

UNIVERSITY OF CALIFORNIA

Los Angeles

Choose Your Own Adventure? Exploring the Influences of Colonialism on Filipina/x/o
Americans' Career Choices

A dissertation submitted in partial satisfaction of the requirements required for the degree of
Doctor of Philosophy in Education

by

Elaine Jessica Castillo Tamargo

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ABSTRACT OF THE DISSERTATION

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Professor Mitchell J. Chang, Chair

In California, Filipina/x/os continue to be overrepresented in the nursing workforce, with the percentage of nurses identifying as Filipino increasing from 13.4% in 1993 to 20.6% in 2018 (Spetz et al., 2018). While a particular ethnic group being overrepresented in a certain industry is not problematic on its own, certain careers come with greater occupational risk. Striking reports during the COVID-19 pandemic found that 21% of nurses who died of COVID-19 were of Filipina/x/o descent, despite comprising only about 4% of nurses nationwide (National Nurses United, 2023). While scholarship has connected the colonial-era initiatives in the Philippines to Filipina/x/o immigrants' career choices, career development literature has not explored the potential roles of colonial remnants to subsequent generations Filipina/x/o Americans.

This study investigated whether vestiges of colonialism, including colonial mentality, could explain this pattern in Filipina/x/o Americans' career choices (David, 2013). This mixed-methods study first utilized the Higher Education Research Institute's Freshman Survey to

examine demographic, academic, and cognitive/affective characteristics of 12,991 Filipina/x/o incoming first-year students by intended career choice and by gender. Then, 12 Filipina/x/o American current nursing students engaged in two semi-structured interviews prompting them to reflect on their life histories, educational trajectories, and influences on their career choices.

Key findings from the quantitative phase indicated significant associations between intended career choice and several demographic characteristics, including gender, religion, and family income. In comparison to their counterparts pursuing other careers, aspiring nurses anticipated the least likelihood of changing their career choice during college, and these students also regarded their families' opinions of college more highly than their peers. Findings from the qualitative phase further unpacked these findings, illuminating clear connections to vestiges of colonialism (e.g., religion, parents' educational trajectories) and certain colonial mentality manifestations—internalized inferiority, cultural shame, and colonial debt—as affecting participants' career choices. This study contributes to our understanding of the enduring effects of colonialism on Filipina/x/o Americans, with implication for future research, pre-college advising, and career development education.

The dissertation of Elaine Jessica Castillo Tamargo is approved.

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Dedication

To my parents, who nurtured my love of stories growing up. Thank you for fostering my curiosity, listening to my endless number of questions, and giving me space to read, think, and share. I hope I've made you proud.

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CHAPTER ONE: INTRODUCTION

“What do you want to be when you grow up?”

Like many, I was asked this question constantly by older relatives and my parents’ friends all throughout my childhood. Early on, I learned that certain responses (e.g., ballerina, designer, children’s book author) would be met with snickers, while others (e.g., pediatrician, optometrist, chemist) garnered nods of approval. Oftentimes, the questioning adult would offer, “Don’t you want to be a nurse like your mom?” and I would politely reply, “My mom said if I wanted to be a nurse, I should try becoming a doctor first.”

Even as a young child, I had the impression that some careers would be too out of reach to be possible for some reason or another. Besides simply doing well in school and going to college, achieving career success required many unclear and abstract steps beyond those academic expectations. On the other hand, I knew dozens of nurses from my family and surrounding community, who would emphasize that nursing could be a safer, more realistic choice in comparison to other careers.

When meeting other Filipina/x/o Americans in college and graduate school, many also had similar associations of knowing Filipina/x/o nurses in their family or community who also immigrated to the United States after studying nursing in the Philippines. We would bond over shared experiences of stories of fending off pleas from relatives to reconsider our current paths in the arts or education to pursue nursing instead. Still, through the years, my circle of Filipina/x/o nurses grew to include not only those from my parents’ generation, but also those from my generation—younger people who had completed higher education in the United States. And while some chose nursing from an early age, others turned to the nursing path later on. Some had even completed college degrees in totally different disciplines—returning to school to

spend thousands of dollars on a second degree in nursing. I wondered, if the ability to immigrate was not a consideration, what made nursing an attractive career for these second-generation Filipina/x/o Americans? For those who pursue nursing after completing another degree, what prompted their decision to go back to school?

These observations and the accompanying questions fostered my interest in exploring the role of social forces in shaping Filipina/x/o American college students' decisions to pursue nursing. And as the COVID-19 pandemic demonstrated, there continues to be profound strain on our healthcare system. This study seeks to illuminate the factors encouraging Filipina/x/os Americans to enter nursing in the first place.

Filipina/x/o Americans in U.S. Healthcare

Nearly five years since the first case of COVID-19 in the United States, it is undeniable that the COVID-19 pandemic has impacted every sector imaginable. In the United States, entire industries moved to work remotely, students learned from home, and increased attention turned towards those on the front lines of the pandemic: healthcare workers and essential workers. Tokens of appreciation for healthcare workers, such as free meals, rounds of applause, and virtual concerts, inundated our media feeds. Alongside these demonstrations of support, however, we also saw accounts of the grim reality; these healthcare workers had to put themselves at risk day in and day out, many times without adequate personal protective equipment. As the pandemic continued, striking reports found that 21% of nurses who died of COVID-19 were of Filipina/x/o descent, despite comprising of only about 4% of nurses nationwide (National Nurses United, 2023). Perhaps for the first time, the general public began to confront tough questions: who worked in these essential and frontline careers? How did people of certain ethnicities become overrepresented in certain jobs? In California, where

Filipina/x/os make up 20.6% of all employed registered nurses, what conditions prompted Filipina/x/os to work in nursing here in the U.S. (Spetz et al., 2018)?

Any research on Filipina/x/o Americans, particularly related to workforce development, necessitates contextualizing the Philippines' colonial history and the conditions that brought Filipina/x/os to the U.S. in droves. As a former U.S. colony from 1898-1946, the Philippines was subjected to decades of American-initiated institutions in politics, education, and healthcare. This prompted aggressive state-sponsored labor migration programs to funnel English-speaking Filipina/x/o workers abroad: an attempt to respond to worldwide labor shortages (Ocampo, 2016). Initially established because Filipina/x/os were viewed as unhygienic and uncivilized, Americans established nursing schools and healthcare facilities at the beginning of the 20th century, where they trained Filipina/x/os in western-style medicine (Anderson, 2006). Additionally, English was (and still is) the primary language of instruction in schools, making nursing a viable option for Filipina/x/os looking for work outside of the Philippines' strapped economy, and even more so as nursing shortages persisted in the U.S. (Choy, 2003). From 1950-1990, strategic recruitment led to over 70,000 foreign-born nurses entering the U.S., with those from the Philippines numbering approximately 20,000 (Choy, 2003). Today, the Philippines is still the largest exporter of nurses worldwide (Lorenzo et al., 2007).

Statement of the Problem

The impacts of U.S. colonial rule and the following decades helped set the stage for the major Filipina/x/o diaspora of nurses. In addition, strategic recruitment of a narrow set of desired professions (e.g., nursing, engineering, and technology) had another consequence: it influenced these immigrants' perception of higher education's purpose as directly linked to labor market forces, a perception that continues to be passed down through generations. Any issues of

Filipina/x/o Americans in higher education are clouded by the overrepresentation of Filipina/x/os in nursing, a career requiring some higher education. When disaggregating data on Asian American groups, for example, the 2019 American Communities Survey revealed that 48% of those identifying as Filipino possess a bachelor's degree or higher (Budiman, 2021). Figures like this represent a population crafted with the context of selective immigration policies and the influx of U.S.-style educated Filipina/x/o professional workers (Reeves & Bennett, 2004). Greater scrutiny of the data, however, reveals major differences between generations: for U.S.-born Filipino Americans ages 25 or older, 31% received bachelor's degrees, in comparison to 41% of Filipino immigrants (Budiman, 2021). While some of the difference is made up from 12% of U.S.-born Filipinos attaining graduate degrees in comparison to 9% of foreign-born Filipinos, no other major Asian American immigrant groups report similarly large discrepancies in higher education degree attainment between American-born and foreign-born groups (Nadal, 2009).

The overrepresentation of Filipina/x/o Americans in nursing may be a continuation of the colonial cycle, with the outcome being Filipina/x/o Americans being disproportionately pushed toward these frontline careers that come with greater occupational risk, which became even more apparent during the COVID-19 pandemic. Anthony Ocampo accounts in his book, *The Latinos of Asia*, that nearly all of the 85 Filipinos he interviewed for the book had said their relatives “at one point had pushed them to pursue nursing as a career” (2016, p. 198). While past research on career development has tied parental occupations to early career interests, these studies have not considered the potential lingering effects of U.S. colonialism on second and subsequent generations of Filipina/x/o Americans on their college and career choices (Leong & Serafica, 2001). One must consider whether social conditions shaped by colonialism have compelled

Filipino Americans to feel limited in their choice of viable careers, even when attending American colleges and universities. If higher education continues to ignore the role of the U.S.'s colonial histories in framing education and labor outcomes for children of immigrants, our institutions will continue to be sites of widening social stratification leading to inequitable outcomes for its graduates.

Overview of Theoretical and Conceptual Framework

To explain the pursuit of a career in nursing among Filipina/x/o Americans, I will draw from frameworks that account for the history of colonialism in the Philippines. In anthropology, Reyes has characterized contemporary Filipina/x/os as being products of “colonial recursivity” that even in the absence of formal colonial rule, colonial relations and hierarchies persist due to rearticulations of long-standing colonial distinctions (2017). From research in psychology, Nadal, Okazaki, and David have argued that the vestiges of colonialism exist in Filipina/x/o American identity development frameworks, impacting not only immigrants from the Philippines, but subsequent generations as well (Nadal, 2009; Buenavista, 2013).

The contemporary impact of colonialism, specifically for Filipina/x/o Americans has been defined by David and Okazaki (2006a) as *colonial mentality* (CM), five manifestations comprising a variable individual mindset that Filipino immigrants and their children could have fluctuating levels of throughout their lives. CM has been tied to influencing certain psychological experiences of Filipino Americans, including internalizing inferiority due to being colonized, desiring to be more like the colonizer, and accepting colonialism as positive and necessary. As these forerunners in research on Filipina/x/o Americans have theorized colonialism's impacts as variable and non-linear, I also hypothesize that colonialism's impacts on career development processes to be individually variable (David, 2013).

I anticipated that the participants of this study would also individually make meaning of social concepts, such as internalized oppression and colonial mentality, as related to their career choice processes (Reyes, 2017). Overall, I framed this study as an investigation on the vestiges of colonialism, specifically focused on the potential presence and manifestations of colonial mentality for Filipina/x/o American college students making decisions about their future careers. Drawing from David's conceptualization of colonial mentality, as well as studies that have investigated colonial mentality in relation to other psychological experiences, I operationalized colonial mentality for this study by hypothesizing specific ways Filipina/x/o Americans could be affected during their career decision-making processes.

Purpose and Research Questions

This study intentionally incorporates socio-cultural and historical lenses to examine the potential effects that American colonialism in the Philippines has on the career choices of Filipina/x/o Americans in higher education. This study seeks to accomplish this purpose by understanding the variety of influences on Filipina/x/o Americans' career choices, looking for patterns of colonialism's effects. Therefore, the research questions that guide this mixed-methods study are:

1. What, if any, are the differences between Filipina/x/o undergraduates who choose to pursue a career in nursing and their counterparts who choose other careers? To focus this inquiry, research question one has three sub-questions:

1a. What, if any, are the differences in *demographic* and *academic* characteristics?

1b. What, if any, are the differences in *cognitive* and *affective* characteristics?

1c. Among Filipina/x/o undergraduates who choose to pursue a career in nursing, how, if at all, do these differences vary by gender identity?

2a. To what extent are the vestiges of colonialism, particularly colonial mentality, related to these differences?

2b. To what extent do the vestiges of colonialism, particularly colonial mentality, shape and influence the pursuit of a career in nursing among second-generation Filipina/x/o Americans?

Methodology

To best answer the previously stated research questions, the methodology for this study is an explanatory sequential mixed methods study (Creswell, 2015). Mixed methods research draws on potential strengths of both quantitative and qualitative methods, helping the researcher uncover connections and contradictions between quantitative and qualitative data (Plano Clark & Creswell, 2008; Shorten & Smith, 2017). To answer the first question, I conducted secondary survey data analysis utilizing Higher Education Research Institute's Cooperative Institutional Research Program Freshman Surveys (TFS) to examine demographic and pre-college characteristics of Filipina/x/o American incoming first-years selecting nursing as their intended career. This quantitative analysis helped determine what topics need further exploration during the qualitative phase, including guidance on refining my semi-structured interview protocol.

To answer the second research question, I interviewed 12 second-generation Filipina/x/o Americans residing in California, home to several of the largest enclaves of Filipina/x/o Americans in the United States. For the purposes of this study, "second-generation" refers to the individual being born in the United States and having at least one parent that immigrated from the Philippines. The other selection criterion for participants will be that the individual is in the process of considering nursing as a career choice but had not yet completed all of the qualifications to be a registered nurse in California. The sample included students in progress

within their nursing degree programs, those designated as pre-nursing majors by their higher education institution, and those taking prerequisite courses in preparation for a nursing degree program. A short intake questionnaire was taken by interested participants to help determine whether they fit the sample criteria before I recruited them for the study.

Guided by narrative inquiry, one-on-one semi-structured interviews lasting between 60 and 90 minutes were conducted with the 12 participants. In the first interview, participants shared their focused life histories (including their family's immigration narratives) and their experiences with Filipina/x/o culture and values. During the first interview, participants also completed a data elicitation activity—an education journey map—which guided the subsequent conversations. Using this education journey map, participants shared their reflections on the people, places and salient experiences influencing their educational and career trajectories (Annamma, 2016). In the second interview, participants reflected more specifically on their experiences related to nursing as a career choice. We also discussed aspects of their mental health and self-concept throughout their career journeys. At the end of the second interview, participants responded to selected findings from the quantitative analysis and offered their insight and observations.

Analysis

Throughout the qualitative phase of the study, I kept a research journal for observations regarding interviews, participants, and the research process overall. With regards to coding the data, I initially utilized open/in-vivo coding. Then I conducted additional rounds of coding with affective and causation strategies to relate participants' responses to the research questions of the study (Saldaña, 2013). Already establishing the presence of shared experiences through open coding, these later rounds of coding also illuminated the uniqueness and nuanced differences

among interview participants. Utilizing the theoretical and conceptual frameworks, I noted references to Filipina/x/o American identity, including values, conflicts, and emotions (affective) in relation to their career choice, as well as their ideas of how the outcome of making the career choice came about (causation). All the collected data underwent thematic and descriptive coding to help establish properties encompassing multiple datasets. Then these properties were refined with the theoretical framework, which provided the framework to relate the datasets to each other (Merriam & Tisdell, 2016).

Converging Data

In this explanatory sequential design, the quantitative data was collected and analyzed before beginning the qualitative phase. Findings from the quantitative phase informed some of the interview protocol questions, anticipating that the participant interviews would further illuminate insight on the quantitative findings. Additionally, the education journey map provided additional insight in inferring connections or even disconfirming evidence of the qualitative data in explaining the quantitative findings. Once all the data was collected, I conducted interpretations of the whole dataset. I then grouped the data based on shared characteristics that emerged from the data—institutional type (public or private), current living situation (with or away from parents), and progress toward nursing (those who had completed less than half of their nursing program and those who had completed half or more of their nursing program)—and searched for commonalities within groups and differences between groups.

Key Terms

As the terms used in this proposal may be defined and utilized differently depending on discipline, operational definitions for the purpose of this study are included here:

Filipina/x/o American: This study uses Filipina/x/o American to refer to individuals in the

United States whose heritage originates from the Philippines. The use of “x” embodies a gender-neutral alternative to “Filipino” and is inclusive of intersecting identities of Filipina/x/o Americans. I utilize “Filipina/x/o American” to align with the SAGE encyclopedia on Filipina/x/o American studies (Maramba et al., 2022). Other variations include Pilipina/x/o American, Pinay/Pinoy/Pinxy American. The use of these terms without the word “American” (e.g. Filipina/x/o, Pilipina/x/o, Pinay/Pinoy/Pinxy) can refer to culture and heritage relating to the Philippines or other Filipina/x/o peoples. When citing findings from previous studies, I utilize the form originally used by the author/researcher.

Second-generation Filipina/x/o American: Those who were born in and grew up in the United States, as well as having one or both parents who originated from the Philippines. Those who emigrated from the Philippines to the United States as adults are first-generation Filipina/x/o Americans. Research on Filipina/x/o Americans has further delineated the range between first- and second-generation Filipina/x/o Americans using terms like 1.25, 1.5, or 1.75 generation to account for those who immigrated to the United States as young adults, adolescents, or children, respectively.

Colonialism: Theories of coloniality embody colonialism in two forms: *external colonialism*, or the extracting parts of Indigenous resources (land, food, and people) to feed the appetites of the colonizers, and *internal colonialism*, the biopolitical and geopolitical management of people, land, and resources to ensure the dominance of the elite through modes of control (prisons, schooling, policing, etc.)

Vestiges of colonialism: Visible signs of colonialism’s effects including institutional and social structures established by the colonial power. Colonial mentality (described further in

Chapter 2) is a contemporary vestige of colonialism that has been tied to the thoughts, feelings, and behaviors of Filipina/x/os and Filipina/x/o Americans (David, 2013).

Coloniality: Typically associated with Latin American studies, coloniality is a theory of power that emphasizes the endurance of a range of colonial systems in the post-colony, including modes of control over the economy, subjectivity, and knowledge (Reyes, 2017).

First-generation college student: While typically first-generation college students are defined as those whose parents did not complete any post-secondary education, this overlooks the unique situation of many Filipina/x/o American college students whose parents did not complete college in the United States. Research on Filipina/x/o American college students has illuminated that they share much in common with first-generation students, even if one's parents completed a college degree in the Philippines (Buena Vista, 2013). Therefore, I expand this definition to include those whose parents did not complete any post-secondary education in the United States.

Career choice: For college students, career choice is often associated with choosing a major.

Given that career development is a unique process for every individual, I utilize "career choice" to indicate the decision to pursue a certain career.

Researcher Positionality

I find it important to situate myself as the primary researcher for this project, acknowledging that my lived experiences and identities shape the lens through which I show up to this work. Like those who are the focus of this study, I am Filipina American. I identify as a woman and second-generation Filipina/x/o American, meaning that I was born in the United States and am the daughter of two Filipina/x/o immigrants. While I share some characteristics

with my participants, I also acknowledge several differences that still situate me as somewhat of an outsider to this work. For example, I did not go to college in Southern California, but did grow up in a major Filipina/x/o enclave there, sharing similar childhood experiences with the participants I interviewed for the qualitative phase. While I completed a STEM major in college, my institution did not have a nursing major and I only took a few courses that had overlapped with nursing pre-requisite courses such as introductory biology and organic chemistry.

As I mentioned at the beginning of this chapter, my mom wanted me to pursue medicine, not nursing. But ever since I was a child, I was surrounded by nurses. My mom and several of her siblings are nurses in the U.S., my grandma was a nurse in the Philippines, and many of my grandparents' siblings were also nurses or healthcare workers in Canada. Moving to New York City in 1983, my mom came to the U.S. through one of the many overseas nurse recruitment programs soliciting at her college. Over the years I learned about her experiences living in converted dorms with other immigrant nurses, taking care of patients during the height of the AIDS epidemic. When I was younger, my mom shared with me that she originally wanted to become a journalist, she but understood that a pursuit in nursing would facilitate immigration to the United States. The educational institutions and economic conditions in the Philippines that were the result of U.S. colonial rule directly impacted my family members' career choices and immigration decisions.

Besides my family history, I also approach this work as a former career counselor who worked a campus serving predominately first-generation college students. As alluded to previously, several of my U.S.-born Filipina/x/o American contemporaries pursued nursing, sometimes after completing bachelors' degrees in unrelated fields. All too often, I found career development practices were primarily skills-based (job fairs, etiquette lessons) and individual-

oriented (counseling, personality assessments). While these did help some students prepare for job search processes or learn more about their preferences, these methods emphasized individualistic career development practices and put the onus on individual students. I also experienced that the status quo of career development precluded student affairs professionals, such as career counselors or academic advisors, from further interrogating the broader systemic issues influencing our students' career aspirations. I approach this work deeply considering the implications for improving career counseling practice and other co-curricular programming, aiming to support college students' development.

Significance of Study

Through this work, this study builds upon existing knowledge of Filipina/x/o American college students and how career development may be shaped by conditions due to colonialism. The implications of this study help illuminate the various motivations, supports, and barriers of children of immigrants to expand theory and practice to better serve this growing population in higher education. If colonialism continues shaping career choices and opportunities for children of immigrants long after the official colonial relationship has ended, higher education must learn to break these repeated patterns move toward more equitable educational and labor outcomes.

Related to research, this study will add to the growing yet still limited body of research on Filipina/x/o Americans in higher education. Moreover, this work aims to further the research agenda on Asian American college student career development which has called for more research investigating contextual factors influencing career choice (Leong & Serafica, 1995). The research also supports the growing scholarship on the different manifestations of colonial mentality as related to the psychological experiences of Filipina/x/o Americans.

Theoretically, this study extends the use of colonial mentality beyond language and

identity development to investigate the effects of colonialism on career development. Thus, career development theories may require shifting from their overwhelmingly individual-level frameworks to better account for the influences of history and other broader social forces on career choice. Finally, this study has practical significance for higher education and student affairs. A richer understanding of career choice considerations in Filipina/x/o Americans can assist higher education institutions in better serving all children of immigrants, helping move the needle toward more equitable post-college outcomes.

CHAPTER TWO: REVIEW OF THE LITERATURE

This study draws together scholarship from psychology, history, and higher education to explore whether the effects of colonialism have influenced the career choices of Filipina/x/o American college students toward certain careers, such as nursing and healthcare. This chapter provides an overview of college student career development theories and related research on Asian Americans, scholarship on the contemporary impact of colonialism on Filipina/x/o Americans, and research focusing on the higher education experiences of Filipina/x/o American students. My aim for this chapter is to broadly frame this study as furthering knowledge on career development, including Asian American career development, by focusing on the vestiges of colonialism as a potential contextual factor affecting career choice. Additionally, this study hopes to further the scholarship on Filipina/x/o Americans, which has explored their higher education experiences somewhat separately from scholarship on the contemporary effects of colonialism. Thus, this study aims to build upon our understandings of the higher education experiences of Filipina/x/o Americans by considering whether colonial mentality can explain their career decision-making processes related to the continuing overrepresentation of Filipina/x/o Americans in nursing and healthcare.

The conceptual framework of this study sits at the intersection of three areas of scholarship: career development, manifestations of Filipina/x/o American colonial mentality, and Filipina/x/o Americans' experiences in higher education. This inquiry extends the scholarship related to Asian American career development and more specifically on Filipina/x/o Americans in higher education. Prior research has explored the roles of family and social perceptions in career decision-making for Asian American college students (Fouad et al., 2008; Okubo et al., 2007), but none have named or investigated colonial mentality as a contextual factor impacting

this process. Similarly, scholars have researched the presence and effects of colonial mentality on certain Filipina/x/os and Filipina/x/o American psychological experiences, such as mental health and identity formation, but not any effects on making career choices. In higher education, Filipina/x/o Americans have been included as part of the inquiry on Asian Americans in higher education, but this often comes along with an absence of historical context unique to specific ethnic groups. Still, even when centering or focusing solely on the experiences of Filipina/x/o Americans in higher education, some literature has included the Philippine colonial context as background literature, but only a few have attempted to explain their findings in consideration of colonial mentality or other frameworks incorporating the vestiges of colonialism.

This chapter is organized into three sections. I begin the first section by briefly summarizing the leading career development theories from psychology, such as trait-and-factor, developmental, personality, and social learning theories. Many of these theories incorporate social context into career choice processes to some extent but tend to largely ignore broader factors such as historical context (Lent et al., 2002; Poon, 2014). Then I include career development literature on Asian Americans, which has framed other social influences on career choice as dependent on exposure (Leong & Gim-Chung, 1995; Suzuki, 1977, 2002; Tang et al., 1999), motivated by prestige (Song & Glick, 2004; Leung et al., 1994), or impacted by stereotypes (Leong, 1991; Leong & Hayes, 1990; Oyserman & Sakamoto, 1997; Poon, 2014; Shen & Liao, 2022; Song & Glick, 2004).

In the second section, I briefly overview the history of colonialism in the Philippines, and the aftereffects which drove the influx of Filipina/x/o nurses to the United States, as a further rationale for why existing frameworks from career psychology and Asian American career development are insufficient for this particular study. I also include research on Filipina/x/o- and

Filipina/x/o American-identifying nurses as related to their educational trajectories and career decision-making. Still, while historical context and immigration policy help explain the immense presence of Filipina/x/o-identifying nurses among foreign-born nurses, the literature has been insufficient in explaining the continuation or repetition of this phenomenon with subsequent generations of Filipina/x/o Americans also choosing healthcare careers.

So, in the third section, I provide an overview of related literature on Filipina/x/o Americans in higher education, pointing out relevant findings related to career and labor outcomes and the frameworks that the authors use to explain those findings. Then, I situate the framing for this particular study through Fanon's four stages of colonialism (1965), which outlines the varied impacts of colonialism upon colonized peoples more generally. Then I focus specifically on David and Okazaki's research on colonial mentality, which define the contemporary vestiges of colonialism on second-generation and subsequent generations of Filipina/x/o Americans. I include research that has explored colonial mentality's presence and manifestations in Filipina/x/o Americans, and then I revisit the higher education literature on Filipina/x/o Americans to discuss how colonial mentality would reinterpret their findings. Finally, this chapter will end with a synopsis, identifying the specific gaps in the literature that this study will address.

Career Development Theories and Research on Asian Americans

Career development theory focuses on the role and influence of careers throughout the lives of individuals (Hamrick et al., 2002). Specific career development theories typically stem from psychological foundations (vocational psychology), with the driving mechanisms of career choice and behavior being centered on the individual. Early vocational psychology explored individual differences through traits, then later interests and aptitudes (Larson, 2012). Many

career theories aim to help match individuals to careers that best suit them through measuring characteristics and traits of other individuals in various industries (Walsh & Holland, 1992).

Overview of Major Career Development Theories

Person-Trait Theories

Some of the earliest career development theories, such as trait-and-factor theory, have suggested that career choice matches occur successfully when individuals know themselves well, clearly understand the requirements of various occupations, and have the ability to determine alignment between themselves and certain occupations over others. Thus, discerning and selecting a career that is a good match then leads to happiness and success in one's career choice (Walsh & Holland, 1992).

Later person-trait theories on the career decision-making process stemmed from social learning theory, attempting to understand employee retention, turnover, and the idea of job embeddedness (Krumboltz & Nichols, 1990; Mitchell & Lee, 2001). These theories conceptualize career development as a lifelong process where future experiences are built upon past experiences, and importance is placed on exposure to career options and related information. Thus, embedding social learning theory into career decision-making posits that people will pursue careers where they can utilize skills that they are already good at, and where other people positively reinforce their participation in activities either to refine those skills or to gain more information on related career options (Krumboltz & Nichols, 1990; Larson, 2012).

Vocational Choice

Much of career developmental theory considers how career choice is influenced by one's personality traits. Holland's (1997) highly influential theory on vocational personalities and work environments is the most widely cited example impacting how higher education scholars and

practitioners conceive relationships between career development and a student's personality (Gottfredson & Johnstun, 2009). Holland's theory states that a person's personality type can determine the best work environment for the individual, even going as far as to say the theory can predict person-environment interactions. Holland believed those working within the same vocation have similar personalities and would respond to problems and situations in similar ways. According to Holland, the most career satisfaction, achievement, and stability for an individual occurs when both the individual's personality and work environment are compatible. Holland's theory, which has been revised over time in response to large-sample tests of the assessment tools, has guided the practice and methods of helping students select jobs and attain vocational satisfaction in career services across higher education institutions (Gottfredson & Johnstun, 2009).

Incorporating the Lifespan Perspective

Super (1992) developed a theory conceptualizing career development as taking place over one's life span, centered upon one's self-concept (e.g. how individuals view themselves and their situations) with influences from personal and societal variables. Examples of personal variables include one's needs, values, intelligence, ability, and special aptitudes; while societal variables include one's family, peer groups, community, school, labor market, and state of the economy. Super theorized that self-concept influences the career decisions one makes as an individual's development of self and the concept they have of themselves changes through five main stages of career development (explorations, establishment, maintenance, and decline) (Hamrick et al. 2002). Throughout the five stages, additional growth, re-exploration, and re-establishment occur through inevitable periods of uncertainty and instability. According to Super, career satisfaction ultimately occurs when individuals find outlets through work for their

abilities, needs, values, interests, personality traits, and self-concepts.

Existing Career Theories' Attempts at Acknowledging Context

While many career theories have integrated the role of environment or context into their frameworks, this has often been done with the idea of person-environment fit which assumes positive occupational outcomes when there is a match between the person and the environment (Larson, 2012). In so doing, they disregard the role of human culture in crafting those environments. I briefly outline Lent, Brown, and Hackett's (1994) social-cognitive career theory (SCCT), one of the more recent career theories utilizing person-environment fit as a prime example of how current career development frameworks attempt to consider contextual influences on career choice.

Social-cognitive Career Theory

Social-cognitive career theory is a relatively recent career development theory based upon Bandura's social cognitive theory, which highlights the dynamic relationships among three key areas: person-cognitive variables, social context/environment, and the person's behaviors (Lent et al., 1994). Social-cognitive career theory (SCCT) integrates aspects of career development at different stages, resulting in three models of career development processes: 1) developing interests, 2) making career choices, and 3) performing achievements, with self-efficacy being the determining mechanism in career-related activities (Lent et al., 1994). SCCT differs from previous career development theories that only focus upon the bidirectional relationship between cognitive-person variables and environment/social context, placing behaviors as the product of this relationship (Lent et al., 2002). Instead, social-cognitive career theory considers a person's overt behaviors as informing both cognitive-person variables *and* one's social context in a dynamic fashion.

Several studies have found evidence to support the social-cognitive career theory framework and accompanying models; however, the role of contextual/environmental variables has received less attention, perhaps due to the sheer vastness of this category. Lent, Brown, and Hackett (2002) acknowledge that much of the research utilizing social-cognitive career theory has focused solely on person-cognitive variables (e.g. demographic characteristics, degree aspirations, perceptions of self) in isolation from contextual/environmental variables (e.g. social, cultural, and economic considerations) that are clearly integral to the career development process. Clearly, even relatively new career development frameworks such as social cognitive career theory that incorporate contextual/environmental variables at the personal level still minimize the influence of wider systems of oppression and history on career choice.

