that is insulting to us Filipinos. The lowest, but -- I like to realize that doing this is bad (middle finger) to them too. So learning those little gestures. (Marissa)

Filipinos who grew up in smaller provinces may have had more problems communicating in English because they had less exposure to the language:

> I'm not well versed in English...if you grow up in a province, you go with their dialect. So it's kind of hard. If I grew up in Manila maybe it's okay but I grew up in the province...so language barrier is hard. (Cecilia)

b) Being an outsider

Like many immigrants, the women felt like outsiders as soon as they stepped off the plane. Everything about their environment was "different" but the feeling of being an outsider was particularly strong in the workplace where some of the women experienced isolation, discrimination or bullying.

(1) Feeling excluded

Belen is one of a few Filipinos working at her current worksite; initially she felt like an outsider and excluded from the existing community of nurses and the issues that they had: "In terms of communication - I didn't understand or get their meaning - the way they talk. The first time, I was isolated - I didn't understand about their community, their politics."

(2) Being tested

Many nurses felt that they had to go through a period of being tested by the U.S. nurses. Some sensed that they were being set up to fail. Barbara spoke about her initial training experience:

> For example if we are colleagues, you would like to balance the acuity of the patients that they give to you. So if you have 2 ICU patients, I would not give you another ICU patient. But if you are in your first months of training, expect that you will be having that 4 is to 1 ratio…you will have the 4 ICU patients… the hardest ones and they would like to find out if you will make it…if you will…how you will make use of your time… your priorities… if you will not quit. That is how they test you... I hear things like, 'do not relieve her' – I hope she will survive…let's see if she will survive. (Barbara)

(3) Being resented

The women often felt that some nurses resented their being hired. Cecilia spoke about being confronted by a co-worker who said:

> Why are you here? I said, 'I'm here because it's hard to get money in the Philippines. I had an opportunity to work here, so I'm here.' And then she told me…Oh so you are here to get our money! You know…so I said, No, I am here working and they are paying me for that. I'm not getting your money. I'm not on welfare…so sometimes that is stressful. (Cecilia)

Viewed as soft spoken and meek, Mercedes felt that her colleagues in the nursing home tested her nursing ability and ability to supervise. She said that the LPNs and CNAs she was in charge of "try to see if they can bully or play tough with you…Sometimes you have to raise your

voice a little higher so they would take you seriously. And you have to tell them if you do not do this, this will happen. It was hard, but it was time to see if you are tough enough to handle it." Mercedes recalled a particular situation at the nursing home when she discovered that her patient's wound was infested with maggots. She said that the CNA who was assigned to the patient left her on her own to care for the wound. The next day the director of nursing called her in to discuss the situation and tell her that the CNAs alleged that she did not follow the protocols. Mercedes defended herself and also explained that there were no CNAs in the room with her to see how she proceeded to care for the patient. She felt that the CNAs were "ganging up" against her but worst of all, she felt that the DON was not going to stand up for her. She said the DON just "warned me to watch my back" because "some people did not like the idea of you – all four of you, coming to the facility and they end up losing some of their time; and if there is one thing they are hoping, it is that you all fail the test."

(4) Discrimination

According to Marcella, "discrimination is still here." She and other FENS in the study spoke about inequity and bias they experienced from their supervisors, colleagues, and patients. Marcella spoke about being assigned high acuity patients daily and yet observed other nurses who appeared to have easier patients: "It is unfair because every single day that you come to work they always give you heavy patients then you see there, non-Asians or something, smoking outside…But when you look at their patients' activity, man they are up and about!" Cecilia also experienced being rejected by patients, "some don't like you, just because you are oriental."

Melodie was reprimanded for speaking Tagalog with co-workers but thought it unfair that other ethnicities (e.g. Africans, Eastern Europeans) were not being reprimanded for doing the

same thing. Mercedes feels that although people are more politically correct and act nicer, discrimination still exists:

> Sometimes patients do not want you take care of them because you are Asian. Some patients are also inquisitive of their background and ask, "Did you graduate from another country? How do I know you are going to take good care of me?"

Others perceived discrimination when they experienced the feeling of 'being looked down upon" because they were Filipino immigrants. This experience caused them to feel inferior or insecure. Barbara felt this when she brought Filipino food for lunch:

> They all buy food from somewhere or they order food. I bring my white rice and sometimes my fish. And one time I was heating my food in the microwave in the break room and someone commented that what is that smell? It is just like - I feel like are you Filipinos are eating foods that are not smelling so good... And then they are - yeah, looking down on me.

Bernice's insecurity was exacerbated when she felt that her coworkers were dismissive towards her:

> I was around experienced nurses and had an inferiority complex – I wasn't able to communicate well with them especially during endorsement. I feel like there were many things I left out that I needed to tell them because I still didn't know these things. Sometimes, like when I'm endorsing and giving report the nurse would say "Yeah, yeah" and then would just turn their back to me– she's not interested about what I'm talking about because my endorsement was still shallow...not in-depth. I wasn't able to directly say what the problems were of my patient. (Bernice)

3. **Challenges arise from encountering cultural contradictions**

Most of the Filipino women in the study had little exposure to other races and ethnicities. Having only been exposed to a set of cultural values and beliefs that were similar to their own, the women were challenged by the contradictions in values between them and mainstream U.S. population. These contradictions become stressors for the women. Four cultural characteristics and the values associated with them were identified from the analysis of the interviews (Table IV).

Table IV
Challenges arise from encountering cultural contradictions

Cultural characteristics	Cultural values
1) Importance of family:	a. Respect for the elderly
	b. Paying back and sharing your blessings
2) Interdependence:	a. Group cohesiveness
	b. Maintaining group equilibrium
3) Endorsement of hierarchy:	a. Reticence
	b. Respect for authority
4) Industriousness	a. Diligence
	b. Overcommitment
	c. Multiple jobs

a) Importance of family (family-over-self)

All of the women expressed the importance of their family and demonstrated a strong sense of duty to their family. Specific values include having unequivocal respect for their elders and putting their family needs over their own which gives rise to the need to give or pay back and share their good fortune with their family. Some of the women were disturbed by what they perceived as lack of respect given to family members, particularly the elderly in the U.S.

(1) Respect for the elderly

The sense of duty is something that is taught and reinforced from childhood. "We are trained to respect the elderly" says Belinda. Therefore, the concept of a nursing home was very unfamiliar and even disconcerting for some of the nurses. "We do not have nursing homes in the Philippines. We take care of our own." A few of the nurses even said that working in the nursing home reminded them their own parents or grandparents in the Philippines. Marissa also thought of the patients as grandparents and considered caring for older people as a natural "instinct" for Filipinos because "We respect them, we need to take care of them." Although working in the

nursing home was not ideal, Cecilia continued working there for a 2 years beyond her contract because she said, "I fell in love with the old folks…I think I'm reminded of family back home."

Many of the nurses were initially surprised that the patients' families did not display the same sense of duty in the U.S. Anabelle said that she was somewhat familiar with nursing homes but said, "I think more different was that there are families that do not visit at all, yeah. That was what, you know, was surprising - more than why they are in a nursing home."

One of the biggest differences is that in the Philippines, at least one family member stays at the hospital with the patient and helps that patient with activities of daily living (ADLs) such as bathing, dressing, and feeding:

> In the Philippines we're used to having the family help you - there you just pass your meds. But here, no family - if the family comes all they do is complain, complain, complain. They don't help. Some help but most of the time they don't help. (Cecilia)

> But here, when you have a patient, even though there is a family there, they will call the nurse, 'my mom needs to go to the potty' and they come out of the room. But for us Filipinos … we toilet our patient, we toilet our own family member. We give them a bath on our own, we do it, we do not ask the nurse for help. The nurse basically is there to give medications to take care of doctors orders, but the needs at the patient at bedside, it is usually the family who provide it in the Philippines. But in here, very seldom, very seldom. They are really I do not know, I think what is in their mind is they are paying us so we have to do everything for the patient. (Maya)

Maya felt that this act of caring is "a cultural thing" that is also carried out by Filipinos living in the U.S.: "for us Filipinos, we are always caring, there is always caring for family members… Sometimes they just visit their family and they go, they go, for us we stay, we even sleep with our family members in the hospital that happens here, Filipinos sleep with their patients in the hospital."

(2) Paying back and sharing your blessings

Despite the challenges they encountered, all of the participants felt fortunate that they were able to come to the U.S. and pursue a better quality of life. Along with the good fortune,

they felt a debt of gratitude to the family and friends who assisted them and felt obliged to pay them back in some way and also to "share their blessings" with the ones left behind. This value is tied to the practice of sending money home to their family (remittances). Although beneficial to the family in the Philippines, remittance practices is linked to the stress that FENs feel because many of them work extra hours or multiple jobs in order to continue this practice and still be able to afford their own cost of living expenses.

> All the Filipinos send money, yes. Anywhere you go; it is the reason why we are immigrants. The reason why you leave home. There are no jobs in our country you find them somewhere else and then you send the money to the PI…for those who were born in the PI we have feeling of obligation to people back home. (Belinda)

> You know, when you are the one who go out of the country [the Philippines] – I'm also helping my mom and dad in California at that time, I was also sending two of my brothers to school and at the same time my husband. My husband has a sister going to nursing too in the PI and I'm sending money to help her, too. That's how Filipinos are. (Bernice)

In time, many of the women felt mounting financial pressure of their own – women who came when they were single, married and had their own children and expenses and they recognized that it was becoming more difficult to have extra money to send home. Marissa, a divorced mother of two, struggled with the obligation that she felt to give to people back home versus her own financial issues. She realized that she had to "draw the line" about how much to give but despite the fact that her parents understood and did not expect her to send money she said, "I expect that of myself, to turn back and help."

Belinda was also caught between her sense of duty and the struggle she and her husband had in trying to make their own life in the U.S. financially comfortable. She talks about how hard it is to earn and save money in the U.S. but struggles with the expectations of extended family in the Philippines who have the "notion…she is in America, she is earning. They think I am just picking up money here." In addition to sending money to her own family, Belinda and

her husband are also sending money to his family. "He is just supporting his mom and the sister who is the older, so yes that is the only one so he sends money and I do not mind because even before we got married he said that is the only thing I can do, I said okay fine, as long as we are comfortable here. I have a second job."

b) Interdependence

As previously discussed, participants described that in the Philippines, people are mutually responsible to, and share common beliefs and attitudes with others. The attribute of interdependence translates to behaviors and expectations at work related to group cohesiveness and the desire to maintain group equilibrium.

(1) Group cohesiveness

Group cohesiveness and camaraderie is valued by most of the participants but this ideal can result in stress in the work place when this expectation is not met. The expectation of group cohesiveness can be positive for groups of Filipino nurses who work together but can create tension for the FEN who works at places where nurses work more autonomously. For example, Miriam feels that she can count on the help of other Filipino nurses:

> If I tell my friends...I'm not done yet, I got to do this, I got to do that...they come and help me. Because if they needed help I come and help them too. So that's where the camaraderie is...

Belen expressed her frustration when co-workers delineate job tasks and will not do something that's "beyond their scope of duty." She will often be told not to do certain tasks because, "That is their job, the CNA's job. But come to think of it, the patient is suffering...there is no harm if you change a diaper."

Likewise, Barbara states, "What I noticed among Filipinos, they do not care whether it's their job or not. As long as I have time to do it, I can do it."

Belen also explained that she is reluctant to pass work on to the next shift because she doesn't want to pile on more work for the next nurse – she feels bad that the nurse will have to finish the orders from the previous shift on top of having to start the orders for her own shift. "So you have to finish everything, otherwise, or just help each other. But other nationalities, they tend to, it is not my shift anymore, it is all yours, not minding what will happen to the patient."

(2) Maintaining group equilibrium

Group loyalty among Filipino nurses is generally viewed positively by the women, when working with many other Filipinos, "you have someone – like a buddy-buddy system" (Marcella). Miriam speaks of the shared history and understanding among the group of Filipinos with whom she works: "And we're all the same [Filipino nurses] - we think the same. Maybe we're used to hard work because we came from the nursing home and then when we came to the hospital - another hard work but it got harder so we need each other…"

However, some of the women identified a behavior among Filipinos that may inhibit progression. "The social camaraderie is more stronger and the bonds are more stronger despite some negative stuff there. They talk about you, you talk about them." Maintaining group equilibrium is viewed as important and it appears that when the balance is upset, some members of the in-group react by exhibiting what has been described as "crab mentality."

> Crab-mentality is like people are putting down ones who are going up. So if they feel like this person is getting up, and acquiring more than her or him, they pull him down. You always try to put down people because you don't want the other to promote or progress. I think that's really true for Filipinos. It's very, very true. Maybe they want the feeling that if you are here you cannot be above me. One of my friends in California, the mentality is like…when there is a new nurse who get hired and the one orienting is a Filipino, an old Filipino she says oh you are so dumb. Why do you have to put down? Everybody who is new is the same. Instead be encouraging or teach more or be patient. (Camille)

The women who spoke of this behavior asserted that it is something that should be discouraged because it may prohibit the advancement of their own group members.

> I don't know what mentality some Filipinos have…it seems that if they see you trying to progress, seem like they are envious. I don't know why. I don't know why some Filipinos still have this "crab mentality" (Mercedes)

> Filipinos have this very, very bad habit that they don't want to see people go up. They would rather make insinuations about you and the way you work and probably about your personality because they don't want you to go ahead of them. It's so…I'm so irritated about that because the multinational company I worked for in the Philippines…I didn't have that problem. They encourage you to move up. So I think that mentality depends on first of all your up-bringing, number two the people influencing you around that place. When I moved to another clinic, the other Filipinos that I worked for didn't have that at all. (Aurora)

c) Endorsement of hierarchy

(1) Reticence

Reticence is the characteristic of being reserved and unassertive, which is how many of the FENs describe themselves. Being reticent to speak up is associated with their reluctance to directly confront others – especially those who they view as having some authority over them (e.g. managers, elders, nurses who are more experienced). As Alicia explained:

> We are sensitive, we get bothered by what people say…so here they are blunt…they will tell you right in front of your face if what you are doing is wrong. Filipinos are kind of…they will tell you in a different way…they are going to be beating around the bush until the person realizes what they did is wrong.

Celeste provides another explanation for FENs' reticence, "We are always putting ourselves in their shoes…we are sensitive to their needs, even if they don't say it, we can feel it. I don't know if it is our culture or what."

