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Darlene Okpegbue

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PROFESSIONAL AND CULTURAL ADJUSTMENTS  
OF NIGERIAN NURSES IN  
AMERICA

by

DARLENE OKPEGBUE

Presented to the Faculty of the Honors College of  
The University of Texas at Arlington in Partial Fulfillment  
of the Requirements  
for the Degree of

HONORS BACHELOR OF SCIENCE IN NURSING

THE UNIVERSITY OF TEXAS AT ARLINGTON

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To my extended family the Ehitte Community, thank you for all your support throughout the years. It is very true that it takes a village to raise a child, and the way you show support to our family is greatly appreciated. I would also like to thank my friends who have kept me grounded all these years: Bryan Iloka, Chelsea Henshaw, Nebiyat Berhe, Simi Aliu, Treasure Duru, Labake Thorpe, Crystal Azuiké, Itai Ojo, Suzana Zukanovic, Aldo Bautista, Keri Decay, and Kynara Davis. Last, but not least I would like to give thanks to God. I would have not made it to this point in my life without His grace and glory.

December 10, 2015

ABSTRACT

PROFESSIONAL AND CULTURAL ADJUSTMENTS  
OF NIGERIAN NURSES IN  
AMERICA

Darlene Okpegbue, B.S. Nursing

The University of Texas at Arlington, 2015

Faculty Mentor: Jennifer Gray

Nursing is the largest healthcare profession around the world. Nurses frequently are educated in one country, and then migrate to the United States where they practice nursing in the U.S healthcare system. In addition to language, other differences are also noted in educational preparation, clinical experiences, and the healthcare system where these nurses begin practicing. All of these factors may affect a nurses' ability to adapt to his or her new role in the workplace. I have met several Nigerian staff nurses while in my clinical setting as a University of Texas at Arlington Nursing student. Many of the staff nurses were born in Nigeria and later migrated to the United States to complete their nursing education. Others completed their education in Nigeria, and worked in the healthcare system in Nigeria prior to their immigration. While talking with them, I learned about differences between Nigerian nursing and American nursing as well as difficulties they experienced

during their transition to the healthcare system in the United States. During these conversations, several questions occurred to me regarding the differences in Nigerian and American nursing practices: 1) What barriers did you encounter? 2) Were there areas in which you felt you were prepared to provide better, safe, and quality patient care or did you feel unprepared? 3) What cultural differences did you encounter in the nursing culture?

For this study, interviews of Nigerian nurses were conducted by telephone. Notes were written while conducting the interviews. Notes from the interviews were then analyzed for saturation of emerging themes. Upon completion of analysis, five major themes were identified: 1) Lack of technological background; 2) Nigerian accent interfering with communication(which causes difficulty fitting in); 3) The Nigerian focus is on tasks that need to be performed as a nurse, and in the United States the focus is on the whole person, which encompasses tasks, as well as family and religious support services; 4) Nurses in Nigeria are highly respected; 5) Nigerian nurses need help when they migrate in order to learn “medical” English.

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## CHAPTER 1

### INTRODUCTION

Nigerian nurses are highly respected and considered very important to the Nigerian people, who are so grateful for any help nurses provide in navigating the healthcare system (Burgess et al, 2014). It is culturally ingrained in Nigerians to respect nurses due to the amount of education and help only nurses can provide. Most Nigerians are not fortunate enough to finish school because they cannot afford to pay for it. (“Poverty in Nigeria: Rich Country, Poor People,” 2012). “Poverty in Nigeria is essentially a rural issue...the country’s high unemployment rates stem from corruption which is a major factor barring the country from its right to development such as educational opportunities.” (“Poverty in Nigeria: Rich Country, Poor People,” 2012). Therefore, those who finish school, especially in the health field, are highly respected in the community.

Despite nursing’s importance to the Nigerian people, some nurses choose to migrate to other countries in order to seek out a better life elsewhere. In fact, the number one reason Nigerian nurses migrate to the United States is to increase their chances of having a better life (Jose, 2010). They leave to get away from the poverty and limited educational resources. . They seek opportunities in countries where advanced technology can be used to help prevent death from a simple infection in the hospital setting. In an interview conducted by Jose (2010), a Nigerian nurse reported she thought things would be easier in the United States: she said “You know, the idea was that once you get to America, you can make it without any social or

economical difficulties” (p. 126).

Another major problem is that migrating nurses’ experience difficulty with advanced technology. In Nigeria there is limited technology used in nursing, whereas in the United States, electronic medical records are the cornerstone of all communication between doctors and nurses (Ofi and Sowunmi, 2012). Interestingly, a concern of Nigerian nurses is that if technology becomes unavailable, American nurses would not have the ability to properly care for the patients.