Later research focusing on the contextual/environmental variables have broadly categorized these variables as career *barriers* and *supports*, and others have looked at specific types of considerations such as race, gender, or access to opportunities (Lent et al., 2003; Raque-Bogdan et al., 2013). Thus, the goal of this dissertation is to build upon these studies to push theory to further consider more than demographic characteristics as influencing career choice. With the case of Filipina/x/o Americans, history, immigration policy, and the vestiges of colonialism have had major downstream effects on cultural understandings of education, economic mobility, and labor.

Critiques of Career Development Theory

While many of these theories have long histories of framing empirical research, it is undeniable that these theories drive research promoting career development as an individual-level process (Lowe, 2005). This prominently individualistic focus may not align with how all college students make their career choices. Furthermore, this set of theories operates with several

assumptions, such as individuals having access to necessary information to determine a good career match in the first place. These theories also do not consider the varying levels of access to education and certifications that are required to qualify for certain occupations. Finally, these theories also do not consider how social structures such as racism and sexism continue to inhibit individuals with marginalized identities' successful integration into certain industries and occupations. Still, it is important to acknowledge that the limited research in career development on Asian American college students has explored certain social influences on career choice, which I describe in the next section.

Career Development Research on Asian Americans

Past research on Asian American students' career development has connected certain social factors, such as parents' opinions, as highly important to students' major (and career) choices. It is also important to note that several studies that examine career development processes of Asian Americans do so with small samples, sometimes aggregating students of multiple ethnicities. For example, in Fouad et al.'s study (2008), findings indicated that all 12 participants of various Asian American descent cited that family influenced their career development in some way or another. Several categories of family influences emerged, including "family expectations, family support, family obligations, family as a safe in-group, familial expectations of role, and friction between family and US culture" (p. 48). Similarly, Okubo et al. (2007) conducted in-depth interviews with 8 Chinese American participants addressing issues of role models, career interests, and individuals with whom they discussed career concerns, and participants attributed family as highly influential to their career decision-making processes.

In addition to family being an influence on career development due to expectations and perceptions of careers, Tang and colleagues (1999) argued that the narrow range of work

experiences that Asian Americans are exposed to may keep them concentrated in specific occupations. Similarly, Leong and Gim-Chung (1995) found that the limited occupations people are exposed to within their own culture and the lack of role models could contribute to the narrow range of occupations Asian Americans pursue. This builds upon research that Asian Americans were found to have a greater likelihood of being in a relatively limited range of college majors, such as engineering, physical, and biological sciences, computer science, and mathematics (Suzuki, 1977, 2022). The phenomenon of feeling limited in one's career choice options is essential to this study's investigation of overrepresentation of Filipina/x/o Americans in nursing. The study tests whether colonial mentality plays a part in this process.

Additionally, many studies on Asian American career development framed these populations in contrast to white college students. A study by Song and Glick (2004) which examined data from the National Education Longitudinal Study of 1988 found that Chinese, Filipino, and Southeast Asian women were all more likely to choose more lucrative majors than Caucasian women, particularly business and health related college majors. Leung, Ivey, and Suzuki (1994) also found that Asian Americans incorporated prestige as a factor in career choices at higher rates than Caucasian students, and when Asian Americans base their career choices on prestige, they may not align their career choices with their personal interests and skills. Other studies found that in comparison to white college students, Asian American college students place more emphasis on extrinsic (income, status, and prestige) and security values, which many determine as essential to surviving in a society where they are the minority group. (Leong, 1991; Song & Glick, 2004). Though these studies and previous work have made some gains in further understanding career development for Asian Americans, these studies present Asian Americans in contrast to white students. This type of framing perpetuates the othering of

multicultural perspectives for career development and further ignores the heterogeneity of and within Asian American ethnic groups.

Previous research has also worked on distinguishing Asian Americans from other minoritized racial and ethnic groups (Carter & Constantine, 2000). Tang and colleagues' (1999) study, in reference to the overrepresentation of Asian Americans in science and technology fields, postulated that acculturation level was highly tied to the relationship between one's interests and occupational choice. Oyserman and Sakamoto (1997) found that participants described various stereotypes that others had of them as Asian Americans with regards to the types of typical career paths. Leong and Hayes (1990) further argued that Asian Americans internalize such stereotypical messages and feel the need to stay within certain fields because it is what is expected of them. Drawing from a larger study on Asian American college students' experiences, Poon (2014) highlighted how students were influenced by racial microaggressions when making vocational decisions. Similarly, she draws from Brown (2004), who found that a wide range of influences, including socioeconomic background, identity, decision-making approaches, and interpersonal interactions, has been found to shape college students' career decisions. However, Poon also points out that there is limited student development scholarship that has explored vocational choice contexts of Asian American college students or students from immigrant families. Poon described that Asian Americans' identities as children of immigrants and students of color entailed "the complex social context" within which Asian American students make career choices (p. 503). This study explores if Filipina/x/o Americans have also internalized stereotypes that influence their career decision-making processes and considers whether colonial mentality can be used to explain that phenomenon.

While career development research on Asian American college students has explored the

role of parents, peers, and stereotypes, the wider effects shaping these social influences on career choice are less discussed. In this study, not only did I focus on a specific Asian American ethnic group, but the role of these social influences on Filipina/x/o Americans' career choices were further examined within frameworks considering upstream contextual factors, such as the vestiges of colonialism and colonial mentality. Furthermore, many times the perspectives assessed in these studies are not analyzed in the context of participants' cultural values, which this study intentionally takes context into account. As previously mentioned, these previous studies present Asian Americans as an aggregate, and this study looks specifically at Filipina/x/o Americans, whose parents' home country of the Philippines has a unique relationship with the United States. The next section discusses why that unique colonial relationship makes existing career development theories insufficient for framing this study.

Historical Context of Colonialism and the Impacts on the Filipina/x/o and Filipina/x/o American Labor Pipelines

For many Filipina/x/o Americans, being the descendants of a post-1965 immigrant generation filtered by selective policies favoring professionals in nursing, accounting, and engineering, may have influenced the early perceptions of career fields. As described in the previous section, much of career development literature draws from psychology. Any research on Filipina/x/o Americans, particularly related to labor and workforce development, however, necessitates understanding that unlike many immigrant narratives, the Filipina/x/o American experience does not begin with immigration to the United States (Maramba & Bonus, 2013). Rather, it is imperative to contextualize the centuries of colonization whose conditions of exploitation and injustice continue to linger, defining the terms of and access to immigration outside the Philippines to countries like the United States (Aguilar-San Juan, 1993; Fujita-Rony,

2003). Being colonized for over 400 years by both Spain and the United States, the Philippines uniquely has a history of both empires' influence upon what we consider today's Philippine ideals, education, economy, and society.

In the early 16th century, Spanish conquerors focused on converting native Filipina/x/os to Catholicism using brutal force (Nadal, 2009). Evangelizing thus became the first form of colonial education and played an assimilating role through which Filipina/x/os internalized the concept of the inferiority of their culture (Leonardo & Matias, 2013). To this day, more than 90% of people in the Philippines identify as Catholic or Christian, and this overwhelming heritage of Catholicism has been documented to affect Filipina/x/o American cultural values, traditions, and priorities (Nadal, 2009).

At the end of the Spanish-American War in 1898, the Philippines, Cuba, and Puerto Rico were transferred from Spanish to American holdings, even though the Philippines had already declared independence from Spain and reclaimed control over Luzon (the northern island containing Manila, the Philippine capital city) and were making gains toward the capital city before the end of the war (David, 2013). In an attempt to keep the Philippine rebel forces from reclaiming the vulnerable walled city center of Manila, also known as Intramuros, the Spanish and American military forces secretly collaborated on a mock battle to allow the deliberate transfer of control of Intramuros from Spain to the United States while blocking out the Philippine Revolutionary Army (Agoncillo, 1990). Filipina/x/os continued to resist foreign occupation, resulting in a conflict that violently raged during the beginning of U.S. occupation from 1899-1902 (David, 2013). The Philippine-American War, though often forgotten in U.S. history, represents the first U.S. colonial endeavor outside of the mainland, and resulted in the deaths of 200,000 Philippine civilians and 10,000 American soldiers, and over \$600 million in

damages (Brillantes, 2005). As a result of the Philippine-American War, the U.S. annexed the Philippines as a territory and classified the Filipina/x/o people as “nationals”, prompting a unique status that facilitated immigration to the U.S. without being subject to the same immigration caps placed upon other Asian peoples at the time (David, 2013). While the height of U.S. imperialism continued to expand and blur American borders, social movements back in the mainland United States stoked fear of absorbing millions of Filipina/x/o people into U.S. society, prompting efforts to develop initiatives in the Philippines rather than encourage immigration (Lee, 2015).

Activating an Immigrant Filipina/x/o Labor Workforce

For nursing and healthcare in particular, many historians specializing in Philippine-American relations connect U.S. influence on healthcare careers for Filipina/x/os to economic and social conditions shaped by over 400 years of Spanish and American colonization (Choy, 2003). Though the staffing nursing shortages beginning in the 1950s prompted strategic recruitment of overseas nurses to the U.S., the Spanish and American colonial rule had undeniable impacts upon the development of healthcare labor in the Philippines long before that. From the late 19th and early 20th centuries, Americans first established nursing schools and healthcare facilities during the U.S. occupation of the Philippines for the purposes of sanitizing the Filipina/x/os, who were viewed as unhygienic and uncivilized (Anderson, 2006). Establishing an American-style hospital training system in the Philippines set the professional, social, and cultural foundations that have facilitated a Filipino nursing workforce to work in the United States.

Although Americans did not want masses of Filipina/x/os immigrating to the U.S. after the Philippine-American War, President William McKinley coined the idea of “benevolent assimilation” to justify the U.S. occupation of the Philippines (Osborne, 2021). Thinking

Filipina/x/os were savage and uncivilized, Americans felt that they had a responsibility to educate the people of the Philippines, who were referred to as America's "little brown brothers" (Nadal, 2009, p. 94). As the Spanish implemented religion as an early form of colonial education, the U.S. government used education as a way to colonize the minds of the Philippine people. By colonizing the minds of the Filipina/x/os through educational tactics and policies, Constantino (1970) believed that colonial education programs were the most effective weapons of war. Leonardo and Matias (2013) point out that colonial education in the Philippines was "the medium that upheld the oppressive state of a capitalistic enterprise, racist relations, and cultural imperialism" (p. 10).

Some of the notable colonial education initiatives included the *Thomasites*, in which 600 white U.S. teachers were transported to the Philippines, and the *Ilustrados* and *Pensionado* programs, which brought Filipina/x/o students to the United States. The goal of the Thomasites was for American teachers to implement the colonial policy of school instruction in English, a tactic replicated with Puerto Rico (Hsu, 2015). The goal of the Ilustrado and Pensionado programs was to generate highly trained U.S.-educated Filipina/x/os, who would then return to the Philippines with American ideals and access to better opportunities in the colonial bureaucracy (Leonardo & Matias, 2013). Even after the U.S. granted the Philippines independence in 1946, the Philippines maintained the public-school system established by the U.S., including English as the primary language of instruction, resulting in an English-speaking population schooled in American values (Ocampo, 2016).

Economically, both Spanish and American colonialism had encouraged the Philippines to become a growing large agricultural export economy. After the U.S. left the Philippines in 1946, however, the Philippines' economy plummeted as nationalistic policies were enacted in an

attempt by Philippine bureaucrats to govern independently (Nadal, 2009). While later leadership reinstated increasing trade relations with other countries, ongoing political strife from the 1960s had stagnated the Philippine economy, with almost half of Filipina/x/o citizens continuing to live in poverty (Balisacan, 2003). With the rise of healthcare facilities and western-style schools led by Philippine instructors trained through colonial education and the American exchange programs, nursing became a viable career option for Filipina/x/os seeking work during a strapped economy (Choy, 2003). Although Filipina/x/os no longer held the unique status as nationals, in response to global nursing shortages in the 1950s, a special Nursing Exchange program began to allow special permission for select groups of nurses to immigrate, beginning the flow of the nursing labor pipeline into the United States (Choy, 2003).

Soon after, other policies in both the U.S. and the Philippines further facilitated the immigration of nurses and other skilled workers. By the 1970s, the contrast of the development a highly skilled English-speaking workforce with an extremely limited high-skilled work labor market prompted the Philippine government, under rule of president-turned-dictator Ferdinand Marcos, to create an aggressive state-sponsored labor migration program to funnel Filipino workers to worldwide labor shortages, overseen by the Philippine Overseas Employment agency (which is still in operation to this day) (Ocampo, 2016). Similarly, the post-1965 reopening of the U.S. borders to Asian immigrants coincided with large segments of immigration visas for foreign-born professionals being allocated for healthcare workers (Ocampo, 2016). As a result, during 1950-1990, over 70,000 foreign-born nurses entered the U.S., with around 20,000 of those being from the Philippines (Choy, 2003).

Continuing Presence of Filipina/x/o and Filipina/x/o American Nurses

The impacts of colonial rule and the decades that followed helped set the stage for the

major Filipino diaspora, as well as contributed to these immigrants' perceptions of the roles of education and economy, messages that can continue to be passed down through generations. Even 30 years after the end of the major immigration wave, Filipina/x/o-born nurses still have a major presence in U.S. hospitals, as conditions in their home country pale in comparison to the promises of the American dream. According to the U.S. Department of Health and Human Services, 50.1% of internationally educated nurses are from the Philippines (Nagtalon-Ramos, 2017). Approaching retirement, more than 1 million nurses are expected to retire in the next 10-15 years, which will exacerbate the persisting nursing shortages and making a nursing degree extremely valuable (Ackerson & Stiles, 2018).

Filipina/x/os, including those who were born in the U.S., continue to enter the nursing field at high rates. In 2018, 20.6% of employed nurses in California identified as Filipino, which is not only an increase from 13.4% in 1993, but also demonstrates that Filipina/x/os are highly overrepresented in nursing compared to in the general Filipina/x/o population in California (about 4.2%) (Budiman, 2021; Spetz et al., 2017, 2018). Furthermore, there is a sizeable portion of younger Filipina/x/os and Filipina/x/o Americans in nursing. In 2016, 17.6% of active RNs under age 35 in California and nearly a quarter of nurses between ages 35 to 44 (23.8%) identify as Filipino (Spetz et al., 2017).

With these historical foundations as a starting point, in this dissertation study I examine the consequences of this historical trajectory on the career choices of Filipina/x/o American college students. I propose that the nursing and healthcare career pipelines that emerged out of these historical Philippine colonial relationships continue to lure descendants of the Filipina/x/o immigrant generation toward nursing careers.

Literature on Filipina/x/o Americans in Higher Education

Filipina/x/o Americans have been a subject of research in education, psychology, and health, particularly in recent years, but still remain largely invisible and underrepresented in this research (Hernandez, 2016; Maramba & Bonus, 2013). As stated previously, Filipina/x/o Americans are uniquely positioned within the Asian American community due to the Philippines previously being a colonial holding of the United States, necessitating further and distinct examinations of Filipina/x/o American students in higher education (Maramba et al., 2022b; Museus & Maramba, 2011). While there is little research solely on the career development of Filipina/x/o American college students, research on Filipina/x/o Americans' college access (Buenavista, 2007, 2010; Teranishi et al., 2004), and college experiences (Maramba, 2008a, 2008b; Maramba & Bonus, 2013; Museus & Maramba, 2011) provide valuable context surrounding Filipina/x/o Americans' career choices. A few studies explore the educational pathways of Filipina/x/o Americans participating in higher education, exploring topics such as major choice (Paz, 2011), considering graduate school (Nagtalon-Ramos, 2017), and the Filipina/x/os academic/faculty pipeline (Maramba et al., 2022a; Nadal et al., 2010). For the purposes of this review, my focus is on studies with findings or implications for career choice and career development, and I include insight on the frameworks used by these scholars to investigate Filipina/x/o American higher education experiences.

The College Access and College Choice Context for Filipina/x/o Americans

The research on Filipina/x/o Americans' access to college has found that Filipina/x/o Americans, despite their parents having college degrees (due to selective immigration policies) are often not considered first-generation college students, but still share more in common with first-generation students in comparison to other continuing-generation peers (Buenavista, 2010, 2013). Moreover, Buenavista (2010) also found that the differences between Philippine higher

educational systems and those in the United States has led to Filipina/x/o parents provide messaging that is in conflict with American higher education systems. Still, Filipina/x/o Americans notably attribute parents, other family, and peer networks as the most influential roles in the college choice process, perhaps due to Filipina/x/o Americans often being overlooked by resources for first-generation college students (Surla & Poon, 2015). In their photo elicitation study with seven Filipina/x/o American high school seniors in a photo elicitation study, Surla and Poon (2015) also suggested boundaries between familial and educational contexts in navigating college access and potentially “producing experiences of disjointedness” (p. 17). The authors found that their participants did not identify high school settings and resources as supporting their college-going unless explicitly asked about college or financial aid applications.

Buenavista’s (2007, 2010, 2013) work also highlights the “sociocultural context of contradictions” that contributes to barriers to postsecondary educational opportunities (2013, p. 259). According to Buenavista, Filipino immigrant and second-generation youth exhibit high push out rates from secondary education, as well as high rates of suffering from depression and other mental health issues. According to the 2019 American Communities Survey, while 48% of those identifying as Filipino possess a bachelor’s degree or higher, there are major differences between generations: 41% of Filipino immigrants in comparison to only 31% of U.S.-born Filipino Americans ages 25 or older received bachelor’s degrees (Budiman, 2021). No other major Asian American immigrant groups report similarly large discrepancies in higher education degree attainment between American-born and foreign-born groups (Nadal, 2009).

In addition to lower levels of participation and retention in higher education, Filipina/x/o Americans choose to attend less selective colleges if they pursue postsecondary education. In a quantitative study focused on the college choice process for Asian American students, Teranishi

and colleagues (2004) utilize a college choice model that identifies Hossler & Gallagher's (1987) three stages of college choice: predisposition, search, and choice to see if college choice differs by class and ethnicity. They found that academic aspirations of Filipino-identifying participants were influenced by perceived college costs. Filipinos consider a wide range of postsecondary institutional types, but they are more likely to attend less selective institutions: two-year community colleges and proprietary schools, as well as public four-year institutions located within a close proximity to home. Teranishi and colleagues determined that Filipina/x/o college aspirations are shaped by factors associated with family influence and proximity to home; however, such factors are framed within a socioeconomic (SES) context (2004). They suggest that students often felt limited to schools they perceive will not place a financial burden on their families, and also feel compelled to stay close to home to reduce expenses and continue working to support their families. It's important to note that most of the literature presented in this review focus on Filipina/x/o Americans at four-year institutions, as very few include or focus solely on Filipina/x/o American community college students (Tumale, 2016). Most of the existing scholarship that present Asian American and Pacific Islander (AAPI) community college students in aggregate tend to emphasize the racialization of AAPIs as model minorities, a perspective which may not connect with Filipina/x/o Americans.

Filipina/x/o American Experiences in Higher Education

On campus, Filipina/x/o American students often felt that their experiences and identities were not represented under the larger Asian American category (Maramba, 2008b). Filipina/x/o American college students also described campus services as unhelpful due to administrators' lack of awareness or sensitivity to understanding their narratives and experiences. Museus and Maramba (2011) investigate Filipina/x/o American students' sense of belonging through the lens

of intercultural propositions explaining the tension and adjustment of racial/ethnic minority students whose home cultures and campus cultures differ. They posit that like other minoritized students in higher education, Filipina/x/o American college students feel pressure to assimilate to the dominant, typically white, campus culture (Museus & Maramba, 2011; Maramba & Museus, 2013). In Museus and Maramba's (2011) study, Filipina/x/o American students who indicated that they were able to maintain connections to their cultural heritage, by metrics such as talking to non-Filipina/x/o friends about their family and culture, had an easier adjustment to their campuses and felt a greater sense of belonging. Their work supports the body of research highlighting certain spaces such as ethnic organizations, multicultural centers, and ethnic studies courses support students' sense of belonging by providing support for ethnic group cohesion. For this study, it was important to understand whether participants have developed a sense of belonging with their college campuses, as that may be linked to how students seek support in navigating career choices.

Chan's (2017) investigation of how queer Filipino college men define masculinity and how their college environments might have influenced their experiences with masculinity utilized the Reconceptualized Model of Multiple Dimensions of Identity, a model emphasizing the role on environmental context and students' meaning making capacity in identity development. Participants attributed formative sources of their understandings of masculinity to their immigrant parents, cultural values, and religious backgrounds—aligning with other studies highlighting the importance of the familial and cultural context. The college/campus environment was also noted as being a catalyst to introduce these Filipino men to different perspectives on masculinity. Acknowledging the legacy of colonialism as uniquely shaping the experiences of Filipina/o Americans, Chan situates the Filipina/o American college students in

his study has occupying a liminal position in that their identity development is distinct from other Asian Americans.

Exploring the College Experiences of Filipina American Women

Several studies focusing on Filipina/x/o Americans in college also distinguish between the experiences of Filipina American women, as parents tended to have different expectations based on gender (Espiritu & Wolf, 2001; Maramba, 2008a). For example, Filipina American women feel pushed to be more ambitious and higher achieving than their brothers, due to parents having higher academic expectations for their daughters (Espiritu & Wolf, 2001). Maramba (2008a) utilized a feminist perspective to explore how Filipina Americans make sense of their college experience. Drawing from a larger study of 143 Filipina/o American college students, she identified factors differentiating gendered experiences in college from semi-structured interviews with 82 Filipina Americans women at a predominately white institution. Maramba applied analytic strategies based on grounded theory, grouping and refining categories that eventually pointed to three themes: influences of family/parents, home obligations and gender differences of those expectations, and the importance of negotiating their bicultural Filipina American identities within the context of home and college. Daughters were expected to attend college close to home, understand their parents' sacrifices, and pursue a successful career. As Filipino men are not subject to the same expectations, I was mindful of potential differences by gender regarding parental messages within the participant sample of the (Espiritu & Wolf, 2001).

In one of Cobian's (2019) dissertation studies, her qualitative inquiry examined the interconnections among seven Filipina women, revealing nuances in how they perceived social identities and the contexts in college in shaping their STEM/Healthcare (STEMH) career

pathways. She found that maintaining cultural links with family, religious social networks, and peers helped sustain her participants' interest in STEMH, and emphasizes the utility of an intersectional approach that explores Filipinas' multiple social identities in a historical context. Cobian's work reaffirms previous literature highlighting that Filipina/x/o Americans feel invisible or overlooked in higher education due to lack of representation, but she furthers these sentiments in connecting the possible presence of colonial mentality and feeling indebted to family as contributing to Filipinas' career decision-making.

A study by Paz (2011) with 12 Pinay women found the parental influences were most pronounced on their college experiences when it came to selecting a major and creating post-graduation plans. Paz names *Peminism*, a framework which depicts "Filipina American struggles against racism, sexism, imperialism, and homophobia and struggles for decolonization, consciousness, and liberation," as the lens through which she explores Pinay undergraduate students and their parental expectations (Paz, p. 6). *Peminism*, also referred to as *Pinayism*, addresses the interconnectedness of Pinays across the diaspora in that they continue to suffer from the effects of colonialism and colonial mentality (further defined in the next section), impacting how Pinay women are able to make sense of their own histories and identities (de Jesús, 2005, Tintiangco-Cubales, 2005).

Through her inquiry, Paz determined that participants indirectly deduced their parents' expectations, formed by listening to parents' immigration histories and the difficulties of current working situations. Many participants shared the hardworking natures of their parents, with some holding multiple jobs or immigrating separately from their spouses and family to take advantage of economic opportunities, consistent with narratives from other research (Buena Vista, 2010; Maramba, 2008b). As many of their parents immigrated with bachelors' degrees themselves, it

was understood that participants were to obtain a bachelor's degree at minimum. Several participants disclosed that they were not directed to a specific path, but that parents would share worries about the utility of certain majors translating to stable, lucrative careers. Furthermore, these Pinays were subject to relatives bringing up cautionary tales about other people, like a niece who "majored in psychology and now [is] just a data entry person," (Paz, 2011, p. 14). Acknowledging that Filipina/x/o parents and other relatives frequently share these perspectives with younger generations, it was noteworthy to dive deeper into how the participants in my student make meaning of these comments, including their thoughts on how these opinions were formed and whether colonial mentality is involved.

Din (2022) also applied central elements of Pinayism, Strobel's (2001) definitions of decolonization, and David and Okazaki's Colonial Mentality Scale, in her dissertation study looking at Pilipina American college students' meaning-making processes in informing their college experiences and career goals. Through both individual semi-structured interviews and a *Bayanihan* community dialogue (akin to a facilitated focus group interview) with the seven Pilipina American college students in her study, Din found that family and close communities were the most influential source of messages rooted in colonial mentality and colonial narratives. Similar to previous work, the Pilipinas in Din's study found administrators and campus services as unhelpful and lacking understanding of their experiences (Maramba, 2008b). Din charges student affairs administrators with better engaging with Pilipina college students and challenging the colonial messages and structures that have informed their lives. Furthermore, some of the Pilipinas shared negative experiences with on-campus Pilipinx organizations, emphasizing that organizations run and sustained by students should not be the sole agents of cultivating sense of belonging.

Filipina/x/o Americans' Educational Outcomes

Researchers also connect parental and other social influences as impactful on Filipina/x/o Americans' educational pathways, such as graduate school aspirations and degree attainment. Beyond the completion of bachelor's degrees, the uneven access to role models in certain fields made it difficult for Filipina/x/o Americans to persist in certain career fields, like academia, where they continue to be underrepresented (Maramba et al., 2022a). Nadal and colleagues (2010) developed an open-ended survey and analyzed the responses of 29 Filipino American graduate students, framing their inquiry with the historical and cultural understandings differentiating the Filipina/x/o American educational experience from those of other Asian Americans. Due to a lack of critical mass of Filipino Americans in academia, participants felt the emotional weight of needing to combat ignorance of the Filipino American experience. Participants shared major challenges persisting in academia due to a lack of concrete academic resources such as positions for Filipino American specialists or financial/institutional aid, as well as difficulties finding Filipino American faculty for research collaboration. While Filipina/x/o American faculty members are found across disciplines and geographic regions, they are more visible where there are higher populations of Filipina/x/o Americans (Maramba et al., 2022a). Despite pursuing graduate education, participants demonstrated feelings of isolation and lack of mentorship, making it difficult to continue pursuing a career in academia (Nadal et al., 2010). While it may seem removed from this study's primary topic, the dearth of Filipina/x/o Americans in faculty positions hinders Filipina/x/o American college students from having academic mentors in a variety of disciplines who share their ethnic identities, potentially driving younger generations away from majors and careers where they perceive to be underrepresented. Still, although Filipina/x/o and Filipino American nurses comprise of a remarkable

share of the nursing workforce in the U.S., there is limited research on their educational pathways. National nursing workforce studies tend to group Filipina/x/os with other Asian ethnic groups, making it extremely difficult to use national datasets (such as the National Registered Nurse Workforce Survey) to better understand the experiences of Filipina/x/os in particular (Budden et al., 2013). In her dissertation, Nagtalon-Ramos examined the factors affecting graduate degree pursuit by qualitatively investigating the intergenerational perspectives of 33 Filipino and Filipino American nurses from 14 states (2017). Nagtalon-Ramon named several salient factors, including those that facilitated graduate degree attainment (e.g. commitment to advancing the profession, having a reliable network of colleagues) and those that acted as barriers (e.g. finances due to sending money back to their families in the Philippines, experiencing discrimination). An unexpected finding that emerged was that 24 of her participants did not view nursing as their first career choice—citing circumstances such as uncertainty with choosing a college major due to the early age of completing high school for those who did so in the Philippines (typically 15 or 16) and external motivators who convinced them to choose nursing. Although the participants in the qualitative phase of the study completed high school in the United States, I noted that participants' ages or opinions of others can influence their career decision-making processes.

Conceptual Framework: Incorporating Perspectives on the Vestiges of Colonialism and their Effects on Filipina/x/o Americans

Foundational Colonialism Frameworks

Clearly, the colonial history of the Philippines shaped the context and conditions for Filipina/x/o immigrants who came to the United States. As the focus of this study are Filipina/x/o Americans pursuing higher education in the U.S., however, I draw from frameworks that have

conceptualized how the vestiges of colonialism continue to impact those in subsequent generations who have ties to colonized people. Philippine history and the subjugation of the Filipina/x/o peoples by Spanish and American colonialism aligns with Fanon's four phases of colonialism, which correspond to the changing relationship between the colonized and the colonizer (1965).

In Phase 1, there is forced entry of a foreign group into a geographic territory with the intention of exploiting the new territory's natural resources, as seen from both Spanish and American occupation. In Phase 2, the colonizer imposes its culture on the colonized—heavy conversion of the Filipina/x/os to Catholicism in the case of the Spanish, and the educational exchange campaigns after the Philippine-American War in the case of the Americans. With Phase 3, the colonized peoples are portrayed as wild, savage, and uncivilized peoples, clearly demonstrated with the designation of the Filipina/x/os as “America's brown brothers” and the development of hospital facilities as sanitation centers. In Phase 4, there is an establishment of a society where political, social, and economic institutions are designed to benefit and maintain the superiority of the colonizer. While the Philippines is no longer officially a colonial holding, the neo-colonial relationship persists through the societal institutions that make the Philippines continually dependent on western power and intervention.

With regards to the Filipina/x/o peoples, internalized colonialism is a type of internalized oppression, and is a major psychological effect of colonialism that continues to impact those connected to the colonized (Fanon, 1965; Freire, 1970). In this section, I delve deeper into colonial mentality, which Filipina/x/o American psychologists have defined as colonialism's enduring impact on Filipina/x/o American identity development and other psychological outcomes. While these frameworks do not address career development, I believe that these

frameworks are appropriate to apply to this study investigating if and how the vestiges of colonialism affect the career choices of Filipina/x/o Americans in higher education.

Psychologists focusing on Filipina/x/o American psychology have already incorporated the impact of colonialism on identity development-related frameworks. First, the contemporary impact of colonialism, specifically for Filipina/x/o Americans has been defined by David and Okazaki as *colonial mentality* (2006a). David and Okazaki determined colonial mentality (CM) to be a variable individual mindset that Filipina/x/o immigrants and their children could have fluctuating levels of throughout their lives. In another example, Nadal's Pilipino American Identity Development Model (2009), is a six-status nonconsequential and non-linear model built upon the Racial/Cultural Identity Development Model conceptualized by Atkinson, Morten, and Sue (1983). Nadal's work, widely accepted as portraying the nuances of Filipina/x/o American identity development more specifically than other Asian American identity development theories, was conceptualized with input from David's colonial mentality themes. The Pilipino American Identity Development model specifically relates identity development to unique experiences of Filipina/x/o Americans regarding ethnic awareness, pan-Asian American consciousness, among other topics (Nadal, 2009).

