



Foreign Trained Nurses- Filling the Gap **Marjorie M. Gillespie- Johnson, PhD, ARNP-C**

RESEARCH OBJECTIVES:

Registered nurses (RNs) are the single largest group of health care providers in the United States. More than 2.4 million RNs were employed in 2004 (GOA, 2007); about 59 percent of these nursing positions are in hospitals (BLS, 2008). In spite of the growing number of nurses being trained and employed, The Department of Health and Human Services (DHHS) projected that the current nursing shortage will increase over the next 2 decades as registered nurses (RNs) retire and fewer enter the profession (Schwartz, 2003). DHHS analysts have noted that the shortage is expected to more than double by 2010, according to historical patterns of available RNs and service expectations (DHHS, 2002).

The DHHS provided a series of grants totaling more than \$30 million in 2002 to ease the nursing shortages by increasing the number of qualified nurses, and the quality of nursing services across the country. However, the U.S. healthcare system is still experiencing severe nursing shortages that have resulted in the increased migration of foreign trained nurses from other countries which are being recruited for direct employment in critical care areas such as operating rooms (OR), intensive care units (ICU) and the emergency rooms (ER). The American hospital association (AHA) recently backed legislation that would set aside 20,000 employment-based visas in each of the next three years (2009-2013) for foreign-educated registered nurses and physical therapists. Yet, little is known about whether the quality of nursing care differs between foreign- and U.S.-trained nurses or whether foreign nurses provide high-quality services to U.S. patients.

Stevens (1995) has argued that when discussing quality in an international context, one must distinguish between people's ability to perform specific tasks and their ability to communicate effectively with patients and other professionals to provide culturally appropriate care. Therefore, the purpose of this study is to understand the perception of foreign trained nurses prior to migrating to the U.S., their experiences in the U.S. workforce during their first four years in the U.S., and their preceptors' perception and experiences prior to and during the mentoring period.

The Research Questions for this study are:

1. What are the perceptions of foreign trained nurses' and their preceptors' role in the U.S. health care delivery system?
2. What are the experiences of foreign trained nurses and their preceptors in providing care in the U.S. health care delivery system in the first four years of immigration?
3. What is the relationship between the perceived role and actual experiences of foreign trained nurses and preceptors in providing care in the U.S. health care delivery system in the first four years of immigration?

SUBJECT RECRUITMENT:

A purposeful sample of approximately 50 foreign trained male and female nurses with a bachelor's degree in nursing, who were recruited for employment in the U.S. healthcare delivery system within the last four years and who live or work in the Miami-Dade, Broward, Palm Beach and Lee Counties in Florida will be recruited for this study. For the purpose of this study, foreign trained nurses are defined as registered nurses that received their basic training and initial nursing license from a nursing school outside of the U.S. and have worked in their country of origin for at least two years prior to migrating to the US.

Nurses will be recruited via an Institutional Review Board (IRB) approved flyer (Appendix A). Nurse Managers from the selected hospitals will be informed of the study and will distribute fliers to all their nursing units via their email listserv and unit staff meetings. In addition, approved fliers will be displayed in common areas such as break rooms where they could be readily noticed by foreign trained nurses and their preceptors. Approved fliers will contain the purpose of the study, the inclusion criteria, and the researcher's contact information. Interested participants will contact the PI, at which time participants will be prescreened using a structured questionnaire (Appendix D), and appointments made for eligible participants.

Inclusion criteria include self-reported being a registered nurse, received basic training and initial nursing license from a nursing school outside of the U.S., have worked in their country of origin for at least two years prior to migrating to the U.S., have been working in the U.S. healthcare system within the last four years and is willing to participate in a research study. Exclusion criteria would be nurses who are unable to consent, who do not identify themselves as having been trained outside the U.S. Nurses who have not worked outside the U.S. for two years and nurses who were not recruited for direct employment in the U.S. health care system within the last four years will not be eligible for this study. No information will be obtained from databases.

METHOD AND PROCEDURES:

This explorative, descriptive qualitative study will be conducted in two stages. In the **first phase**, I will be conducting approximately seven focus groups with foreign trained nurses who were recruited for direct employment in the U.S. Each focus group will consist of six to eight participants. Focus groups are generally found to be useful in gaining information through group interaction. A group of 6 to 10 has been found to be adequate to manage conversation so that it does not become overpowering. It is expected that each participant will voice his or her own views within the context of others, stimulating a description of their own perceptions and experiences. According to Patton (2002), this method is used to gain perspectives on group dynamics that will be helpful in obtaining the essence of the shared experience. I chose to use a sample size of 50 because this allows us to have approximately seven focus groups. In the literature, 50 represent a medium-level sample size. While it does not allow broad generalizations of this population, the number is large enough to allow key concepts and themes to arise as a result of the discussions.

