FACTORS AFFECTING GRADUATE DEGREE PURSUIT
FOR BSN-PREPARED FILIPINO AND FILIPINO AMERICAN NURSES
WORKING IN THE UNITED STATES

Jamille Nagtalon-Ramos

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Supervisor of Dissertation:

________________________________________
Peter H. Garland, Adjunct Assistant Professor of Education

Dean, Graduate School of Education:

________________________________________
Pamela L. Grossman, Dean and Professor

Dissertation Committee:
Peter H. Garland, Adjunct Assistant Professor of Education
Laura W. Perna, James S. Riepe Professor
Beth M. Kelsey, Assistant Professor of Nursing, Ball State University
Attitudes and Perceived Incentives and Disincentives to a Graduate Degree for BSN-Prepared Filipino and Filipino American Nurses Working in the United States

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DEDICATION

If I have seen further, it is by standing on the shoulders of giants.

– Isaac Newtown

This dissertation is dedicated to all the Filipino and Filipino American nurses who have come before me and upon whose shoulders I stand. You have paved the way for me to practice in this wonderful profession of healing and caring for others. You were my inspiration on this journey of inquiry.

This dissertation is dedicated to my husband whose love for our family is unconditional. To my children, who have been patiently waiting for me to finish this dissertation and get back to playing basketball, doing more crafts, and cooking more sinigang, I hope that when you read this document someday, you will be proud of the work your momma has done. Explore the world, my babies, as there are so many extraordinary people for you to meet and from whom to learn. Always remember that you are my light and my heart.

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ABSTRACT

FACTORS AFFECTING GRADUATE DEGREE PURSUIT
FOR BSN-PREPARED FILIPINO AND FILIPINO AMERICAN NURSES
WORKING IN THE UNITED STATES

Jamille Nagtalon-Ramos
Peter H. Garland

Although Filipino and Filipino American nurses represent an impressive share of the nursing workforce, they are not well represented in advanced practice, faculty, and executive leadership positions. Obtaining a graduate degree in nursing has the potential to open a wider range of opportunities to meet the healthcare demands of a population that is growing older, and increasingly becoming more diverse. The purpose of this study was to examine the factors affecting graduate degree pursuit for BSN-prepared Filipino and Filipino American nurses working in the United States. This study provides an in-depth examination into intergenerational perspectives from 33 Filipino and Filipino American nurses from 14 states. Ricoeur’s hermeneutical phenomenology was utilized as an interpretive approach and the theoretical underpinnings of career construction theory served as a framework. This study revealed that the determination to provide a better life for their family and a commitment to advancing the profession were incentives to pursuing a graduate degree. In addition, having a reliable network of colleagues and peer mentors was essential to persisting in their programs. Across all generations, finances were a major barrier to educational attainment, specifically for first-generation participants who prioritized sending money back to their family in the Philippines. Other factors were related to English as a second language, communication styles, experiencing
discrimination, lack of knowledge of available graduate programs, approaching the age of retirement, friction between generations, and perceived discrimination. Exposure to advanced practice registered nurses in the workforce was a disincentive for some participants and was inspiring to others. These factors were not independent of each other and their impact fluctuated over time. The decision to pursue an advanced nursing degree depended upon the individual’s determination that the return on investment of a graduate degree outweighed the sum of all their responsibilities and obligations. Findings from this research can help the Filipino community and professional nursing organizations, higher education faculty and staff, and healthcare system leaders in developing strategic plans to help Filipino and Filipino American nurses overcome barriers and to facilitate robust pathways for those who intend to advance their educational goals and professional nursing careers.
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CHAPTER 1

The Institute of Medicine’s (IOM, 2011) landmark document, *The Future of Nursing: Leading Change, Advancing Health*, recommends diversifying the nursing pipeline in terms of race/ethnicity, gender, and geographic distribution to reduce health disparities and improve the quality of care for an increasingly diverse population in the United States. The Sullivan Commission on Diversity in the Healthcare Workforce’s report, *Missing Persons: Minorities in Health Professions*, also provides support that a strong commitment to increasing diversity in the healthcare workforce will lead to better health for Americans (Sullivan, 2004).

Diversifying the racial and ethnic composition of the healthcare workforce is critical, not only for minorities, but also for improving health equity in the United States. Americans would benefit from culturally competent care from healthcare providers who are able to provide a more sensitive and individualized approach (Sullivan, 2004). Research shows that minority healthcare professionals are likely to serve disadvantaged populations, thus increasing access to quality medical services for the underserved (Sullivan, 2004; U.S. Department of Health and Human Services [USDHHS], 2006). In addition, diversifying the healthcare workforce by supporting minority nurse researchers and scientists may contribute to broadening the research agenda to include a specific intention on studying health disparities within minority groups and subgroups (Phillips & Malone, 2014; Underwood et al., 2004). Furthermore, there is evidence that improving workforce diversity would increase the pipeline for faculty from minority groups in health professional schools and universities and would expand the leadership in academic institutions and healthcare organizations (Phillips & Malone, 2014; Sullivan, 2004,
Despite these recommendations and the growing evidence of the benefits of a diversified workforce, the representation of Asians, specifically Filipinos, in the advanced practice nursing (APN) workforce—in both faculty and institutional executive leadership roles—does not reflect the racial distribution in the population. The 2008 National Sample Survey of Nurses shows that Asians are more likely to obtain a bachelor’s degree for their initial nursing education compared to other races (USDHHS, 2010). Among 69.6% of Asians have obtained a bachelor’s degree as their initial nursing degree, compared to 32.5% of Whites and 32.1% of Blacks (USDHHS, 2010). Likely, this high share of Asians with a bachelor’s degree is due to the large portion of internationally educated nurses (IENs) who had bachelor’s degrees as a requisite for their employment in the United States. A staggering 50.1% of IENs are from the Philippines (USDHHS, 2010). Despite this overrepresentation of Asian nurses with bachelor’s degrees, only 8.3% of Asian nurses compared to 13.4% of Whites and 14.6% of Blacks have a master’s or doctoral degree (USDHHS, 2010). There is limited knowledge as to why Asians are less likely to pursue graduate degrees compared to White or Black nurses (USDHHS, 2010). A graduate degree is the typical gateway toward furthering a nursing career into advanced practice, research, and leadership roles. Increasing the number of Filipino and Filipino American nurses with graduate degrees will contribute to diversifying this section of the workforce.

Although Filipino and Filipino American nurses account for a remarkable share of the professional nursing workforce in the United States, there is a dearth of research on their educational attainment and professional achievement. There is also limited research
specific to the barriers and facilitators for educational attainment for minority nursing students; the focus has primarily been on associate’s degree and BSN degree nursing programs (Amaro, Abriam-Yago, & Yoder, 2006; Bond, Gray, Baxley, Cason, & Denke, 2008; Brown & Marshall, 2008; Evans, 2004; Palmer, 2003; Roth & Coleman, 2008; Villarruel, Canales, & Torres, 2001). Consistent with the limited data available on Filipino and Filipino American nurses, I found no research on graduate program completion that included several generations of Filipino and Filipino American nurses working in the United States. Extant research that examines the experiences of Filipino and Filipino American nurses from different generations tends to focus on one generation; typically, these studies do not include multigenerational participants.

**Rationales for Diversifying the Nursing Workforce**

Before proceeding to further discuss the importance of diversifying the workforce, the concept of diversity needs to be defined. According to the USDHHS (2006), diversity is the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one’s ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the healthcare workforce requires recognition of many other dimensions, including but not limited to gender, sexual orientation, race, ethnicity, nationality, age, religion, cultural background, socioeconomic status, disabilities, and language (as cited in National Advisory Council on Nurse Education and Practice [NACNEP], 2010, p. 6).

The Sullivan Commission’s Diversity in the Healthcare Workforce report argues that increasing diversity in the health workforce will lead to better health for Americans (Sullivan, 2004). The report names five rationales for increasing diversity in
healthcare professions: (a) diversity is critical to increasing cultural competence and thereby improving healthcare delivery; (b) increasing diversity in the workforce improves patient satisfaction; (c) underrepresented minority providers tend to practice in underserved areas thus improving access for the most vulnerable; (d) diversity in the healthcare workforce has valuable economic benefits; and (e) social justice is served (Sullivan, 2004, p. 27). Furthermore, the IOM (2011) includes the following recommendations to promote and implement ways to support diversifying the nursing pipeline in the landmark document *The Future of Nursing*:

> Private and public funders should collaborate, and when possible pool funds, to expand baccalaureate programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships, and using technology to augment instruction. These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution. (p. 5)

**Diversifying the Healthcare Workforce**

Given that nursing is the largest segment of the healthcare workforce, building a diverse nursing workforce will vitally contribute to the improvement of public health and health outcomes for Americans, particularly among underserved populations. Numerous research studies have demonstrated how developing a more diverse workforce leads to better health equity for communities. Healthy People 2020 defined *health equity* as the “attainment of the highest level of health for all people” (as cited in NACNEP, 2013, p. 6) regardless of race, ethnicity, and socioeconomic status. The following is compelling evidence from research for a diversified healthcare workforce that reflects the nation’s changing demographics and needs.

**Concordance.** Racial concordance is the sharing of the same race or ethnic
identity between the patient and healthcare provider (Charlot et al., 2015). Similarly, language concordance is the ability of the patient and healthcare provider “to communicate in the same language” (Charlot et al., 2015, p. 1,477). Numerous studies have shown that racial and/or language concordance has been beneficial to patients, particularly patients belonging to a minority racial/ethnic group (Dunlap et al., 2015; Saha, Taggart, Komaromy, & Bindman, 2000; Villalobos et al., 2016). Charlot et al. (2015) found that concordance was beneficial for minority women in their study on patients screening for breast and cervical cancer. On the other hand, Ngo-Metzger et al. (2007) found that language discordance among Asian American patients and doctors was associated with decreased quality of care. Although the use of language interpreters during language-discordant visits helped facilitate the provision of health education similar to language-concordant visits, findings in Ngo-Metzger et al.’s study found that patient satisfaction rates were lower when the patient and provider did not speak the same language, despite the use of an interpreter. Street, O’Malley, Cooler, and Haidet (2008) found that “patients who believed they were more similar to their doctor [in] personal beliefs, values, and ways of communicating reported more trust in the physician, more satisfaction with care, and a stronger intention to adhere to recommendations” (p. 198).

Since more than half of APRNs in the United States practice in primary care, and APRNs are more likely to relocate to areas with greater health disparity, APRNs are valuable healthcare providers who can provide culturally and linguistically appropriate services (CLAS) to vulnerable populations (NACNEP, 2010).

Service. Patients belonging to a minority group showed preference for doctors of the same race. Bach, Pham, Schrag, Tate, and Hargraves’ (2004) study of a national
sample of Medicaid beneficiaries found that 22% of African American patients’ visits were to fellow African American physicians. This observation of patients seeking providers of the same race was also found in other minority groups. The Commonwealth Fund’s (2001) Health Care Quality Survey found 45.3% of Asians, 27.6% of Hispanics, and 24.5% of Blacks surveyed sought the care of race-concordant doctors (as cited in Saha, Arbelaez, & Cooper, 2003).

Minority healthcare providers not only disproportionately serve their own racial group, but also provide care for patients who identify as part of another minority group, as well as “poor patients, those insured by Medicaid, those without health insurance, and those living in areas with health professional shortages” (USDHHS, 2006, p. 9).

**Trust.** Halbert, Armstrong, Gandy, and Shaker (2006) write, “Trust has been described as an expectation that medical care providers (physicians, nurses, and others) will act in ways that demonstrate that the patient’s interests are a priority” (p. 896). In comparison to Whites, Blacks were more likely to have a lower level of trust in healthcare providers (Halbert et al., 2006). It is hypothesized that this pattern of mistrust is linked to fewer opportunities of quality interaction with providers and also racial discrimination in healthcare research (Boulware et al., 2003; Halbert et al., 2006). Diversifying the workforce may provide opportunities for healthcare providers to address racial disparities; this might increase levels of trust among marginalized groups.

**Diversifying Nursing Education**

The National Council of State Board of Nursing report shows that only 13% of nursing faculty in the United States identify as non-White (Budden, Zhong, Moulton, & Cimiotti, 2013). This small representation of minority faculty does not reflect the nursing
student population, where nearly 30% of students at the baccalaureate, master’s, and doctoral levels are from a diverse background (American Association of Colleges of Nursing [AACN], 2016). As previously stated, although Asians have a high level of nursing education coming into the nursing profession, Asians, along with Hispanics, are less likely to pursue graduate degrees compared to White or Black nurses (USDHHS, 2010). Given that a graduate degree of at least a master’s is required by most institutions for faculty to teach, the paucity of Asians pursuing a graduate degree is a possible reason for having a weak representation of Asians in faculty roles.

There are obstacles in attracting and retaining faculty, particularly faculty from a minority background (NACNEP, 2010). In Turner’s (2002) phenomenological study of tenured female faculty from diverse racial/ethnic backgrounds, themes surrounding marginality emerged from her interviews, including (a) feeling isolated and underrespected; (b) salience of race over gender; (c) being underemployed and overused by departments and/or institutions; (d) being torn between family, community, and career; and (e) being challenged by students (p. 80).

In the study by Gazza (2009) on the experiences of full-time faculty members in a baccalaureate nursing program, and Kolade’s (2016) phenomenological study on the lived experiences of minority nursing faculty, one of the key themes they both found was the need for effective faculty mentorship. Although mentorship is not limited to minority faculty, several studies, including that of Mahoney, Wilson, Odom, Flowers, and Adler (2008), found convincing evidence “between effective mentorship and career satisfaction, and many delineated unique mentoring needs of minority faculty that persists throughout academic ranks” (p. 781).
Diversifying Nursing Leadership

Nurse leaders in academia, healthcare systems, nursing organizations and the government have an influential position from which to affect change. These nurse leaders can contribute to diversifying the workforce by building a larger capacity for leaders as they “identify minority faculty recruitment strategies, encourag[e] minority leadership development, and advocat[e] for programs that remove barriers to faculty careers” (AACN, 2015b, p. 3).

The purpose of this study was to examine the attitudes and perceived incentives and disincentives to a graduate degree for BSN-prepared Filipino and Filipino American nurses working in the United States. This study provides an in-depth examination into intergenerational perspectives from 33 Filipino and Filipino American nurses from 14 states. Ricoeur’s hermeneutical phenomenology was utilized as an interpretive approach to analyzing the data (as cited in Geanellos, 2000). The theoretical underpinnings of career construction theory (Savickas, 2012) served as a conceptual framework to make sense and meaning of the rich stories that the participants shared about their educational aspirations and professional lives. As was evident in the key findings of the study, participants’ career construction was deeply influenced by the Filipino American cultural values they espoused. Participants verbalized an internal motivation to show compassion and kindness to their *kapwa*—their fellow human beings—by treating others, especially their patients, as if they were their own family members. Participants regarded nursing as a form of service to their *kapwa* and the ultimate demonstration of *pakikipagkapwa*, the sharing of one’s self with one’s fellow being.

The research questions that guided this study were as follows:
1. What are the aspirations and intentions of Filipino nurses with a bachelor’s degree in nursing toward advancing to higher levels of education in their career?

2. How do Filipino nurses with a bachelor’s degree describe their aspirations?

3. How do participants perceive an advanced nursing degree within their career construction?
   a. What do they see as the benefits and costs?
   b. Why do they and do they not pursue it?

Participants acknowledged that their nursing education allowed them to secure a job that provided financial stability, the clinical competence and expertise to care for others, and the professional respect of being a healthcare provider. Moreover, participants had the desire to be lifelong learners and wanted to continue to improve their skills and expand their knowledge on how to better care for their patients. Many participants aspired to continue to advance their education by pursuing a post-baccalaureate degree. Several perceived barriers and facilitators for the pursuit of this graduate degree were similar across first, 1.5, second, and third generations, but a number of the incentives and disincentives that participants identified were specific to a generation and their overall experience.

It is my hope that this research contributes to the body of knowledge on Filipino and Filipino American nurses and their educational attainment and professional advancement. As a first-generation Filipino American, I hope to contribute to the beautiful tapestry of my people’s unique and diverse history in the United States by bringing to light the lives of 33 individuals whose important stories needed to be told. As
a nursing professional, I have devoted my career to doing my part to help improve the health of the nation through my clinical work as a women’s health nurse practitioner (NP) and by educating future APNs inside and outside the classroom. I hope this research will ultimately contribute to improving health equity by helping shed light on how to diversify the APN workforce, faculty, and executive leadership. The findings from this research can help key stakeholders, such as the Filipino community and professional nursing organizations, higher education faculty and staff, and healthcare system leaders, in developing strategic plans to help Filipino and Filipino American nurses overcome barriers and to facilitate robust pathways for those who intend to advance their educational goals and professional nursing careers.
CHAPTER 2

Review of the Literature

The nursing profession is facing national workforce and faculty shortages that have tremendous impact on the delivery of healthcare in the United States. The national nursing shortage is estimated to reach between 300,000 and 1 million by 2020 due to the aging population, a nursing workforce that is getting older, and the demand for more healthcare providers as a result of the expansion of insurance coverage (Carman, Eibner, & Paddock, 2015). Compounding the challenge of the nursing workforce shortage is the nursing faculty shortage, which has been cited as one of the possible roots for 68,938 qualified nursing school applicants turned away in 2014 (AACN, 2015c). This faculty shortage, along with lack of capacity for classroom space and clinical sites, has consequently affected the pipeline of nurses into the profession. This faculty shortage is likely due to the current wave of aging faculty—mirroring the aging population at retirement age—and the difficulty of attracting nurses to pursue a career in academia.

This challenge of a shortage is not new to the profession of nursing, as it has experienced a deficit in the workforce in the 1970s and 1980s. In those decades, part of the solution was to heavily recruit IENs to ameliorate the situation (Choy, 2003). Many of these IENs were recruited from the Philippines, thus contributing to the mass influx of Filipino professionals to the United States (Choy, 2003). These Filipino nurses who were recruited from the Philippines during these early shortages were prime candidates to work in the United States given that they were educated through a nursing educational system established by Americans during the United States’ annexation of the Philippines at the end of the 19th century (Choy, 2003). These nurses had Western training and spoke basic
English, which made them attractive candidates to foreign recruiters. The US DHHS (2010) estimates that over 50% of IENs are from the Philippines, but the total number of nurses in the United States who identify as Filipino or of Filipino heritage is unknown.

National nursing workforce studies, such as the National Council of State Board of Nursing’s National RN Workforce Survey (Budden et al., 2013), group Filipinos with 18 other Asian subgroups (e.g., Chinese, Japanese, Korean, Thai) under the broad category of “Asian.” Grouping the diverse group of Asian nurses in a single monolithic race classification for surveying purposes may provide the statistical power researchers need for their studies, but by doing so, the divergent historical backgrounds, cultural ideologies, and group experiences are diluted in the mix. Filipino nurses have rich stories that are vastly different from other Asian groups, as theirs are deeply intertwined in both Philippine and U.S. histories; within these stories is the groundwork for exploring the possible reasons why Asians, along with Hispanics, were less likely to pursue graduate degrees compared to White, non-Hispanic, or Black nurses (USDHHS, 2010).

Given that, at a minimum, the master’s degree is essential to embarking on an advanced practice role as an NP, clinical nurse specialist, healthcare administrator, or faculty, it is of no surprise that only 4.2% of APNs identify as Asian (AACN, 2015b; Budden et al., 2013; USDHHS, 2010). Furthermore, only 14% of nurse executives and 13.1% of nursing faculty identify as belonging to a minority group. Therefore, it could be posited that the number of Asians is even smaller given that they only represent a fraction of this group of individuals (AACN, 2015b; Budden et al., 2013; USDHHS, 2010). The representation of Asians, specifically Filipinos, in the nursing workforce—particularly in APN, faculty, and leadership roles—do not reflect the population. Having a workforce
that mirrors the population it serves is crucial because a diversified healthcare workforce is vital for improving health equity of the United States. Diversifying the racial and ethnic composition of medical providers is critical for (a) the provision of culturally competent care, (b) increasing access to quality medical services for underserved populations, (c) broadening the research agenda to include more intention in studying health disparities in minority groups and subgroups, and (d) growing the diversity of faculty in health professional schools and universities and the diversity of leadership in healthcare organizations.

The goal of this review of the literature is to offer a historical perspective of Filipino nursing education and migration to the United States. This review provides a basic understanding of how this rich cultural and political history continues to inform the development of professional identity and possibly influence educational attainment and professional advancement for Filipino nurses in the United States within the context of the current challenges nursing as a profession is facing.

**Educational Preparation and Scope of Practice**

The terms used to describe the different nursing educational preparations and concomitant degrees and credentials may be confusing and, as a result, warrant a fundamental discussion related to their general scope of practice. The term *nurse* commonly encompasses several degree preparations, such as an associate’s and a bachelor’s degree. The terms nurse, registered nurse, and RN were used interchangeably by agencies such as the U.S. Census, the Health Resources and Services Administration, and the National Council of State Boards of Nursing. Nurses commonly use the terms *bedside nurse* and *staff nurse* to describe each other. Discussions included in this paper
The American Nurses Association (ANA, 2010) describes the fundamentals of the nursing scope of practice as delineated through the “nursing process” by which the nurse assesses the patient, determines a diagnosis, identifies expected outcomes, develops and implements an individualized plan for the patient, and evaluates progress toward and achievement of the outcomes. Nurses work in an array of settings, including hospitals, ambulatory sites, community centers, home health settings, nursing home facilities, and academia (ANA, 2010). Nurses advance into leadership roles as charge nurses and into management positions that are typically within the hospital units or educational departments. To step into a higher leadership role within the healthcare organization or educational institution, a master’s and/or a doctoral degree is typically required.

As technological advances facilitate care for an aging population that continues to live longer and become more acutely ill, “the demand for more knowledgeable practitioners continues to grow” (NACNEP, 2010, p. 2). APRNs are registered nurses (RNs) with further training who have skill sets aligned with specialized practice environments. APRNs must have a master’s and/or doctoral degree to practice clinically as NPs, clinical nurse specialists, nurse midwives, and nurse anesthetists (USDHHS, 2013). Depending on the state in which an APRN is practicing, the term APRN is used interchangeably with APN, or advanced practice nurse/nursing.

APRNs who wish to teach in baccalaureate and master’s nursing programs will typically need to have at least a master’s degree or will need to have demonstrated expertise within a specific content area. Faculty for doctoral programs in nursing are required to have terminal degrees and are considered experts in the field of nursing.
Although master’s degree programs in nursing education are available nationwide, this particular degree is not a pre-requisite to teaching in nursing programs. Furthermore, there is no mandatory exam for nursing faculty specific to their eligibility to teach. The National League for Nursing (NLN, 2009) developed the Certified Nurse Educator exam to establish “nursing education as a specialty area of practice and [to] create a means for faculty to demonstrate their expertise in this role” (para. 2). This is an optional exam and not a requirement for employment.

Nationally, 330 master’s degree programs are accredited by either the Commission on Collegiate Nursing Education (CCNE) or by the National League for Nursing Accrediting Commission (NLNAC; Dracup, 2017). A master’s degree is the educational core for APRNs (Dracup, 2017). The types of master’s degrees offered by nursing programs in the United States include a Master of Science in Nursing (MSN), a Master of Nursing (MN), a Master of Science (MS), or a Master of Arts (MA; Dracup, 2017). Numerous schools of nursing offer accelerated programs that combine a baccalaureate and a master’s degree for those who already have an associate’s degree in nursing, or for those with a non-nursing college degree but who have fulfilled the basic pre-requisite courses (Dracup, 2017). There are also programs that offer joint master’s degrees with business, law, and public health (Dracup, 2017).

The baccalaureate degree is the foundation upon which a master’s degree in nursing builds. Baccalaureate-prepared nurses who wish to specialize and build their clinical expertise must obtain a master’s degree specific to the population they wish to serve. For example, NPs may specialize in primary care-focused tracks in family, adult/gerontology, pediatrics, or women’s health, or they may specialize in an acute care-
focused track in adult or neonatal (National Organization of Nurse Practitioner Faculties [NONPF], 2013). APRNs who want to become healthcare administrators have the option of obtaining a master’s degree in healthcare leadership or healthcare administration.

The doctorate is recognized as the terminal degree for the nursing profession (AACN, 2004). There are two discrete types of doctoral degree preparations in nursing: the research-focused and the practice-focused (AACN, 2004). The research-focused degrees include the Doctor of Philosophy (PhD) and the Doctor of Nursing Science (DNS, DNSc, DSN; AACN, 2004). The practice-focused degree in nursing is the Doctor of Nursing Practice (DNP; AACN, 2004).

The first practice-focused doctoral degree in nursing was offered in 1979 at Case Western University. Case Western was followed by other early adopters, such as the University of Tennessee, Memphis; the University of Kentucky; and Columbia University (AACN, 2004). However, further widespread adoption of DNP programs did not take place until the endorsement of AACN’s 2004 Position Statement on the Practice Doctorate in Nursing by numerous schools of nursing that “called for moving the current level of preparation necessary for advanced nursing practice from the master’s degree to the doctorate-level by the year 2015” (AACN, 2015a, p. 1). In addition to AACN’s position statement, the IOM (2011) recommended doubling the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity. In response, the DNP degree gained momentum. Between 2013 and 2014, the number of students enrolled in DNP programs nationwide grew from 14,688 to 18,352 (AACN, 2015a). In 2015, there were 264 DNP programs at schools of nursing in the United States and 60 more programs being developed (AACN, 2015a).
Although a terminal degree is not required to become a leader in the nursing profession, a doctoral degree is commonly expected for tenure-track positions and executive leadership positions. In the highest ranks of leadership in the academy, such as deans and university presidents, a terminal degree is expected. Similarly, in healthcare organizations, specifically those that have achieved Magnet status (a recognition given to organizations that provide excellent nursing care), the top-ranked nurse, the chief nursing officer (CNO), or the director of nursing are expected to have a terminal degree.

**Current Challenges in Nursing**

The nursing profession faces a number of challenges in the 21st century that include a widening gap between nursing practice supply and education workforce demand. Juraschek, Zhang, Ranganathan, and Lin (2012) estimated a shortage in the United States of between 300,000 and 1 million nurses by 2020. This increasing demand for nurses stems from several compounded reasons, including an aging population, an aging nursing workforce, and the expansion of insurance coverage.

By 2050, the population of Americans 65 and over is predicted to double from 43.1 million in 2012 to 83.7 million (Ortman, Velkoff, & Hogan, 2014). Baby Boomers, the segment of the population born between 1946 and 1964, are largely responsible for this shift in the aging of the population (Ortman et al., 2014). Every day for 19 years (from 2011 to 2030), an average of 10,000 baby boomers will turn 65 (Heimlich, 2010).

This aging population is also projected to become more racially and ethnically diverse. The number of non-Hispanic Whites aged 65 years and older is predicted to rise from 20.7% in 2012 to 39.1% in 2050 (Ortman et al., 2014). In 2050, Asians are predicted to have one of the largest increases in the proportion of their population aged
65 years and over from 10.1% in 2012 to 19.4% in 2050 (Ortman et al., 2014).

Compounding the shortage problems is the aging nursing workforce. Greater than half (53%) of the nurses who responded to the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers 2013 National Workforce Survey for RNs were 50 years of age and older (Budden et al., 2013). As these nurses begin to retire, and the need for nurses grows, increasing the pipeline of younger nurses is vital to meet the demands of the healthcare system.

From the time of the first enrollment period for the Patient Protection and Affordable Care Act (ACA) in October 2013 to the closing of the second enrollment period in February 2015, the RAND Health Reform Opinion Study found a net increase of 16.9 million people with insurance coverage (Carman et al., 2015). With millions of people newly covered with insurance, the need for healthcare providers increases exponentially as well. Due to the ACA’s focus on preventative care, there is a great demand for primary care providers such as APRNs.

The impending retirement of current nurses and increasing demands on the healthcare system exacerbate current nursing shortages and the need for nursing faculty. In 2014, American nursing schools turned away 68,938 applicants who were qualified for baccalaureate and graduate nursing programs because of an “insufficient number of faculty, clinical sites, classroom space, clinical preceptors and budget constraints,” according to the AACN’s (2016) report on the 2014-2015 enrollment and graduation rates in baccalaureate and graduate nursing programs. A survey of 714 nursing schools revealed 1,236 faculty vacancies (as cited in AACN, 2015c). Also of note, there is currently a wave of faculty retirements in nursing schools across the country. The average
age for current faculty who hold the rank of professor is 61.6 years (AACN, 2015c). Berlin and Sechrist (2002) indicated that each year, during 2003-2012, 200 to 300 doctorate-prepared nursing faculty were eligible to retire. Between 2012-2018, 220 to 280 master’s-prepared nurse faculty are projected to be eligible for retirement, thus adding to the burden and strain on the current faculty who are left to teach students (AACN, 2015c). The predicted decrease in faculty numbers will compel nursing programs to impose enrollment limitations (AACN, 2015c).

In addition to the aforementioned issue of an aging faculty population, there are major challenges in attracting master’s and doctorate-prepared nurses to becoming educators (NACNEP, 2010). There is a general “lack of awareness about career paths in nursing education” (NACNEP, 2010, p. 3). Most nurses entering the profession have their sights set on practicing clinically. The idea of teaching may not be taken into consideration until the nurse has obtained many years of experience. When nurses do reach the point in their career of having the desire to teach, these nurses transition from clinical providers at the bedside to teaching in a clinical setting or in a classroom without or with limited formal education on teaching theory and pedagogies. There are no mandatory national standards to assist with preparing these clinical nurses to become educators (NACNEP, 2010).

**History of Filipino Nurses in the United States**

To meet the demands of the nursing shortage, the United States “turned to aggressive foreign nurse recruitment” (Brush & Sochalski, 2007, p. 37). Over the last 60 years, the Philippines has become the world’s primary supplier of nurses who were specifically educated and trained to work in the United States and other developed
To gain a better understanding of the cultural and ethnic background of nurses in the United States who identify as Filipinos or of Filipino heritage, it would be prudent to commit to a historical assessment of Filipino nursing at its roots in the Philippines. The following is an examination of the contributing factors for the shift of the nursing profession in the Philippines from supporting their nation’s healthcare system during the first half of the 20th century to facilitating nurses to be deployed abroad as products for export in the latter half. This discussion provides contextual information and intercontinental perspectives on the professional identities of current Filipino nurses in the United States.

**Colonial Roots**

A rudimentary examination of the history of Filipino nurses in the United States often begins with a discussion of the sponsorship of Filipino nurses to study abroad by American philanthropic organizations in the late 1940s, followed by waves of Filipino nurses coming to the United States as part of America’s geopolitical strategies and growing healthcare demands (Choy, 2003). However, Filipino nursing historian, Catherine Choy (2003), argues that the intertwined history of Filipino nursing and the United States is rooted in the time of the American annexation of the Philippines between 1898 and 1946. The establishment of professional nursing in the Philippines in 1907 was part of the “benevolent colonialism” of the United States that echoed British imperialism in India and South Africa, [that] utilized Western medicine to justify the “white man’s burden” overseas, to create racialized hierarchies of peoples, and to dominate those who differed from them culturally and physically. . . nursing offered white American women an international avenue for heroism. (Choy, 2003, pp. 21-23)
The training of Filipino women by the colonialist’s wives to become nurses aligned with America’s imperialist agenda to civilize the perceived primitive Filipinos. By establishing the nursing educational system in the Philippines, the United States “inadvertently prepared Filipino nurses to work abroad, especially in the United States, because they followed patterns of U.S. professional nursing education and included English fluency in the curriculum” (Choy, 2010, p. 15). In short, it was not a coincidence that Filipino nurses spoke English and had a similar educational background as their U.S. counterparts that consequently made these nurses attractive to Western employers. Through America’s colonization and attempt at benevolence by educating the native Filipinos, the United States had created a structure in the Philippines that produced an accidental commodity for export: the nurses.

The Shift to International Migration

Mid-20th century policies within and between the Philippines and the United States facilitated the shift from educating Filipino nurses to work domestically within the Philippine healthcare infrastructure to creating a “highly institutionalized system of labor exportation” (Brush & Sochalski, 2007, p. 39) driven by demands abroad. The first mass wave of Filipino nurses coming to the United States was through the Exchange Visitor Program (EVP; Choy, 2003). The EVP was established in 1948 by the U.S. government under the U.S. Information and Education Act to foster better relationships between the United States and other countries by issuing temporary 2-year visitor visas for participants to come to the country for work and study (Choy, 2003). The American Nurses Association (ANA) and numerous hospitals across the country participated in the EVP to sponsor nurses from countries worldwide. However, by the 1960s, 80% of the
participants were Filipinos, of which the majority were nurses (Choy, 2003). This first wave of Filipino nurses through the EVP shifted the racial and ethnic make-up of IENs in the United States.

Toward the tail end of the EVP, the U.S. Congress passed the Immigration and Nationality Act of 1965, which abolished the national origins quota policy that restricted immigrants from countries other than northern Europe (Choy, 2003). Through this Act, U.S. visas were preferentially allotted for “qualified immigrants who [were] members of professions, or who because of their exceptional ability in the sciences or the arts [would] substantially benefit prospectively the national economy, cultural interests of welfare of the United States” (Immigration and Nationality Act of 1965, p. 913). In response, professionals from all over the world migrated to the United States. In the 4-year period between 1966 and 1970, 17,134 Filipino professionals immigrated to the United States, and of this number, 3,222 were nurses (Choy, 2003).

In 1970, new legislation allowed for those with exchange visas through the EVP to modify their temporary status to permanent resident (Choy, 2003). This new law enabled 7,495 Filipinos to become permanent U.S. residents and allowed them to stay in the United States instead of returning back home to the Philippines (Choy, 2003).