As these Filipina/x/o American psychologists have theorized colonialism's impacts as variable and non-linear, I also assert that integrating the role of colonialism on career development processes to be individually variable throughout career development. Still, both perspectives on Filipina/x/o American psychology do not ignore the role of U.S. colonialism in the Philippines, even when discussing the identity development of subsequent generations of Filipina/x/o Americans who were not born in the Philippines. Lott (1976) related the widespread presence of colonial mentality among Filipina/x/o and Filipina/x/o Americans with their

continued oppression within the United States. Lott concluded that it is likely that Filipina/x/os may have brought the psychological condition of CM with them from postcolonial Philippines. Thus, as career choice and labor patterns continue to repeat through the generations, it is imperative that elements of the Filipina/x/o American context, which have undoubtedly been affected by the U.S.'s relationship with the Philippines, have a clear position in career development research of this population.

Colonial Mentality and Filipina/x/o Americans

Colonial mentality is defined as a variable individual mindset that Filipina/x/o immigrants and their children have due to contemporary impacts of colonialism. In studies on psychological experiences of Filipina/x/o Americans, CM has been tied to internalizing inferiority due to being colonized, desiring to be more like the colonizer, and accepting colonialism as positive and necessary (David & Okazaki, 2006a). David outlines five different types of colonial mentality: (a) feeling inferior for being Filipino, or internalized inferiority, (b) feeling ashamed or embarrassed of the Filipino ethnicity and culture, or cultural shame, (c) regarding Filipino physical traits as less attractive than European physical traits, (d) within-group discrimination, or discriminating against non- or less-Westernized Filipinos, and (e) tolerance and acceptance of contemporary oppression, also known as colonial debt (2013). Two types of CM (internalized inferiority and cultural shame) operate in somewhat a covert fashion, whereas attitudes about physical traits, within-group discriminations, and colonial debt operate in a more overt fashion (David, 2013).

David and Okazaki (2006b) developed the Colonial Mentality Scale (CMS), a psychometric measurement tool comprised of 36 items to assess, quantify, and conduct research on CM's impact on Filipina/x/os and Filipina/x/o Americans. Research utilizing the CMS with

Filipina/x/o American samples, however, found that only around 30% admit to having at least one type of CM, while other scholars have estimated the presence of CM to be much more prevalent among Filipina/x/os (David & Nadal, 2013). David and Okazaki (2006b) acknowledged that the CMS being a self-reported assessment made it difficult to perfectly measure and capture the complex phenomenon of CM, particularly due to there being both covert and overt manifestations. Some individuals may find it difficult to disclose or admit having thoughts, attitudes, or behaviors consistent with colonial mentality. Certain manifestations, such as being ashamed of being Filipina/x/o, are difficult to detect using an introspective-dependent questionnaire like the CMS. In this example, it would be easy for an individual who feels proud of their Filipina/x/o heritage to reject that they experience cultural shame, but at the same time does not realize that their tendency to make fun of less Westernized Filipina/x/os is also a part of cultural shame. So, like with other psychological constructs such as depression, intelligence, and self-esteem, it is important to use multiple indicators to assess the presence of CM in an individual.

Furthermore, scholars emphasize that colonial mentality with Filipina/x/os and Filipina/x/o Americans is not only experiencing the association of anything Filipino-related with inferiority (and the association of anything American as superior) but also doing so automatically, or without intention or control. Thus, David & Okazaki (2010) later developed several different types of assessments meant to test the presence of CM implicitly or indirectly (including word fragment completion, lexicon decision priming, implicit association tests, among others). Unsurprisingly, higher proportions of Filipina/x/o and Filipina/x/o American samples exhibited CM manifestations when it was assessed indirectly (David & Okazaki, 2010). With the Colonial Mentality Implicit Association Test (CMIAT), 56% of Filipina/x/o samples

showed a strong tendency to automatically associate Filipino identity with inferiority. CM among Filipina/x/os and Filipina/x/o Americans can be activated using priming techniques in the field of psychology and can also be activated by either Filipino- or American-related stimuli.

David (2013) theorizes that CM:

[M]ay exist and operate among Filipinos and Filipino Americans without them even knowing it, even if they do not intentionally try to behave in CM-consistent ways, or even if they deny it. Therefore, a more subtle, implicit, or indirect method of measuring CM may provide a more accurate estimate of CM frequency and how it influences the psychological experience and mental health of modern-day Filipinos and Filipino Americans. (p. 80)

Essentially, Filipina/x/o and Filipina/x/o Americans may have and display CM without even knowing it. Historical colonialism and contemporary oppression have been so deeply internalized by many Filipina/x/o Americans that scholars theorize that they now have a colonial mentality-consistent cultural knowledge system. Historical colonialism and contemporary oppression among Filipina/x/os and Filipina/x/o Americans have been deeply internalized that Filipino-related stimuli are automatically associated with inferiority, whereas American-related stimuli are associated with superiority or pleasantness. When describing how this phenomenon could play out, David (2013) brings up the example of Filipina/x/os highly coveting American-made brands and clothing.

In my own experience putting together packages to send back to the Philippines, I remember that beyond simply purchasing from American clothing brands, I was tasked with screening for pieces specifically with “Made in the USA” tags. If that wasn’t possible, I was told to at least make sure that none of the clothing had “Made in the Philippines” tags. On more than

one occasion, groups of my older relatives and their friends would jokingly re-enact the situation of being gifted clothing or electronics, only to find the product was “Made in the Philippines”.

While this example may seem frivolous, it is illustrative of the ingrained association of Filipino identity with inferiority. Next, I described some of the several studies that have investigated CM in relation to psychological experiences, including mental health and identity development.

Colonial Mentality and Filipina/x/o American Psychological Experiences. Studies on Filipina/x/o Americans have associated colonial mentality to mental health concerns such as lower self-esteem, lower satisfaction, and more anxiety symptoms, due to CM producing a rejection or disconnect with one’s identity (David, 2008; David & Nadal, 2013; David & Okazaki, 2006b, 2010; Nadal, 2009). David and Nadal (2013) explored how the legacy of colonialism on the Philippines takes part in Filipina/x/o psychological experiences prior to immigrating to the United States and its influence of Filipina/x/o American immigrants’ mental health. According to their findings, Filipina/x/os experience cultural denigration in the Philippines prior to their arrival to the United States, possibly leading to the development of CM. They also found that Filipina/x/o American immigrants can bring colonial mentality with them, and CM may continue to affect their mental health. Ferrera (2011) investigated the experiences of second-generation Filipina/x/o Americans related to colonial mentality, family socialization, and ethnic identity formation, finding parents’ enculturation style had influences on their second-generation children. Parental messages in particular seem to be connected to CM and Filipina American women’s self-perceptions, such as negative views of their bodies due to negative feedback from parents prizing Eurocentric beauty standards (Lehman, 2007).

Using the Center for Epidemiological Studies Depression Scale, David and Okazaki (2006b) found that a national sample of Filipina/x/o Americans experienced depression at much

higher rates in comparison to the general U.S. population (30% in comparison to between 10-20% generally). In a later study, David (2008) found associations between CM and those who experienced depression symptoms in a sample of 248 Filipina/x/o American participants of a wide range of ages, education levels, and socioeconomic backgrounds. Despite Filipina/x/os Americans being among the least likely to seek help from mental health providers (Tuazon, 2013), Filipina/x/o American adolescents have been connected to some of the highest rates of suicide ideation among all ethnic groups (Agbayani-Siewart & Enrile, 2003; President's Advisory Commission on Asian American & Pacific Islanders, 2001). Tuazon (2013) found CM to be linked to interpersonal norms, one of three predictors of help-seeking attitudes, that predicted a lower likelihood of Filipina/x/o Americans seeking mental health support. This finding corresponds to David and Okazaki's (2006a) assertion that socialization contributes to the development of CM, particularly when interpersonal norms are passed down through the generations. Thus, when investigating the presence of CM as related to career decision-making, it will be important to understand participants' interpersonal norms, such as opinions about different career fields, that have been down from family or other notable social figures.

One study by Bustos-Choy (2009) actually looked at the effects of colonial mentality on a sample of Filipina American women in the same career field, business, where they tend to be underrepresented. Participants expressed feelings of internalized inferiority due to coworkers being told they were hardworking, but not "executive-level material". CM also commonly manifested as deference or fear of authority, with participants avoiding speaking up or sharing their opinions, choosing instead to be nonconfrontational or submissive. Similarly, in a broader sample of 143 Pinays, Felipe (2016) found that around one-third demonstrated some level of colonial mentality, with internalized inferiority being the most significant. Felipe theorized that

continued exposure to racist and sexist oppression feeds into Pinays internalizing inferiority and embodying stereotypes imposed on them. While the participants in my study are considering careers in nursing, a field where Filipina/x/o Americans are actually overrepresented, it is possible that exposure to stereotypes or narratives such as these could act as a dissuading force away from fields where Filipina/x/o Americans are underrepresented, particularly for Filipina American women.

By failing to recognize and understand colonial mentality, institutions such as healthcare and education cannot adequately service/attend to the needs of the Filipina/x/o population. Psychological research calls for incorporating understandings of CM into existing models and mental health systems in order to address existing disparities between levels of psychological distress and rates of mental health service utilization among Filipina/x/os and Filipina/x/o Americans. Doing so can facilitate empowerment in the Filipina/x/o American community, working toward the goal of reducing cultural inferiority and internalized oppression due to CM. While this study focuses on Filipina/x/o Americans in higher education, there is ample evidence that it is essential to consider CM when deepening our understanding the Filipina/x/o American experience to meet the needs of this student population.

Operationalizing Colonial Mentality in Higher Education Literature

These studies from Filipina/x/o American researchers have illuminated that colonial mentality does have effects on Filipina/x/o and Filipina/x/o American cognition (thoughts), emotions (feelings or attitudes), and behaviors (actions). While previous research has not applied CM mentality to career decision-making—cognition, emotion, and behaviors have all been tied to individuals' career development (Lent et al., 2003). This examines how Filipina/x/o American college students' thoughts, emotions, and behaviors may be affected by CM when making

decisions about their future careers.

Colonial mentality, particularly its conceptualization as applied to Filipina/x/os and Filipina/x/o Americans, has only recently been present in the literature since the mid-2000s, concurrent with the rise in higher education research on Filipina/x/o Americans being published. Only a few studies in higher education have utilized CM to frame or analyze the findings of their studies. While many of these studies do acknowledge Philippine colonial history in the background information or literature, CM tends to show up more in psychology, as described in the previous section. In the next paragraphs, I operationalize colonial mentality within the context of the body of higher education literature on Filipina/x/o Americans to suggest how the findings and implications of these studies can be reconsidered.

When Filipina/x/o Americans are included in broader research studies with aggregated samples of Asian American college students, the colonial connections to education in the Philippines and an awareness of colonial mentality are often ignored (Hernandez, 2016). Maramba and colleagues (2022b) also suggest that educational research that lumps Filipinx with other Asian Americans often does so without presenting the critical contexts, colonialism and racialization, shaping Filipinx educational experiences. This pattern is consistent with the career development-focused studies on Asian Americans, which often bring up the Model Minority Myth (MMM) as differentiating Asian Americans from other minoritized groups, particularly Black Americans (Osajima, 2000). In their critical review of 112 works on Asian Americans and Pacific Islanders in higher education, Poon and colleagues (2016) emphasized that many of these publications failed to account for MMM's original purpose of maintaining anti-Black racism and white supremacy. Likewise, many studies utilizing MMM fail to acknowledge the distinct influence of colonialism, or U.S. occupation, as similarly upholding white dominance—

impacting Philippine education, immigration patterns, as well as societal and cultural norms.

Furthermore, Nadal (2009) points out that many Pilipino Americans prefer an ethnocentric Pilipino identity as opposed to aligning with a pan-Asian American identity, emphasizing many historical and cultural differences from other Asian American groups. When developing the Pilipino American Identity Development model, Nadal (2009) deeply considered elements of colonial mentality. David and Okazaki (2006a) contend that examining the psychological impact of colonialism is a way to incorporate larger historical and sociological contextual variables into ethnic minority research and practice. And while David, Nadal, and many other scholars have tied colonial mentality to Filipina/x/o and Filipina/x/o Americans' psychological and mental health outcomes, there has not been a specific inquiry into career choice/career decision-making, as this study accomplishes.

When Filipina/x/o Americans are the primary population of focus, there are some ways that researchers allude to concepts related to colonial mentality. For the most part, researchers do acknowledge the Philippines' colonial history when their studies center Filipina/x/o Americans, but typically include this information as background or context in the study's introduction (Chan, 2017; Museus & Maramba, 2011; Nadal et al., 2010; Surla & Poon, 2015). By mentioning Philippine history and the lingering effects of colonialism, these scholars introduce the idea that even though today's Filipina/x/o Americans were not directly subject to colonization in the Philippines, the vestiges of colonialism may have effects of Filipina/x/o Americans' psychological development that could impact the findings of their studies. What this approach misses, however, is the opportunity to further characterize *how* the vestiges of colonialism could impact Filipina/x/o Americans individually—particularly in their thoughts, emotions, and behaviors—but also in their experiences navigating American institutions, such as higher

education.

Operationalizing the Manifestations of CM in Higher Education Literature

By utilizing the characterizations and manifestations of CM, the following paragraphs provide further insight into how the application of CM impacts both existing and future inquiry on Filipina/x/o Americans in higher education.

Automacy and Pervasiveness of CM. When containing the discussion of colonialism (and its contemporary vestiges) within the background/context of a study, one of the most prevailing oversights stems from the conceptualization of CM as automatic, often occurring without the awareness, intention, or control of the individual. As mentioned previously, even when CM is the central framework of a study, higher proportions of Filipina/x/o American samples exhibited CM manifestations when it was assessed indirectly rather than directly (David, 2013). This makes it challenging for the vestiges of colonialism to come up organically—even when gathering first-hand narratives from participants—as individuals may not be aware of CM’s effects on their experiences. If colonial mentality had been shown to have a limited effect on the Filipina/x/o American population, perhaps this would not be a noteworthy issue. However, when utilizing an implicit test, more than half of participants showed a strong tendency to automatically associate Filipino identity with inferiority, indicating that CM is a pervasive and possibly a defining characteristic of the Filipina/x/o experience (David & Okazaki, 2010). Thus, the scarcity of the contemporary vestiges of colonialism being found as explanatory or influential factors in the higher education experiences of Filipina/x/o Americans is likely due to researchers overlooking the automatic, implicit nature of CM.

Beyond the rarity of colonial mentality being named in the findings of Filipina/x/o American higher education literature, ignoring the automacy of CM has impacted the

implications for improving practice as related to Filipina/x/o Americans. Din (2022), who focused on colonial mentality and Pilipina American-identifying women, constructed her research design to incorporate a *Bayanihan* community group dialogue for participants. Similar to a focus group space, the Bayanihan dialogue allowed for participants to discuss with one another, deepening their understandings and the nuances of their experiences, beginning the active process of decolonization. Beyond the earlier studies that simply elevate the importance of belonging to Filipina/x/o Americans' success, Din emphasizes that active support is needed for Pinays to challenge the internalized colonial messages and structures built up throughout their lives. For many Filipina/x/o Americans, college may be the first opportunity to reflect on the impacts of colonial mentality and other vestiges of colonialism on their thoughts, emotions, behaviors, and even sense of self. So, while many higher education studies call for more support and awareness to support Filipina/x/o Americans, I share Din's perspective that this support needs to specifically include opportunities for active decolonization.

Internalized Inferiority Affecting Higher Education Constructs. Besides overlooking colonial mentality as a potential explanation for Filipina/x/o Americans' higher education experiences, many of the constructs that are of interest in higher education may unintentionally be measuring or reinforcing CM. One of the covert manifestations of CM is internalizing inferiority of Philippine culture, coinciding with the automatic preference of or thinking of American culture as superior. Given that higher education in the U.S. is comprised of historically- and currently predominately white institutions, this unconscious preference can play out in many ways that both affect individual Filipina/x/o Americans' experiences in higher education, but also their perspectives on these experiences.

For example, many studies have demonstrated sense of belonging as a positive predictor

of students' intent to persist (Hausmann et al., 2007) and that students of color having relatively lower persistence in comparison to their white peers can be attributed in part to their lower sense of belonging (Museus & Maramba, 2011). Along with this, Maramba (2008b) discusses Filipina/o students navigating bicultural identities, and that many feel isolated or a limited sense of belonging on their campuses, particularly due to lack of representation and having difficulty finding Filipino/a-identifying mentors. Because exhibiting a higher sense of belonging has been tied to positive academic outcomes, less attention has scrutinized the psychological conditions predisposing individuals to feel greater sense of belonging. Instead, research has defined the role and scope of campus environments in shaping students' sense of belonging (Hurtado & Carter, 1997; Locks et al., 2008). It is possible, however, that Filipina/x/o Americans who exhibit high sense of belonging as measured in these studies are not indicating their campus environments' efforts to promote intercultural adjustment or uplift students from marginalized backgrounds. Rather, when taking CM into account, these findings could instead represent positive responses to white-dominated, or American, culture at these institutions. To be clear, my intent is not to dismiss the importance of concepts such as sense of belonging in better understanding students' experiences. Instead, I emphasize the need to reconsider these noteworthy constructs with an awareness of colonial mentality, particularly for the Filipina/x/o American population.

Stereotypes as Potential Sources of Cultural Shame. Several studies on Asian American career development brought up the influence of stereotypes on one's exposure to or perception of what constituted appropriate career paths (Poon, 2014; Shen & Liao, 2022; Song & Glick, 2004). As research also connects higher prevalence of colonial mentality with experiences of racism (David, 2013), understanding participants' experiences with stereotypes is needed to provide additional context on colonial mentality's potential impact on career choices. Other than

attributing certain stereotypes to the Model Minority Myth, however, the literature provides little insight into the possible origins and variations of ethnic specific stereotypes, and more importantly, why they continue to persist.

Due to the major presence of Filipina/x/o-identifying nurses in the United States, many Filipina/x/o Americans are aware of the stereotypes classifying nursing as the obvious career choice for Filipina/x/os (Choy, 2003; Ocampo, 2016). For example, nearly all the participants in Ocampo's ethnography including 85 Filipina/x/os who grew up in Southern California acknowledged that nursing was pushed onto them as a possible career at some point. While the career development literature on Asian Americans has explored the general impact of stereotypes on students' perceptions of careers, incorporating a lens of colonial mentality requires further insight into how stereotype may be perpetuated not just externally from other groups, but internally from one's family and community. Ocampo suggests that the stereotype's message persists with Filipina/x/o Americans through older generations sharing their sentiments with younger generations—emphasizing the stable and lucrative nature of nursing as a career, or alternatively, the difficulties and uncertainty of other career paths. What is missing, however, is the explicit naming of cultural shame due to CM, in that older generations may be conveying the feeling that Filipina/x/o Americans can *only* succeed in certain industries. This study's intentional use of colonial mentality explores the potential impact of cultural shame and internalizing stereotypes as contributing to the messages received by Filipina/x/o Americans around careers.

Acknowledging Within-group Discrimination among Filipina/x/o Americans. While some higher education literature focuses exclusively on Filipina/x/o Americans, very few studies position their findings as investigating the differences *among* Filipina/x/o Americans. This is

particularly true for studies employing quantitative methods, which often aim to distinguish Filipina/x/o American students from other racial/ethnic groups of college students, while qualitative studies are more often able to explore the nuances or differences between participants (Cobian, 2019). Accordingly, findings tend to report on significant, noteworthy trends that unify Filipina/x/o American educational experiences (Maramba, 2003; Monzon 2003; Museus & Maramba, 2011). David and Okazaki (2006a) determined, though, that colonial mentality can be overtly manifested by Filipina/x/o Americans discriminating against other Filipina/x/os that they deem less westernized or less Americanized (e.g. new immigrants, those who have difficulty speaking English or do so with an accent). In other words, some Filipina/x/o Americans take actions to actively distance themselves from other Filipina/x/os, or perceive themselves as being substantively different. It is uncertain whether within-group discrimination could affect how researcher typify Filipina/x/o American educational experiences, but it definitely could play a role in how Filipina/x/o Americans present themselves in relation to other Filipina/x/os. Part of this study's mixed-methods design aims to explicitly understand differences among Filipina/o/x American college students, allowing those nuances to illuminate how colonial mentality may relate to pursuing different career paths.

Besides the possible impact on how Filipina/x/o American educational experiences are interpreted, these studies' implications often overlook the unintended consequences of within-group discrimination when focusing intervention efforts on creating cultural spaces for Filipina/x/o Americans on campus. While Ferrera's (2011) conceptualized cultural portals, such as cultural centers or on-campus organizations, as creating spaces for Filipina/x/o Americans, several studies have hinted at the inability for any single type of intervention to work for all students (Cobian, 2019; Din, 2022). When probed more deeply about whether they were

involved in Filipina/x/o cultural spaces or student organizations, Filipina/x/o Americans shared sentiments bringing up the possibility that these spaces may even inhibit building community with racial or ethnic peers. For example, some Filipina/x/o Americans, particularly multiracial Filipinx, may not feel Filipino enough to engage in these spaces (Delacruz Combs & Cepeda, 2023). Other studies point out participants experiencing gatekeeping from student organization leadership, or simply finding those spaces distracting from their personal goals, (Cobian, 2019; Din, 2022). The potential for colonial mentality manifesting as within-group discrimination necessitates developing multiple avenues through which students can explore their culture and grow in their ethnic identity. If the goal of literature on Filipina/x/o Americans in higher education is to cultivate initiatives that promote success, research needs to help develop cultural integrations for co-curricular and academic spaces, for individuals as well as groups, sustained both from student buy-in but also institutional support.

Colonial Debt and Implicating the Role U.S. Higher Education in Perpetuating Colonial Structures. Ocampo (2016) found that some Filipina/x/o Americans identified more closely with Latina/x/os as opposed to other Asians due to similarities such as shared Catholic upbringings or having Spanish-sounding surnames. Coming from sociology, his ethnography does not just bring up the Philippines' colonial history as a background context, but incorporates the contemporary expression of colonial legacies, particularly in the relationships between Filipina/x/os and Latina/x/os in Southern California. Other researchers have framed some Filipino cultural values such as *hiya* (shame) or *utang ng loob* (indebtedness) as motivating Filipina/x/o Americans thoughts, actions, and emotions—particularly as related to their relationship with family and others (Maramba 2008a; Morente, 2015). What gets overlooked in higher education research, however, is the possible effects of implicit gratitude towards the

colonizers (both Spanish and American) as vestiges of colonialism persist in many Filipina/x/o Americans' names, cultural messages, and other cultural traditions. Often, immigrants to the U.S. are characterized as simply feeling indebted and grateful for the opportunity for a better life than in the Philippines—manifesting a type of internalized inferiority that is inattentive to the reality that Spanish and American occupation of the Philippines created the conditions that prompted many to leave in the first place. This study seeks to find out, how does the colonial mentality paradigm (including expressions of colonial debt) impact the lives, thoughts, and trajectories of subsequent generations?

Besides the minimal exploration of colonial debt upon Filipina/x/o Americans' higher education experiences, past research overlooks the role that contemporary U.S. higher education may have in upholding the vestiges of colonialism. Outside of higher education, there have been examples from education more broadly where decolonization is central to developing Pilipinx-focused curriculum and workshops—and oftentimes this occurs through counterspaces outside of typical educational spaces (de Jesús, 2005; Tintiangco-Cubales & Sacramento, 2009). Knowing the stakeholders in higher education, it is already difficult to compel institutions to be aware of the needs of historically marginalized populations, let alone take on the nearly impossible task of educating and transforming themselves to attend to the varied needs of many different groups. By relegating the colonial context to introductory or background information, though, researchers allow for colonialism to remain in the past and eliminating any imperative to change. This work, by intentionally focusing on colonial mentality, aims to uncover patterns that may implicate higher education institutions in continuing to perpetuate colonial cycles of oppression.

Synopsis and Summary

This chapter provided an overview of scholarship and research on career development,

the colonial history of the Philippines, colonial mentality with Filipina/x/o Americans, and the higher education experiences of Filipina/x/o Americans. By bringing together literature from multiple disciplines, I make the case for examining Filipina/x/o Americans' career decision-making through a conceptual framework considering colonial mentality. Although some research has looked at Asian Americans broadly (Leong, 1991; Poon, 2014), and even pointing out Filipina/x/o Americans when applicable (Song & Glick, 2004), it is evident that career development frameworks are insufficient for investigating this topic. Vocational psychologists agree that contextual factors are essential to understanding career development (Lent et al., 2002), but little work has focused on defining context or clarifying how it affects career choice. Still, career development research on Asian Americans have named the influence of family members, motivation for prestige, and awareness of stereotypes as impactful on career choice, providing valuable insight on areas to further investigate in this study.

Unlike with other groups, Filipina/x/o American history does not begin with immigration to the U.S., but instead requires contextualizing centuries of colonization whose conditions of exploitation continue to define the terms of and access to immigration (Maramba & Bonus, 2013). Although not directly colonized by the Spanish or Americans, second-generation Filipina/x/o Americans can be indirectly subject to the vestiges of colonialism through colonial mentality. This may be particularly evident with those who are considering nursing or healthcare careers, given the colonial origins of Philippine education and healthcare institutions driving the major wave of Filipina/x/o-born nurses to the United States. Filipina/x/o American psychologists have determined colonial mentality to be an unconscious, automatic, and individual variable mindset for Filipina/x/os and their descendants; yet historical colonialism and contemporary oppression have been so deeply internalized by many Filipina/x/o Americans that scholars

theorize that they now have a colonial mentality-consistent cultural knowledge system (David, 2013). The effects of colonial mentality have been tied to outcomes related mental health, identity development, and interpersonal norms in different groups of Filipina/x/o Americans; however, this study is unique in exploring colonial mentality as related to career decision-making.

Finally, it is important to acknowledge that the growing scholarship on Filipina/x/o Americans in higher education has often incorporated important context, such as family, immigration legacies, and socioeconomic factors, to justify the necessity of investigating Filipina/x/o Americans apart from other groups (Maramba & Bonus, 2013). Though Filipina/x/o American families place great value on obtaining a college degree, Filipina/x/o Americans face many barriers impeding their participation and retention in higher education (Buena Vista, 2010; Teranishi et al., 2004). Several studies have highlighted how Filipina/x/o Americans who do pursue higher education feel invisible due to being grouped with the broader Asian American category both in research and by institutions (Museus & Maramba, 2011; Nadal et al., 2010; Ocampo, 2016). While some authors discussed this experience or contending with stereotypes as a type of internalizing inferiority, colonial mentality specifically has not been named or explored as a factor. Additionally, parental messages and expectations, particularly when taking gender into consideration, were often included as major themes affecting Filipina/x/o American's career and major/degree choices (Paz, 2011); however, few of these studies have attempted to connect the potential role of colonial mentality for either the immigrant- or American-born generations, or their intergenerational dynamic. The inquiry of this study aims to contribute to literature on Filipina/x/o Americans in higher education by focusing on colonial mentality and other vestiges of colonialism that may have had an impact on Filipina/x/o Americans considering careers in

nursing and healthcare. By increasing attention on if colonial mentality manifests for this population when making career decisions, this study also hopes to further career psychology by investigating potential contextual factors in conjunction with demographic/cognitive attributes rather than in isolation from one another.

CHAPTER THREE: METHODOLOGY

The previous chapter highlighted gaps in both the Asian American career development literature and Filipina/x/o American higher education literature, establishing the need for career development studies focused on Filipina/x/o Americans, but with a particular attention to colonial mentality and the vestiges of colonialism. This chapter describes how I conducted my study. I begin with an overview of the study's purpose and research questions, then I explain the quantitative and qualitative procedures I used to carry out the study. This chapter ends with limitations of the sample and research design. Throughout the description of this study's research design, I highlight how the methods connect to the inquiry on colonial mentality.

Purpose and Research Questions

This study intentionally incorporates socio-cultural and historical lenses to examine the potential effects of American colonialism in the Philippines on the career choices of Filipina/x/o Americans in higher education. This study seeks to accomplish this purpose by understanding the variety of influences on Filipina/x/o Americans' career choices, looking for patterns of colonialism's effects. Therefore, the research questions that guide this mixed-methods study are crafted to seek and examine patterns of colonial mentality and its manifestations (David, 2013):

1. What, if any, are the differences between Filipina/x/o undergraduates who choose to pursue a career in nursing and their counterparts who choose other careers? To focus this inquiry, research question one has three sub-questions:
 - 1a) What, if any, are the differences in *demographic* and *academic* characteristics?
 - 1b) What, if any, are the differences in *cognitive* and *affective* characteristics?
 - 1c) Among Filipina/x/o undergraduates who choose to pursue a career in nursing, how, if at all, do these differences vary by gender identity?

2. To what extent are the vestiges of colonialism, particularly colonial mentality, related to these differences?
3. To what extent do the vestiges of colonialism, particularly colonial mentality, shape and influence the pursuit of a career in nursing among second-generation Filipina/x/o Americans?

I have several corresponding hypotheses. For research question 1, my hypothesis was that differences will be observed between Filipina/x/o undergraduates who select nursing and those who select other careers. First, while my entire sample identified as Filipina/x/o, I anticipated the possibility of other demographic characteristics that differentiate the group of students who select nursing, such as gender and parental occupations. This hypothesis was guided by research on nursing being typically gendered as a career for women (Choy, 2003), career development literature naming family as gaining early exposure to certain careers (Fouad et al., 2008), as well as findings from a pilot study I conducted in Winter 2018. For academic characteristics, I also anticipated certain college characteristics would differentiate students who select nursing from their counterparts, particularly distance from home, selectivity, and rates of attending their first choice. Considering nursing to be more of a women-dominated career path, along with Maramba's (2008a) findings that Filipina daughters tend to go to less selective colleges closer to their families, I expected the nursing group to attend college closer to home, attend less selective institutions, and less likely be attending their first choice.