### 1.1 Internationally Educated Nurses

Jose (2010) stated, many Nigerian nurses are part of a larger group of nurses who complete their nursing education prior to migration to the United States. They are referred to as internationally educated nurses (IENs). Since 2008, there have been 146,097 IENs employed in the United States (Spetz et al, 2014). Although the number of IENs has increased, little research has been conducted to compare workforce trends in the U.S. to the countries from which they emigrated. It has also been noted that IENs coming from low-income countries such as Nigeria face difficulty when trying to obtain employment in the United States. For example, due to their heavy accents most managers do not feel comfortable hiring a nurse who will be difficult to understand (Spetz et al, 2014).

#### *1.1.1 Importance of Research*

Nigerian nurses provide care to patients all around the United States. Many work as staff nurses. No literature was found that addresses concerns of these nurses regarding cultural and educational differences between the two countries. In the interest of patient safety, information is needed regarding education to help with the adjustments of Nigerian nurses as they transition to the American healthcare system. Further, migrating nurses need

education to adapt to the technological advances that were not available in their own country. It is also imperative to identify cultural barriers of Nigerian nurses when caring for patients in the United States who represent many unique cultures.

### 1.2 Statement of Problem or Research Problem

The purpose of this study is to describe experiences of nurses migrating from Nigeria, which includes their experiences as they began working in American healthcare facilities and any hardships that they may face in providing nursing care. Few studies have described the barriers experienced by Nigerian nurses who migrate to the United States and into the healthcare workforce. A better understanding of the barriers may guide the development of programs that will help to prepare nurses prior to migration.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Culture Shock

According to Jose (2010) nurses migrating from other countries such as Asia and India to the United States experienced a serious cultural shock. Jose (2010) conducted a qualitative study of 20 Internationally Educated Nurses (IENs) that included five nurses from Nigeria. The themes that reoccurred among the IENs were dreams of a better life, a difficult journey, a shocking reality, rising above the challenges, feeling and doing better, and being ready to help others.

##### *2.1.1. Nursing Programs in Nigeria vs. America*

Nurses who were educated in Nigeria may have different approaches to education and different practice standards from nurses educated in the United States (Ayandiran et al. 2013). Nigerian nursing education programs educate their nurses by on-the-job training in a hospital, with only a few universities having a formal nursing program where nurses learn the art and science of nursing (Ayandiran et al, 2013). Conversely, nursing programs in the United States are not on-the-job training in the hospital. Instead, there is a formal training process that takes place at a technical school or university. According to the School of Nursing at Lagos University Teaching Hospital (2013), nursing schools in Nigeria offer the same courses that are required in the United States. However, the School of Nursing at Lagos University reported that in order to obtain a nursing degree, student nurses are required to pass all exams and clinical experiences before proceeding to the next semester.

If nursing students fail the exam, they have a chance to retake it at a later date. Failure of the retake exam requires a retake of the entire course. In the College of Nursing and Health Innovation (CONHI) at The University of Texas in Arlington, students who earn a course test average lower than 70% must retake the course. They do not have an opportunity to retest, and pass the course. The philosophy is that nurses must render safe care to patients, and making less than a 70% for a course average indicates an unsafe nurse. This is very different from the Nigerian philosophy, which allows the nurse to take the exam a second time after seeing all the questions (The School of Nursing at Lagos University Teaching Hospital, 2013). Another indication that the nursing environment is different is that nurses who travelled to Nigeria from the United States also experienced nursing culture shock (Burgess et al, 2014). All participants reported that they became observers at some point because of confusion about their role, language barriers, or a lack of knowledge and skills due to the cultural differences (Burgess et al, 2014). Also, nursing programs that offer classes outside of the United States report the same difficulties related to cultural differences (Burgess et al, 2014).

#### 2.1.1.1 Evidence-Based Practice

One example of significant differences between American nurses' values, and Nigerian nurses' values is the importance of evidence-based practice, which promotes best patient care and safe patient practices (Ofi and Sowunmi, 2012). Ofi and Sowunmi (2012) described the opinions of 500 nurses' thoughts on utilization of research for promoting best patient care outcomes in Nigeria. The results indicated that half of the Nigerian nurses disagreed and stated that they were too busy delivering care to spend time in reading research materials. The lack of research being conducted in Nigerian healthcare can

negatively impact safe nursing practices and formulating appropriate nursing diagnosis to patients.

#### 2.1.1.2 North American Nursing Diagnosis Association

The use of a nursing diagnosis helps to guide patient care in the nursing profession. The North American Nursing Diagnosis Association (NANDA) creates the nursing diagnosis. This is used to put the right nursing interventions into place to provide the best evidence-based nursing care for patients. Dutayo, Olaogun, Oluwatosin, and Ogunfowokan (2013) tested the use of the NANDA diagnoses in Nigeria with 500 nurses. The authors concluded that educating public health nurses and providing them with standardized nursing care plans that included a nursing intervention enhanced their documentation of patient care. However, in another study conducted by Thoroddsen and Ehnfors on the use of NANDA in Nigeria, only ten percent of the nurses were taught how to use nursing diagnoses (Thoroddsen and Ehnfors, 2007). This is a problem for Nigerian nurses because care plans in the United States are now in the electronic health record and Nigerian nurses have not been exposed to the use of this technology.