According to Barbara, "We tend more to follow first rather than complain." However, just because they do not speak up or complain doesn't mean they are in agreement. As Mercedes explains most Filipinos will agree but complain about it to others, "Somebody asks you, 'well, can you just do this?' You say, 'Well, okay.' And then when you turn your back you say a lot of

stuff. It is in our culture." She further explains that, "You are scared to lose your job…so whatever the superiors tell them to do, they have to do it or you get in trouble." (Mercedes)

According to some of the women, being reserved may be one of the reasons why many FENs do not take on management or leadership positions:

> Oh that is not my field. I think it is cultural, I think we are women, we have to stay in that one corner or something…I know we are good, we are very good workers, we are hard workers, but going up to the next ladder…I do not see that. For me I guess is I know I do not have the confidence to tell people what to do. (Marissa)

Several of the women have taken on positions as DONs [directors of nursing] of nursing homes or as coordinators; they stated that although it is within the Filipino culture to be reserved, their experience working for American companies in the Philippines helped them:

> I think my work with [pharmaceutical companies] helped me learn what the American culture was. The culture in the company was patterned after the mother company which is American based. So being frank, not being afraid to … being accountable, living with integrity. I think that's the main reason why I was able to adapt. (Marlaine)

> Well, actually I think it is more of how I was brought up and I think it is work [experience]…I used to work as a pharmaceutical sales representative for an international company and the culture there is that we apply for your – if you want to progress and if you want to broaden your horizon you apply for a job if you want to. So if you are interested in marketing, you apply for an intern position in marketing. If you want a position in HR, you know you apply for that position….So I think that's a good experience. (Alicia)

(2) Respect for authority

A part of endorsing hierarchy is having respect for people who are viewed as authority figures. The women said that they expected patients to follow the orders and consent to whatever the doctor and nurses want to do because health care providers are viewed as the authority. When the patients or their families questioned the nurses about their care or treatment, this was often viewed as if they were questioning the nurse's credibility:

> I felt like I was being challenged. I thought why did they have to ask that? It's like a simple question but I didn't realize at that time that these people, maybe it was their first time having this test, they are not familiar [with the test]. (Marlaine)

The participants were not prepared to deal with questions coming from family and patients as this was not part of the usual nursing practice in the Philippines.

> In the Philippines they [families] seldom ask, here you have to explain everything because they have a lot of questions. It's like they see you as knowing what you are doing so they don't really ask. Or maybe people here are more assertive than in the Philippines. (Amelia)

Patients and families in the Philippines also viewed nurses as authority figures

> The families...it is not the hardest but that is one of the hardest parts of this job because...I try to make everybody happy but there are some people who are very, either unrealistic or very demanding all the care of their relatives. And I do understand knowing that if it was my mom or my dad in here see I would always want the best care for them. So when dealing with a difficult patient - a difficult family I try to put my shoes into their shoes, try to really, really - although it is hard, try to really, really understand why they are complaining or why they are demanding this. (Alicia)

> Because there are patients that are so demanding that they said they are supposed to get all this kind of care and without thinking there is only one nurse working. It is really difficult, a lot of complaints most of the time. Sometimes they just observed that their mother was not changed and they need to be changed and they want a shower, because we have scheduled shower twice a week and they are all alert on the unit. Some of them want it every day, but I said, we cannot do that, we only have this much CNA's we can only do this much, otherwise they cannot answer all the call lines because they are doing showers. (Belen)

d) Industriousness

When asked about how Filipino nurses who were educated in the Philippines may be different or similar to nurses educated in the U.S. all the participants described FENs as hardworking. Not only do they personally feel that they are industrious; many of them stated that FENs have this reputation among non-immigrant nurses and supervisors. FENs attribute this quality to the values they were raised with (e.g. compassion and caring); the work ethics under which they were trained; and the environment in which they lived and worked.

(1) Diligence

All participants described working devotedly and diligently when caring for their patients:

> And if things like IVs and medications aren't there...they will run to the pharmacy, knock on their door and demand for the medication for their patient... We give our 1000% just to complete what was ordered on our shift...it's like I would be embarrassed to endorse the things I didn't do.... For Filipinos, you really will not sit down...you will sacrifice yourself until you finish your work. Even if it's not possible to eat, we don't eat but then others take their break...they say it is our right, we have to eat. (Bernice)

(2) Overcommitment

Participants also remarked about doing the work that is not under their job description if it benefits the patient.

> But what I noticed among Filipinos they do not care whether it is your job or not. As long as I have time to do it, I can do it. Probably it probably has both pros and cons but I think that is it. (Barbara)

> When they do dressings they saw that the diapers are already dirty, so you need to change it, they even all the CNAs are busy so they let the patient wait before they go to change the diaper, and we go and change it right away. Maybe they always reason out that it is not under their scope of work. That is their job, the CNA's job. But come to think of it, the patient is suffering though, there is no harm if you change a diaper (Belen)

FENs explained that they work hard and strive to be the best they could be because they know that life in the Philippines is difficult. When they come to the U.S. they "want to make good" (Barbara). There is a common fear among immigrants of losing their job and being sent back to the Philippines. Therefore, not only is their diligence and overcommitment a result of cultural values and work ethics, it may also be a result of not wanting to lose the ability to improve their quality of life. In addition, FENs always remember what they went through to come to the U.S. and do not take that for granted. Even after many, many years of being in the U.S. they continue to give homage to the effort it took to successfully immigrate to the U.S. by working hard and maintaining the reputation of being a good nurse.

> I think our Filipino nurses are very conscientious about their work. I think we, we take pride of what we do. A lot of, even the older generations, older Filipino nurses that we have up to now and I think this is what I have learned. And I think a lot of the Filipinos who become nurses, well at least in my kind, the people that I have been around, they, it takes them, it takes, it took them a lot to get here. So we hold it precious. It is a precious thing. It is a gift for us to be here such that anywhere we go, any job we do, we aim for, aim for perfection almost. (Melodie)

4. **Cultural characteristics and values influence preferred coping strategies and behaviors.**

Culture appears to serve as the context for the preferred coping strategies and behaviors of the participants. Overall, the women utilized indirect ways of coping that can be connected to one or several of the cultural characteristics identified in the previously described findings. Coping behaviors and strategies were classified under five typologies: 1) familial, 2) intracultural, 3) fate and faith-based, 4) forbearance (restraint in response to stressor)/patience and self-control, and 5) escape and avoidance.

a) Familial Coping

One of the cultural characteristics of the participants is a strong connection to their nuclear and extended families. As such, all the women exhibited coping behaviors that were tied to their strong sense of duty to and respect for their families (Table V).

Table V *Familial Coping Strategies*	
	Coping Behaviors
(a)	Seeking and receiving social support from family
(b)	Bringing source of support near
(c)	Learning from family members with different perspectives
(d)	Keeping the focus on ultimate goals and rewards

(1) Seeking and receiving social support from family

Although separated by thousands of miles, technology (e.g. cell phones, internet) gave the women a greater ability to connect with their families and depend on them for emotional support.

> I have friends, the nurses who live in the convent [nurses' dormitory], but they are also being stressed out. So what do we do? We call our families in the Philippines. (Camille)

In addition to receiving emotional support for the stress related to work, calling or texting alleviates some of the loneliness due to their physical separation from family members.

> I spend a lot of money oversees calling them. I do not know, I just feel like that is the only connection I have with them. (Belinda)

Most of the women said they were taught to always respect their elders; this cultural value may further explain why they turned to their parents, older siblings, cousins, aunts and uncles for both emotional and instrumental support even though they themselves were adults. Belinda and Aurora provided examples of how much parental support is valued; they often talked to their mother about the challenges they faced and acted on their mothers' advice to help them cope with the stress:

> Then my mom was the one to suggest 'put the baby with the daycare so that you can have

> time to rest'. So that is how I put them in a day school. So my mother says okay sleep during the day and then in the afternoon you take him. (Belinda)
>
> She said well you pray, ask the Lord for wisdom and when the lord gives you wisdom then you go for it. When you go for it you just do your best. That's why I think my adjustment wasn't so hard. (Aurora)

Upon arriving in the U.S. some of the women sought out relatives (even those who they were not close to) for support (e.g. financial, housing, guidance). A strong sense of duty to family may allow for the willingness of relatives to help even distant relatives:

> I stayed with my cousin from September, October, November…til November. He helped me a lot with what I need…That was an easy transition for me because I had somebody here who was willing to help. (Maribeth)
>
> So I said oh, okay, we have to find a relative living in the U.S. so we could stay on just for a couple of months while I am taking the exam here…my husband has an uncle in Los Angeles, he talked to his uncle, 'could we stay with you for a while' just for me to take the exam, or until I could pass it before we could come here to Illinois. He said sure, fine you are welcome. (Belen)
>
> Plus my uncle was here – 10 years before me…having good family relationships – they have been very supportive. Knowing that there is somebody who cares about you and who looks out for you makes a big difference. (Aurora)

(2) Bringing their source of support closer

When the women came to the U.S. they became separated from their parents and other family members who were sources of social support. As soon as it was possible for them to do so, some of the women petitioned their parents and/or siblings to come to the U.S. as visitors or permanent immigrants:

> My mom, she's here now but during the first years…I was so homesick. (Carmela)
>
> I have to petition them. That's the first thing I did when I became a citizen. (Miriam)

Bringing family to the U.S. helped to recreate an important part of the life they left behind in the Philippines: their parents lived in their homes and helped them with childcare and household responsibilities:

> I have a good support system through my husband; and my parents are here so they help us a lot too. (Maya)
>
> You know [my parents help with] babysitting. It's not a lot of stress for us because you don't have to worry about childcare and when you get home, you are tired from work, you don't have to cook. It would otherwise be hard with both me and my husband working. (Maribeth)
>
> She [her mother] is a big help. With the schedule, I work three days, my husband now works five days. If she would go home, we would have to fix our schedule…I do not know when she goes home, it will be a lot of stress because having an eight-month-old baby, and you are sleep deprived…It is really hard because you have to go to work as early as before seven and you feel sleepy and you have to work for 12 hours and then you come home again and you have to clean, cook. (Camille)

(3) Learning from family members who have different perspectives

Some of the women married men who were not Filipino. The perspectives and experiences of their husbands helped them to cope with the challenges of working with people of different ethnicities or cultures. Melodie's husband, an African American, was integral to her learning how to adapt to "western" society – the American culture and specifically he helped her communicate more effectively with her African-American co-workers:

> He knows the culture. He knows, he knows how to assert in this type of culture. I did not know… he helped mold me into who I am now as far as being able to cope with a different culture here in the U.S.…this relationship that I have with [my husband] has helped me better myself in my profession. (Melodie)

Marlaine admitted having her own stereotypes about people until she met and became good friends with another nurse from Africa and married a man who was Muslim. Marlaine's relationship with them helped her understand their culture which broke her negative misconceptions about people who were of a different race and religion – "now I feel like I know that everybody is the same, okay, they are nice people."

(4) Keeping the focus on their ultimate goal and rewards

One of the major factors that pushed the participants to come to the U.S. was the dire economic conditions in the Philippines and thus their ultimate goal was to improve the quality of life for themselves and their families. This goal is related to their strong sense of duty to family, which appears to be foremost in their minds. When faced with all types of stressors they cope by thinking of the benefits to their family; this strategy balances and in many ways even outweighs their challenges:

> I think also, why is this situation? I think because we are aiming for something better... that is my focus. Even though I'm lonely, depressed sometimes – it is necessary to make that sacrifice to reach our goal. That's how I overcome – and prayers. I'm focused on the good outcome from all of the sacrifice. (Bernice)

> Yes, but then we Filipinos, we could tackle the stress because when the salary comes you are happy and it is worth it. I said I know I have been working in the Philippines for how many years, I have not had any savings at all. When you work here, I have been here for a year or two, and I have a small savings and I tend to buy what I want. (Belen)

> Maybe because we came here with nothing and then ...well maybe because of the need to earn is there that you ignore the stress. Maybe you are forcing yourself to get the day over with because you need to work. You came here to work, you came here to earn so you are getting rewarded much more than you could possibly get back home. I think it's a mindset... you know I don't get stressed out. (Miriam)

Coping with any stress that they face in the U.S. is countered by being mindful of the rewards that come with working in the U.S. In addition to improving the quality of life of their immediate families, they also think about their ability to provide for families in the Philippines:

> And one more thing that helps is that the joy that you bring to your families in the Philippines. Knowing that you are at least giving them something, making them happier, news that you receive from the Philippines. We bought this thing and that thing and your cousin or brother was so happy to receive the clothes, or this thing you sent him or her. Things like that. It is like an inspiration. It is so rewarding and so inspiring, even though the next day you are going to be stressed out again. That is the driving force...the family. It serves as an inspiration, really. (Camille)

b) Intracultural Coping

Intracultural coping is the overarching category for coping strategies and behaviors that involve seeking social support from others who share the same background and experiences (Table VI). Most of the FENs reported feeling more comfortable seeking and receiving social support from other Filipinos because they shared the same language and cultural background.

Table VI
Intracultural Coping Strategies

Coping Behaviors
(a) Spending time outside of work with friends who share same ethnic background
(b) Seeking support from workers who share same ethnic background
(c) Receiving mentorship from immigrants who have adapted
(d) Having positive images of immigrant workers who share the same ethnic background

(1) Spending time outside of work with friends who share the same ethnic background

Many of the women felt that spending time with their friends, who were also Filipino, alleviated their work stress:

> No matter how much you are out there, how much you are here in the United States, you are always going to go back to the comfort level which is your friends, your family, and your network. I think health wise that is very healthy. Like right now, I am looking forward to seeing my friends every other weekend just to wind down. I think stress wise that is very helpful for us. I am looking forward to being comfortable just to laugh our butt off, I think for me that is very important… (Marissa)

(2) Seeking support from other Filipino workers

At the workplace, women found camaraderie and comfort among other immigrant Filipino nurses with whom they shared common experiences. The group of FENs became their own informal support group:

> ...because we are undergoing the same ordeals and same difficulties...When we are having dinner, we tend to ventilate our feelings to each other. That is good help. I had an altercation last night and my god, my supervisor, she sent me a note, and she wrote me up, and this and that. We tend to share stories and that helps. (Camille)

> We have other Filipinos who will always help you out; because sometimes there are certain things that you can voice out to them, with your own Filipinos. (Belen)

For many of the women, they also found comfort in just knowing that there are other Filipinos at their workplace:

> Yeah, when I come to a hospital the first thing I do is still look for other Filipinos then you feel comfortable. In the hospital that I'm working in now there are not too many Filipinos. You feel comfortable if there is another Filipino even if you do not know them. Even though you are not friends...I feel comfortable because there is another Filipino there; I feel like I belong – it's the belongingness. (Marlaine)

Besides emotional support, they could also count on tangible support from other Filipino immigrant nurses at the workplace which diminished work stress:

> The good thing about my unit is that there are a lot of Filipino nurses. The team work among them is outstanding because if one person is drowning there are people around you that you could trust...they become your friends throughout working together... The feeling of going to work sometimes dreads you because you don't know what to expect. But the thought of expecting to see your friends there at work is like a big help. It overcomes the stress. (Miriam)

> When I used to work in Chicago, the hospital that I worked ...the majority of the nurses that I work with is Filipino. I work at night and it is kind of like a team work. It is more like a team work, like okay, I will save you, you save me. It is like basically watching each other's back so you can like rely on people that you work with. But in here, because I work in suburban area now and... not a lot of Filipino nurses so basically to each his own. (Marcella)

> I said it is very hard and I said, oh, can I make it? But then, we have a lot of Filipinos who are working there too and they are very helpful, it is okay there, so they guide you

each way -- I am more confident now. (Belen)

(3) *Receiving mentorship from immigrants who have adapted*

There appeared to be an unspoken connection among fellow Filipino workers that obligated them to help each other out. This can probably be attributed to their strong sense of duty to family and by extension, to the Filipino community. This can also be tied to the cultural values of paying back and sharing their blessings. In this case, there is an expectation that Filipino immigrants who have been in the U.S. and have successfully adapted help out those who have recently arrived:

> ...after a while I made friends with an older Filipino nurse who worked here for several years. I told her how I feel and she started to be my mentor. She said, don't feel bad, we've been there and so just do your work and know that you are doing okay. (Marlaine)

Many of the women reported that they returned the goodwill by assisting recent Filipino immigrants:

> I could tell you that I am here to support you...that's what a lot of Filipinos did for us before...it's just like a chain. I was helped out and now it's my turn to help people who are coming. (Miriam)

Many of the FENs said that they and other Filipinos they know would be less likely to seek professional support (e.g. psychological counseling, formal lectures, in-service) and would prefer attending informal gatherings to discuss personal issues such as stress and coping:

> When you say a counselor it seems more formal...too formal Just normal conversation – for them to unload. Just to have an ear – you don't need them to say anything – just need someone to unload. For Asians, I think it's better to be more informal. (Amelia)

> For me, just maybe a program where they can just talk to each other maybe those who had a hard time before. Like talk to them to see how they did it, how they coped. If you expect a Filipino to step aside one hour to go to a counselor to feel better, good luck, it is not going to happen. If you expect a Filipino, there is going to be gathering, there is going to be food, let us talk it all out. (Marissa)

(4) Having positive images of immigrant workers who share the same ethnic background

All of the women thought of themselves as part of a larger community – the community of Filipino immigrant nurses. When they spoke about coping with their challenges, they proudly spoke of the positive qualities of FENs. This appeared to boost their confidence and reassured them of their abilities as RNs in the U.S.