Secondly, with regards to cognitive and affective characteristics, I anticipated there to be differences, with those who select nursing exhibiting higher rates of familial obligations such as wanting to please their family, and economic motivations such as pursuing college to secure a good job or to make more money. Again, the literature on career development and findings

related to Asian Americans being motivated by prestige or stability help ground this part of the hypothesis (Song & Glick, 2004). Finally, for gender differences, I anticipated differences between the Filipina/x/o-identify women and men in the entire sample, particularly given the findings of gendered experiences for Filipina Americans being expressed in the literature (de Jesús, 2007). With regard to differences between men and women who were intending to pursue nursing, I expected there to be more similarities as these individuals had the same career goal, but I was uncertain whether any specific categories of variables would demonstrate this, as the literature on Filipina/x/os in nursing tends to focus on Filipina women (Choy, 2003).

For research question 2, my hypothesis was that the connections between the vestiges of colonialism would be apparent in some ways throughout each category of characteristics, but not completely evident in others. Since colonial mentality is conceptualized as an individual, variable concept, I expected similarly that manifestations of colonial mentality would show up in different ways for individuals (David & Okazaki, 2006a). Guided by the research on colonial mentality, it could be possible that a relationship to individual's cognitive characteristics would be apparent, as those exhibiting colonial mentality tend to show lower self-esteem and higher depressive symptoms (David, 2013). On the other hand, it would be difficult to consistently tie colonial mentality to demographic differences or academic differences, but I still anticipated evidence of colonial mentality to appear in some ways, such as lower social self-concept or attending colleges of lower selectivity.

Finally, for research question 3, I similarly anticipated that the specific manifestations of colonial mentality would appear in unique ways among the individuals in my study, and I did anticipate finding evidence of the vestiges of colonialism impacting their career decision-making processes. More specifically, I expected that participants would bring up emotions, thoughts, and

experiences that align with the five manifestations of colonial mentality—internalized inferiority, cultural shame, preference for American physical features, within-group discrimination, and colonial debt (David & Okazaki, 2006a). Given the extensive research tying family to career development, I also anticipated that participants would share examples of their parents and other family members influencing their career choices (Fouad et al., 2008; Okubo et al., 2007). As David also conceptualized colonial mentality as being passed down through generations, I expected there to be some connection between family influences and colonial mentality (e.g. the intent or content of family’s career-related advice).

Overall Study Design

To best answer the previously stated research questions, this study relies on an explanatory sequential mixed methods study (Creswell, 2015). Mixed methods research draws on potential strengths of both quantitative and qualitative methods, helping the researcher uncover connections and contradictions between quantitative and qualitative data (Plano Clark & Creswell, 2008; Shorten & Smith, 2017). This study began with the collection and analysis of quantitative data followed by the collection and analysis of qualitative design. Research question 1 is addressed in the quantitative stream of inquiry in this study, exploring the demographic, academic, cognitive, and affective characteristics that differ between the groups. To answer the first question, I conducted secondary survey data analysis utilizing Higher Education Research Institute Cooperative Institutional Research Program’s The Freshman Survey (TFS) to examine demographic and pre-college characteristics of Filipina/x/o American incoming first-years selecting nursing as their intended career. This quantitative analysis also helped determine what topics needed further exploration to address research question 2a during the qualitative phase, as well as provided guidance on refining my semi-structured interview protocol.

The qualitative stream of this project followed the analysis of the quantitative data, as delineated by explanatory sequential methods (Creswell, 2015, 2018). Guided by narrative inquiry approaches, I conducted two one-on-one interviews with students in the process of career decision-making. Sampling strategies, specific interview topics, and plans for converging data will be explained in more detail in a later section. Some interview questions were informed in part by the quantitative student survey data analysis. By doing so, this mixed methods design addresses research question 2a, providing data that seeks to uncover greater detail, some explanations or inconsistencies of the quantitative findings based on the lived experiences of Filipina/x/o American college students themselves. Similarly, the qualitative line of inquiry addresses research question 2b, and explores how Filipina/x/o American students conceptualize their education journeys and whether the vestiges of colonialism, particularly colonial mentality, is related to their reasons for considering nursing as a prospective career. By incorporating my participants' insights on the quantitative findings, their conceptualizations of their own career choice processes were in conversation with the quantitative student survey data.

Quantitative Phase

Data Source

This research study utilized four years of data from the 2016-2019 CIRP Freshman Survey (TFS), a national, multi-institutional survey completed by first-time full-time students prior to beginning their first-year classes. The TFS provides data on incoming students' background characteristics, high school experiences, and college expectations. On the 2016 TFS and after, "Filipino" is its own response option, making the TFS appropriate for my research questions due to the ability to create a tailored sample of respondents who identify as Filipino. Furthermore, respondents are able to select more than one response option, allowing me to

include multiracial and multiethnic Filipina/o respondents in my analysis. Due to the COVID-19 pandemic, the 2020 TFS administration (typically administered from March-July) was disrupted, and many institutions have ceased administration of the TFS since that time due to budget cuts or other reasons, majorly affecting the utility of more recent datasets for this study. For this reason, I decided to limit the datasets to the pre-COVID administrations, but I addressed COVID-related issues in the qualitative phase of this study.

While one of the major benefits of utilizing TFS datasets is access to disaggregated racial/ethnic data, the TFS also covers a range of questions that helped respond to this study's research questions. The TFS includes demographic questions about students' backgrounds, including parents' careers, income, high school type, and first-generation college status. The TFS collects academic and college characteristics such as whether they were attending their first-choice college, their college's distance from home, and anticipated major and career. Finally, the TFS contains a rich bank of items investigating respondents' psychosocial, cognitive, and affective characteristics before students enter college, such as their pluralistic orientation, social self-concept, motivations for attending college, and reasons for choosing their specific institution. Thus, the TFS having such extensive data available allowed for me to select variables guided by this study's theoretical and conceptual framework.

Sample

The sample of this quantitative phase of the study includes respondents to the 2016-2019 TFS, identified as "Filipino" on the race/ethnicity question (later iterations of this item slightly revise this item to "Filipina/o/x" or "Filipina/o/x or Filipina/o/x American"), and responded to the question regarding their "intended career". Regarding the question of students' "intended career", the 2016-2019 TFS administrations asks students to select from a list of 60-70 options,

encompassing a wide variety of job titles, as well as options for “Other Profession” and “Undecided”. The structure of this question only allows respondents to select one option. From the 2016-2019 merged TFS dataset, this yielded 12,991 cases. This sample included respondents who were first-time, full-time first-year students at 334 different institutions.

Variables

As described previously, a key variable of interest for this phase of the study is students’ choice of intended career. That variable constructed the comparison groups, with one group comprising of respondents who selected nurse/registered nurse (NURSE), one group comprising of respondents who selected other healthcare careers (OTHERHEALTH), and one group comprising of respondents who selected other non-healthcare careers, including “Undecided” (NONHEALTH). From the overall sample of 12,991 respondents, 8.7 percent of respondents (n=1135) were in the NURSE group, 28.1 percent (n=3648) were in the OTHERHEALTH group, and 63.2 percent (n=8208) were in the NONHEALTH group. Appendix D contains a list of which career options were considered “OTHERHEALTH”.

The three comparison groups were conceptualized in such a way to examine the qualities of Filipina/x/o students choosing to pursue nursing, highlighting the uniqueness of nursing as a career choice for Filipina/x/o Americans. Within more traditional career taxonomies, nursing is typically described as a helping career, and would naturally attract students valuing a career that helps other people (Holland, 1997). Similarly, these helping-oriented students may also be attracted to other helping careers in healthcare, and thus, creating a comparison group of students who intend to pursue other healthcare careers can illuminate areas of overlap and difference compared to those who intend to pursue nursing. While nursing is undoubtedly a career within the healthcare industry, several factors already differentiate nursing from other healthcare

careers. For example, there are many educational pathways (e.g. associate’s, bachelor’s, and master’s degree programs) toward becoming a registered nurse, while becoming a doctor or pharmacist is only achievable by earning a doctorate degree. These differing educational requirements may attract different types of students. Furthermore, given the scope of this study focusing on Filipina/x/o Americans, it is important context that U.S. immigration policies prioritized and selected for nurses, constructing a pipeline of immigrants from the Philippines where nursing was differentiated from other healthcare careers (Choy, 2009).

The TFS survey encompasses a robust set of variables to allow for statistically and theoretically-driven testing to examine differences between these three groups. The variables selected for the examination were informed by the conceptual framework of colonial mentality described in Chapter 2. While there is not a colonial mentality “variable” or measure on the TFS, David and Okazaki (2010) determined that directly asking about the colonial mentality manifestations were not as effective as implicit assessments. Thus, the other variables were chosen to identify any potential differences among the three groups with regards to demographic, academic, cognitive, and affective characteristics. In the qualitative phase, these differences were further explored as to whether group differences and data peculiarities can be tied more definitively as evidence of colonial mentality. Table 3.1 shows variable information, descriptions, how they were coded.

Table 3.1

Variable Definitions and Coding Scheme

Factor/Variable	Variable Scale
Demographic and Academic	
Sex	1=Male, 2=Female, 3=Genderqueer, Gender nonconforming, Different Identity, Identity not listed

Table 3.1

Variable Definitions and Coding Scheme

Factor/Variable	Variable Scale
Transgender	1=No, 2=Yes
Sexual orientation	1=Heterosexual/Straight, 2=Gay, 3=Lesbian, 4=Bisexual, 5=Queer, 6=Other
Citizenship status	1=None of the above, 2=International student, 3=Permanent resident (green card), 4=U.S. citizen
Religion	Religion (21 options)
Student's probable career aggregated	Aggregated Career (23 options)
Parent/Guardian 1 career aggregated	Aggregated Career (23 options)
Parent/Guardian 2 career aggregated	Aggregated Career (23 options)
Best estimate of your parents'/guardians' total income last year	1=Less than \$15,000 to 12=\$500,000 or higher
What is the highest formal education obtained by your parents/guardians?	1=Junior high/Middle school or less to 8=Graduate degree
High school grade point average	1=D, 2=C, 3=C+, 4=B-, 5=B, 6=B+, 7=A-, 8=A or A+
How many miles is this college from your permanent home?	1=5 or less, 2=6 to 10, 3=11 to 50, 4=51 to 100, 5=101 to 500, 6=Over 500
Were you accepted by your first choice college?	1=No, 2=Yes
Choice: Is this college your:	1=Less than third choice, 2=Third choice, 3=Second choice, 4=First Choice
Institutional Selectivity	Average between 25 th and 75 th percentile of institution's self-reported admitted students' SAT scores
Cognitive/Affective	
Do you have any concern about your ability to finance your college education?	1=None, 2=Some, 3=Major
Self-Ratings	
Compassion	1=Lowest 10% to 5=Highest 10%
Emotional health	1=Lowest 10% to 5=Highest 10%
Risk-taking	1=Lowest 10% to 5=Highest 10%
Understanding of others	1=Lowest 10% to 5=Highest 10%
Reason for College	
To be able to get a better job	1=Not Important, 2=Somewhat Important, 3=Very Important

Table 3.1

Variable Definitions and Coding Scheme

Factor/Variable	Variable Scale
To gain a general education and appreciation of ideas	1=Not Important, 2=Somewhat Important, 3=Very Important
To be able to make more money	1=Not Important, 2=Somewhat Important, 3=Very Important
To get training for a specific career	1=Not Important, 2=Somewhat Important, 3=Very Important
To please my family	1=Not Important, 2=Somewhat Important, 3=Very Important
<u>Reasons for Specific College</u>	
My parents/relatives wanted me to come here	1=Not Important, 2=Somewhat Important, 3=Very Important
I wanted to live near home	1=Not Important, 2=Somewhat Important, 3=Very Important
<u>Likelihood of Future Acts in College</u>	
Change career choice	1=No Chance, 2=Very Little Chance, 3=Some Chance, 4=Very Good Chance
Change major choice	1=No Chance, 2=Very Little Chance, 3=Some Chance, 4=Very Good Chance
Seek personal counseling	1=No Chance, 2=Very Little Chance, 3=Some Chance, 4=Very Good Chance
<u>HERI-developed Constructs</u>	
Factor: Pluralistic Orientation	Five-item factor; Measures skills and dispositions appropriate for living and working in a diverse society
Factor: Social Self-Concept	Three-item factor; A unified measure of students' beliefs about their abilities and confidence in social situations
Factor: Social Agency	Six-item factor; Measures the extent to which students value political and social involvement as a personal goal.
Factor: College Reputation Orientation	Three-item factor; Measures the degree to which students value academic reputation and future career potential as a reason for choosing this college.

Table 3.1

Variable Definitions and Coding Scheme

Factor/Variable	Variable Scale
Factor: College Involvement	Four-item factor: A unified measure of students' expectations about their involvement in college life generally.

Analytic Approaches

In the previous section, I focused on the data source, sample, and variables needed to address research question 1 of this proposed study. In the following paragraphs, I provide a description of the analytic procedures and their justification for their use in answering research question 1. Along with being guided by this study's theoretical and conceptual framework of colonial mentality, the analytic decisions for this study follow the explanatory nature of this mixed-methods design in that the quantitative inquiry is meant to bring up topics for further exploration in the qualitative phase.

Missing Data

I took several steps to account for missing data. First, I ran preliminary frequencies of all variables to examine the percent of missing cases per variable. I anticipated removing any variable from my analyses that has 20% or greater missing cases, but none of the variables reached this (Association for Institutional Research, 2014).

Variable Coding

While the TFS dataset offers an immense number and variety of variables, variable coding was an essential early step in the quantitative analysis for this study. Appendix D contains a list of the variables I recoded for this analysis. Given that I was not conducting regression or those types of inferential analyses, I did not have to undergo the typical dummy or effect coding procedures to construct a suitable race/ethnicity variable for inferential comparisons. Still, I

recoded the race/ethnicity options to create a multiethnic variable that accounted for respondents who mark “Filipino” alone or those who mark more than one option. According to the Pew Research Center (2019), nearly one in five Filipinos in the United States identifies as multiracial, and so I found it meaningful to this inquiry on Filipina/x/o Americans to consider multiracial/multiethnic perspectives.

Secondly, I recoded a variable for first-generation college student status based on the responses to “highest formal education” of both parents. HERI does code for a first-generation college student variable, but their parameters define first-generation as both parent education levels being less than “Some college”. Toutkoushian, Stollberg, and Slaton (2018) reported that earlier studies on first-generation college students tended to define first-gen status as parents never having attended college, while more recent studies have defined first-gen status as one’s parents did not graduate from college, which is the metric I used for this study. Thus, I adjusted that first-generation variable to include all respondents who indicate both parents have “Some college,” meaning neither parent obtained a college degree, but might have started college.

Additionally, I developed a “nurse parent” variable based on the Parent/Guardian 1 & 2 career aggregated variables that indicates whether one or both of the respondent’s parents are nurses, as well as “gender” variable taking into account the Sex and Transgender measures.

Descriptive Analyses

Descriptive analyses were used to answer the first research question for this study, and also helped inform the later qualitative phase by highlighting potential topics to further discuss with participants. In particular, I employed frequencies, crosstabulations, t-tests, and ANOVAs to illuminate the characteristics of the Filipina/o/x-identifying respondents and how their characteristics may vary when considering their intended career. Simple frequencies were

performed to lay a basic foundation of the numerical and proportional representation of Filipina/o/xs in this dataset.

Then I conducted a series of means comparison tests (T-tests and ANOVAs) for the variables that are measured on a continuous scale. When comparing between the two groups (women and men within the NURSE group) independent t-tests were used for the factors and HERI constructs, as these are measured as continuous variables. In order to calculate the mean of certain variables however, such as family income and college distance from home, whose output would consist of grouped data due to the TFS response options, I was able to calculate estimated means. I was still able to determine whether these estimated means were different from one another by calculating confidence intervals of each group estimate.

Finally, for the categorical variables (e.g. gender, citizenship status, religion, having a nurse parent), I ran two-way and three-way crosstabulations with Chi-square tests to determine relationships between variables, as well any significant differences between groups. To address research question 1C, three-way cross tabs allowed for observing potential differences between the career comparison groups while also considering gender identity.

Qualitative Phase

After conducting the quantitative analyses for this study, the qualitative approaches during the next phase of the study allowed for using more detailed information to answer questions involving “how” and “what” (Creswell, 2009). The overarching approach, narrative inquiry, has ontological and epistemological roots in the philosophy that *experience* is the central focus of inquiry (Caine et al., 2019). Furthermore, in narrative inquiry, experience is not understood as passive engagement with external environment, but instead “located in what people do, how they live, and also how they make sense of living and doing,” (Caine et al., 2019,

p. 3). While narrative inquiry attends to individuals' experiences, it also inherently understands that narratives are shaped over time as well as through a variety of contexts (e.g. social, familial, cultural, linguistic, and institutional).

A key consideration regarding narrative inquiry is relational ethics, requiring attention to both the researcher's and each participant's previous experiences. Being entrusted to retell these participants' stories, I as the researcher am charged with continually studying the ways my experience is visible and shapes the inquiry into my participants' experiences. Thus, while I provided a longer statement of my positionality regarding this research topic in Chapter 1, in the following paragraphs I also make references to how my experiences have shaped the methodological decisions in developing this inquiry.

Sample

For this phase of the study, the sample of participants were selected for specific reasons using purposeful sampling techniques (Patton, 2002). I created criteria to narrow the sample that can work toward answering the research questions—in this study, participants needed to be Filipina/x/o American, at least 18 years old, and identify as second-generation, meaning they were born in the U.S. and at least one parent immigrated from the Philippines. The second requirement was that the individual is currently or has previously enrolled in a higher education institution in California. The third criterion required that the participant be in the process of career decision-making and considering a nursing career, but is not currently a registered nurse.

Because career decision-making can occur throughout and even after one's higher education experience, it was important to this inquiry that stipulations did not target specific class years. Examples of individuals who could qualify included students who are designated as pre-nursing majors by their higher education institution, taking prerequisite courses in

preparation for a nursing degree program, or a declared nursing major who had not yet graduated with their nursing degree. I also considered those who were applying but had not yet been accepted to nursing degree programs. Finally, I included those who had previously completed a non-nursing degree and had returned to higher education specifically for a nursing degree.

Participant Recruitment

Although I myself attended college out-of-state, I grew up in Southern California and recognize that California is home to the largest proportion of Filipina/x/o Americans in the United States, with several major enclaves and largest population centers being in Southern California. Given my existing network in both the higher education and Filipina/x/o American communities, I focused my recruitment strategies on California, with the hope that future research could possibly expand this work to other regions. Enlisting help from former colleagues and the NASPA Asian Pacific Islander Knowledge Community (and similar organizations such as Asian Pacific Americans in Higher Education and ACPA's Asian Pacific American Network), I was able to distribute information about my study via email with the help of academic and student services professionals at several California higher education institutions who could connect me directly to multicultural centers, Filipina/x/o American-affiliated student organizations, and their Filipina/x/o-identifying students. I also publicized my study recruitment materials via Filipina/x/o American-related community organizations, such as the local chapters of the Filipino American National Historical Society (FANHS), who all possess a variety of social media and email listserv opportunities for seeking participants. Finally, I recruited participants virtually and in-person through my personal networks via snowball sampling. Once I began working with participants, I also asked for recommendations for potential participants.

Individuals who were interested in participating in this study completed a participant

interest form (Appendix A). This form asked them to provide demographic (e.g. ethnicities, gender, religion, hometown, college/university affiliations) and other information (e.g. whether one or both parents immigrated from the Philippines and when, where they are in their career decision-making process) that allowed me to screen whether they fit the sample criteria. During the one month that the interest form was open, 91 individuals completed the form, though more than half were screened out immediately due to not fulfilling the requirement of having enrolled in higher education in California or not listing nursing as a career interest.

After this initial cut, I considered rethinking my study criteria to allow for 1.5- or 1.75-generation Filipina/x/o Americans (those who were born in the Philippines but immigrated to the U.S. as a young adult or a school-aged child, respectively) to be included in the study if they were completing higher education in California. However, given the time and capacity constraints of this dissertation, I decided to limit this study to second-generation Filipina/x/o Americans who were born and raised in the U.S., with the hope of conducting future research with attention to the complexities of the 1.5/1.75-generation immigrants and their career decision-making. From the 22 individuals remaining, I prioritized recruiting individuals that indicated “Some chance” or higher likelihood of changing their career choice purposefully selected a diverse group of participants of various ages, educational backgrounds. Fifteen participants were selected for the study, with 12 participants consenting to take part and completing both interviews.

The 12 participants ranged in age from 18 to 32, and 11 identified as women and 1 identified as a man (see Table 3.2 for participant demographics). Nine participants identified solely as Filipina/x/o, one identified as Filipina/x/o and Chinese, one identified as Filipina/x/o and Mexican, and one identified as Filipina/x/o and Pacific Islander. With regard to

socioeconomic status, almost all of the participants indicated on the intake questionnaire that their family to was middle class, with one participant specifying “upper middle class” and one participant characterizing their family as “low income”. Participants were invited to share more within the interviews.

Table 3.2

Participant Demographics

Pseudonym	Gender	Race/Ethnicity besides Filipina/x/o	Age	Nursing Degree Objective	Institution Type	Year
Carmella	Woman	Chinese	21	BSN	Private for-profit	4 th
Rachel	Woman		20	BSN	Private non-profit	4 th
Danielle	Woman		18	BSN	Public	1 st
Briana	Woman		21	BSN	Public	4 th
Alexa	Woman		21	BSN	Public	4 th
Kaitlyn	Woman	Hispanic/Chicano/Latinx	21	BSN	Public	4 th
Natalie	Woman		20	ADN	Public	1 st
Francis ^a	Man	Pacific Islander	32	ADN	Public	2 nd
Kelsey ^a	Woman		23	BSN		
JC ^a	Woman		26	MSN	Private non-profit	2 nd
Jasmine	Woman		19	BSN	Private non-profit	2 nd
AJ	Woman		18	BSN	Private non-profit	1 st

^aThese participants previously completed a bachelor’s degree in a non-nursing major at a different college/university.

Data Collection

To answer research questions 2a and 2b, I interviewed 12 participants guided by narrative inquiry to share, consider, and make meaning of their experiences around career decision-making. Acknowledging that the telling and retelling of experience can change over time and is not a singular event, I conducted two one-on-one semi-structured interviews lasting between 60 and 90 minutes with each participant between October 2023-January 2024, allowing for multiple

opportunities to follow up and explore life events (Caine et al., 2019). Participants were offered a \$40 Amazon gift card as an incentive for their participation and needed to complete both interviews to receive the incentive.

The first interview focused on participants' life histories, including their family's immigration stories and any presence of Filipina/x/o culture and values growing up. In this first interview, participants also engaged in a data elicitation activity—drafting their educational journey map—providing glimpses into how participants conceptualized noteworthy moments throughout their education (Annamma, 2016; Caine et al., 2019). In this case, the education journey maps guided the conversations to explore the social, spatial, and temporal journeys that participants convey as salient to choosing and confirming their career choices (Annamma, 2016). During the second interview, participants shared their higher education experiences in more detail, including their college choice decision-making processes and navigating academic systems. Participants also recounted their early career perceptions, social influences on their educational decisions, and the steps they had taken toward nursing. At the end of the second interview, I asked participants to offer explanations or possible observations in response to some of the findings from the quantitative analysis.

One-on-one Interviews

Each interview followed a semi-structured format, which aligns with the principles of narrative inquiry and allows space for organic conversations that provide these students to discuss what they find important and meaningful (Caine et al., 2019; Patton, 2002). The protocol for both interviews was informed by David's conceptualization of colonial mentality and the Colonial Mentality Scale (David & Okazaki, 2006b). While not directly asking about colonial mentality, questions sought participants' reflections and feelings around Filipina/x/o culture and

navigating both Filipina/x/o and American cultures growing up, allowing for some narrative insight into potential influences of colonial mentality. The first interview covered participants' background and educational journey context more broadly, while the second interview focused more on specific steps leading to their present situation and how the participant conceptualized their career decision-making. The interview protocol for each interview is available in Appendix B and Appendix C. After completing an education journey map in the first interview, participants described their map in their own words, and they were also asked to expand more on the variety of influences that may have shaped their career trajectories or impacted their career decision-making processes. All participants were interviewed via Zoom video conference, and interviews were recorded by Zoom. Transcriptions were initially generated both Zoom and a third-party transcription service, and I later verified the transcriptions and made edits in conjunction with the interview recordings.

Education Journey Mapping

Ammanna (2016) utilized education journey mapping as a methodological tool in her research with incarcerated young women of color. Framing her study with critical race theory and DisCrit, Ammanna emphasizes that education journey mapping allowed for investigating “the space between individuals and social structures, linking the micro embodied experiences with the macro-systemic social inequities” (2016, p. 1215). After discussing participants' life histories, participants were invited to create an education journey map illustrating their journey related to their career choice, framing the activity with a prompt encouraging the participants to consider shifts over time and environment. Besides highlighted participants' unique journeys, the education journey map was one part of the qualitative phase where I expected the COVID-19 pandemic to emerge in discussion.

Following Ammanna's example, I as the researcher also drafted my educational journey map during this time, and I prepared to share my education journey map if a participant wanted me to share as an example. While a few participants asked for clarifying questions before beginning their own educational journey map, every participant readily shared their map and did not request me to share mine. Being a second-generation Filipina American, I knew that some of my positionality would be apparent to my participants, so volunteering to collaborate in this mapping exercise allowed participants to have access to my motivation and goals in pursuing this research. Even though I did not end up sharing my own educational journey maps with participants, this action was meant to be: 1) an act of reciprocity and acknowledgment of my appreciation of privileging me with their narratives, 2) an invitation to be open and honest with me (and possibly messy and chaotic, as my own education journey has been), 3) an opportunity for mutual exchange of questions and discussion (participants would be welcome to ask me questions, as I would be asking them questions on their maps as well), and 4) an assurance that these maps are not for being passively observed but would only be understood through their narrative and voice.

Given the difficulty of asking directly about the influences of the vestiges of colonialism on colonial mentality, this mapping activity opened the door for participants considering the role of wider social structures on their choices. Considering this, education journey mapping was helpful in addressing the sensemaking and experiential aspects in how participants conceptualized their career decision-making processes. Furthermore, the mapping activity also served as a foundation of the major events, phases, and influences of each participant's trajectory, allowing the potential for more enriching discussions during the rest of the interview.

Data Analysis

In narrative inquiry, participants' stories are the anchor for the analysis, with the overall approach being the interpretation of narratives' meanings as a whole with the aim of identifying particular narrative types (Smith & Sparkles, 2008). Coding of events/actions contributing to narrative themes, plotlines, or narrative threads of participants' lives are all possibilities. As these become evident through coding of individual actions or events, institutional, cultural, family, and/or social narratives that shape a life become apparent and are also coded (Clandinin, 2005). Many possibilities exist for a variety of analytic strategies in different forms: stories within stories, memos, reflections, debriefs, individual interviews, and metaphoric analysis, so similarly I conducted data analysis through a variety of strategies (Pino Gavidia & Adu, 2022).

Throughout this phase of the study, I kept a research journal to memo observations regarding interviews, participants, and the research process overall. To gain a deeper understanding of each participant's narratives, I listened to each participant's first and second interviews together and reviewed the transcripts. All of the transcripts were uploaded in Dedoose, where I organized, coded, and analyzed the data. For this initial round of inductive content analysis, I utilized open/in-vivo coding to allow for themes and develop directly from the data (Saldaña, 2013). Then I memoed initial thoughts on how their narratives relate to my research questions, and I also named larger and smaller stories for each participant and potentially narrative "types" across participants that individual stories may fit into. This was keeping in mind Pino Gavidia and Adu (2022) caution of the risk of creating a 'general unifying view' that devalues the particularity of individual experience.

Then I transitioned to a deductive approach and conduct additional rounds of coding with affective and causation strategies to relate participants' responses to the research questions of the study (Saldaña, 2013). These later rounds of coding illuminated the uniqueness and nuanced

differences among interview participants. Utilizing the theoretical and conceptual framework, I noted references to the manifestations of colonial mentality including values, conflicts, and emotions (affective) in relation to their career choice and Filipina/x/o American identity. I also looked for participants' ideas of how the outcome of making the career choice came about (causation). All the collected data underwent thematic and descriptive coding to help establish properties encompassing of multiple datasets, and then these properties will be refined and relate the datasets to each other with the theoretical framework (Merriam & Tisdell, 2016).

Trustworthiness

Interpreting qualitative research requires an assurance of trustworthiness—that the research was rigorously constructed and conducted, the participant narratives were represented accurately, and the findings can be trusted (Merriam & Tisdell, 2016). I employed several of Merriam and Tisdell's suggested strategies to address the rigor of the research design and attempts to reduce researcher bias, including data triangulation, audit trails, member checking, peer review, and reflexivity regarding my positionality. The decision to collect multiple forms of data from multiple sources (e.g. surveys, interviews, maps) meant to provide data triangulation and confirm findings through multiple sources. I maintained an audit trail providing a detailed account of methods, procedures, and decision points in carrying out the study—allowing for others to understand my study processes. With regard to member checking, I provided participants with a short summary of tentative themes and preliminary findings from the dataset as a whole, and I invited participants to provide anonymous comments on the plausibility of the interpretations.

Throughout the research process, I continued to reflect upon my positionality and motivation in pursuing this research and considered how my social position as a researcher as

well as my social identities may affect my interactions with participants. Having some insider insights as a Filipina American with several nurse relatives helped build rapport with participants. Still, it was important to clarify for my participants that that I had much to learn from them since I had not gone to college here, nor had I pursued a nursing major, to ensure participants did not shortcut their descriptions. Another area of major reflection has been considering the changing context from when I initially began this study to today's COVID pandemic-informed society. Knowing that Filipina/x/o American communities in healthcare have been extremely impacted by the pandemic, I continually monitored and checked with Filipina/x/o American colleagues and healthcare workers to be mindful of how this research could uplift these communities.

Plans for Converging Data

In this explanatory sequential design, all of the quantitative data was collected and analyzed before beginning the qualitative phase. Findings from the quantitative phase informed some of the interview protocol questions to gather responses that could illuminate observations possibly explaining the findings. After the qualitative data was collected, the interviews provided additional insights in inferring connections or even disconfirming evidence of the qualitative data in explaining the quantitative findings. Once all the data was collected, I conducted interpretations of the whole dataset. I grouped the data based on shared characteristics that emerged from the data—institutional type (public or private), current living situation (with or away from parents), and progress toward nursing (those who had completed less than half of their nursing program and those who had completed half or more of their nursing program)—and searched for commonalities within groups and differences between groups.