The **second phase** will involve conducting 10-15 in-depth interviews with nursing preceptors who have worked with foreign trained nurses within the past four years. The purpose of these interviews will be to supplement the information we have derived from the nurses. Specific focus will be on their perceptions and experiences of mentoring and supervising foreign trained or imported nurse's knowledge, skill, ability and acculturation in providing high quality, cultural competent nursing care. In qualitative studies, the number of interviews needed is

determined by informational redundancy, which is the point when no new data is gathered from the interviews. Lincoln and Guba (1985) suggested that informational redundancy often occurs after approximately 12 interviews. Creswell (1998) recommends interviewing up to 10 participants for phenomenology studies.

Data Collection:

A demographic questionnaire (Appendix B) and a series of focus groups and in-depth interviews will be used to collect data from foreign trained registered nurses who were recruited to work in the U.S., and their U.S. preceptors.

Procedure:

Once approval of the research protocol by the Florida International University IRB is secured, the researcher will begin prescreening potential participants using a 9-item, self-reported, researcher-telephone administered questionnaire (Appendix D). If the individual is eligible for the study, and agrees to participate, an appointment for the focus group or the in-depth interview will be scheduled for a time and place, convenient to the participants. Three days before the focus group, or interview, the PI will contact each participant to remind them of the time and place of the meeting.

On the day of the focus group and the in-depth interview, the PI and her research assistant will meet with the participants at the predetermined site. The PI will explain the research purpose, process and data collection procedure to the group and questions answered.

Informed consent will be obtained by reading aloud the consent form (Appendix E) verbatim to the group. Each participant will also read the consent form. Questions from participants will be encouraged and answered by the researcher. The informed consent will then be signed by each participant and a copy of the signed informed consent given to the participant, indicating that they agreed to participate in the study and that participation is voluntary. The informed consent form will describe the purpose of the study, the potential risks and benefits, confidentiality, the right to refuse or withdraw at anytime without negative consequences, and the data collection procedures. Immediately after the consent form is signed, participants will be given the demographic questionnaire, which will then be placed by the participant into a large, brown manila envelope. When the questionnaires have been collected, the focus group or interview will begin.

Focus Group (Registered Nurses):

Approximately seven focus groups will be conducted with participants who have completed the consent form and the demographic questionnaire (Appendix B). Each focus group will consist of six to eight participants and will be conducted in a private meeting room. The focus group will be conducted by the PI and a research assistant (registered nurse) who has been trained in conducting focus groups. Participants will be asked one global question and will be encouraged to talk freely about the topic. Base on the participants' responses, the PI will use probes to rephrase the question, to clarify meanings for the participants, or to provide further explanation if necessary.

Approximately eight open-ended focus questions will be asked, and participants' responses will be recorded using codes (Participant A, Participant B, etc.) to protect participant's identity. The focus groups will be audiotape, transcribed verbatim, and coded by the PI and the research

assistant immediately after completion of each focus group discussion. Participants will be given the opportunity to withdraw from the study at any time, without any adverse consequences.

Since group sessions will be tape-recorded participants will be given some basic group rules such as one person speaking at any time, confidentiality of group discussion, etc. Participants will be interviewed once, but at the end of each group session, they will be asked how the researcher can best plan and implement interventions that can enhance their experience and facilitate their acculturation in providing culturally competent care in the U.S. health care delivery system. The researcher will observe the participants' nonverbal behaviors and expressions during the focus group, and will record them as journal entries/field notes to be incorporated in the analysis. To maintain the integrity of the naturalistic paradigm (Lincoln, 1995), the researcher will not control the environment during the focus group discussion. At the conclusion of each focus group session interview, participants will be thanked and offered a certificate of appreciation for their participation. The envelopes with the completed questionnaires, the informed consents and the recorded tapes will be collected by the PI and placed in a security chest for transport, ensuring confidentiality of the data. There will be no identifiers of any kind. Consent forms with identifiers will be kept together and separate from the demographic questionnaire or the transcribed data.