> The nurses who come over here...we are well trained when compared to the new grads here. (Marissa)
>
> So I think Filipino nurses will immigrate here are smart. You cannot come over here if you are not smart you cannot pass the test. (Maya)
>
> Nurses from the Philippines get more hands on experience --- we have student nurses now, they don't get to scrub until they have their license. In the Philippines you get to scrub and circulate...even if you are a student...but the nurses in the Philippines they do everything... (Maribeth)

c) Fate and faith-based coping

All of the women drew on fate and faith-based coping strategies to help them through life's challenges.

Table VII
Fate and Faith-based Coping Strategies

Coping behavior
(a) Acceptance
(b) Religious focus
(c) Redefining stressors as learning experiences

(1) Acceptance

One of the ways some of the women coped with stress is to accept stress as normal; stress is often viewed as an inevitable part of life and nursing:

> I think for Filipinos they perceive stress as normal – it's normal that in the workplace it's normal to have stress. So just to talk to a friend or something informal that will help them. They don't really feel that stress is a big thing. (Amelia)

> Stress is just a part of life – you have to just keep going. It's always there you just have to find a way to cope with it. (Carmela)

> I have learned to deal with it. I just have to have to accept that it is always going to be there. Nursing is a stressful job. (Belinda)

Accepting stress as normal justifies their challenges and allows them to ignore it or become accustomed to it:

> I think it's the resiliency…whatever goes…it's called the 'bahala na' [whatever will be, will be] attitude …it's being resilient…whatever will be. That's why I think handling stress is easier. (Aurora)

> So stress is something that happens, normal. Stress for me you can fix. You can fix it yourself, you can put it on yourself and you can say stop doing it. Stress is something that is very external that you put on yourself. (Marissa)

(2) Religious focus

All of the participants in this study were Christian (overwhelmingly Catholic) and had a strong sense of faith in whatever religion they practiced. Most of the participants interviewed in this study sought relief from stressors by turning to their religion: they sought comfort and reassurance by praying and turning to God:

> That is the very first one. We pray. You have to pray. (Camille)

> Also, reading the Bible a lot and praying - that's one of the main things why I am able to cope. (Aurora)

> Regularly…before I get out of my house I usually pray…I don't want stress so I can do my work well. (Cecilia)

Many of the women expressed the strength of religion to help them get through difficult times:

> Prayers --- I think are powerful...Sometimes I just pause and take a moment to pray: like something positive - like I can do it - something to lessen it. Give me something to lift me up for the moment. A smile from a friend, one joke, just give me that, I pray - just to make the tiredness go away for the moment. (Mercedes)

> If you get to tell me that 'I am depressed' and you are taking Zoloft, I will just say go to church and pray... I think my faith has always been strong and I am really grateful for that; that I do have the gift of strong faith. God will always be there for us. (Marissa)

Amelia and others also explained that besides praying for themselves, Filipinos also believed in the power of others praying for them: "A lot of prayers. I'm always telling my mom, thanks for the prayer because it really helps me."

In addition to praying regularly, most of the women reported attending church regularly for comfort and support. Maya explained that "For us we go, we make sure we go to Church every Sunday. That it is also one way to relieve your stress." Barbara reinforced the importance of going to church - "It is like I miss something if I do not go to church."

Some of the women found churches that had a predominantly Filipino congregation. In addition to attending church services regularly, these women became very active in their church and found solace not only in prayer but drew social support from members of the church community:

> I have family and the church here. That's probably the other important thing. One blessing that we have as being able to go to a Baptist church that is Filipino-American Baptist church...one way or another you have a taste of home in the church once a week that you are with people that you could relate. I think that makes a difference (Aurora)

> For me it's my faith and we found friends with the same faith. We found a pastor that helped us to make our stay in America tolerable. I think even in times of when I say I want to go back to the Philippines and you're kind of giving up already but then prayer helps. (Carmela)

(3) Redefining stressors as learning experiences

Many of the participants also coped by thinking that enduring hardships would make them stronger and more resilient. There is also a sense that fate is responsible for their path in life and the difficulties they face may be God's way of preparing them:

> Cause that is the only thing that my husband told me is what he likes about me because he knows that I can survive without him and he knows I am not a sissy... I learned from my experience, I told him. So that makes me strong. (Marcella)

> Plus I know that God prepared me before he sent me here. It's like I'm equipped with the Saudi experience and everything that happened to me in the past years that really equipped me to be here...like I said it's like survival of the fittest...Just, aside from hard prayer, be receptive with everything. Everything that happens to you has a reason, and it's like take everything as a learning process. Even good or bad it will come out in a good way. (Amelia)

Therefore, stressors are redefined as beneficial to their growth and learning.

d) Forbearance/ Patience and self-control

The women in the study also utilized coping strategies that involve restraint in response to stressors (Table VIII). These strategies involve ways of coping that do not directly address the cause of stress; instead they focus on altering their views or just tolerating the stress. Undergoing challenges related to living and working in the U.S. is tolerable because ultimately the rewards are greater than the stress. These strategies are tied to their strong sense of duty to family in that they consider the benefit to their families over their own needs and feelings. These strategies are non-confrontational which is congruent to their values of maintaining group cohesiveness and social harmony. Their reticence, another cultural characteristic of FENs, may also make it very uncomfortable for most of them to use direct coping methods because they are hesitant to speak-up to directly confront the issues and the persons involved.

Table VIII
Forbearance/Patience and Self-control Strategies

Coping Strategies
(a) Downplaying current stress
(b) Affirming the nursing profession
(c) Being content
(d) Proving themselves and earning the respect of others

(1) Downplaying current stress

Most of the participants reframed their current stress by making a comparison between current and past experiences. They explained that they can handle stressful situations because they were able to overcome worse situations:

> I think we are used to a hard life in the Philippines so we are like really have to make sure that we are doing the right thing... Actually I never make mistakes yet so far at work even though I am stressed out I am still okay at work. I can easily handle it. My co-workers tell me that you are always calm, and you are not stressed and I told them deep inside I am but I know how to act to it, I know how to react to it. (Maya)

> Because I came from a poor family, so I know what it's like to be poor. So when I came here, I don't want stress to ruin my life. So as much as possible, if I have stress, I need to handle it well, I need to overcome it because if not, I will be crazy. So maybe the hardship that I encountered in the Philippines makes me stronger here. I don't let stress effect me. (Cecilia)

> And we are a pretty much resilient culture. You know, we have undergone a lot of just in the – hardships in the Philippines, you know, unlike – that they do not experience here like floods, and it makes you more resilient. I think Filipinos are very, very, very industrious. (Alicia)

It was also common for the women to compare working environments – often recalling their worse work experiences to weigh against the current experiences:

> I think because I came from a nursing home where we reach up to 30 patients per one nurse. So when I came here, 4, 5, 6 - I can handle it. But all of my coworkers, they complain about it. Maybe because they are not used to working in a nursing home or something but I used to work with a lot of patients [workload] in the nursing home. (Cecilia)

This coping strategy probably lessened the intensity of the current stressors and made their stress manageable.

(2) Affirming the nursing profession

Many of the participants said that thinking about the positives of being a nurse also helped them cope with the difficulties inherent in the profession:

> For me I mean being a nurse is like not only work but it is an obligation and it is also my, my passion. And helping people is just like what they call this, erase every hardship that you went through once you see them healed and be grateful and thankful for what you have done. (Marcella)

> Look forward, try your best and just do not regret anything you are going to do. It does not matter what you are. Oh being a Filipino nurse here, is a very challenging job, although it is very stressful but it is worth it. So just be patient and just be strong enough to tackle all the stress. (Belen)

(3) Being content

Financial issues and balancing work and family are major stressors for FENs; some of the participants learned to cope by feeling content about what they have:

> It is up to you, your discipline...you do not want to be in debt actually because everything is always open, you can buy anything you want, a car or whatever or whatever, you can use your card and you can purchase it. I only buy the necessities...So me I live a simple life...like I am a simple person, this is what I want to do and I do not want, if you buy more, you get more, you work more and I do not want to do that because I want to spend time with my kids. (Maya)

> Be patient--- take it slow you don't have to have so many things right away. Be content with what you have. (Carmela)

Being content appeared to be a more proactive coping strategy in that having the desire to have more is recognized to bring about more stress in terms of acquiring debt or having to work more hours doing a stressful job.

(4) Proving themselves and earning the respect of others

Being industrious was not just a cultural characteristic of the FENs in the study, it also appeared to be a coping response to the stressors they encountered. Most of the nurses encountered unfair work practices, discrimination or were challenged about their presence in the U.S.; the way they coped with this was by working even harder to prove themselves:

> Yes, there are people who will always be that way. But then in this country when you prove yourself that you work hard and you show them that you are stronger then that helps. The other day I had a patient whose son was a lawyer but he didn't look down on me, he was asking for my advise…he didn't intimidate me. He was really asking my opinion and a lot of questions about the patient's condition. (Carmela)

> I think that what Filipino nurses have to do is to explain as honest as you can why you came to the states but most importantly, prove yourself that you are as much worthy to be working in the U.S. as much as anybody is…Once you have proven yourself you are able to rise out of that stereotype and then one way or another you can even find yourself in a class on your own or blending into the work culture and to the culture itself and you will see that they cooperate and look for you…I think that's what a lot of Filipinos would need to aim for instead of separating themselves or being shy or trying to suffer in the background but to rise out of it. Once you earn their respect you will get their support. (Aurora)

e) Avoidance and escape

The final category of coping strategies is described as escape and avoidance (Table IX).

Table IX
Avoidance/Escape Coping Strategies

Coping Behavior
(a) Stepping away from the stressful situation
(b) Liberating the mind
(c) Rewarding self
(d) Keeping the focus on ultimate goals and rewards

(1) Stepping away from the stressful situation

Some of the women talked about stepping away from the stressful situation. At times when they are at work and feel overwhelmed or stressed many will remove themselves from the situation in order to take control of their reactions:

> Sometimes like I said, I stay in the washroom. I'm so upset it's like I look in the mirror and talk myself out of it. (Marlaine)

> Sometimes, okay - sometimes patients are racist. They will tell you, "Where did you come from?" You don't want to answer them crazy way - so you go someplace [sighs] and let it out - because it's hard... I just go to staff lounge, drink some water and come back; because if you do it all at once, my pressure is going up. You don't want to say bad words, you don't want to do something that's not right - so you have to calm yourself - go somewhere else... (Cecilia)

> If I am more stressed I go to the bathroom and close my eyes and take a deep breath for a short period, then I come out. It is like oh God, this is so much so I go to the bathroom like take a break, you have to take a break. Some of my co-nurses they take a break because they are overwhelmed. Me, I go at the break room and eat something to relieve stress. (Maya)

(2) *Liberating the mind*

Diverting their focus away from the stress of work is also commonly used by the women in this study. Many of the women made the effort to forget work while at home:

> I want my own life so I want to enjoy my life too. So I cannot just think of work all day

> long, so I have to turn off my light switch when I get home. ..I have my ways of coping with stress; I try to forget about work when I get home. I have to. Otherwise I am going to lose my mind or something. I am going to go insane. (Alicia)
>
> I tried not to let it affect me...after work I'm done. I don't bring it to my house. And then...it's pretty much physical in the OR...I just say, this is my job, I work here but when I go home I separate my job. (Camille)

(3) Rewarding self

Although these women all put their families ahead of themselves, many of them also reported doing something they enjoy to cope with the stress they encounter:

> The most therapy for me for relieving my stress is going out to the mall. That is it, my stress is gone. (Belen)
>
> Ah, sleeping (laughs). Sleeping and sometimes I just go to TJ Maxx. That's really my outlet...if I'm lonely I go and shop just to keep me busy. Or just go somewhere to eat or something. (Amelia)

C. **Occupational and Adaptation Phases**

An occupational and adaptation process emerged from the data when it was analyzed across groups of FENs based on the amount of time they had been in the U.S. The data revealed that regardless of the length of time the FENs had been in the U.S. they achieved certain milestones. These milestones were clustered to illustrate three phases within which occupational and adaptation process occurred. Each phase was given a name that best described the phenomenon that was occurring: 1) surviving phase, 2) achieving phase, and 3) self-determining phase. All the women appeared to go through the phases in this order, however the amount each woman spent in each phase depended on the challenges they encountered as they worked to achieve the milestones. The data also revealed that certain stressors predominated during each of the phases. The following is a description of the phases, milestones and the predominant stressors that occurred.

1. **Surviving**

All of the women in the study experienced what could best be described as a period of 'survival'. This phase was marked by the women's migration and resettlement experience in the U.S. and their initial work experience in the U.S. healthcare system (Table X).

Table X
Milestones during the Surviving Phase

Milestones
Migrating and resettling in the U.S.
Working in the U.S.

(1) Migrating and resettling in the U.S. – "Everything is different"

FENs came to the U.S. resolved to make a better life for themselves and their families. They were determined to succeed in the U.S. and were hopeful but immediately found that life in the U.S. was more difficult than they expected. The types of stressors that were predominant during the *surviving phase* were related to the unexpected social and living environment they encountered; upon immigration and resettlement, FENs described a myriad of new experiences, including types of food, housing situation, where and how to shop, inclement weather, and social mores.