By the mid-1970s, along with the mass media’s enabling of American hospitals’ enthusiastic recruitment of Filipino nurses and the perceived lack of opportunities for nurses in the Philippines, then President Ferdinand Marcos and his government officials supported the “production” of nurses to go abroad to improve the Philippine economy through remittances (Choy, 2003). The Philippines shifted the “government and economy to a new model of development based on export-oriented industrialization” (Choy, 2013,
by actively promoting the export of agricultural goods and the massive export of laborers, which included nurses.

Despite controversial issues surrounding clinical competency of IENs and dishonest recruitment practices of employment agencies, the next wave of Filipino nurses was not deterred to come to the United States between 1972 and 1978 through temporary H-1 visas (Choy, 2003). During this period of time, out of the 15,291 H-1 visas that were granted to nurses immigrating to the United States, 9,158 were given to nurses from the Philippines (Choy, 2003).

Demographics of Filipinos and Filipino American Nurses in the United States

Building on the basic overview of the history of the plight of Filipino nurses from their roots in the Philippines and the description of nursing educational preparation and scope of practice, the following is a discussion of the current situation of Filipinos and Filipino American nurses in the United States. The total U.S. population grew from 281 billion in 2000 to 308 billion in 2010, an increase of 9.7% (Hoeffel, 2012). During the same time period, the Asian population—those who identify as Asian alone or in combination with another race—grew exponentially from 11.9 million to 17.3 million; this 46 percentage-point increase designated Asians as the fastest growing race group in the United States (Hoeffel, 2012). There are an estimated 2.3 million adult Filipino Americans in the United States, making Filipinos the second largest group among Asian Americans (U.S. Census Bureau, 2010, as cited in Pew Research Center, 2013).

It could be argued that the number of Filipinos and Filipino Americans in the United States is even higher. Filipinos are lumped into the monolithic category of “Asian” in surveys and research studies and are not recognized as a distinct ethnic group
that has a different experience and identity apart from other Asians (Tuason, Taylor, Rollings, Harris, & Martin, 2007). For example, the most recent 2015 U.S. Census’ Current Population Survey included Asians who only identified as Asian and no other race in the Asian race group and did not include Asians who identified with more than one race. Given that Filipinos have high rates of interracial marriage (53%), Filipino Americans who identify as bi- or multi-racial are not captured in these statistics (Qian, Blair, & Ruf, 2001; 2010 U.S. Census Bureau, as cited in Pew Research Center, 2013).

Filipinos have been previously categorized as Pacific Islanders by the U.S. Department of Education as cited in (Horn, 1995, as cited in Nadal & Corpus, 2016) and as Hispanic (Trevino, 1987, as cited in Nadal & Corpus, 2016). On the other hand, the state of California passed California State Bill 1813 in 1998 to classify Filipinos as their own group apart from Asians, Pacific Islander, or Hispanic (Espiritu, 1992, as cited in Nadal & Corpus, 2016). The 2000 U.S. Census Bureau grouped Filipinos with other Asian subgroups. The term Asian refers to a person with origins in the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam (Hoeffel, 2012).

As recent as November 2015, the U.S. Census Bureau stood by its classification of persons with ancestry from the Philippine Islands to fall under the category of Asian and not in its own category. Furthermore, many Filipinos do not identify as Asians and more closely identify as Pacific Islanders (Tuason et al., 2007). Given the location of their homeland—an archipelago of 7,100 islands in the Pacific Ocean, their own unique culture and values apart from other Asian countries, and the increased rate of interracial marriages, many Filipinos may check the “Pacific Islander” or “Other” box in
demographic surveys. Nadal and Corpus (2016) argue that the incongruent
misclassification of Filipinos and Filipino Americans has led to “limited or inaccurate
research or scholarship about the group” (p. 292).

Data from the 2010 American Community Survey showed that almost half (49%)
of all Asians age 25 and older obtained at least a bachelor’s degree; Filipino Americans’
educational attainment was slightly lower at 47% but still higher than the national
average at 28% (as cited in Pew Research Center, 2013). More recent data from the 2015
U.S. Census Bureau’s Current Population Survey (CPS) showed an increase in
educational attainment to 53.9% for Asians age 25 years or older in the United States
who held a bachelor’s degree or higher. This statistic is higher than all race groups,
including that of Whites (32.8%), Blacks (22.5%), and Hispanics (15.5%; Ryan &
Bauman, 2016). The CPS survey also reported that 21.4% of those who identified as
Asians held an advanced degree. Notably, the survey found no statistical difference in the
educational attainment of foreign-born (55%) and native (54%) Asian populations in the
United States. The 2015 survey did not report the educational attainment specific to
Filipino Americans (Ryan & Bauman, 2016).

According to AACN’s (2016) most recent data on enrollment and graduation
from 2010 to 2015, Asians represented 7.3% of all nursing students in the BSN programs
nationally. Comparatively, Black students accounted for 10.7% of the student population;
Hispanics accounted for 9.8%, and Whites accounted for 69.3%. At the master’s level,
Asians accounted for 8.1% of students, compared to 14.3% Black, 7.2% Hispanic, and
67.6% White students. The doctoral level is delineated into two groups. Asians accounted
for 6.4% of nursing students in Ph.D. programs compared to 16.2% Black, 5.6%
Hispanic, and 69.1% White students. At the DNP level, Asians account for 6.7% of nursing students in this clinically focused doctoral program (AACN, 2016). In these programs, Blacks account for 15.1%, Hispanics account for 5.1%, and Whites account for 70.7% of the students (AACN, 2016). The Center for Immigration Studies reported that in 1990, of the estimated 1,896,606 RNs, 10% were foreign-born RNs (as cited in Berg, Rodriguez, Kading, & De Guzman, 2004). Of the 166,708 foreign-born RNs, 49,033 (29%) identified as Filipinos.

A more recent report, the 2008-2010 American Community Survey, stated that there were 2.8 million people who identified as nurses (including both RNs and APRNs) who were currently employed or seeking a job in the field (USDHHS, 2013). The national surveys deployed by the U.S. Census in 2000 and the national survey conducted by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers in 2013 categorized Filipinos within the broad spectrum of Asians. Because disaggregated data is not available, the exact number of nurses identifying as Filipino or of Filipino heritage currently working in the United States is unknown.

Of the nearly 90,000 RNs surveyed in 2008-2010, about 25% identified as non-White, an increase from about 20% of the 110,000 RNs surveyed in 2000 (USDHHS, 2013, pp. 4, 24). The survey also showed that 8.2% of the nurse respondents identified as Asians (USDHHS, 2013). In a more recent survey conducted by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers in 2013, 19% of the respondents to identified as belonging to a minority group (American Indian or Alaska Native, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, Hispanic/Latino, or Other; National Council of State Boards of Nursing
Of the 41,880 responders to the NCSBN national survey, 6% \((n = 2,561)\) identified as Asian. Comparatively, 83\% of the responders \((n = 34,838)\) identified as White/Caucasian, 6\% \((n = 2,623)\) identified as Black/African American, and 3\% \((n = 1,407)\) identified as Hispanic/Latino (NCSBN, 2013, as cited in Budden et al., 2013).

The 2008 National Sample Survey of Registered Nurses found that Asians were more likely to obtain a bachelor’s degree for their initial nursing education compared to other races (USDHHS, 2010). In the 2008 RN survey, 69.6\% of the participants self-identified as Asians with a bachelor’s degree or higher as their initial degree compared to 32.5\% of Whites, 32.1\% of Blacks/African Americans, and 39.4\% of Hispanics/Latinos (USDHHS, 2010). However, when comparing the highest degree attained by RNs, the survey revealed that Asians and Hispanics were less likely to pursue graduate degrees compared to White or Black nurses (USDHHS, 2010). The survey revealed that 67.3\% of Asian nurses had obtained a bachelor’s degree in nursing as their highest educational degree, while only 8.3\% of the Asian nurses surveyed had a master’s or doctoral degree (USDHHS, 2010). On the other hand, while only 35\% of White nurses had obtained a bachelor’s degree in nursing as their highest educational degree, a larger share of White nurses surveyed had a master’s or doctoral degree at 13.4\% (USDHHS, 2010).

Compared with the total working-age population, there is an overrepresentation of Asians in the registered nurse pool (USDHHS, 2013). As previously mentioned, the ACS and NCSBN surveys found that 8.2\% and 6\% of RN respondents, respectively, identified as Asians, compared with 4.8\% of the total U.S. working-age population (NCSBN, 2013, as cited in Budden et al., 2013; USDHHS, 2013). A contributing factor to this high
number of Asian RNs are the IENs from the Philippines and India who have been recruited to work in the United States (USDHHS, 2010). Of the estimated 165,000 IENs living in the United States, a staggering percentage of these RNs originated from the Philippines (USDHHS, 2010, p. 8-2).

Strikingly, there is a disparity in the racial/ethnic breakdown of RNs with advanced practice preparation. Of all APRNs, only 4.2% identify as Asian, non-Hispanic (USDHHS, 2010). This is a dismal number compared to the number of White APNs at 83.3% (USDHHS, 2010). The low number of Asians APRNs has a tremendous impact on the diversity in nursing leadership and the nursing faculty pipeline, as a master’s degree is standard for both roles. Data from the 2013 AACN survey showed that only 13.1% of full-time faculty are from a minority background (as cited in AACN, 2015b). The number of Filipino nursing faculty is not accounted for, but it can be inferred that this number would be a fraction of the population of minority faculty. Consequently, the least diverse of nursing roles are in leadership positions (NACNEP, 2010). The NCSBN’s assessment of nursing job titles for “nurse executives” revealed that an astonishing majority of those surveyed identified as White/Caucasian at 86% (Budden et al., 2013).

As the United States continues to recruit globally to fill the nursing workforce gap, the Philippines continue to provide the largest number of IENs to the United States. The exact number of Filipinos and Filipino Americans in the nursing profession—accounting for both RNs and APNs—is unknown; however, based on the 19% of respondents to the NCSBN survey who identified as a minority, it can be inferred that an even smaller number of the percentage of respondents are Asian or Filipino (Budden et al., 2013). This bleak statistic does not reflect the country’s population, as minorities
account for one-third (37%) of the total U.S. population. The U.S. Census Bureau (2012) projected that by 2043, minorities will become the majority in the United States. Furthermore, Asian Americans as a group are projected to grow to 34.4 million by 2060, an increase in its share of the population to 8.2% during this time period (Hoeffel, 2013; U.S. Census Bureau, 2012).

**Research Gap on Educational Attainment of Filipino and Filipino American Nurses**

Despite the growing number of Filipinos and Filipino Americans in the United States, research specific to Filipinos as a group is sparse (Bergano & Bergano-Kinney, 1997). Tuason et al. (2007) posited, “Filipino Americans are among the least understood and studied ethnic minority group” (p. 362). Moreover, although Filipino and Filipino American nurses account for a remarkable share of the professional nursing workforce in the United States, specifically within the IEN group, there is a dearth of research on their educational attainment and professional achievement.

Within the limited available research on the barriers and facilitators for educational attainment for minority nursing students, the focus has primarily been on associate’s and BSN degree nursing programs (Amaro et al., 2006; Bond et al., 2008; Brown & Marshall, 2008; Evans, 2004; Palmer, 2003; Roth & Coleman, 2008; Villarruel et al., 2001). Seago and Spetz (2005) conducted a study to determine the attrition rates of California’s community college nursing programs. Attrition rates were highest among African Americans (49.3%), Asian non-Filipino (50.9%), and Filipino students (44.4%). On the other hand, attrition for White/Non-Hispanic students was 28.4%. This study also found that first-time pass rates for the nursing boards—the NCLEX-RN—were highest among programs that had fewer African American and Filipino students. The researchers
surmised that perhaps these differences were was due to the lack of college preparation and education on test-taking skills by the high schools from which these students graduated. Another postulation was that NCLEX-RN questions are “unintentionally culturally biased and have weak connection to science” (Seago & Spetz, 2005, p. 560), thus placing students from minority backgrounds at a disadvantage.

Research by Yoder (1996) on the instructional methods employed by educators in teaching “ethnic students” found that these students had specific needs to successfully complete their nursing program. Using grounded theory as the study’s framework, 27 educators from associate’s degree and BSN programs were interviewed along with 17 nurses. The nurses identified as Mexican-American, African American, and Asian/Pacific Islanders of Korean, Vietnamese, Taiwanese, Japanese, and Palauan heritage. The student needs identified were financial support, child care, tutoring and study skills, language, and ethnic role models (Yoder, 1996).

Another study on ethnically diverse students’ success built upon Yoder’s (1996) study. Amaro et al. (2006) interviewed 17 recently graduated nurses from associate’s degree and BSN programs who identified as Filipino, Vietnamese, Latino, Portugese, and African American. Consistent with Yoder’s results a decade prior, Amaro et al. found similar student needs in their study: personal, academic, cultural, and language.

A qualitative study of 16 ethnically diverse graduate nursing students’ persistence in school found that these students experienced unique stressors and moderators related to their culture and background that were crucial to their academic success (Veal, Bull, & Miller, 2012). These students (who identified as African American, Asian, Latina, East Indian, and biracial) struggled with maneuvering within a “monolithic culture . . . that
exists in a predominantly [W]hite educational institution where there is an absence of ethnically diverse students and faculty and an absence of diverse perspectives in the classroom and at social events” (Veal et al., 2012, p. 324). Stressors identified in this study were related to the doctoral students not feeling connected, not feeling integrated socially, and having difficulty using technology. The students identified several moderators related to their persistence in school, including financial aid, academic support, and a support network of student colleagues and mentors (Veal et al., 2012).

Extant research on Filipino and Filipino American nurses that aims to examine the experiences of individuals from different generations tends to focus on one generation. Typically, these studies do not include multi-generational participants. A good share of these studies focused on first-generation Filipino nurses who were educated internationally and immigrated to the United States for work. IENs have a unique experience, and thus, a good share of the research is focused on their transition to the workplace and their acculturation to a new environment (Baumann, Blythe, Idriss-Wheeler, Fung, & Grabham, 2013; Covell, Neiterman, & Bourgeault, 2015; Lin, 2014; Lurie, 2016; Staples, 2015), evaluation of their competency (Covell et al., 2015; Stanhope-Goodman, Hendrickson, & Nordstrom, 2014), and integration of practices and transition programs (Adeniran et al., 2008; Ordonez & Gandeza, 2004). Although there are several studies on the health status, lived experience, and cultural identities of second and third generation Filipino Americans in the general population (Espiritu, 1994, 2001; Ocampo, 2013, 2014; Tuason et al., 2007), research specific to Filipino American nurses past the first generation and the confluence of their experience with the first generation is scarce. Lee and Davis (2000) and Tuason et al. (2007) recommend taking a multi-
generational approach in examining the Filipino and Filipino American experience, as similarities and differences would likely surface.

**Theoretical Framework**

During the 20th century, an employee’s career was owned by a company and their professional trajectory was described in anticipated stages and by their accomplishment of tasks (Super, 1957). Today, the idea of a career has been re-conceptualized as belonging to the individual. A career in the 21st century no longer occurs in a “predictable and linear progression” (Savickas, 2012, p. 150), but has transformed to be without boundaries and adaptable to changes.

Career construction theory is used as the philosophical framework for this study. This conceptual framework will help to make meaning of the personal and professional experiences of Filipino and Filipino American nurses interviewed for this study. Career construction theory “explains the interpretive and interpersonal processes through which individuals impose meaning and direction on their vocational behavior” (Savickas, 2012, p. 147). Predicting career trajectories is not what career construction theory was designed for; instead, this theory upholds the idea that a career does not merely unfold, but is constructed by individuals as they select and reach their goals and by developing meaning of their professional and lived experiences (Hancock & Hums, 2015; Savickas, 2012). Although self-construction is the essence of this framework, Savickas (2012) emphasizes that the self is not solely constructed from within. Instead, the self is constructed through an individual’s interpersonal relationships and networks. Individuals need each other to make sense of themselves and their surroundings. Furthermore, individuals use language to describe their reality within contextual and contemporary
It is impossible to describe one’s career without including the role of culture, social constructs, and awareness for the language used (Savickas, 2012). As such, career construction theory is centered on three constructs: vocational personality, career adaptability, and life themes (Hancock & Hums, 2015; Savickas, 2005).

Vocational personality is the “acquisition and development of human capital” (i.e., formal skills/abilities; Burke, 2007, as cited in Hancock, & Hums, 2015, p. 3). Some researchers (e.g., Astin, 1984; Beatty, 2007) assert that obtaining human capital is of particular significance for women in selecting a career path, as they are more likely to be subjected to gender role socialization and expectations imposed by culture and society. However, career construction theory acknowledges the power of human agency and that individuals have the ability to make a choice as to how these career expectations affect their professional decisions.

Career adaptability recognizes the intersection of “social expectations and occupational interests, perceived skills and abilities, [and] real and perceived opportunities to engage in occupational roles . . . personal and contextual factors can act as career facilitators or constraints” (Hancock & Hums, 2015, p. 3). An individual’s goal serves as the impetus (facilitator) toward their willingness and ability to adapt to their changing environment.

Life themes “influence individuals to make meaningful choices about work roles” (Savickas, 2005, as cited in Hancock & Hums, 2015, p. 3). This component of career construction theory acknowledges that career decisions are not made in isolation from other life events and choices such as the desire to immigrate to another country or start a family. Therefore, understanding the contextual factors that play a role in influencing
career development may provide more clarity to an individual’s career decisions.

**Summary**

Despite landmark reports from the IOM (2011), the Sullivan Commission (Sullivan, 2004), and the numerous research studies that support the need for and benefits of a more diversified workforce, there is still much work to be done to increase representation for Filipinos and Filipino Americans in leadership positions in the nursing profession. Although Asians largely account for a relatively large share of those with a BSN degree in nursing, Asians are less likely to pursue graduate degrees compared to White, non-Hispanic, or Black nurses. Given that a graduate degree is the gateway to becoming an APRN, and eventually a nursing leader in healthcare organizations and higher education institutions, it would be important to further investigate the possible incentives, disincentives, and attitudes of Asian nurses, specifically of Filipinos, to pursue a graduate degree.

Filipino nurses have rich, informative stories, cultural heritage, and ethnic and professional identities of their own that are different from other Asian groups, as theirs are deeply intertwined in decades of Philippine and U.S. geopolitical histories. Therefore, a deep exploration is necessary to gain a better understanding of how the colonialist roots of Philippine nursing education, the subsequent mass immigration of Filipino nurses into the United States, and the decades of acculturation that followed have influenced the generations of Filipino and Filipino American nurses’ pursuit for educational attainment and professional advancement.
CHAPTER 3

Methodology

This chapter will discuss the research design utilized for this study. Also to be discussed are the processes used for the selection of study participants, the data collection procedure, characteristics of the research participants, a systematic analysis of the results, ethical considerations for the study, and my positionality as the researcher.

Research Design

To better understand the richness of the experience of Filipino and Filipino American nurses by connecting what is familiar to the unfamiliar, a hermeneutic phenomenology within the qualitative research paradigm was utilized as the interpretive framework for this study (Gadamer, 1976; Speziale, Streubert, & Carpenter, 2011). The aim of a phenomenological-hermeneutic approach is to elucidate the hidden meanings of a phenomenon (Spiegelberg, 1975). Congruence between the hermeneutic approach and the theoretical framework of the study—career construction theory—is critical to the interpretive strategy of this research. This research intended to learn about participants lived experiences through one-on-one interviews. These individual interviews involved a set of open-ended questions that were developed to stimulate discussion, elicit the opinions of participants, and engage them in sharing the complexity of their life experiences (Creswell, 2014; Ravitch & Carl, 2016). This type of qualitative data collection has the “potential to elicit rich, thick descriptions” (Bloomberg & Volpe, 2016, p. 154) of the participants’ attitudes toward educational attainment and advancement.

The application of hermeneutic philosophy, according to Paul Ricoeur’s approach, delineates the interpretive process as a series of steps toward inquiry and
analysis of the data (Speziale et al., 2011). He believed that the lived experience is articulated through language and then recorded into written text prior to interpretation (Ganellos, 2000). Ricoeur also acknowledged the role of the interpreter within the hermeneutic circle—that there is an “interrelationships between epistemology (interpretation) and ontology (interpreter)” (Ganellos, 2000, p. 112). Analysis of the research data followed the interpretive process of hermeneutic philosophy beginning with a naïve reading of the text as a whole to become familiar with the data (Ganellos, 2000). Structural analysis—or interpretive reading—followed this step, where meaningful connection and themes were discovered (Speziale et al., 2011).

I obtained approval from the University of Pennsylvania Institutional Review Board (IRB) for the study proposal and informed consent. Additional written approval was obtained from the Research Committee Chair of the Philippine Nurses Association of America (PNAA) organization to recruit and have access to conference participants and to conduct interviews at the 2016 PNAA national conference.

**Sampling Strategy and Research Participant Selection**

Purposeful sampling strategy involves the identification and selection of individuals who share particular characteristics with a population and who are willing and available to participate in the study within a particular time frame (Palinkas et al., 2015). To answer the research questions that are specifically focused on Filipino nurses, a homogeneous and snowball purposeful sampling strategy was utilized. The participants shared similar characteristics that comprised the inclusion criteria:

1. Self-identify as Filipino or of Filipino heritage
2. Are currently employed in the nursing field in the United States
3. Were born and raised in the United States or the Philippines
4. Have a baccalaureate degree in nursing as the highest completed degree
5. Have completed a baccalaureate degree in nursing in the United States or the Philippines

Although the participants shared these baseline homogenous characteristics, they were diversified in many demographical aspects. Purposeful intention was used in recruitment to include diverse demographics such as workplace location, years of nursing practice, an—for foreign-born RNs—number of years in the United States.

The initial intent was to collect data primarily at the PNAA national conference held at the Grand Hyatt Hotel in Washington, DC on July 20-24, 2016. The PNAA national conference is the largest professional gathering of Filipino nurses in America; thus, conducting the study at this event would allow for access to a geographically and demographically diversified pool of Filipino nurses at a centralized location during a concentrated period of five days. The conference location in Washington, DC was an accessible 2.5-hour drive from my university in Philadelphia. The proximity of the conference also made it a practical choice for time and finances.

Miles, Huberman, and Saldaña (2014) recommend for sampling to continue until saturation of the data is reached, at which time, no new substantive information is learned. If saturation had not been met based on the data collected at the PNAA conference, I intended to continue the interviews after the conference. Indeed, this was the case for the study. After a general analysis of the data collected at the conclusion of the PNAA conference, I determined that saturation had not been met. Most of the
participants who were interviewed at the conference were first-generation immigrants who were born in the Philippines, had obtained their BSN degree in the Philippines, were from a similar age bracket, and worked at a medical institution located on the East Coast. To answer the research questions more comprehensively, it was essential to have the perspectives of Filipino nurses with different educational experiences, ages, and states in which they practiced. To capture the breadth of experiences of Filipino American nurses who obtained their nursing degree in the United States, to include a more diverse age group, and to involve more nurses who worked across the country, I conducted further interviews after the conference.

After the conference, I reached out again to key leaders of the PNAA organization, which included the Research Committee Chair, past and present PNAA national leaders, and past and present PNAA subchapter/regional leaders, to inform them that more participants were needed for the study. A revised recruitment letter reflecting the need for additional participants was sent to leaders of the PNAA organization, along with a request to distribute the letter to their constituents.

Snowball sampling, also known as network sampling, is a type of purposeful sampling strategy wherein participants of the study refer other possible subjects who have similar interests or background as they do to the researcher (Boswell & Cannon, 2017). In this study, many of the study participants passed along the research information to other Filipino nurses who met the inclusion criteria and provided me with information on other possible participants for the study.

Qualitative research studies generally have a smaller sample size than quantitative studies do. The sample size is determined to be sufficient when enough data is collected
to reach saturation and the information gathered is enough to be able to answer the research question/s (Boswell & Cannon, 2017). In this study, a total of 35 participants were interviewed. Saturation was reached between the subgroup of participants who were educated in the Philippines upon interviewing 18 participants, and between the subgroup of participants who were educated in the United States upon interviewing 17 participants.

**Data Collection**

At the PNAA conference, a recruitment letter outlining the purpose of the study, the inclusion criteria for participants, and the details of the interview was included in each of the registration packets given to conference attendees. In addition, an announcement was made during the conference’s Education Day to inform attendees of the study and to refer to the recruitment letter for further details.

Interviews were scheduled with each of the participants face-to-face and via email, phone call, and/or text. During the PNAA conference, 15 participants were interviewed face-to-face at an agreed upon location. A private meeting room located within the hotel was reserved as a place where the participants could choose to be interviewed. Given that there was conference programming scheduled throughout the day from 7:00 a.m. until 11:00 p.m., a number of participants chose to be interviewed in one of several lobby and lounge areas of the hotel located closer to the conference meeting rooms. Post-conference interviews were all conducted by telephone.

An informed consent was reviewed with each participant prior to the start of the interview. Participants at the conference were given hard copies of the consent for review and their signature. Post-conference participants were emailed a copy of the consent prior to the interview and gave verbal consent.
Each interview started with a demographic survey (see Appendix) that included questions about the participant’s educational background and work status. The semi-structured interview protocol consisted of open-ended questions to allow for participants to determine the direction of their answer (Boswell & Cannon, 2017). Krueger and Casey (2015) suggested that the questions follow a questioning route arranged in a “natural, logical sequence” (p. 7) that starts with general questions first and becomes more focused and specific to guide the participants to think about the topic. Two slightly different versions of the interview protocol were developed to account for IENs who obtained their baccalaureate nursing degree in the Philippines and those who obtained their baccalaureate nursing degree in the United States (see Appendix). It was my assumption that those participants who obtained their BSN degree in the Philippines may have also worked in the Philippines as a nurse; thus, questions were developed addressing and assessing this experience. Participants who obtained their BSN degree in nursing in the Philippines were also asked questions about the factors that influenced their decision to immigrate and to describe their transition to the United States. However, besides these questions, the rest of the questions included in the interview protocol on career advancement, educational aspirations, and leadership and professional goals were similar. Interview Guide A—utilized for internationally educated participants who obtained their baccalaureate degree in nursing from the Philippines—contained 19 main questions and 34 possible subquestions. Interview Guide B—utilized for participants who graduated with a BSN degree in nursing in the United States—contained 16 main questions and 31 possible subquestions.

The interview protocol was reviewed by my dissertation committee, which was
composed of higher education experts. The chair of my committee, Dr. Peter Garland, serves as the Executive Vice Chancellor of Pennsylvania’s State Board of Higher Education. Dr. Laura Perna, Executive Director of the University of Pennsylvania’s Alliance for Higher Education Democracy and Chair of the University of Pennsylvania Faculty Senate and the Higher Education Division of the Graduate School of Education, was my second reader. The third member of my dissertation committee was Dr. Beth Kelsey, a national nursing expert and the Director of the Doctor of Nursing Practice Program at Ball State University. This group of experts provided feedback and the protocol was edited according to their discussion.

The interviews lasted about 30 to 90 minutes each and were audio recorded with the participants’ permission. Interviews were transcribed verbatim by a paid transcription service. I reviewed each transcript at least three times in an attempt to strive for an accurate transcription and understanding of the data. In instances when the interviewees provided answers in Tagalog, I translated the answers in English.

Participants each received a $25 gift card as an honorarium for participating in the study. One participant refused the gift card. At the conclusion of the data collection period, a participant was randomly selected to receive a $100 gift card.

**Research Participant Characteristics**

All of the participants were recruited through the PNAA membership and networks. The participants were not specifically asked if they were members of the organization nor was membership to the PNAA part of the inclusion criteria; however, initial participants were recruited through network snowball sampling that began at the PNAA national conference.
There were 35 total interviews conducted. The first 15 interviews were performed face-to-face during the national conference. After the conclusion of the conference, 20 more participants were interviewed by phone between the months of August and October 2016. Two of the participants interviewed did not meet the inclusion criteria; therefore, these participants were not included in the analysis of the data. One of these excluded participants had already completed a master’s degree in nursing, and the other participant who was excluded from data analysis was born in the United Arab Emirates. From here, when referring to “participants,” this group will only include the 33 participants who met the inclusion criteria and who are included in the analysis of the data.

Demographic data that was collected from each participant included:

1. Sex
2. Age
3. Birthplace (city and province/state)
   a. If born in the Philippines, immigration year
   b. Reason for immigration
4. Type of initial nursing degree
5. Country where initial nursing degree was obtained
6. Type of highest nursing degree
7. Country where highest nursing degree was obtained
8. Current student status
   a. If currently in school, type of degree
9. Current work status
10. Total years of nursing practice
According to the 2008 National Sample Survey of Registered Nurses, there are 3,063,162 nurses in the United States (USDHHS, 2010, p. 8-2). Among this large pool of nurses, 5.8% identify as Asian; however, the survey did not specifically ask to which Asian subgroup the responders belonged (USDHHS, 2010). It could be surmised that this number includes both foreign-born and native Asian nurses. The 2008 survey did note that 5.4% of nurses in the United States reported that they had obtained their nursing degree from a foreign country (USDHHS, 2010). Over half of these IENs come from the Philippines (50.1%; USDHHS, 2010, p. xxxiv). All of the participants in this study self-identified as Filipino or of Filipino heritage. The age range for the participant sample was from 22 to 68 years old, with a mean age of 45.15 years. The average age of RNs in the U.S. workforce was 46 years old (USDHHS, 2010). Nationally, for RNs who identify as Asian, the average age was 41 years old (USDHHS, 2010, p. 8-3). The average age of IENs in this study was 54 years old, even though the average age of IENs in the United States is 46 years old (USDHHS, 2010, p. 8-3).

As presented in Table 1, of the 33 participants in the study, 85% identified as female (n = 28) and 15% identified as male (n = 5). According to the U.S. Census Bureau’s (2013) American Community Survey data from 2011, 90.4% of RNs identify as female, while 9.6% of RNs identify as male. The statistics from the American Community Survey might be misleading as these numbers also include RNs who have obtained education beyond the BSN and practice as NPs and nurse anesthetists; therefore, it could be argued that the number of male RNs who have a BSN as their highest nursing degree is a lower number (U.S. Census Bureau, 2013). The number of men included in the study was higher in proportion compared to the national statistics.
Table 1

*Participant Demographics: Age, Sex, and Country of Birth*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Age</th>
<th>Sex</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-face interviews conducted at the PNAA conference in Washington, DC (July 2016)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyn</td>
<td>60</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Brooke</td>
<td>60</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Camille</td>
<td>68</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Darna</td>
<td>54</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Ester</td>
<td>60</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Fabian</td>
<td>47</td>
<td>M</td>
<td>Philippines</td>
</tr>
<tr>
<td>Georgette</td>
<td>43</td>
<td>F</td>
<td>United States</td>
</tr>
<tr>
<td>Hannah</td>
<td>56</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Imee</td>
<td>55</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>June</td>
<td>61</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Kristine</td>
<td>68</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Leilani</td>
<td>42</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Miranda</td>
<td>53</td>
<td>F</td>
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</tr>
<tr>
<td>Nina</td>
<td>26</td>
<td>F</td>
<td>United States</td>
</tr>
<tr>
<td>Interviews conducted via phone (August to October 2016)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oscar</td>
<td>26</td>
<td>M</td>
<td>United States</td>
</tr>
<tr>
<td>Perla</td>
<td>49</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Quinn</td>
<td>39</td>
<td>F</td>
<td>United States</td>
</tr>
<tr>
<td>Regina</td>
<td>39</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Stephanie</td>
<td>22</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Tala</td>
<td>36</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Uma</td>
<td>30</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Vida</td>
<td>35</td>
<td>F</td>
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</tr>
<tr>
<td>Whitney</td>
<td>43</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Xandra</td>
<td>55</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Yasmin</td>
<td>62</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Zoella</td>
<td>39</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Allan</td>
<td>39</td>
<td>M</td>
<td>Philippines</td>
</tr>
<tr>
<td>Belinda</td>
<td>32</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Carlos</td>
<td>31</td>
<td>M</td>
<td>United States</td>
</tr>
<tr>
<td>Danica</td>
<td>43</td>
<td>F</td>
<td>Philippines</td>
</tr>
<tr>
<td>Eric</td>
<td>58</td>
<td>M</td>
<td>Philippines</td>
</tr>
<tr>
<td>Francine</td>
<td>28</td>
<td>F</td>
<td>United States</td>
</tr>
<tr>
<td>Gabrielle</td>
<td>29</td>
<td>F</td>
<td>United States</td>
</tr>
</tbody>
</table>
Asian Americans are frequently described according to when they or their families arrived in the United States (Uba, 1994, as cited in Nadal, 2011). Immigration scholars, according to Rumbaut (2004), describe first-generation immigrants as those who were born and raised in another country and then immigrate to the United States in their adult years. Second generation immigrants are those who were born in the United States to one or both first-generation immigrant parents and were raised and socialized in the United States (Pew Research Center, 2013). Individuals who were born outside of the United States and who immigrated before the age of 13 belong to the 1.5 generation (Nadal, 2011). These foreign-born individuals of the 1.5 generation spent part, or most, of their childhood in their home country where they learned values, beliefs, and language (Kim, Brenner, Liang, & Asay, 2003; Nadal, 2011). They then immigrated at the beginning of adolescence—a critical developmental stage—wherein they were socialized into the culture in the United States and gained better fluency in English while maintaining fluency with their native tongue (Kim et al., 2003). Third-generation Asian Americans are individuals born in the United States whose grandparents and parents were also born in the United States (Nadal, 2011).