In-depth interviews: (Preceptors):

The interview will be conducted by the PI and the participants will be encouraged to talk freely about the topic. Base on the participants' responses, the PI will use probes to rephrase the question, to clarify meanings for the participants, or to provide further explanation if necessary. Participants' responses will be recorded using unique identifier to protect participant's identity. The interviews will be audiotape, transcribed verbatim, and coded by the PI immediately after completion of each interview. Participants will be given the opportunity to withdraw from the study at any time, without any adverse consequences. Participants will be interviewed once, but at the end of each interview, they will be asked how the researcher can best plan and implement interventions that can enhance their experience and facilitate acculturation of their staff in providing culturally competent care in the U.S. health care delivery system. The researcher will observe the participants' nonverbal behaviors and expressions during the interview, and will record them as journal entries/field notes to be incorporated in the analysis. To maintain the integrity of the naturalistic paradigm (Lincoln, 1995), the researcher will not control the environment during the interview session. At the conclusion of each interview, participants will be thanked and offered a certificate of appreciation for their participation. The envelopes with the completed questionnaires, the informed consents and the recorded tapes will be collected by the PI and placed in a security chest for transport, ensuring confidentiality of the data. There will be no identifiers of any kind. Consent forms with identifiers will be kept together and separate from the demographic questionnaire or the transcribed data.

Field Notes and Journal Entries

Field notes will be recorded in a journal by the researcher within four hours of each focus group or interview in order to capture fresh impressions and details of nonverbal actions. In order to avoid any alteration of initial thoughts, impressions, or ideas, the researcher will not discuss any observations with peer debriefers, participants, or assistants until notes are recorded in the journal. The recording of the field notes will be done in a private setting to minimize distractions, and will be used as a part of the data analysis. A steno pad will be used to record on one side of

the page observations and verbatim statements of participants during the interviews; the other side of the steno page will be used to record feelings, breakthroughs, and methodological and process shifts (Leininger, 1997). Descriptive notes on the study setting, interactions, problems, or critical events will also be recorded. The field journal will be a data source used in conjunction with the interview transcripts, and may provide the basis for establishing the credibility of the data interpretation (Leininger, 1997; Wenger, 1988).

Collaborative Sites: There are approximately six participating hospitals from the Miami-Dade, Broward, Palm Beach and Lee Counties in Florida. These include the Mount Sinai Medical Center, Southwest Regional Hospital, Palmetto General Hospital, Cedars Medical Center, Florida Medical Center and the Gulf Coast Hospital. All employees attend unit staff meetings and are given individual work email addresses for communication of important information.

Data collection is expected to start in July 2009. The study should be completed by the end of April of 2010 so the results can be included in an R-15 application submission in June of 2010. Submission of a manuscript describing these results will be submitted after this date. The method for this descriptive exploratory study is the completion of approximately seven focus groups among foreign trained registered nurses and approximately 15 individual in-depth interviews among preceptors of foreign trained nurses. The only “tests” are the data collection instruments. There are no alternate procedures or treatments for participants to consider except “not to participate” in the study. This is an exploratory, descriptive study and treatment will not be given, so no treatments will be withheld or affected in any way.

Confidentiality/Protection of Human Subjects. Prior to conducting the research study, participants will be reminded that their confidentiality will be protected, and although in research there is always some risk of breach of confidentiality, the PI does not anticipate any such breach. Data to be collected including demographic questionnaire will be maintained in a confidential manner, and kept separately from the signed informed consent forms. Study identification numbers will be used and no personal identifiers such as names, social security numbers, driver’s license numbers, addresses, or dates of birth will be collected. Participants will also be informed and assured that results of the study will be reported as a group, without references to any names or identifying information, and that raw data will not be transferable to individual participants.

Individuals who expressed interest in participating in the study will be told to call the PI’s wireless telephone. Each participant will be prescreened using a 9-item, self-reported, researcher-administered telephone questionnaire (Appendix D), written at an eighth grade level to determine that he or she has met the eligibility criteria of the study. If the individual is eligible for the study and agrees to participate, then an appointment for completing the demographic questionnaire, informed consent and participating in the focus group will be scheduled at an office at a time convenient to the participant. If criteria are not met, the volunteer will be thanked.

The research process and data collection procedure will be explained and questions will be answered. Although completion of the questionnaire and participation in the focus group will be interpreted as consent to participate, participants will still be required to sign a consent form. Participants will be reminded that participation is voluntary and they can withdraw at any time without penalty or any adverse punitive action against them.

The participants who meet the eligibility criteria will be given a cover letter (Appendix C) that will be attached to the demographic questionnaire explaining the purpose of the study.