Most of the employers arranged for temporary housing for a few months to assist the women in their resettlement in the U.S. Some facilities had dormitory housing for their FENs

near the hospital. Although housing was not free, it was inexpensive. Others arranged for the single women to stay in apartments with other FENs; they shared the cost of rent and utilities. Some employers assisted FENs with families in finding apartments close to their work and accessible by walking or taking public transportation.

Although these arrangements helped these FENs, being housed with women who they did not know caused some stress. Conflicting personalities, cultural differences and even disagreement about mundane things like cooking and cleaning responsibilities can be sources distress among the roommates. FENs from the Philippines come from various regions, each with its own distinct culture and language or dialect. Maya was assigned to live with three other nurses who came from a different region of the Philippines than the one she came from and she felt like an outsider among people at home and at work.

Adjusting to living in the U.S. involved learning to live in their new physical and social environment. The winter weather was brought up by many of the FENs as a source of stress, particularly for the women who arrived during the fall or winter season. The weather was isolating and added to the loneliness the FENs felt during this initial phase of adjustment.

There were also many unfamiliar social and community situations. For instance they had to learn about mundane things such as transportation, housing, utility bills, and grocery shopping. Not knowing the society's rules and regulations can also be a source of distress particularly when this lack of knowledge identified them as outsiders. Carmela talked about such an incident:

> We went to the thrift shop to look for things we could use but we didn't know that when you park in the lot you shouldn't leave your car there if you go to other stores. We didn't know that so the car was booted. You know who reported us was this white guy…I think he was a look out. I paid 2 dollars for the mugs but I paid $150 dollars to have to the boot taken off. But what hurts the most was that guy telling us "You better go back to your own country!" We were so shocked by that… I started crying. (Carmela)

For some of the FENs the social life and expectations regarding dating was very different and far more liberal than what they were used to. Melodie came to the U.S. as a young single woman who was sheltered by her family in the Philippines. She spoke about her dating experience and social life:

> That was a stressor to me more than my job… It was, it was social. It was trying to please people who I have become attached to and because my culture is different I am used to doing things differently. The demands of me, the demands on me was what caused me to stress out. (Melodie)

Maya also felt that the American social life can be challenging and distracting. She explained that distractions were going out with friends all the time, "like going to the clubs… they invited me but I said no I will not, I never go out to go to the club houses or whatever no. I just stayed home. I watch movies. I do not go to that I know it is bad places."

(2) Working in the U.S. for the first time – "Survival of the fittest"

The women also had to adjust to their work environment. Most of the women came to the U.S. without a license to practice as a RN and thus they initially worked as nurse's aides or CNAs or RN license pending until they passed their nursing board exam (NCLEX).

The first work setting for over half of the participants was at a nursing home or extended care facility and they worked as nurses' aides. Their workload consisted of a lot of lifting, bathing, changing which caused physical stress. They also experienced emotional stress because they were initially bothered by the concept of leaving the elderly in nursing homes as this conflicted with some of their cultural values (i.e. strong sense of duty to family and respect for the elderly). In addition, they viewed their work as disappointing and a step backwards from their work as nurses in the Philippines.

> Then I came over here and I worked in the nursing home and all my patients are DNR [do not resuscitate]. I dropped my jaw big time. I am a go getter – worked in ICU [intensive care unit]…save your life type of thing. Saving lives in the Philippines, but over here, I have DNRs…most of them. (Marissa)

Despite this initial disappointment, the nurses coped with this experience by thinking of it as a "stepping stone" towards their larger goal. Some thought of this as a safe environment to practice language skills. Others used this time to observe and learn more about the work environment that they will be stepping into as a RN after passing the board exam.

Some of the FENs were sponsored by hospitals that were in underserved communities where there is a shortage of nurses. The FENs felt let-down because their expectation of the U.S. hospitals did not match the reality. One of the women explained her disappointment about the small, inner city hospital she first worked at:

> Well, of course the United States. It is going to be a beautiful place with beautiful people and nice buildings, nice work place… In the particular hospital, we do not have a tube system. If we need medications stat, we have to run to the pharmacy. We have to call the pharmacy and tell them we need this medications and first stat medications will take an hour or so and if the doctor learned that particular medications is not given at that time, the nurse would be the one to blame. (Camille)

(3) Preparing for and taking the NCLEX

In addition to adjusting to their work environment, most of the FENs were also preparing to take the NCLEX. Most of them took review sessions; some institutions required these sessions and paid for them, others did not. FENs worried over the NCLEX because so much depended on their passing this exam. Although they were given multiple opportunities to pass the exam, not having their RN license is financially burdensome because it meant that their salaries as CNAs would remain less than that of a RN's.

Irma was sponsored under a work VISA. Her contract with her employer in the U.S. stated that she had two chances to pass the NCLEX. Had she failed the exam the first time she

would have been allowed to review and retake the exam but one additional year would have been added to her contract to work for this employer before being granted a Greencard (a permanent VISA). Had she failed the second time, her work VISA would have been revoked. "You are out. So there is a lot of pressure." This realization drove them to focus and study hard; they dealt with the situation by working harder to make sure that they pass.

> I felt like I really needed to pass this exam because you know how like it is so expensive to live here in Chicago. It's like, I cannot afford an apartment with a CNA salary. How can I get my food? Where can I get help (if this happened to me)? After work I spent most of my time on the computer reviewing. (Amelia)

FENs sought support from other FENs who were in the same situation; they attended review sessions together or studied with their roommates.

2. **Achieving**

During this phase, FENs continued to adapt and adjust to their environment but began to make major accomplishments (Table XI). The stressors that dominated during this phase involved language and communication issues and being an outsider. This was the phase when FENs began to work as RNs in the U.S. and thus had primary responsibilities for patient care.

Table XI
Milestones during the "Achieving Phase"

Milestones
Pass NCLEX and begin working as RN in the U.S.
Pass the orientation period and begin working as an independent RN
Complete their contract with their initial employer

a) "I am a RN"

One of the major feats of success was passing the boards and beginning to work as a RN in the U.S. The FENs felt a sense of relief and pride once they passed the exam. Being a licensed RN meant that they achieved another step towards securing their job and permanently staying in the U.S. They recognized that obtaining their license was difficult and FENs guarded it by working hard and being cautious. Overall, the FENs in this study were very successful; only one of the FENs failed to pass the NCLEX the first time.

b) Pass the orientation period and begin working independently

Once they passed the board exam, FENs began their orientation and training as RNs for their first employer in the U.S.

> The transition from being a CNA to a nurse in the same place was okay...At least there you already know the patients from being a CNA and then the only thing you had to learn when you are a nurse now is how to pass your medications where the medications can be seen, how to get a hold of the doctors. (Miriam)

FENs, now RNs, working in nursing homes typically had 14 to 20 patients per shift. Their responsibilities included passing medications, assessments, wound care and other treatments. Initially, this was daunting for some of the FENs who "did not know what to expect" (Anabelle). During this phase, many RNs feel the resentment from U.S. born nurses:

> My acceptance in the ICU was hard for them because I just came from the Philippines – I don't have experience, yet I was with them. I was like the shrimp swimming with the sharks because even with their eyes closed they [the U.S. nurses] were very skilled. (Bernice)

As FENs took on the responsibility of RNs, their challenges shifted. Language and communication issues were stressors because it affected the patient care and interpersonal and working relationships with their colleagues. At times, FENs felt the impatience and even annoyance of others who had a difficult time understanding them. They also had difficulty

expressing themselves because at times they could not find the right words in English. Language difficulties added to the feelings of anxiety about giving patient reports. Consequently, many of the FENs expressed feeling a lack of confidence in their ability to communicate which made them even more reluctant to speak. In addition to the diction, FENs were unfamiliar with slangs or colloquialism used by U.S. nurses.

After successfully going through their orientation and training period the FENs became more comfortable with their skills and began to develop some confidence.

> Then after 2 years, I started becoming charge nurse – just me and registry nurses. If you are in a place long enough you will learn. (Bernice)

Some of the nurses proved their capabilities enough to be offered supervisory or managerial positions within the facility they worked for. Anabelle was offered a shift supervisor position at the extended nursing care facility which she took after much encouragement and support from her director of nursing (DON). Alicia was promoted to shift supervisor and then took on the responsibility of filling in for the director of nursing or assistant director of nursing as needed. The FENs who did move up to managerial or supervisory positions attributed this to their past work experiences that encouraged and gave them confidence to take on these roles. Some of the women also said that family situations (i.e. divorce, separation) drove them to seek better opportunities:

> Because I know that there is nobody who can help me but myself so I just depend on myself and I do not want to, you know, rely on somebody else for anything else. So I think (I) tend to strive more and work more and thus succeed more in life knowing that they can only rely on themselves. (Alicia)

(1) "Completing the contract"

The FENs who were sponsored to the U.S. by employers had a contract to work for them for a period that ranged from 1 year to 5 years. In most of these cases, the employers promised to

sponsor them for permanent immigrant visas once they complete the contract. Most FENs fulfilled their contract and soon after moved on to work for a different health care institution. Cecilia, for example was required to work for the nursing home for two years but she chose to remain at the facility for 4 years until a friend encouraged her to work elsewhere:

> And then my friend who was working at the nursing home as a part-time and also at the hospital they said why don't you get out of this place and work somewhere else. Maybe it will be easier for you. They accepted me here...so I've been here ever since. (Cecilia)
> I started in a nursing home because being an immigrant as a nurse you have to start to have a petitioner and the petitioner is a nursing home... So actually you have to stay with them or probably you can stay until your papers are fixed, but my paper was fixed October, two years, so I can go anywhere, but I stayed with them for four years. (Maya)

Miriam has been in the U.S. for over 10 years and also started working in the nursing home:

> We had a contract. Three years. I stayed for three years and after that I moved to another nursing home ...But when they closed that place I had to transfer somewhere owned by [the same institution] and the closest one was [this] hospital so I went there and I didn't move anymore. (Miriam)

In one of the cases, the nursing home that sponsored the FEN's temporary work visa changed ownership before they applied for a permanent visa for the FEN. All FENs who worked at this facility were in danger of losing their sponsorship. "I would have been out of status" (Melodie)– meaning she would not have a visa to remain in the U.S. A couple of friends who were working for another nursing home recommended her and she was hired and sponsored by this facility:

> And they took care of transferring all these documentations, Visa documentations to the new nursing home... This is when things were starting to shape up and change. (Melodie)

As soon as she got her permanent visa, Melodie found a job in home health care.

Mercedes had a one year contract with the nursing home that sponsored her but stated that after a year they wanted to extend the working visa for another year rather than sponsoring them for a permanent visa as promised. Mercedes said that according to her understanding the one year was from the time she started working with the facility counting the months she worked as a CNA.

> They were trying to scare me that they were going to have me deported because what they wanted was for us to work from the time we passed the boards. So that means I have to extend for another eight to nine more months. (Mercedes)

Mercedes found another nursing home that was willing to petition her as a permanent immigrant. She remained with that facility for over 5 years.

3. **Self-determining**

During this phase of adaptation, FENs continue to develop their confidence and proficiency as RNs in the U.S. Their sense of belonging increases because they have all gained permanent residency status and many have become citizens of the U.S. At this stage, they have fulfilled their contracts with their sponsoring employers and they can chose to leave to work elsewhere. Table XII identifies the milestones during this phase.

Table XII
Milestones during the "Self-Determining Phase"

Milestones
Making choices
Developing confidence
Belonging

a) Making choices about where to work

By this time most of the FENs have changed jobs or moved on to different institutions seeking higher pay and a better working environment. Others chose hospitals because of the 'prestige' associated with the institution and the opportunity to gain experience taking care of more complex patients.

> I realized that I cannot just stay in the nursing home. I did not really care for the nursing home. It was depressing to me. Everybody was going in there and dying. And nobody left healthy so that was not my cup of tea. (Melodie)

> It made me feel like…now that I work in this big hospital on the big cases…I feel like "I got it" I work at (a large university hospital). (Maribeth)

By this stage many of the FENs have gotten married and some have had children. Their choice of where to work now depends on what best works for their family life.

> I work right now in a medical surg unit but before I was in intensive care unit for 2 ½ - 3 years. So I moved there to accommodate my husband's schedule. From 12 hours I moved to 8 hours. (Bernice)

Marlaine worked registry for hospitals in Chicago, but since she had her child and moved further away from the city, she chose a hospital near her home. In addition to the close vicinity of the workplace, she likes the flexibility:

> Me and my husband switch (taking care of her child)…it's nice because where I'm working now they are very flexible with my schedule and same thing with my husband. I'm working when he's off – we just switch off. We don't need a sitter. (Marlaine)

b) Developing confidence and proficiency

> FENs continue to develop their confidence as RNs in the U.S.

> I was so young, too. I really had no experience in life. I really had a difficult time relating. I feel that compared to the nurses from the Philippines now – I'm ahead of them because of the experience I faced. Maybe not in knowledge, but in terms of relating with people: How to handle the doctors. Picking your fights, when to argue with another nurse or not…I feel that I have learned those things. (Bernice)

FENs not only begin to accept some of the practices that in the beginning were so different but they also attempt to change their behaviors to adapt to U.S. practice.

> It should be a part of the practice here… I realize this through my years of practice that sometimes it takes also to be assertive. (Barbara)

> Now you know your field, you know your skills; you are comfortable with your knowledge base. You can advocate more for the patients. (Marissa)

Barbara provides an example of how she has become comfortable approaching physicians regarding a patient's treatment. Her assertiveness, however, is still less confrontational. She describes how she would approach a physician if she differed with him regarding patient care:

> Here comes a new doctor giving this kind of order but you know that through experience it should be like this. So you would tend to say "Doctor, would you like to do this first before doing this? Or like, "Are you sending this patient to the operating room? Would you like to do this first before we send the patient?" (Barbara)

Belinda also provides a good example of how she learned, not only to be an advocate for her patient, but to apply things that she learned from her past experience as a staff RN in a nursing home. Belinda was transferring a patient back to the nursing home but was told that they did not have a bed and could not accept their patient at the moment:

> The patient was just here [in the hospital] two days, and you are supposed to keep the bed 10 days. You know I learn, I learned their tricks. I say no, the patient should have a bed because by Federal law you should, Medicare law, you should keep your bed 10 days before you give up the bed to someone else... and then some of the nurses (asked), "How did you know that?" I was in nursing home. So at that time probably I did not realize that I would learn something. But now I appreciate...I am glad that I went to the nursing home. (Belinda)

c) Belonging

FENs at this stage have gained permanent immigrant status or are now citizens of the U.S. This achievement gave them a sense of belonging to the U.S. and having the same rights as non-immigrant nurses. This status gave them confidence to speak up against practices that may be unfair:

> I learn how to be tough and rough and I do not care if you are six footer or what -- so I can go head to head with you but that time when I was so naïve and new and everything like that I was just like a dog, yelp, yelp and in the corner. Whatever you say I will do it. At that time I think I was driven with being under their petition at that time so I do not want to mess up. I do not want to burn bridges at the time. I just want to be a good worker so that way when I leave I have a good resume. And besides I do not own this place, I do not own this country but when I think...the time I stopped from feeling that is when I got my citizenship; and I said you know guys, you know I am an American...It is

> undeniable that once you get your citizenship and you have something to say - you have the right to say it. (Marcella)

D. **Summary**

The key findings from the data analysis were presented in this chapter. The major themes that emerged were: 1) immigration and resettlement challenges are related to the unexpected social and living environments, 2) immigration stressors interact with and intensify work-related stressors, 3) challenges arise from encountering cultural differences, and 4) cultural characteristics and values influence the preferred coping strategies and behaviors of the women in the study. Table XIII depicts the coping typology and strategies preferred by the participants and the cultural values that are associated with them. This table also shows the particular stressors for which these coping strategies are most often used.