In the Jose (2010) study, nurses that interviewed reported the lack of technological advances in Nigeria as a major barrier when migrating to the United States. This is disconcerting because nurses who are not trained on technological devices may have problems properly operating advanced technological equipment in the American healthcare system.

Therefore, there is a need to understand more about the cultural barriers, the education barriers, and the technological barriers to know how to create evidence-based educational programs to help foreign nurses who migrate from Nigeria. The programs

should include the perspective of the nurses who have already migrated so that others who follow will know the expectations for nurses who work in the American healthcare system. Additionally, the educational programs should include how to integrate the culture of writing nursing diagnoses, putting nursing interventions into place, the use of technology, and how to find and use the best evidence for best patient outcomes.

## CHAPTER 3

### METHODOLOGY

This study is a descriptive qualitative study design. Twelve nurses were obtained by using a snowball sampling method to recruit other nurses for the interview. Each nurse was interviewed for 30-45 minutes over the telephone in an informal setting. After each interview the nurses were emailed a flyer that was sent out to their friends and colleagues so that they could share it with other nurses who might have been interested in joining the study. Once each nurse was interviewed themes were developed based on saturation that was reached from the responses gathered from each participant.

#### 3.1 Sampling

A known key informant was the first participant. The first respondent shared the flyer with other Nigerian nurses and informed them about the study. The researcher's email address was included on the flyer for those who were interested to join the study. The nurses' names, for confidential reasons, were not included in this report, but consent was obtained from each participant before the interview took place.

##### *3.1.1 Informed Consent*

When the nurse contacted the researcher the reason for the study was explained. The informed consent was read to the participants before the interview took place and was verbally accepted or declined by the nurse. The consent included permission to use the answers given in the interview for research purposes, a pseudonym to be used during



presentation, and permission to share the responses provided by the respondents without any identifying information.

#### 3.1.1.1 Respondents

Twelve female nurses were interviewed over the telephone after consent was obtained. Six questions were asked in the same order as listed below. A script was read and encouragement to elaborate on responses was given when needed.

- 1) When you arrived, what differences in care did you notice between Nigeria and the United States?
- 2) What barriers did you face when caring for patients here in America that you did not face in your home country?
- 3) What area of the hospital did you work in when you lived in Nigeria and what area do you work at now?
- 4) What differences did you encounter in technology when you migrated to the US?
- 5) What was the most difficult aspect for you to get accustomed to?
- 6) What resources would have eased your transition?

## CHAPTER 4

### FINDINGS

The demographics showed nurses' ages ranged from 41-52 years old. They received nursing certification from different types of nursing programs offered by universities or associate degree programs. Once saturation was reached the data collected from the interviews were grouped into themes in the same manner as outlined by Auerbach and Silverstein (2003).

In order to accurately group each interviewer response into themes I used the method given by Auerbach and Silverstein (2003), by finding the similarities in each interviewer response. For analysis of the interview into themes a six-step process was followed (Auerbach and Silverstein, 2003, pg. 43):

- 1) Explicitly state your research concerns and theoretical framework
- 2) Select the relevant text for further analysis
- 3) Record repeating ideas by grouping together related passages of relevant text.
- 4) Organize themes by grouping repeating ideas into coherent categories.
- 5) Develop theoretical constructs by grouping themes into more abstract concepts consistent with your theoretical framework.
- 6) Create a theoretical narrative by retelling the participant's story in terms of the theoretical constructs.

Using the steps listed above, themes emerged from the interview data. For each theme, supporting quotations are provided.

### *Theme 1: Lack of Technological Background*

Most nurses interviewed identified that they did not have the same technology that was available in the United States, the Nigerian nurses felt challenged by the technology of equipment in the electronic health record. A nurse who was interviewed stated, “Technology was very difficult for me to understand. I came from never using a computer to having to do everything on the computer.”

### *Theme 2: My Accent Interferes with Communication and Makes it Difficult to Fit In*

The Nigerian nurses’ biggest challenge was reported as being understood by patients and co-workers. Due to their strong African accents, Nigerian nurses reported having to repeat statements multiple times or having to request an interpreter to speak for them. A nurse that was interviewed stated, “One time when I was taking care of my patient and the patient said, “I can’t understand you can you go get someone who speaks English.” It was embarrassing for me.”