Limitations

This study has both quantitative and qualitative limitations. The quantitative portion of the study was limited by the analysis of secondary data. Some of the survey response options were not optimal for accounting for the Filipina/x/o American experience. For example, respondents were not able to specify whether their parents completed college degrees outside of the U.S.; however, research has shown the Pilipino American students whose parents completed college in the Philippines are more similar to typically defined first-generation students rather than their continuing-generation peers (Buena Vista, 2013). Because institutions pay to participate in the TFS, the sample of participating campuses may be more selective and include more private institutions than the full population of four-year colleges and universities in the U.S. Although HERI calculates population weights to statistically adjust the data to account for these contingencies, possible bias in the representativeness of the quantitative sample may persist. The analyses may also include data from respondents who intended to pursue a career in nursing but who eventually did not finish their bachelor's degree.

For the qualitative portion of the study, participants were not drawn directly from the survey respondents, and vice versa the survey respondents will also likely not be completely representative of the interview participants. As previously mentioned, the quantitative sample began college pre-COVID, whereas the qualitative sample may have pandemic-related experience that influenced their academic or professional goals. In particular, the TFS does not collect data from students attending community colleges, and the survey collects data from institutions across the U.S. rather than focusing on students enrolled at institutions in California. Additionally, conducting the study in California emphasizes that any findings from the qualitative phase of the study are not meant to be generalizable to all Filipina/x/o American college students in the U.S.

Summary

The chapter described the methodological design to investigate any potential influences of the vestiges of colonialism on Filipina/x/o American's career decision-making processes. First, quantitative analysis of incoming college student survey data was used to understand how Filipina/x/o-identifying students who indicate nursing as their desired career differ from other their other Filipina/x/o-identifying peers. Second, informed by narrative inquiry, I conducted interviews with 12 Filipina/x/o American students considering nursing. The interviews investigated their career choice processes, as well as their conceptions of the social and cultural influences, including those related to the vestiges of colonialism, on their trajectories and career choices.

This study's multiple methods were meant to test whether colonial mentality can be used to explain, in part, the overrepresentation of Filipina/x/o Americans in nursing. If CM is present during the career choice process, I expected the vestiges of colonialism and colonial mentality to emerge in both the quantitative and qualitative phases. By focusing on Filipina/x/o American college students with an attention to the vestiges of colonialism, these methodological decisions aim to collect evidence fit to answer the study's research questions and overall inquiry.

CHAPTER FOUR: FINDINGS FROM THE QUANTITATIVE PHASE

The quantitative phase of this study utilized descriptive statistics to examine some background demographic (e.g., religion, family income) and academic-related (e.g., high school GPA, college selectivity) characteristics of first-time, full-time Filipina/x/o-identifying first-year college students. This phase also included an analysis of cognitive and affective variables, including respondents' self-ratings of certain personal qualities and insights into their college choice processes. The objective of this phase of the study was to summarize the central tendencies, distributions, and variability within different variables for Filipina/x/o-identifying college students overall, as well as determine any significant differences when grouping students by intended career. The findings in this chapter address the first research question: What, if any, are the differences between Filipina/x/o undergraduates who choose to pursue a career in nursing and their counterparts who choose other careers? To focus this inquiry, research question one has three sub-questions:

- 1a) What, if any, are the differences in *demographic* and *academic* characteristics?
- 1b) What, if any, are the differences in *cognitive* and *affective* characteristics?
- 1c) Among Filipina/x/o undergraduates who choose to pursue a career in nursing, how, if at all, do these differences vary by gender identity?

The descriptive statistics used to answer these questions helped build a foundation for understanding any differences between Filipina/x/o college students who intend to pursue careers in nursing and their Filipina/x/o peers who intend to pursue other careers. To investigate this, I constructed three comparison groups based on the TFS question asking students to select their intended career: those aspiring to be nurses (NURSE, $n = 1,135$), those aspiring for careers in healthcare careers besides nursing (OTHERHEALTH, $n = 3,648$), and those who selected any

other career, including undecided (NONHEALTH, $n = 8,208$). (See Appendix D for the careers included in the OTHERHEALTH category.) For categorical variables—most of the demographic measures and some of the academic characteristics—I conducted chi-square analyses to test for associations between intended career group and variables of interest. I also did further post-hoc analysis using adjusted residuals to account for the increased risk of making a Type I error due to the cumulative probability of finding a significant result. For non-categorical variables—a few of the academic characteristics and all of the cognitive and affective measures, I conducted one-way ANOVAs to examine the relationship between intended career and other variables of interest. Similarly, given the potential for Type I error inflation when conducting multiple pairwise comparisons, Bonferroni correction was applied to adjust the significance level accordingly.

The findings in this chapter are organized by sub-question. For RQ1a, I describe some descriptive statistics of the entire sample, then I focus on the demographic and academic characteristics of the NURSE group, pointing out significant differences from the comparison groups. When responding to RQ1b, I first share which aspects the NURSE group shares with one or both comparison groups. Then, I point out the unique characteristics of the NURSE group, or ways that the NURSE group was distinct from both of the other groups. I end the overview of results by responding to RQ1c's question focusing specifically on gender, using descriptive analyses to highlight differences within the NURSE group. Then, I acknowledge a few limitations that emerged during this phase of the study. Finally, the chapter closes with a summary of findings, responding to the hypotheses outlined in the previous chapter.

Examining Demographic and Academic Characteristics

The sample for this study contained the respondents who identified as “Filipina/o/x or Filipina/o/x American” and responded to the question about intended career on the 2016, 2017,

2018, or 2019 TFS ($n = 12,991$). Almost all of the survey respondents were U.S. citizens (93.7%), and a similar percentage also indicated English as their native language (93.8%). Nearly three-quarters of the sample identified as Catholic or Christian (73.4%). The sample revealed almost an even split between respondents who only indicated “Filipina/o/x or Filipina/o/x American” (50.1%) and multiracial/multiethnic respondents (49.9%)—those who marked two or more responses to the racial/ethnic identify question.

When asked for background information on their parent(s)/guardian(s), almost two-thirds (65.6%) of the sample had at least one parent/guardian with a college degree or higher. When asked about their parent(s)/guardian(s)’s occupations, similar proportions of respondents mentioned having at least one parent who is a nurse (20.3%) or a doctor (19.5%). About half of the respondents (49.8%) estimated their parent(s)/guardian(s)’ annual income to be over \$100k. About one-quarter of respondents (25.3%) estimated their parent(s)/guardian(s)’ annual income to be between \$60k-\$99.9k, and the remaining quarter of respondents (24.9%) estimated this figure to be under \$60k. As U.S. Census data reported the median household income from 2016-2019 to be right around \$60k, it is apparent that this sample skewed toward higher household income levels.

When looking at academic characteristics, over half of respondents (61.9%) were accepted to their first-choice institution, but less than half (45.1%) were enrolled at their first choice. Most respondents (63.5%) reported attending a public institution, while 36.5% were enrolled at a private institution. Slightly less than half of respondents (48.1%) were attending college 50 miles or closer to their permanent home. A few education-related characteristics of the entire sample were clearly affected due to the nature of the TFS. For example, more than ninety-five percent (95.4%) of respondents reported their high school grade point averages as 3.0

(B average) or higher. This high level of academic achievement can be partially attributed to survey respondents being limited to students entering college. Secondly, the vast majority were enrolled in a university (57.6%) or a 4-year college (41.8%), with only 0.6% of respondents coming from 2-year colleges. While this is unsurprising, given that many more 4-year colleges and universities participate in the TFS than 2-year colleges, it is important to note that the perspectives of Filipina/x/o American community college students are largely missing from this analysis.

Finally, most survey respondents in this sample were women (58.8%), while 40.3% were men, and 0.9% were non-binary/gender non-conforming/genderqueer/identity not listed. Most respondents being women was unsurprising as more women tend to respond to the TFS in comparison to men. However, due to some changes on how respondent's sex and gender identity were asked on different administrations of the TFS, it is important to note that the 0.9% who selected the "non-binary/gender non-conforming/genderqueer/identity not listed" response option only includes respondents from the 2018 and 2019 TFS. While I did include all of these gender identity response options when initially grouping respondents by career choice, I decided to remove those who selected "non-binary/ gender non-conforming/ genderqueer/ identity not listed" from the within-group analysis of the NURSE group. Besides the low cell counts (n=9), it did not make sense to include this group in analyses investigating the associations between gender identity and other variables when the group itself contains a combination of response options. While I did not want to reinforce gender as a binary identity construct, it seemed irresponsible to include these respondents in an inferential statistical analysis that could inappropriately characterize these nine individuals as a group when they represent a wide range of gender identities. Further investigation beyond the scope of this study is necessary to better

understand the experiences of those who hold these identities.

Demographic Characteristics of the NURSE Group

Chi-square analyses revealed significant associations indicating differences among the comparison groups regarding several personal demographic characteristics. Table 4.1 displays the proportional differences among the three comparison groups as well as the demographic composition of the entire sample. Demographic characteristics that were statistically significant are indicated with asterisks in the table, while noteworthy post-hoc analyses are discussed within the text below (See Appendix E for a table of adjusted residuals).

Table 4.1

Proportional Differences of Demographic Characteristics Among First-time, First-year Filipina/x/o-identifying College Students, by Intended Career^a

	χ^2	Percent Among Career Group			All Respondents (n=12,991)
		Nurse (n=1,135)	Other Healthcare (n=3,648)	Non- Healthcare (n=8,208)	
Gender***	338.93				
Women		75.1	66.9	53.0	58.8
Men		24.1	32.5	46.0	40.3
Genderqueer/Identity not listed		0.8	0.6	1.1	0.9
U.S. Citizen	4.69	92.4	94.2	93.7	93.7
English is native language***	58.54	89.0	93.0	94.8	93.8
Catholic or Christian***	259.99	86.9	79.7	68.8	73.4
Filipina/x/o alone***	323.23	71.2	55.0	45.0	50.1
First-gen college student***	17.68	34.3	31.6	35.6	34.4
At least 1 parent is a nurse***	479.48	41.0	25.2	15.1	20.3
At least 1 parent is a healthcare professional, other than a nurse***	182.95	20.8	26.8	16.1	19.5

Table 4.1

Proportional Differences of Demographic Characteristics Among First-time, First-year Filipina/x/o-identifying College Students, by Intended Career^a

Parent(s)' Income**	19.19				
Under \$60k		26.2	22.8	25.6	24.9
\$60-\$99.9k		27.1	24.6	25.3	25.3
Over \$100k		46.7	52.6	49.0	49.8

Note. Sample sizes for each group may be slightly smaller across the variables listed in this paper due to missing values.

^aAll Respondent totals are included as a reference for numerical and proportional comparison for intended career subgroups but were not included in statistical significance testing.

* $p < .05$. ** $p < .01$. *** $p < .001$.

In many cases, the group comprised of aspiring nurses and the group comprised of aspiring healthcare workers exhibited associations in the same direction. For example, when looking at gender, the chi-square test revealed a statistically significant association between gender and intended career choice ($\chi^2 = 338.93$, $df = 4$, $p < .001$). Women were significantly overrepresented in both the NURSE and OTHERHEALTH groups, with women comprising more than three-quarters of the NURSE group (75.1%) and more than two-thirds (66.9%) of the OTHERHEALTH group. The chi-square analysis also indicated an overall association between religion and intended career ($\chi^2 = 259.99$, $df = 2$, $p < .001$). Both the aspiring nurses' group and the other healthcare professionals' group also exhibited overrepresentations of those who identified Catholic or Christian (86.9% and 79.7%, respectively), compared to the NONHEALTH group (68.8%).

This pattern of the NURSE and OTHERHEALTH groups exhibiting opposite patterns from the NONHEALTH group continues when looking at the proportions of multiracial/multiethnic respondents. Although the entire sample of Filipina/x/o-identifying respondents were

split nearly equally between who only marked one option, “Filipina/x/o or Filipina/x/o American” (50.1%) and those who marked multiple race/ethnicity options (49.9%), the proportions differ significantly when grouping respondents by intended career, which was confirmed by the chi-square test ($\chi^2 = 323.23$, $df = 2$, $p < .001$). Among the group of aspiring nurses, 71.2 percent identified with a single race, and only 28.8 percent identified with than one race/ethnicity. The proportion of respondents who only marked the Filipina/x/o response option is also higher than expected in the OTHERHEALTH group (55.0%), but the overrepresentation is less pronounced. For the NONHEALTH group, the proportion actually flipped to have an overrepresentation of those selecting two or more race/ethnicity options (55.0%).

The NURSE and OTHERHEALTH groups exhibited contrasting trends with regard to other personal demographic characteristics, however. While the significant chi-square indicated an overall association between proportion of native English speakers and intended career ($\chi^2 = 58.54$, $df = 2$, $p < .001$), subsequent post-hoc analysis using adjusted residuals identified significant associations for only certain career groups. Adjusted residual analysis showed that the NURSE group had a significantly higher representation of non-native English speakers (11.0%), more than twice the proportion of non-native English speakers in the NONHEALTH group (5.2%). But unlike with the other demographic variables that demonstrated similar trends for the NURSE and OTHERHEALTH groups, no significant association was found between being a native English speaker and the group intending to pursue other healthcare professions (adjusted residual = -6.8). Of all the personal demographic characteristics investigated, there was insufficient evidence to suggest that U.S. citizenship and intended career group had a significant association.

Parent-related Demographic Variables

Chi-square analyses also determined that several parent-related variables had significant associations that indicated differences among the three career groups. One area continuing the trend of the NURSE and OTHERHEALTH groups exhibiting associations in the same direction was that both groups demonstrated significant overrepresentations of those who had at least one parent who is a nurse. Both the chi-square analysis and subsequent post-hoc analysis using adjusted residuals identified significant associations between having a parent who is a nurse and all of the intended career groups ($\chi^2 = 479.48$, $df = 2$, $p < .001$). When compared to the NONHEALTH group, the NURSE group had more than twice the rate of those indicating they have at least one parent who is a nurse (15.1% for NONHEALTH vs. 41.0% for NURSE). The OTHERHEALTH group also showed a significant overrepresentation of those who had a parent who is a nurse (25.2%), but not as striking as the overrepresentation in the NURSE group. Unlike most of the demographic characteristics described above, the NURSE and OTHERHEALTH groups did not share as many consistent patterns when looking at other parent-related variables. For each of the following variables, chi-square analyses revealed an overall association between the variable of interest and intended career group, but post-hoc analyses using adjusted residuals did not show any statistically significant associations between the NURSE group and those variables. For example, when investigating parental income, post-hoc analyses using adjusted residuals only found significant associations for the OTHERHEALTH group being overrepresented at the highest income level (\$100k and above) and underrepresented at the lowest (\$59.9k and below) income levels. Similarly, first-gen status was not found to have a significant relationship with intending to pursue a career in nursing; however, the OTHERHEALTH group showed an overrepresentation of those who have at least one parent with a college degree, whereas the NONHEALTH group had an overrepresentation of

first-generation college students (neither parent has a college degree).

Finally, while having a parent who is a nurse did have significant associations with all the intended career groups—positive for NURSE and OTHERHEALTH; negative for NONHEALTH, there was insufficient evidence to determine whether having a parent in a non-nursing healthcare career was associated with the NURSE group specifically. While the chi-square test revealed an overall association between having a non-nursing healthcare parent with intended career ($\chi^2 = 182.95$, $df = 2$, $p < .001$), the post-hoc analysis with adjusted residuals did not reveal a significant relationship specifically with the NURSE group (adjusted residual = 1.1) but did reveal specific associations with this variable and the other comparison groups. The OTHERHEALTH group demonstrated an overrepresentation of respondents having a parent who is a healthcare professional other than a nurse (adjusted residual = 13.0), while the NONHEALTH group had an underrepresentation of having a parent in a non-nursing healthcare profession (adjusted residual = -12.8).

Academic Characteristics of the of the NURSE Group

Given that the TFS was administered to students before beginning their first-year college classes, the academic characteristics in this study included high school GPA, whether they had been accepted to their first-choice institutions, and other qualities about the colleges where they enrolled. Table 4.2 includes the chi-square analyses for the academic characteristics investigated in this study. To investigate the relationships between academic characteristics and intended career, one-way ANOVAs and chi-square tests were conducted with post-hoc tests. Using chi-square analyses, it was revealed that being accepted to one's first-choice institution did have an association with intended career group ($\chi^2 = 15.14$, $df = 2$, $p < .001$). Post-hoc analyses using adjusted residuals, however, revealed this relationship was only significant for the NURSE group

(adjusted residual = 3.8), who reported higher than expected rates of being accepted by their first choice. Whether one was attending their first-choice institution was not associated with intended career group. While there was not a significant association between being enrolled in a public or private institution and intended career group, chi-square tests did reveal an overall significant association between institutional type and intended career group ($\chi^2 = 288.56, df = 4, p < .001$). Post-hoc analyses using adjusted residuals revealed significant relationships for the NURSE and OTHERHEALTH groups. While the NURSE group was significantly overrepresented at four-year colleges (adjusted residual = 14.1), they were underrepresented at four-year universities. The OTHERHEALTH group presented the opposite associations, being underrepresented at four-year colleges (adjusted residual = -11.8) but overrepresented at universities.

Table 4.2

Proportional Differences of Academic Characteristics Among First-time, First-year Filipina/x/o-identifying College Students, by Intended Career^a

	Percent Among Intended Career Group			All Respondents (n=12,991)
	Nurse (n=1,135)	Other Healthcare (n=3,648)	Non- Healthcare (n=8,208)	
Accepted by your 1 st choice (Yes)*** $\chi^2 = 15.14$	67.1	62.0	61.1	61.9
Attending your 1 st choice (Yes) $\chi^2 = 1.20$	43.8	44.9	45.5	45.1
Institutional Control (Public) $\chi^2 = 5.27$	61.4	64.9	63.2	63.5
Institutional Type***				
4-year university	37.7	65.8	56.7	57.6
4-year college	61.6	33.7	42.7	41.8
$\chi^2 = 288.56$				

Note. Sample sizes for each group may be slightly smaller across the variables listed in this paper due to missing values.

^aAll respondent totals are included as a reference for numerical and proportional comparison for intended career subgroups but were not included in statistical significance testing.

* $p < .05$. ** $p < .01$. *** $p < .001$

A one-way ANOVA revealed a significant association between high school GPA and intended career group ($F = 52.188, p < .001$). Post-hoc comparisons using t -tests with Bonferroni correction indicated that the mean high school GPA for the NURSE group ($M = 3.56, SD = 0.40$) did not significantly differ from the NONHEALTH group ($M = 3.56, SD = 0.43$); however, the mean high school GPA for the OTHERHEALTH group ($M = 3.65, SD = 0.39$) was significantly higher than both other comparison groups. College selectivity—measured by averaging the institution’s self-reported 25th and 75th percentiles of admitted students’ SAT scores—also uncovered an overall association with intended career group ($F = 198.93, p < .001$). Post-hoc t -tests with Bonferroni correction indicated that the OTHERHEALTH group ($M = 1160.07, SD = 141.36$) and NONHEALTH group ($M = 1154.94, SD = 151.78$) did not significantly differ from one another, but that the NURSE group enrolled at less selective institutions than the other groups ($M = 1058.17, SD = 124.80$).

Since the TFS question asking respondents to share the distance between their institutions and their permanent homes reported responses options representing ranges of distances (in miles), I first needed to determine the weighted averages for each of the comparison groups. Then a one-way ANOVA determined an overall significant association between college distance from home and intended career group ($F = 61.784, p < .001$), and post-hoc comparisons using t -tests with Bonferroni correction indicated significant differences among all three comparison groups. The NURSE group ($M = 239.09$ miles, 95% C.I. = [186.58, 239.28]) tended to attend college significantly closer to home when compared to the OTHERHEALTH group ($M = 382.50$

miles, 95% C.I. = [323.20, 357.94]). Both groups attend college significantly closer to home when compared to the NONHEALTH group ($M = 457.03$ miles, 95% C.I. = [391.27, 416.58]).

Examining Cognitive and Affective Differences Between Those Pursuing Nursing and Their Counterparts

As the TFS collects a wide range of information that provides a snapshot of incoming first-year students, some of the measures that I focused on for this study looked at students' self-perceptions of different qualities, expectations of college, their values, even their concerns about financing college. This section describes the findings that respond to Research Question 1b, pointing out cognitive (e.g., beliefs, ideas, or knowledge) and affective (e.g., feelings, emotions, attitudes, and motivations) differences between Filipina/x/o-identifying first-year students intending to pursue a career in nursing and their counterparts intending to pursue other careers. Self-perception questions asked respondents to rate themselves on certain qualities in comparison to other people their age using a five-point scale ("Lowest 10%" to "Highest 10%"). Any questions related to expectations for college asked students to indicate the likelihood of certain events on a four-point scale ("No Chance" to "Very Good Chance"). Respondents shared the importance of different values ("Not Important" to "Very Important") and their concerns about financing college ("None", "Some", or "Major") on three-point scales. A few of the HERI-developed constructs are factors comprised of multiple survey items, scaled with a mean of approximately 50 and standard deviation of approximately 10 (HERI Technical Report, 2016-2017). One-way ANOVAs were conducted to compare whether there were significant overall differences among the three comparison groups, and post-hoc Bonferroni corrections in the form of *t*-tests investigated differences between pairs of the comparison groups.

Areas of Overlap

Of all the cognitive/affective variables that were investigated for this study, three of them—respondents’ self-rating on risk-taking, the importance of gaining a general education as a reason for going to college, and the likelihood of anticipating seeking personal counseling during college—lacked sufficient evidence of being associated with students’ intended career. Still, there were several variables where an ANOVA revealed an overall association with intended career group, but post-hoc Bonferroni *t*-tests determined that there was not a statistically significant difference between NURSE and one of the other groups. Table 4.3 depicts the ANOVA results for these variables, including effect sizes which were calculated as partial eta squared (η^2_p).

Table 4.3

ANOVA Results with Post-hoc Analyses of the Cognitive/Affective Variables for which the NURSE Group was Not Significantly Different from at least One of the Other Groups

Variable	F(2, 11,299- 12,652)	η^2_p	NURSE		OTHER- HEALTH		NON- HEALTH	
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Financial concerns for funding college	9.40***	.001	1.97 _a	0.59	1.97 _a	0.60	1.92 _b	0.62
Self-rating:								
Emotional health	8.96***	.001	3.38 _a	0.91	3.34 _a	0.99	3.27 _b	1.00
Risk taking	2.43	<.001	3.27 _a	0.87	3.32 _a	0.92	3.34 _a	0.95
Understanding of others	36.35***	.006	4.18 _a	0.73	4.13 _a	0.76	4.02 _b	0.78
Reason for College:								
General education	4.30	.001	2.78 _a	0.44	2.77 _a	0.44	2.75 _a	0.48
To be able to get a better job	13.49***	.002	2.89 _a	0.35	2.86 _a	0.40	2.83 _b	0.42
Likelihood: Seeking personal counseling	3.56	.001	2.64 _a	0.92	2.71 _a	0.91	2.67 _a	0.89
HERI-developed constructs:								
College reputation	82.04***	.014	49.97 _a	8.65	51.15 _b	9.07	48.80 _a	9.07
Social agency	6.83**	.001	52.03 _a	8.50	52.94 _b	8.75	52.30 _a	9.32

Note. Means in a row sharing subscripts are not significantly different from one another.

p* < .05. *p* < .01. ****p* < .001

For example, a one-way ANOVA revealed there was an overall statistically significant difference between respondents' levels of financial concerns with funding college and intended career group. Post-hoc analysis found, however, that there was no statistically significant difference between NURSE ($M = 1.97, SD = 0.59$) and OTHERHEALTH ($M = 1.97, SD = 0.60$). According to post-hoc analyses in the form of Bonferroni t -tests, the mean level of concerns with financing college was only significantly different at $p < .05$ between the NURSE and NONHEALTH ($M = 1.92, SD = 0.62$) groups, and between OTHERHEALTH and NONHEALTH groups. Both the NURSE and OTHERHEALTH groups reported higher levels of concern regarding funding their college education compared to their peers pursuing careers outside of healthcare.

On a related note, a one-way ANOVA also revealed an overall statistically significant association between respondents' job-related motivations for attending college and their intended career group. Like with financial concerns for paying for college, however, post-hoc Bonferroni t -tests showed there was no statistically significant difference between the NURSE ($M = 2.89, SD = 0.35$) and OTHERHEALTH ($M = 2.86, SD = 0.40$) groups. Respondents in both groups placed higher importance on the ability to get a better job as a motivation for going to college compared to their NONHEALTH peers pursuing careers outside of healthcare ($M = 2.83, SD = 0.42$).

Similarly, statistically significant overall associations were revealed between intended career group and two of respondents' self-ratings: "emotional health" and "understanding of others". But once again, the post-hoc Bonferroni t -tests determined that NURSE and OTHERHEALTH were not statistically significantly different from one another. Both these groups rated their emotional health (95% C.I. = [3.32, 3.43] for NURSE; 95% C.I. = [3.31, 3.37]

for OTHERHEALTH) higher than the NONHEALTH group (95% C.I. = [3.23, 3.30]). The NURSE and OTHERHEALTH groups also rated themselves more highly on “understanding of others” (95% C.I. = [4.13, 4.22] for NURSE, 95% C.I. = [4.11, 4.16] for OTHERHEALTH) compared to how their NONHEALTH group peers rated themselves (95% C.I. = [4.00, 4.04]). While there are several areas where the NURSE and OTHERHEALTH groups are not statistically different from one another, it would be an overstatement to claim that these two groups are the same and that they are separate from the NONHEALTH group. For example, one-way ANOVAs determined there to be overall statistically significant associations between intended career group and social agency scores, as well as between intended career group and college reputation scores. Unlike the previous variables depicted in this section, however, the post-hoc Bonferroni *t*-tests revealed no evidence of significant differences between the NURSE and NONHEALTH groups, and it was these two groups that were significantly different from the OTHERHEALTH group. For social agency scores, a TFS construct comprised of six items meant to measure the value to which respondents value political and social involvement as personal goals, both the NURSE ($M = 52.03$, $SD = 8.50$) and NONHEALTH ($M = 52.30$, $SD = 9.32$) groups reported lower importance or value on this type of involvement compared to their OTHERHEALTH peers ($M = 52.94$, $SD = 8.74$). When looking at college reputation scores, which is TFS construct comprised of three questions meant to measure the degree to which respondents value the academic and future career potential as reasons for choosing their specific college, once again both the NURSE and NONHEALTH groups exhibited lower scores than their OTHERHEALTH peers. Given the post-hoc Bonferroni *t*-tests, the NURSE ($M = 49.97$, $SD = 8.65$) and NONHEALTH ($M = 48.80$, $SD = 9.07$) groups placed lower importance on the academic reputation and the trajectory of the college’s graduates as compared to the

OTHERHEALTH group ($M = 51.15$, $SD = 9.07$).

Distinct Characteristics of the NURSE Group

While the previous section focused on how those intending to pursue a nursing career were similar to their peers in one of the other comparison groups, there were several other cognitive and affective variables investigated in which the NURSE group was found to be distinct from both of the other groups, which are included in Table 4.4.

Table 4.4

ANOVA Results with Post-hoc Analyses of the Cognitive/Affective Variables for which the NURSE Group is Significantly Different from Both of the Other Comparison Groups

[INCLUDE TABLE 4.4 HERE in landscape orientation]

For two measures (pluralistic orientation scores and social self-concept scores), one-way ANOVAs determined that there were overall associations between these variables and intended career group, but the post-hoc Bonferroni *t*-tests determined that there were no significant differences between the OTHERHEALTH and NONHEALTH groups. Pluralistic orientation is a five-item construct developed by HERI that measures skills and dispositions appropriate for living and working in a diverse society. The analyses revealed that NURSE group ($M = 249.27$, $SD = 8.86$) had lower pluralistic orientation scores than both the OTHERHEALTH ($M = 50.23$, $SD = 8.72$) and NONHEALTH groups ($M = 50.14$, $SD = 8.81$), indicating that the NURSE group rated themselves lower on items such as “openness to having my own views challenged” and “ability to discuss and negotiate controversial issues” compared to their peers in the other groups. Similarly, the analyses revealed that the NURSE group had lower social self-concept scores ($M = 47.56$, $SD = 8.14$) compared to the OTHERHEALTH ($M = 48.69$, $SD = 8.58$) and NONHEALTH ($M = 48.64$, $SD = 9.19$) groups. As social self-concept is a HERI-developed construct comprised of three items measuring students’ beliefs about their abilities and confidence in social situations, lower social self-concept scores indicate that the NURSE group rated themselves lower on social self-confidence, leadership ability, and public speaking, compared to their peers in the other groups.

For all of the following variables, not only did the one-way ANOVAs and post-hoc analyses reveal significant differences between all three of the comparison groups, but the NURSE group would appear at the most extreme end (either lower or higher) than both of the other groups. For example, the NURSE group rated themselves the highest of the three groups on compassion ($M = 4.16$, $SD = 0.76$). The OTHERHEALTH group was in the middle, as their compassion self-ratings ($M = 4.07$, $SD = 0.80$) were significantly lower than the NURSE group,

but significantly higher than the NONHEALTH group ($M = 3.96$, $SD = 0.84$). The NURSE group, however, anticipated the least likelihood of changing their major field ($M = 2.08$, $SD = 0.87$) or changing their career choice ($M = 2.17$, $SD = 0.84$) when compared to the other groups. For both of these items, the NURSE group anticipated significantly less chance of changing their major or career than the OTHERHEALTH group ($M = 2.36$, $SD = 0.84$ for changing major field; $M = 2.43$, $SD = 0.82$ for changing career choice), who in turn also anticipated significantly less chance of changing their major or career compared to the NONHEALTH group ($M = 2.54$, $SD = 0.87$ for major; $M = 2.66$, $SD = 0.85$ for career), who anticipated the highest likelihood of changing their major field or career choice.

When compared to the OTHERHEALTH or NONHEALTH groups, the NURSE group placed significantly higher importance on three reasons for deciding to go to college: to get training for a specific career, to be able to make more money, and to please their family. For career-specific training, it is noteworthy to point out that over 90% of the NURSE group rated this reason as “Very Important”. The average rating for this reason, 2.94 ($SD = 0.25$), was significantly higher than both of the other groups, who also rated this reason with relatively high importance ($M = 2.87$, $SD = 0.37$ for OTHERHEALTH; $M = 2.72$, $SD = -0.52$ for NONHEALTH). Post-hoc Bonferroni *t*-tests indicated that the mean differences were significantly different for all three comparison groups. Similarly, the NURSE group placed higher importance on the ability to make more money as a reason to go to college ($M = 2.80$, $SD = 0.44$) compared to both of the other groups, and the OTHERHEALTH group held this reason at higher importance ($M = 2.72$, $SD = 0.51$) compared to the NONHEALTH group ($M = 2.70$, $SD = 0.54$). And once again, the NURSE group rated “to please my family” as a significantly more important reason for attending college ($M = 2.48$, $SD = 0.67$), compared to both other

groups, and the OTHERHEALTH ($M = 2.32, SD = 0.73$) group rated this significantly more important than the NONHEALTH ($M = 2.22, SD = 0.76$) group.