The data also revealed three phases within which occupational and adaptation process occurs: *1) surviving 2) achieving, and 3) self-determining.* Table XIV displays a summary of which stressors and coping strategies predominate during each of these phases.

Table XIII
Integration of coping, cultural values and challenges and stressors

Coping typology	Coping resources & strategies	Cultural values	Challenges and stressors
Familial coping	Seeking & receiving social support from family	Strong sense of duty to family (respect for elderly)	Immigration related challenges (loneliness, becoming independent & responsible, financial & economic, being an outsider); work related challenges
	Bringing source of support near	Strong sense of duty to family/ importance of family	Loneliness, financial/economic, balancing work & family
	Learning from family members with different perspectives	Importance of family	Challenges related to differences in cultural values
	Keeping the focus on ultimate goals & rewards	Sense of duty to family (paying back & sharing your blessings)	Immigration related challenges; work related challenges; challenges arising from cultural differences
Intracultural coping	Spending time with Filipino friends outside of work Seeking support from other Filipino workers at the worksite Receiving mentorship from immigrants who have adapted	Interdependence (group cohesiveness); paying back & sharing your blessings	Immigration related challenges; work related challenges; challenges arising from cultural differences
	Having positive images of Filipino immigrant nurses	Interdependence (group cohesiveness, maintaining group equilibrium); industriousness	

Table XIII
Integration of coping, cultural values and challenges and stressors

Coping typology	Coping resources & strategies	Cultural values	Challenges and stressors
Fate & faith-based coping	Acceptance Religious focus Redefining stressors as beneficial to growth & learning	Endorsement of hierarchy	Immigration related challenges (being an outsider); work related challenges; challenges arising from cultural differences
Being patient/having self-control	Altering their perspectives: Viewing stress in the context of past or alternatively worse situations	Industriousness; strong sense of duty to family; interdependence	Work related challenges
	Being optimistic Viewing hardships as learning situations	Industriousness	Immigration related challenges; work related challenges
	Focusing on rewards and their ultimate goal Living simply & feeling content with what you have	Strong sense of duty to family	
	Taking the initiative to learn what they don't know Proving themselves to be as good or better	Industriousness (diligence, overcommitment,)	Work related challenges; challenges arising from cultural differences (discrimination, language difficulties)

Table XIII
Integration of coping, cultural values and challenges and stressors

Coping typology	Coping resources & strategies	Cultural values	Challenges and stressors
Avoidance/escape	Stepping away from the stressful situation (to control their reactions) Liberating the mind (reducing the tension passively)	Interdependence (group cohesiveness; group harmony); Endorsement of hierarchy (reticence)	Immigration related challenges; work related challenges

Table XIV
Integration of adaptation phases, occupational milestones, and the stressors and coping strategies that predominate during each phase

Phase	Milestones	Stressors	Coping
SURVIVING	Migrating and resettling in the US "Everything is different"	Loneliness; loss of interdependence (separation from network of family and friends) Discrimination New experiences and surroundings; unfamiliar social situations Dealing with conflicting values and personalities in social and living situations Financial (unexpected bills/cost of living; not having enough; remitting)	Familial coping: seeking and receiving social support from family in U.S. Intracultural coping: seeking support from other Filipino organizations (e.g. church); spending time with other Filipinos outside of work Forbearance: redefining stressors as beneficial to growth and learning; keeping the focus on ultimate goal and rewards Fate/faith-based coping
	Initial orientation to work (as CNA if not licensed as RN; as RN at first job in the U.S.)	Deskilled Being an outsider Feeling unprepared: unfamiliar with work environment (e.g. no concept of what a nursing home is); expectations do not match reality of work situations Physical workload: heavy lifting	Acceptance; prayers; redefining stressors as beneficial to growth and learning Keeping the focus on ultimate goal and rewards; View stress in context of past or alternatively worse situation
	Preparing for and taking NCLEX	Studying for test and working at same time; language barrier; fear of failing and having to go home to the PI or lose job	Taking prep exam; studying with other Filipino coworkers who also have to take the exam; prayers

Table XIV
Integration of adaptation phases, occupational milestones, and the stressors and coping strategies that predominate during each phase

Phase	Milestones	Stressors	Coping
ACHIEVING	Pass NCLEX and begin working as RN in the U.S.	Being an outsider; language and communication; discrimination Interpersonal issues: dealing with coworkers due to cultural differences; dealing with patients/family expectations, demands Deskilled or not being prepared to work in particular setting; not getting all work done; fear of not meeting expectations	Seeking and receiving support from Filipino coworkers (Camaraderie); mentorship from other Filipinos who have adapted
	Pass the orientation period and begin working as an independent RN	Interpersonal issues Balancing work and family: managing household/childrearing responsibilities and working (at times the primary 'breadwinner' and/or multiple jobs); financial (unexpected bills/cost of living; not having enough; remitting) – working multiple jobs Different work practices (e.g. more autonomy, do not have to complete all work assigned – ok to endorse to next shift, policies/ procedures)	Acceptance; prayers; redefining stressors as beneficial to growth and learning Keeping focus on ultimate goal and rewards Being optimistic
	Complete their contract with their initial employer	Balancing work and family: financial (unexpected bills/cost of living; not having enough; remitting) – working multiple jobs Interpersonal issues: dealing with other Filipino coworkers (crab mentality)	View stress in context of past or alternatively worse situation Learn about what you don't know; prove self to be as good or better

Table XIV
Integration of adaptation phases, occupational milestones, and the stressors and coping strategies that predominate during each phase

Phase	Milestones	Stressors	Coping Strategies
SELF-DETERMINING	Continue to work as RN and develop proficiency and confidence; continue to accept work practice	Being an outsider; language and communication; Deskilled or not being prepared to work in particular setting Interpersonal issues: dealing with co-workers due to cultural differences; dealing with patients/family expectations, demands If married and/or have children – managing household/childrearing responsibilities and working (at times the primary 'breadwinner' and/or multiple jobs)	Seeking and receiving support from Filipino coworkers (camaraderie); mentorship from other Filipinos who have adapted Learn about what you don't know; prove self to be as good or better Prayers; redefining stressors as beneficial to growth and learning
	Make job changes and make it through the orientation process	Different work practices (e.g. more autonomy, do not have to complete all work assigned – ok to endorse to next shift, policies/ procedures) Interpersonal issues: dealing with coworkers due to cultural differences; dealing with patients/family expectations, demands	Acceptance; prayers Avoidance/escape: step away from stressful situation View stress in context of past or alternatively worse situation Keeping focus on ultimate goal and rewards
	Belonging	Interpersonal issues with co-workers; dealing with other Filipino coworkers (crab mentality) Balancing work and family: financial (unexpected bills/cost of living; not having enough; remitting) – working multiple jobs	Begin to speak up/stand up to express displeasure Liberate the mind; being optimistic; live simply (avoid excesses)

Chapter V. Discussion

In review, the purpose of this study was to explore, with a sample of Filipina FENs, their perceptions of occupational stress and coping within the context of immigration and adaptation. Therefore, a qualitative inquiry was conducted about the adaptation and work experiences of the FENs in order to gain a better understanding about the stressors they faced and the manner in which they coped. The study had the following specific aims:

1. Identify the perceived sources of work related and non work related stress;
2. Describe the factors that influence occupational stress among FENs;
3. Describe how FENs cope with work-related and non-work related stress; and
4. Identify the occupational and adaptation process of FENs.

The overall finding of this study is that the stress and coping process for FENs is complex, dynamic and multidimensional, and culture has a strong influence on every aspect of the process. The data also indicated that there were milestones that FENs achieved and phases within which these milestones occurred. In addition, there were predominant stressors that occurred during these phases. This chapter will discuss how the findings addressed the specific aims of the study.

A. Sources of non-work related and work related stress

The first specific aim was largely addressed by the first two themes; FENs face *immigration and resettlement challenges related to unexpected social and living environments* and *immigration stressors interact with and intensify work-related stressors*. Findings from the study corroborate existing research that immigrants are exposed to multiple stressors related to their migration and resettlement experiences (Kandula, Kersey, Lurie, 2004; Lipson & Meleis, 1999; Messias & Rubio, 2004). All of the participants indicated that they faced immigration and

resettlement challenges related to the unexpected social and living environments. These findings were also identified by previous research on FENs (Alexis & Vydelingum, 2004; Alexis & Vydelingum, 2005; Alexis, 2007; Andal, 2006; Daniel et al., 2001; Ea et al., 2008; Lopez, 1990; Mc Gonagle et al., 2004; Winkelmann-Gleed & Seeley, 2005; Withers & Snowball, 2003). However, this study differs from the previous studies because it also looked at the process of occupational and adaptation and identified the predominant stressors during each of the phases.

B. **Factors that influence occupational stress among FENs**

As previously discussed, the phase of their occupational and adaptation process affects which stressors predominate. Cultural values also influence the occupational stress of FENs. The third theme discussed in Chapter 4 was regarding the challenges that arose from encountering cultural contradictions. The FENs in this study had been exposed to a set of cultural values and beliefs that often contradicted with the values of the mainstream U.S. population. These contradictions gave rise to the types of stressors faced by the women.

Although Filipinos have been exposed to Western culture and influence since its colonization, the Philippines is still characterized as a collectivistic culture that places great value on close and extended family ties, group identity, and deference for authority (Church & Katigbak, 2000).

Importance of Family

FENs demonstrated a strong sense of duty to their family and this is one of the factors that pushed them to migrate to the U.S. The opportunity to work in the U.S. as RNs and earn much more than they would in the PI meant that their family's quality of life improves.

Most of the FENs earned money not only to support themselves but also to help members of their family in the PI. Financial and economic stressors affect FENs because they find that

even though they have their own growing financial obligations in the U.S., they continue to feel a sense of duty to send money to support their family in the Philippines. Despite their own difficulties making ends meet, most felt that because they were able to migrate to the U.S. and work they were still much better off than their family in the Philippines and felt the need to payback and share their good fortune with family they left behind. FENs with competing obligations to support themselves and family in the U.S. said that they continued to remit but made some adjustments to the amount of money they remitted.

FENs assist family members (e.g. siblings, cousins, nephews) by paying for their education and medical bills as well as providing for daily expenses. One of the women said that although her parents told her not to send money, she still felt compelled to send money regularly because they sacrificed much to send her to school. In addition to sending money to her parents, another FEN supported her hometown in the Philippines by starting and maintaining a small foundation to provide school supplies for students.

Menjivar, DaVanzo, Greenwell and Valdez (1998) studied the remittance practices of Filipino and Salvadoran immigrants and found that as more years are spent in the U.S. the likelihood to remit declines, however the amount of remittances did not significantly decline among those who remit. Their study also found that despite competing financial obligations, the remittance practices for Filipino immigrants did not diminish. This indicated that other factors are in play in the decision to remit, besides the financial capability. Others have also found that Filipinos describe the central role and importance of family as part of their identity (Wolf, 2002). This is supported in this study of FENs who indicated that it is their strong sense of duty to family that drives and maintains this practice.

Interdependence

The FENs displayed the attribute of interdependence which is a characteristic of collective societies. Interdependence emphasizes persons in relation to others within harmonious relationships as opposed to independence which emphasizes individualism and persons as separate and unique from others (Markus & Kitayama, 1991; Tseng, 2004). Persons with interdependent construals consider the reactions of others, and thus may give higher priority to group goals than to personal goals (Markus and Kitayama, 1991). In this study, interdependence is exhibited in the workplace by behaviors that promote *group cohesiveness* and *maintaining of group equilibrium.* The characteristic of being reserved and unassertive, *reticence*, is also related to an interdependent perspective because as some of the FENs explained, they are sensitive about how others may feel so they are reluctant to directly confront others and are less likely than their American counterparts to complain or speak up for themselves.

FENs enjoy the camaraderie that they have with other Filipino nurses because they support one another and assist each other with their work: as explained by many of the nurses, Filipino nurses will help each other finish their work. Often times, they don't even have to ask for help, because other FENs observe that they are inundated with work and will offer their assistance. However, they perceive that USENs tend to work more independently and autonomously; that is, they tend to focus only on the work that is assigned to them. Many of the women provided examples of doing tasks that were not necessarily within the nurse's scope of duty because it benefited their patient (e.g. changing the patient's soiled diaper that is under the nurses aides' job description; running down to the pharmacy to pick up a medication that hasn't been delivered yet). Because FENs considered how the next shift's nurse will be affected, most of the FENs said that they did not like to pass on work or orders assigned on their shift to the next shift. This added stress because often times they did not have enough time to complete their

workload during one shift. The stress also occurred because there was an expectation that their co-workers should share this same attitude. For example, one of the women said that when she learned that she was going to be taking care of a particular nurse's patients, she felt stressed even before she received report because she expected this nurse to endorse many orders which did not get completed during her shift. FENs explained that they try as much as possible to complete all work and orders given on their shift because they were concerned about how the next nurse will be affected by having to complete previous nurse's orders and tasks in addition to her own. However, a nurse who has a more independent self-construal perceives a clearer boundary between herself and others and may give higher priority to her own goals. This is supported in previous studies that found groups with higher levels of collectivism had higher levels of cooperation and that cooperation mediated the relationship between collectivism and team performance (Eby and Dobbins, 1997).

There are positive and negative aspects to the value of group cohesiveness and wanting to maintain group equilibrium. Previous studies on group work and culture suggest that work teams whose level of collectivism was higher rather than lower were more likely to experience positive perceptions, attitudes, and behaviors which were often related to higher levels of team effectiveness (Eby & Dobbins, 1997; Gibson, 1999; Kirkman & Shapiro, 2001; Thomas, 1999). On the one hand, social support and camaraderie were useful coping strategies but as previously discussed, FENs identified a behavior or concept that they described as "crab mentality". This trait appeared to arise out of interdependence – the value of group cohesiveness and maintaining group equilibrium for the greater good of the group over the individual needs or aspirations. The FENs who talked about this trait viewed it as hurtful and a stressor for individuals who were the targets. In addition, this "trait" may inhibit professional advancement of individuals because this

may be viewed as putting their own needs above others, which is inconsistent with their established cultural values.