### *Theme 3: Isolation in the Workplace*

The communication barrier decreased their ability to engage in social activities with the other nurses. During down time, the nurses sat alone reviewing online materials or double-checking their charting. At times other nurses on the unit would not offer a helping hand because they lacked the time to stop and explain certain procedures. A nurse that was interviewed stated, “I did not feel that people wanted to talk with me or help me because they kept getting frustrated.”

*Theme 4: Nigerian Focus is on Tasks and in the United States the Focus is on the Whole Person*

In the interviews, the Nigerian nurses stated that nurses were focused on doing the task to which they were assigned. Nigerian nurses seldom asked the patient's opinion and had difficulty expressing a concern if a patient stated something was wrong. For example, if a patient was uncomfortable with an oxygen facemask, nurses rarely took the initiative to alter the means of oxygen delivery even when they had permission to do so. A nurse that was interviewed stated, "In Nigeria you don't really listen or value the patient feelings on treatments. In the U.S the patients are more involved in their care."

*Theme 5: Nurses in Nigeria are More Respected*

In Nigeria, most families cannot afford to send their family members to school to study for healthcare professional roles. As a result, nurses and physicians were highly respected. In the United States some patients talk harshly to nurses, especially when they are angry. In Nigeria patients are respectful to the nurses because of the high place in society that they hold. A nurse that was interviewed stated, "The nurses and patients here think you're ignorant and don't know what you are doing, but in Nigeria we are more respected because the patient appreciates all that we do for them."

*Theme 6: I Needed Help with Learning "Medical" English*

Nigerian nurses felt that they were not adequately prepared for the medical field in the United States, because they were not taught the medical English that is used in day-to-day interaction with the physicians and other health care personnel. A nurse that was interviewed stated, "I wanted a better introduction to medical terminology."

## CHAPTER 5

### DISCUSSION

The purpose of the study was to display differences in Nigerian nursing and American nursing as well as difficulties the nurses experienced during their transition to the healthcare system in the United States.

Themes were developed after all interviews were conducted. The first theme is “lack of technological background.” Technology includes machines that monitor heart rhythm, bed alerts that monitor falls, and intravenous pumps. The use of technology in America is the accepted norm in clinical practice (Gerrish et al, 2006). Nigerian nurses who migrate to the United States have a difficult time in accepting this norm because of the lack of technology in their home country (Jose, 2010). A nurse interviewed stated, “There was a huge difference in technology, I did not know how to use intravenous pumps and that was hard for me to do.”

The second theme is “my accent interferes with communication and makes it difficult to fit in.” Communication is essential to nursing and can drastically affect patient outcomes (Brereton, 1995). Nigerian nurses express major difficulty with communicating to their patients (Spetz et al, 2014). One nurse stated, “Most of my patients could not understand me. I felt like I spent most of my time trying to explain things to them than actually caring for them.”

Isolation in the workplace is another theme discussed in this study. A healthy work environment is critical for nurse-physician communication (Manojlovich et al, 2007).

When feeling isolated, a person will not be part of the specific nursing culture on the unit where they work. They may not join in conversations, or ask for help, which creates an unhealthy working environment for all involved. Nigerian nurses expressed how isolated they felt in their workplace due to their cultural differences causing them to not feel like they blend in well with their colleagues. A nurse interviewed stated, “It was hard bonding with the other nurses. Just for the simple fact that a lot of them could not understand me.”

Theme four of the study is “Nigerian nurses focus on tasks, but in the United States the focus is on the whole person.” Holistic nursing is a term used in the American health care system that focuses on caring for a person as a whole, which includes, “mind, body, spirit, emotion and environment” (Dossey and Keegan, 2012). In Nigeria, the nurses feel that providing physical care is enough for the patient and providing holistic care is not a part of their job (Ayandiran et al, 2013). A nurse from the interview stated, “In Nigeria nursing is more of just a job, in America it is your job but it is a lot more than that because here we show more compassion toward the patients.”

“Nurses in Nigeria are more respected” is another theme discussed in this study. Patients in low-income countries seem to be happier and grateful for the care the nurses provide for them, they have such an appreciation of anything you do for them (Burgess et al, 2014). In the United States we promote patients taking on the responsibility of making sure their own healthcare includes all the choices available. That is not something that is feasible in other low-income countries because of the level of education and unavailable resources for the patient (Spetz et al, 2014). Additionally, trust is a factor when working with a nurse from another country. A Nigerian nurse that was interviewed stated, “In

America as a Nigerian nurse you do not really get that respect because people feel like you do not know much.”

The last theme of this study discusses how Nigerian nurses expressed the need for help learning medical abbreviations. Medical abbreviations are generally used in health care to save time and space when writing in the patient’s medical records (Parvaiz et. Al, 2008). Medical abbreviations include terms such as “AC (before meals), BID (twice a day), and Q4H (every 4 hours). If nurses were not familiar with using Latin abbreviations in their country of origin they struggle with using them while charting and reading doctors’ orders. One nurse during the interview stated, “Learning about medical abbreviations was difficult for me. I could not remember all of them and to this day I still have trouble with them.”