This same pattern is observed when looking at reasons why respondents chose to enroll at their specific institutions. One-way ANOVAs determined overall associations between the variables of interest and intended career group, while the post-hoc Bonferroni *t*-tests indicated more specifically that the NURSE group rated certain reasons with significantly higher importance than the OTHERHEALTH group, who in turn rated those reasons significantly more important than the NONHEALTH group. Of the three groups, the NURSE group rated “I wanted to live near home” with the most importance ($M = 2.05, SD = 0.83$) compared to both groups, and the OTHERHEALTH group ($M = 1.81, SD = 0.81$) was found to rate this reason with higher importance than the NONHEALTH group ($M = 1.74, SD = 0.80$). When asked the importance of their parents/relatives wanting them to enroll at their specific institutions, the NURSE group also placed highest importance on this reason among the three groups ($M = 2.04, SD = 0.74$). The OTHERHEALTH group reported a mean of 1.89 ($SD = 0.73$), and it was found they placed higher importance on this reason than the NONHEALTH group ($M = 1.82, SD = 0.74$).

Finally, college involvement scores, a HERI-developed construct comprised of four items meant to measure students’ expectations about their involvement in college life generally, were also significantly lower for the NURSE group ($M = 47.44, SD = 8.43$), meaning that respondents intending to pursue nursing careers indicated lower likelihood of participating in study abroad programs, volunteer or community service work, student government, and student clubs during college. Contrary to the previous pattern, however, the NONHEALTH group reported higher college involvement scores ($M = 48.76, SD = 8.58$) than the NURSE group, but lower than the OTHERHEALTH group, who reported the highest college involvement scores ($M = 49.75, SD =$

8.43) meaning they anticipated the highest likelihood of being involved in these types of activities and programs.

Differences within the NURSE Group, by Gender

To respond to research question 1C, I focused specifically on gender differences between women and men within the group of Filipina/x/o-identifying respondents intending to pursue careers in nursing. More than three-quarters (75.1%) of the NURSE group were women, a little less than one-quarter (24.1%) were men, and a small proportion (0.8%) identified with one of the following: genderqueer, gender nonconforming, non-binary, or identity not listed. As mentioned previously, the variations of how sex and gender were asked on different survey years prompted my decision to limit this set of analyses to looking at only differences between those who identified as women and those who identified as men.

To investigate differences within the NURSE group by gender, I expanded the previous section's analysis with the categorical variables from two-way to three-way cross tabulations, with the added dimension of analyzing the intended career groups by gender identity. For the non-categorical academic, cognitive, and affective variables, *t*-tests to determine significant differences by gender were conducted for the entire sample. Then, I conducted the same *t*-test analyses by gender identity, but only limited the sample to respondents in the NURSE group. Besides depicting how women and men within the NURSE group are different from one another, I also reference, when relevant, how findings are similar or different from all Filipina/x/o-identifying women or men in the study sample. Appendix E contains tables of the results for analyses conducted with the entire sample.

Personal- and Parent-related Demographic Characteristics

Table 4.5 displays the proportional differences between women and men in the NURSE

group that were determined by chi-square analysis. Group sizes, proportions, χ^2 statistics, and p -values are listed in the columns, and demographic characteristics that were statistically significant are indicated with asterisks in the table. For all of the statistically significant variables, post-hoc analyses using adjusted residuals confirmed significant associations for both groups (women and men).

Table 4.5

Demographic and Academic Differences between Women and Men in the NURSE Group

Variable	Women		Men		$\chi^2(1-2)$	p
	n	%	n	%		
Catholic or Christian**	727	88.4	215	82.1	7.11	.008
English is native language	714	89.3	228	89.1	0.01	.933
Filipina/x/o alone***	579	68.2	218	79.9	13.64	<.001
First-gen college student**	301	37.0	66	25.8	10.91	.001
At least 1 parent is a nurse**	324	38.7	128	48.9	8.56	.003
At least 1 parent is a healthcare professional, other than a nurse	177	21.1	53	20.2	0.10	.756
Parent(s)/Guardian(s)' Income					0.60	.741
Under \$60k	216	26.8	61	24.4		
\$60-\$99.9k	215	26.7	70	28.0		
Over \$100k	374	46.5	119	47.6		
Accepted to 1st choice?	573	68.1	172	63.7	1.82	.178
Institutional Control: Public**	496	58.4	190	69.6	10.86	.001
Institutional Type					4.44	.109
4-year university	328	38.6	93	34.1		
4-year college	517	60.9	176	64.5		

* $p < .05$. ** $p < .01$. *** $p < .001$.

Demographic and Academic Findings by Gender for both the NURSE Group and Entire

Sample

Several of the demographic findings uncovering significant differences by gender within the NURSE group were also revealed as significant differences when looking at the entire sample by gender. For example, a significantly higher proportion of women were first-generation

college students in the entire sample, and this was also the case for the NURSE group specifically ($\chi^2 = 10.91$, $df = 1$, $p = .001$). Within the NURSE group, an independent samples t -test determined that there was a significant difference between the average high school GPAs reported by women and men in the NURSE group ($t(419) = 3.58$, $p > .001$). Women reported significantly higher high school grade point averages ($M = 3.59$, $SD = 0.39$) in comparison to men ($M = 3.48$, $SD = 0.44$), a pattern that is consistent with what is observed in the entire sample of respondents. While enrolling at either a public or private institution was not significantly associated with intended career group, there was a significant relationship between institutional control and gender ($\chi^2 = 26.46$, $df = 1$, $p < .001$), and higher proportions of men (66.1%) enrolled at public institutions than women (61.6%). Chi-square analysis revealed that this significant difference also occurred within the NURSE group, ($\chi^2 = 10.86$, $df = 1$, $p = .001$), and 69.6 percent of men and 58.4 percent of women in the NURSE group enrolled at public institutions.

Demographic and Academic Results that Differed between the NURSE Group and the Entire Sample

For several other demographic and academic characteristics, the results considering gender with the entire sample differed when looking specifically at the group of respondents pursuing nursing careers. While similar proportions of Filipina/x/o-identifying women (74.2%) and men (72.7%) in the entire sample identify as Catholic or Christian, a higher proportion of women (88.4%) than expected identify as Catholic or Christian emerge when looking specifically at the NURSE group ($\chi^2 = 7.11$, $df = 1$, $p > .001$). A similar pattern appears when investigating race/ethnicity: for the entire sample, gender was not found to be associated with race/ethnicity identification. Similar proportions of women (50.5%) and men (48.9%) identified with the single race/ethnicity “Filipina/o/x or Filipina/o/x American”. The previous analyses

determined a significant overrepresentation of monoracial Filipina/x/os for both the NURSE and OTHERHEALTH groups. When looking specifically at the NURSE group, the chi-square analyses reveal a significant overrepresentation of monoracial men ($\chi^2 = 13.64$, $df = 1$, $p < .001$). 79.9 percent of men, compared to 68.2 percent of women identified with only a single race/ethnicity within the NURSE group.

Opposite patterns occur when looking at the proportion of native English speakers and the proportion of those who have at least one parent who is a nurse. These variables were not significant when considering gender for the entire sample, but statistical differences emerged when looking specifically at the NURSE group. When investigating whether gender was related to being a native English speaker there was a significantly higher proportion of men (94.6%) who are native English speakers within the entire sample (compared to 93.3% of women). This difference disappears, however, when looking specifically at the NURSE group ($\chi^2 = 0.01$, $df = 1$, $p = .933$), meaning the proportions of women (89.3%) and men (89.1%) who are native English speakers are not significantly different from one another. Overall, similar proportions of women (20.2%) and men (20.4%) in the entire sample have at least one parent who is a nurse, but statistically significant differences emerge when looking specifically at the NURSE group by gender ($\chi^2 = 8.56$, $df = 1$, $p = .003$). Nearly half (48.9%) of men and 38.7 percent of women in the NURSE group have at least one parent who is a nurse.

With certain college-related variables (selectivity and distance from home), the patterns observed between women and men in the NURSE group were also different from those observed when looking at women and men in the entire sample. Regarding institutional selectivity, an independent samples *t*-test determined that Filipina/x/o-identifying women ($M = 1144.66$, $SD = 148.16$) enrolled at less selective institutions than Filipina/x/o-identifying men ($M = 1150.81$, SD

= 150.16), $t(11,271) = -2.15, p = .031, d = 0.28$. As mentioned previously, those in the NURSE group tend to attend less selective colleges than their peers in the other comparison groups.

Within the NURSE group, however, there is no evidence of differences in college selectivity between women and men. When looking at the distance from college to their permanent homes, there was no evidence of differences between women and men in the sample overall. However, within the NURSE group, women ($M = 232.07, SD = 470.80$) were actually found to enroll at colleges further away from their permanent homes than their counterparts who were men ($M = 154.25, SD = 369.80$), ($t(577) = 2.81, p = .005, d = 0.18$).

Cognitive/Affective Variables

All of the cognitive/affective variables that were investigated for this analysis using independent samples t -tests are included in Table 4.6, which lists group means and other relevant statistics.

Table 4.6

Cognitive/Affective Differences between Men and Women in the NURSE Group

Variable	Women		Men		<i>df</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Financial concerns for funding college	1.99	0.54	1.92	0.57	1089	1.67	.095	0.12
Self-rating:								
Compassion*	4.18	0.76	4.04	0.72	1048	2.46	.014	0.18
Emotional health**	3.33	0.90	3.55	0.93	1049	-3.42	.001	0.24
Risk-taking**	3.23	0.87	3.40	0.86	421	-2.78	.006	0.20
Understanding of others	4.19	0.72	4.14	0.76	1056	0.93	.879	0.07
Pluralistic orientation score	48.94	8.83	50.13	8.83	1068	-1.88	.060	0.18
Social self-concept score*	47.27	8.30	48.80	7.82	1050	-2.58	.010	0.19
Social agency score*	52.37	8.48	50.93	8.57	1000	2.28	.023	0.17
Reasons for College:								
To gain a general education**	2.81	0.42	2.70	0.48	1053	3.31	.001	0.24
To be able to get a better	2.89	0.35	2.89	0.34	1055	-0.15	.889	0

Table 4.6

Cognitive/Affective Differences between Men and Women in the NURSE Group

job									
To be able to make more money	2.80	0.43	2.80	0.44	1056	-0.14	.887	0	
To get training for a specific career	2.95	0.24	2.94	0.26	1054	0.60	.546	0.04	
To please my family	2.47	0.67	2.50	0.66	1053	-0.48	.632	0.05	
Reasons for Specific College:									
I wanted to live near home	2.06	0.83	2.04	0.81	1027	0.25	.803	0.02	
My parents/relatives wanted me to come here	2.03	0.75	1.95	0.72	1032	1.50	.133	0.11	
College reputation score***	50.52	8.67	48.09	8.48	1031	3.87	<.001	0.28	
Likelihood:									
Change career choice	2.14	0.84	2.26	0.83	1001	-1.92	.055	0.18	
Change major field**	2.04	0.87	2.23	0.88	1002	-3.05	.003	0.22	
Seek personal counseling	2.63	0.92	2.64	0.91	995	-0.09	.925	0.01	
College involvement score***	47.96	8.30	45.79	8.35	997	-3.51	<.001	0.26	

* $p < .05$. ** $p < .01$. *** $p < .001$.

Cognitive/Affective Findings by Gender for both the NURSE Group and Entire Sample

Nearly all the cognitive/affective variables that were found to be significantly different between women and men within the NURSE group were consistent with the patterns observed when looking between women and men in the entire sample. For example, men in the NURSE group rated their emotional health, on average, 3.55 ($SD = 0.93$), significantly higher than how women in the NURSE group rated their emotional health, 3.33 ($SD = 0.90$) ($t(1049) = -3.42, p = .001$). In the entire sample, men ($M = 3.49, SD = 0.99$) also rated their emotional health significantly higher than women ($M = 3.17, SD = 0.97$). Within both the NURSE group and for the entire sample, men also rated their risk-taking significantly higher than their counterparts that were women. Men also had higher social self-concept scores ($M = 48.80, SD = 7.82$), meaning they had rated themselves more highly on social self-confidence, leadership ability, and public

speaking ability compared to women ($M = 47.27$, $SD = 8.30$).

On the other hand, women in the NURSE group ($M = 4.18$, $SD = 0.76$) rated their compassion higher in comparison to their peers that were men ($M = 4.04$, $SD = 0.72$). Women also scored higher on social agency ($M = 52.37$, $SD = 8.48$), meaning they placed higher value on social and political involvement as person goal, compared to men ($M = 50.93$, $SD = 8.57$). Within the NURSE group, women placed higher importance on gaining a general education ($M = 2.81$, $SD = 0.42$) as a reason for going to college compared to their peers that are men ($M = 2.70$, $SD = 0.48$). Women in the NURSE group also placed greater importance on the academic reputation and career potential in choosing to enroll at their specific college ($M = 50.52$, $SD = 8.67$; $M = 48.09$, $SD = 8.48$ for men). Finally, while the NURSE group overall reported the lowest college involvement scores among the career comparison groups, within the NURSE group, women were found to have a statistically higher likelihood of being involved in college ($M = 52.37$, $SD = 8.48$), compared to men in the NURSE group ($M = 50.93$, $SD = 8.30$).

Cognitive/Affective Findings by Gender that Differed between the NURSE Group and the Entire Sample

Most of the findings related to cognitive/affective variables by gender within the NURSE group were consistent when looking more broadly at the entire sample by gender. There were, however, six areas in which the patterns by gender within the NURSE group differed from what was observed for the entire sample, hinting at possible unique qualities for those pursuing nursing. While the anticipation of changing one's major field was revealed to be significantly lower for the NURSE group compared to those pursuing other careers, an independent samples t -test also uncovers a significant difference between women and men in the NURSE group ($t(1,002) = 3.05$, $p = .003$, $d = 0.22$). Within the group of respondents intending to pursue careers in nursing, men

anticipated a significantly higher likelihood of changing their major field ($M = 2.23$, $SD = 0.88$) compared to their women peers ($M = 2.04$, $SD = 0.87$), and but this difference by gender was not apparent when looking at the entire sample.

For the other five variables, significant differences were observed between women and men for the entire sample, but these differences did not appear when looking specifically at women and men within NURSE group. For example, t -tests with the whole sample revealed that women anticipated significantly higher likelihood of changing their career choice compared to men. However, women within the NURSE group actually anticipated lower likelihoods of changing their career choice ($M = 2.14$, $SD = 0.84$) compared to men in the NURSE group ($M = 2.26$, $SD = 0.83$), though the t -test analyses found no significant differences between these two groups ($t(1001) = -3.05$, $p = 0.55$).

Similarly, t -tests with the entire sample found that women exhibited lower pluralistic orientation scores than men. While a one-way ANOVA had determined that pluralistic orientation scores were significantly lower for those in the NURSE group compared to their peers pursuing other careers, significant differences on pluralistic orientation were not observed between women and men within the NURSE group. For another self-rating—understanding of others—the same pattern occurs, except in this case men in the entire sample report significantly lower self-ratings for understanding of others compared to women. Those in the NURSE group reported significantly higher self-ratings for understanding of others compared to those pursuing non-healthcare careers, but differences between women and men are not significant, indicating their self-ratings on this measure are relatively similar.

When asked to rate the importance of parents'/relatives' wanting them to enroll at their specific college, a one-way ANOVA revealed that the NURSE group considered this reason

when choosing their specific college with significantly greater importance compared to their peers pursuing other careers. When looking at differences by gender in the entire sample, women rated this reason significantly more important compared to men. When looking specifically at the NURSE group, however, the *t*-test failed to detect significant differences by gender, meaning women ($M = 2.03, SD = 0.75$) and men ($M = 1.95, SD = 0.72$) place relatively similar importance on this reason for choosing their specific college. Finally, anticipating seeking personal counseling during college was not found to have an association with intended career group. Women in the entire sample anticipated a significantly higher likelihood of seeking personal counseling compared to men; however, when looking specifically at the NURSE group, women ($M = 2.63, SD = 0.92$) and men ($M = 2.64, SD = 0.91$) are not significantly different from one another.

Limitations

Before summarizing the findings, it is important to disclose a few limitations that emerged during this phase of the study. The first, which has already been expressed previously, was the unexpected variations in how sex and gender identity was asked of respondents on different TFS survey years, leading to the exclusion of genderqueer, gender nonconforming, non-binary, and identities other than man or woman from the gender analyses within the NURSE group. Without a doubt, research to learn more about individuals holding these identities must be done, but with intentionally developed survey tools and research methods.

Second, group sizes varied considerably, both when grouping the entire sample by intended career and when grouping NURSE students by women and men, with some of the groups being multiple times larger than their comparison groups. While I considered other types of analyses to develop representative comparison groups that were more similar in size, this

phase of the study was meant to be exploratory and guide the following phase of this study. Additionally, it's important to note that the NONHEALTH group contained a wide range of careers, including accountant, artist, elementary school teacher, and undecided. This variability within the NONHEALTH group may have affected the ability to detect differences between NONHEALTH and the other career groups.

Third, there were some limitations due to the TFS survey language or ability to gather more information that would be particularly relevant for Filipina/x/o-identifying students. For example, respondents were limited to two responses for sharing their parents'/guardians' careers. Those raised in multi-generational households likely had been exposed to other older relatives before college, including grandparents, aunts, uncles, or even older siblings, who may have different careers than the respondents' primary parents/guardians. Similarly, when asked about parents'/guardians' education levels, response options do not differentiate between attending or earning degrees in the U.S. or not, impacting how first-generation college student status could be determined. Fourth, the nature of the phase of the study is cross-sectional, utilizing the TFS which is administered to students at one time point before beginning college. Thus, these results can only claim associations and relationships with variables of interest, and in no way would I be able to claim causality. While this relates well with the purpose of this study of understanding characteristics of students initially making certain career choices before college, it is also impossible to know whether respondents' actual career intentions change after the time they took the survey.

Finally, for all the cognitive/affective variables that were explored in this section, it is important to note that all of the effect sizes indicated relatively small effects. For the variables analyzed using ANOVA, all effect sizes determined by partial eta squared (η^2_p) were less than

0.02. Typical guidelines mention that $\eta^2_p = 0.01$ indicates a small effect, and 0.06 indicates a medium effect. Cohen's d , the measure for effect sizes for t -test analyses, can be interpreted as small ($d = 0.2$), medium ($d = 0.5$), and large ($d = 0.8$) (Cohen, 1988). For the variables in the study analyzed using t -tests, all of the Cohen's d were less than 0.3. Relatively small effects make it difficult to characterize the practical significance of some of the statistically significant findings. Anticipating this from my previous pilot studies, I intentionally did not incorporate more explanatory or predictive modeling analyses in this inquiry. But once again, the exploratory purpose of this phase meant that statistically significant findings were meant to highlight potential areas for inquiry in the next phase of the study, particularly to inform my interview protocol and coding scheme when discussing career decision-making with my participants.

Summary of Findings

This chapter explored differences among Filipina/x/o-identifying students on several variables of interest when considering their intended career choice. The results that were shared in this chapter were all related to Research question 1: What, if any, are the differences between Filipina/x/o undergraduates who choose to pursue a career in nursing and their counterparts who choose other careers? RQ1 included two sub-questions addressing certain types of characteristics (e.g., demographic and academic, cognitive and affective) and an additional sub-question further investigating any potential gender differences within the group of Filipina/x/o-identifying undergraduates intending to pursue nursing. While this phase along was not able to fully address Research question 2a (“To what extent are the vestiges of colonialism, particularly colonial mentality, related to these differences?”), the analyses in this phase provided insight to characterize some of the qualities of aspiring Filipina/x/o-identifying nurses and may hint at colonial mentality and/or the vestiges of colonialism. How, if at all, colonial mentality and the

vestiges of colonialism are related to these differences in characteristics, feelings, and mindsets will be further investigated throughout the qualitative phase of the study.

Responding to Hypotheses for Research Question 1a

For this research question, my overall hypothesis was that I did expect to see demographic and academic differences between respondents intending to pursue careers in nursing and their counterparts pursuing other careers.

Personal Characteristics Appear Similar, but Parent-related and Academic Characteristics Clearly Differ between the NURSE and OTHERHEALTH Groups

Without a doubt, one of the challenges of utilizing a secondary dataset was that there are no direct metrics of colonial mentality or the vestiges of colonialism on the TFS. Given the literature on Filipina/x/o Americans, however, one of the most straightforward indicators of the vestiges of colonialism is the enduring influence of Catholicism. Thus, I expected the entire sample to be overwhelmingly Catholic or Christian, with the possibility of an overrepresentation of those identifying Catholic or Christian in the NURSE group, and the results supported this prediction. Furthermore, given the historical precedence of immigration by Filipina women nurses—as well as knowing more women enter nursing more generally—I expected a clear overrepresentation of women in the NURSE group.

One thing I had to consider was that my sample for the phase of the study included both Filipina/o/x- and Filipina/o/x American-identifying students (both were in the same response option), so I anticipated the possibility that the NURSE group would include recent immigrants from the Philippines for which nursing might be a more enticing choice. Thus, I predicted the NURSE group to skew toward some of the qualities associated with immigrants from the Philippines (e.g., more likely to be monoracial, not being a U.S. citizen or native English

speaker). While U.S. citizen status did not appear related to career choice for this sample, all of the other findings supported my hypotheses in that those in the NURSE group was comprised of more women, more monoracial Filipina/x/o-identifying individuals, and less native English speakers compared to their peers.

Once I developed the additional comparison group comprised of respondents interested in healthcare careers besides nursing (OTHERHEALTH), I predicted that there would be some similarities between this group and those pursuing nursing. Knowing that women still enter nursing at higher rates than men, I imagined the same pattern of having an overrepresentation of women to appear for the OTHERHEALTH group as well. Based on the results of the demographic analyses, several measures revealed similar associations between personal characteristics and the NURSE and OTHERHEALTH groups, including overrepresentations of women and those identifying as Catholic or Christian, but underrepresentations of multiracial/multiethnic individuals. The underrepresentation of native English speakers was only observed for the NURSE group.

Given the similarities on personal demographic characteristics, students intending to pursue nursing careers and those intending to pursue careers in other healthcare fields may appear relatively similar. Part of the rationale of developing the OTHERHEALTH comparison group was to acknowledge these similarities—but still I hypothesized that there would be some qualities unique to Filipina/x/o-identifying students choosing nursing specifically. Considering the results of the analysis of parent-related variables, the differences between respondents in these two groups become more apparent. For example, I anticipated from my pilot study that there would be a major overrepresentation of students from the NURSE group having at least one parent that was a nurse, and the results showed that nearly half of the NURSE group fit this

category. I was not sure, however, whether those in the OTHERHEALTH group would also have parents in nursing at higher rates than expected. This overrepresentation turned out to be the case with about one-quarter of the OTHERHEALTH of the group having at least one parent in nursing, a figure that was not nearly as striking as with the NURSE group. I also expected the possibility that a similar pattern would emerge when looking at who has parents in non-nursing healthcare careers. According to the results, both OTHERHEALTH and NURSE groups had at least one parent in non-nursing healthcare fields at slightly higher rates than expected, but the overrepresentation was only significant for the OTHERHEALTH group.

Unlike nursing, a career requiring an associate or bachelor's degree, many of the non-nursing healthcare careers require graduate or doctoral degrees, informing my other hypotheses differentiating students in the NURSE group from their OTHERHEALTH peers that those pursuing other healthcare fields may come from families with more economic or educational privilege. Other results for parent-related variables supported my hypothesis, such as having parents/guardians with higher incomes or completing college degrees. Respondents in the OTHERHEALTH group were less likely to be first-generation college students, meaning students pursuing other healthcare careers tended to have parents/guardians with college degrees. On average, respondents in the OTHERHEALTH group were overrepresented in the higher parent/guardian income group (above \$100k). Perhaps unsurprisingly due to the graduate educational requirements of many careers in the OTHERHEALTH group, respondents intending to pursue non-nursing healthcare careers reported higher high school grade point averages than both the other groups, which can relate to many of these students expecting to go to graduate school. Taking together, healthcare careers in fields other than nursing seem to be more appealing to students from higher income families who have experience completing higher

education. Or phrased the other way, nursing careers may be more appealing for students from lower-income families with parents who may not have completed higher education and seem to be particularly appealing for students whose families already have a parent/guardian who is a nurse.

Regarding other academic characteristics, the literature points out that Filipina/x/o Americans in higher education, particularly women, tend to go to less selective institutions that are closer to home (Maramba, 2008b). Knowing women to be overrepresented in nursing, I expected college distance and selectivity differences to be especially visible when considering students' intended career, and that those in the NURSE group would be less likely enrolled at their first-choice institutions. The results highlighted differences between respondents pursuing nursing and respondents in the other comparison groups, but not always as expected. Those in the NURSE group did attend college closer to home than their peers pursuing other careers. Notably, the results of this analysis contradicted the literature, and Filipina women respondents in this sample actually attended colleges that were farther away from home in comparison to the Filipino men in this sample. But one of the somewhat perplexing findings was that while NURSE group did enroll at lower-selective institutions, they reported being accepted to their first-choice colleges at higher rates than their peers in other groups. Clearly, what is personally considered one's first-choice institution may differ from institutional ratings or selectivity of the applicant pool, particularly for students in the NURSE group—and this is explored further in the next phase of the study.

Responding to Hypotheses for Research Question 1b

My overall hypothesis for the second sub-question was the same as the previous sub-question—that I would be able to observe cognitive and affective differences between the

NURSE group and their peers. The goal for this section was not to use the findings to measure CM, but instead to uncover trends in beliefs, attitudes, and feelings among the NURSE group. These findings were further investigated during the next phase to better understand if anything could be attributed to CM. Still, CM has been connected to having experienced more frequent instances of discrimination, more depressive symptoms, and lower self-esteem, prompting me to look out for findings that might indicate these qualities (David, 2013). Additionally, other studies utilizing CM mentioned family and community as transmitting messages related to Filipina/x/o culture and values, so I anticipated that the NURSE group might report higher rates of being influenced by family when making decisions about college and career (Paz, 2011). Similarities between the NURSE and OTHERHEALTH groups did re-emerge when considering cognitive and affective variables, with a few noteworthy exceptions.

The NURSE and OTHERHEALTH Groups Report Similar Self-ratings on Helping Qualities, but Differ on Cognitive Beliefs that may be related to Colonial Mentality

I anticipated the NURSE and OTHERHEALTH groups to have similarities on dispositions related to helping others. Both NURSE and OTHERHEALTH groups rated their emotional health and “understanding of others” higher than their peers looking to careers outside of healthcare and nursing. While the NURSE group rated themselves on compassion significantly higher than both groups, the OTHERHEALTH group also rated themselves significantly higher on compassion than the NONHEALTH group. Viewing oneself as being gifted in compassion and understanding others are qualities that fit well with pursuing the helping or caring fields such as healthcare. Believing oneself to have high emotional health in comparison to one’s peers could also relate to being able to handle the demanding nature and stress of healthcare.

For social self-concept and pluralistic orientation, however, the results revealed that those intending to pursue nursing rated themselves lower on these two measures in comparison to their peers. Those in the NURSE group felt less confident on their abilities in social situations in areas such as leadership ability, public speaking, and social self-confidence, all of which could possibly be connected to the CM manifestation of internalized inferiority. While self-concept and self-esteem are not exactly the same, having poor self-concept and low self-esteem are both associated with mental health issues, including depression—relating back to some of the research on how CM affects mental health outcomes. Pluralistic orientation, which measures the skills and attitudes needed for living and working in a diverse society, has been shown to empower students to interact cross-culturally and appreciate differing perspectives. I was eager to further explore skills and attitudes related to pluralistic orientation with my participants, potentially tying this finding to one of the five CM manifestations (e.g., cultural shame or colonial debt).

Respondents Pursuing Nursing Placed Greater Importance on Family- and Career-related Reasons When Making Decisions about College

Like with self-ratings, those in the NURSE group and those in the OTHERHEALTH group shared certain attitudes related to college decision-making, with notable exceptions. For example, both groups reported higher levels of financial concerns for funding college in comparison to their non-healthcare peers. Both groups also placed higher importance compared to their non-healthcare peers on being able to get a better job as a reason to pursue higher education. Besides these, however, the NURSE group placed the most value on the other career- (“to get training for a specific career”) and money-related (“to make more money”) reasons for going to college compared to both of the other groups. These motivations for going to college would be explored further in the next phase to determine any possible ties to CM. Other vestiges

of colonialism, such as Philippines' historical legacy of exported labor, could relate to intergenerational messages focusing on the utility of college for financial and career purposes.

Along these lines, the NURSE group also placed the highest importance on pleasing their families as a reason to go to college compared to the other groups. In choosing which college to enroll at, the NURSE group reported the greatest importance on wanting to live near home and that their parents/relatives wanted them to attend their specific college. Their actions embodied these values related to college choice, as those in the NURSE group attended colleges closer to home. While the OTHERHEALTH group still placed significantly higher importance on these reasons for going to college or choosing their specific institution compared to the NONHEALTH group, these ratings were still significantly lower than the NURSE group. Rather, those considering non-nursing healthcare careers, who reported higher high school GPAs, considered college reputation more highly than their peers. Along with the finding that the OTHERHEALTH also anticipated a higher likelihood of being involved in college, these findings seem to point toward these students prioritize college choice factors that could help set them up for graduate school.

Those Pursuing Careers in Nurses Anticipated the Least Likelihood of Changing their Career or Major Plans

When envisioning possible future changes during college, the NURSE group reported the least likelihood of changing their major field or changing their career choice, indicating that incoming first-year students intending to go into nursing feel quite certain about their choices. Anticipating these trends due to findings in my pilot study, I was much more interested in better understanding the context around making these choices before college. All of my participants in the next phase specifically responded to this finding, providing insight on how these choices

developed and whether the certainty was as consistent as it appeared in this sample.

Responding to Hypotheses for Research Question 1c

For the third sub-question, I did not anticipate any specific demographic differences between women and men in the NURSE group, instead anticipating academic and cognitive/affective differences. As mentioned previously, I also expected for women to go to less selective colleges closer to home due to the literature, but the data did not support either of these hypotheses. Given the past research has pointed out lower mental health outcomes for Filipinas, I hypothesized that women in the NURSE group would report lower emotional health than their peers that were men. Finally, I anticipated that some of the findings related to family influences for college decisions would be more important to women compared to men in the NURSE sample.