Although there are stressful and even negative aspects of these traits, these characteristics and behaviors have helped the FENs. Group cohesiveness and wanting to maintain group equilibrium gave rise to camaraderie and a great deal of social support among FENs. In acknowledging their gratitude to others, FENs are encouraged to work for the good of their family and community as opposed to just for themselves. Their reticence, at least initially, was viewed as a way to survive in the U.S. – because of the fear that being outspoken will not be liked and complaining can result in them losing their jobs. This fear may not be unfounded since many of the FENs said that they experienced resentment towards immigrants and had been threatened that they could be fired for any misdeeds.

Endorsement of hierarchy

Endorsement of hierarchy is exemplified by FENs' respect for people viewed as authority figures. In the Philippines, the women explained that nurses are viewed by their patients and families as authority figures, thus they were never questioned or challenged by their patient or the patient's family members. However, patients in the U.S. are encouraged to take charge of their health and ask questions to understand their care. FENs in the U.S. found it stressful to interact with patients and their families because they pose questions regarding the patient's care and at times patients refuse care, medications or procedures. As some of the FENs explained, they were used to patients accepting what the nurse told them without question because they were viewed as the expert. Therefore, they initially viewed questions as a challenge to their credibility and knowledge. Studies of individualistic and collectivistic workgroups (even those

that are not hospital based) also support that workers from collectivistic societies accept the fact that power in institutions and organizations is distributed unequally (Hofstede, 1980).

Industriousness

All of the women in the study spoke about industriousness as a characteristic of Filipino workers. FENs expressed that this is the characteristic that sets them apart from U.S. educated nurses. They not only considered their diligence as part of their nature but it was reinforced during their education and training as nurses so that it became a part of their work ethic. FENs explained that their diligence and overcommitment to their work was a result of their devotion and compassion towards their patients. It may also be related to interdependence in that their actions contribute to the reputation and image of Filipino nurses as hard-working and very good at providing patient care.

C. **How FENs cope with work-related and non-work related stress**

The fourth theme addressed the coping strategies used by the participants in the study; culture served as the context for the preferred coping strategies and behaviors of the participants. Overall, the women utilized collective and indirect ways of coping that can be connected to one or several of the cultural characteristics identified in the previously described findings. The coping behaviors and strategies were classified under five typologies: 1) familial, 2) intracultural, 3) fate and faith-based, 4) forbearance (restraint in response to stressor)/patience and self-control, and 5) escape and avoidance. Table XIV lists the coping typologies and specific coping behaviors employed by the participants in the study.

Although coping is integral to the adjustment of immigrants, the studies on FENs that were previously reviewed did not discuss findings specifically about how they coped with their stress. Several studies on Asian Americans did find that as an aggregate they tend to use

emotion-focused (e.g. religious coping, escape-avoidance, distancing) strategies for coping with stressors such as discrimination (Bjorck, Cuthbertson, Thurman, & Lee, 2001; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Noh & Kaspar 2003). Traditionally, coping strategies have been categorized as emotion-focused or problem-focused behaviors (Carver, Scheier, & Weintraub, 1989; Lazarus & Folkman, 1987). There are mixed results regarding which type of coping strategy (i.e. passive/emotion-focused coping strategies or confrontational/problem-focused) is associated with better health outcomes. For instance, Bjorck, Cuthbertson, Thurman, & Lee (2001) found that problem solving strategies such as seeking social support predicted less distress; whereas passive or emotion-focused strategies such as self-control and escape-avoidance predicted greater distress. Noh and Kaspar's (2003) study of Korean immigrants also found that emotion-focused coping had a detrimental effect on their mental health status; however they found that ethnic support moderates the negative effects of emotion-focused coping. This would seem to indicate that perhaps dichotomizing coping strategies and labeling them as maladaptive or adaptive is not sufficient for explaining the way ethnic immigrants cope (Yeh, 2006).

The women in this study chose different methods of coping depending on the type of stressor they encountered. Often times they use multiple methods to cope with a particular stressor (See Table XIV). For instance, participants sought social support from their family, other Filipinos, and Filipino organizations to cope with the loneliness and separation from the network of family and friends left behind in the Philippines. Faith-based coping strategies such as prayers and redefining stressors as beneficial to their growth and learning are also often utilized by the women. Although some may perceive this coping method as minimizing or

rationalizing it may actually be beneficial in situations where individuals feel that they have no control over the situation.

Despite the length of time in the U.S., participants continue to prefer collective and indirect strategies to deal with stress, however those who have established a sense of permanency in the U.S. were more comfortable speaking up to express their displeasure. In general the participants also said that they would not likely seek help from mental health professionals (e.g. psychiatrist, psychologist, social worker) for help with mental health issues such as stress, depression, and anxiety. This is probably related to the social stigma of mental health issues.

There is evidence that ethnic identity may have mental health benefits for Filipino Americans. Mossawski (2003) found that for Filipino Americans, ethnic identity buffers the stress of discrimination and ethnic identity itself has a strong association with fewer depressive symptoms thus supporting the importance of culturally specific coping methods (e.g. familial and intra-cultural coping strategies) that tie their values to their preferred coping strategy. Ethnic identity involves being committed to one's ethnic group, being proud of one's own cultural heritage, maintaining a strong sense of belonging to cultural practices (e.g. preparing and eating ethnic food, maintaining customs and values).

D. **The occupational and adaptation process for FENs**

Analysis of the data identified three phases that described the occupational and adaptation process of FENs who came to the U.S. surviving, achieving, and self-determining). Although the women appeared to progress through the phases in this order, the pace at which the participants reached their milestones varied depending on other conditions such as the type of work experience they had in the past, their individual personalities (e.g. naturally assertive individuals vs. the more common reticent individuals), and even marital status. In addition, there were

situations and events that may have pushed or delayed FENs from reaching these milestones, thereby lengthening or shortening the amount of time the milestones were achieved. For instance, one of the women failed the NCLEX and therefore she could not start working as a RN for several more months. In another example, some RNs had a one year contract with their employer, while others had three. Therefore, those who were required to work fewer years were able to move to a different job and thus get to the "self-determining phase" sooner. Also, it is important to note that the self-determining phase is not an end-point. The data suggests that with each new experience the women cycled back to a previous phase. For example, when the women obtained a new job, they must again begin and pass an orientation period to learn to work as an independent RN in their new setting.

This study could not ascertain how long each phase occurred because not all of the participants had been in the U.S. for the same amount of time. Future research that has a prospective, longitudinal design or sample criteria that would only include participants who had the same length of time in the U.S. may determine this. However, researchers should also take into account the factors that affect this process for an individual. Delineating the amount of time it should take for immigrant nurses and workers to adapt to their work and life in the U.S. without careful examination of the factors that decelerate or accelerate their progress may lead to incorrect conclusions about their outcome.

Several process theories were found in the literature that also addressed immigrant nurses adaptation (Lin, 2009; Pilette, 1989; Yi & Jesewski, 2000). Pilette (1989) identified four phases of adjustment which described how an individual's behavior, attitude, and values change over the first twelve months post migration for international nurses. The four phases are 1) acquaintance, 2) indignation, 3) conflict resolution, and 4) integration. The end-point according

to Pilette's (1989) theory is that individuals either 1) adapt and integrate into their new work environment and experience psychological relief 2) choose to leave (perhaps return to their home country) or 3) remain but hang on to their outrage at the health care system and continue to experience stress along with disappointment. Pilette's theory would not be corroborated by the findings from this current study because many of the women took longer to adapt to their work environment than 12 months. Also, this study found that the conflict that occurs because of the cultural and work practice differences between the immigrants and the mainstream may be on-going. Pilette's theory seems to assume a one way adjustment; in other-words the immigrant nurses learn to accept the U.S. practices and even adapt their own attitude and values to the mainstream. It appears to assume that individuals do not adapt well unless they change their own behavior and values to match that of their new society. It does not address that changes may actually occur within the existing culture of the workplace because of their exposure to a different set of attitudes and values; for instance, if a workplace employs mostly immigrant nurses, the work culture may change to reflect the values of those workers rather than the mainstream. There is some evidence in this research that this occurred in some of the worksites of a few of the participants. For example, participants indicated that when they worked with many Filipinos they tended to work together and assist one another; they shared similar work ethic. One of the FENs indicated that had it not been for the camaraderie and support from the Filipino nurses she worked with she would not have stayed at that workplace for so long. While one of the FENs spoke about feeling bad about bringing her Filipino food to work, others said that because there were many Filipino nurses on the unit, they typically brought ethnic food to share and planned 'pot-lucks' for the unit.

Lin (2009) conducted a study on immigrant Filipino nurses in Texas and identified a process of their transition and adaptation to U.S. nursing practices. Lin identified three phases: 1) arrival to orientation – when the nurses settle in to their new life and work environment; 2) early adaptation period; reacting to others – when the nurses adjust to cultural differences, overcome communication barriers and become accustomed to the U.S. healthcare system; and 3) late adaptation period; interacting with others – when the nurses adapt to interpersonal relationships with doctors, patients/families, and coworkers. According to Lin, this last period is when nurses overcome obstacles and learn to manage stress at work, face mistreatment and intimidation from others and conquer racism. The first two phases last approximately over a one- year period and the late period begins after that. This process also indicates that it takes a relatively short amount of time for FENs to overcome their challenges at the workplace. Although the participants of the current study indicated that they have adjusted well and have accomplished their goals (e.g. becoming permanent residents in the U.S., working successfully as RNs in the U.S.) many of them still say that they are challenged and stressed by language issues and cultural conflicts even after having been here longer than two years.

Yi and Jesewski (2000) studied Korean nurses' adjustment to hospitals in the U.S..The authors theorized that their adjustment process took about ten years to complete. The initial stage of adjustment (2-3 years) involves these three psychological processes: 1) relieving psychological stress, 2) overcoming language barrier, and 3) accepting U.S. nursing practice. The later stage of adjustment (5-10 years) involves *adopting the styles of U.S. problem-solving strategies* and *adopting the styles of US interpersonal relationships.* Compared to Pilette and Lin's theories, Yi and Jesewski's theory of adjustment took place over a longer period of time. Perhaps the difference is in the target population of each study. Pilette's adjustment theory is

purported to be generic to all immigrant nurses, while Yi and Jesewski looked solely at Korean nurses and Lin at Filipinos nurses. This indicates that attempting to time the transition from one stage of adjustment to the next will vary depending not only on the circumstances but also on the ethnicity of the individuals adjusting. For instance, Koreans may have a longer transition because the language barrier is more difficult to overcome for them.

E. **Limitations**

The limitations of this study are related to general critiques that are inherent in qualitative design. Because the analysis of the findings is ultimately dependent on the thinking of the researcher, qualitative studies are limited by researcher's assumptions and perceptions. Therefore one of the key limitations of this study is the issue of subjectivity and potential bias regarding the researcher's background as a Filipino woman. Recognizing this limitation, the researcher acknowledged her research agenda and assumptions. Coding schemes were reviewed by her adviser and steps were taken to assure trustworthiness of the findings as discussed in Chapter III.

Social desirability response should also be considered a potential limitation because the FENs may be reluctant to speak negatively about their experiences and outcomes. To minimize this bias, the researcher took the time to explain the procedures and purpose of the study and assure the participant that their responses are confidential.

Another limitation is selection bias which may result in the participants in the sample being unrepresentative of the population of interest. Several FENs who were initially contacted did not want to be interviewed face to face because they said they were too busy. It may be that all the participants who agreed to be interviewed have adjusted well and are coping well with stress which allowed them to find the time to be interviewed; whereas those who refused to be interviewed were more stressed because of their hectic lives. Future studies should be designed

to accommodate these individuals (i.e. telephone interviews or self-administered questionnaires that would have less respondent burden).

This study was conducted with a group of FENs whose length of time in the U.S. varied from 2 to 17 years. This can viewed as a limitation because having had a longer time to adjust and adapt, immigrants who have been in the U.S. longer may have a different perspective about their experience. However, the findings indicate that FENs who have been in the U.S. longer than 10 years still recall their initial experiences in the U.S. and although they no longer feel the stress of resettling, they recall the experiences and talk about how stressful that was. For example, the predominant stressors for FENs who have only been in the U.S. less than 5 years may be related to resettling (e.g. language and communication problems) and the current stressors for FENs who have been here longer may be different, but they can still recall those same experiences and express how stressful it was.

F. Conclusion and Implications

Numerous studies have reported on occupational stress, burnout, and job satisfaction among nurses but fewer addressed these issues among immigrant nurses or immigrant workers in general. Previous research studies on stress and immigrants had also been criticized for not considering the context under which the stress was being experienced. This study showed that the immigrants' stress was influenced by both situational (adapting to new work and living environment in the U.S.) and cultural context which contributed to the complexity and multidimensionality of their stress and coping process.

Implications for nursing practice

An examination of the findings showed that the different stressors predominated at particular phases of their occupational and adaptation process. The implication of this finding is that appropriate interventions can be targeted towards the specific stressors – even though immigrant workers may not indicate that they are experiencing stress, knowledge of the predominant stressors during each phase can help develop strategies and interventions to prevent or diminish the stressors.

The findings from this study have implications for interpersonal relationships among the workers. For instance, there is indication that group cohesiveness and camaraderie among co-ethnic workers has its drawbacks, namely the phenomenon that arises out of a group trying to maintain equilibrium among its members (i.e. "crab mentality"). Further examination of this phenomenon is needed to determine its effect on the group members' career progression. It also stands to reason that group cohesiveness among co-ethnic workers affect the work environment and colleagues who do not share their ethnicity. Although group cohesiveness and camaraderie is a form of coping for co-ethnic workers, how does this affect the other workers? Although

unintended, they may feel the same sense of alienation that the immigrant workers felt. Studies that examine the perception of all workers about their multi-cultural working environment are recommended to gain a better understanding of this phenomenon because interpersonal conflicts are workplace stressors.

Findings indicate that the women perceived resentment directed at them from USENs. Some of the women also experienced being bullied and other types of horizontal violence (e.g. being set up to fail). Not only is this stressful and harmful to the individuals who are the target, this behavior may indirectly harm patients who are being cared for by these workers. This issue is particularly salient in the current political and economic climate that resulted in hiring freezes and "in-sourcing" of immigrant workers who work for lower salary. Despite being long time residents of the U.S. and being naturalized citizens, ethnic immigrants are often still viewed as outsiders---not American, and continue to be the target of discrimination and resentment. Management should be aware that although workers may not openly speak up, they may be targets of discriminatory practices and bullying. There should be workplace policies against violence including bullying and discrimination among workers. In addition, all workers should be made aware of these policies and their rights to practice in a safe working environment.

Another major finding of this study is that the workers identified stressors which were related to perceived differences between their cultural values and characteristics and those of the mainstream. This is an important finding because miscommunications and misinterpretations of behaviors can also cause interpersonal conflict. This can lead to a decrease in morale and increase in stress among the workers. However, conflicts may be prevented by developing interventions to improve understanding among the different cultures that workers are exposed to in the work place. One suggestion is to better prepare immigrant workers about the realities of

working in another country. Training and orientation should include cultural awareness topics and scenarios about living and working in their new environment.