Based on the data obtained, the review of literature, and the answers from the interviews there is support for the notion that Nigerian nurses experience difficulty in adapting to the American way of nursing. It has been suggested that most international nurses coming from low-income countries have a challenging time obtaining a job in the health field due to the very same themes that were found in this study (Spetz et al, 2014).

Classes and programs should be created in both the country of origin before migrating, and in the country of immigration to help ease the transition for international nurses to adapt to the American culture and way of nursing practice. A nurse during the interview stated, “A program or having a resource in the hospital for culturally different nurses who become employed would have helped tremendously.” With that being said, incorporating programs that will focus on basic American culture and common medical terminology/abbreviations in the healthcare facilities can increase Nigerian nurses’ confidence and knowledge when caring for the patient. Further, information about societies

of Nigerian nurses who have already migrated could be provided to nurses before migrating. That way, the Nigerian nurses could make better informed decisions about migrating, and have an immediate connection to those nurses who have already migrated and encountered the new cultural experiences as an individual and as a nurse.

More research needs to be done on the specific educational needs of nurses from other cultures migrating to the United States for easier transition into the American culture. Immigrant nurses need to be involved in the creation of educational programs that focus on migration and transition into the American culture. Possibly the most important, is the need for the migrating nurse to have a connection with a nurse who would be willing to mentor them as they arrive in the United States. This would ease the transition period and help the migrating nurse feel that they are a part of the new culture they have adopted.



APPENDIX A  
INTERVIEW QUESTIONS AND RESPONSES

Question	Nurses' Responses
<p>1) When you arrived, what differences in care did you notice between Nigeria and the United States?</p>	<p><u>Nurse 1.</u> Lack of equipment and technology.</p> <p><u>Nurse 2.</u> Back home is not as much technology. Most procedures here are sterile and in Nigeria they don't have sterile procedure here they use the same equipment to spare it. High rate of infection in Nigeria</p> <p><u>Nurse 3.</u> Compassion is more here than it is in Nigeria. U.S is more in tuned with technological changes advancing care and research.</p> <p><u>Nurse 4.</u> U.S does one on one care. In Nigeria we do collective care. They share assignments they are not responsible for the patient. Some people will do vitals and wound care. Here the patient is responsible for one nurse.</p> <p><u>Nurse 5.</u> Nursing care here is more modernized than Nigeria in the sense that here they have a lot of resources and in Nigeria there is a lack of resources.</p> <p><u>Nurse 6.</u> Lack of technology and using medical equipment in America was a lot different for me.</p> <p><u>Nurse 7.</u> In Nigeria nursing is more of just a job, in America it is your job but it is a lot more than that because here we show more compassion toward the patients.</p> <p><u>Nurse 8.</u> I noticed that America was a lot stricter with patient care. In Nigeria it's more based on whatever the nurse thinks its okay for her to do.</p> <p><u>Nurse 9.</u> In Nigeria the nurse and the doctor do not really work hand in hand like they do here. The doctors get together and discuss what they will do for the patient and the nurse is just doing her job.</p> <p><u>Nurse 10:</u> In Nigeria you don't really listen or value the patient feelings on treatments. Here the patients are more involved in their care.</p> <p><u>Nurse 11:</u> The legal issues are a lot more important in America. You can easily get sued in America, but in Nigeria people don't care that much.</p> <p><u>Nurse 12:</u> Nigeria is less strict with patient care than America. There is no checks and balance system in Nigeria.</p>
<p>2) What barriers did you face when caring for patients here in America that you did not face in your home country?</p>	<p><u>Nurse 1:</u> Legal issues are big in America. It's like a "If you touch me in a certain way I sue you," you have to be extra careful not to offend anyone in America.</p> <p><u>Nurse 2:</u> Accents. When you take care of patients they cannot understand you correctly. One time when I was taking care of my patient and the patient said "I can't understand you can you go get someone who speaks English" it was embarrassing for me.</p>