Most of the Differences between Women and Men in the NURSE Group are Consistent with Differences by Gender for the Entire Sample

Surprisingly, a few demographic differences between women and men in the NURSE sample emerged in the findings. In both the overall sample and in the NURSE group, women were overrepresented in respondents who identify as Catholic/Christian or fit the definition of first-generation college student. Academically, women in the NURSE group as well as overall, also tended to have higher high school GPAs and care more about college reputation. With regard to cognitive/affective variables, several of the differences observed are consistent with gender differences we see among all students (Sax, 2008). The results supported the hypotheses related to women having lower mental health outcomes, and this was visible both with the entire sample and when looking specifically at women in the NURSE group. On average, women reported lower self-ratings for emotional health and social self-concept. Women did report

significantly higher self-rating for compassion and social agency, though.

Men Pursuing Nursing Differ Demographically from their Women Peers in Nursing, but Share Cognitive Beliefs and Affective Traits

Notably, the results that differed from the patterns with the entire sample can help uncover the unique characteristics of those pursuing nursing. For example, monoracial men were significantly overrepresented in the NURSE group—or phrased another way, multiracial/multiethnic women were overrepresented. Men in the NURSE group were also more likely to have a parent who is a nurse than their women peers, and they tended to go to college closer to home. As nursing is still considered career that is more attractive to women, it can make sense the women in the NURSE group represent a wider variety of identities and backgrounds. Furthermore, my hypothesis that family-related reasons would be more important to women in the NURSE group was not supported by the results. In fact, men and women in the entire sample did not significantly differ on any of the family-related motivations for college except one, women tended to place higher importance on their family/relatives wanting them to enroll at a specific college when choosing where to go. Within the NURSE group specifically though, this difference is not observed, meaning that men in the NURSE group considered where their parents/relatives wanted them to enroll with similar importance to that of their women peers. Taken together, these findings of higher proportions of being monoracial, already having exposure to nursing through a parent, attending college closer to home, and highly valuing their parents'/relatives' opinions, could possibly indicate coming men pursuing nursing may come from more traditional Filipina/x/o families affected by the vestiges of colonialism or CM.

Considerations for the Qualitative Phase

This chapter reviewed the findings from the quantitative analyses using a national dataset

of Filipina/x/o-identifying first-time full-time first-year college students. The findings confirmed that intending to pursue nursing did have some similarities to pursuing healthcare more broadly, but also some key differences. Not only did the students who intended nursing careers differ from their peers demographically, but also in their academic characteristics, cognitive beliefs, and affective dispositions. In continuing to the next phase of this study focusing specifically on students pursuing nursing careers, I intentionally included several demographic questions to attempt to craft a varied sample. Within my interview protocol, the first interview focused on participants' context to better understand how CM and the vestiges of colonialism may have impacted their upbringing. Both interviews prompted participants to share their college and career choice processes in different ways (e.g., visual mapping, storytelling), and I further probed participants to reflect on the various influences on these decisions. Finally, while I did not have participants self-rate themselves on the exact same characteristics as the TFS, they did share their self-perceptions of their strengths, mental health, self-esteem, and experiences with discrimination. The qualitative methods allowed for better understanding the college and career choice processes of Filipina/x/o American students pursuing nursing beyond what could be determined from the quantitative phase. The next chapter presents the findings from the qualitative phase of this study.

CHAPTER FIVE: FINDINGS FROM THE QUALITATIVE PHASE

In this chapter, I share the findings from the qualitative phase of the study. The previous chapter quantitatively investigated characteristics of a national sample of Filipina/x/o-identifying first-year college students, highlighting similarities and differences between those considering nursing and their peers considering other careers. This chapter focuses on Filipina/x/o Americans considering careers in nursing, exploring their higher education experiences and influences on their career decision-making. First, I clarify the participant sample for this phase of the study, describing participants' backgrounds and family immigration considerations. Here, I begin to address Research question 2b, which explores how the vestiges of colonialism influence Filipina/x/o Americans' seeking nursing careers, by grouping the findings into three sections.

First, I present how participants' context, including their upbringing, was instrumental in leading up to participants' career choice. Second, I bring up pre-college educational experiences that exposed participants to nursing and fostered their interest. Finally, I illustrate participants' intertwined processes of college choice and career choice, emphasizing participants' beliefs and feelings for selecting nursing as a career. For each section, I point out areas that may be connected to contemporary conditions due to colonialism or could be interpreted as a manifestation of colonial mentality. Throughout the description of findings, I also respond to RQ2a by bringing up findings from participants' narratives and their reactions to selected quantitative findings. This question investigates the capacity of the vestiges of colonialism in explaining differences between Filipina/x/o college students pursuing nursing and their peers pursuing other careers. The chapter ends with a summary of findings that considers the overall characteristics of colonial mentality.

Participant Sample

Twelve self-identified Filipina/x/o Americans who were pursuing nursing careers participated in two 60- to 90-minute semi-structured interviews between October 2023 and January 2024. All of the participants were born and raised in California, and all participants have at least one parent who was born in the Philippines. A few participants identified as multiracial or multiethnic, having one parent who was not born in the Philippines. Table 5.1 summarizes information about participants' nursing degree programs and current living situations. Eleven participants were currently students in nursing degree programs, with six participants completing their degree at a public college or university in California, and five participants completing their degree at a private college or university in California. One participant, Carmella, was attending a for-profit private institution that focused on different types of degrees in healthcare. Regarding degree type, eight participants were enrolled in Bachelor of Nursing (BSN) programs, two participants were enrolled in Associate Degree in Nursing (ADN) programs, one participant was enrolled in a Master of Nursing (MSN) program. One of the BSN students, Alexa, had been a dual enrollment student during high school, completing STEM and nursing pre-requisite courses at her local community college, and had transferred into her BSN program through a pathway specifically for transfer students.

Table 5.1

Participants' Educational Characteristics

Pseudonym	Age	Living Situation	Current Nursing Program			
			Status	Degree	Institution Type	Year
Carmella	21	At home	Enrolled	BSN	Private for-profit	4 th
Rachel	20	Away from home	Enrolled	BSN	Private non-profit	4 th
Danielle	18	Away from home	Enrolled	BSN	Public	1 st
Briana	21	Away from home	Enrolled	BSN	Public	4 th
Alexa ^a	21	Away from home	Enrolled	BSN	Public	4 th
Kaitlyn	21	Away from home	Enrolled	BSN	Public	4 th
Natalie	20	At home	Enrolled	ADN	Public	1 st
Francis ^b	32	Away from home	Enrolled	ADN	Public	2 nd
Kelsey ^b	23	At home	Applying			
JC ^b	26	Away from home	Enrolled	MSN	Private non-profit	2 nd
Jasmine	19	At home	Enrolled	BSN	Private non-profit	2 nd
AJ	18	At home	Enrolled	BSN	Private non-profit	1 st

^a Transferred into BSN program after completing pre-requisite courses at community college.

^b These participants previously completed a bachelor's degree in a non-nursing major.

Three of the participants, Francis, Kelsey, and JC, had previously completed bachelor's degrees in non-nursing majors. Each of them had returned (or planned to return) to higher education specifically for a nursing degree, but each had chosen a different degree path. As Kelsey was finishing her degree in public health, she already knew that she wanted to return to school for a nursing degree. In the year after she graduated from undergrad, she had taken science courses at a nearby community college and was in the process of applying to BSN programs when I interviewed her. Francis, who had worked for several years after completing his bachelor's degree, was finishing up his ADN program while continuing to work at a local hospital as a nurse aide. JC had been furloughed while working in public health internship during the pandemic. During this time, JC was caregiving for her grandmother who had advancing dementia, which encouraged her to reconsider her childhood dream of becoming a nurse. She

decided to pursue a master's degree in nursing through a program specifically for those with a non-nursing bachelor's degree.

Participants' Home and Family Contexts

All the participants were born and raised in California, living in households that included their parents and siblings. Besides Francis and Carmella, all of the other participants had siblings; however, Carmella grew up with her mom's best friend's daughter, who is two years older and Carmella calls "older sister". The multilayered quality of participants' family immigration narratives, which is touched upon in the next section, reflects the complexity of participants' family structures and living situations.

Many participants also lived with extended family members, such as grandparents, grandparents' siblings, aunts, uncles, cousins, etc. Sometimes, these family members would live with them for an extended period (e.g., Natalie's grandmother lived with her family for 12 years before returning to the Philippines), or temporarily—like AJ's aunt is currently living with her family as a recent immigrant but had plans to move out soon. Nearly all of the participants lived with one or more grandparents in the same household for some time during their childhoods, but a few, like JC and Briana, had grandparents that lived nearby and would frequently be babysat or spend time with their grandparents even if they did not live in the same household.

On the participant intake questionnaire, all but one of the participants indicated Catholic or Christian as their religious/spiritual background. During the interviews, however, several participants clarified that they no longer identified with Catholicism or Christianity themselves. Still, it was evident that religions had influenced the participants' family lives, social circles, and educational choices. Francis's parents first met through a church group in Southern California. JC recounted fond memories of going to Filipina/x/o food markets after church each week. A

few of the participants attended parochial K-8 schools and high schools. AJ's parents sent her to the school affiliated with the first church they attended in Los Angeles, even though another parochial school was closer to their home. To complete their nursing degrees, four of the participants were attending private institutions that have Catholic or Christian religious affiliations.

Gender Considerations Regarding the Participant Sample

Throughout the data collection of this phase of the study, I actively looked for Filipino American men to recruit for this study. While my networks and recruitment strategies were able to direct me to Filipino American men who were already registered nurses, or Filipino men who had immigrated to the U.S. and were considering nursing, it was challenging to find Filipino American men who were in the process of considering nursing. Even when attempting to snowball sample from the participants who I had already interviewed, I was only able to recruit one man to be a participant in this study. Knowing I would not be able to surmise findings, particularly those concerning gender identity, beyond his own experience, I left his data and findings out of the findings of this dissertation. Further research and attention on the career decision-making processes of Filipino American men is necessary and needed.

While the following observations from my interview with Francis are not intended to be comprehensive, it is still worth noting some of the areas of overlap and some of the differences between Francis and the other participants in this study. Francis, in addition to being the only man in my participant sample, was also the oldest participant (32 years old at the time of interview). COVID-19 affected his career trajectory as he worked full-time, as opposed to interrupting high school, college, or internships like with the other participants. At the onset of the pandemic, Francis shared he had been taking steps to become a massage therapist, but the

lockdown led to him being furloughed from his jobs, including an administrative position in a hospital's ER, and he decided to consider a different career with more stability. Unlike most of the participants, neither of Francis's parents were nurses nor healthcare workers, and he instead referenced his coworkers in the ER as being extremely influential in inspiring him to pursue nursing. Having worked as a certified nurse assistant before entering nursing school, he also contrasted his experience with those of his classmates who did not have experience working in a hospital environment before entering the nursing program.

While Francis's initial interest in nursing emerged after undergraduate studies, he shared similar sentiments with the other participants regarding the benefits of a nursing career as well as financial concerns impacting his career choices. Besides stability with the availability of jobs, the salary of a nurse would allow Francis to prioritize other aspects of his life, such as paying off a mortgage and taking care of his parents. Francis shared other participants' experience of having a parent whose college education in the Philippines was not transferrable once she immigrated. His mother had been a college educator at a well-respected university in the Philippines and had a graduate degree in chemistry, but she was not able to teach here in the U.S. and instead found work as a refinery technician. While he had other career interests, Francis reflected that his aspirations of becoming a trainer, massage therapist, and now nurse, were all connected to his internal motivation of wanting to be able to help people. Regarding his choice of nursing degree program, Francis had considered a master's program for entry-level/non-nursing majors but preferred the associate's program due to still needing to work and wanting to avoid taking on a large amount of debt.

This summarized account of Francis's career journey is not intended to generalize similarities and differences among participants by gender identity or age. Instead, this note is

merely meant to honor his participation in the research project and emphasize the need for further research illuminating the various trajectories and considerations of career development. For the remainder of this chapter, findings for this study will only include narratives from the eleven Filipina American women in the sample.

Contexts and Experiences Prior to Career Choice

This first section of the findings describes how parents' experiences with labor and higher education, and subsequently participants' navigating between Filipina/x/o and American cultural environments, informed participants' career decision-making before college.

Family Immigration Backgrounds and Pathways

Participants generally had a pretty thorough understanding of their parents' immigration stories, and many were able to share complex and unique circumstances that their parents encountered as new immigrants. All parent(s) who immigrated from the Philippines did so between the 1970s-2000s, and most participants indicated on the intake questionnaire that their parents arrived in the U.S. during the 1980s or 1990s. Several participants' parents immigrated to the U.S. as teens or young adults, and others immigrated older as professionals.

Several participants recounted that their parents navigated these processes over long time periods. For many participants, like Natalie, each parent had a separate immigration narrative which could differ greatly. So, while Natalie's mom was petitioned when she was 19 by a Tita (aunt) who already lived in the U.S., her dad, a merchant mariner who jumped ship, endured much difficulty alone:

He ended up jumping ship because he heard America was like, you know, the land of the free. He jumped ship and he ended up in...I forget which state, but it was like one of the northern states and he was there by himself. So, he had to find his way to get legal

paperwork and all of that. I think for maybe a good eight years, he was here trying to figure out his life on his own. He would write to his siblings, and they would help him, give him some money just to take the bus and find work. And my dad ended up finding some friends along the way that would let him stay in their houses and help him find a job.

Natalie's dad was able to sort out his immigration paperwork and eventually returned to working as a mariner based in Southern California. Difficulty with legal processes was not limited to those immigrating unexpectedly or by themselves—Alexa shared her mom's experience moving to Florida as a nurse with her friends:

My mom immigrated because of the law for nursing. So, she immigrated here with a bunch of her friends in her early 20s. She started in Florida, but apparently the nursing agency that they were supposed to be with, like something went wrong with it. I remember her saying like it wasn't a true nursing agency. So, they were like, oh, we need to go find somewhere and fast. So then, they moved to Chicago. And my mom stayed there for quite a bit. She stayed there, I think probably three or five years.

In addition to taking several years, navigating these immigration processes may have included multiple generations of family members. At least three of the participants disclosed having a family member that was undocumented, adding to the difficulty of finding jobs or attending college in the U.S. Many of participants' parents who were able to do so eventually petitioned for other members of their family to join them in the U.S. JC shared her mom's motivations to immigrate:

She said she's always wanted to be like a flight attendant. But her parents really encouraged her to do nursing and I think there was a lot of like, I don't want to say

pressure, but being the eldest and being the first one to college I think was also a lot for her. And so there's a lot riding on the line of her succeeding, for her whole family's sake. And so, I think the US was probably a dream for her because that would secure the financial success of her family and a future family.

Like JC, most participants shared that their parent(s) who immigrated to the U.S. were motivated by the hope for more opportunities for themselves and their families (e.g., better jobs, better pay, better schools). Briana felt that the biggest message from her parents, who immigrated from the Philippines together with Briana's older sister, was that they came to the U.S. "because we want to give you a better life than what we had the opportunity to have in the Philippines." Several participants, like AJ, named the American Dream specifically as her parents' immigration motivator, "They want the American Dream kind of deal, the economics and financial aspect of it was like a big motivator. They've always said that they wanted their kids to have a better life with more opportunities." Rachel also said that when she was growing up, her dad would emphasize, "because we immigrated here to America, don't waste your opportunity. Like you're supposed to be better than me."

A few participants mentioned the greater social freedoms associated with immigrating and the opportunity to escape from martial law in the Philippines. Kaitlyn shared that her mom "left her mom, her sisters, and her younger siblings to come here (to the U.S.) because like the better life that's out here compared to life in the Philippines, especially during the Marcos regime." Participants were able to share nuanced sentiments that their parents had about immigrating to the U.S., even if their parents hadn't directly shared these complicated feelings with them. For example, some participants could see that their parent(s) were conflicted about leaving family in the Philippines and being far away from them, like Jasmine who shared, "my

dad was a little bit on the sadder side. He was more so excited to be able to provide for the family. But it's also the fact that his whole family is still in the Philippines, even now.” Several participants had close relatives were able to eventually immigrate to the U.S. because of their parent(s)’ efforts, but that they returned to the Philippines for different reasons. Alexa described her mom’s “bittersweet” feelings immigrating because her mom associated petitioning Alexa’s grandparents with health concerns that emerged when they came to the U.S., but ultimately still felt that life in the U.S. would be better for her children. Alexa said, “[S]he has told me that she wishes that she didn't petition her parents because she thinks that they could have lived a better life in the Philippines. And I say bittersweet because she always talks about how at least we get a better education here. Like she will always say we don't have to suffer the way she has suffered.” One of the types of suffering involved the educational redirecting that occurred for many participants’ parents, which is described next.

Parents’ Varying Educational and Career Trajectories

Several factors, such as parents’ age when immigrating, education experience in the Philippines and/or the U.S., and chosen degree/major, impacted the type of work that immigrating parents pursued in the United States. Rachel, Danielle, and Jasmine’s mothers all arrived in the U.S. with their families as older teenagers who had already graduated from high school in the Philippines (16 was the typical high school graduate age as the Philippines’ education system went up to 10th grade until just very recently). But being under 18, they all ended up going to high school for some time in the U.S. Eventually, all of them were able to become registered nurses by successfully earning their associate degrees. Rachel and Danielle’s dads, who both immigrated with their families as younger teens, also completed high school in

the U.S. and chose to pursue healthcare careers (registered nurse and pharmacy technician, respectively) through community college.

Conversely, Alexa's dad and Kaitlyn's mom were both in progress of completing their nursing degrees in the Philippines when they immigrated to the U.S., but ultimately changed their career paths due to different circumstances. Alexa said her dad was unable to fulfill an English proficiency requirement and completed a phlebotomist certification instead. Though Kaitlyn was uncertain why her mom shifted her career goals from nursing to HR, Kaitlyn was definitely aware of her mom's early interest in nursing throughout her childhood. Parents who had completed their college degrees in the Philippines were typically able to work in the same field as their major if their degrees were recognized in the U.S. This was most common for parents with degrees in healthcare fields, such as both of AJ's parents who were physical therapists, or Carmella, Alexa, and JC's moms who all immigrated to the U.S. through nurse recruitment pathways.

For parents with education or training outside of healthcare, it was more likely that they needed to pivot once in the U.S. For example, Jasmine's dad, who graduated with a degree in civil engineering in the Philippines, became a contractor after immigrating right after college. JC shared that her dad actually had two degrees from the Philippines in zoology and accounting, but "when he moved over here those degrees did not translate over. So, he basically received any of the entry level positions of a high school diploma job." Briana's mom and dad, who worked as a bank accountant and an electrical engineer, respectively, also needed to change career paths, but due to immigration difficulties. Even though Briana's parents and older sister immigrated after her dad was offered a work visa for an engineering job, the company shut down, resulting in her parents scrambling to find work. Eventually, family friends helped them become live-in care

workers at a care residence. While all of the participants recalled their parents being employed, it is noteworthy that they were also aware that some of their parents ultimately found work outside of their initial fields of study.

Taking time to understand parents' educational and career experiences greatly informed how participants viewed their own educational trajectories. Rachel, whose dad was a nurse, was the only participant that experienced a parent trying to persuade her away from nursing. Besides commenting on the hard physical and emotional labor of nursing, she explains his perspective as:

This is his thinking. He's an immigrant. English isn't even his first language. Like he moved here when he was 16, 17, and then he became a nurse. And then me, I'm born here. I have all the opportunities. His parents didn't pay for his college. My parents can pay for my college and help me. And then English is my first language. Basically, because I'm born in America, I have more opportunities. Why would I settle for something that's the same as his? When he literally built from the way up and he ended up as a nurse. So me, I'm starting at a higher level, but I'm going down to a nurse. He wanted me to become a doctor, lawyer, or something that is not the same as his. But definitely not less, like less than what nurses—but he expected since I have access to more resources and opportunities, I should be better.

When asked if Rachel knew what “a higher level” meant, she named his preference of careers that made more money than his and those that required more schooling. So even though Rachel did not plan to pursue medicine, she had aspirations to go back to school to become a nurse practitioner or nurse anesthetist.

Even though Rachel was unique in dealing with her dad's displeasure of her pursuing nursing, the idea of parents expecting their children to do better than them was shared among

participants. AJ, who called her parents “the brains” (her dad, who graduated valedictorian) and “the brawn” (her mom, who attended military school and was physically strong), also talked about having to match her parents’ standards, “Like she was strong, so I have to be strong. Or my dad was so smart, I have to be smart. Like I always had to set the bar.” She continues by sharing that being the eldest of three siblings, “always meant setting the bar and bringing in the highest, being the breadwinner.” Although parents who immigrated yearned for their children to have more opportunities and better lives with less suffering, it was clear that parents expected children to exceed what they were capable of accomplishing related to school and finances.

Navigating With and Between Multiple Cultures

Nearly all of the participants grew up in environments where they were frequently exposed to Filipina/x/o foods and stores. While about half the sample had been to the Philippines, some of them had only gone as young children and only had vague memories of the experience. Still, all of the participants had frequent exposure to other Filipina/x/o and Filipina/x/o American people as they were growing up. Many participants described how navigating Filipina/x/o and American cultures had changed throughout different times in their lives. Most of the participants identified as Filipino American, acknowledging feelings of not being completely one or the other, but some of both. Carmella demonstrated this confusion of negotiating among three cultures:

What culture do we really fit in? Do we fit in like—we don't fit in like American culture. And Filipino culture, if they (from the Philippines) kind of disregard us from learning about it, we don't fit in that. So we're kind of just stuck in the middle between cultures, too. And especially people who are like multi-cultural like I am, like I'm half like

Filipino, half Chinese. My dad's Chinese, but because my dad passed away when I was little, I wasn't able to learn a lot about Chinese culture and I don't look Chinese.

Carmella, who felt California's diversity mitigated the feeling of having to assimilate, clearly valued the ability to learn about her different cultures, observing that it would be harder to do so in states without a lot of diversity. Still, she spoke extensively about feeling imposter syndrome when visiting her cousins in the Philippines, saying that those in Philippines would make fun of Filipina/x/o Americans trying to learn about their culture while in America.

Almost all of the participants described experiencing confusion about having both their parents' and American cultures in their lives. A few recounted how their perspectives changed over time, like JC who said, "That's hard, I would say. I don't even know how to really answer this question, I think. Maybe in some points, I see them as separate, and some points, I see them as intertwined." While JC attributes never feeling "othered" to growing up in the Bay Area's racially diverse environment, she still yearned for a deeper understanding of Filipina/x/o culture:

I feel like I always had this longing of wanting to know my culture more deeply and know like what it felt like living in the Philippines and what it could have been like living in the homeland where our mother tongue was. [...] American culture, I think it's just this idea of I want to be independent, and I want to live my life...separate from my parents.

Some participants who were the eldest sibling, like AJ, often observed that their younger siblings were "more Americanized", especially if their siblings had not been to the Philippines. While when responding to questions about navigating between Filipina/x/o and American cultures tended to bring up responses where participants were able to embody both, the feeling of having to identify more with one or the other was heightened when specifically talking about Filipina/x/o language.

Filipina/x/o Languages as both Connectors and Barriers

When asked about if/how Filipina/x/o culture was a part of their lives, experiences surrounding Filipina/x/o languages (e.g., Tagalog, Ilocano, Visaya, Kapampangan) varied considerably. Several participants were exposed to Filipina/x/o languages from their grandparents or parents, and others talked about learning through Filipina/x/o television like TV Patrol or teleseryas (televised soap operas). Natalie's characterization, "I don't want to say I speak fluently. Maybe like Taglish, but I can definitely understand it [Tagalog]," was typical for participants who primarily spoke English, but grew up with parents who spoke a Filipino language at home. On the other hand, Kaitlyn, who identified as Filipino and Mexican, said that her mom, "never taught us Tagalog even though she's a fluent speaker. [...] It would have been cool to be trilingual. But I'm not entirely sure why my mom never taught us Tagalog, I think she wanted us to learn Spanish more." Carmella remembered that in preschool, her mom was told not to teach her Visaya, "Yeah, because I would call my grandpa "Lolo" all the time, which, according to my preschool teacher, would get other students confused. So they told me to teach me English first, and then Visaya, which now I don't know."

In some instances, birth order and the presence of siblings impacted participants' experiences with Filipina/x/o languages. JC's parents were also advised by a pediatrician to not teach her Kuya (older brother) their Filipina/x/o language Kapampangan because he would mix up Kapampangan and English at daycare. By the time JC and her sister were born, her parents decided, "Never mind, we're just going to stay with English because they're in the U.S. And so I had to learn Tagalog and Kapampangan later in life." Alexa, AJ, and Jasmine, on the other hand, had younger siblings and noticed that they spoke more English or did not have as much proficiency with their family's Filipina/x/o language as they did as an older sibling.

A few participants used language proficiency as a metric of their connection to other Filipina/x/os or a demonstration of their Filipina/x/o identity. Rachel shared, “I’d say out of all my cousins, I’m the only one who understands [Tagalog] and knows how to speak a little bit because I’m the one who actually was living in the same home as my Lola (grandma). So out of all my cousins, I’m like the least whitewashed.” While many understood their family’s Filipina/x/o language, only one or two participants were comfortable speaking, and many mentioned being teased for their accents or lack of fluency. Jasmine proudly recounted a time when she surprised a Filipina/x/o food worker by speaking fluent Tagalog to her cousin.

Conversely, Carmella brought up feeling awkward when talking with relatives in the Philippines:

And it’s like, I can’t speak Visaya, I can’t really like, communicate with them. And it’s hard too, because my mom would call them—do your parents call them on Facebook messenger, and then they’ll just show you the phone? (*laughs*) And then I’ll just be like, “Hiiii!” But then I never know what else to say, because I don’t know anything else. And then I don’t want to get them like, a nosebleed! So yeah, I would say my relationship with my cousins in the Philippines is very distant, like I feel like I don’t know them at all.

Having a “nosebleed” is Filipina/x/o slang for having difficulty with foreign languages, often said in a teasing manner that the mental effort to speak or understand English would be enough to cause a nosebleed. In this case, Carmella doesn’t want to put that burden onto her relatives, but the language barrier prevented her from being closer to them. Although the sample represents a diverse range of Filipina/x/o language proficiency, there was a consistent context of participants being exposed to multiple languages and possessing various capacities to communicate with the different people in participants’ lives.

Varied Awareness of Multiple Colonial Influences

When asked directly about whether participants were aware of the Philippines' colonial history, it was clear that each of them was cognizant of Spanish influences on the Philippines. Several brought up the intertwined nature of Filipina/x/o culture and Catholicism/Christianity, and a few brought up the presence of Spanish language words and names as reminders that Spain colonized the Philippines. Briana recalled in fourth or fifth grade she learned the origin of the name of the Philippines came from King Phillip of Spain, saying "it was a very brief lesson, and it wasn't even a whole lesson. [...] But I was like, whoa, that's me." Several participants recalled learning minimal information in school about the Spanish-American War. Jasmine characterized her experiences as, "I heard, I'd say, the very bare minimum in AP U.S. History about Spanish colonialism and American colonialism in the Philippines, along with the Japanese occupation. However, I had to do my own research on that." Similarly, AJ said, "If I learned it from school, it was through my own research. [...] But other than that, I feel like I wasn't taught by a teacher."

Rachel, who attended Catholic high school, had the most unique experience out of the sample as she learned about pre-colonial Philippines through a religion course in high school, "I learned like Filipinos have this cool other culture, especially more like nature based with sun gods and stuff. And then Catholicism was forced onto us by the Spaniards." Rachel also depicted her experiences with travelling and the sacrament of confirmation as deepening her critique of religion and highlighting its role in contemporary colonialism in the Philippines:

Whenever I go to Europe with my mom, we go to these churches. And like when went to Spain, we traveled to Christopher Columbus's grave. I was like, isn't it funny how this is one of the people who brought Christianity to the Philippines? And then like how he's right here, right in front of us. And then I was looking at the paintings, and I was like,

isn't it crazy how in all these religious paintings, you don't see anyone depicted as Filipino in these? I was like, doesn't that say a lot about this religion?

Besides questioning Filipina/x/o representation in religious depictions, Rachel experienced being kicked out of her church's confirmation program (due to refusing to partake in a required protest in front of Planned Parenthood). While her mom had hoped getting confirmed would bring Rachel closer to God, the experience emphasized the hypocrisy of religious institutions:

Philippines is not the richest country. There's a lot of poverty. And it just blows my mind that there's people who are starving and can barely feed their family, but every Sunday they're obligated to give money to this church. [...] So yeah, that whole experience of me getting kicked out of confirmation and literally paying my way to get confirmed really opened my eyes with how the Philippines was colonized and Christianity/Catholicism was forced upon them. And it really made me appreciate the Filipino nature history.

Experiences were more mixed regarding whether parents or relatives would discuss Philippine history, particularly around colonialism. AJ learned much of what she knew about Philippine history from her father after he was given a book on the Philippines as a gift from someone at work. Similarly, Rachel said her dad taught her about Filipino national hero, Jose Rizal, and that he would share his views with her on Philippine history. She also said that both her dad and Lolo (grandpa) would keep up with politics. On the other hand, Kelsey, who had taken workshops through a Filipina/x/o student organization "where they talked about the history of the Philippines, but that was not something that was talked about when I was growing up," emphasizing that Filipina/x/o history was not discussed at home. JC also talked about not learning Filipina/x/o history at home, but through a Methodist Church camp that came to their community every year, noting that "we did Filipino arts and crafts, learned about the homeland

and different issues going on in the Philippines, but not necessarily political.” Danielle mentioned that she first learned about the Spanish colonialism because she was a part of a Filipino traditional dance company in middle school. She shared:

I learned about it [Spanish colonialism] through there and I was surprised. Because I know my parents never talked about Philippine colonial history and stuff like that. So I know I asked them about it, and they were like, “Oh yeah, that happened.” And I was like, “Why? Like you never told me about that.” Like that’s...I don’t know, I just thought that they would tell me something like that. But I learned through there [the dance company], not like from school or my parents.

Danielle had expected her parents to share these major defining aspects of Filipina/x/o history, and her questioning of why her parents failed to do so undoubtedly caused some confusion. Whether her parents felt like it was not important to share history, or that they were ashamed to do so, or even some other reason, it was clear that this experience impacted how Danielle viewed her Filipina/x/o culture and identity.