Identifying to which generation the participants belong provided the background information necessary to better understand participant perspectives, value systems, and cultural beliefs. As presented in Table 1, 79% of the participants were born in the Philippines \( (n = 26) \) and 21% were born in the United States \( (n = 7) \). The 26 participants who were born in the Philippines immigrated to the United States between 1975 and 2005. These participants immigrated between the ages of 6 and 48 years old. As seen in Table 2, the study sample included 22 first-generation \( (n = 22) \), four 1.5-generation \( (n = \)
Table 2

*Participant Demographics: Birth Year, Current Age, and Generation*

<table>
<thead>
<tr>
<th>Participants</th>
<th>If birthplace was outside of the United States, year of immigration and age at time of immigration</th>
<th>Generation in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yasmin</td>
<td>1976, age 22</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>June</td>
<td>1979, age 24</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Imee</td>
<td>1983, age 22</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Kristine</td>
<td>1984, age 36</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Xandra</td>
<td>1984, age 23</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Darna</td>
<td>1985, age 23</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Perla</td>
<td>1985, age 18</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Analyn</td>
<td>1988, age 32</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Camille</td>
<td>1988, age 40</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Hannah</td>
<td>1988, age 28</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Eric</td>
<td>1988, age 30</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Brooke</td>
<td>1991, age 35</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Vida</td>
<td>1995, age 14</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Whitney</td>
<td>1999, age 26</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Tala</td>
<td>2000, age 18</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Danica</td>
<td>2001, age 28</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Fabian</td>
<td>2002, age 33</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Regina</td>
<td>2002, age 25</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Zoella</td>
<td>2003, age 26</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Allan</td>
<td>2003, age 26</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Ester</td>
<td>2004, age 48</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Leilani</td>
<td>2005, age 31</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Miranda</td>
<td>1975, age 11</td>
<td>1.5 generation</td>
</tr>
<tr>
<td>Belinda</td>
<td>1990, age 6</td>
<td>1.5 generation</td>
</tr>
<tr>
<td>Uma</td>
<td>1991, age 6</td>
<td>1.5 generation</td>
</tr>
<tr>
<td>Stephanie</td>
<td>2001, age 7</td>
<td>1.5 generation</td>
</tr>
<tr>
<td>Gabrielle</td>
<td>N/A</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Georgette</td>
<td>N/A</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Nina</td>
<td>N/A</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Oscar</td>
<td>N/A</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Quinn</td>
<td>N/A</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Carlos</td>
<td>N/A</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; generation</td>
</tr>
<tr>
<td>Francine</td>
<td>N/A</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; generation</td>
</tr>
</tbody>
</table>
4), six second-generation \((n = 6)\) and one third-generation \((n = 1)\) Filipinos and Filipino Americans. Participants provided their and their respective family’s reasons for immigrating to the United States, which will be discussed later in the chapter.

Nationally, among RNs who identify as Asian, 69.6% started their nursing careers with a bachelor’s or higher degree (USDHHS, 2010, pp. 7-8). All 33 participants of the study had a BSN degree as their highest completed nursing degree, as this was part of the inclusion criteria. A majority of the participants in the study had a BSN as their first and only nursing degree \((n = 22)\) compared to 11 participants who started with the following degrees: graduate nurse (GN), licensed vocational nurse (LVN; also known as Licensed Practical Nurse [LPN]), diploma, or an associate’s degree in nursing (ADN; \(n = 11\)).

A majority of the first-generation participants were already BSN-prepared upon their arrival to the United States as many of these individuals were recruited by hospital systems and needed a visa to work \((n = 13)\). One of the requirements by the U.S. Citizenship and Immigrations Services over the past 20 years was for IENs to possess a minimum of a bachelor’s degree to obtain a U.S. work visa (as cited in USDHHS, 2010). Additionally, most nursing education programs in the Philippines award BSN degrees instead of an ADN (USDHHS, 2010). As per the 1980-2008 National Sample Survey of Registered Nurses, this pathway is different for RNs (of all ethnic backgrounds) in the United States wherein 65.8% obtain an ADN or a diploma degree as their first nursing degree (USDHHS, 2010, p. 2-2).

As presented in Table 3, 13 of the 14 first-generation participants who had a BSN degree as their initial and highest completed nursing degree graduated with their BSN degrees from colleges of nursing in the Philippines between the years of 1977 and 1994.
### Table 3

**BSN Degree: Graduation Year, Age, and Country**

<table>
<thead>
<tr>
<th></th>
<th>Year of Graduation</th>
<th>Age at Graduation*</th>
<th>Country Where BSN Degree Was Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristine</td>
<td>1970</td>
<td>22</td>
<td>Philippines</td>
</tr>
<tr>
<td>Analyn</td>
<td>1977</td>
<td>21</td>
<td>Philippines</td>
</tr>
<tr>
<td>Brooke</td>
<td>1977</td>
<td>21</td>
<td>Philippines</td>
</tr>
<tr>
<td>Ester</td>
<td>1978</td>
<td>22</td>
<td>Philippines</td>
</tr>
<tr>
<td>Xandra</td>
<td>1981</td>
<td>20</td>
<td>Philippines</td>
</tr>
<tr>
<td>Imee</td>
<td>1981</td>
<td>20</td>
<td>Philippines</td>
</tr>
<tr>
<td>Darna</td>
<td>1982</td>
<td>20</td>
<td>Philippines</td>
</tr>
<tr>
<td>Hannah</td>
<td>1982</td>
<td>21</td>
<td>Philippines</td>
</tr>
<tr>
<td>Danica</td>
<td>1993</td>
<td>20</td>
<td>Philippines</td>
</tr>
<tr>
<td>Miranda</td>
<td>1993</td>
<td>30</td>
<td>United States</td>
</tr>
<tr>
<td>Leilani</td>
<td>1994</td>
<td>20</td>
<td>Philippines</td>
</tr>
<tr>
<td>Georgette</td>
<td>1996</td>
<td>23</td>
<td>United States</td>
</tr>
<tr>
<td>Regina</td>
<td>1998</td>
<td>21</td>
<td>Philippines</td>
</tr>
<tr>
<td>Zoella</td>
<td>1998</td>
<td>21</td>
<td>Philippines</td>
</tr>
<tr>
<td>Allan</td>
<td>1998</td>
<td>21</td>
<td>Philippines</td>
</tr>
<tr>
<td>Uma</td>
<td>2007</td>
<td>21</td>
<td>United States</td>
</tr>
<tr>
<td>Belinda</td>
<td>2010</td>
<td>26</td>
<td>United States</td>
</tr>
<tr>
<td>Oscar</td>
<td>2013</td>
<td>23</td>
<td>United States</td>
</tr>
<tr>
<td>Whitney</td>
<td>2013</td>
<td>40</td>
<td>United States</td>
</tr>
<tr>
<td>Carlos</td>
<td>2014</td>
<td>29</td>
<td>United States</td>
</tr>
<tr>
<td>Stephanie</td>
<td>2016</td>
<td>22</td>
<td>United States</td>
</tr>
<tr>
<td>Gabrielle</td>
<td>2016</td>
<td>29</td>
<td>United States</td>
</tr>
</tbody>
</table>

*Note. Age at BSN graduation was calculated by year of graduation and current age.

One first-generation participant graduated with her BSN degree from a university in the United States in 2013 at the age of 40. The mean age of these first-generation participants who graduated with their BSN degree from the Philippines is 20.77. This mean age is lower than the average age of RNs in the United States who graduated around the same time as these IENs. Back in 1984, in the United States, the average age of graduation from a BSN program was 22 years old, and this number has steadily risen in the last two decades nationally (USDHHS, 2010, p. 2-3). For those nurses who
graduated with a BSN degree in 2005 or later, the average age at graduation was 28 years old (USDHHS, 2010, p. 2-3). The first-generation BSN-prepared participants moved to the United States between the years of 1983 and 2005. The mean age for the first-generation participants at the time of immigration to the United States was 29.38 years old. The majority of these nurses \((n = 8)\) immigrated within eight years of graduation from their respective BSN programs in the Philippines. All of the 1.5-generation participants \((n = 4)\) had a BSN as their initial nursing education. These participants immigrated to the United States at ages 6, 7, and 11. The mean age at which they graduated from their U.S.-based BSN programs was 24.75 (see Table 3). Four of the six second-generation participants had a BSN as their initial and highest completed nursing degree. These participants were all born in the United States between 1973 and 1990. The mean age at which they completed their degree from U.S.-based BSN programs was 26.

Eight of the 11 participants who had a nursing degree prior to a BSN were first-generation Filipinos. They immigrated to the United States between the 1976 and 2002. These first-generation participants immigrated between the ages of 14 and 40, with a mean age of 24.88 years. Half of these first-generation participants \((n = 4)\) obtained their first degree (e.g., GN, ADN, diploma) from a school in the Philippines between 1969 and 1977. The mean age for these participants at the time of graduation from their first degree was 20.25 years old. These first-generation participants proceeded to obtain a BSN degree from their respective colleges of nursing in the Philippines between 1976 and 1980. These participants returned to school to obtain their highest degree within an average of 4.25 years since graduating from their first degree. The mean age at graduation from their BSN program was 24.5 years old.
The other half of the first-generation participants \((n = 4)\) with a nursing degree prior to a BSN graduated with their first degree (e.g., LVN, ADN) from a nursing program in the United States between 1988 and 2007. The mean age at the time of graduation from their first degree for these participants was 27.25 years old. These first-generation participants proceeded to obtain a BSN degree from their respective colleges of nursing in the United States between 1997 and 2016. These participants returned to school to obtain their highest degree within an average of 7.25 years since graduating from their first degree. The mean age at graduation from their BSN program was 32 years old. One third of the second-generation participants \((n = 2)\) obtained an associate’s degree in nursing as their first degree in nursing from their respective programs in the United States. These two participants graduated from their ADN programs in 2013 at the age of 23 and in 1999 at the age of 22, respectively. These participants then went on to obtain their BSN degrees in 2014 at the ages of 24 and 37, respectively.

The only third-generation participant in the study received her associate’s degree in nursing from a program in the United States in 2010 at the age of 22. She then graduated from her BSN degree six years later in 2016 at the age of 28. In comparison to the national trend for diploma programs in the United States, the average age at graduation was 22 years old in 1984. The trend steadily increased to 26 years old between 1985 and 1989 and to 33 years old in 2005 (USDHHS, 2010, pp. 2-3). As for ADN graduates from U.S.-based nursing programs, the average age at graduation was 26 in 1984 and sharply increased to 30 years old between 1985 and 1989; the average age steadily increased to 33 years old by 2005 (USDHHS, 2010, pp. 2-3; see Table 4).

There was a wide range of nursing experience for the participants in the study.
Table 4

Participants With a Nursing Degree Prior to BSN

<table>
<thead>
<tr>
<th></th>
<th>First nursing degree</th>
<th>Country where first nursing degree was obtained</th>
<th>Year of graduation for first nursing degree</th>
<th>Country where BSN degree was obtained</th>
<th>Year of graduation from BSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yasmin</td>
<td>Diploma</td>
<td>Philippines</td>
<td>1974</td>
<td>Philippines</td>
<td>1976</td>
</tr>
<tr>
<td>Camille</td>
<td>GN</td>
<td>Philippines</td>
<td>1969</td>
<td>Philippines</td>
<td>1979</td>
</tr>
<tr>
<td>Eric</td>
<td>GN</td>
<td>Philippines</td>
<td>1977</td>
<td>Philippines</td>
<td>1980</td>
</tr>
<tr>
<td>June</td>
<td>ADN</td>
<td>Philippines</td>
<td>1976</td>
<td>Philippines</td>
<td>1978</td>
</tr>
<tr>
<td>Perla</td>
<td>ADN</td>
<td>United States</td>
<td>1988</td>
<td>United States</td>
<td>1997</td>
</tr>
<tr>
<td>Quinn</td>
<td>ADN</td>
<td>United States</td>
<td>1999</td>
<td>United States</td>
<td>2014</td>
</tr>
<tr>
<td>Fabian</td>
<td>ADN</td>
<td>United States</td>
<td>2006</td>
<td>United States</td>
<td>2010</td>
</tr>
<tr>
<td>Tala</td>
<td>ADN</td>
<td>United States</td>
<td>2007</td>
<td>United States</td>
<td>2016</td>
</tr>
<tr>
<td>Francine</td>
<td>ADN</td>
<td>United States</td>
<td>2010</td>
<td>United States</td>
<td>2016</td>
</tr>
<tr>
<td>Nina</td>
<td>ADN</td>
<td>United States</td>
<td>2013</td>
<td>United States</td>
<td>2014</td>
</tr>
<tr>
<td>Vida</td>
<td>LVN</td>
<td>United States</td>
<td>2005</td>
<td>United States</td>
<td>2013</td>
</tr>
</tbody>
</table>

Two-thirds of participants (75.8%) reported that they worked in a hospital-based clinical setting providing bedside nursing care (n = 25). This is similar to the trend for RNs in the United States with 62.2% reporting employment in hospitals (USDHHS, 2010, p. 3-8). Similarly, almost two-thirds (72.9%) of IENs reported being employed in a hospital setting as their principal nursing position (USDHHS, 2010, p. 3-8). Many participants worked in different types of intensive care units, such as surgical, neonatal, and cardio-thoracic, and other acute settings such as trauma, medical-surgical, post-anesthesia care, cardiology, and oncology units. Several participants reported that although they worked in an acute setting, they worked in a capacity where they provided education and administrative support to bedside nurses as a clinician educator, patient coordinator, and case manager. Two participants were employed in federal hospitals, one worked for the U.S. Department of Veteran Affairs, and the other worked for a military facility. One
participant reported being employed at a rehabilitation facility and another in a long-term care facility. Two participants worked in their hospital system’s information technology department to provide support for medical providers (e.g., nurses, doctors, other medical personnel) with navigating electronic medical records. One participant worked for a health insurance company. No participant reported working in an ambulatory setting.

Participants were asked about the states in which they were currently working instead of the state in which they resided. The state in which they work has a more significant impact on their educational and career trajectories given that the respective state boards of nursing govern that state’s nursing scope of practice. I intended to include participants from different states with the hope of gathering a wide array of perspectives that were not bound to state-specific or institution-specific points of view. The location of the participants’ workplace represented the District of Columbia and the following 13 states: Arizona, California, Colorado, Connecticut, Florida, Georgia, Indiana, Massachusetts, New Jersey, New York, Pennsylvania, Texas, and Virginia. One of the participants had worked most of her nursing career in Hawaii, her home state; however, at the time of the interview, she had been working as a travel nurse for several months in California as part of her travel assignment. In the United States, an estimated 25% of IENs reside primarily in four states: California, New York, Florida, and Texas (USDHHS, 2010); the study had good representation of IENs (n = 6) who worked in these states.

Total years of nursing practice for the participants ranged from new-to-practice nurses who started their first nursing job just a couple of months prior to their interview, to a 68-year-old nurse who had 47 years of experience. The average years of nursing
practice for the 33 participants was 22.36 years. Differentiating between IENs and those who were educated in the United States, the average years of practice for participants who were educated in the Philippines \( (n = 17) \) was 32.83 years. On the other hand, those who were educated in the United States \( (n = 16) \) had an average of 10.93 years of nursing practice. This 21.9 year difference in nursing experience between these two groups was likely due to the fact that most of the IENs interviewed for this study were from the group of nurses recruited during the nursing shortages in the 1970s and 1980s. The reason could also be that the demographics of the PNAA attendees leaned toward more experienced Filipino nurses than novice nurses. Due to the nature of snowball sampling, experienced Filipino nurses who I interviewed at the conference referred the colleagues in their own networks who were likely within the same age-bracket.

The aforementioned average age for IENs in this study was 54 years old. In contrast, the average age for participants who were educated in the United States was 35.56 years old. Of note, one participant retired from her full-time clinical practice 2 weeks prior to the interview, but stated that she would continue to practice per diem or part-time. Another participant—a service member of the U.S. Navy—had worked in clinical practice for 3 years, but had recently been injured and was on leave of absence from her naval post (see Table 5).

Seven of the 33 participants interviewed reported to have started a graduate degree at some point in their career, but never completed the degree (see Table 6). Four of these seven participants started a graduate degree that was specific to nursing. Ten of the participants had been accepted or were currently attending graduate school (see Table 7). The MSN degrees that the participants started included: health administration, nursing
administration, and family nurse practitioner (FNP). Three participants started a non-nursing graduate degree in law, public health, and business administration.
Table 6

*Participants Who Started But Were Unable to Complete a Degree Program*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Focus of Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyn</td>
<td>MSN, Health Administration</td>
</tr>
<tr>
<td>Brooke</td>
<td>Started 1st semester</td>
</tr>
<tr>
<td>Camille</td>
<td>Master’s in Public Health</td>
</tr>
<tr>
<td>Imee</td>
<td>MSN, Nursing Administrative Science</td>
</tr>
<tr>
<td>Kristine</td>
<td>MSN, Family Nurse Practitioner</td>
</tr>
<tr>
<td>Eric</td>
<td>Master’s in Business Administration</td>
</tr>
<tr>
<td>Gabrielle</td>
<td>Juris Doctor</td>
</tr>
</tbody>
</table>

Table 7

*Participants Currently Accepted/Enrolled in Graduate School*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Focus of Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leilani</td>
<td>MSN, Unspecified</td>
</tr>
<tr>
<td>Oscar</td>
<td>MSN, Nursing Leadership</td>
</tr>
<tr>
<td>Perla</td>
<td>MSN, Healthcare Systems Management</td>
</tr>
<tr>
<td>Quinn</td>
<td>MSN, Health Administration</td>
</tr>
<tr>
<td>Regina</td>
<td>MSN, Adult Gerontology Nurse Practitioner</td>
</tr>
<tr>
<td>Vida</td>
<td>MSN, Adult Gerontology Nurse Practitioner</td>
</tr>
<tr>
<td>Whitney</td>
<td>MSN, Family Nurse Practitioner</td>
</tr>
<tr>
<td>Zoella</td>
<td>MSN, Adult Gerontology Nurse Practitioner</td>
</tr>
<tr>
<td>Allan</td>
<td>MSN, Adult Gerontology Nurse Practitioner</td>
</tr>
<tr>
<td>Francine</td>
<td>Pre-requisites for MSN, Certified Registered Nurse Anesthetist</td>
</tr>
</tbody>
</table>

**Data Analysis**

The data gathered included: basic participant demographic information, interview transcripts, audio recordings of the interviews; the researcher’s field notes, observations, and reflexive memos. These data were methodically organized and systematically analyzed utilizing hermeneutic phenomenology, particularly Ricoeur’s interpretive approach (Gaenellos, 2000).

**Reliability and Validity**

Although “validity in qualitative research can never be fully ensured, it is a
process and a goal” (Cho & Trent, 2006, p. 333) for which a researcher should strive. One of the rigorous approaches used in this research to check the accuracy of the qualitative data gathered was triangulation (Creswell, 2013, 2016; Ravitch & Carl, 2016). Triangulation for this research occurred through the constant review of transcripts and field notes for accuracy, along with the codes and themes used for analyzing the data (Creswell, 2016). Further, my close racial, cultural, familial, and professional similarity to the subjects warranted critical self-reflection of my biases. As a validation strategy, I engaged in continual subjective reflection throughout the research process by writing field notes, memos, and journaling.

Lastly, a group of “critical friends” (M. Hartley, personal communications, December 2015) who are familiar with the U.S. nursing workforce and higher education were asked to be peer reviewers for parts of this paper. Lincoln and Guba (1985) advocate for having “peer debriefers” who “provid[e] methodological guidance, and serv[e] as a cathartic outlet” (p. 243). I gathered peers who provided guidance and also acted as “devil’s advocates” (Creswell, 2013, Loc 4666) to challenge the accuracy of the data and keep me honest.

**Ethical Considerations**

In research involving human subjects, the researcher is responsible for ensuring the research participants are not harmed, either directly or indirectly (Krueger & Casey, 2016). The study was conducted in line with the Belmont Report’s core ethical principles for conducting human research, which includes respect of person, beneficence, and justice (Jonsen, 1978). A first line of protection of participants’ rights included submission of the study to the University of Pennsylvania’s IRB. The University of
Pennsylvania’s IRB granted approval of the study.

The second line of protection was the informed consent form. The informed consent was reviewed with and obtained from each participant prior to the interview. Participants were informed that the study was voluntary and that they could decline to participate in the study. If they decided to participate, participants were made aware that they did not have to answer any of the questions, and/or they could stop the interview at any point in time.

Careful consideration for participant privacy and confidentiality need to be considered as sensitive and candid information was shared during the interviews. Thus, no identifiers (e.g., participant names and names of workplace institutions) were included in the final data reporting. The participant names were replaced with pseudonyms to protect their identity. If the participant mentioned identifiers in their interviews, these were redacted in the transcripts. Each participant’s audio recording and interview transcript were labeled with a corresponding identification number instead of utilizing the participant’s name. Cautious steps were taken in the actual audio recording and storage of the recordings using a password-protected iPad and laptop computer. A backup of all data was stored in the University of Pennsylvania’s secure, password-protected cloud-based server called Penn Box.

**Marginalized Populations**

Creswell (2016) urges researchers not to focus on the degree of marginalization of groups compared to others, but instead to focus on identifying and acknowledging the inequalities that exist. Creswell further writes that marginalization could be in the form of a population being under researched, such as the Filipino nursing population.
There are particular concerns for marginalized populations such as possible language barriers for participants who are non-native English speakers. Creswell (2016) writes that research participants “may lack terms for key concepts, or important information may be lost in translation” (p. 140), and they “may attribute meanings to researchers’ body language, gestures, and inflections” (p. 140). Culture and language need to be taken into consideration given that all the participants of the study identified as part of a specific race group. I predicted that the PNAA conference attendees would likely speak Tagalog or another Filipino dialect. Indeed, when the first set of participants were recruited from the PNAA conference, the majority of the participants were Philippine-born, non-native English speakers. Therefore, much consideration needed to be given to the use of appropriate levels of language and the use of slang while facilitating the interviews. Creswell (2016) states that if culture is not carefully taken into consideration when conducting research, then the qualitative research design will be tremendously weakened.

**Researcher Positionality**

Hermeneutic phenomenology acknowledges that there is an interrelationship between the interpretation of the research and the researcher (Geanellos, 2000). The researcher is the primary instrument for data collection and analysis. Therefore, it is essential for the researcher to be aware of their positionality and social location and to be reflexively aware of their biases and critical of their views (Ravitch & Carl, 2016).

I was interested in researching the educational aspirations for Filipino and Filipino American nurses because it is a topic that is close to me personally and professionally. I come from a family of nurses and was exposed to the profession at an
early age. I grew up visiting my grandmother at her places of work where she was the chief nurse at a local hospital and dean of a college of nursing in the Philippines. My mother is also a nurse and shares similar characteristics as the first-generation participants in my study: a BSN-prepared nurse who obtained her undergraduate degree in the Philippines and was recruited to work in the United States during one of the nursing shortages in the 1980s. Our whole family followed her several years later and immigrated to the United States in 1994. I studied nursing at Rutgers University’s College of Nursing. Soon after earning my undergraduate degree, I enrolled in the Master’s of Nursing Obstetrics and Gynecology Nurse Practitioner Program at the University of Pennsylvania. I was hired as an NP at the hospital of the University of Pennsylvania soon after. In total, I have practiced in the nursing profession for the past 16 years. Along with my clinical practice, I also teach at the University of Pennsylvania’s School of Nursing. I am one of the few faculty members at the School who identify as Asian American, and perhaps one of a handful of Filipino faculty.

In this personal and professional context, I identified with the stories of my participants as I personally have lived through many of the events and milestones that they shared. As a clinician, I have been trained to perform interviews without personalizing the exchange between the patient and me. During the participant interviews, I utilized my interviewing skills as a clinician and asked pointed and probing questions while attempting to stay critical of my position and identity.

In the interpretation and analysis of the text, I relied on Ricoeur’s hermeneutic approach of distanciation, where the meaning of the written text becomes more important than the words (Gaenellos, 2000). The text is “emancipat(ed) . . . freed from the context
of its creation and able to be read within different socio-political, historical and cultural traditions” (Geanellos, 2000, p. 113). As an experienced nurse who identifies closely with my Filipino roots and who has lived in the United States for over 20 years, I was able to make meaning of the whole text through both Filipino and American perspectives.

**Limitations of the Study**

At least three limitations warrant consideration for this study. First, there are limitations to qualitative research design, especially when open-ended questions are utilized during interviews and when participants are asked to self-reflect on their experiences. Reflection on an experience, which in turn are translated into language form, may change the experience itself (Polkinghorne, 2005). Wierzbicka purports that “the way people interpret their own emotions depends, to some extent at least, on the lexical grid provided by their native language” (as cited in Polkinghorne, 2005, p. 139). Despite the number of study participants who were non-native English speakers, most chose to answer the majority of interview questions and describe their life experiences and feelings in English. On the other hand, there were participants who chose to answer questions in Taglish, a combination of English and Tagalog words that many Filipinos—in the Philippines and in the United States—often utilize as a form of communication. The responsibility was left to me to translate and interpret the non-English words that were spoken by the participants. Although the use of a foreign language by the participants may be viewed as a limitation of the study, it can be contended that the fact that the participants felt comfortable enough with me to speak in their native tongue adds to the strength of the study. As I am also a native speaker of Tagalog, was born and raised in the Philippines, and was socialized in Filipino culture, I was able to not only directly
translate the meaning of the words, but also to understand the cultural context of their experience. For example, the participants referred to specific Filipino cultural values such as *pakikisama* and *utang na loob*, that would be difficult to understand for those who do not identify as Filipino or of Filipino heritage.

Secondly, the recruitment of participants was purposefully done within the boundaries of the PNAA conference and through PNAA networks. Participants of the study were not limited to PNAA members only, but were within the social network of PNAA members. This sampling strategy may pose as a limitation to the study. Given that the study intends to explore the incentives and disincentives toward educational attainment of Filipino and Filipino American nurses, it could be argued that the nurses attending the PNAA conference or those associated with the PNAA networks were a subset of nurses who were professionally-motivated and career-focused. The nurses interviewed at the PNAA conference were actively involved in professional nursing activities outside of their workplace as members and/or officers of the PNAA organization. The nurses who were interviewed after the conclusion of the conference may not have attended the national conference, but many reported being active within local subchapters of the PNAA and/or other professional nursing organizations.

Researcher and participant bias is a limitation of purposeful sampling specifically when there is an overrepresentation of individuals who share similar characteristics and belong to the same network (Magnani, Sabin, Saidel, & Heckathorn, 2005). Given that participants of the study either attended the PNAA conference or were referred through PNAA networks, the study had an overrepresentation from a particular group of Filipino and Filipino American nurses who share similar professional behaviors and/or who share
Randomized sampling methods are considered to be the benchmark of participant recruitment as this type of sampling method most likely will be representative of the population (Sadler, Lee, Lim, & Fullerton, 2010). Fundamental factors of generalizability are sampling representativeness and study setting (Ferguson, 2004). Purposeful homogeneous and snowball sampling—the recruiting approach used in this study—do not have the advantages of probability and randomization. The 33 participants in this study are not representative of the Filipino and Filipino American nurse population in the United States; therefore, conclusions from this research are not generalizable to the larger population.

Third, the interviews were performed in two different ways: face-to-face interviews for the first 15 participants and phone interviews for the 20 remaining participants. It could be argued that these two ways of interviewing may have elicited different types of responses from the participants. Rapport was more quickly established with participants that I met face-to-face at the conference compared to those I interviewed over the phone. On the other hand, the post-conference study participants and I had more flexibility with scheduling the telephone interviews over three months and were not limited to conducting the interviews within the conference’s schedule. As a result, the average length of interviews was longer for the telephone interviews than it was for the face-to-face interviews.

**Strength of the Study**

In addition to my fluency in Tagalog and my familiarity with the Filipino culture, I am also a practicing APRN who has deep insight and understanding of the nursing
profession. Because I am one of their own—a Filipino nurse working in the United States—I was able to establish rapport and trust with the participants prior to and during the interviews. Participants felt comfortable reflecting on their lives, sharing their personal journey, and entrusting me to bring their narratives to light.
CHAPTER 4

Findings

As discussed in previous chapters, Asians are more likely to obtain a bachelor’s degree for their initial nursing education compared to other races. This is likely due to the large portion of IENs, 50.1% of whom are Filipinos (USDHHS, 2010). However, despite this overrepresentation of Asian nurses with a bachelor’s degree as their initial degree, there is limited knowledge as to the reasons why Asians are less likely to pursue a graduate nursing degree compared to White or Black/African American nurses (USDHHS, 2010). Interviews were conducted with 35 Filipino and Filipino American nurses from 14 states across the United States. Thirty-three of these interviews were analyzed utilizing Ricoeur’s hermeneutical interpretive approach (SOURCE).

The first section of this chapter discusses the nurses’ motivations for choosing nursing as a career and why they continued to work as a nurse in an attempt to understand their journey in the nursing role. The second section explores the facilitators and incentives for a graduate education, which included financial, cultural, professional, and personal. The third section discusses the barriers and disincentives to accessing and completing a graduate degree that the participants reported.

Understanding the Motivations for Choosing Nursing as a Career

To understand motivations for educational advancement, it is necessary to understand the reasons why the participants chose nursing as a career in the first place. The 33 participants were asked to share the beginnings of their journey in nursing, what or who lead them to this career path, and why they chose to continue to work in this role. Although a majority of the participants ($n = 24$) initially did not want nursing as a career,
most were attracted to nursing primarily because of the stability of the work, the adequate salary, and the opportunity to serve people who are in need. Prior exposure to nursing practice provided them insight on the role and they found it as a source of inspiration.

**Intrinsic Need to Care**

In almost every interview, participants stated that their life’s calling was to care for others. The Filipino nurses I interviewed had an intrinsic need to care for their patients, parents, children, family, friends, and their community. The participants were clear that they wanted to serve those in need.

Most participants viewed the care they provided as more than just a task. They also mentioned treating patients as if they were their own family members. Uma, a nurse from New Jersey, shared, “My motivation is, you know, this is somebody's mom, somebody's grandma, so I want to treat them like family.” Stephanie, 22 years old, stated:

> When I was younger, I witnessed neighbors take care of their family members because . . . they cannot afford to take them to the hospital. They took care of them as best as they could without any knowledge. Most of them with[out] any knowledge of healthcare. It just pulled some heartstrings and I thought it's just so unfortunate that these people don’t have access to healthcare and are being taken care of by people they love and I just thought that as a career I want to work as a nurse and take care of other people’s dad, other people’s brother, other people’s sister.

For 38 years, Ester has worked in the nursing profession. She shared, “It’s really my passion. Because . . . right from the start, I really wanted to serve humanity. That’s my nature.” Another participant, Regina, a first-generation nurse who moved to the United States in 2002 at the age of 25, stated that it was her parents who encouraged her to become a nurse to find better opportunities outside of the Philippines. Regina explained that although her parents were the ones who initially chose for her to enter
nursing, it was the caring aspect of the profession that made her love the work. She said:

Well, honestly, you know, I would say my parents [wanted] me to become a nurse . . . my parents encouraged me to take the course, but I also like it. The better opportunities abroad. I like science, too. I like science. I like dealing with people . . . I don't have any fear of, you know, taking care of the sick people. I guess because I'm a caring person. I love to take care of other people and I guess that's just my personality, a caring person.

Many participants named the role of religion in their decision to choose nursing as a career. For Fabian, a first-generation nurse who entered nursing at the age of 37, service was deeply tied into his religious background. He stated:

[Nursing is] a caring, compassionate career that aligns with my own values and principles and visions and where I will be [for the] rest of my life. The Catholic Church teaches about corporal acts of mercy. Visiting sick, or caring for the sick. So it's one of the values I [am] espousing in value.

**Employment, Financial Stability, and a Pathway to America**

Many participants viewed nursing as a career that would provide employment stability and financial security. For first-generation participants, who often mentioned coming from humble means in the Philippines, employment stability and financial security were equated with finding a job overseas. Low wages for nurses in the Philippines did not afford them the opportunities that they desired for themselves and their families.

A great aunt who was working as a nurse in California urged Imee, 18 years old, to consider nursing and the opportunities that would follow. Imee recounted:

A great aunt who financed my education said, “You become a nurse, or you become a bum.” You know, either way, that's your only choice of being successful—to give you the opportunity to leave the country to better yourself.

Another first-generation participant, June, moved to the United States in 1979 at 24 years old. Her whole family dreamed of moving to the United States to find better
opportunities. She stated:

The goal was just the whole family eventually to move here to the United States, and of course, better pay. Honestly? It was not my choice. It was my mother’s choice. She, this is exactly her words: “Your sister's very successful being a nurse, making good money, so that is the track I would like you to be [on].”

Similarly, at 18, Tala sought nursing for better opportunities. She moved to the United States to work for a company as a computer programmer. She eventually switched jobs to work at an outpatient medical office and colleagues encouraged her to become a nurse for better employment opportunities. Tala explained:

You know, I never thought I was going into nursing. It wasn't like in my, part of my goal initially. And then everybody kind of like invited me you know? “You've been working in a doctor’s office. You may look into nursing, like, a better field. It’s, it’s . . . you are going to have job security and you know, it’s just a better possibility for the future in comparison.” So, and then later on, uh, you know, the same thing, [a colleague] was encouraging me, “Go into nursing. You can have a job anywhere you go and it is a very good field.”