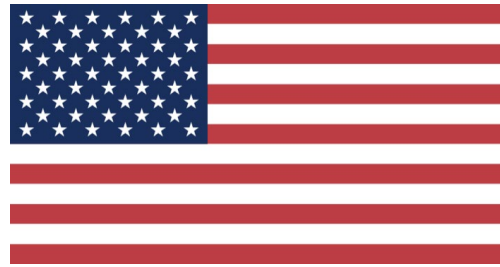
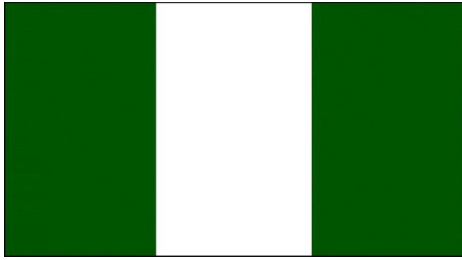
Question	Nurses' Responses
	<p><u>Nurse 3:</u> The nurses/ patients here think you're ignorant and don't know what you're doing, but in Nigeria we are more respected because the patient appreciates all that we do for them.</p> <p><u>Nurse 4:</u> Language barriers and culture.</p> <p><u>Nurse 5:</u> Here in America I faced language barriers and discrimination.</p> <p><u>Nurse 6:</u> Language barrier they don't understand me I don't understand them. Finding someone to interpret what they want and vice versa.</p> <p><u>Nurse 7:</u> My accent stopped me a lot from voicing my opinions at certain times.</p> <p><u>Nurse 8:</u> Trying to get my patients to trust that I know what I am doing.</p> <p><u>Nurse 9:</u> Most of my patients could not understand me. I felt like I spent most of my time trying to explain things to them than actually caring for them.</p> <p><u>Nurse 10:</u> In America as a Nigerian nurse you don't really get that respect because people feel like you don't know much.</p> <p><u>Nurse 11:</u> I kept trying to not get into any legal issues; there were a lot of different things I did not want to offend anyone</p> <p><u>Nurse 12:</u> I did not like repeating myself to every patient, because of my accent I had to talk to a lot of patients twice.</p>
<p>3) What area of the hospital did you work in when you lived in Nigeria and what area do you work in now?</p>	<p>Nurse 1: I worked in Med surg, ICU, Chemical dependence, nursing home, drug testing rehab center, mental illness, home health. In Nigeria Maternity and med-surg are only nursing.</p> <p>Nurse 2: In America I work in Geriatric nursing, Trach, g-tube, and Peritoneal dialysis</p> <p>Nurse 3: One nurse takes care of all patients in Nigeria. I did Med surg in America</p> <p>Nurse 4: In Nigeria I did labor and delivery. America I do post-partum/ mother baby</p> <p>Nurse 5: In America I do Med-surg and telemetry. Nigeria I did rotational shift I did all departments.</p> <p>Nurse 6: Med-surg in Nigeria, labor &amp; delivery and clinical instructor. Here I did med-surg, rehab, and now home health.</p> <p>Nurse 7: Nigeria has all forms of care together. In America I do med-surg</p> <p>Nurse 8: Labor &amp; delivery in Nigeria and Med-surg in America</p> <p>Nurse 9: I did med surg in Nigeria and Here</p> <p>Nurse 10: Here I work with geriatrics</p> <p>Nurse 11: I worked in med- surg in both places.</p> <p>Nurse 12: Med surg in Nigeria and here.</p>

Question	Nurses' Responses
<p>4) What differences did you encounter in technology when you migrated to the US?</p>	<p><u>Nurse 1</u>: Knowing that we did not have a lot we were faced to deal with not knowing how to operate oxygen machine smallest machines vital sign machine Incentive Spirometer. It doesn't mean we are not smart we just need extra help.</p> <p><u>Nurse 2</u>: We had no computers in Nigeria it was hard to use it here we couldn't access stuff I typed slow compared to everyone else. I felt that I was handicap.</p> <p><u>Nurse 3</u>: More modern technology here, in Nigeria we are doing everything manually so it takes longer and prevents adequate care.</p> <p><u>Nurse 4</u>: There was no computer charting in Nigeria they don't use blood pressure everything is done manually.</p> <p><u>Nurse 5</u>: All the technology and getting used to working with difficult equipment</p> <p><u>Nurse 6</u>: In Nigeria I saw pictures of technology in the book but here I had to learn how to use all the machines.</p> <p><u>Nurse 7</u>: There was a huge difference in technology, I did not know how to use IV pumps and that was hard for me to do.</p> <p><u>Nurse 8</u>: Using the computers was difficult I was really slow with charting.</p> <p><u>Nurse 9</u>: Anything with technology was hard to deal with. Since we did everything manually in Nigeria I had to adapt to doing everything on the computer.</p> <p><u>Nurse 10</u>: Everything was tough because in Nigeria we do not have technology to work with. Everything is done with paperwork. The technology there is not modernized.</p> <p>Nurse 11: Nothing much. I enjoy technology so I did not find it that difficult but it was a lot different than Nigeria. Way more updated.</p> <p><u>Nurse 12</u>: Technology was very difficult for me to understand. I came from never using a computer to having to do everything on the computer. The technology here is very impressive.</p>
<p>5) What was the most difficult aspect for you to get accustomed to?</p>	<p><u>Nurse 1</u>: Getting adjusted to accent. Getting clients to adjust to their accents. If you were not understood you feel left out. If they don't understand you they won't feel comfortable. Communication barrier was huge.</p> <p><u>Nurse 2</u>: Everything here in nursing is you have to follow the procedure everything involves legal stuff.</p> <p><u>Nurse 3</u>: Racism, learning not to take the criticism personal</p> <p><u>Nurse 4</u>: To be culturally accepted by the fellow white nurses. You have to prove yourself to the nurses that you know what you're doing</p>