DATA ANALYSIS:

Responses to each item in the demographic questionnaire will be reviewed for completeness, and then entered onto an SPSS spreadsheet. This file will then be used as a data set to perform statistical analysis using the SPSS data analysis statistical package, version 14. The laptop computer used will be password protected and all subject data will be coded. There will be no personal identifier of any kind. Appropriate measures of descriptive analysis will then be determined from items in the questionnaire.

A paid transcriber will be used to assist in transcribing verbatim field notes and audiotaped individual in-depth and group interviews. Interviews will be conducted in a predetermined, confidential area that is convenient to the participant. After transcription accuracy is determined, the researcher will transfer the data to a word processing software program such as Atlas Ti version 6.0, to enhance the ability to perform textual analysis. Atlas Ti 6.0 is data management software that involves converting large amount of data into manageable segments, and putting these segments into meaningful patterns. It allows for building non-hierarchical network and the ability to create hyperlinks. All data (interviews, journal entries, and field notes and focus groups discussions) will be collected, transcribed verified, coded, and then saved to a password - protected file by the researcher.

Full text transcripts will be analyzed using Krueger's (1998) framework analysis of focus group which will occur concurrently with data collection and includes raw data, descriptive statements and interpretation. Both manual and computer data analysis will be conducted by the PI. Krueger's Focus Group Criteria (1998) will be used to assure accuracy, reliability and validity of results. Atlas Ti version 6 data management software will be used to determine emerging themes and recurring patterns. The main themes/concepts will be reviewed by five focus group participants who will be asked to comment on the findings of the research study. Data related to socio-demographic variables (Appendix B) will be analyzed using SPSS (version 14.0) to examine correlations /relationships among demographics such as age, level of education, length of time employed and gender. Diekelmann, Allen and Tanner (1989) seven-stage process of Heidegger hermeneutics data analysis will be used to produce rich description of shared practices and common meanings of the in-depth interviews.

Compensation: There is no cost to subjects, however in acknowledging the strategies of reciprocal exchange to address the moral obligation of the researcher to the participant (Leininger, 1985); participants will be given a certificate of appreciation and a \$20 gift certificate from Uniform City as a token for participating in the interview. Participants who signed an informed consent and return the demographic questionnaire will receive the certificate of appreciation and the gift certificate whether or not they have completed the focus group discussion or the in-depth interview. Participants who do not complete the group session or choose not to participate will not be penalized in any way. No database will be used to access data for this study.

BENEFITS:

There are no direct benefits to individuals participating in this study. However, participation may help the investigators better understand how foreign trained registered nurses who were recruited to work in the U.S perceive their role and experiences in providing care in the U.S. healthcare delivery system to improve nursing shortages. The data will be useful in the design of an intervention / program that focuses on improving expectations, assimilation and quality care of foreign trained professionals working in the U.S.

RISKS TO SUBJECTS:

In research there is always some risk of breaching confidentiality; however, information gathered will be maintained in a confidential manner and steps to minimize breach of confidentiality will be taken. This researcher does not anticipate any risk of breach of confidentiality. If participants should become uncomfortable with the questions, they may stop at any time without any negative consequences. They can also refuse to answer any questions. Their names will not appear on any of the information they give to us. The only other potential risk to participants is a loss of personal time and inconvenience.

Minimal anticipated risks from participating in this study include the potential likelihood of anxiety, embarrassment, or discomfort resulting from discussing personal and sensitive matters. A list of numbers for each participating facility employee assistance program (EAP) will be available to provide counseling for participants if participating in the study were to cause any undue psychological stress or discomfort.

INFORMED CONSENT:

Informed consent will be read verbatim at each focus group session by the PI. At the time of completing the questionnaire, each participant will be given a letter explaining the study and will be asked to read and sign an informed consent that describes the purpose of the study, the potential risks and benefits, confidentiality, the right to refuse or withdraw at anytime without negative consequences and the data collection process. Each participant will be able to read and write at an eighth-grade level. Participants will then place a copy of the signed informed consent into a large, brown manila envelope and will keep one copy indicating that they agreed to participate in the study and that participation was voluntary. These participants will also be told that there will be no list of participants that will link their identity to their responses to the questionnaire.

CONFIDENTIALITY OF DATA:

Participant confidentiality will be maintained throughout and following the research project. Participants and groups will be assigned unique identifying codes, and all completed source documents will be transported, in a portable, keyed, solid-steel double-walled security chest with fire retardant insulation, measuring approximately 14 x 11 x 4 inches. Documents will then be filed and stored in a locked filing cabinet that is kept in a locked office in the College of Nursing with access to the locked file cabinet only to the PI. Data collected will be destroyed using a shredder within ten days of completion of data analysis.