Prior Exposure to Nursing

Twenty-one of the participants reported having one or more family members or a close friend who was a nurse. Three of these participants stated that being around a mother who is a nurse had inspired them to follow the same path. Georgette is a second-generation Filipina and a second-generation nurse. Her mother is a nurse, as is her aunt. Having family members as nurses was a source of inspiration for Georgette. Georgette shared:

Well, I’m sure as any Filipino, you’re either an accountant or a nurse. So my mom and my aunt. So, pretty much half my family is in the medical field. So, my mom actually came over from the United States and settled in Philadelphia . . . and then my aunt settled in New York. So, I pretty much grew up basically going, uh, to the hospital with them, and you know, I was like that kid my mom would take home like expired like surgical stuff. I’m like, oh, I never knew what they were but we used them. So, I think just being surrounded by it and just sort of being inspired because you know, my mom was never a stay-at-home mom. My mom
always worked. So she always worked the shifts that, you know, when we were in school she worked day shift. When we got a little bit older she worked night shift, you know. So, I just saw it as a career that I'd want to get into because I saw how my mom was, so she was pretty much my inspiration. And, my aunt, too as well.

Another participant, Nina, shared a similar story to Georgette’s. Nina is from Georgia and is also a second-generation Filipina and a second-generation nurse. Her parents moved to the United States in the mid-1980s when her mother was recruited as a nurse. Georgette recounted her mother’s influence on her decision to become a nurse:

Well, initially, I mean, like, all my aunts and my mom was a nurse. So, it was kinda like a second nature type thing. I mean, there was one point in college where I felt like, “Oh, maybe I can be an Econ major. I'm really good at this.” And then, my mom kinda talked me out of it. She's like, “You're not gonna find a job right out of school. So, you need to do something in nursing, and then you could do whatever you want.” And so, I mean, it made sense.

Desire for a Different Career

It was surprising to discover that a majority of the participants initially did not want to be a nurse. Twenty-four of the participants stated that choosing nursing as their career path was not their first choice. Their answers can be grouped into three categories: a desire for a different career, not wanting to be a “typical Filipino,” and being unsure of what career path to choose upon graduating from high school. Parents, aunts, cousins, and friends were named as the key influencers to convince these participants to select nursing as a career.

Participants mentioned an array of different careers in which they were interested prior to choosing nursing. These careers included business and finance, economics, fine arts, communications, journalism, linguistics, education, social work, computer engineering, architecture, medicine, law, and religious studies. For some participants, they negotiated this internal struggle of whether to switch from their initial career interest
to another by finding a meaningful purpose in pursuing nursing.

A New Jersey nurse named June, 61 years old, aspired to become an artist and wanted to study fine arts; however, her parents had other plans for her. June recounted her mother convincing her to study nursing:

I wanted [to study] fine arts. Because I know right from [when] I was little. I was drawing a lot. Just very attracted to the arts . . . I could love the artistic world right now, but my passion is now nursing. And I was able to reverse that and just . . . back then, I was lost in the world of nursing, but now I'm a big contributor to a hospital with patient outcomes, which I like.

Although June initially wanted to major in fine arts, she came to embrace nursing as her calling in life and found her purpose in caring for her patients, incorporating art into her career, and developing professionally. When June was asked how long it took her to transition to embracing nursing, she explained:

A long time. My very first year, I cried a lot. Yeah, even my first code, I cried a lot. But, the love for nursing only came about when I started . . . I joined the RN Stars, we called it, in our hospital. This clinical ladder. And it's a lot of work, it's doing one project, two projects, three projects, up to four projects. And it's not even the monetary compensation, but it's just the process of finishing a work and everyone engaging into the projects. . . . If I enjoy a project . . . my co-workers enjoy it too, then it's a big satisfaction for me. Then I was starting to like what I was doing . . . I think I just grew up. It just took a long time.

**Tracking into medicine.** Whitney, 43 years old, finished her undergraduate studies with a pre-medicine focus with the intention of becoming a medical doctor in the Philippines. However, when she moved to the United States, she joined the Navy as a foreman and was exposed to NPs in the medical facilities. Discovering a whole new group of healthcare providers with whom she was not familiar in the Philippines was an eye-opening experience for Whitney. She stated:

I worked with the nurse practitioner. So, I said like, “Oh, they, you know, they have the excellent work ethic and they do the general practitioner,” so I said, “Oh,
if I don't, if I can't go to med school, I will just go to nurse practitioner program because it's a little bit easier.” And it, you know, it gets better, because, as a nurse, the experience with the patient, you can relate more better with a patient. In a primary secure setting.

Eric, 58 years old, is a nurse working in information technology in a hospital in New York City. While growing up, Eric shared that his family did not have a lot of financial capital. Although his family wanted him to become a medical doctor, they could not afford to send him to medical school. Eric decided that he wanted to stay on course with a career in the healthcare field and found nursing as an alternative path. He described his decision process:

Well, to be honest with you I grew up in a farming family. Finances always tight. My dream was to become a doctor, but my parents sadly could not afford to send me to medical school. . . . I said, well if you can't afford to send me to a medical school, then I'll go to a nursing school. That's the closest, you know, closest to being a doctor and they said fair enough. So, I enrolled in the nursing program, and so far, I have no regrets.

Kristine shared a similar story with Whitney and Eric in that she was also enrolled in a pre-medicine track. She aspired to be a journalist, but her parents were in the medical field and insisted she join their ranks. Although she ended up in nursing “by accident,” she said that she came to love being a nurse and has stayed in the profession for over 46 years. She recalled:

I became a nurse quite by accident. My initial choice was to have taken journalism. Both my parents are doctors. My mother wanted me to become a doctor, being the eldest in the family. She enrolled me in a pre-med course, which I didn't like . . . I felt overwhelmed being in a university. So, when I went back to [college], the only spot there for me was in the college of nursing. That's the reason why I enrolled, and eventually after a year, I fell in love and decided to stay in nursing.

Considered a career as a lawyer. Both Analyn and Gabrielle wanted to become lawyers instead of nurses. However, Analyn’s family discouraged her from pursuing law.
She had a sister who was a successful nurse who worked for the National Red Cross in the Philippines and brothers who told her that she would not be able to emotionally handle being a lawyer. Her mother urged her to become a lawyer and she followed her mother’s instructions to pursue nursing as a career. Although it was a rough start, she found her career in nursing fulfilling. She shared her story:

Well, this was not my own idea. It [was] my mother’s. My sister was a nurse and my mother’s experience [was] that if you're a nurse, somebody will, even if you're just graduating, somebody will get you a job immediately because by that time, when my sister graduated, there's very rare nurses in the Philippines. So, she was about to graduate, they found a job for her in Tacloban. She was in a Philippines National Red Cross. So, my mother said, “You better be a nurse. After you graduate, you will have a job. You'll not be waiting.” I wanted to become a lawyer, actually. But my brothers [were] just trying to put me down because they said, “How can you be a lawyer in, in the court? They going to point to you and you'll start crying.” You know. I said, “You cannot be, you cannot be. Believe me, you cannot be.” They said, “Yeah, you're going to be timid, you should be outspoken, you should have to, you know, something like that.” So, I said, “Okay” anyway. I followed my mother. Even though I did not like it, because the first time I went to the clinical, I started vomiting.

Similar to several of the participants, Gabrielle pursued nursing as a second degree. Initially, she steered herself away from nursing to explore the possibility of becoming a lawyer, but also because she did not want to be a nurse much like the rest of her family. She explained:

[Nursing] was kind of a roundabout for me actually—this is my second degree. I double majored the first time in communication management and mechanical performance with the intention of going to law school. I went to law school and then I dropped out because I realized it wasn't for me. And, so, I worked as a paralegal for a couple of years, and then I decided to go to nursing. I didn't do nursing at first because everyone in my family was a nurse.

**The call to a religious vocation.** Many participants mentioned the role and influence of religion and spirituality in their personal lives and their career. The idea of providing service to fellow human beings was an impetus to choose nursing. Three
participants had a spiritual calling that drove them to consider a career with the church. Fabian taught religious education and philosophy back in the Philippines and had aspired to obtain further education to teach in a seminary school prior to moving to the United States and pursuing nursing. Ester wanted to “serve humanity” as a nurse, but prior to nursing, had intentions to enter the convent. She took it upon herself to pursue nursing instead of her original intentions of becoming a nun and was satisfied with her choice since in the “[nursing] profession I’m earning as well as I’m serving.” Oscar considered becoming a priest, but was swayed away from this career to entertain having a family in the future and carrying their family’s name. He also found nursing similar to priesthood in that both careers are centered on caring for others. Oscar expressed:

So, originally, I wanted to become a priest, not a nurse. But because I’m, you know, but because I’m the only child, I was thinking, well, let me think about life outside a clerical career or vocation. So, you know, my mom is a nurse. Some of my relatives are nurses. And so, I thought to myself, well, nursing is a caring profession. It’s a noble profession. So, let me just get into it and, and they would probably help me discern my direction in life . . . like a priest, you get to listen to these people. So, you get to listen to their problems which, you know, in reality, I thought it would be nice. But sometimes it could be really, really stressful. So, but yeah, that’s what attracted me to it . . . the whole vocation of becoming a priest is still on the back of my mind.

Not Wanting to Be a “Typical Filipino”

As previously mentioned, 21 of the participants reported having one or more family members or a close friend who was a nurse. While some participants found this prior exposure to nursing inspirational and an impetus to their career, three participants stated the opposite effect. These three participants said that a nursing career was not in their best interest because they did not want to be a “typical Filipino.” Uma’s mother was a nurse, and they were able to move to the United States when Uma was six years old
because her mother was recruited by a hospital in New Jersey. Although Uma was
encouraged by her mother to consider nursing, she did not want to be a nurse until she
found inspiration through religion. She explained:

Well, initially I did not want to be a nurse. Because all the Filipinos that I knew
were nurses. My mom encouraged me to be a nurse, but I wanted to shy away
from it because I didn't want to be a stereotypical Filipino. So I actually wanted to
go into business. However, my senior year of high school, at the end of my junior
year . . . just the beginning of my senior year . . . I was thinking about my life and
my relationship with God. And I wanted to do something that would fulfill his
purpose in my life. And I wanted to care for people, and I wanted to do a career
that would glorify him. And so, my senior year, I decided to be a nurse because
actually, in my biology class, I was intrigued by the human body and how it's like
art. Uh, doing damage to it, it somehow is able to fix itself. And that just, by
God's creation, that's how he created it. And so I wanted to be able to assist our
body in healing itself. And I wanted to care for people, and glorify God at the
same time. So, God is why I became a nurse, and I decided that, in the middle,
like in the beginning to middle, of my senior year of high school. And looking
back, I have no regrets. I love what I do. It's hard, however I know my purpose,
and that is to care for people that are sick. And to pretty much be God's hands and
heart for them.

Belinda, like Uma, was born in the Philippines and moved to the United States at
the age of 6. She credits her father for becoming a nurse, but stated that she initially
resisted the idea of being identified as a nurse just because of her race. When asked what
or who led her to a path in nursing, she answered:

I guess you could say my dad. But I wasn't always . . . I did not want to be a
nurse. Ever. Just 'cause there was, I don't know. To me it was a stereotype, you
were a nurse, I mean, if you were Filipino, you would automatically be a nurse.
And I didn't want to be that stereotype, so I was actually an architect major before
I was a nursing major. Almost got my associate's views of architects, but, I got . . .
I got, I guess burnt out and bored of it. Cause architecture can be tedious, and at
that time I also worked in the hospital as a diet clerk, so I was a dietitian helper,
and I went into patient's rooms, and I would talk to them about their diet. The
dietitian assigned them a certain diet, and, or they're on a certain diet, and I pretty
much told them what they can or could not eat or what their choices were. And I
then realized I actually liked patient interaction. I liked it. That interaction with
people because in contrast to architecture, I was on my drafting table for hours on
end with no human interaction. So, that was when I was, I realized, I maybe
should give nursing a chance. But at that time, I still was hesitant about going into nursing.

Gabrielle, previously mentioned, pursued being a lawyer because she did not want to be just like the rest of her family members who are nurses.

**Unsure of a Career Path Upon Graduating From High School**

In the Philippines, it was typical for students to graduate from high school at the age of 16 or 17. This was due to the structure of the country’s school system in which only six years of elementary education followed by four years of high school, for a total of 10 years, were all that was required prior to entering college. It was not until 2013 that the Department of Education in the Philippines proposed the transition to a 13-year education program (including compulsory kindergarten to 12th grade) before college (Clark, 2015).

Danica was only 16 when she graduated from high school in the Philippines. She was offered a full scholarship to go to college but she was not sure what to study. She recalled:

To be honest with you, when I graduated high school, they offered a scholarship for, you know, different universities all that [were] in our province. And so I got in, I got the basically 100% scholarship. And my mom told me just, you know, just get the highest degree, whatever they offered . . . my mom told me that I could land, land a job better if I become a nurse. That's what prompted me to. And we were not allowed to change careers. That's a family rule. So once you start, you finish, and so I started and I finished it.

Another participant, Camille, obtained a graduate nurse degree in 1969 at the age of 21. Ten years later, she obtained a BSN degree. When asked if she wanted to become a nurse, she stated, “Well, not really, but you know, in the Philippines, sometime your parents say, ‘Oh, you need to be a nurse, blah, blah, blah, you can make more money, you
can travel.’”

At 16, Darna graduated from high school and was not sure what to study in college. A neighbor advised her to study nursing as a way to earn a good living and a ticket to the United States. Her mother had advised her to become an accountant, and because Darna did not want to follow the career path her mother suggested, she opted to go into nursing. Darna stated:

I don't know what to take... when I graduated high school. My neighbor... she encourage me to take nursing. She say, “Oh it will be good for you to go to America and earn dollars.”... I had no plans. Well, I just did it because, I, my mom wanted me to be an accountant, and I didn't want to be an accountant.

Participants arrived at making the decision to pursue nursing as a career through different pathways. Some may have selected nursing as their first career choice, others as a second or maybe even as a third career choice. It is evident from these interviews that the participants had both intrinsic and extrinsic motivators for enrolling in a nursing program. Most participants found meaning in their career choice as a nurse and were finding purpose related to whether they were at a point in their career to continue in their respective roles or return to school. The following sections explore further discussions with the participants on the barriers and disincentives and the facilitators and disincentives to advancing their education in nursing.

**Facilitators and Incentives to Advancing Education**

Participants articulated how education is important to them and their families. Most participants spoke about their parents’ and the sacrifices they made to obtain their bachelor’s degree in nursing. Participants acknowledged that aspiring to obtaining an advanced nursing degree would mean time and financial sacrifices. The following section
discusses the facilitators and incentives for pursuing an advanced education in the words of the participants. These sources of motivation were shared not only by the participants who are already in a graduate program, but also by participants who aspired to obtain a graduate education at some point in the future.

A Culture of Learning

Many participants discussed a desire for being a lifelong learner. Participants identified different learning formats which satisfied a variety of career and professional objectives, such as fulfilling continuing education requirements for nursing licensure renewal, obtaining a certification related to their nursing specialty, and completing a graduate education program in nursing. For example, the 15 participants who were interviewed at the PNAA conference were asked for the reason/s they attended the conference. Most stated that this annual meeting was a time for learning and networking. The conference participants were able to obtain necessary certified education units (CEUs) that they could use toward renewing their respective state nursing licensure.

A number of the participants mentioned already having earned or still studying for a certification specific to their nursing subspecialty. For example, three of the nurses working in intensive care units mentioned wanting to obtain a critical care nursing certification as one of their professional goals. At least 17 participants had enrolled in a post-baccalaureate program at some point in their career. Three were enrolled in a graduate nursing program but were not able to complete the degree. Ten were pursuing an advanced degree at the time of our interview.

Personal Motivating Factors

The participants mentioned personal motivating factors in advancing their
These personal incentives were oriented around their family. Several participants shared that they aspired to become an APN because they believed that being an APN would give them a more flexible schedule to spend time with their family. Several participants also mentioned that it was the support of their family that fueled their drive and aspirations to one day become an APN.

To improve their family’s life, Allan shared that although he is “not 100%” sure about being an NP, the idea of having a better work schedule and being able to spend more time with his family as an APN was keeping him on track with completing his degree. Working as a staff member on the unit, or what Allan referred to as a “floor nurse” (term also referred to by other participants as “bedside nurse”), meant working different shifts and having to deal with traffic on his way to and from work. Allan shared:

My family now—I have kids. I have like two kids right now and looking forward to their future. I think it would, it'd be great to have like more flexibility with my time when they're, as they're growing. Because I mean, being a floor nurse, I have always been a floor nurse here in [the] U.S. since I started and I mean, working the shifts, traffic time, because I hate just make me take that. I want to . . . I want to quarter up my options. That's what motivated me to go back to school.

Family is also a motivation for Vida to finish her graduate degree. Vida is a working mother and graduate student. At the time of the interview, she was currently enrolled in an adult gerontology program in California. She shared:

It's really up to you what you wanna do with your life, and what will satisfy you until you’re retired. Make your family as your driving force to continue on. I always think about my children the, what kind of opportunity I can give to them when they grow up. And education is really important too because you won't get a better job if you don't have an education.

Similar to Allan and Vida, Regina also wanted to provide a better life for her family. Regina was working full-time in a medical-surgical unit while raising three
children. She was the sole breadwinner of the family and her husband stayed home to care for their children while she worked. In addition to family and work, she was enrolled in a master’s degree program to become an adult gerontology NP.

Jamille: [What] gives you this drive to achieve your goals?

Regina: My family, because I want to provide them with, you know, some better things. Yes, I’m the only one working right now and my husband, he's not a nurse, and he doesn't work right now because he has three children, but he has to do each of them. So, he worked before full time, then he went part time, and then, uh, until such time that he stopped working because nobody could take care of our children. I decided, we decided that, um, I will work and he takes care of the children, and, uh, now that I have to, you know, go to school, I just want it to be done and over with. In the future, you know, I can provide more for family, and at the same time, you know, my husband, um, he doesn't have to be home forever. He has to work again, everything will work out well. Both of us will be working and, uh, you know, providing more for our family. That's a lot better.

Supportive family. Participants discussed the crucial role their family played in providing them verbal and spiritual encouragement and support in their daily lives. Analyn, 60 years old, shared a Filipino adage, "If you have parents, you are rich." She elaborated: “We have a good support system with our parents usually in the Philippines . . . you are rich because they are there to support you, whatever happens to you.”

For participants like Perla, who need to continue working full-time, this familial support is essential for them to be able to juggle work, raise a family, and devote time to advancing their education. Perla gave credit to her husband and parents for being supportive of her being in school. Her family provided the vital support she needed when she started her associate’s degree in 1988, and then when she went back to school for her bachelor’s degree in 1997. Perla was confident of their continued support as she was
poised to start her master’s degree at the time of the interview. She shared:

I think family definitely is a support. It was my husband and my parents, you know, it takes a village. So, my husband and my parents were quite supportive of me pursuing my degree from my associate’s, and then when I decided to take advantage of the tuition reimbursement by my work, I knew I was only gonna do the minimum amount so I don't have to get money out of my pocket to pay for tuition. So, I did one class at a time. But then, the support of family is really very important because they, between working full-time and going to school even part-time, they were able to help me out with juggling the schedule [and] being able to watch the children while I study or even switch babysit them on my weekends off. I can study and also be able to attend classes.

**Inspired by family.** Many participants mentioned that prior exposure to family members and friends who were nurses was influential to their decision to pursue nursing as a career. For Carlos, 31 years old, being exposed to a successful APN was influential to his decision to pursue an advanced nursing education. Carlos took inspiration from one of his aunts who emigrated from the Philippines and became a successful certified registered anesthetist (CRNA). He shared:

One of my titas is, she's an anesthesiologist, and she was, you know, kind of just one of the pioneers of moving here from the Philippines to the States, like, pretty much did what she needed to do to have her family be able to thrive in the States, so she did. And she's a successful anesthesiologist, and she was always an influence in decision-making in our family. So, being that nursing does have that whole CRNA aspect, she was always kind of just, like, putting in the back of one's head, like, CRNA, you make good money, you know, and like, she seemed very just kind of, like, I understand where she came from. Like, you know, I respect that kind of suggestion. So I've always thought about it, and I feel like I'm still developing the skills, if you were, if I were, even vaguely, qualified to pursue a CRNA.

**Vocational personality.** Acquiring the available resources and the knowledge to navigate the demands of a graduate program is necessary to continuing and completing one’s studies. Zoella dropped out of her first graduate program because she struggled with writing. She felt that the writing demands of the graduate program were different
from what she was used to in her undergraduate nursing program. Zoella also shared that she was not aware of the resources for students, and therefore, she did not avail of the help that her former school likely provided for students who were struggling with writing. But with the acquisition of knowledge on how to seek the proper help and utilize her resources, Zoella started another MSN program and was thriving at the time of the interview. She stated:

But then my friend who is now a nurse practitioner told me, “You know what, you already started, why don't you try again?” So, I said, “Okay, why don't I just try an online kind of a school. Maybe that will work better for me.” And when I did that, I find that, they also have the writing centers online-wise, people who will help you with your papers and stuff like that. But I felt with the discussion boards where I can see people's ideas, I can see how people write, you know, their thoughts and things like that. It helped me develop my skills with writing. Because, you know, when I go to regular school I don't see other people’s writing. I don’t see their work, so I don’t have any idea what is the expectation for my instructor. So now, with online, I can tell like yeah, okay now I get it. I know now the expectation because back in the Philippines, it’s a different kind of nursing school. You know, so it was hard for me. But now, I kind of get it. I mean so far I’ve been . . . so, far I’ve got good grades so I’m growing in that part, you know.

Zoella further stated that acquiring the ability to write took practice and patience, as did utilizing resources and seeking guidance from colleagues to help with improving her skills. She shared:

You know, the more you write, actually, the more you stretch yourself [in] writing, and after you're done with it, you know. The more you do it actually, and then you try to get it checked and everything like that and people give you feedback on your work. You’re able to improve upon your writing skills. That’s what I find . . . I’m still finding that it's tough for me, but I’ve learned. So, now it's more about practice and reading and reading of course, reading other people's work, that’s where you get your ideas as to the expectations.

For 39-year-old Allan, the thought of becoming a nurse was not his first choice, but he did become a nurse and moved to the United States 13 years ago. When his wife decided to become an NP, he vocalized that this was not a career path for him. A decade
later, when he had a change of heart, he did not find the process of applying to a program problematic. His wife had figured this process out for herself previously and he benefited from her paving the way. At the time of the interview, he was currently enrolled in an Adult Gerontology Nurse Practitioner online program. Allan shared his story:

Allan: When I got over here and like after a few years, my wife wanted to pursue her nurse practitioner program. I told her then. It was like 10 or 12 here ago. I told her, “I'll go to work. I'll pay your tuition, but don't ever ask me to go back to school.” That’s what I told her. That's why she took up her master’s first, and now she’s been an APRN for a while, and I mean just last year, I think it took a toll because like, when I was like working, you know, as a nurse, as a floor nurse, particularly in my last job, it kind of like became monotonous. What I was doing, it was like I needed, I wanted something different... [That is] why I decided to go back to school... Luckily, I had my wife’s support because she was the one who pushed me to this, so she had to help me with all those, you know, processing all those transcripts. But it was also good because at that time before I started... we went to the Philippines for a vacation, and I had to visit my school, and at that time, I already had asked, you know, the school to provide me with my transcripts and everything.

Jamille: I'm curious also to find out... how do they find out the information of what do you need?

Allan: It would have taken so much of me to like just discover everything by myself, but with the help of my wife, she was the one who like, who started like the research on which school and she would just communicate it to me, and then she would like go online and check what the school wants and then she'd tell it to me, something like that. It wasn’t like me personally looking up for all those information. So, it was... yeah, it was she said she... for me, this, for this, for me to go back for this school.

Jamille: Got it. So, she was a big factor in helping you?

Allan: Correct.
Perla had built a career for the past three decades and is now the director of her department at a large health system. Many factors had to line up for her to return to school for her graduate degree, and she needed to decide for herself that it was the right time. She shared:

I have my own internal barometer. You know, I wanna be able to challenge myself. I mean, I supervise a team of eight [employees] and one consultant. Currently, I have one, two, three, four . . . of my nurses are already master's-prepared. I also have one going for his master's as well, so that's almost five. So, being the, the director of the team, I really did not want to see myself perpetually being a bachelor's-prepared [nurse] versus my team who I oversee [who] is more advance[ly] prepared academically than me.

**Increased physical demands of bedside nursing.** Several participants stated that an incentive to pursue an advanced nursing degree was the increased physical demands of being a bedside nurse. Patient acuity is higher as the population ages and lives longer. Zoella stated that one of her motivations to become an NP was that she wanted to stay in nursing for a long time, but could not imagine being able to withstand the increasing physical demands. Zoella explained:

First of all, you know, work wise, I was talking about acuity, so people are very sicker. Our floor used to be transplant vascular, now we became the liver unit. People with liver failures probably going to be waiting for organ transplant. And they’re really sick and even if you have like four patients, you feel like you have like eight patients. And when we were on the vascular floor, vascular and transplant, you have seven patients and you're still okay. But now the acuity of the patient is so heavy that I felt like am I going to be able to do this for the next 20 years.

Whitney is a single-mother and a service member of the U.S. Navy. She was recently injured and on leave from her naval post. She was enrolled in a master’s degree program in California to become an FNP. Whitney shared that her injury prevented her from being able to perform the physical duties often associated with bedside nursing such
as lifting patients.

Jamille: What motivated you to go back to school to get your master’s degree?

Whitney: I really wanted to be a nurse practitioner . . . because of my own disability, I cannot really carry and lift a lot of weight, so I cannot, I'm not going to be able to deal with the bedside. And my heart's set on, you know, seeing patients, more in education, something that I can do. Like diagnose patients and all that stuff.

Compared to Zoella and Whitney, Regina was also motivated by different factors to finish her graduate program. Regina cited that the physical strain from being a staff nurse on a medical-surgical unit was driving her away from bedside nursing. She perceived the APN role to be less physically demanding.

I just want to finish and be able to advance my career and not do bedside anymore, like, it’s very difficult to do bedside nursing. Physically. Physically, yeah, especially in med-surg. Maybe if I was in another unit, it would be easier. But you know, you know, working in the med-surg [unit] adds a lot of strain on your back. And working night [shift], now I want to do something different.

Financial Incentives

A number of participants’ employers offered tuition reimbursement, and it was enough of an incentive for them to pursue their aspirations to obtain a graduate degree. Perla found graduate school tuition cost-prohibitive until her employer raised the tuition reimbursement by $7,000. She stated:

[Perla’s employer] increased their tuition reimbursement from $3,000 a year to $10,000 a year. . . . It's financially more flexible now that I don't have all my kids in college. And my daughter is commuting and she goes to school locally for nursing. So, it's more affordable. Also, as a side note, when I went for my bachelor's because I only wanted to do tuition reimbursement without any out-of-pocket expenses, I made sure I plotted it out in a long-term . . . as a long-term goal. I made sure I did not get student loans for it because financially I did not want to have a loan outside of getting a degree. And that's my same goal as well for my master's. So one is like affordability. It's now more flexible.
For Zoella, both financial assistance from her employer and verbal support from her colleagues were incentives for her to obtain a graduate degree. Zoella also received encouragement and guidance to pursue opportunities to take the steps necessary to develop professionally. She stated:

They offer tuition reimbursement. So, that’s a plus, and they all encourage their staff to go back to school. Even in the work place, we do have the clinical nurse leadership path. When you become a clinical nurse, you can apply to become a clinical nurse II. And they encourage that, you know, from clinical nurse III to clinical nurse IV. They encourage us to, you know, do some classes, to be involved in the hospital’s projects, improve, you know, nursing care. Whatever improvement we can for the floor, for the hospital in general.

Gabrielle, a 29-year-old nurse in Texas, had a tuition reimbursement program to assist employees who desired to advance their education. She stated that her employer additionally provided financial support for the nurses to complete specialty certifications, such as the critical care nursing (CCRN) certification. Gabrielle shared:

With the tuition reimbursement program, that's really helpful. And in our unit, it’s great because they actually pay for your CCRN review course and the test, and you get a bonus if you pass. And so, it’s like there’s no harm in trying as long as you're eligible. Obviously, I just started so I don't have enough clinical hours yet, but when I do, I won't even have to pay a penny to get it . . . and then, you know, the little things, like ACLS (advanced cardiac life support), CALS (comprehensive advanced life support), all of that stuff we don't have to pay for as long as we take it at the hospital. It's good because those little things kind of get annoying when you have to pay the little $40 for CALS, you know. It's required by the hospital.

The professional advancement program at Gabrielle’s place of employment offers monetary incentive for advancing one’s education. Nurses level up the clinical ladder from RN1/RN2 to RN6. Nurses must meet a set of criteria—such as being involved with writing papers and volunteering in unit councils—required for each level prior to moving up the next level. One’s education, including their certifications, and their bachelor’s,
master’s, and/or doctoral degree/s, factor into their advancement on the clinical ladder.

Gabrielle stated:

We have [a career advancement] program and so, depending on how many years you've been working in the facility, how high a degree you have and they have different, like, requirements. It’s RN2 is the entry level. I don’t know why they don't have RN1, but, like, as me, as an entry-level nurse, RN2 and then I think the highest is an RN6. And so, depending on what you are, you get salary raises. And you have to do, like, I remember all the different requirements, but it’s different papers, presentations, be part of certain councils, have, yeah. I know that certain levels you can't get if you don't have a bachelor’s or a master’s. So, they do encourage that, and then they also have different tracks, like, if you want to advance, like, clinical advancement or if you want to do, like, a management or an education track, they have, what’s it called? Like, a pathway that they suggest that you take, to advance your career. It’s not, like, mandatory or anything, but they have, I guess, pathways in place if you want to advance in different areas of nursing. And also, if you want to, I guess, I don't know, become an RN6.

Professional Incentives

Advancing the profession forward. As a newly-graduated nurse who just started working in her first nursing position the same month that the interview was held,

Stephanie was already considering a master’s degree to have more options in her career.

She also stated that as the profession is advancing forward, the minimal educational preparation for nursing is also shifting. When asked what was motivating her to obtain a master’s degree, she said:

Stephanie: I think that bachelor's becoming the next high school degree and master's is becoming the new bachelor's degree. I think that status quo is changing and status quo is asking for higher education, so. I always want to go above status quo.

Jamille: And what kind of master's degree are you thinking about?

Stephanie: Clinical leadership.

Jamille: Why did you specifically pick that one?
Stephanie: Let's see. I just think that clinical leadership I can go with... I can go to a lot of different venues with that. I can do research... I'm the newly grad. The new, the new craze is, oh, you should become a NP or you should become a CRNA, that's the new phase. Any, like any, newly grad that you will interview, I think that's what they're going to say. So, with that being said because every... Because I'm starting off with like thousands of other newly grads, who want to get their masters, I just think becoming an NP and becoming a CRNA there's just going to be too much of it. Like the demand is going to go down because everyone wants to be that. But if I decide to get my clinical leadership I can go teach at university. I can do research. At my institution. It's... there's just so many things I can do with a Master's of Science in Nursing for that.

Francine views the pursuit of an advanced degree to be beyond the personal benefits that the career offers, but for the benefit of the patients. She stated:

I do think if we had that type of cultural approach, then you know, people would be more open and, you know, subconsciously make that decision to go back to school. Not because, you know, there’s an incentive for a pay raise. Maybe not because, you know, they want to further advance their career, but maybe because they just want to be better nurses for their patients and their families, and for themselves.

Another participant, Carlos, had only been practicing as a nurse for a year and wanted to obtain more nursing experience; however, he felt strongly about pursuing an advanced degree in the near future. He stated that obtaining a graduate degree was the way to make an impact in the nursing profession and beyond. He explained:

You have to sort it all out so that your loans, and that I feel unfortunately, the only way to really, to really, really commit that, and make your stand in the world, in nursing, is to advance your career. Now I don't know what that, what I'm, I have a couple of ideas of where I eventually want to go, but, I'm in a position where I need to, you know, work. I need to serve my time, essentially, on the floor, so.

A graduate degree offers more opportunities. As previously mentioned, Allan did not initially intend to pursue a career as an NP. However, being unsatisfied with his employer and his schedule at work and the desire for more opportunities with his career
led him to change his mind about advancing his career.

I'm trying to advance my career because I want to have more flexibility in the long run, because I've seen how the better flexibilities work with my wife’s schedule right now compared to what I do when I go by shifts as a floor nurse. What else? And also . . . to like break the monotony of being a floor nurse. I think that’s another motivation, because I was getting tired of it. I wasn’t satisfied then, and that was what may have been a big factor also because the place I was working which I am still currently employed at. At that time, that was about a year ago. We had like a very shaky administration. There was like a fast turnover from the top positions our administrator left for. Something like that, and it wasn't pretty. It was kind of kind of chaotic in that my building at that time. I was getting hard. I mean, we also had transitions in the way they wanted to do the level of care, how we provided care over there. It was different and it was like tough for, not only for me, but for everyone. A lot of employees left at that time.

Eight years after graduating from her BSN, Vida was back in school for her MSN degree. She aspired to be an Adult Gerontology Nurse Practitioner, but wanted to keep her options open. Vida believed that having a master’s degree would allow her to have the career options she hoped to have. She stated:

Make sure [you] realize what you really wanna do in life. With the MSN, not only can you be a clinical practice nurse, but also you can do administration. So, if you don't wanna do, if you don’t wanna do floor nursing or as, if you don’t wanna do nurse practitioner, you can be, you can empower other people, you can do administration or leadership, or you can teach.

For Perla, she purposefully selected a master’s program in healthcare systems management, which was not exactly aligned with her current work, to give her more options with her career.

**Collegial support.** Receiving and providing support between colleagues was important to most participants. They emphasized that Filipinos value being part of a community. A handful of participants, who were currently in school, stated that they had received positive feedback from their colleagues at work for pursuing an advanced nursing education. In some situations, the participant’s respective units were short-staffed
and were strained for employees. Even though these participants might still contribute to the shortage of bedside nurses in their unit when they leave after completing their graduate programs, they reported still feeling well supported.