Question	Nurses' Responses
	<p><u>Nurse 5</u>: Learning about medical abbreviations was difficult for me. I could not remember all of them and to this day I still have trouble with them.</p> <p><u>Nurse 6</u>: ICU was the hardest for alongside hospice care. The equipment was scary to me and I did not feel confident</p> <p><u>Nurse 7</u>: Feeling accepted. I did not feel that people wanted to talk with me or help me because they kept getting frustrated.</p> <p><u>Nurse 8</u>: People not thinking that I am not as smart as them because my accent was so strong</p> <p><u>Nurse 9</u>: It was hard bonding with the other nurses. Just for the simple fact that a lot of them could not understand me.</p> <p><u>Nurse 10</u>: Learning how to use the technology was very difficult. I was always asking for assistance.</p> <p><u>Nurse 11</u>: Nothing much. I enjoy technology so I did not find it that difficult but it was a lot different than Nigeria. Way more updated.</p> <p><u>Nurse 12</u>: I wanted my patients to trust me, because that is the most major thing in nursing your patient has to trust you.</p>
6) What resources would have eased your transition?	<p><u>Nurse 1</u>: Having a class for foreigners it doesn't have to be English, most of us know British English they have American English. I think hospitals should have 2-3 month community program communication.</p> <p><u>Nurse 2</u>: Continuing education program mainly hands on so we can understand the technology. A class telling us about the most recent equipment to use in nursing.</p> <p><u>Nurse 3</u>: I would like to have had a class or a session where I was introduced to the medical terms they use here in America because we pronounced a lot of the equipment differently.</p> <p><u>Nurse 4</u>: I feel that all nurses should be introduced to a workshop that deals with cultural competences.</p> <p><u>Nurse 5</u>: Better introduction to medical terminology.</p> <p><u>Nurse 6</u>: Someone to train me personally. When I came I could not get a job for a year no one would hire me because I had no experience. Discrimination was a lot.</p> <p><u>Nurse 7</u>: Anything that would have made me understand some of the languages that are spoken here, and also learning how to use equipment.</p> <p><u>Nurse 8</u>: A program or having a resource in the hospital for culturally different nurses who become employed.</p> <p><u>Nurse 9</u>: A class on how I can better relate to the patients and how things are done here so that I do not offend the patient.</p> <p><u>Nurse 10</u>: I would have liked more time to work with the technology before feeling comfortable.</p>

Question	Nurses' Responses
	<p><u>Nurse 11</u>: I do not think any resource would have helped me I just had to live in America longer.</p> <p><u>Nurse 12</u>: A class would have been helpful to help me get into the American culture.</p>

APPENDIX B  
RECRUITMENT FLYER



Are you a Nigerian nurse who migrated to the United States?

- Have you provided patient care in a US hospital or healthcare agency?
- Do you have an experience to share that might ease the transition for other Nigerian nurses?

I am Darlene Okpegbue, a Nursing Honor student at The University of Texas at Arlington.

This study is my senior project.

If you choose to participate, I would interview you by telephone.

For more information, please email me ([darlene.okpegbue@mavs.uta.edu](mailto:darlene.okpegbue@mavs.uta.edu))

To receive instructions and a copy of the consent form.

If you agree to participate, we will schedule a telephone interview at your convenience.



## REFERENCES

- Adejumo, O. and Ehlers, V. J. (2001), Models of psychiatric nursing education in developing African countries: A comparative study of Botswana and Nigeria. *Journal of Advanced Nursing*, 36, 215–228.
- Agbedia, C., Ofi, B., & Ibeagha, J. (2008). Causal model of clinical judgment of practicing nurses in selected hospitals in Delta State, Nigeria. *West African Journal Of Nursing*, 19(2), 111-120.
- Archibong, U. E. (1999), Evaluating the impact of primary nursing practice on the quality of nursing care: A Nigerian study. *Journal of Advanced Nursing*, 29, 680–689.
- Am, J. (2013) The Critical Care Work Environment and Nurse-Reported Health Care-Associated Infections 22:482-488.
- Auerbach, C. F., & Silverstein, L. B. (2003). *Qualitative data: An to coding and analysis*. New York: New York University Press.
- Brereton, M. L. (1995), Communication in nursing: the theory-practice relationship. *Journal of Advanced Nursing*, 21: 314–324. doi: 10.1111/j.1365-2648.1995.tb02528.x
- Burns, N., Grove, S., & Gray, J. (n.d.). *Understanding nursing research: Building an evidence-based practice*.
- Burgess, C. A., Reimer-Kirkham, S., and Astle, B. (2014). Motivation and international clinical placements: Shifting nursing students to a global citizenship perspective. *International Journal of Nursing Education Scholarship*, 11(1), 1-8.