Data forms and data files collected will be identified by study ID number only. There will NOT be a list of subject names, ensuring anonymity. The study's PI and research assistants have completed the required training on research with human subjects. All persons who work on the project will be required to complete the NIH/OSRA on line training course. During presentation and publication of the study's findings, data will be reported in aggregate so individual respondents cannot be identified.

INSTRUMENTS:

The demographic questionnaire was designed by the PI to collect information on each participant's age, level of education, prior working experience, income, length of residence in the U.S., and prior countries and states of residency.

References:

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APPENDICES

- Appendix A - Institutional Review Board approved flyer
- Appendix B - Demographic questionnaire
- Appendix C – Letter of Explanation
- Appendix D – Pre-Screening Questionnaire
- Appendix E - Consent Form
- Appendix F- Letters of support

APPENDIX A

RESEARCH VOLUNTEERS NEEDED

WHO?

Foreign Trained Registered Nurses and their U.S. preceptors who live or work in the Miami-Dade, Broward, Palm Beach and Lee Counties in Florida.

FOR WHAT?

To participate in a research study

*****Will Take About an hour of your time*****

WHY?

To understand your perceptions and your experiences of working as, or with a Foreign-trained nurse in the U.S and their impact on the U.S healthcare delivery.

Contact:

Dr. Marjorie Gillespie-Johnson

Phone: 1-305-348-7722

Cell: 954-990-9993

You Will Be

Compensated

For Your Time!

APPENDIX B

PLEASE DO NOT WRITE YOUR NAME ON THIS QUESTIONNAIRE

DEMOGRAPHIC INFORMATION

Please answer each of the following questions

STATUS: Foreign Trained Nurse _____ Preceptor: _____

1. How old are you? _____
2. What is your gender? Male _____ Female _____
3. What is your marital status?
Single/Never Married _____ Separated/Divorced _____
Widowed _____ Married _____
4. What county do you currently
Live in _____
Work in _____
5. Where were you born?
Country _____ State _____
6. How long have you been living in the U.S.? _____
7. What was the last grade education you have completed?
 - a) Primary/elementary _____
 - b) Secondary/Junior High _____
 - c) High School _____
 - d) 2 year college _____
 - e) 4-year college/University _____
 - f) Graduate School (Masters) _____
 - g) Doctorate (PhD/MD/Pharm D /DNS, Ed., etc.) _____
8. What is your working Status?
Not Working _____
Part Time _____
Full time _____
Full + Part Time _____

9. What is your current annual income?

\$15,000 or less _____

\$15,001-\$30,000 _____

\$30,001-\$45,000 _____

\$45,001-\$60,000 _____

Over \$60,000 _____

10. Where do you work (Name of Hospital)?

11. Where did you get your nursing degree?

12. How long (years) have you worked before coming to the US or this facility?

13. Where have you worked before coming to the US or this facility?

A) Country _____

B) Hospital _____

C) Unit _____

14. What is your status for the purpose of this research? (Please select one)

a. Registered Nurse _____

b. Preceptor _____

Appendix C

Letter of Explanation:

The following letter of explanation will be printed on FIU letter head and attached to the top of Demographic Questionnaire.

Dear _____

My name is Marjorie Gillespie, and I am an Assistant Professor at the Florida International University, Miami Florida. I am writing to ask you to participate in a research study.

The purpose of my research is to understand the perceptions and experiences of foreign trained nurses and their U.S. preceptors. You qualify for this research because you are a foreign trained registered nurse who worked in your country of origin for at least two years and immigrated to the U.S for direct employment for less than four years.

This study will include an individual in-depth interview or your participation in a focus group of 6-8 people. This focus group or interview will ask you to tell us about your perceptions and experiences of working as a registered nurse in the U.S. or as a preceptor of a foreign trained nurse that was recruited for direct employment in the U.S. The focus group and the interview may take about an hour and will be held in a private location on a date and time convenient to you.

No risks are anticipated by participating in this study. Your participation will be confidential, and all of your responses will be reported in aggregate and not by individuals or names. Your decision to participate or not participate in this study will not affect any current or future benefits or services you receive. You will not benefit directly from your participation in this study; however, the results of the study will assist researchers to plan culturally congruent interventions for foreign trained nurses to improve their expectations and ability to perform culturally, sensitive high quality nursing care. You will not be compensated for your participation, but at the end of completing the interview, you will be given a token of appreciation for your participation.