Implications for research

This research contributed to the current knowledge about the occupational stress and coping process of skilled and professional immigrant workers in the U.S. Although this study was conducted with a sample of Filipina immigrant nurses, the factors that affect their stress and coping may be applicable to all immigrant workers who share similar cultural characteristics and values (i.e. collectivistic societies). A deeper understanding of their perceived stressors and why these stressors were significant was gained from the in-depth interviews. For example, the findings showed that culture is integral and influential in all aspects of the stress and coping process for immigrant workers.

In this sample FENs appeared to maintain a strong sense of ethnic identity independent of the amount of time they have been in the U.S.; and this sense of ethnic identity was generally helpful. Further studies need to be done to determine what aspects of culture are beneficial and what are detrimental. For instance, when immigrant nurses work among other co-ethnics, camaraderie and a social support system develops. Intracultural coping strategies can be utilized at work because co-ethnic colleagues are readily available. What is not clear is whether this prevents them from seeking alternative resources that may be more adaptive. Most of the women said that they still prefer talking to family and friends about their problems over seeking professional help. Does this perpetuate the stigma about psychological conditions among APIs?

The *occupational and adaptation process* that emerged as a result of this study provides a background for future research that could focus on development of a formal theory to explain the process of stress and coping in the context of immigration and adaptation of migrant workers.

One of the reasons for conducting this qualitative study is that the researcher was not able to find an appropriate measure to address the salient concepts that were important in studying stress and coping among immigrant workers. Based on the findings from this research, a new questionnaire can be developed to include culturally relevant items such as inclusion of items that reflect intracultural and familial coping and stressors related to resettlement challenges. A quantitative design can then be used to study the relationship among the concepts relevant to stress and coping for immigrant workers and health outcomes.

Finally, this study contributed to the existing research on foreign educated workers by gaining a deeper understanding and appreciation of their efforts to succeed and overcome the challenges they encounter in their new country.

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Appendices

Appendix A

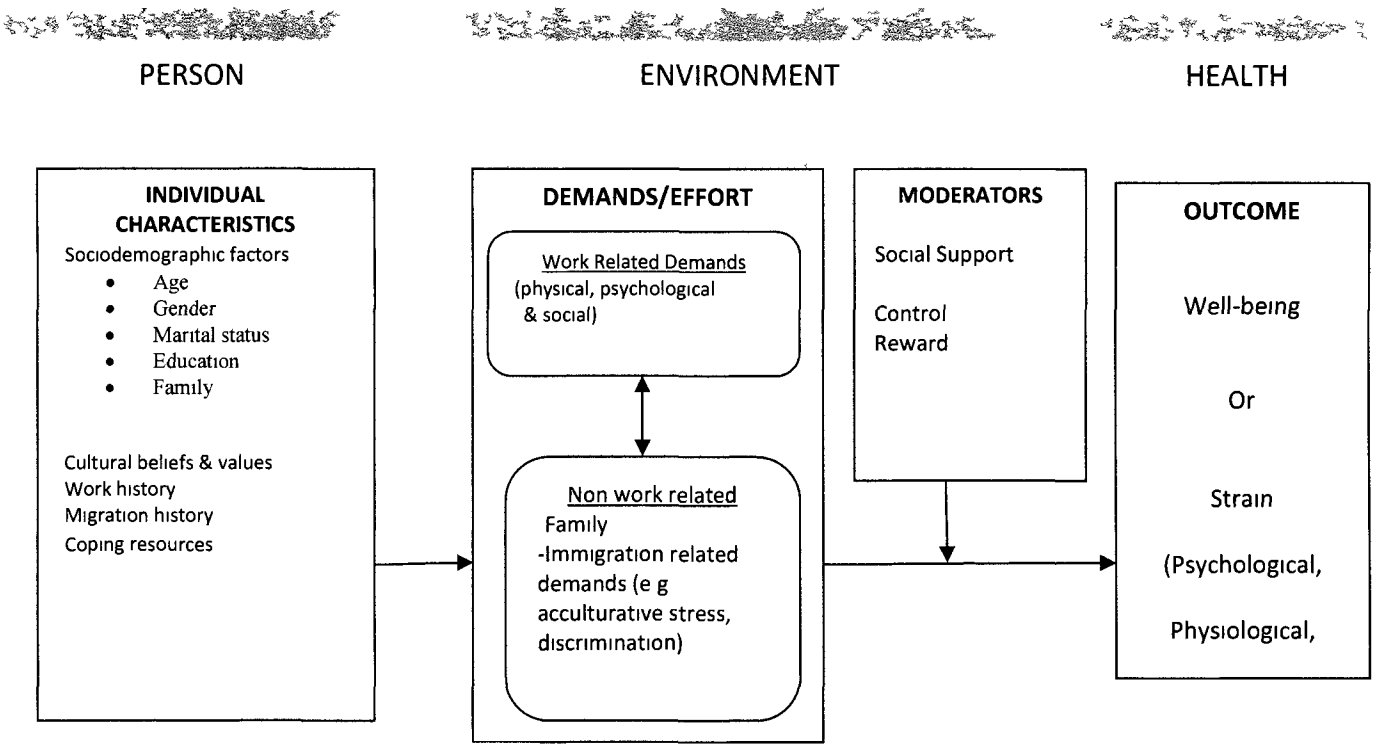

Figure 1. **Preliminary framework: Model of Occupational stress for FENs**

Appendix B

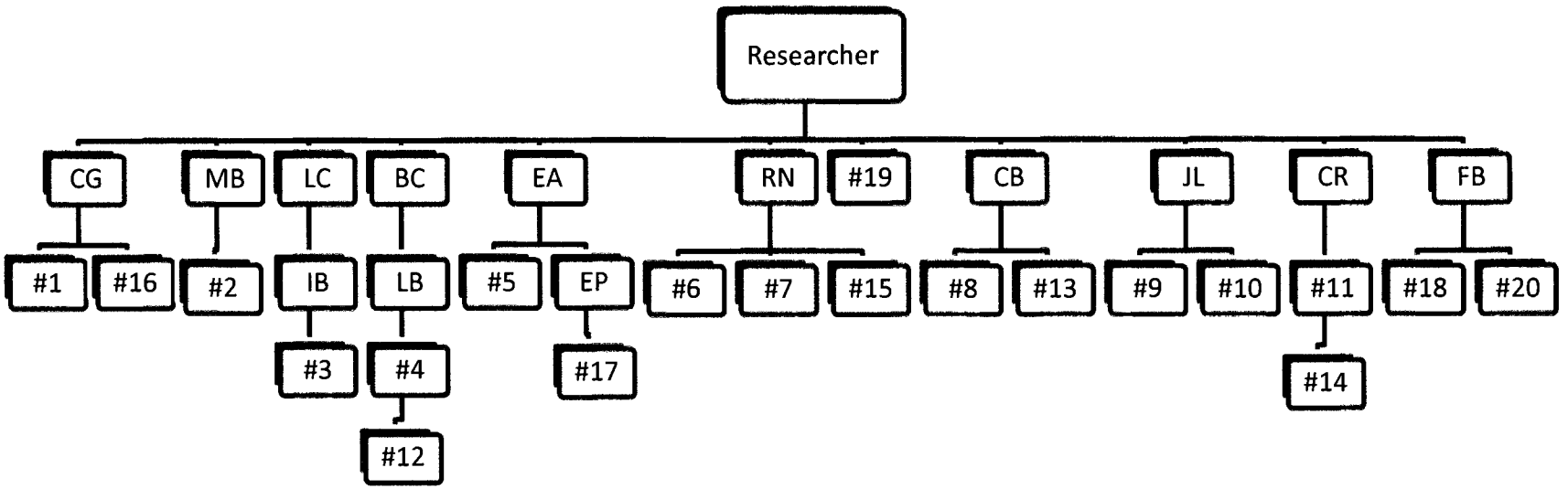

Figure 2. Recruitment of participants: Network of contacts (initials) and the participants (number) they referred to the study

Appendix C

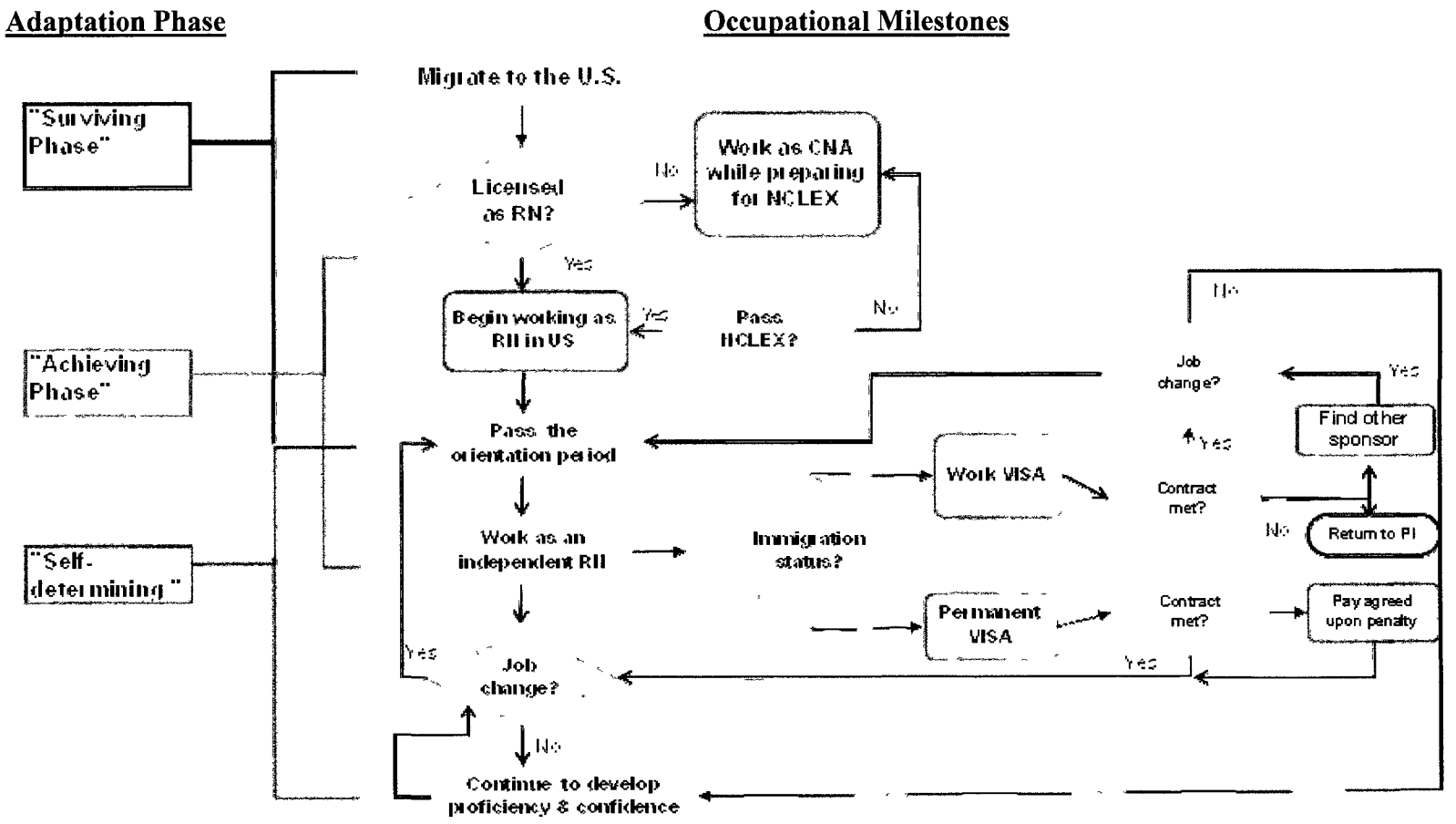

Figure 3. **Adaptation phase and Occupational milestones**

Appendix D

Screening for Eligibility Script

Thank you for calling to find out more about the research study. My name is Jorgia Connor, and I am a PhD candidate at the University of Illinois at Chicago College of Nursing and I am also the Principal Investigator for this research study. The purpose of this research study is to find out about occupational and social behaviors of female immigrant nurses who received their nursing education in the Philippines. Specifically, I am interested in the work and non-work related stressors. The results of this study will assist in designing a larger study. The larger study is expected to help in developing programs that would benefit the health of immigrant female nurses.

In this study I am asking people to participate in one-on-one interviews about the challenges they face at work and of adjusting to the new culture and how these factors affect their health. You will also be asked to review some questionnaires to tell me if they are appropriate and applicable for use with Filipino immigrant nurses.

Do you think you might be interested in participating in this study?

(If No): Thank you very much for calling.

(If Yes): But before enrolling people in this study, I need to determine if they are eligible. And so what I would like to do is ask you a series of question. There is a possibility that some of these questions may make you uncomfortable, if so please let me know. You don't have to answer those questions if you don't want to. You also need to understand that all information that I receive from you by phone, including your name and any other identifying information will be strictly confidential and will be kept under lock and key.

The purpose of these questions is only to determine whether you are eligible for the study. Remember, your participation is voluntary; you do not have to complete these questions. Do I have your permission to ask you these questions?

(If No): Thank you, however I cannot enroll you for this current study because I cannot determine your eligibility.

(If Yes: Ask the questions on the Telephone Screening Form.)

Appendix E

Telephone Screening Form

Name: _____

Work Telephone Number: _____

Home Telephone Number: _____

Address: _____

Referral Source: _____

Date: _____ ID number: _____

Status (circle one):
a. Not eligible
b. Eligible/declined
c. Eligible/sessions filled
d. Accepted

If eligible (circle one):
a. Focus group - Date: _____
Time: _____
b. Key Informant - Date: _____
Time: _____

1. Can you tell me where you were born?
2. Please tell me your present age?
3. What month/day/year did you arrive in the U.S.?
4. What is the highest level of nursing education that you completed in the Philippines?
5. Were you trained for a profession other than nursing in the Philippines?
    a. What was this profession?
6. Are you currently working as a nurse in the U.S.?
7. What is your current nursing position?

Appendix F

Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines
SEMI-STRUCTURED INTERVIEW GUIDE

Thank you for participating in this interview. The information that you provide will help me find out more about the work and adaptation needs of nurses from the Philippines.

Immigrating to and working in a new country can sometimes significantly change lives. I'd like to understand more about your life and work since you came to the U.S.. The following questions are to learn about your experiences.

1. Please think about your current work setting and responsibilities as a nurse and describe a typical work day for you?

   Probes:

   a. Can you tell me what a typical work day was like for you when you first worked here in the U.S.?
   b. How is working here different or the same from working as a nurse in the in the Philippines?

2. Job stress is experienced differently by workers, how would you describe or define job stress?

   Probes:

   a. Did you experience job stress in the Philippines?
      i. Please tell me about these experiences?
   b. How is your experience of job stress the same or different working here in the U.S.?
      i. Can you give me some examples?
      ii. What do you find most stressful about your job as a nurse?
   c. Does your job stress differ from nurses who were educated here?
      i. What explains your experience?