Zoella’s unit had been short-staffed for the past two years. A number of nurses completed their graduate degrees and resigned to pursue APN positions somewhere else. Zoella stated that this led to an increased staffing turnover in her unit and a shortage of staff. But, despite this strain on the staff, Zoella felt that she had received good support from her colleagues. She stated, “They’re actually mostly happy that people are, you know, advancing in their careers . . . and you know, they’ve been accommodating with the schedule.”

Similar to Zoella, Belinda, 30 years old, stated that having a close network of colleagues who provide mentorship is important to one’s career. Belinda stated:

No matter, I think in any ethnicity, there’s, you know, good, there’s good, the good type and the bad type. So, it is good in the sense that the, the nice Filipinos will take you under their wing. Since you’re Filipino, they feel like they could take care of you. . . . They're one of your own and then they help you out. For the most part, most of the Filipinos will say, “Oh, you're Filipino.” There’s that camaraderie. I guess you could say that’s the part where I feel like it was helpful . . . again, there’s the good and bad side in every ethnicity.

**Support from professional organizations.** The participants who attended the PNAA conference specifically mentioned the sense of collegiality within the organization. Being part of a national network of Filipino nurses provided them with a sense of belonging and tremendous support. Fabian, a 42-year-old nurse from Florida, stated, “We find meaning in a collective whole, which can only be manifested and experienced in a whole convention like this.”

Participants like 68-year-old Kristine stated that professional nursing
organizations are vital in providing support for their constituents who desire to advance their education. Kristine, a nurse from Virginia, said that Filipinos prioritize spending time with their family over obtaining an advanced education. Kristine explained:

Because it takes so much time for somebody to be able to [go back to school] away from [their family] . . . setting aside the values of spending time with family. . . . One of the educator that I met, she said, “Because the Filipino nurse is so focused . . . putting the family above and beyond, that's the one that's pulling back somebody to proceed and . . . advance (in the) nursing pathway.”

To facilitate Filipino nurses to return for their graduate degree, Kristine shared her ideas regarding the practical help that professional organizations could provide. Kristine stated that the assistance needs to go beyond just monetary support and should include mentorship and partnerships. Kristine explained:

You know, I think, to [be] able to encourage Filipino nurses to attain a higher level of education is to [be] able to really physically assist them. . . . But if there was . . . an organization that could really help you and the bottom line is say, for example, helping them do their papers, helping them be able to go through their curriculum, to their . . . whatever needs to be done, I think that would really ease up the time that you would want to go and spend . . . the day-to-day processes.

Kristine suggested partnering with professors from colleges of nursing in the Philippines to provide support for graduate students with writing their papers. She stated that this partnership would benefit both the professors and students by providing the academic help to the student and financial earnings for the professor. Kristine stated:

You know, I was thinking . . . if there were any professors in the Philippines, in the college of nursing . . . who would be able to connect with and be able to help us in the States. Able to help you do your papers, help you navigate with [graduate school] . . . I think that would be (helpful). . . . It works both ways . . . you know what I'm saying? The Internet is there . . . somebody to buddy up with you . . . just, if you're asking me if I have time to do papers, because when I was taking my master's, two semesters alone, I didn't have any life. And it would help the teachers, the professors back home to earn extra money, and be able to help with papers. Yeah, helping each other, you know? Yeah, I think that you should look into it. You know what I'm saying? . . . Tools to make it able to have the
person to help you navigate through the curriculum. I would want to go ahead and explore that to see how to make that happen.

**Peer mentorship.** Similar to Kristine, second-generation participant, Oscar, thought that a mentorship program would be beneficial for Filipino nurses who are studying in the American higher education system. They both thought that this mentorship would create a symbiotic relationship that would benefit both the mentor and mentee. Oscar stated that having a “buddy system” might be of help for nurses like him who consider English as their second language. As an undergraduate nursing student, he shared that although he excelled in school, he struggled with understanding “big words” used in journal articles. He had to first look up words he did not understand, he would “read [research papers] several times to understand [them],” and he would ask a friend for assistance to help him better comprehend the material. Oscar recalled how he overcame his language barrier and how his approach could also be applied to other Filipino nurses who aspire to obtain an advanced degree:

**Oscar:** I have to keep reading it, define words that I, define terms that I do not understand, or even asking for a peer to help me out.

**Jamille:** What do you think we can have in place to help students who have English as their second language . . . help facilitate them to have a better experience in school, to work on those barriers that you are mentioning?

**Oscar:** I would say, I would say like a buddy system may help. Meaning, like, you know, pairing, you know, let’s say this nurse just got into nursing school and they don’t really, uh, their, their knowledge of English is not as much as the average American. So, the person may be included in the buddy system with this fellow nursing student can help study with this fellow nurses who can help them, can teach them what they, what they talked about in class, what was taught by the professor or the teacher? And can help them do their homework . . . and help them work with their assignments. It’s also a win-win situation be the person that’s teaching it is also
mastering the content. So, I think a buddy system would work for that.

Jamille: What I’m hearing you say is sort of like a mentorship?

Oscar: Exactly . . . a peer mentor.

**Cultural Incentives**

**A sense of being grounded.** Although Eric referred to himself as being “old” at 58 years old, he said, “I still have, you know, sometimes the desire to go back to school.”

After his BSN, he started in a Master in Business Administration program in the Philippines, but was never able to finish the degree after he immigrated to the United States. He shared how he desired to continue pursuing a graduate degree, and maybe finish his MBA, as a culmination of his immigration journey. Eric referred to his humble roots in the Philippines as a farmer and how this identity grounded him and gave him a sense of purpose:

> Oh, they were all supportive then. I grew up also in, in what you call barrio in the Philippines, and every time I came home from when I was already working of course, I always, I have always been, a farmer. I have to say that, I was built on that. And every time I come home from Manila, when I’m on vacation, I always go back to what I do in the farm and so, and so forth. And people in the barrio always tell me or ask me, like, “Wow you’re a healthcare professional and you’re here dealing with all this dirt.” And I said, “Ah.” I said to me that was like you know my, my co-villagers are proud of me that I am doing this type of thing. It’s very humbling. Just to share an experience, I’ve been invited to be a guest speaker two times in the elementary school that I graduated from, which was really inspiring to me. It was very inspiring to the little kids, the little graduates, because they see someone that comes from, from a small village in the province, work his way up through school and work his way up to a nice job—hospital job in Manila and yet he still goes back to where he comes from and do what he has learned to do when he was a little kid. So, I had no problems doing that.

**Filipino nurse, model nurse.** Several participants acknowledged benefiting from the reputation that their Filipino nurse predecessors have built for them. These
participants reported receiving praise and compliments from school of nursing faculty, clinical instructors, work colleagues, and patients, even prior to an assessment of their skills. The commendations were based solely on the fact that they identified as Filipino. Some participants embraced this “model nurse” image of Filipino nurses as they were proud of their hand skills and their clinical expertise.

While some participants closely identified with the role of the bedside nurse, other participants found this praise to be encouraging toward the next steps of their career. At 22 years old, Stephanie was hoping to start her MSN a year after graduating from her BSN. She was a firm believer that that reputation of the Filipino nurse is to her advantage. Stephanie stated:

I actually think that it's an advantage being Filipino and working, and doing clinicals. . . Well, in all my clinicals, nurses that are not Filipinos who are well, African American, who are Caucasian, they would always say that they’d work with the Filipinos before and that Filipinos tend to work very hard. They’re very compassionate. They’re very kind and they do their job well. And I think that that wasn’t a barrier at all. I think that us Filipinos, we were held at a high standard I guess . . . we deliver a high standard of care.

The participants took pride in their roles as nurses and in having excellent clinical skills. Participants described their jobs as bedside nurses to be labor-intensive work that required exceptional clinical proficiency. They were proud that, as a collective group, Filipino nurses were known for being compassionate and hard working with exemplary clinical skills. Danica shared that a colleague told her that there were two types of IENs in the ICU—Filipino nurses and others. Danica’s colleague was inferring that ICUs were staffed primarily with Filipino nurses. It is in these ICUs that the most critically ill patients are admitted and treated in hospitals. Nurses who work in the different ICUs need a high level of critical thinking and hand skills. Danica explained:
So, after a year, we were allowed to choose whichever department we would like to [work in] . . . so, I went to the ICU. That's what they say, you know . . . I quote this not from me but from my Caucasian friend. They say there are two foreign nurses here in the United States. There are ICU nurses and there’s Filipinos, and there are somebody else. Yeah. So, I said, “Okay, I'll take that as a compliment.” ‘Cause I will say 99% of us co-workers all went to the ICU.

Participants who studied nursing in the United States shared that just by the sheer fact that they identified themselves as Filipino, their faculty in their respective nursing programs expected them to perform at a high level because of their faculty’s previous positive experience working with other Filipino nurses. Other participants stated that nursing colleagues—and even patients—assumed that they would deliver excellent care because they are Filipino. For Tala, who immigrated to the United States in 2000, the benefits of the model-nurse reputation of the Filipino nurses that came before her was a source of pride. She stated:

Everywhere you, I go, you know, even the patients, the minute they ask me, “Are you Filipino?” I say, “Yes.” They already give me like, positive feedbacks of their past experiences with Filipino nurses. It’s such an honor to be, like, a big part of that. To be part of that “Oh, you know, you’re a Filipino nurse?” Right away they tell you, “I had a Filipino nurse, or my mother was taken care of by a Filipino nurse,” and it’s all . . . you know, 99.9% is like, positive feedback. Filipino nurses I think is known here and . . . it’s, it’s in a very highly positive light and the, you know, not just in education but in their . . . impact as a nurse to patients . . . I’m just very honored. I just feel very honored to, you know, to be part of that . . . to be called you know, a Filipino nurse.

**Barriers and Disincentives to Educational Attainment**

Many participants stated that they aspired to advance their education. Several stated that without barriers, they would pursue a graduate education. Participants who were already enrolled in a graduate nursing program shared valuable insights regarding the barriers they had to overcome to enroll in a graduate program and to continue to be in school. Participants identified five major barriers and disincentives, including financial,
cultural, professional, personal, and academic.

**Financial Barriers**

Almost all of the participants identified finance as the foremost disincentive to advancing their education. There were similarities and differences between the reasons identified by the first-, 1.5-, second-, and third-generation participants as individuals and as a group regarding their ability to afford a graduate degree. As a group, participants not only identified the high cost of tuition as a deterrent, but the time away from work also meant the possibility of making less money.

**Primary breadwinner.** As stated previously, many first-generation participants entered the nursing profession because of the employment stability and financial security that nursing provided. These first-generation nurses moved from the Philippines to the United States to earn significantly more money than they would have been able to make in their home country. When the first-generation participants immigrated to work in the United States as a nurse, they reported that they became the primary breadwinner for their family and the main source of income for both their families in the United States and in the Philippines. For 47-year-old Fabian who works two jobs as a bedside nurse and a nursing instructor, being the financial backbone of his family complicated the economics of going back to school to pursue a graduate degree. Fabian explained:

I'm the sole breadwinner. And the way it goes is, it's not only how you pay . . . it's being away from school, and take away the opportunities of earning, that will cost you more . . . . Because again, you can apply for any student loan. But, that's not only what the cost of education. The time you have to spend by not working because I have seen how it makes it difficult to really focus on, on education, or learn, as a student, when you take 80 hours a week work. And, I need that number of hours to earn.

Another participant, Camille, a nurse with 40 years of experience in the
profession, echoed Fabian’s sentiments about being the primary breadwinner of the family working more than the regular full-time workload to make ends meet: “If you are the main breadwinner or something, your husband or your wife is a nurse, they are into more working overtime, doing this so they can support their family.” By working overtime, in Fabian’s case, even doubling the regular full-time load to 80 hours per week, there is little time left to go to school. Furthermore, because of financial constraints, as sole breadwinners of their families, they are not able to decrease their work hours as this would result in less pay.

For first-generation participants who moved to the United States in their adult years and were married to someone who was not a nurse, finding a job for their partner was another financial hurdle to overcome. Their partner’s job in the Philippines likely did not translate to a similar job when they moved to the United States. Their partners were faced to find a different job and/or go back to school to change careers. This placed further pressure on the breadwinner of the family to work, at a minimum, full-time hours to not only support the family’s living expenses, but also pay for their partner’s schooling. This scenario happened to Perla and her husband shortly after she moved from the Philippines in 1985. As her husband went back to school, Perla worked the night shift and supported the family. She recalled:

I was the main source of income at that time. My husband came from the Philippines and he had a career change. So, while I was working nights, he was also going to the community college to change his major. He went from business management, which really at that time, 1987, was a stock market crash. So he really was not getting a lucrative enough job to support a family. So his decision was to get a career change. He went to community college as well and took laboratory science. So, he was a lab tech. So again, you know, we knew anything healthcare would be more stable than the business field. And so during that, I mean, it was a serious consideration whether I should or shouldn't [go back to
school], whether I can afford it or not. So yes, the barrier to that could be a financial strain on the budget for the family.

At 49, Perla was in a better place financially with her career as a director of her department. At the time of our interview in August of 2016, she had been accepted in a MSN program in healthcare systems management and was due to start that fall.

**Utang na loob.** Without fail, the first-generation participants who still had parents and/or siblings—specifically younger siblings—living in the Philippines spoke about making it their priority to send money back to their families “back home.” They felt that they had a responsibility to send money and gifts to their parents and families out of love and devotion because of utang na loob. The obligation of utang na loob is the act of showing gratefulness to others, specifically to one’s parents. One of the participants stated that this is a Filipino cultural phenomenon that non-Filipinos may not understand and may even question.

At 22, Imee moved to the United States to work as a nurse to provide financial stability for her large extended family back in the Philippines. She felt that being a nurse in the United States gave her the ability to make enough money to support not only her parents, but her siblings as well. She strongly believed that it was her parents who instilled in her the core values of having a tight-knit family. It was important for her to give back. Imee shared:

I wanted to be a better person. I wanted to help my family. I wanted to send money to my parents and help out with my brothers and sister. And pretty much just, you know, again, because of family orientation. We were very close and things like that and that's how I was brought up.

At 43, Danica had been working in the United States as a nurse for 15 years. She stated that first-generation nurses have a greater financial burden than Filipino American
nurses who were born in the United States. A big part of this burden for first-generation nurses is the financial obligation to their family in the Philippines. Danica came from a humble home in Negros Occidental in the Philippines and felt strongly that she needed to provide monetary relief for her family. She described her situation:

[The nurses born in the United States] don't have to send some money . . . nurses that were born and raised in the Philippines and came over here for a job specifically then, you know, your first priority is to earn money and send money back to your family . . . I did not grow up in a rich family, obviously. I grew up in a, you know, regular family that was able to make ends meet.

At the point when she had financial stability, Danica did consider going back to school for an advanced degree. However, she decided not to go to graduate school because she felt a larger obligation to the breadth of utang na loob, not only to her parents, but to her extended family as well. She and her husband debated if the benefit of her obtaining a graduate degree would outweigh the impact of sending her relative’s children living in the Philippines to school instead. But Danica knew that sending children in her family to school would have a direct effect on helping their family’s current financial situation and their family’s future financial trajectory. Danica thought of her purpose of being in the United States and the sacrifice of being away from her parents and her extended family for so many years. She knew deep inside that, above all else, she immigrated to the United States not for selfish reasons but for the purpose of providing opportunities for her family in the Philippines. She explained:

One of the factors that I considered as well as aside from the financial issues now after a couple of years when I was financially . . . better and able to send the money, I thought of going back to school actually. However, I thought of some other Filipino kids and distant relatives who don't have even an opportunity to go back to school just to have a degree. So my husband and I decided to share that blessing for them to go to college instead of me pursuing a higher degree. To help out. So I was thinking, I was here, I was being brought here for a reason not even
to my liking. I did not even plan to come here. This was not part of my childhood dreams. Yeah, no. So I was, I was placed here for a reason and I think, and I thought at the time too that the reason why is because I have to be helpful to someone who's in need. And so we're able to send for students and finish [a] college degree. So it actually made me feel better. So I said I think it's better than having a master’s degree diploma . . . because you know what, at the end of the day, Jamille, nothing matters but you know, how, how we all spread the love and the blessings that was given to you. That for me is very important.

Zoella, 39 years old, emigrated from the Philippines 13 years ago in 2003. Zoella was half-way done with graduate school but expressed concern about balancing her time and the cost of tuition, living expenses such as a mortgage, and continuing to send money to her family back in the Philippines. Because of her financial commitment to her family and the additional cost of graduate school, Zoella needed to work full-time to fulfill all her personal and familial fiduciary obligations. On top of her financial constraints, she also felt the pressure to balance her time, as she was in the clinical training phase of her Adult Gerontology NP program. Most NP programs require at least 500 training hours prior to graduation. Zoella shared:

I mean, of course, yeah. Financially, you go to school and you realize oh, it's so expensive. And you know, financially you have to realize I'm doing only part-time [school]. I have a mortgage to pay. You have, in the Philippine culture, you have to help, you know, your family back home in the Philippines. So, financially, it's a little bit tough for me. So, now that I'm doing my clinicals, you know, schedule-wise it's so busy, you know. I don't have time to have a break. I'm still doing full-time. I have to work full-time so I can pay my bills. You know. I'm surviving, I'm surviving.

*Utang na loob* may also have an influence on Quinn, a second-generation participant who decided to advance her education. She decided to pay cash for her graduate degree to avoid having debt from school loans. Quinn’s approach of paying for her graduate degree on her own resulted in a longer period of time in school because she could not afford a full-time course load and would need to take one class a semester.
instead. She explained:

I wish I were more financially stable, I guess. Not that I'm not stable, but I wish I had a little bit more money to go to school full time. Because I'm right now paying . . . I'm not taking any loans out. I just, you know . . . me and my husband agreed that we won't take loans, that we're paying cash, so that's a little bit more tighter. I wish a little bit more money just to do more than one class. Because right now, it's only one class. My goal is I want to finish in less than two years. So I'm trying to save money now so I can take the two classes for each semester to finish. So, yeah, have money. Uh, yeah, I mean pretty much.

**Burdened with previous student loans.** For participants who obtained their nursing degree/s in the United States, high tuition costs had resulted in the financial burden of student loans. Carlos, a second-generation Filipino, obtained his BSN from a college in New Jersey just a year prior to our interview. He strongly believed that obtaining an advanced degree in nursing was in his future; however, having loans from his undergraduate degree prevented him from furthering his studies at this point in his career. He explained:

Not for me, no. I never really once thought that. I hear people saying that [phrase] . . . I never once said that or thought that [idea]. I feel kind of like, you know, a big part of it, is, for me, is my student loans. You have to sort it all out so that your loans, and that . . . I feel unfortunately, the only way to really, to really, really commit that, and make your stand in the world, in nursing, is to advance your career.

**Lack of financial support from employer.** Four participants shared that the lack of financial support from their employer was a contributing factor to them choosing not to obtain a graduate degree. Gabrielle, 29 years old, shared that her employer provided partial tuition assistance, but for her, the amount was insufficient. Compounded with the capped tuition assistance and the lack of time to devote to a master’s degree, she had hesitated to apply to graduate school at the time of our interview. When asked about naming possible barriers to obtaining a master’s degree in the future, she answered:
Time and money. Those two things. My entity that I work through has reimbursement, but there's a cap of only $5,000 a year. So . . . that would factor in the program that I choose for a master's. . . . Time, is probably the, time and time and financial resources would probably [be the] barriers for me for completing my master's. You know, because probably finding an online program would be the most beneficial just because working and then having a kid, it's hard to work out schedule with, like, childcare and then I do have tuition reimbursement with my facilities is limited, and so that would factor into which program I would choose to, you know, pursue.

**Unaware of financial sources and how to apply for monies.** For one of the participants, 28-year-old Francine, her employer offered a generous amount of tuition reimbursement and paid time off for graduate school. However, Francine explained that she was not aware that these tuition benefits were available for employees. She stated that it was her employer’s responsibility to disseminate the information regarding tuition benefits and to encourage their employees to consider advancing their education. By doing so, Francine stated, the nursing profession benefits and the quality of patient care increases. Francine said:

But there's never really a push to say, "Hey, we have a set of programs where you guys can go back to school." It's not included in those daily messages, the daily huddles. It's something you have to go and research and find. Okay, if I want to go back to school, you know, what does my place of employment offer? [The hospital] offers where they can provide up to $18,000, you know, to cover the cost of tuition. They pay you to take two days off, you know, regardless if you're part-time or you're full-time, from your, from the month, and they pay you for that. You know, those are things I didn't . . . I was unaware about when I worked there. And when I found out after I was, like, "Oh man. I wish . . ." You know, I mean, they probably went over it during, you know, new hire orientation, but when you're inundated with all that information, you don't really remember to go back and review those notes. . . . You just are focused on working. And when you get off of work, some people are not really motivated to go to school, and I feel like that needs to happen from a top down tier . . . top tier down approach from management itself, and from charge nurses that want to encourage our nurses to be better at, professionally and, you know, further their education not only for themselves, but for our profession and for our patients and their families.
Utilized money for children’s college education. There is much pride from participants who had helped pay, in part or in full, for their children’s college education. Instead of spending money on furthering their own education, these participants chose to pay for their children’s education and found great fulfillment in doing so. For first-generation participants like Ester, who made the choice to immigrate to the United States for better opportunities, making sacrifices for future generations to achieve higher was part of her narrative. Sending her three children to college and having them graduate without having school loans gave Ester tremendous gratification. She stated:

When I came to the U.S., I’m very much focused with my children. Because my children, they are all achievers—24, 25, and 23. They’re all boys. So I want them to finish their career. They are my priority and I should also support them. Because I don’t want them to end up with loans. You know the nature of the Asian. Ayaw, ayaw natin maraming utang. (No, no, we don’t want to have too many loans.)

Ester, 48 years old, and her family were starting a new life in the United States. On top of her children’s tuition, she had other financial obligations (e.g., a mortgage) that made it difficult for her to include tuition for a master’s degree in the family’s budget.

I am applying for, for my masteral degree. But they’re only offering a little amount of money, I can’t do that budgeting. Tapos [And then], we are still here paying our [house], because just I’m just brand new in the United States, we are still paying our home. So, yun ang mga dilemma ko. That’s my dilemma.

Similar to Ester’s situation, Miranda was a devoted mother of several children. Miranda had been enrolled in a MSN program since 2006. For 10 years, she had been trying to complete her master’s degree while financially supporting her four children through school. She could not take on a full course load, and at times, she needed to take a break between semesters for financial reasons, thus stretching her program length to a decade. During our interview, Miranda spoke fervently about teaching her children
perseverance and hard work through personally modeling these values with her every day actions. She wanted to continue with her master’s degree for as long as it would take her to finish her program while supporting her children through school. Miranda shared that she and her husband very much desired for their children to finish college. She stated:

I started the master’s. I'm in a 10-year program. Because I have four kids. And then there's colleges. Holy cow, 10 years. . . . What is now? So, 2006. Yeah, going into . . . and that's why I was talking with a couple of people with Wells Fargo, because I said . . . cause the money. It's the money issue . . . I have two children in college. I have one in private school. One's finished. Thank goodness. You know, the oldest one. But being Filipino, my priority is them.

Cultural Barriers

To better understand the motivations of Filipino nurses to obtain an advanced nursing degree, it is essential to discuss the lived experience of Filipino and Filipino Americans in relation to their culture. This study found that there are differences between the lived experience of first-, 1.5-, second-, and third-generation Filipino nurses; however, this study also acknowledged the shared experiences of these Filipino and Filipino Americans as a collective. Whether these nurses were born in the Philippines and immigrated to the United States or were born and raised in the United States, they all self-identified as being of Filipino heritage and therefore shared a kinship and acknowledgement of their Filipino culture.

Language. Other than English, Tagalog is the third top spoken language in the United States; an estimated 1,737,000 individuals speak Tagalog—67.1% are bilingual and 32.4% report limited English proficiency (Zong & Batalova, 2016). In terms of the nursing population, English is the language most spoken fluently in the United States, followed by Spanish at 5.1% and Tagalog at 3.6% (USDHHS, 2010).
Having the ability to effectively communicate is essential to achieving bicultural competence (LaFromboise, Coleman, & Gerton, 1993). Communication consists of both verbal and non-verbal behaviors. Many of the first-generation participants—both IENs and U.S.-educated—discussed the role of language and communication style in their acculturation to the nursing profession in the United States. Despite having proficiency in the English language prior to moving, they found the use of slang, figures of speech, and understanding accents as a challenge.

**Slang.** At 31, Leilani moved to the United States and found language as a barrier to her transition to the country. Leilani shared, “Maybe it's a language barrier. Because I would say I have the slang. But you work with a lot of Filipinos, and that helps.” Zoella also emigrated from the Philippines in her adult years, at age 26, and found the use of slang in everyday language something that she needed to get used to. She stated:

> The challenge actually was the, the, the slang the . . . it's not the language itself because we all knew how to speak it, speak English, but I think the challenge was, uh, the challenge was we did not, or I did not understand, understand everyday slang. I got to learn. But I found out that the American and my co-workers were very glad to help me. You know, to be fluent about those things.

**Accent.** Danica moved as an adult at the age of 28 and encountered difficulty understanding local accents. The different local accents made it harder for Danica to understand the shift report from the previous nurse:

> It was the hardest challenge for me—it's their accent. You know, we moved to Texas . . . when I first moved here I didn't understand the slang and especially their accent. So when they give reports, I would have to you know, to listen attentively to what they say because, you know, I thought they say that, but they actually did say something else, so that was another barrier.

**Figures of speech.** Many participants stated that they could speak English well and hold conversations with their colleagues and friends. However, it was the use of
figures of speech that proved difficult for them to comprehend and get used to. The true meaning behind expressions that are not likely conveyed in the literal sense was confusing to many participants who were non-native speakers of the English language. First-generation participant, Perla, stated that she worked on her accent when she moved to the United States at the age of 18. It was the use of figures of speech that was one of the challenges for her when she started nursing school in New Jersey. She explained:

There were barriers. When I was in school and when I was like a fresh graduate, my communication skills were not that sharp. And, you know, the figures of speech were different. So, you know, we, we talk about sneakers here for, you know, workout, [they were] rubber shoes in the Philippines. So, the lingo is different. You know, we do soft drinks over there, versus here, we do soda. So, I think there's, there's a language [barrier]. Not English. I mean 'cause we, you know, most Filipinos I believe are raised knowing English in school. But, you know, I had worked on my accent. Because not a lot of really understood depending . . . when I was new, my English was not polished in a way and sometimes the barrier that I found was I was struggling and concentrating more on how to say things and what I need to say than maybe freely conversing. I guess because it's converting, you know, an English as a second language and then being able to pick up quickly on some figures of speech. I think that was the biggest one. Because, you know, for casual conversation, there are a lot of figures of speeches that are used. And then being able to translate that and not take it literally. So I think the communication was a barrier in that aspect.

Communication style. There were differences in communication styles between the generations of Filipino nurses that created friction in some relationships. As a third-generation Filipino, Francine valued working with seasoned Filipino nurses in the ICU. Francine was a young nurse who appreciated learning from the expertise of experienced nurses. However, it took her years to get used to the direct, “kind of abrasive” communication style of the older Filipino nurses. Francine recalled:

I'm pretty sure it's like this everywhere else, but I would say new nurses sometimes are young. So, what I've learned with different Filipinos, because where I worked with they were all Filipinos . . . the older, the senior nurses, were from the Philippines and a lot of them were from, from surgical ICU backgrounds, and it took me a long time to, like, realize and learn from them after
a year or two why they were so . . . I would describe it as . . . kind of abrasive, but in a tough love type of environment. When I first started . . . some of the seasoned nurses were extremely hard on me. It took about a year before I finally kind of earned their . . . acceptance into the unit. . . . When I had kind of waited the year out, they explained to me where they came from, from the Philippines, and how they would come here underneath the work visa, and then finally become U.S. citizens. It was such an upward battle and it took so many years, and it took so much struggle to get where they are now, that they kind of want the new nurses that are coming in to have an understanding, and this understanding of where we came from. So, those nurses kinda helped me appreciate our heritage and our history, and where we are in our profession and how far we've come in America.

Francine acknowledged the different styles of communication of those second-generation Filipino nurses who were born and socialized in the United States. Francine appreciated the mix of “tough love” and “passive . . . nurturing” type of communication.

She stated:

Then there were some nurses that were very passive and you know, nurturing, and they did help me, you know, allow me to learn from my errors, and kind of cultivate my nursing profession, on a learning curve that was a safe environment. You know, I felt that I could ask questions. So, I had a good mix of seasoned nurses that had a surgical ICU background that came from, you know, surgery where their experience with physicians and their practice of care in the Philippines was very hard, straight to the point, and cold, but just because they want what's best for the patient and they're very direct and are brief. But that was just the way they were trained. That's how they explained to me, "The way we were trained in the Philippines in a surgical ICU is to be, you know, think critically on your feet, answer, you know, all the questions that you can to the best of your knowledge." That was their style. And then I asked the nurses that were . . . here in America that were second generation Filipinos that were not from the Philippines, but they were more of the nurturing and understanding compassionate kind. So I had a good mix of the two that I felt support in my career in nursing as a Filipino.

Several participants also conveyed challenges with cultural context of communication styles among Filipinos versus their non-Filipino colleagues. First-generation participant, Tala, found that her way of communicating was less direct than her non-Filipino colleagues. She tended to say “yes” to co-workers who were asking her
for a favor. Tala, would say yes to her non-Filipino colleagues for the sake of *pakikisama*.

*Pakikisama* is a Filipino value that is similar to the concept of camaraderie. Tala shared an example of a situation wherein she chose to appease a work colleague in the spirit of *pakikisama*:

Where I'm from, like in the part of the Philippines . . . usually that type of communication . . . it's . . . a little bit of a challenge. . . . I find it quite different in the . . . culture is very direct and . . . when you're communicating there's no hesitation. You just say it for what it is and then after you're finished, you know, don't take it personally. But very direct at some point, like oh, you know, he's being harsh. It's not being harsh. I learn to it . . . that's how it is, there's no beating around the bush. There's no pleasing to say yes . . . because for me, you know, if for example, if somebody asks me for help to do it. If you're already stretched yourself, but to appease, or to . . . please the person . . . you keep saying yes. And you just, you know, stretch yourself further . . . somebody ask to switch with you another day, even though it will burden your schedule, but like you know, to keep up with it. Like a pleasing type. You are like, "Okay." Like, in the Philippines. It's not practiced here . . . the concept of *pakikisama*. Like for example . . . friends or coworkers, somebody asks you a favor. Even though it's an inconvenience to you, for the spirit of *pakikisama*, you will say yes to it. To be like, pleasing . . . you know, get in their good side. And you hope that they will one day . . . when you need a favor, they will return a favor to you too. And that's not the case.

**Filipinos are perceived to be shy.** At least 14 participants described themselves or other Filipinos to be shy or not assertive. These participants either described a scenario that demonstrated their own shyness or shared a story about a colleague not exercising their assertiveness. One of the second-generation participants, Ester, shared her story pertaining to an encounter with a physician in her department. She attempted to assert herself for the sake of patient safety, but was made to feel powerless by her physician colleague when she tried to vocalize her concerns. She recalled the incident:

na ako." Kasi, pag-chiname ko ang bases ko na hindi ko ginagamit yung normal ko, she was not that ano. I think it turned to something personal. Kaya sabi ko yung situation na pinakita ko sa iyo yung, yung ano, prescription na binigay ko sa iyo, gusto ko lang ma-correct yun. Hindi naman dahil I've been arrogant or what. It’s for the safety of the patient. So, yun ang cause ng aming ano. Kaya umalis ako. Yun ang cause kung bakit ako umalis.

Translation:

There was a doctor I called to correct the generic form of a medication name. The patient was allergic to the medication. The doctor said, “These are just the same.” So, I guess he felt that, maybe he was affected by . . . well, from that time on, whenever I called, he would recognize my voice. He would get mad. I reported him. I reported him to my . . . I said, “I am leaving.” Because if I changed my voice and I don’t use my normal one, she was not that what . . . I think it turned to something personal. So I said, the situation I presented to you, the prescription I gave you, I just wanted it corrected. I wasn’t being arrogant or what. It’s for the safety of the patient. So, that was the cause of our [dispute]. That’s why I left. That was the reason why I left.

As a supervisor and someone who is self-described as a “quiet” person, Analyn had been the recipient of aggressive behavior. She shared a story of an incident where a supervisor verbally attacked her and how she fought back. Analyn stated:

I am a quiet one. Not, I'm not really the boisterous doing this. One time, I was a supervisor and this RN was trying to . . . aggressively, especially attacking me. So I told her, “You know what, I did not travel half of the world to be attacked by you,” and by that word alone, she said, “Oh my God.” By that on, she never say anything to me. I said, "You don't know me. Maybe I'm just quiet that you can push me around but I am not to be pushed around. I still [know] how to speak out.” . . . I think they respected you in that way.

Analyn was a veteran nurse with 38 years of nursing experience. She shared the advice that she would give her nursing colleagues who would shy away from speaking up:

Some of the nurses, they are shy, they don't want to speak out. . . . If you will just [sit] aside, next time, they will not follow you. They will not ever respect you. If they question you, answer them honestly. You know, answer them honestly. If you want this patient to be done now, do it now because you know the reason why? You have to do it now because the doctor is coming. The supervisor will be visiting and they will, they wanted the report right now so do it now. . . . Don't be afraid how they stare at you. Don't be afraid how they open their mouth to you.
You should know how to say something. You should be honest, you should be factual, you know, and they will respect you.