If you do not wish to participate in this study, you may simply decline and inform the researcher. If you would like to participate, you may contact me by telephone at the number on the flier within the next week to arrange a convenient time and location. Your participation is entirely voluntary and you may withdraw from the study at any time.

If you have any questions, please feel free to contact me at 954-990-9993.

Sincerely

Marjorie Gillespie, PhD, ARNP-C, PMHNP-BC
Assistant Professor

Appendix D – Pre-Screening Questionnaire

PRE- SCREENING QUESTIONNAIRE

1. How old are you? _____
2. Where were you trained as A Registered Nurse? _____
3. How many years have you worked as a RN? _____
4. Have you ever worked outside of the U.S.? _____
 - a. Where? _____
 - b. how long? _____
5. Are you currently precepting or have you precepted a foreign trained nurse in the past 4 years? _____
6. Are you currently working or have worked as a foreign nurse recruited for direct employment within the last 4 years? _____
7. Where were you living prior to this? _____
8. Are you a foreign trained nurse? _____

Appendix E - Consent Form



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Foreign Trained Nurses- Filling the Gap

You are being asked to be in a research study. The investigator of this study is Dr Marjorie Gillespie Johnson and she is an assistant professor at FIU. The study will include about 65- Registered Nurses people who were trained outside of the U.S or who have been preceptors of nurses trained outside of the U.S. Your participation will require approximately 90 minutes of your time. We would like to understand your perceptions and your experiences of working as, or with a foreign-trained nurse in the U.S and their impact on the U.S healthcare delivery.

If you decide to be a part of the study we will tell you the date, time and location to come for the discussion. You will be asked to complete a short survey. Someone at the meeting will explain to you how to complete the survey. You will be asked to answer general questions about: 1) your age; 2) your schooling; 3) your income; 4) what you think about your job; and, 5) your experiences as a Registered Nurse in the U.S. or as a preceptor.

As a foreign trained nurse, you will then join in a group discussion of about 6-8 people to discuss issues and experiences as a nurse in the US and your perception of its impact on the U.S healthcare delivery.

As a preceptor, you will be interviewed by the PI in a private room to discuss issues and experiences as a preceptor of foreign trained nurse in the U.S. and your perception of their care and on the U.S healthcare delivery.

We do not expect any harm to you by being in the study. We would like you to participate in a frank open discussion, but you don't have to respond to every question. If you get upset or feel discomfort during the group discussion, you may ask to take a break. There is no cost or payment to you as a subject. You will not get any direct benefit from being in the study. However, your help will give us information about issues and experiences as a nurse / preceptor in the US and your perception of its impact on the U.S healthcare delivery.

Your answers will be identified by a random number and not your name. All of your answers are private and will not be shared with anyone unless required by law. Your data will be combined as a group and we will present the research results as a group. You may ask questions about the

study at any time. If you choose not to participate no one will be upset with you. You may also choose to stop your participation before the group is completed. Even if you do not finish the survey you will get the gift.

If you would like more information about this research after you are done, you can contact me at 954-990-9993. If you feel that you were mistreated or would like to talk with someone about your rights as a volunteer in this research study you may contact Dr. Patricia Price, the Chairperson of the FIU Institutional Review Board at 305-348-2618 or 305-348-2494. Your signature below indicates that all questions have been answered to your liking. You are aware of your rights and you would like to be in the study.

Signature of Participant

Printed Name

Date

I have explained the research procedure, subject rights and answered questions asked by the participant. I have offered him/her a copy of this informed consent form.

Signature of Witness

Date

Appendix F - Letters of Support

Ben Rodriguez- COO
Florida Medical Center
5000 West Oakland Parks Boulevard
Fort Lauderdale, FL 33313
(954) 735-6000

Ana Maderos, CEO
Palmetto General Hospital
2001 W 68th Street
Hialeah, FL 33016
Ph: 305-823-5000
Fax: 305-364-2173

David Zambrana/CNO- Pending
Cedars Medical Center of Miami Hospital
1400 NW 12th Avenue
Miami, FL 33136
Telephone: (305) 325-5511
Fax: (305) 325-4673

Charlene Welker/CNO - Pending
Mount Sinai
4300 Alton Rd
Miami Beach Fl, 33140

Holly Muller/CNO - Pending
Gulf Coast Medical Center
13681 Doctor's Way
Fort Myers, FL 33912