- Dossey, B. M. & Keegan, L. (2012). *Holistic Nursing: a handbook for practice*.  
Burlington: Jones & Bartlett.
- George, E., & Meadows-Oliver, M. (2013). Searching for collaboration in international nursing partnerships: A literature review. *International Nursing Review*, 60(1), 31-36.
- Jenkins, E., Balneaves, L. G., & Lust, A. (2011). Students and international nursing shock. *Canadian Nurse*, 107(7), 26-30.
- Jose, M. M.. (2010) Lived experiences of internationally educated nurses in hospitals in the United States of America. *International Nursing Review*, 58, 23-129.
- Lagos University Teaching Hospital. (n.d.). *School of Post-Basic Nursing*. Retrieved February 8, 2015 from <http://luthnigeria.org/postBasicNursing.php>
- Mafaranga, H. (2012, August 29). Nigerian government recall 2,000 retired midwives in a bid to reduce maternal deaths. Retrieved September 18, 2015, from <http://www.keycorrespondents.org/2012/08/29/nigerian-government-recall-2000-retired-midwives-in-a-bid-to-reduce-maternal-deaths/>
- McNamara, P. (2013, September 11). The toughest job in Nigerian healthcare. Retrieved September 18, 2015, from <http://www.theguardian.com/global-development-professionals-network/2013/sep/11/primary-healthcare-nigeria-gavi-vaccines>
- National Association of Nigerian Nurses in North America. (2015). *About NANNNA*. Retrieved December 15, 2015. <http://nannna.org/?q=content/about-us>

- Nsemo, A. D., John, M. E., Etifit, R. E., Mgbekem, M. A., & Oyira, E. J. (2013). Clinical nurses' perception of continuing professional education as a tool for quality service delivery in public hospitals Calabar, Cross River State, Nigeria. *Nurse Education in Practice*, 13(4), 328-334.
- Odutayo, P. O., Olaogun, A. A., Oluwatosin, A. O., & Ogunfowokan, A. A. (2013). Impact of an educational program on the use of standardized nursing languages for nursing documentation among public health nurses in Nigeria. *International Journal Of Nursing Knowledge*, 24(2), 108-112.
- Ogundipe, S. (2015, January 27). *Shortage of medical personnel: Tougher times ahead for Nigerians*. Retrieved September 18, 2105.
- Okpala, P., & Ekpemiro, J. N. (2012). The role of the nurse in achieving the Millenium Development Goals (MDGs) in Nigeria by 2015. *West African Journal of Nursing*, 23 (2), 57-73.
- Ofi, B., & Sowunmi, O. (2012). Nursing documentation: Experience of the use of the nursing process model in selected hospitals in Ibadan, Oyo State, Nigeria. *International Journal of Nursing Practice*, 18(4), 354-362.
- Parvaiz. M. A, Ashok. S, Namita S. Kendall (2008). The use of abbreviations in medical records in a multidisciplinary world--an imminent disaster. *Commun Med.*, 5(1): 25–33.
- Poverty in Nigeria: Rich Country, Poor People. (2012, March). Retrieved December 11, 2016, from <http://www.poverties.org/poverty-in-nigeria.html>
- Spetz, J., Gates M., Jones, B., & Cheryl (2013). Internationally educated nurses in the United States: Their origins and roles. *Nursing Outlook*, 62 (2013), 8-15.

## BIOGRAPHICAL INFORMATION

Darlene Okpegbue was born in Austin, Texas to Joseph and Cecilia Okpegbue on April 14, 1993. She traveled to Nigeria at the age of ten and stayed there for one month visiting her immediate family. She attended the University of Texas in Arlington since 2011 and was accepted into the Nursing program in October 2014. As a nursing student with a Nigerian background, Darlene has been exposed to the healthcare system of both Nigeria and America.

During her clinical rotations at various hospitals Darlene has met many Nigerian nurses who have shared with her how different the American culture is from their own. She always wondered if there were programs, classes, or research being done to ease the transition of Nigerian nurses to the American health system. When she noticed there was none she decided to pursue her research project on explaining why and how imperative it is for Nigerian nurses to be educated and comfortable with patient care to promote quality care in America.

Darlene's mentor, Jennifer Gray, who has also traveled to Africa, aided in her research project and helped her with the literature review she needed to complete her project. Darlene is grateful for the opportunity she has had to interview nurses and understand the difficulties they have encountered working in the American health system. She graduated in December 2015 and is currently working as an Orthopedic Pediatric Registered Nurse at Texas Scottish Rite Hospital in Dallas, Texas.