Another participant, Fabian, theorized that this shyness and these non-assertive tendencies are mainly, or partly, the reasons why many Filipinos choose to work night shift positions. During the night shift, Fabian believed that nurses have decreased interaction and communication time with members of the healthcare team, family members, and ancillary staff members. Instead, these shy Filipino nurses are able to focus on the nursing skills in which they excel and can provide exceptional nursing care without being distracted. Fabian had also observed that Filipinos prefer working night shift in groups so they could bond within Filipino subgroups according to the region of the Philippines from where they emigrated. However, as a consequence, these Filipino nurses do not get to interact as much with department managers and hospital leaders who are more present during the day. This lack of interaction with key leadership roles may prevent them from looking into advancing their careers and exploring a graduate degree.

Fabian explained:

There's a tendency, majority of them would shy away from leadership positions and would rather go to night shift where there's less exposure and, especially the ones that were hired from the, from the Philippines, here. Most of them would. Now these are the hard working, really work-oriented . . . that's what I been, and most of them are the night shift people. They tend to find a niche, that's less exposure or interaction with doctors and other auxiliary services in the day time, or family members would cushion them, or at least create them a safety zone that they can work but, they contribute very much in quality care because they devote themselves in reviewing chart, reviewing orders . . . even able to recommend treatments and procedures. They're really good and intelligent at seeing where the direction of care is going because of the less busyness of night. And, this is also, the nurses are known to really care for the patient in a human way, like bathing them and really caring for the wound with extra attention. Those are the strengths of the Filipinos at night.

Fabian provided a well-constructed explanation of why he thought shy/non-
assertive Filipino nurses worked the night shift and how this had a potential impact on leadership and educational attainment. Of note, 19 of the participants in this study (56%) mentioned working the night shift at some point in their career. In addition, these participants who worked the night shift also made mention of working with numerous Filipino nurses during the night shift in their respective places of employment.

**Culture shock.** Darna first moved to New York in 1985 at the age of 23. Like many first-generation nurses who moved to the United States without their families, she felt alone and isolated. She did not have a means to get around, which contributed to her further seclusion. She also dressed differently than her newfound American friends, which made her feel different and awkward. Darna conveyed the concept of “colonial mentality,” wherein she felt intimidated when she first moved to the United States. Just because of the color of her skin, she felt that Americans were better than her. But Darna was quick to realize that she had to change her attitude to survive in her new environment. She stated:

I had nobody. And then we have no transportation, we have to rent. Although, my landlady was very nice, so they help us a lot. It's just a different . . . the Filipinos are very conservative, but then here, then I got here, and everybody's like, “You're wearing pants.” I'm like, “Oh my God, nobody's wearing pants.” And I, of course, being Filipinos, we are always intimidated by . . . we feel that Americans are always . . . what [is] it called? . . . superior than us. So, I think it's just the mindset, and then after three months, I said, “I need to change my attitude, otherwise I would not be able to live here.” So, after that, I had no problems anymore. Just changing my attitude.

The first-generation participants who immigrated to the United States with their families not only had to deal with their own culture shock, but also shouldered the burden of individual family members’ difficulties with the transition to their new environment. Like Darna, Camille immigrated to New York in the 1980s. She had intentions to
complete her master’s degree in public health, but had to put her education aside to focus on transitioning to the United States. Camille said, “My family just came over and there's a lot of things going on. So, I said no. So I didn't really go [back to school]. I was just happy, you know, with my job.” When asked what was the biggest barrier to her completing her degree, Camille stated:

I consider my family because they [had] a hard time adjusting, especially my husband. He [had] like a culture shock, because. He got a job at Brooklyn. And you know how Brooklyn in New York, it's like Tondo, it's worse than Tondo, in the Philippines. Because he got hired at [a hospital in New York], and the first time he got accepted, he had a new car, when he got out of the car, everything was totaled in the car. And the window was broken, so, it was kind of culture shock. And he doesn't like the persistence for a few months and he moved to Florida. I stayed there like a month before I followed him because I don't want to move to Florida.

Regina, 39 years old, moved to the United States 14 years ago and echoed the loneliness other participants mentioned. She stated that it was not only the isolation from her new surroundings, but the lack of help raising her children that was a tremendous struggle for her. Regina found it difficult to start a new life without her extended family around—her extended family played an important role in raising her children. The separation from her family who lived in the Philippines was a difficult phase for Regina and her children. On a positive note, she did find that the adjustment to her role at work in the hospital to be a smoother transition. She explained:

It was hard. It was [a] difficult transition. It was a culture shock for me, alright, it took me a few years to really, you know, adapt to the United States, the life in the United States. . . . You come from a different country, different culture, so when you come to the United States, it is a big adjustment, but at the same time, when you work in a hospital, it's almost the same thing. So, it's more of the life then in the work. You readily adjust that you work . . . so, so you take care of patients . . . it's harder to adjust with [life]. In terms of hospital, it's easier, but at your life, as it comes to your life, it's harder . . . we don't have anybody to help you. . . . If, if you come here with your family, then it's just you and your husband, you don't have
any relatives or any other family that would help you with your life here, with your family situation and all that, so it's a big adjustment. . . . I mean if you are single, maybe it's easier, but with my situation, in my case, I came here with my family . . . and the kids were young, at the same time, you're adjusting to your environment here and then you're adjusting to your work. It's just a lot of stress, but, you know, Filipinos are known to be strong people, and no matter what, you know, they won't give up. So, that's also my personality. Just don't give up. I made it through and I'm here, still moving. Yeah, still going.

**Experienced racism and discrimination.** At least seven participants specifically mentioned experiencing racism and discrimination as a barrier to advancing their education. Stephanie is a 1.5-generation Filipina American nurse from New Jersey who moved to the United States when she was seven years old. She stated that Filipinos might be discriminated against at the earliest point of accessing a job opportunity just because of their last names. She gave the example of having applied for an externship program while in nursing school—she was not afforded the chance to interview, while someone who had less experience and had lower grades not only got the chance to interview, but was given the externship position. She questioned if this was solely based on the fact that the person selected was Caucasian and that Stephanie was a minority and had a last name that did not sound typically American. She found this discouraging and disturbing for her future plans for graduate school.

**Jamille:** Do you anticipate anything that will prevent you from getting a master's degree?

**Stephanie:** Not prevent me, but I think it's definitely harder when you get interviewed. Get interviewed to be selected in the program. I think that as a minority it's still hard to get into a graduate program.

**Jamille:** Tell me more about that.

**Stephanie:** I just feel like that's like, I just . . . on how like . . . I just felt that, how should I say this? Like, when . . . like, when I was, I was applying, like during nursing school. I applied for multiple
externships in the area, but I didn't get into my first choice. And I felt that . . . and then I knew, I knew someone who did and then she was, she was Caucasian and but, she was Caucasian and she received it. But when you . . . when I really thought about it, why is that? I have a higher GPA. I have more experience, like. But like I wasn't even given a chance to interview.

Jamille: So, you didn't get an interview after you applied.

Stephanie: Yeah, I didn't even get, I didn't even get a chance to interview, and I have more experience, I have more GPA. It's just like, is it my last name? Is it giving away something? It's like there's just stuff like that just, I just think that, like, why? You know? Is it because, like, my name. My last name isn't Smith or Jones. It upsets me.

Another participant shared her story of feeling excluded. Ester, 60 years old, had intended to attend a master’s program, but finances prevented her from going back to school. Additionally, she stated that she experienced a hard transition to the United States because of racial tensions at work that made her feel that she was not accepted and did not belong. Ester felt that she was given harder work assignments that caused her stress and impacted her long-term health, thus preventing her from pursuing her lifelong dream of pursuing a graduate degree. Ester explained in our interview:

Jamille: How was your transition to the United States? Were there any cultural barriers?

Ester: You know, for my three years, if I was not given the opportunity to have this status, family status, I should have gone home.

Jamille: Gone back home to the Philippines?

Ester: Yeah. I should have gone home to the Philippines, but since my family is here…

Jamille: Was it a hard transition? What kind of transition did you have coming to the States? Were there any barriers?

Ester: My, my one year was really difficult.
Jamille: How come?

Ester: Because there’s a little bit racist.

Jamille: Can you give me an example?

Ester: When I was just brand new, I was with the agency. And then when I was in the hospital . . . they thought that I was . . . a traveling nurse. And it’s, I’m earning a lot. So they thought since I am in the agency, they’re giving me a lot of acute [patients].

Jamille: Oh, because you were being paid more?


Translation: So they are giving me those [patients]. But I am thankful because the challenge made me more, a stronger nurse. But you know us Filipinos, for us, the sacrifice makes us feel better because it is an opportunity. Unfortunately, health wise, it’s not nice. Because all the stressful cases are given to us. All the admissions, all the discharges, all the med-surg are mine. The transition is very quick. I was asking why was it like this? So I opened up with my charge [nurse]. I said, “I haven’t been here for six months. I have been floating already.* And during that time, I’m thankful because I saw a nice place to work. So I asked for permission to leave and I left after I completed just one year.

*Float: Float is a common term used in nursing. “Floating a nurse” means that a nurse can be re-assigned from their home unit to fill another unit’s staffing needs. Floating is a major source of job dissatisfaction in nursing.
For second-generation participant Quinn, she stated that she had not experienced racism to the extent that it barred her from returning to school for her master’s degree in health administration. On the contrary, because she is “Americanized,” racist remarks are mentioned in front of her about Filipinos, and people do not think she would take offense. She stated:

I've never had an experience like, “Oh, you're Filipino!” I've never had that experience. I have dealt with a lot of prejudice, of course. Especially, you know, within a facility. And sometimes they forget that I am Filipino because I am very Americanized. You know, I talk to them and they'll say certain . . . people have said certain things. I mean even now, and they don't realize what they're saying or, um . . . I've had issues where people are like, “Oh, well,” you know. I can even give you an example. You know, there was one particular person who was like, “Oh, they're hiring another Filipino.” Like it doesn't matter if it's a Filipino or not Filipino, you know. It's just because they're a nurse, but they'll say things like that, like, “Oh, you know, it's a Filipino mafia. They're going to come after you.” They're still saying stupid things like that.

**Did not know how to drive.** A handful of first-generation participants reported that they did not know how to drive when they moved to the United States. This was an additional barrier for them to consider as they were deciding about graduate school. Like many participants, Hannah described many compounding reasons why she did not pursue her aspirations to obtain a master’s degree. Hannah had to work overtime to support her family, but another barrier to graduate school was that she did not know how to drive and would have had to rely on her husband to drive her. She explained:

When I was in New York, when I still young, I said, "Well let me go do that master." But you know, I got into the work. You know, like overtime, overtime, overtime. I got pregnant. You know, (we) went to Georgia, you know, like the transition. And I'm not driving . . . I don't know how to drive . . . then when I went to Georgia, you know, you cannot even drive. My husband is the one driving me . . . so that's the one . . . I said, "Oh no." You know? But I, yeah. I did not, yeah.

One of the challenges that Yasmin encountered when she first moved to the
United States was not having access to transportation. She stated:

Another barrier too is not knowing how to drive. You know, because we were so dependent on other people . . . we had not taken the fact that . . . as long as you live in (the Midwest), there’s not a lot of public transportation. So, we may have to wait for the 24 hours you know, until they drop somebody off . . . yeah. So driving . . . our transport was a challenge. . . . We were certainly patient at that time, we were not modernized yet.

**Professional Barriers**

Participants discussed professional barriers and disincentives to obtaining a graduate degree that were related to the following: (a) negative perceptions of the role of NPs, (b) effects of Filipino nurses being perceived or identified as model nurses, (c) preference for bedside nursing care, (d) effects of the perception of younger nurses advancing too quickly in the profession; (e) advancement in the profession perceived to be a betrayal to colleagues; (f) lack of support from the employer and fellow nursing colleagues; (g) bullying by older/experienced nurses; and (h) continued promotion up the leadership/management ladder without needing an advanced or graduate degree.

**Negative perceptions of the nurse practitioner role.** Although there are several pathways to advancing nursing education beyond the BSN degree, most of the participants primarily mentioned their consideration of a master’s degree and the NP role. Only a couple participants included a doctoral degree when they referred to a graduate degree. Many participants shared their desire to advance their education but hesitated to take action to pursue their dreams because of their perceptions of the professional satisfaction of the NP to whom they were exposed in their own workplace. Uma, 30 years old, conveyed her aspiration to become a cardiac NP, but cited the lack of finances for tuition, and the possibility of not being able to work overtime as an NP, as disincentives
for her to further advance her education. Additionally, exposure to NPs in her hospital in New Jersey turned her off from this APN role even more. Uma saw that the NPs worked tirelessly, and it appeared to her that the workload between the healthcare providers was imbalanced. Uma explained:

The nurse practitioners that I've seen have worked like dogs. Well, I do not want to work like a dog, and because they will see all of the doctor's patients. They would do all the hard work, all the assessments, all the notes, all the calls, and all the orders, work extra hours, and the doctors just come in, you know, read their notes, say hi to the patient and sign. I feel like they’re the ones doing the nitty gritty hard work and the doctors just sign off on it. I've seen that many times.

Georgette, 43 years old, was in a leadership position as a clinical coordinator in the intensive care unit at her hospital in Pennsylvania. Her nursing director had discussed succession planning with Georgette and the possibility of Georgette taking over the director role upon the current director’s retirement in a few years. Georgette was a Level 3 staff nurse on the clinical ladder and was working on obtaining her Critical Care Nursing certification. She was also preparing to apply to become a Level 4 nurse, the highest step on the professional development ladder for staff nurses at her institution.

With Georgette’s upward career mobility and her impression of NPs being overworked with a similar pay than hers, she wondered if the return on investment of obtaining a master’s degree would be worth the financial strain and the time away from her young family. She explained:

I think, you know honestly, when you put it down the line like, it’s almost like a financial barrier. Not that you can't afford it, but I actually have talked to a couple of nurse practitioners and I basically make, I make the same money that they do and they are on call. And they said to me, they're like, "If I had the position that you had knowing that this is what you do and they're not requiring you, no offense to you, but they're not requiring you to do, like, I would totally stay where you are." Like, I've had two nurse practitioners like, "This sucks." Like they'll tell me, like I wish I didn't go into this field. Like, they are always constantly trying to
negotiate their contract, they're on call, they're there late so they're trying to get babysitting there, I'm like "I'm done. I clock out at 3:23. I'm able to move on with my life," and they are still on call and they still have three patients to see and they're like, “It's 5:00 o'clock.” So, sometimes that incentive to financially is it worth it to go back to school and put all that money in toward schooling and knowing that you're basically making the same?... If work told me right now, “We'll pay for you to go back to get your master's, this is what's needed for your job. You pay for it and we'll 100% reimburse you.” then I would be like, "Okay, let's do it," but that's not the case. So, you know, it's, you gotta weigh is it really worth it.

**Questionable return on investment.** As stated earlier in the chapter, many participants either chose nursing or were encouraged to select nursing as a career path because of the financial stability it provides. To some participants, a graduate degree was not perceived to add further monetary wealth, but was a budgetary strain for themselves and their family. These participants reported having colleagues who had completed graduate nursing degrees but did not utilize their degrees in their current bedside nursing roles. These nurses fell into two groups: one group worked as APNs for a period of time but then returned to bedside nursing, and a second group never used their graduate degree to work as APNs after graduation. These participants stated that their colleagues were working as bedside nurses despite having a graduate degree because of financial reasons. Working as a bedside nurse was more financially beneficial than working as an NP, according to these participants’ colleagues. These situations had made the participants pause and question the return on investment for a graduate degree in nursing.

Fabian shared his observations of two NPs with whom he worked at his hospital in Florida. One was an NP who graduated with an MSN and had the educational training to be an NP; however, Fabian’s colleague decided not to practice as an NP and instead continued working as a bedside nurse on his unit. The other NP was practicing as an
APN, but was not satisfied with the role. Fabian stated:

The unit I came from, as for newly APNs on the floor. Two of them, I know, are already dissatisfied. The other one is still in the unit right now. Never want to move up. With a degree already, nurse practitioner. [Still working] as a nurse, [not] an NP. The other one has more complaints than I could have heard.

First-generation veteran nurse, Hannah, also questioned the return on investment for a graduate nursing degree. She shared about her husband’s colleagues who studied to become NPs. However, these NPs left their APN roles and went back to bedside nursing because of financial reasons.

Hannah: When you do master, okay what you gonna do? You're not gonna go bedside any more right? You have to, even the, being a nurse practitioner you're not gonna be on, you know, bedside. And plus, I said, “I think I'm still more on the financial, the money,” because you know, like when you're doing overtime, you can get more. Masters, they go back to bedsides.

Jamille: Oh, so they get their master's but then leave becoming a nurse practitioner. And then go back…

Hannah: Go back to bedside.

Jamille: Why do you think that?

Hannah: When we were in Georgia . . . a lot of my husband’s friends, they’re nurse practitioner[s], but they go back to nursing. You know, at bedside, because they're saying it's not worth it.

Jamille: Oh, okay. Not worth it financially?

Hannah: Financially . . . that's what I'm . . . hearing. And I said, "Why?" You know, "Why are you gonna do that?" There's a lot, especially in Arizona. There's a lot of people doing . . . you know, like, [master’s degree], or nurse practitioner.

At 32 years old, Hawaii native Belinda is currently working on a temporary travel assignment as a labor and delivery nurse in California. Travel nurses have the opportunity to work in different places in the United States and in a variety of locations and clinical
settings. Travel nurses are typically paid well, are provided many benefits by their employers (medical, dental, retirement), and even receive free living arrangements. For Belinda, she considered working as an NP, but the benefits of travel nursing outweighed the benefits of pursuing a master’s degree. Investing in a graduate degree to work as an NP did not have the same return of benefits that she reaped from being a travel nurse.

Belinda stated:

At one point, I thought I wanted to be a nurse practitioner, but I guess . . . I've learned more about what I would be doing. And as of right now, I am not, I'm not ready to work in a clinical setting. I mean, I guess that's what, I would, I would go work, I could go work in a hospital setting . . . but, they do work long hours, and they make salary, and I just don't think that's worth it for me.

**Preference to provide bedside nursing care.** Many participants closely identified with the clinical proficiency and the hand skills of bedside nurses. A couple participants specifically stated that if they were to obtain a graduate degree, they feared they would end up away from providing direct patient care and be stuck with administrative duties instead.

For 20 years, Leilani worked as a nurse. At the time of the interview, she worked in the neonatal intensive care unit, a job that demands the utmost proficiency in critical thinking and clinical skills while caring for the most fragile of newborns. When asked about her plans for the future, Leilani shared that she did consider possibly studying to become an NP. In the role of a neonatal NP, she would still be able to provide direct patient care at the bedside. However, like most APN roles, it was likely that the NP would take on leadership roles and engage in interprofessional collaboration and education. These other responsibilities might result in more administrative work or “paperwork.” This was likely the part of the NP role to which Leilani was referring and
the part that was not appealing to her. She stated:

I think I would stay as a, you know, bedside nurse. I really like to be a bedside nurse, and I say, like, if I have, so I thought about, okay, if I have to make my grad school, what kind of, you know? So maybe like, maybe I could go like a practitioner, 'cause that way, I could still be in a bedside at the same time. But still, I don't want, I really don't want to be like the administrative type of, you know, just, I really, I want to do it on my own. Like I want hands-on care, you know? I don't want to be dealing with papers, paperwork, a lot of papers, you know, when you're like, you're on the administrative side. So I just want to be with my patient and take care of my patient, and that's it.

Perception of younger nurses advancing too quickly. At least three of the older, more experienced participants shared that they think younger nurses generally want to minimize the time spent, or completely avoid, the bedside experience. Instead, they claim that younger nurses want to work as an APN in an NP, health administrator, or educator role. The older, more experienced participants valued expert clinical skills and were proud to say that they had earned this proficiency through years of working at the bedside. They felt that younger nurses needed to gain more experience working as a bedside nurse prior to returning to school to obtain a graduate degree.

One of the participants with a long history of bedside nursing was Hannah. She had 34 years of nursing experience and continued to work in a medical-surgical unit in Arizona. Hannah vocalized her disapproval of “younger nurses” not paying their dues by working at the bedside prior to starting graduate school.

Hannah: Younger nurses, they're not even, like, two years bedside. You know? I mean, I said, "How can they?" You know, without experience, and how can they . . . with just a few years of . . . clinical. Two years clinical and then here they will go to being . . . and I'm not, you know, like, I'm just observing . . . you know, when you go to nurse practitioner. I said, "I think you need more years to practice."
Jamille: How many more years do you think, how many years do you think is good enough time of practice before someone goes back to a master's degree, in your own assessment?

Hannah: I think, at least I will tell them, probably five years with ICU.

Jamille: With ICU experience?

Hannah: Yeah. With ICU.

Ester, a nurse in Texas, echoed similar sentiments as Hannah. Ester had observed inexperienced nurses wanting to advance in their careers too quickly. She shared the advice that she gave her young nursing colleagues about the importance of having to work in difficult clinical settings to learn how to think on their feet, gain useful clinical skills, and earn their merit. Ester stated that returning to school for a graduate degree is laudable; however, if an inexperienced nurse does this too soon, they will not have the foundational skills to succeed. She recommended taking “baby steps” instead of rushing up the career ladder. Ester explained:


Translation:

What I see nowadays, the young [nurses] of today, they are like, instead of baby steps, they jump ahead. They want to obtain a nice role . . . they don’t want to go through what we [older nurses] had to go through. In order for [them] to understand, prior to becoming a very good leader, you need to go through the
journey. That’s why I recommend to them, I say, “When I was young, I work in hard places.” So that I can expose myself [to different clinical situations]. I said, I cannot teach if I do not have anything to show for. That’s why I said to them, don’t just work here . . . no. I said “no.” You need to be exposed first. Then after, they want to go to school right away. Yeah, they’re in school, but they will forget all their skills. Instead of taking baby steps, they are taking giant steps. Because they want to advance right away.

Back in the mid-1980s, Darna moved to the United States at age 23. She started a master’s degree in nursing while working in New York. Three decades ago, Darna said, not too many nurses were pursuing a graduate degree, “At the time, at the time, no. [But now], yes. More, a lot more.” But she was not able to complete her degree because she started having children. At the time of our interview, at 54 years old, Darna thought nurses were pursuing graduate degrees for many different reasons. But, similar to Hannah and Ester, Darna thought that one of the reasons nurses wanted to pursue a graduate degree was to avoid being a bedside nurse. Due to patients with higher acuity, the physical, mental, and psychological demand on bedside nurses is higher. Darna theorized that this increased demand on bedside nurses was causing them to leave the bedside. She stated:

I think the competition is greater now. That’s why most of them . . . want to be a nurse practitioner. And the type of nursing that we have now is tougher than when we used to start. Its acuity is high, much higher now. Reasons are, so they want to leave bedside, so they want to go to . . . they do nurse practitioner, so they don’t have to go bedside.

**Advancing in the profession is a betrayal to colleagues.** The following scenarios hope to demonstrate the possible impact of *pakikisama* on a Filipino nurse’s educational attainment and career aspirations.

In the spirit of *pakikisama*, and wanting to be in harmony with her colleagues, 55-year-old Xandra stated that she did not want to advance her career because this would
change the relationship that she had with her co-workers. Although she acknowledged that there was a need for Filipino representation in nursing leadership, the idea of taking on a leadership role was not appealing because she did not want to be disharmonious with her colleagues and put *pakikisama* at risk. She explained:

> In our unit, a lot of us are like 25 years as a unit and none of us want to step up because of the headache. And it's kind of difficult to deal with a lot of people. You're working, dealing with these corporations, and then you got to deal with other RNs. . . . We're in trouble right because we don't have nurse leaders? Okay. I don't think I did not have the mind to be a good manager and I felt that I would be working against my co-workers if I do that. I think that if you are in the management that means that you lose your touch (with your co-workers) . . . you will not be working for your nurses, but you will be working for your bosses, which is the corporate people. That's what I felt. I think that I would just go up and be not a good person if I would be in that position. You know what I mean?

A second participant, June, experienced this break in trust between her and her colleagues when she was viewed as someone who went against the spirit of *pakikisama* after being appointed to a leadership role as a nurse liaison for her department. This incident had a major impact on her assimilation to the United States, on her career development, and on her relationship with her nurse colleagues. Although this incident happened many years ago, it was apparent in June’s demeanor that this incident affected her deeply. June recalled her story with much sadness in her voice:

> I was offered a job as a nurse liaison. . . . Administration's problem then was they don't know all the issues of the staff nurses, and they hear it from the grapevine that there's going to be [the formation of] a union . . . I don't know why they picked me. . . . This is what they said, that I'm friendly to a lot of staff, I'm close to a lot of them . . . so, they would like . . . to address all the issues of the staff nurses. So, that's what I did, I had it for less than a year, but doing that, I lost the trust of the staff. They think I'm a spy. And they literally, like, told me that [to] my face, that I was a spy and then I'm not their friend anymore . . . being young, then, and I was hurt, very hurt, losing friends is that like . . . it's a big barrier.

**Lack of moral support from employer.** Several participants mentioned the
importance of having the support of their employer. Whether this support was directed toward obtaining a graduate education or not, participants stated that feeling supported by an employer had a domino effect on their career and educational aspirations. However, if an employer did not show support in any kind of way, some of the participants reported that this would also have an effect on how they viewed nursing as a career and their future in the profession. Uma explained that if she and her nursing colleagues received more support from their employer by increasing staffing ratios and providing better equipment, this would lessen the strain and stress on their minds and bodies. Therefore, the staff would have a more rested body, mind, and spirit, which would increase their mental and physical capacity to advance their education. Uma stated:

I think, if the system made it easier to obtain a higher education, a lot of us would be doing it. And not only that, if the system supported us, staffing-wise, equipment-wise, our nursing care at the bedside wouldn't be so hard, that we would have time to pursue a higher education. But if we're so tired and worn out, fed up, and tired of trying to speak but not being heard, then yeah. We're going to be too tired to pursue education. I feel that if the system would give us the financial support, the physical support, pursuing a higher education would be easier, and easier, and also would allow the nurse to take care of themselves before they take care of others. Because I feel that the system neglects that. They forget that we also have to take care of ourselves, before we take care of others.

Francine spoke about the culture at her work and how unsupportive her employer had been toward the employees. Francine, who was back in school during our interview, did not feel supported by her employer. Due to her school schedule and family commitments, she needed to decrease her work hours to per diem. This change in her work schedule prompted Francine’s employer to question her commitment to her job. Francine thought that it was unfair for her to have to justify her purpose at work. Francine stated:
It was just a really rough year, that year. I mean, she . . . there was a lot of issues with management and staff. There was a lack of team morale. I guess that's the best way to put it, there was a lack of team morale, a lack of team support, a lack of support from management, and because of some of the staffing issues a lot of people felt burnt out. They felt over worked and overwhelmed. And then they redirected that stress toward other new incoming nurses. That’s how I would probably explain it the best way. And if you're full time they seem to be a little bit more accepting. But then when I went from full time to part time, they were kind of like questioning, like, is it because I don't want to be there? And I tried to explain to them, "No, it's because I'm in school, you know, I have family commitments." You know, my grandfather was going through Alzheimer's and dementia.

**Lack of support from nursing colleagues.** At least 24 of the participants spoke of the vital role that their nursing friends, colleagues, and communities played in their lives. On the other hand, several participants reported that they did not feel sufficiently supported professionally by their fellow nursing colleagues. In certain situations, not only was there a lack of support, but participants reported a “caustic” environment that was discouraging and inimical to their career trajectory.

**Crab mentality.** Uma was a 1.5-generation Filipino American who was born in the Philippines and moved to the United States when she was six years old. She acknowledged her Filipino roots as she collectively identified with the large group of Filipino nurses with whom she worked at a hospital in New Jersey. Although Uma was satisfied with her nursing career and content with her employer, she stated that there was one specific nursing colleague who had not provided her the support she had been seeking. This nursing colleague Uma spoke about was her own boss at work. Uma stated that her boss had created an unsupportive work environment and had caused her and her nursing colleagues much frustration. Instead of encouraging the nurses in their unit to continue to advance professionally and support each nursing staff member’s career and
educational aspirations, Uma reported that her boss had done the opposite. She shared that her boss perpetuated a callous and caustic environment. She explained:

So, where I am now, I am very satisfied. My boss though, is, I feel like she is the worst boss I've ever had in my nine years of nursing . . . she's my sixth one. And she talks down to all of her staff members, and she's Filipino too, and I feel like I know no one will mess with her . . . I feel like they eat their own, or they have like the crab mentality. You know the “crab mentality”? My boss is making the environment such a harsh and caustic environment. And I say “caustic” because it is caustic, like, she negatively talks down to us. And, I mean, when she first entered like, a year ago, she was so nice and so pleasant. But now, I noticed that, like, you have to talk to her when she is in a good mood. If not, she'll scream at you . . . her just tone of voice is just so derogatory. I feel disgusted, and, it's accepted at my workplace. That is the culture that they have allowed to happen—I don't like it at all. It's not acceptable. She pretty much is the bully; she is the bully at the workplace.

Uma further described her boss’ actions and her disappointment that as a fellow Filipino, her boss did not exercise *pakikisama*. Instead, her boss chose to engage in having crab mentality. Uma stated:

Yeah, and for her to be a Filipino, it's like, it's not in my mind how, if anything, you should be happy, kinder to Filipinos, because then we can usually be understanding. More understanding . . . the crab mentality, my perspective of that, in regards to Filipinos, is: Filipinos are jealous people. And this is, I don't know how true this is, but I've observed it myself, where if you have a better car, better children, better house. It's like, "Oh, let me show you what I have." And if you're gonna go be ahead of me, I'm gonna try to claw you or something. So that you won't get ahead of me. "I want to be better than you." It's pretty much like crabs trying to climb a wall, and instead of helping each other, they try to tear each other down. Uh, so to me, that is my understanding of the crab mentality. And I know that sometimes Filipinos do that, and they backfight, and they talk about each other, but then they'll be nice to your face. Oh, especially being young, being a young Filipino.

Nadal (2011) described *crab mentality* as “the desire to outdo, outshine, or surpass another (often of one’s same ethnic group) at the other’s expense. Although very little academic research describes this concept, it is an idea well-known in the Filipino American community” (p. 129). Another participant, Francine, who shared a similar
experience like that of Uma’s referred to crab mentality. In the five years that Francine had been a nurse, she experienced working with many Filipino nurses who provided different levels of support for her entry to the profession and her aspirations to obtain her master’s degree and become a CRNA. She spoke of a mentor who had provided her with much needed support toward obtaining the necessary experience to apply for a CRNA program. However, she also conveyed her disappointment with fellow Filipino nurse colleagues who chose not only to abstain from being supportive of her dreams to advance her career, but also to make efforts in vocalizing their opinions regarding other nurses’ advancement in the profession. She shared her experience:

They kinda don't really want you to be successful. They just kinda want to keep you at bay and, you know, they don't want to support you or lift you up. It's kinda like that, I don't know if you're familiar with the crab mentality, but I sometimes see that where, you know, the Filipinos are pulling each other, pulling each other down to get out of the chains or whatever, in terms of, you know, working the rank up into supervising positions, or charge nurse, or administration, or management. I see that a lot where they're tearing other people down to get there. You know, it's hard to accept sometimes because I see it primarily in just the Filipino and the culture. I do see a lack of support for the profession itself. For example, like if a nurse who just, say for example, got their Bachelor's and they want to go for their Ph.D. You know, their Ph.D. education. You'll hear up front, these nurses, you know, saying it's a good thing. Especially in the moment that that nurse leaves the room. I've seen that many times that they talk about that nurse, and they complain about why-why is that nurse going back to school for, you know, NP or whatever, spending all this money when they're going to make about the same amount. And so, I think that culture of superiority and, you know, where you rank, and I think there's a lack of support. The lack of support of pushing the nursing profession itself in the future, I think is not there. You know that, I think, is very frustrating for me because. I've only met a handful, I probably would say four or five nurses that were genuinely supportive of like, my career, furthering my career or furthering other people’s careers. And really did assist and provide that support. For example, my CRNA mentor. Like, he has been there every step of the way for me, guiding me in terms of, like, what I should do, need to do, and factoring out my personal life, you know, into that equation. But often times I do see a lot of senior nurses that plan on being a nurse for . . . until retirement, have a hard time promoting and encouraging new nurses or mid-career nurses, or even senior nurses to go back to school and further their education, and
be a better nurse. Not only for themselves, or for their patients and their families, and for the profession itself. I think that's my biggest dissatisfaction.

Belinda also felt that some Filipino nurses were competitive with their colleagues instead of being supportive. As a new-to-practice nurse, she felt that there were Filipino nurses, specifically her charge nurse, who put her through an “initiation.” Belinda recalled:

So, I found that there are some Filipinos, I guess, [who] can be competitive. And they eat, they eat their own. Especially when they’re starting off. It’s almost like a, um, initiation into like, all right, let's see what this person can handle. Not that the floor is stressful enough already. There was actually one time there was, actually, not one time, multiple, three times. I had bumped heads with this one charge nurse. She was Filipino. And she [had] a very strong personality, Filipino, and I was a new grad at that time. So, I was still kind of getting the hang of everything, and the learning curve for labor and delivery is really, really high. Or really, really steep. Cause there are things that you don’t learn in nursing school. What you learn in nursing school is very limited.

Belinda shared an incident wherein a Cesarean-section surgery was delayed. Instead of providing her the support, Belinda felt that her charge nurse put all the blame on her. She stated:

The charge nurse totally threw me under the bus. She said, “Nope. It was all nursing.” And also, and instead of, you know, saying to the, the doctor . . . the doctor wasn't even upset, he just wanted to know . . . just straight up threw me under the bus.