3. Many workers in the U.S. say that job stress has affected them, has job stress affected your health and well-being?

   Probes:

   a. How do you think stress affected your health?
   b. What symptoms have you experienced related to stress?
   c. How has stress affected your work?
   d. How has stress affected your life in general?

4. How has your decision to work in the U.S. changed your life?

   Probes:

   a. Tell me about your life here in the U.S.?
   b. What is your family situation?
   c. Tell me how you came to work as an RN in the U.S.?
      i. How were you recruited?
      ii. What were the steps that you took to come to the U.S.?
      iii. Did you begin to work as a nurse as soon as you arrived in the U.S.?
   d. What challenges have you faced after immigrating here?
      i. What differences in culture and values did you find between your home country and this country?
      ii. What helped you manage these challenges?

5. If I were a new nurse from the Philippines, what advice would you give me to help me in my new life and work in the U.S.?
6. Is there anything else that you would like to say about your experiences as a nurse from the Philippines?

Thank you for talking with me today.

Appendix G

Occupational Stress & Adaptation Experiences of Foreign Educated Nurses from the Philippines: Background Questionnaire
University of Illinois at Chicago – College of Nursing

Thank you for participating in this survey. Your responses will inform us about the experiences and needs of nurses from the Philippines who come to the U.S. to work.

Please circle one response choice for each question unless you are instructed otherwise.

1. How long have you worked in your present nursing job?
   (Please write-in the years and months below.)

   _____

2. Do you work full-time or part-time at your present nursing job?

   Full-time (36-40 hours/week) 1
   Part-time (less than 36 hours/week) 2

3. Which of the following best describes your usual work schedule?

   Day shift 1
   Evening shift 2
   Night shift 3
   Split shift 4
   Irregular shift/on-call 5
   Rotating shifts 6

4. Which of these settings is your current work site?

   Hospital 1
   Nursing home 2
   Extended care facility 3
   Ambulatory care 4
   Psychiatric institution 5
   Other ***(please write-in below)***
   _____ 6

5. Which of these units is your primary work unit?

Medical/surgical unit 1
Intensive care 2
Pediatrics/adolescent 3
Labor and delivery 4
Maternal/Child 5
Operating room 6
Emergency 7
Other (please indicate below)
_____ 9

6. How many days per week do you work extra hours beyond your usual schedule?_____
(If you do not work extra hours enter "0" then GO to Q.8)

7. Below is a list of reasons for working overtime. Please circle your response for each statement:

	Yes	No
a. Overtime is mandatory for all staff nurses	1	2
b. It is in my contract that I must work overtime hours	1	2
c. I choose to work overtime	1	2

8. Do you have other nursing jobs?

Yes 1
No ..... 2***(GO to Q.12)***

9. How many other nursing jobs do you have? _____

10. Not including the regular and overtime hours that you work at your primary job, please indicate the total hours in a week that you work at your other jobs as a nurse.

Less than 8 hours/week 1
8 to 16 hours/week 2
17 to 32 hours/week 3
33 to 48 hours/week 4
More than 48 hours/week 5

11. What other types of healthcare settings do you work in? *(Please circle all that apply)*

Hospital 1
Nursing home 2
Extended care facility 3
Public/Community health 4
Ambulatory care 5
Other *(Please write-in below)*
_____ 6

The following is a question about your overall health.

12. How would you describe your health compared to others your age?

Same 1
Better 2
Worse 3

The next group of questions deals with some background information about you and your previous employment. This information is needed in order to group your responses with those persons with similar background when the results of this study are analyzed.

13. What is your date of birth?_____ _____ (*month/day/year*)

14. What is your gender?

Female 1
Male 2

15. What is your marital status?

Single 1
Married 2
Divorced 3
Widowed 4
Separated 5

16. Did your spouse/partner come with you to the U.S.?

Yes 1
No 2
Does not apply 8

17. Do you have children?

Yes 1

No.....2 ***(GO to Q.18)***

Age of each of your children	Is this child living with you in the U.S.?	
	Yes	**No**
	1	2
	1	2
	1	2

If you need more space, please continue your list on the back of this page.

18. What nursing degree(s) did you receive in the Philippines? *(Please circle all that apply)*

Diploma.....1

Associates degree.....2

Bachelors degree.....3

19. a) Have you received a higher degree in nursing since you left the Philippines?

Yes 1

No.....2 **(*Go to Q. 21*)**

I'm enrolled but have not graduated yet.....3 **(*Go to Q.20*)**

b) What other degree(s) in nursing have you received since leaving the Philippines? *(Please circle all that apply)*

Associates degree.....1

Bachelors degree.....2

20. What degree are you pursuing?

Associates degree.....1

Bachelors degree.....2

Masters degree 3

PhD 4

21. a) Do you have any certifications in specialty areas of nursing?

Yes 1

No.....2 ***(Go to Q. 22)***

b) If YES, please list the certification(s) below:

_____

_____

_____

22. Listed below are some factors that may or may not have been important in your decision to work in the U.S. Please circle the number that best describes how important each factor was in your decision to work as an RN in the U.S.

	Not at all Important				Very Important
a. Higher pay	1	2	3	4	5
b. Better working conditions.....	1	2	3	4	5
c. Better resourced health systems.....	1	2	3	4	5
d. Promotion opportunities	1	2	3	4	5
e. To be able to send money to support family members in the Philippines	1	2	3	4	5
f. Other (*Please write-in below, then circle how important this is to you*)					
_____	1	2	3	4	5
_____	1	2	3	4	5

23. Where did you work as an RN before your present job?
(Please write-in the following information about 3 of your previous employment as an RN.)

Type of Healthcare Setting (for example, hospital or clinic)	Job Title	City/State/Country	Start Date (month/year)	Leave Date (month/year)

Thank you for your participation!

Appendix H

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice
Initial Review (Response To Modifications)

November 19, 2007

Jorgia Connor, BSN, RN
Public Health, Mental Health and Administration
845 S Damen Ave
907 NURS 0936, M/C 802
Chicago, IL 60612
Phone: (847) 506-1581

RE: **Protocol # 2007-0825**
"Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines"

Dear Ms. Connor:

Your Initial Review application (Response To Modifications) was reviewed and approved by the Expedited review process on November 15, 2007. You may now begin your research.

Please note the following information about your approved research protocol:

Protocol Approval Period:	November 15, 2007 - November 13, 2008
Approved Subject Enrollment #:	56
Additional Determinations for Research Involving Minors: These determinations have not been made for this study since it has not been approved for enrollment of minors	
Performance Site:	UIC
Sponsor:	National Institute for Occupational Safety and Health
PAF#:	Not available
Grant/Contract No:	NIOSH# T 42 OH008672
Grant/Contract Title:	Work and Adaptation Experiences of Foreign educated Nurses from the Philippines

Research Protocol:

a) Work and Adaptation Experiences of Registered Nurses from the Philippines

Recruitment Materials:

a) Flyer;10/01/2007
b) Screening for Eligibility Script;11/01/2007
c) Newspaper Advertisement (no version number, no date)

d) Letter, Key Informant (no version number, no date)
e) Letter, Focus Group (no version number, no date)

Informed Consents:

a) Informant Interview Consent: Version 1, 11/01/2007
b) Focus Group Consent: Version 1: 11/01/2007
c) A waiver of informed consent has been granted under 45 CFR 46.116(d) for eligibility screening only

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific categories:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes..
(7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Please note the Review History of this submission:

Receipt Date	Submission Type	Review Process	Review Date	Review Action
10/29/2007	Initial Review	Expedited	11/06/2007	Modifications Required
11/12/2007	Response To Modifications	Expedited	11/15/2007	Approved

Please remember to:

→ Use your **research protocol number** (2007-0825) on any documents or correspondence with the IRB concerning your research protocol

→ Review and comply with all requirements on the enclosure.
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Sandra Costello
IRB Coordinator, IRB #2
Office for the Protection of Research Subjects

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice
Continuing Review

November 2, 2010

Jorgia Connor, BSN, RN
Health Systems Science
845 S Damen Ave
907 NURS 0936, M/C 802
Chicago, IL 60612
Phone: (847) 506-1581

RE: **Protocol # 2007-0825**
"Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines"

Dear Ms. Connor:

Your Continuing Review was reviewed and approved by the Expedited review process on October 14, 2010. You may now continue your research.

Please note the following information about your approved research protocol:

Protocol Approval Period: October 14, 2010 - October 13, 2011
Approved Subject Enrollment #: 25 (limited to data analysis)
Additional Determinations for Research Involving Minors: These determinations have not been made for this study since it has not been approved for enrollment of minors.
Performance Sites: UIC
Sponsor: CDC/National Institute for Occupational Safety and Health
PAF#: Not available
Grant/Contract No: NIOSH# T 42 OH008672
Grant/Contract Title: Work and Adaptation Experiences of Foreign educated Nurses from the Philippines
Research Protocol(s):

a) Occupational stress and adaptation experiences of foreign educated nurses from the Philippines, Version 3, 01/01/2009
b) Work and Adaptation Experiences of Registered Nurses from the Philipines

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b) (1) under the following specific categories:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes , (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note the Review History of this submission:

Receipt Date	Submission Type	Review Process	Review Date	Review Action
10/01/2010	Continuing Review	Expedited	10/14/2010	Approved

Please remember to:

→ Use your **research protocol number** (2007-0825) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure.
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 355-1609. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Rahab Gandy, B.S.
IRB Coordinator, IRB # 2
Office for the Protection of Research Subjects

Enclosure(s).

1. **UIC Investigator Responsibilities, Protection of Human Research Subjects**
2. ***Optional Form 310* - Protection of Human Subjects, Assurance Identification/Certification/Declaration (If federally supported)**

cc Arlene Miller, PhD, RN, Health Systems Science
Arlene G. Michaels Miller, M/C 802
OVCR Administration, M/C 672

Curriculum Vitae

Jorgia B. Connor

Education

Ph.D	**University of Illinois at Chicago, College of Nursing** Nursing Sciences/Occupational Health Nursing, 2010
BSN	**University of Illinois at Chicago, College of Nursing** 1987
	University of Illinois, Urbana-Champaign, IL Liberal Art & Sciences, pre-nursing curriculum, 1983

Professional Experience

2007-present	University of Illinois at Chicago, College of Nursing Faculty, Department of Health Systems Science
2003-2007	Graduate Teaching Associate/Research Assistant, University of Illinois at Chicago, College of Nursing
2002- 2003	National Wellness Coordinator/Occupational Health Nurse, Bank One Corporation, Chicago, IL
1994 - 2000	Occupational Health Nurse, Bank One Corporation/First Card, Elgin, IL
1991 - 1994	Occupational Health Nurse/Employee Health Services, Rush Presbyterian St. Luke's, Chicago, IL
1989 - 1991	Occupational Health Nurse, First National Bank of Chicago, Chicago, IL
1987 - 1989	Staff Nurse-Liver and Renal Transplant/General Surgical Unit, Rush Presbyterian St. Luke's Medical Center, Chicago, IL

Publications

Miller, A.M., Birman, D., Zenk, S., Wang, E., Sorokin, O., & **Connor, J.** (2009). Neighborhood immigrant concentration, acculturation, and cultural alienation in Former Soviet Immigrant Women, Journal of Community Psychology

Burton W, Hutchinson S, Helgeson L, & **Connor J.** (2000) An evaluation of a worksite prenatal education program: Five-year experience. *AWHP's Worksite Health, 7,* 30–33.

Al-Saden, P.C., McPartlin F., Daly-Gawenda, D., **Connor, J.B.,** & Zelenka, G. (1999). Hepatitis C: An emerging dilemma. *American Association of Occupational Health Nurses Journal, 47*(5), 217-224.

Contributing Author

Daly-Gawenda, D., Hudson, E.K., & Perea, C. (1997). *Occupational Health Nursing Care Guidelines*. Contributing author. New York, NY: Springer Publishing.

Presentations

Connor, J., Miller, A.M., Conroy, L. ScD, Hong,O., Kim, M.J., Smith, C., & Willgerodt, M. (March 2011). *Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines.* Poster presented at the Annual Meeting of the Midwest Nursing Research Society Annual Research Conference, Columbus, OH.

Connor, J., Miller, A.M., Conroy, L. ScD, Hong,O., Kim, M.J., Smith, C., & Willgerodt, M. (March 2011). Occupational stress and coping of immigrant nurses from the Philippines. Third Annual Minority Health in the Midwest Conference. The Promise of Health Equity: Advancing the Discussion to eliminate Disparities in the 21st Century, Chicago, IL.

Connor, J., & Miller, A.M. (April 2010). Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines. Poster presented at the Annual Meeting of the Midwest Nursing Research Society Annual Research Conference, Kansas City, MO.

Miller, A.M., Sorokin, O., Zenk, S., Birman, D., & **Connor, J.** (March 2009). Effects of neighborhood social context on cultural alienation in immigrant couples. Paper presented as part of competitive symposium, Use of Perceived and Objective Environmental Measures to Better Understand Health Determinants, at the Annual Meeting of the Midwest Nursing Research Society, Minneapolis, MN.

Miller, A.M., Sorokin, O., Birman, D., Zenk, S., & **Connor, J.** (October 2008). Spousal differences in the effects of neighborhood social context on immigrant cultural alienation. Paper presented at the American Public Health Association Annual Meeting, San Diego, CA.

Miller, A.M., Birman, D., Wang, E. Zenk, S., Sorokin, O. Wilbur, J. & **Connor, J.** (October 2006). Neighborhood social context, acculturation, and cultural alienation in immigrants from the former Soviet Union. Poster presented at the NIH Conference on Understanding and Reducing Health Disparities: Contributions from the Behavioral and Social Sciences, Bethesda, MD.

Miller, A.M., Zenk, S., Sorokin, O. Birman, D., Wang, E., & **Connor, J.** (October 2006). Neighborhood context, acculturation, and depressed mood in immigrant women from the former Soviet Union. Paper presented at the 2006 National State of the Science Congress on Nursing Research, Washington DC.

Lectures

2009 *Occupational Stress and Adaptation Experiences of Foreign Educated Nurses from the Philippines*, poster presentation, Midwest Nursing Research Conference

2009 *Immigration Issues in Nursing: Occupational Stress and Adaptation Issues of Foreign Educated Nurses from the Philippines,* Communication and Cultural Fluency

2009 *Insider/Outsider Issues in Cross-Cultural Research,* Methodological Issues in Cross-Cultural Research

2009 *Ethical Issues in Cross-Cultural Research*, Methodological Issues in Cross-Cultural Research

Research Support and Awards

2009 Philippine Nurses Association of Illinois – Nurse Excellence Award (researcher category)

2007 NIOSH# T 42 OH008672
Work and adaptation experiences of foreign educated nurses from the Philippines

2007 Seth D. Rosen Graduate Research Award

2004 Sigma Theta Tau – Honor Society