These experiences motivated Belinda to show kindness to new nurses, particularly to those who just graduated. She stated:

Well, if I see someone new, or especially a new grad, it doesn’t matter, um, who you are and I see them stumbling, or trying to figure things out, I just, I just pull them to the side and like, “Hey, you know, just letting you know, you should do it like this, and you should do it like this before someone yells at you.” I give them a heads-up. Like I tell them, or pretty much help them out. ‘Cause I know how it's, how it’s like. I’ve been there. And I feel like some people forget that they’ve been there.
**Feeling bullied by older/experienced nurses.** Several participants spoke strongly about being “bullied” in the workplace. These participants stated that fellow nursing colleagues, several of whom were older, experienced Filipino nurses, mostly did the bullying. The participants shared their internal struggle with having this intergenerational conflict. They felt that being vocal toward their colleagues would be perceived as “talking back” because they were taught to always “respect their elders.”

Vida, 35 years old, had been practicing nursing for 11 years. Vida, who belonged to the 1.5-generation of Filipino Americans, moved to the United States when she was 10 years old. She shared her experience of working with first-generation Filipino administrators at her previous place of employment who were “bossy.” The friction in the relationship between her Filipino co-workers caused Vida to be dissatisfied with her previous nursing position. When asked if she had experienced any cultural barriers for identifying as Filipino, Vida shared:

Vida: I'd probably think of it as more of a lot of violence when I was in the nursing home, especially Filipinos versus Filipinos. If you're under Filipino administration, especially the ones that are really not from here [first-generation nurses who were educated in the Philippines], they tend to be more bossy, and because they're in the same culture, you would kinda expect them to understand how they roll or how they run the administration.

Jamille: Can you talk more about that?

Vida: Absolutely . . . I don't know personally how you were brought up, but with me, it's always been like you have to respect your elders. So, whatever they say you have to [do] it. That's part of that. They expect you to, they expect you to do whatever they want you to do.

Vida provided a scenario where *utang na loob* may have played a role in creating friction between her and an older, first-generation nurse. *Utang na loob*, or “debt of
reciprocity” (Nadal, 2011), is the expectation that a favor is to be returned. This Filipino value will be discussed in further detail later in the chapter as it pertains to the parent-child relationship. Vida shared:

But it [is] also outside of work. They like being very nice to you . . . from my experience, the administration from the nursing home supported me to go to a nursing school by giving me a part-time job. And if I need a day off, they will tell me, okay, I'll give you a day off. Then you would work on this day. And then once I graduated, and then I quit. So, then they asked me to go back to the nursing home, and then she started saying that, “Well, remember how I supported you to go to nursing school? Well I think it's payback time that you should give me some of your time to work because now I need your help.” Kinda like that . . . well it's, it's exactly like that.

As a 28-year-old, third-generation Filipino American, Francine, stated that she and other younger, newer-to-practice nurses felt “bullying or lateral, horizontal violence” by preceptors who were orienting/had oriented them to the unit. This negative experience discouraged these nurses to stay in the ICU to continue to expand their knowledge and skills, which is crucial to their advancement in the profession. The bullying that occurred lead to a high turnover of nurses within her department. Francine’s very own preceptor gave her an ominous warning when she first started in the unit. She recalled, “I remember my preceptor telling me, my first day, she was a Filipino nurse, she said, ‘You should run away while you still can, little girl.’ I was so taken back by that.” She further explained:

In a way, they're bullying, but it's not direct bullying. It's kind of like a passive bullying, if that makes any sense . . . and I can feel that some Filipino . . . you know, they're unaware that they're bullying, or it's just that they've been doing it for so long that they don't know that it's unacceptable.

The experience of being bullied and of not being supported by her seasoned nurse colleagues was transformative for Francine and her younger, newer-to-practice co-workers. Francine decided to take this experience and turn it to a positive one by creating
a preceptor manual. This document served as a guide for preceptors who were orienting
new nurses. At the time of our interview, the manual was under review and pending
approval from the hospital administrators. This manual would not only be for her unit,
but would be utilized throughout the entire hospital. Although Francine hoped this
manual would help build the capacity for preceptors and their preceptees to have better
professional relationships, she had already received negative feedback from upset
preceptors even prior to implementation. She reported:

You know, some of the backlash I got was when we started thinking [about the]
preceptor manual, a lot of the seasoned nurses . . . they started hearing about these
scenarios, and they felt that we were directing it at them, because they have
experience at reacting in situations that way, and they felt like it was more of a tit
for tat, but it wasn't that at all. It was more trying to build a foundation, and
guideline, and training module of how we want our preceptors to be a model
preceptor for our preceptees, and how our preceptors can go to them for help.

Even prior to her move to the United States, Ester aspired to obtain her master’s
degree in the Philippines. However, as a young nurse in her 20s, Ester felt she did not
receive the encouragement she was hoping for. In fact, her supervisor vocalized feeling
threatened by Ester as a young nurse seeking to advance her career. Ester recalled:

Kasi imagine, pag ka graduate ko kaagad yun ang isip ko kaagad. Walang nag
motivate sa akin. Kaya lang ng sinabiha ako ng charge ko na
“Bakit? Gusto mo ba akong palitan?” At nakatakatawa niyan, kasi ang age namin,
grad . . . ng 21 years old. Sasabihan ka ng 40 plus na “Gusto mo ba akong
palitan?” So, I was like, sabi ko bakit niya ako nilagay nang ‘Best Employee’
iya kung gaganyanin niya ako. Di ba? So sabi ko sa mommy ko . . . “Wala akong
place diyan namag improve.” So, I will go out. Sabi ko sa kaniya. Sometimes,
yung mga, yung fear ba ng mga ano, yan ang nakaka . . . instead na, pero hindi
niya alam unong alam ako sabi ko sa kaniya, since na ito ang first exposure ko
na mag graduate, marami akong natutunan sa iyo. And you are my idol. Sinabi ko
sa kaniya. But sabi ko, “It so happened that you don’t like me.”

Translation:
Master’s? To satisfy what I really want to do, that’s what I really want. Yes. Imagine, I just graduated, and that’s the first thing I thought about. No one motivated me. I was taken aback when my charge (nurse) told me, “Why? Do you want to replace me?” What’s funny is that I was half her age. I was in my young twenties. Very young newly-graduated 21-year-old being told by a 40-plus, “You want to replace me?” So, I was like, I said, “Why would she give award me ‘Best Employee’ if she is going to treat me this way?” Right? So, I told my mommy, “I have no place here to improve.” So, I will go out. I told her . . . sometimes what you fear is what . . . instead, she didn’t know I was leaving, I told her, “Since this is my first exposure (to nursing) after graduation, I learned a lot from you. And you are my idol.” I told her . . . I said, “It so happened that you don’t like me.”

**Continued to be promoted without needing a graduate degree.** Brooke, a 60-year-old, first-generation participant, retired just two weeks prior to our interview in August 2016. She had a successful nursing career working her way from being a nursing assistant when she first moved to the United States to eventually becoming a director of nursing. Reflecting on her career, she was satisfied with her career trajectory. At one point, she had started a master’s program, but did not continue due to family commitments. The absence of a master’s degree did not prevent Brooke from advancing professionally. She says, “Because before, my kids are growing up. My husband work out of town so, you know. But then, later, I said, ‘Well, I made it [became successful professionally].’ So, I didn't [finish graduate school] . . . just let it go.”

Like Brooke, Imee also started a master’s degree in nursing as she continued to be promoted all the way to becoming a clinical director and a level 4 RN at her institution. However, balancing a leadership role while raising a family and the demands of graduate school became too stressful. But Imee vowed that even without completing her Master’s in Administrative Services degree, she would continue to reach for her career goals. She stated:
I think I'm at a good place right now. When, even when I didn't finish my MAS program I said, "I will get into that position that I want." So I became a clinical director. That was my main thing. So I got into my clinical directorship. Now, my babies were very young. So the task of me being out of home from 6:30 in the morning, clinical director with 24-hour responsibility in a, like a 25-bed same day surgery and a three-room endoscopy suite, was a lot. So, after two years, I stepped down, but I was maintained as a charge nurse, so I was always in, sort of, a leadership position all that time.

Although Georgette had seriously considered graduate school, her job as a clinical coordinator had never required it. She continued to advance in her career without having the need to invest time and money into an advanced degree. On the other hand, her husband was not satisfied with his job as a respiratory therapist. So, they decided to invest their finances by sending him to nursing school. Her husband continued on to graduate school and eventually became a nurse anesthetist.

During our interview, Georgette’s face lit up every time she talked about her role as one of the leaders in her unit. It was apparent how much she enjoyed her work in the ICU as she enthusiastically discussed the many aspects of her job and her dedication to patient care:

Jamille: Do you have any current plans of obtaining a master's degree in nursing?

Georgette: When I got married, we were talking about me going back to school and I wasn't sure . . . I actually went back for some computer courses thinking that I might want to get my MBA . . . but I didn't know what I wanted to do it in. Then I was given the opportunity at work to really advance without having to get my master's in the position that I'm [in], you know, in the position where I am now. They never required it. So, then when we got married, my husband was a respiratory therapist and he got really burnt out with what he wanted to do. So, he went back for nursing. 'Cause I said, “Well, it's either you or me going back” and he's like, “Well, are you happy with your job?” and I said, “I am.” . . . and he's like, he's like, “Well, I'm really not happy with mine.” So, he went back for nursing. And then he went back for his master's. So,
my husband's a nurse anesthetist. And then, you know, it really never came up. Because, you know, I didn't, what I'm doing currently I'm happy with. It never required, they never said to me, “You need, what you're doing you need to, you need to go back and get your master's.”

When discussing succession-planning strategies for their unit at the event of her director’s retirement in a few years, Georgette said that her director still makes no mention of obtaining a graduate degree. There is trust in Georgette’s leadership abilities to manage the unit as she has proven herself through her years of service. Georgette shared the conversation she had with her director:

My director approached me probably about a year ago and she said to me, she's like well, “You know one day I'm going to retire,” I don't know what she's prepping me for, and she's like, “And I don't know if this is the position you'd want to go, I don't know if you want to go into management.” She's like, “It just seems like the next natural step.” So, she's like, “I just want you to think about it,” she's like, “I know life is busy. You have kids and you're juggling this and doing that,” but she's like, “I just want you to think of something for your future.” And that's sort of where the conversation left.

**Personal Barriers**

Numerous participants mentioned personal barriers and disincentives to a graduate education in nursing. Both mothers and fathers struggled having to find the balance between their commitment to their family and their obligations at work as a nurse. In addition, some participants were in school and were struggling to stay and finish their programs. Other participants shared that they could not complete their programs and had to leave because the additional stress of adding a graduate school workload into their lives was too much for them and their families to handle. Another disincentive discussed in this section was related to time, but at the other end of the career spectrum: retirement. A handful of participants mentioned that they aspired to attain more education when they
were younger, and others had started a graduate program earlier in their career but never completed it. At this point in time, these participants felt that they were too close to retirement to reap the benefits of a graduate degree.

**Balancing time.** The majority of the participants stated that balancing time between family, work, and school was one of the biggest barriers to advancing their education. Whether they were in the initial stages of considering graduate school or had already started a program, participants shared their struggles with time management.

Juggling their share of responsibilities as a wife/husband, mother/father, daughter/son, nurse, and student took practice, coordination, and assistance from friends and families.

**Maternal role supersedes all other roles.** Participants did not identify motherhood itself as a barrier, but it was the struggle between balancing the responsibilities related to motherhood with work, school, and other commitments that made the role difficult. Twenty-five of the participants mentioned that their role as a mother or mother-to-be was deeply meaningful to them. Their maternal responsibilities took precedence over everything else in their lives. For Regina, who started in a graduate program 10 years ago, just a few years after emigrating from the Philippines, it became too stressful to be in school while raising a young family. Even though her employer funded her education, she still had financial difficulties due to cost of living expenses. Regina had to work full time while in school and had limited assistance with caring for her firstborn. When she became pregnant with her second child, she knew that it would be too much to handle work, graduate school, and caring for her children at that time. She recalled:
I went back to school in 2006. That’s when I started school. So, my agency was actually funding me for my education. . . . My trouble was, my problem was [that] I have to work full time and take care of my family, so it was just difficult for me. I was so stressed, so I stopped. I had my second child. I was pregnant for my second child, so I said I'm going to stop because I couldn’t do it anymore. So, one . . . that's one big factor because I was pregnant and there's nobody to take care of our children. At the same time, I'm also working. That's one of the barriers for me. Financially, yes, because, the agency will support you 100%, so the rest you have to pay though, I was still struggling then financially.

As previously mentioned, at the time of our interview in August 2016, Perla had just been accepted into an MSN program for healthcare systems management and was due to start in the fall. Perla, a mother of four children, stated that the 19-year gap between graduating from her bachelor’s degree and her decision to start an advanced practice degree was primarily due to the expense of raising children. She stated that her children were her priority and their needs and wants came first above a graduate degree. Perla stated that now that the youngest of her four children was finally in college, she was able to pursue her dreams of obtaining a master’s degree in nursing.

I got my bachelor's in 1997, so it's a huge gap at that time. I was thinking of going back to school but my kids were . . . became like teenagers . . . small kids’ cheaper, the older kids get more expensive. It's really my theory. They were all going to, you know, school and then college eventually. So, I have four kids, four years part . . . I mean talk about barriers. Eventually, I have to prioritize rather than going for my master's, I needed to put my kids' education front and foremost. So, for every kid who went to college and then they had their orthodontics stuff done . . . needed to buy a car, having to pay their parking tickets and speeding tickets. It just became very expensive that I am like, you know what? I also wanted to put them first and afford them what I wanted them to achieve, a college education . . . whatever they need to do to get started with life and function as adults . . . my youngest one is now . . . an incoming sophomore in college.

June echoed Regina and Perla’s experience of the layers of responsibilities that women have. June had started a master’s program earlier in her career. She was already nine credits toward her goal. However, she had young children to raise. June did not
mention a crisis or a major life event that halted her studies; instead, she talked about the
everyday life activities that affected her. She had to make a decision between continuing
her graduate program and being part of the everyday activities for her children. She
recalled:

I thought about it, thought about it, and I plan to retire in like seven years when
my mortgage is done, and you know just, enjoy it. Because I work really hard,
just to, you know, again to keep our standards of living, pay the mortgage. And if
ever I want to pursue my master's I think I want it in the holistic nursing. I've been
asked many times by management to pursue my master's . . . but I did have nine
credits. But that's when I got divorced . . . barrier is time. Because, at that time,
you know how when your kids are, they're . . . how old were they, seven and
eight. You take them [to] different activities, picking them up from school,
dropping them off, and after school programs. So everything I've got is dedicated
to that family. Choosing between my career and the children, of course I chose the
children.

Whitney shared that balancing her schedule between her family and graduate
school had been extremely difficult. As a non-native speaker of English, she stated that
the time spent studying was longer just to translate and comprehend the material. But
Whitney was motivated to finish her degree despite the multiple barriers she faced:

Jamille: So I'm trying to understand the reason why [nurses would want to]
go back to school . . . were there any barriers to you pursuing this
degree?

Whitney: No, not, not, not really. I mean, financially. And then just time for
your families and I have children. I'm a single mom so I have 2
children. That would be, you know, one of the barriers and, but
you know, besides that . . .

Jamille: How are you managing that, being a single mom, your time, your
finances, and still being able, because that's actually one of the
biggest barriers that I'm hearing from many [nurses] is family,
time, and finance. But you're making it happen, how is that
possible?

Whitney: Well, it's just really, like, priorities, like, I have to explain it to my
children that you know, mommy is going to school . . . everything
needs to be balanced in order to, I mean, I cannot accomplish it like every, like do my priorities and my, and balance but then it's just really important. I have to sit down every day, or else I would not be able to make it, because it's hard uh, grad school's very hard. Especially the with us Filipinos that English is not our first language, it, it, it doubles up on the times that you spent studying compared to, you know, the speakers, you know native speakers of English.

**Paternal role.** As a father of two young children, Fabian had paternal duties that made the idea of returning to school for a graduate degree not seem plausible at this point in his life. Compounded by being the sole wage earner in the family, as his wife was not currently working, they could not afford for him not to work. He shared his struggle:

> Now, a big factor will be family engagement. Once, I talked about [graduate school] with my wife, but she's not working. She knows a lot would cut down, expenses of the household. And that would mean cutting down and involving the rest. Like my two kids then, it becomes more realistic. And then, knowing I'm not the only one carrying that obligation, right now. That will spell out the difference. It's a discussion. I could be selfish on it and making [the decision]. I have to do it . . . I am also believing in, in my role, not as a nurse, but as a father. And, my kids are 5 and 6. It's really a struggle whether I will let them be missing me on those days. That, those kinds of factors.

**Close to retirement.** Several participants who were in their 50s and 60s were no longer considering graduate school as they were approaching retirement age. At one point, Darna made a vow to herself that she would go back to finish her master’s degree once her children were done with school. Darna had already completed 12 credits for a MSN program in New York, but she wanted to devote her time to her children and placed her aspirations for a graduate degree on hold. At 54, she no longer thought that going back to school would be worth her time as she is planning to retire soon. She explained:

> Well, I’m close to my retirement already, so I was thinking of lying low, so that I can enjoy my, my life. That's why I was at one point I was thinking of going back to school, and then I said, “By the time I finish the school, I'm almost ready to retire.” There's no point of going back to school now. Although, I said before,
when my kids finish school . . . my daughter just finished college. And then my son is finishing. Next year, he'll be done. So, by the time he finish, and I'll be able to go back to school, by the time I finish, I'm almost ready to retire. It's like there's no point of going back to school and retire. And then work only, maybe a nurse practitioner for three years. It's not probably practical anymore at the time.

Another participant, 62-year-old Yasmin, had been considering a graduate degree for the past several years. But since she was nearing retirement, Yasmin was unsure if she should invest the time for a graduate degree. She wondered if the benefits would be worth the time and money. Yasmin questioned the return on investment of another degree:

I could have gone early on, you know. I'll probably be retiring in the next 3 or 4 years. So, I don't want to invest my time. But you know, I have considered it. I have gone to seminars, I have read . . . I've been thinking about it actually [for] the last 2 or 3 years. But it just seems to me though the return of investment . . . I think it's just time that I don't have and I don't know if I'm willing to invest [it].

Academic Barriers

As nurses, the participants had an obligation to learn the newest science, research, guidelines, and protocols to provide safe patient care. The participants stated that learning was part of the culture of the profession of nursing. Participants also learned in different ways and at a number of levels. This section will discuss the barriers participants identified specific to accessing and completing graduate nursing programs.

Fear of “crossing the threshold.” Making the decision to take the first steps to learn about graduate nursing programs was not as straightforward as one would surmise. The mere act of gathering information was referred to as “crossing the threshold” into the planning stages of enrolling in a graduate degree, according to Fabian, a hemodialysis nurse in Florida. By crossing this mental threshold, they were acknowledging for themselves that they were another step closer to applying to a graduate program. Consequently, crossing this threshold may have a desired domino effect of enrolling in a
graduate program. However, as Fabian explained, making the decision to return to school after obtaining a bachelor’s degree required a heavy investment and sacrifice of time and finances:

Jamille: Have you seen any other barriers for other colleagues in terms of pursuing a master’s degree? Other Filipino colleagues?

Fabian: Basically, because of impression and never tried it. I mean . . . there's a threshold that you cannot cross out of fear from not knowing, that can only be crossed once you know it and say, "It's not that hard." It's just the fear of how difficult it is and I think I'm in that level too. And, that's prob, and another . . .

Jamille: Can you talk more about that?

Fabian: Now, the idea is, to get to enroll and get commitments, committed to by getting a loan and when you play it in your mind and said, "Okay, this is what I'm going to do. I'm going to take a loan. I'm going to limit my number of hours and then, I'm going to do my online education in this number of nights an hour." And all that set up on table makes you back away and say, "I don't think, on a planning stage I can do it." But, once it jumped in, okay, let me jump in, despite this, this seemingly I mean, difficult, because it's going to engage me more and change my way of managing time right now. But, let me jump on it. And, that's where I find that threshold. Okay. This is difficult, but . . . I will enroll, now as I get enrollment, now I had to do it because I am in now. This is it. I crossed that threshold and no backing out. Most of the time, that's where the area that I think has to be crossed and when you cross it, it will flow.

Uncertainty regarding available graduate programs. Given that attending a graduate nursing program is a large investment of time and finances, it is understandable that Gabrielle, a 29-year-old working mother from Texas, was seeking a program that would fit her life’s demands. Despite the hundreds of nursing schools and graduate programs to choose from in the United States, Gabrielle was unsure of what programs were available. She knew that she wanted a non-traditional option that would afford her the flexibility that she needed. She said:
Barriers for me for completing my master's . . . probably finding an online program would be the most beneficial just because working and then having a kid, it's hard to work out schedule with . . . childcare. I do have tuition reimbursement with my facilities is limited, and so that would factor into which program I would choose.

Uncertainty regarding the application process. Leilani, a first-generation participant, graduated from nursing school in the Bicol Region in the Philippines. She had not been familiar with the college and financial aid application processes in the United States until recently. Her daughter was 17 and was also trying to get into college. Leilani tried to help her daughter with the process as best she could, but her experience and knowledge about the procedures were limited. The experience of applying for colleges had given Leilani even more anxiety and confusion, and had turned her off from considering a graduate degree for herself at this time.

Leilani: I'm just scared because I did not have my college degree here, and, and I would say that I don't know how different it is from what I used to before, so I don't know if I'll, it's gonna be hard, maybe, I don't know. Like the online. Maybe it's just me, you know.

Jamille: I'm hearing that from some of the interviews.

Leilani: Really? So maybe it's not just me . . . but I think, so my daughter is 17, and I'm like, okay, we're trying to get into college, and it's so different, like the programs and the requirements, and so everything is kind of like new. Like oh, okay, okay, this and this. And um, so I'm learning along the, the way, and it's like, it's really, really different. So maybe I would get it, but I don't know how long, you know? I have to be maybe in step one. Like I don't know.

Jamille: You think having someone mentor you?

Leilani: I would say that would help a lot. Yeah, like hey, this is what you need, this is how you will get it, and these are the resources that, that, that you have to go to. 'Cause like trying to figure it out at the same time, I don't know if I can do that. That's really the biggest fear for me. 'Cause maybe I could get the financials somewhere,
and, and I have the time. It's just that those things, and it's kind of like that's too much, I guess. I guess. I don't know.

Jamille: So do you think having maybe, a group to help you facilitate that?

Leilani: 'Cause I think, yeah, in the Philippines, like you know, you know, okay, this is how you do it. You know the system here, coming from the other country, different system. And coming into here, where it's so like broad, and there's so much going on. Like different programs, and like you're here, and like you're facing a big, the biggest ever. It's like, ah, there's so many paths to go to, and it's like oh my god. I don't know if I'm gonna be able to survive it.

**Difficulty with writing academic papers.** Zoella had started a master’s program prior to the current program in which she was enrolled. She found the expectations for writing academic papers much different than her BSN program in the Philippines. Her struggle with writing was enough of a stressor that she dropped out of her first graduate program. She recalled:

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Actually, as a matter of fact, I went to another school before going to [this current graduate school]. And I stopped because I was so disappointed, I stopped. I stopped and went to another online school. I had to go to school, you know . . . I struggled with my writing was the first thing. . . Back home we don't have this APA format with our essays and stuff like that. And it was a new experience for me. Even if going to, I had to go to the writing center and stuff like that. My writing wasn't really great. So, I was, you know. I felt like you know I wasn't growing in that part so I just stopped. I was so discouraged and I said, “That's it, I'm not going back to school.”
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**Issues with completion.** There were eight participants out of 33 who started a graduate program at some point in their career but never completed the degree. Three of these eight participants started programs that were focused specifically on nursing. These programs included a Master’s of Science in Nursing in health administration, nursing administrative services, FNP, and another MSN degree that was not specified.

Analy, 60 years old, aspired to become a health administrator and was studying
to become one almost three decades ago. But, having divorced from her husband and multiple personal tragedies prevented her from completing her graduate program:

Jamille: Planning to go back [to school]?

Analyn: Actually, I went for Master of Health Administration before. But then since I divorce in this country, I was, uh, taking good care by myself, I have 3 kids. So, by the time too, at the same time, you know, we're connected much to our families in the Philippines. My mother died and I was at the middle.

Jamille: I'm so sorry.

Analyn: You know, after two months, my sister died. So, I said to myself, “I have to go back to the Philippines by that time.” And all my papers were just, I set aside. So, I went, I called if I can't still, you know, continue because it's learning by my own pace. But then my best friend passed at the same time. My heart was so broken, I said, “I cannot do this anymore.” That was devastat[ing for] me and I was not able to recover immediately because I keep on crying and crying.

Imee, an assistant clinical nursing director with 35 years of nursing experience, was enrolled in a Master’s in Administrative Science program earlier in her career. Imee found having to balance school with full-time work and writing papers on the weekends to be taxing. She stated:

MAS program . . . Master’s in Administrative Science. So, I took that, but that was a lot of stress. Because I work Monday through Friday and then every Saturday for eight hours I sat in a classroom. I did get my grade at the 5-week/6-week term, but it's like every week I'm doing a paper. Because you start with organizational structure for administrative science. You know, and so it's organizational change and you know, the culture and all that stuff. It was very stressful.

A third participant, Kristine, continued to work full-time at 68. She had started her MSN degree years ago, as she was aspiring to become an FNP. Kristine had to suspend her graduate studies because of overwhelming family commitments. Even though she
was already nearing retirement, she was still considering going back to school. She desired to pursue a non-nursing degree in non-profit management to educate herself on how to give back to her community. Kristine shared:

In 1998, 1999, I started my master's, MSN with specialty track in family nurse practitioner . . . I took it for a year but I had to stop because, I had two girls in college and I couldn't financially afford to sustain . . . be able to sustain my educational expenses versus supporting my two daughters. And that's the reason why. But right now, as I get closer to retirement I'm trying to see if I should go back but I don't think I would want to go back and do nursing. I was thinking more of doing non-profit management. That's because I feel that at this point in my time, I don't think I have the energy to do nurse practitioner. And the other opportunities in education. I think I want to go back and do something for the community.

The aforementioned eight participants identified finances and family as the main reasons for not being able to complete their programs. Some participants verbalized intention to finish their programs at a later time.
CHAPTER 5

Discussion

The purpose of this study was to examine the factors affecting graduate degree pursuit for BSN-prepared Filipino and Filipino American nurses working in the United States. Despite the impressive share of Filipino and Filipino American nurses working in the country, there is a dearth of research specific to this group and their educational attainment. There are gaps in the literature regarding the Filipino and Filipino American nurses’ aspirations for an advanced degree and the unique challenges they face to reach their career aspirations. This study provides an in-depth examination into inter-generational perspectives from Filipino and Filipino American nurses across 14 states on the barriers and facilitators to their educational attainment.

In this chapter, the presentation of findings is informed by the results of the study and specifically the research questions that guided the study:

1. What are the aspirations and intention of Filipino nurses with a bachelor’s degree in nursing toward advancing to higher levels of education in their career?
2. How do Filipino nurses with a bachelor’s degree describe their aspirations?
3. How do participants perceive an advanced nursing degree within their career construction?
   a. What do they see as the benefits and costs?
   b. Why do they and do they not pursue it?

The incentives and disincentives to attaining a post-baccalaureate degree and advancing their career were not exclusive of each other. Participants, even those who
were already in graduate school, continued to experience the tension between these barriers and facilitators. For example, while family served as an inspiration for advancing their education, the weight of family responsibilities was still present. They continued to struggle to finish their respective graduate programs. These participants did not have the financial reserves to take a break from their careers, cease sending money to their families back in the Philippines, or stop making payments on their undergraduate loans. They worked full time, and for some participants, they worked overtime shifts or a second job to fulfill all their financial obligations. Graduate studies were an added commitment to their already full plate. Making the decision to return to school did not mean that the participants overcame all the barriers and disincentives to advancing their education. Instead, their decision was based on their determination that the return on investment of a graduate degree outweighed the sum of their responsibilities.

The 33 participants in the study self-identified as Filipino and Filipino American nurses in clinical and/or administrative roles in a variety of healthcare settings across the United States. Most worked as full-time staff nurses in acute care settings. They all had a BSN degrees as their highest completed nursing degree. During the interviews, the participants were asked to reflect on how they had constructed their careers. They shared the history of how they became who they are professionally, the current status of their career, and their future educational and professional aspirations. Career construction theory (Savickas, 2012) provided a framework to better understand the rich stories that the participants shared about their professional lives. Aligned with this theory, the participants reflected on how they constructed their individual careers to fit their personal lives (Savickas, 2012). The analysis and interpretation of the participants’ career self-
construction was done contextually with the assertion that the self is built from the outside in (Savickas, 2012). A person is strongly influenced by the society and culture into which they are born and in which they are socialized. Starting with their relationships with their parents, guides, and the role models they have selected for themselves, many of the career decisions participants made were rooted and constructed in their childhood. As was evident in the key findings of the study, participants’ career construction was deeply influenced by the Filipino American cultural values they espoused.

**Nursing Was Not a First Career Choice for Those in This Study**

An unexpected finding was that most participants did not select nursing as their first choice for a career. Given the early age that Filipinos typically finish high school, some participants were unsure of what to study in college and were deeply influenced by their parents’ input on choosing nursing. Other participants wanted to pursue careers in business, arts, journalism, medicine, law, and service in the Catholic Church. Another group of participants did not want to pursue nursing as they identified a nursing career as a typical choice for Filipinos and did not want to become a stereotype. Many participants had external motivators—family members, friends, and neighbors—who convinced them to pursue nursing, citing financial security, employment stability, and a pathway to the United States as incentives. In most instances, the participants did not have just one reason for not first choosing to pursue nursing as a career, but identified a combination of the reasons mentioned previously. Consistent with career construction theory, the participants had to foster personal development and growth prior to coming to a decision to enter the nursing profession (Savickas, 2012). Savickas posits that this normative
transition of vocational development “provide[s] powerful anticipations with which young people can envision and prepare for occupations congruent with their abilities and interests” (Savickas, 2012, p. 156).

Even though nursing was not the first choice for the majority of the participants ($n = 24$), most participants were clear that they had found purpose in their career by embracing their role as caregivers. The theoretical underpinnings of career construction were essential to analyzing the perspective of how Filipino and Filipino American nurses developed their own meaning in constructing their careers. Previous studies (Beck, 2000; Boughn & Lentini, 1999; Hemsley-Brown & Foskett, 1999; Manninen, 1998; Miers, Rickaby, & Pollard, 2007; Rheaume, Woodside, Gautreau, & DiTommaso, 2003; While & Blackman, 1998) found that nurses primarily chose a career in nursing because of “an intrinsic need to care” (Mooney, Glacken, & O’Brien, 2008). All of the participants identified a fundamental need to care, not only for their patients, but also because they felt a strong commitment to care for their parents, children, family, friends, and the community. Perhaps a deeper understanding of how Filipinos think of themselves and their place in society offers some explanation for the eventual choice of nursing. The participants possessed a conviction of extending themselves to others and caring for their fellow human beings. This inherent motivation to care for another is deeply rooted in having a shared identity with others, or pakikipagkapwa. This Filipino cultural value was evident in all of the participants, regardless of generation. According to Virgilio Enriquez (1986), the father of Filipino psychology, kapwa is the core of Filipino personhood. Kapwa is the sharing of one’s self with his/her fellow being (Enriquez, 1986). Kapwa also refers to family members, the community, work colleagues, patients, and in essence,
any human being (Enriquez, 1986). Participants verbalized an internal motivation to show compassion and kindness to their *kapwa* by treating others, especially their patients, as if they were their own family members. Nursing is regarded as a form of service to fellow human beings and the ultimate demonstration of *kapwa*.

**Advanced Degree Attainment Is Not Always Associated With Career Advancement**

The study participants acknowledged that their nursing education had allowed for them to secure a job that provided financial stability, the clinical competence and expertise to care for others, and the professional respect of being a healthcare provider. Moreover, the participants had the desire to be lifelong learners and wanted to continue to improve their skills and expand their knowledge on how to better care for their patients. Many participants aspired to continue their education by pursuing a post-baccalaureate degree. At least 17 participants enrolled in a post-baccalaureate program at some point in their career. Seven participants were not able to complete their respective graduate degree for a variety of different reasons; but primarily, it was related to a family issue or obligation. Ten participants were pursuing an advanced degree at the time of our interview. These 10 participants selected MSN programs that were focused on health leadership or an NP track. Participants pursuing a health leadership track already held a leadership position in their workplace and viewed themselves as nurses with keen leadership skills. These nurse leaders verbalized their satisfaction with their current positions within their respective hospital systems. They sought to obtain an advanced degree with a leadership focus to become better leaders at their current jobs and not necessarily as a leverage for a more prestigious or higher position.

Participants who were pursuing an advanced clinical nursing degree aspired to
become NPs. Out of the 10 possible population foci in which to specialize, these participants selected to become either a family or adult gerontology NP. These participants who were pursuing a graduate degree did not speak much about career advancement or aspiring for positions beyond their current leadership role or the role of an NP. Although a graduate degree opens the door to becoming a chief nursing officer, faculty, researcher, dean, or university president, the participants did not specifically refer to these roles as positions they aspired to hold.

Constructing a career that includes graduate studies as a pathway to professional advancement must first include self-reflection of the individual’s current vocational situation, followed by the realization that their present professional position was built from past experiences (Savickas, 2012). The individual then must connect these present experiences with their future aspirations to construct the trajectory of their career (Savickas, 2012).

**Collegial Support Is Essential to Success**

Collegial support from co-workers and professional organizations were the main reasons given for persisting in a graduate program. Filipino and Filipino American nurses valued community and relied on each other for support. The collegial support that their networks provided were critical to their persistence in graduate school. Participants who were enrolled in a MSN program identified a list of barriers to completing their respective programs, but having “peer mentors” and supportive colleagues helped overcome many of these barriers.

The first-generation nurses developed deep friendships within their networks, particularly with fellow Filipinos with whom they shared similar cultural values,
experiences, identities, and language. These bonds between nursing colleagues ran deep and were evident at the PNAA conference and in the phone interviews. The nurses spoke fondly and kindly of each other. The friendships they formed, especially with fellow Filipinos, were vital to their survival in a foreign country. Most experienced culture shock when they moved from the Philippines: the cold weather, isolation from others for not knowing how to drive, slang and figures of speech, and having an accent and different way of communicating. They longed for the familiarity of their culture—to eat their native food and speak their dialect with nurses who hailed from the same region in the Philippines. Some also experienced racism and discrimination, especially in places of work and in states where they stood out as minorities. Along with trying to assimilate at work, fighting discrimination, and learning to navigate the American culture not only for themselves but for their families, this took priority over advancing their own education.

**Commitment to Family and Cultural Traditions Are Powerful Influencers of Advanced Degree Pursuit**

Participants described commitments and obligations to their immediate and extended family and also referred to their profound regard for the Filipino culture as the major influencers to their pursuit of advancing their education and career. Family served as an inspiration for participants who were pursuing an advanced nursing degree. They wanted to improve the quality of their lives by having a better schedule that would fit the demands of their family life and a job that was less physically straining.

The participants who were seeking to become NPs selected a track with a primary care focus. Upon graduation, these nurses who currently worked at the bedside in acute care settings would transition to working in an outpatient office as primary care.
providers. Outpatient offices are more likely closed on weekends and holidays, unlike hospitals that are open around the clock. This type of schedule, away from working evening or night shifts, would allow the nurse to have a more conventional work schedule during the day and maximize the time spent with family in the evening and on the weekends and celebrate the holidays. Many participants emphasized the importance of being able to spend time with their immediate and extended families and their community, specifically with their church groups and nursing colleagues outside of the work environment.

Moreover, participants viewed nurses who do not work at the bedside (e.g. primary care-focused NPs and those in nursing leadership) to have a less physically straining job with a more administrative focus. Many participants spoke of the increased demands of bedside nursing and the health sacrifices that they have made in their jobs. As the acuity of patients increases, and as the obesity population also increases, there was a concern for protecting their health from long hours of physical work on their feet and from the unsafe lifting of patients. Several participants said that due to these physical demands on their body as a bedside nurse, they considered a switch in careers to pursue a job that would mean less strain and stress on their body. As a nurse practitioner, they would still be able to provide direct, holistic patient care within the nursing paradigm, but with the hopes of less physical stress. By having less physical stress, the participants saw themselves as having more energy to devote to family at home.

The powerful influence of family within the Filipino culture played a vital role in the participants’ career construction. In studies of the Philippine culture and societal values, Filipino culture has been categorized as collectivistic, wherein the emphasis is on
the maintenance of harmonious interpersonal relationships and the concept of the interdependent self (David, 2013; Markus & Kitayama 1991). In Hofstede’s (1980) 50-nation values study on high school and college-educated participants, the Philippines ranked 30th in individualism, while the United States ranked first. Kapwa, utang na loob, and pakikisama align with the values of a collectivistic culture. The group saw individuals who do not embrace these values—especially Filipino nurses who exhibit crab mentality—as unsupportive and a barrier to the advancement of their colleagues.

Consistent with a collectivist culture is the focus on the family’s priorities over the individual’s own aspirations. Almost all of the participants—especially those who had children, those who were planning on having children, and those who were caring for their parents and/or siblings—verbalized that their priority was their family over career. These participants were hesitant to pursue an advanced degree as the time needed to be devoted to schooling would take time away from their family.

Participants in the study who started a post-baccalaureate degree and did not complete their program primarily identified life-events related to family (e.g., death of a family member) and family obligations as the main factors that made attaining their degree difficult. The study’s findings are consistent with Amaro, Abriam-Yago, and Yoder’s (2006) research on undergraduate “ethnic” students that found family responsibilities as a major barrier to successful completion of their nursing program.

The roots of cultural traditions across Filipino and Filipino American communities were evident in the study. The low-context style of communication is common in the United States. Low-context cultures place great emphasis on individualistic self-expression through explicit verbal communication (Purnell, 2013). On
the other hand, high context cultures, such as what is predominant in the Philippines, value implicit expression of thought (Purnell, 2013). Fewer words are used to communicate while non-verbal communication is key to developing personal relationships (Purnell, 2013). Several of the first-generation nurses recalled situations they experienced during their first years in the United States and noted differences in communication styles between them and their American-born Filipino and non-Filipino colleagues. These first-generation nurses stated that there were times that they refrained from asserting themselves for the sake of upholding the value of *pakikisama* between colleagues because they highly valued building personal relationships. Nadal (2011) further describes *pakikisama* as “social acceptance or conformity. Filipinos attempt to get along well with their peers, without making waves or causing conflict; the goal of Filipinos is to be socially accepted and celebrated, oftentimes without standing up for themselves or being different” (p. 40).

The degree to which these traditions affected different generations and were exhibited by individual participants varied extensively. Some of these communication differences were not only experienced by immigrant nurses entering a dominant culture, but also between first-generation, more experienced nurses who were perceived by select second- and third-generation, less experienced nurses to be “abrasive” toward them. Effective usage of verbal and non-verbal language as the media by which communication is both conveyed and received is key to a nurse’s success in their workplace and in the academic setting. If they are unable to communicate in an effective way with their colleagues, this will likely affect their ability to seek out the next steps in their career.
Aspirations to Advanced Degree Attainment Differed Across Generations

Participants shared varying perceptions of their career trajectory and factors that may have affected the pursuit of an advanced degree. Each generation encountered barriers and facilitators that had deeply influenced their perspective, aspiration, and pursuit of advancing their professional careers. Different generations of participants identified specific factors that resonated across demographics and time, while on the other hand, several barriers and facilitators were closely tied to a specific generation of participants.

For first- and 1.5-generation participants, these were related to the circumstances of their immigration and cultural adaptation to the United States. First-generation participants identified financial barriers that were more likely seen in their group than the other participants belonging to other generations. Participants who moved to the United States in their adult years shared that they were the primary breadwinner, not only for their family in the United States, but also their extended family in the Philippines. Participants who moved to the United States with a partner who was not a nurse found themselves being the sole financial support for their family. The partners of the first-generation participants had difficulty finding jobs in the United States. The partners’ trade or craft in the Philippines did not translate to a similar job in the United States, and they were faced to find a different job and/or go back to school to change careers. In some circumstances, it was more financially beneficial for the participant’s partner to stay at home to care for their children, which allowed for the participant to compensate for their partner’s unemployment by working overtime or the night shift so the participant could earn more pay. Additionally, most of the first-generation participants’ extended
family members were in the Philippines, and they did not have the family support in the United States to help them with child care. These participants stated that taking time off from work to devote to class and studying would consequently mean less opportunities for overtime and less take-home pay to support their families.

First-generation participants who had family in the Philippines, particularly parents and/or siblings, felt that it was their obligation to send money “back home.” This responsibility that the first-generation participants take to heart is one of the values that Filipinos identify as *utang na loob*, the sense of duty to return a favor or debt. Participants stated that sharing their earnings with family back in the Philippines is a way to show their gratitude and regard to the sacrifices their family made to help with their career. First-generation participants emphasized that despite coming from humble beginnings in the Philippines, they were given the opportunity to pursue a college education, successfully finish nursing school, and find employment in the United States. They accomplished these achievements through hard work and determination and through the generosity of their parents and family members.

Despite struggles to pay living expenses such as a mortgage, sending their children to school, and saving for their future, the first-generation participants viewed their financial duty to share their earnings with their families back in the Philippines as a priority over the advancement of their own education. Being able to send money to the Philippines to provide financial stability for their families was considered an honor and not a burden.

*Utang na loob*, aligns with the concepts of *kapwa* and collectivism. Nadal (2011) described the phenomenon of *utang na loob*:
[Filipino] parents expect their children to be grateful and respectful toward them, while children realize that she should always care for, respect and honor their parents’ needs before their own. Utang na loob can be exemplified by Filipino American domestic workers who send money back home to their families in the Philippines, even though they have barely enough themselves in the United States. (p. 39)

The deep regard to utang na loob is not isolated only towards their parents, but also applies to extended family members who paid for their schooling, to their community in the Philippines with whom they share great affinity, and to their fellow Filipino colleagues in the United States. One participant felt utang na loob to her community and decided that instead of spending money to advance her own education, she would funnel her money toward financing the education of several children in the Philippines.

The collective financial impact of “sending money back home” to the Philippines by the 2.4 million Filipinos who work abroad is tremendous (Philippine Statistics Authority, 2016). According to the World Bank, in 2015 alone, overseas Filipino workers sent $28 billion (₱1.41 trillion) back to the Philippines. Remittances from Filipinos working in the United States alone added up to $9.65 billion (₱485 billion) in one year (World Bank, 2016a). These remittances greatly contribute to the Philippine economy, making up 10.2% of the country’s gross domestic product in 2015 (World Bank, 2016b).

Participants who obtained their BSN degree in the United States belonged to the 1.5, second, and third generations. These participants had to deal with the high tuition costs of their undergraduate education. The cost of a BSN degree greatly depends upon type of institution, private or public, or in-state versus out-of-state, and whether or not they were eligible and received grants and/or scholarships. Some participants decided to
attend school part-time and work full-time to pay their tuition without taking on debt. Other participants decided to go to school full-time and take out loans. These participants are now faced with the burden of paying back their student loans. Although some participants expressed their desire to continue advancing their degree, the burden of having utang, or debt, psychologically and financially weighed on them. These participants who were in debt would like to pay off their undergraduate college loans before pursuing more schooling.

**Emergence of advanced practice nursing roles.** When first-generation participants joined the United States workforce in the 1970s and 1980s, NP roles were just being developed across the country. In 1979, there were approximately 15,000 NPs in the United States (American Association of Nurse Practitioners [AANP], n.d.). The utilization of NPs within hospitals and ambulatory settings were not as pervasive as it is currently. On the other hand, when the 1.5-, second-, and third-generation participants entered the nursing profession between 1999 and 2016, NPs were well integrated into the healthcare system and recognized as a vital component of the national healthcare landscape. In 2014, there were 192,000 NPs working in the United States (AANP, n.d.).

The expansion of APNs in healthcare offered opportunity. Participants enrolled in an MSN program and those aspiring to become NPs and healthcare leaders found the work of their APRN colleagues who had come before them to be inspiring. Savickas (2012) writes that having role models is essential to career construction. As children, we “select role models as . . . blueprints for self-design” (Savickas, 2012, p. 152). Role models are those people in the lives of the participants who achieved the goals that they themselves want to achieve. These APRN role models were able to maneuver barriers
and disincentives to a graduate education, and capitalize on the incentives, to advance their degree. However, for other participants, this exposure to APRNs turned them away from pursuing an advanced degree. Observing APRNs in their units “working like a dog” for the same pay as staff nurses was eye opening. The financial return on investment for going back to school, taking out loans, and taking time away from work was not worth it for some participants. Moreover, for those participants who advanced professionally into leadership positions without having a master’s degree, the return on investment of a graduate degree was also questionable.

**Language and communication.** Although English was not the first language for first and 1.5 generation participants, they reported understanding English pretty well given that English is the main language of instruction in most schools in the Philippines. However, first-generation participants identified the use of slang, accents, and figures of speech as barriers, not only to their acculturation to the country, but also academically. Similar to the findings of Ong and Azores (1994), first-generation participants in this study found social support systems by clustering with other Filipinos. This clustering in their workplace likely happened on night shift, where less patient, family, and colleague interactions occurred because of patients being asleep, visiting hour restrictions, and less presence of ancillary personnel. Ong and Azores (1994) purported that clustering during evening and night shifts enabled ethnic-based behaviors, such as Filipino nurses being able to speak their native language among themselves. By “electing to work late hours and speaking a native language, such as Tagalog, . . . Filipino nurses [were able to] minimize the stresses of the work environment” (Ong & Azores, 1994). One participant stated that during these night shifts, the Filipino nurse was more at ease with their fellow
Filipino nurse colleagues. He added that the clusters might depend on the original region of the Philippines from which the nurse emigrated. Furthermore, he shared his observations that during the night shift, nurses were able to perform their nursing tasks meticulously and care for their patients with less interruption. Consequently, by working off-service hours, Filipino nurses likely had less interaction with APNs, management, and leadership; therefore, they had fewer opportunities to be exposed to these roles. Given the fact that many participants mentioned the importance of prior exposure to nursing as an incentive to their pursuit of becoming a nurse, less exposure to APN and leadership roles during the evening and night shifts might not afford the same benefits to the long-term career trajectory of Filipino and Filipino American nurses.

**Friction between generations.** There were times when friction in relationships occurred because the first-generation nurses were perceived as expecting too much from their fellow nurses. As some first-generation participants explained, this high expectation stemmed from being fierce advocates for their patients; therefore, they demanded excellent care for their patients from the whole healthcare team. There were first-generation participants who had the impression that younger nurses did not want to be bedside nurses and wanted to “advance too fast.” They felt that it was imperative for nurses wanting to be an APRN to gain years of staff nursing experience prior to pursuing a master’s degree. Several younger participants agreed that they did want to pursue a master’s degree as the next logical step in their career. Much like how the nurses who were educated in the Philippines were proud of being BSN-prepared and shared that the Philippines had set the bar for all of the country’s nursing programs to have the BSN as the minimum nursing degree for all nurses, several of the second- and third-generation
participants viewed a master’s degree as the “new BSN” and the emerging standard degree for nurses in the United States.

**Perceived discrimination.** Compared to other Asian American subgroups, Filipino Americans have reported higher rates of perceived discrimination (Alvarez & Juang, 2010). Several participants in the study experienced racism and discrimination. In their transition to a new country, the first-generation participants, particularly those who worked in hospitals where there was minimal racial diversity, felt that they stood out for being minorities and immigrants. These first-generation participants verbalized that they were given harder work assignments and that their accents and communication style set them apart. This was consistent with Akomolafe’s (2013) article on discrimination based on accents. Akomolafe posits that discrimination based on having an accent, especially for those with Hispanic and African accents, affected opportunities for promotion. “Americanized” second- and third-generation participants were less likely to report feeling discriminated against, stating that they were able to get along well with their colleagues. They spoke English fluently without accents, and because they were socialized in the United States, they understood norms and contextual references that their American colleagues brought up in conversation.

**Implications for Practice**

The findings from this study provide several implications for practice. First, this study adds to a better understanding of several generations of Filipino and Filipino American nurses working in the United States. Given that the number of studies on this population is sparse, insights from this study may help fill some of the identified gaps in the current body of knowledge and can serve as an impetus for further research specific
to Filipino and Filipino American nurses.

Second, results from the study might provide college academic advisors a more comprehensive cultural context when counseling Filipino and Filipino American students who are aspiring to become APNs. College academic advisors might take into consideration the significant geopolitical history and the role that the nursing profession plays within the Filipino and Filipino American community.

Third, college academic advisors could also play an integral role in providing effective professional counseling for students who are unsure about a nursing career and provide them with the different staff nursing and APN roles to consider. If the student is considering an APN role, the counseling related to graduate programs should begin prior to applying to nursing school. Advanced planning would help students strategize regarding their career trajectory. The college academic counselor might also consider discussing the array of pathways to different graduate nursing programs and how best to achieve these goals. For example, there are BSN programs where students can submatriculate into a master’s program, or programs that combine BSN and DNP degrees. Academic counselors have the opportunity to play a vital role in guiding the undergraduate nursing student considering an APN role after graduation.

Fourth, higher education institutions may glean information from this study to better understand the barriers to educational attainment for this ethnic group. For example, participants stated that peer mentorship groups were tremendously helpful in their studies. As a collective, the students provided practical help to each other on how to navigate higher education institutions, used each other as a resource in class, and offered space and opportunity to connect with what was familiar to them. Additionally, since
Filipinos tend to know basic English, their needs related to language, communication, and writing academic papers may be overlooked. Information from this study may be useful to university faculty and staff to have a deeper understanding of the Filipino and Filipino American nursing student’s needs within the context of their cultural and ethnic background.

Fifth, employers may learn insights from this study on the group’s cultural values and the application of these values in practice (e.g., providing practical help with building a professional portfolio for the nurses who shy away from advocating for their professional advancement at work).

Sixth, building a stronger culture of respect and empathy between generations of nurses and acknowledging their individual journeys may decrease misunderstanding and increase the support and encouragement provided to each other. Caring for each other and sharing one’s self is the true meaning of *pakikipagkapwa*. Developing this type of symbiotic regard for each other may be facilitated through group discussions at regional and national Filipino community gatherings, especially at Filipino professional nursing meetings and conferences. Organizations need to consider taking the lead in providing a safe space to delve into difficult topics such as bullying in the workplace and the issue of crab mentality. Beyond the discussion, Filipino community groups and Filipino professional nursing organizations could develop culturally appropriate tools that would help facilitate these crucial conversations.

Seventh, although Filipino groups and Filipino professional nursing organizations already provide tremendous support for their constituents, offering additional practical help may be immensely useful. Based on the information learned from this study,
stakeholders could develop information sessions on graduate programs and provide
career counseling at Filipino community gatherings and organization meetings.
Professional nursing organizations may also develop a big sister/brother–little
sister/brother program to foster peer mentorship and intergenerational collaboration.
Regional and national Filipino nursing communities and organizations should consider
facilitating shadowing opportunities between practicing APRNs and aspiring clinicians.
Shadowing opportunities should not only be limited to exploring NP specialties, but also
to expanding the opportunity to shadow school of nursing faculty, executive nurse
leaders, and researchers. By having a variety of these shadowing experiences, aspiring
APNs would have the opportunity to learn firsthand about the different nursing roles they
could pursue. Information about these roles, and the graduate educational preparation
needed for these positions, might also be disseminated through workshops, brochures, the
respective organizations’ websites, and social media platforms translated in several
Filipino dialects.

Lastly, participants of this study noted their struggle with balancing finances
secondary to being the primary breadwinner and utang na loob. Financial aid officers
should take into consideration the specific financial needs of a nurse who desires to
pursue a graduate degree but is unable to because they are financially supporting not only
their family in the United States, but their parents and extended family back in the
Philippines.

**Recommendations for Future Research**

The findings of this research study provide foundational knowledge on the
attitudes and perceived incentives and disincentives of BSN-prepared Filipino and
Filipino American nurses working in the United States. The research on Filipino and Filipino American nurses is limited, and they are often lumped into a monolithic group of Asians. This study not only contributes to the body of knowledge on Filipino and Filipino Americans nurses, but also opens the door for further research specific to this population.

Participants in the study were BSN-prepared nurses who provided deep insight into their educational and career aspirations. Further studies on Filipino and Filipino American who have completed master’s and doctoral studies would lend a better understanding to barriers and facilitators for the successful completion of these graduate degrees. Since the participants in the study were recruited primarily at the PNAA conference and through PNAA networks, a study on Filipino and Filipino American nurses recruited from the general population of nurses across the 50 states might tell a different story than what was discovered in this study. Moreover, another intergenerational research study on Filipino and Filipino American nurses that would have better representation of 1.5, second, and third generations might provide a more comprehensive understanding of the role that acculturation and assimilation play in educational attainment specific to this ethnic group.

More research is needed to explore the possible influences during undergraduate nursing education to the decision-making process for pursuing a graduate degree in nursing. Additionally, to help with building a more robust pipeline of nurse leaders, further research is needed to better understand how to provide more effective career counseling while taking into consideration the multiple barriers and facilitators that might influence Filipino and Filipino American nurses.

As seen in the study, there were pockets of misunderstanding between the Filipino
nurses. These misunderstandings appeared to have been between more experienced IEN nurses and younger, new-to-practice nurses. Further studies are needed to better understand the root cause of these misunderstandings. Studies are also needed to address the solution and perhaps determine the best processes to improve the communication and relationship between specific groups of nurses.

Further exploration of how to provide better professional and peer-to-peer mentorship between Filipino and Filipino-American nurses across the spectrum of experience and specialties would be beneficial. There is much to learn from new-to-practice, mid-career, veteran, and retired nurses; between different generations; and from emerging leaders and experienced trailblazers. Because Filipino and Filipino American nurses are a unique group of individuals who have their own ethnic and professional identity, research targeting this population and surveys capturing disaggregated data would better serve this community of healthcare providers.

Lastly, this study points to considerable differences across generations in perceptions of and aspirations to advanced degrees. To the extent that Filipino and Filipino American nurses constitute a substantial share of America’s nurses, intergenerational research is needed to better understand opportunities to increase advanced degree attainment.

**Conclusion**

The IOM’s (2011) landmark document, *The Future of Nursing: Leading Change, Advancing Health* (2010), the Sullivan Commission’s report *Missing Persons: Minorities in Health Professions* (Sullivan, 2004), and numerous research studies support the need and benefits of a more diversified workforce. Although Filipino and Filipino American
nurses represent an impressive share of the nursing workforce, they are not represented well in advanced practice, faculty, and executive leadership positions. Obtaining a graduate degree has the potential to open a wider range of opportunities within the nursing profession and move the profession forward to meet the demands of a population that is growing older, living longer, and increasingly becoming more diverse.

In a collectivist culture, the good of the whole supersedes individual aspirations. Filipino and Filipino American nurses deeply value their family, friends, work colleagues, the community, and their patients. This study found that the determination to provide a better life for their family, believing that a master’s degree will take the place of the BSN as the new standard for nursing practice, and a commitment to advancing the profession were incentives to pursuing a graduate degree. In addition, having a reliable network of colleagues and having peer mentors for support are essential to persisting in their graduate programs. Across all generations, finances were a major barrier to educational attainment, specifically for first-generation participants who prioritized sending money back to their family in the Philippines. Other disincentives included factors related to English as a second language, communication styles, experiencing discrimination, lack of knowledge of available graduate programs, approaching the age of retirement, friction between generations, and perceived discrimination. Exposure to APRNs in the workforce was a disincentive for some participants, but was inspiring to others.

The nurses who participated in this research study identified numerous factors to advancing their education. These reasons were not independent of each other and fluctuated over time. The decision to pursue an advanced nursing degree depended upon
the individual’s determination that the return on investment of a graduate degree outweighed the sum of all their responsibilities and obligations.

There is a need to involve university faculty and staff, health system employers, Filipino community networks and professional organizations to develop focused, motivational academic and career counseling programs and to create peer mentorship groups for Filipino and Filipino American nurses. A multi-disciplinary approach is needed to increase the number of Filipino and Filipino American nurses represented in leadership positions in academia and healthcare. Further diversifying the nursing pipeline to include Filipino and Filipino American nurses may help reduce health disparities and improve the quality of care for an increasingly diverse population in the United States.
APPENDIX

Interview Protocol

Opening Remarks: My name is Jamille Nagtalon-Ramos and I am a doctoral student in the Executive Doctorate Program in Higher Education Management in the University of Pennsylvania’s Graduate School of Education. I am doing a research study for my dissertation on the attitudes, and perceived incentives and disincentives to educational attainment and professional advancement of Filipino nurses working in the United States. As a nurse who identifies as Filipino or of Filipino heritage, currently employed in the United States with a baccalaureate degree, I would like to learn about your thoughts and feelings about your lived experience and how it has affected your life. I am also interested in knowing if you have educational plans for the future and your intentions for professional career advancement.

Nothing that you will say will be identified with you personally unless you say so and agree. As we go through the interview, if you have any questions about why I am asking certain questions, please feel free to ask. If there is something you do not want to answer, please say so. If at any time during the interview you want to terminate the process, please say so. Do you have any questions before we begin?
Demographic Questions

1. Sex
   Female
   Male
   Other

2. My age on January 1, 2016:

3. Birth place

   I was born in the Philippines:
   City and province ____________________
   What year did you come to the United States?
   Why did you move to the United States?
   O Work
   O School
   O Family
   O Other:

   I was born in the United States:
   City and state ________________________

4. My first nursing degree
   Associates Degree in Nursing (ASN)
   Bachelor Degree in Nursing (BSN)
   Master’s Degree in Nursing (MSN)
   O Nurse Practitioner
   O Clinical Nurse Specialist
   O Midwifery
   Doctorate
   O Doctorate in Philosophy (PhD)
   O Doctorate in Education (EdD)
   O Doctorate in Nursing Practice (DNP)
   O Other:

5. I obtained my first nursing degree
   In the Philippines
   School/College/University ____________________
   City and province ________________________
   In the United States
6. My highest nursing degree

My first nursing degree is the same as my highest nursing degree (skip to Question 8)
Associate’s Degree in Nursing (ASN)
Bachelor’s Degree in Nursing (BSN)
Master’s Degree in Nursing (MSN)
  O Nurse Practitioner
  O Clinical Nurse Specialist
  O Midwifery
Doctorate
  O Doctorate in Philosophy (Ph.D.)
  O Doctorate in Education (Ed.D.)
  O Doctorate in Nursing Practice (DNP)
  O Other:

7. I obtained my highest nursing degree

In the Philippines
School/College/University ____________________________
City and province ____________________________
In the United States
School/College/University ____________________________
City and state ____________________________
In another country besides the Philippines or the United States
School/College/University ____________________________
City and country ____________________________

8. I am currently in school

No (skip to Question 9)
Yes
  O Associate’s Degree in Nursing (ASN)
  O Bachelor’s Degree in Nursing (BSN)
  O Master’s Degree in Nursing (MSN)
    o Nurse Practitioner
    o Clinical Nurse Specialist
Midwifery

O Doctorate
  o Doctorate in Philosophy (Ph.D.)
  o Doctorate in Education (Ed.D.)
  o Doctorate in Nursing Practice (DNP)
  o Other:

9. My work status

  I am not working at this time (skip to Question 10)
  I am retired (skip to Question 10)
  Full time in clinical nursing practice
  Part time/per diem in clinical nursing practice
  Full time in nursing education
  Part time/per diem in nursing education
  Full time in nursing administration
  Part time/per diem in nursing administration
  Other:

10. Total years of nursing practice __________

Algorithm for which interview protocol to use depending on the participant’s educational background:
These two interview guides varied slightly in the type of questions that were included in each one. The questions were tailored towards the types of nurses I sought to include in my research study. All interview questions were focused on gaining thick, rich descriptions of the participant’s attitudes and their perceived incentives and disincentives to educational attainment and professional advancement.

**Interview Guide A**

Questions for baccalaureate-prepared nurses educated in the Philippines

1. Tell me how you became a nurse
   a. What/who lead you to this path?
   b. Why did you choose to follow this path?
2. Describe your experience as a nurse in the Philippines.
3. Were you satisfied with your career as a nurse in the Philippines?
   a. If so, what were the factors that contributed to your satisfaction?
   b. If not, what were the factors that contributed to your dissatisfaction?
4. What factors contributed to your decision to seek employment in the United States?

5. Did you face any barriers to gaining employment in the United States?

6. How was your initial transition to the United States?

7. Did you face any barriers in your transition to the culture in the United States?
   a. If so, what were these cultural barriers?

8. Did you face any barriers in your transition to your new place of employment in the United States?
   a. If so, what were these barriers at your new place of employment?

9. Were you satisfied with your decision to move to the United States?
   a. If so, what were the factors that contributed to your satisfaction?
   b. If not, what were the factors that contributed to your dissatisfaction?

10. Were you satisfied with your new place of employment?
    a. If so, what were the factors that contributed to your satisfaction?
    b. If not, what were the factors that contributed to your dissatisfaction?

11. Have you changed jobs since you first came to this country?
    a. If so, are you satisfied at your current place of employment?
       i. If you are satisfied, what are the factors that contribute to your satisfaction?
       ii. If you are not satisfied, what are the factors that contribute to your dissatisfaction?

12. Do you have current plans to obtain a master’s degree in nursing?
    a. If so:
       i. When are you planning to apply?
       ii. When are you planning to start?
       iii. What are your motivations/incentives for obtaining a master’s degree in nursing?
       iv. Do you anticipate any barriers for obtaining a master’s degree in nursing?
    b. If not:
i. At any point in the past, did you ever consider going back for your master’s degree?

ii. If at some point in the past you considered going back for your master’s degree, what were the factors that made you change your mind?

13. Describe the word “leadership”

14. Can you give me examples of roles of a nurse leader? How would you describe what their responsibilities are?

15. Do you have a professional advancement system in place at your place of employment? (e.g., Clinical Ladder Program)
   a. If so: What level in the program are you currently?
      i. Do you seek to advance in the program?
      ii. If so:
         (a) What are your motivations/incentives to seek professional advancement?
         (b) Do you anticipate any barriers that will prevent you from professionally advancing yourself in your career?
   b. If no program in place at place of employment
      i. Do you seek to advance professionally at your place of employment?
      ii. If so:
         (a) What are your motivations/incentives to seek professional advancement?
         (b) Do you anticipate any barriers that will prevent you from professionally advancing yourself in your career?
      iii. If not at this time:
         (a) Do you seek to advance professionally at your place of employment later in the future?
         (b) If you have the desire for career advancement but are currently not able to do so, what are the factors that are preventing you from advancing your career at your place of employment?
16. Are you currently in a leadership position/role or have leadership duties at your place of employment? (e.g., charge nurse on the unit, leader of journal club)
   a. If so:
      i. What are your motivations/incentives to seek a leadership position/role?
      ii. Do you anticipate any barriers that will prevent you from maintaining your leadership position/role?
      iii. Do you anticipate any barriers that will prevent you from being promoted to the next leadership position/role?
      iv. Describe how being in a leadership position/role has affected your life and your career.
   b. If not in a leadership position/role:
      i. Do you want to be in a leadership position/role?
         (a) If you have the desire to be in a leadership position/role but are currently not in this position, what are the factors that are preventing you from being in a leadership position/role at your place of employment?

17. Describe how your life experiences have helped you achieve your goals in life.
18. How do you see your future and how does your future relate to your personal goals?
19. Why did you choose to attend this conference?

**Interview Guide B**

Questions for baccalaureate-prepared nurses educated in the United States

1. Tell me how you became a nurse
   a. What/Who lead you to this path?
   b. Why did you choose to follow this path?
2. Describe your experience as a nurse in the United States.
3. Are you satisfied with your career as a nurse?
   a. If so, what were the factors that contributed to your satisfaction?
   b. If not, what were the factors that contributed to your dissatisfaction?
4. Did you face any barriers to gaining employment in the United States?
5. As a nurse who identifies herself/himself as Filipino or of Filipino heritage, have you faced or are currently facing any cultural barriers in the United States?
   a. If so, what were/are these cultural barriers?
6. As a nurse who identifies herself/himself as Filipino or of Filipino heritage, have you faced or are currently facing any professional barriers in the United States?
   a. If so, what were/are these barriers at your place of employment?
7. Are you satisfied at your current place of employment?
   a. If so, what were the factors that contributed to your satisfaction?
   b. If not, what were the factors that contributed to your dissatisfaction?
8. Have you changed jobs since you first obtained your baccalaureate degree?
   a. If so, are you satisfied at your current place of employment?
      i. If you are satisfied, what are the factors that contribute to your satisfaction?
      ii. If you are not satisfied, what are the factors that contribute to your dissatisfaction?
9. Do you have current plans to obtain a master’s degree in nursing?
   a. If so:
      i. When are you planning to apply?
      ii. When are you planning to start?
      iii. What are your motivations/incentives for obtaining a master’s degree in nursing?
      iv. Do you anticipate any barriers for obtaining a master’s degree in nursing?
   b. If not:
      i. At any point in the past, did you ever consider going back for your master’s degree?
      ii. If at some point in the past you considered going back for your master’s degree, what were the factors that made you change your mind?
10. Describe the word “leadership.”

11. Can you give me examples of roles of a nurse leader? How would you describe what their responsibilities are?

12. Do you have a professional advancement system in place at your place of employment? (e.g., Clinical Ladder Program)
   a. If so: What level in the program are you currently?
      i. Do you seek to advance in the program?
      ii. If so:
          (a) What are your motivations/incentives to seek professional advancement?
          (b) Do you anticipate any barriers that will prevent you from professionally advancing yourself in your career?
   b. If no program in place at place of employment
      i. Do you seek to advance professionally at your place of employment?
      ii. If so:
          (a) What are your motivations/incentives to seek professional advancement?
          (b) Do you anticipate any barriers that will prevent you from professionally advancing yourself in your career?
      iii. If not at this time:
          (a) Do you seek to advance professionally at your place of employment later in the future?
          (b) If you have the desire for career advancement but are currently not able to do so, what are the factors that are preventing you from advancing your career at your place of employment?

13. Are you currently in a leadership position/role or have leadership duties at your place of employment? (For example, charge nurse on the unit, leader of journal club)
   a. If so:
i. What are your motivations/incentives to seek a leadership position/role?

ii. Do you anticipate any barriers that will prevent you from maintaining your leadership position/role?

iii. Do you anticipate any barriers that will prevent you from being promoted to the next leadership position/role?

iv. Describe how being in a leadership position/role has affected your life and your career

b. If not in a leadership position/role:
   i. Do you want to be in a leadership position/role?
      (a) If you have the desire to be in a leadership position/role but are currently not in this position, what are the factors that are preventing you from being in a leadership position/role at your place of employment?

14. Describe how your life experiences have helped you achieve your goals in life.

15. How do you see your future and how does your future relate to your personal goals?

16. Why did you choose to attend this conference?