While Spanish colonialism and influence were mentioned frequently by participants, much less was brought up regarding the era of U.S. occupation in the Philippines. Some participants, like Natalie who shared, “my mom would talk about how my great grandma, she had red hair and blue eyes. And how on my dad’s side, she would mention how some of his distant cousins actually speak Spanish and not Tagalog,” were hesitant to claim that they knew about colonialism, but clearly had some understanding that other countries had colonized the Philippines and its people. For example, some participants, like Jasmine, received frequent comments about “not looking Filipino”, and the complimentary nature of these comments were somewhat confusing. Similarly, Danielle expressed some confusion at her mom’s comments

about having a flat nose, “She always tells me to do those nose exercises, like this massaging thing. And I’m like, but she has the same nose as me too.”

Participants often were also familiar with Filipina/x/os having preference for lighter skin, with some like Alexa receiving papaya whitening soaps from relatives in the Philippines. For the most part, participants seemed to reject these standards, with participants like Natalie noting those with white skin would admire her golden skin and try to tan themselves. As women, participants also experienced both direct and indirect comments about changes in their physical appearance, like weight (and weight changes). AJ experienced hearing somewhat harsh comments from her parents, who said that strangers would not say negative things to her face: “So it is nice side that you haven't had that from a stranger. But at the same time your family has put this sort of paranoia that like, you're gonna hear it from us. We're looking out for you. You're not going to hear it from other people, but they're thinking it.” While trying to protect her, AJ’s parents possibly contributed to her internalizing negative self-perceptions and assumptions that others are thinking negatively about her.

Rachel, whose dad frequently shared his views with her, characterized the relationship between the U.S. and the Philippines in this way:

I’ve heard my dad talk about how the U.S. reached out to the Philippines if they wanted to be something that’s similar to like, a territory. But then the Philippines said no, because we don’t really need your help. And then like, how maybe it could have benefitted the Philippines today. Like I’ve heard him mention that.

Rachel’s dad portrayed the U.S. as benevolent and reaching out the Philippines, who was too proud to take their aid. His account ignored that the U.S. already held the Philippines as a territory and also ignored the nearly fifty years of U.S. occupation, including the destruction of

the Philippine-American War. More often, mentions of American influences on the Philippines were less specific to the colonial era, such as family members comparing between the Philippines and the U.S. Several participants specifically brought up that their parents said they should feel lucky for growing up in the U.S., saying things like they were lucky to have more food than the children in the Philippines. These statements, along with the presence of statements emphasizing suffering in the Philippines, foster feeling debt to colonizers like the U.S.

While very little was mentioned regarding the American colonial period, more of the participants brought up their relatives' stories about post-U.S. and Japanese occupation, particularly living under martial law and the Marcos regime. Jasmine said she would hear about historical figures like Lapu Lapu (a Filipino known for killing Magellan) from her grandparents, but "the majority of what I know about the Philippines is all about the hard times, like the Marcos regime. That's the biggest one because my family, they all went through that."

JC said that before college, "I didn't know nothing about martial law had no idea what that meant. When I went to college, my parents said, "Do not join Anakbayan." Do not join any of those organizations that were more political without really expressing why." She continues by sharing an experience that her dad did share with her:

[H]e just told me, one day he was walking down the street and was gonna say hi to his friend who was an activist, and his friend looked at him and said, "Do not ever talk to me again, they are watching me, they're gonna kill you." And so I think because of that, my dad was very much apprehensive about talking about politics to us, especially in the Philippines, where it was dangerous if he spoke out against the government. Especially back then, I think to survive, it was to be quiet and just lay low. So that's what my parents

did or, specifically, what my dad did. And so yeah, we never talked about politics in that way, especially martial law and how they feel about like the Marcos and stuff.

JC's parents offered guidance without directly clarifying the context behind their advice. While she was able to derive meaning through their experiences, it was clear that her parents would not voluntarily explain these feelings and opinions. Once again, whether their rationale involved cultural shame, the desire to leave behind painful memories, or something else altogether, it was clear that JC was affected in such a way that political involvement was seen as harmful, and that she would need to consult other sources to learn more.

College as an opportunity to further explore Filipina/x/o American history. Even with the little information of Spanish colonialism and U.S. colonialism in the Philippines was discussed in K-12 education, even less was brought up regarding the history of Filipina/x/o Americans in the U.S. until participants went to college. Like how some participants took initiative in middle and high school to learn more about the history of the Philippines on their own, several participants named courses and Filipina/x/o student organizations in college as the opportunities to learn more about Filipina/x/o American history. Besides learning about history through workshops offered by a Filipina/x/o college student organization, Kelsey also mentioned learning some Filipina/x/o American history through an Asian American course. Briana similarly mentioned her college's Filipino pre-health student organization as the source for teaching her about Filipina/x/os immigrating to the U.S., saying, "I never knew about the waves of immigration up until my first year of college, and you know, it wasn't even taught to me through an academic source. It was literally an org that taught me that."

JC took a Filipina/x/o American history class during a semester of undergrad through which she participated in Anakbayan, the specific political youth organization known to speak

out against the Philippine government that her parents advised her not to join, without her parents knowing about her involvement. She acknowledged that attending events and movie screenings were tied to classes offering extra credit for participation, but reflected, “I very much am grateful that I had opportunities like that, where there were classes or workshops being offered on or off campus, and that there were a lot of different resources, like class-wise that I could participate in. I think it was just finding out about it was the thing.”

Kaitlyn, who Filipina mom did not teach her Tagalog in favor of hoping she would learn Spanish instead, also said, “I think I took a lot of my cultural learning from college. In terms of our family dynamic, we never really talked about culture. But looking back, learning about Filipino culture more when I was in college, getting terms for some of the feelings...I could relate it back to growing up with my Filipino side.” She attributes multiple internship courses offered through her university’s Pilipino student organizations as the main way she learned about barriers to Filipina/x/o Americans’ accessing higher education as that was included in the learning about the history of the student organizations.

Notably, Danielle, Natalie, AJ, and Jasmine, who were all in the first or second year of their college program when I interviewed them, did not mention taking any coursework in college where they learned more about Filipina/x/o Americans in the U.S. Carmella, Rachel, and Alexa, although all in their final year of their degree, also didn’t mention learning about Filipina/x/o Americans through coursework or student organizations.

Role of Religion and Cultural Values

When I shared preliminary findings from the quantitative phase with the participants being interviewed, all of them were not surprised to by the overrepresentation of those identifying as Catholic/Christian among those aspiring to become nurses. Kaitlyn acknowledged

the phenomenon of passing down of Catholic religion from generation to generation. As mentioned previously, several participants no longer identified as a practicing Catholic or Christian, but they acknowledged that they would still mark those identities on a survey if asked. Still, the presence of religion impacting participants' lives was undeniable.

Five of the participants (Rachel, Danielle, AJ, Jasmine, and JC) attended religiously affiliated K-12 or college institutions. Danielle, who had attended Catholic school for her entire life before college, noted that her first few weeks of college at her large public institution was “a big culture shock.” JC, as mentioned previously, attended church camps and held fond memories of getting Filipino food after church with her family. Even Natalie, whose family did not go to church when she was growing up, described her mom's messages about religion in this way, “I've always heard my mom always saying that my sister and I should believe in God. We should leave our worries in His hands. And like even when things get tough, know we can always talk to God for comfort.” Carmella characterized Catholicism as “familiar” and similarly pointed out the comfort of religion, “if you're feeling super stressed, you have someone to talk to.”

While elements of Catholic/Christian religion were often brought up by participants, Filipina/x/o cultural values that have been defined in scholarship (e.g., *utang ng loob*, *hiya*, *kapwa*) were not mentioned by name, though many participants attributed their parents and upbringing as instilling values that align with concepts. A few participants, like Briana, brought up historical connections between healthcare and religious institutions, but also the nursing profession to religious values:

Catholic values, I think do go a lot in hand with the social justice of nursing. In the class I had, we did go over the history of nursing. Nursing was done through the church at one point, and it wasn't fully secular. You had to be through the church so that you could be

one of the legitimate nursing orders. I think that's also one of the influences, since a lot of Filipinos are Catholic and have those Christian values. There's an emphasis on being selfless, being humble, giving to those in need. I think those are also reflected within the values of nursing. Those Catholic values and nursing kind of intersects in those places.

Jasmine also related the nursing profession as allowing Filipina/x/os to live out religious tenets:

This is what God says, we have to care for other people. That's like one of our rules in life. It's important to care for others, and not to only care for yourself. So I think that may also be why there's a lot of Christians and Catholics in nursing and in the medical field. Because it's instilled by our religion in a way, if you have the ability to help, you have to help in some type of way. And maybe that's their way of helping other people.

Besides also bringing up acts of service, JC offered her mom's outlook on nursing and religion:

Something that my mom talked about was, when she takes care of patients, she doesn't do it for her patients. She doesn't do it for her manager or her coworkers to see. She does it for God. And I think that's a really great way to do it, for a higher being that isn't there. Because then you're always on your toes. You're not going to do it just when people are watching, but you're gonna do it every single time.

Besides broadly aligning with Catholic/Christian values, many participants talked about their parents' instilling a deep respect for their elders. Along with that, participants also talked about pressure with responsibilities to take care of their family now (e.g., looking out for siblings) and in the future (e.g., taking care of aging parents). Jasmine succinctly characterized her mom's philosophy, "life is education over everything except for religion and family."

Participants' conceptions of education and family perspectives are covered in a later section.

Exposure and Growing Interest in Nursing

All of the participants grew up in California, and many of them lived in or nearby areas of high densities of Filipina/x/o populations. Several participants mentioned their specific home or school neighborhood might not have had many Filipina/x/o individuals, but that they were still exposed to other Filipina/x/os besides their immediate family through extended family members, family friends, or parents' coworkers. This is noteworthy because all eleven participants in this study easily named people in their lives who were already nurses or healthcare workers before the participants confirmed their career choice of nursing. Table 5.2 shows the family members and close family friends that each participant named as information sources regarding nursing or healthcare.

Table 5.2

Family Members and Close Family Friends Who Participants Named as Information Sources about Nursing or Healthcare

Participant	Family Member (Career in parentheses)
Carmella	Mom (Nurse); Tita/Mom's Best Friend (Nurse); Older Sister (Nurse)
Rachel	Mom (Nurse); Dad (Nurse)
Danielle	Mom (Nurse); Dad (Pharmacy Tech); Aunt (Nurse Practitioner)
Briana	Mom (Care worker); Dad (Care worker); Older Cousin (Nursing Student)
Alexa	Mom (Nurse); Dad (Phlebotomist)
Kaitlyn	Older Sister (Nurse); Sister's Godmother (Nurse)
Natalie ^a	Mom (Nurse)
Kelsey ^b	Mom (Certified Nurse Assistant)
JC	Mom (Nurse); Older Brother (Nurse)
Jasmine	Mom (Nurse); Oldest Half-Sister (Nurse); 2 nd Oldest Half-Sister (Nurse)
AJ	Mom (Physical Therapist); Dad (Physical Therapist)

^a Natalie's mom did not work as a nurse due to being a stay-at-home mom.

^b Kelsey's mom was a nurse in the Philippines, and took CNA courses in the U.S.

When I shared the preliminary finding that having a parent that is a nurse was more much more prevalent among first-year Filipina/x/o-identifying students who aspired to be nurses, this

was similarly unsurprising for all participants, even though this was not the case for all the participants the study. Some, like Jasmine, brought up other Filipina/x/o Americans pursuing nursing as aspiring to be like their parents:

A majority of my Titas (aunts) who are nurses or Titos (uncles) who are nurses, they do end up with at least one of their kids becoming nurses in the end. Which is kind of crazy because it's also like the influence of your family. You know, like, oh, this is someone that you look up to! And the fact that they're a nurse, they're like, oh my gosh, maybe I can be exactly like them.

Carmella also mentioned that kids seeing their parents in scrubs was a powerful image, and that someone with a nurse parent knowing they save lives could be something to aspire to. While Jasmine and Carmella framed following in their parents' footsteps in a more positive way, JC responded to this finding by bringing up the power of representation, but also how representation can limit what someone, like her brother, would envision are possible career paths:

I feel like a lot of Filipinos, especially if your parents are in health care, who are nurses—I feel like maybe because that's all you know, so then that's like all you can do. Like even my brother he was like, I didn't know anything else. Mom's was a nurse. She did well, maybe I'll just do nursing too. So I definitely think it's like, what you see is what you also can become.

Rachel brought up both a financial and personality reasons behind this finding:

They make good money, but it's not enough to send their kids to like 12 years of school, Like nursing is one degree, a four-year bachelor degree. That's all you need. I feel like a nurse's salary could cover that. But a nurse's salary cannot cover four years undergrad law then three years law school, or four years pre-med then med school. I guess nurses make

good money, but it's not like enough to cover that. And then, another thing is nurses don't like change. Or it's like they just want to be comfortable and then continue the tradition, so they encourage our kids to do the same thing.

Rachel's conjecture that nurse parents have good salaries, but perhaps could not as easily support kids through undergraduate and graduate degree programs is supported by other data in the quantitative phase in which the family income of the OTHERGROUP was significantly higher than their peers.

Initial Career Interests and The Processes of Narrowing Career Options

When asked about participants' own experiences pursuing nursing, many shared childhood memories of spending time around nurses and in hospitals. Carmella bluntly said, "I grew up around nurses. So then definitely, I was leaning towards the healthcare route." Alexa, whose mom was an ER nurse, vividly remembered an experience from before she was five years old when she visited her mom at work, "I saw a robot, and I told my mom I wanted to be the robot. I made a whole tantrum. She said I can't be that robot, but I could be a nurse and that I could do same thing as the robot and a little more. So it was like, Okay, I'll be a nurse." JC was also five years old when she experienced a moment that cultivated her interest in nursing:

My first initial thought of nursing was when I was five years old, and I was looking at the photo albums. I was a NICU baby, and they had dollar bills plastered on my breathing machine. And I just remember thinking as a five-year-old, like, Oh my God, that's so cool that my nurses put \$1 bill on my breathing machine, even though as a baby I wouldn't have understood it. But the fact that they tried to make it fun for themselves and for me, I want to be a nurse like that.

Even though every participant named someone in their lives who was a nurse, Alexa and JC were somewhat unique in aspiring to be nurses since they were five years old. Several, like Danielle, considered healthcare more broadly, a perspective her parents fostered:

So nursing was in the back of my mind, it was one of the options I considered. But I knew I had the general idea of doing something within the medical field because my parents would also give me other options besides nurse. But they were also medical fields like physical therapy. Sometimes they would talk about pharmacists and things like that.

Rachel, Jasmine, and AJ also named the medical field as their initial career interest, and Natalie had wanted to be a dermatologist. Other early career aspirations that were mentioned by participants included jobs completely outside of healthcare, such as author, teacher, and computer engineer, as well as fields like psychology, forensic psychology, and theater. Carmela, who loved going to concerts, talked about having an interest in entertainment, but thought that wouldn't be a viable career path because of a lack of connections in the industry. Jasmine, who took the initiative in studying history and politics outside of school, questioned herself during our interview of why she didn't consider a history-related career. It appeared that these non-nursing career interests stemmed from experiences at school, such as showing aptitude in school subjects and being recognized by teachers.

Family Messages about Non-Nursing Careers

Some participants shared that their early career interests were received poorly by parents and other family members, which caused participants to redirect their efforts away from these initial goals. Danielle loved playing school with her younger brother, and she recalled wanting to be a teacher until about fifth grade. Danielle shared that it was her grandparents who pressured Danielle to change her mind, "They thought it was just a cute little phase, I guess. Then my

grandma would comment that having a job as a teacher is hard, but you don't get paid that much. And that you still have to do a lot and there's not as much benefits.” Danielle’s grandparents emphasized the difficulty of teaching as a more subtle way of prompting Danielle to look for a different career with more benefits. Rachel characterized older Filipina/x/os as unchanging, “Filipinos don’t like change culturally, they just encourage their kid to do the same thing.” She brought up the example that if a “Filipino kid wants to pursue something creative or music things they [the parents] don’t see, 1) that’s change and 2) that’s not set, like they won’t be able to make their own living,” leading to parents possibly encouraging their children to pursue something familiar instead. Similarly, Kaitlyn did not think her parents forced her into nursing, but noted her parents emphasized financial considerations when choosing careers, prompting her to reject the possibility of pursuing theatre:

Like I know healthcare is the field I want to go down, because growing up, my parents were like, where the money is at is where I should pursue. So that was obviously something that I think influenced the nursing career. I was always thinking like, “Okay I can’t make money being a theater major.” Like that was already out. I didn’t even consider applying to be a theater major.

AJ, on the other hand, shared an experience during middle school in which her mom was straightforward in saying that her interest in writing was not suitable for a future career:

I really remember this one because it always just stuck with me. I remember telling her, “Oh, I want to be an author.” And she immediately stopped the car and was like, “You shouldn't really do that.” And I always remember that as much as I love English, it's not...like...cuz she kind of told me, “You can be an author as a hobby. But as a job, you

should do something like the medical field and this can just be a hobby, something you do to unwind and relax. But don't build your career off of that.”

AJ acknowledged that this experience not only made her stop writing for fun, but also changed the way she approached writing for English classes, saying, “Even then, I always felt like I didn't completely put my best work forward. Because I kind of felt like if I did, I might fall in love with it again that I won't choose something in the medical field.”

While Danielle and AJ talked about experiences before high school, Kelsey was already in college when experiencing negative family opinions about her major choice. While Kelsey, who had entered college as an undeclared major, had observed that most of the students in her general education chemistry course were pre-nursing, she knew that her GPA and other academic credentials were not competitive enough to be accepted to her undergraduate institution's nursing major. She described her rationale for declaring public health as, “Let me be more realistic with myself. Like I'm not going to get in. I'm not going to become a nurse. So then that's when I committed to public health as my major.” She had already declared her major when her parents returned from a family funeral in Hawaii with these unsolicited messages from her older cousins:

I remember my mom coming back and telling me, “Oh, your cousins said it's not easy to find a job in public health” or, “You won't find a job in public health.” And I was already committed at that time to public health. Like I was still early in college, but I already committed to that major. So just hearing that affected me. Will I be able to find a job in public health? Will I be able to be successful in this field that I'm just barely starting?

Because Kelsey's parents had not attended four-year universities, they trusted the opinions of Kelsey's older cousins and passed that information on to Kelsey. Those statements influenced the way she viewed a potential career in public health:

I think that the idea of not being able to find something in public health affected me, and I didn't really try to find something in public health. But it was just that idea, I might not find something. And I know that nursing, I'm able to find something a little easier. Like I still gotta go to school. I still got to do all of that. But just like, I may not find something in public health. So then in my last semester, I was like, okay, I'm gonna do prerequisites for nursing school again, and try this again.

Kelsey admitted that it was uncertain whether she could find a public health-related job, but the potential shame or difficulty of finding a job in that field prompted her to make plans to pursue a career she was more familiar with. Kelsey did not mind putting in more effort into redoing prerequisite courses, trying to get admitted into a nursing program, and completing a nursing degree. To Kelsey, going into nursing seemed to be a more well-known path, which translated into being able to find a job more easily, which directly contrasted the unknown of public health.

Being Directed Away from Medicine/Other Healthcare Careers

Although many healthcare careers, including physicians, nurses, and CNAs work closely together, it makes sense that these are different career pathways that attract different students for different reasons. The data from the quantitative phase of this study supports the idea that incoming Filipina/x/o-identifying college students who intend to go into nursing differ demographically, academically, and cognitively from their counterparts pursuing other healthcare careers. For several of these participants who had childhood aspirations to become doctors, many reasons emerged before college that seemed to dissuade them from continuing that route.

JC had wanted to be a nurse from an early age. Entering her undergraduate institution as a pre-nursing major, she admitted, like Kelsey, that her academic performance in prerequisite

courses was not competitive for her university's nursing major, and also ended up declaring public health. Before JC was accepted into her entry-level nursing master's program, she talked about feeling lost and behind when considering graduate school for other careers in healthcare:

Like I was looking at occupational therapy, library sciences, and speech language pathology. Because I want to work with people. I have a passion in health. [...] When I was looking at speech language pathology and occupational therapy, I kind of felt like I was learning about it way too late. Because I said, I wish I knew about occupational therapy. Like, this is like such a cool career! I could definitely see myself pursuing a master's in this and having this beautiful full career. But it was because I just didn't know about it. And like, I didn't know anybody who was in it.

Jasmine had considered pharmacy, but said her parents, "always preferred me to do nursing because there's it's more like a bigger insurance to have nursing rather than pharmacy." When asked further what "a bigger insurance" meant, she continued, "Because pharmacy we don't know when robots are gonna replace pharmacists at one point, or if technology can get over that. But nursing, the thing is that you can't really replace bedside care with technology because that's one of the most difficult things to do." Two of Jasmine's three half-sisters were nurses, but interestingly, the other half-sister was in the process of pursuing a career in pharmacy. Jasmine made it a point to differentiate their personalities, saying that one of her sister's goals is to make a medicine, requiring a PhD "which is kind of keeping her going", and that "she knows she cannot stand being in a large group of people, like she has that social anxiety, but she know that she's able to help other people with what she has."

Rachel, whose dad (who was a nurse) actually pushed her to pursue medicine instead of nursing, said that she preferred the shorter time to become a nurse as better corresponding to her personal goals of having a family by her late 20s:

So definitely gender plays a role of why pick nursing...because it's only four years and then you start your life. But doctor, you dedicate so much time. It's kind of pushing back family planning. And then even if you want to have kids while in school, it's hard because you have to put them in daycare so much you have to hire babysitters. [...] I know because I babysit for lots of doctors.

Other participants liked the shorter time in school for nursing as they wanted to begin working more quickly. Here, Carmella also pointed out the financial benefits of a shorter degree, “I was always like, I don't want to be a doctor. I don't want to do all the school, and not have to pay loans and all that. I just want to start working and then help my family. And that was the quickest choice that I can choose.” Kaitlyn had considered becoming a pediatrician after enjoying a pediatrics internship, “But I think the idea of only four years really overpowered the ability to explore those other interests.” Briana also questioned the length of time to become a doctor, saying, “I did a lot of research on the difference between the role of a physician versus a nurse. Like, what’s so different? Why are physicians going to school for so much longer and learning the same things as a nurse? And why are nurses getting their degree in four years?”

For some participants, it was their parents’ pressure due to being the elder sibling that made medicine a less appealing career option. AJ laid out her two options for pursuing medicine:

I would go to school with my major being bio, and then go to med school, and then the rest of it. Or I would go into nursing, and then I would go and work as a nurse, save money, and then go to med school. And so my dad really liked the idea of me working

for my own kind of fund just so that they could focus more so on my sister going to high school and supporting her.

Being only in her first year of college, AJ was the only participant still considering medical school after working as a nurse. Several participants anticipated that they would eventually return to school for further education. Knowing her family's preferences, AJ mentioned researching options like enlisting in the military or saving her own money to be able to finance medical school. Financial reasons also affected Alexa's potential path into medicine. Though Alexa had one of the earliest aspirations for nursing, being mentored by a surgeon who taught a dissection course at community college prompted Alexa to consider medicine for the first time. But being the eldest daughter with two siblings who were seven and ten years younger, her parents made it clear that financial support would not be given for medical school:

I think she [Dr. G, dissection professor] threw me for a little loop because she was telling me how my hands were very steady and everything. And that's where, for a moment, I was considering maybe I could be a doctor. And she was saying, "Oh, don't go into nursing! Your hands are so steady. You could become a surgeon. Like you're so smart and so capable, you could go to med school." So I was thinking about it for a little bit, but my parents also said if I went to med school that they wouldn't support me at all. So I was like, oh, maybe not.

Alexa observed that her younger brother would receive more support toward his aspirations to medicine, while her younger sister was pushed to nursing:

I could definitely see it with my sister now that she's in middle school, how they're definitely pushing her to do nursing, even though she does not want to do at all. [...] At least for my parents, I think there's a bias between male and female. Mostly because my

brother has talked about—he's very young but very bright. But he's talked about, oh, maybe I want to be a doctor. But my parents are like fully wanting to support that.

Alexa's narrative conveys that being recognized academically was thought-provoking, but the threat of losing financial support from her parents promptly halted further imaginations of that possibility. Additionally, she highlighted the inconsistencies in how her parents supported the career aspirations of their daughters compared to their son.

Experience with Nursing before Applying to Nursing Degree Programs

Although each participant had a close relative in nursing, many acknowledged that they began learning more about the nursing profession in high school. Before college, several participants took part in healthcare-related internships through their high schools, exposing them to different careers or encouraging them to develop first-aid skills. However, it seemed like these programs varied in the way and scope of influencing participants. For Natalie, her high school's Academy Medical Arts program did expose her to different careers like occupational therapy and sports medicine, and the program encouraged her to do research on dermatology, her primary career interest at the time. She felt like she didn't really learn that much though, as the program took place during COVID. Carmella began volunteering at a local hospital during her sophomore year of high school and shared:

So I started volunteering to see how I liked the hospital and all that. I really liked the L and D (Labor and Delivery) unit, the pediatrics unit. Those two are so fun because I got to see new families and kids and all that. Yeah, it was really fun doing that. So I knew that I wanted to be in the healthcare field. But I didn't know I wanted to be a nurse.

While Natalie and Carmella participated in extracurriculars that pointed them in the general direction of nursing, they clarified their choice of nursing was still not finalized.

Danielle, who participated in her both high school's Academy of Science program (which placed students in STEM research internships) and volunteered at a local hospital, was able to compare her extracurricular experiences and found herself drawn to nursing over research.

Kaitlyn attributed her high school's Medical Science Academy, which she joined during her sophomore year in high school, as "where I found interest in nursing." Kaitlyn enjoyed the program's anatomy course and accumulated hundreds of volunteer hours as a medic at high school sports games, though looking back she acknowledged the time commitment was too extreme for high school students. These experiences, together with looking up to her sister who was two years older, also solidified Kaitlyn's decision to apply to college as a nursing:

My sister graduated from high school, and she got accepted into [very competitive nursing program at a California public university]. So that definitely, influenced me to pursue a medical career. Just because, like I viewed my sister as a very big role model for me. I copied everything she does, clothes, stuff like that. I very much copied what she did. [...] It was really my sister that influenced me to apply to be a nursing major.

Caregiving Experiences that Encouraged Participants to Consider Nursing

In addition to educational and extracurricular activities being cited as influential to participants' career choices, several participants mentioned caregiving-related experiences as inspiring their interests in nursing. As mentioned previously, Briana grew up living in a residential care home with her parents, and while she did not mention doing caregiving work herself, she felt like "probably just seeing my parents be caregivers. I was like, okay, I'll do something like that." Similarly, AJ, and Alexa were not caregivers in job title, but both mentioned taking care of their younger siblings as preparing them to be nurses. AJ even characterized, "I feel like nursing is a lot of being a big sister and taking care of people. So it

kind of feels like a lot of what I'm expected to do. Be like a professional version of being the eldest sibling.” Alexa, whose big age gap between her and her two younger siblings prompted her to think of them as her ”kids” also said, “I think that also affected me because I was just like, I need to care for my kids, which I think to this day is really the main reason why I did early college,” implying that she chose to do dual enrollment because of expectations to be her siblings’ caregiver. By taking community courses so early in high school, Alexa had also been a tutor for nursing pre-requisite courses since she was 16, working closely with many pre-nursing students. She only left the position recently as her community college’s tutoring center was returning to in-person operations.

At the beginning of the pandemic, JC had gotten a remote position in a public health government office, and at the time she was not considering nursing when she stepped up to care for her Lola with dementia:

And so I was working from home, and it gave me an opportunity to take care of my Lola in a way that I didn't expect to, but was really grateful to have that opportunity. And it also gave me a little taste of like oh, can I really do nursing duties? Can I take care of another human being? And so it really gave me the courage to think about pursuing nursing again. [...] And I wasn't her full-time caregiver, but I definitely was there for her. Sometimes I would stay over at my auntie's house for like Monday to Friday, and then stay on the weekends at my house.

Even though JC was not, as she described, the full-time caregiver, JC helped her grandmother with going to the bathroom and walking around as her grandmother’s dementia progressed. The experience made JC more confident in her ability to take care of others, which, along with the uncertainty of career stability in public health, encouraged her to reconsider nursing.

Career Decision-Making Processes

The previous two sections of this chapter described participants' home context of their upbringings and participants' early nursing-related experiences. For all of the participants, discerning their career options took place over their entire lives, with salient moments throughout their education journeys. With regards to making their career choice, participants applying to and selecting which college to attend was an integral process of solidifying nursing. This section presents the intertwined nature of college choice and career choice.

Navigating the College Application Process

Most participants mentioned doing their own research on the internet, asking peers, and finding out their parents' preferences when deciding which colleges to apply to. A few participants found pre-college resources at their high school as helpful, but they focused on completing application requirements like essay-writing bootcamps, and less about sorting out their own preferences for decision-making. Resources also varied depending on the type of high school or the initiative of the participant. For example, even though both Danielle and Rachel attended private high schools, Danielle admitted to never setting up a meeting with her assigned college counselor, while Rachel described her application process as:

I did a lot of my own research [...] and I talked to a lot of people and went to a lot of counselors. But yeah, I did my own research, and I had the help of my school too. And my parents didn't help me at all. They didn't know anything. They just gave me their credit card and said okay, pay for that college application fee. And they didn't even know what colleges I was applying to.

Rachel's experience of finding her parents unfamiliar with U.S. higher education system, even though they attended community college for their nursing degrees, was a shared feeling among

many participants. Natalie's mom, who also had an associate degree in nursing, said her parents were "not too familiar with like how university works in California," referring to the CSU and UC university systems. Natalie said her parents trusted both her and her younger sister as long as they went to college. Briana, whose mom and dad attended college in the Philippines, characterized her parents' support in a similar way of being generally supportive and trusting of her decisions:

My parents, I would definitely say were relatively hands off. Like they were supportive in any way that they could, but we also have that mutual understanding of like, you've never applied to a U.S. university before. I had to think for myself to find resources to help me apply, which I personally didn't mind at all. I was honestly like, I know my parents are fully willing to support me in every other way, they just are not familiar with the system.

Even with general support from family, participants who could not look to their parents for guidance about college were required to take on this massive endeavor largely on their own. Carmella recognized that her mom's lack of experience with U.S. higher education was a part of her stress during this time, "Yeah, I had to do it all on my own like, online and stuff, which was kind of stressful because like, I'm like a high schooler. I didn't know anything about college. And my mom didn't go to college here, so she didn't know what to do either."

Still, even though many felt like their parents could not help with their college application process, it was clear that participants still knew their parents had specific preferences that they needed to keep in mind. JC grew up knowing that college was a priority for her parents, "I think I just grew up knowing that I was going to go to college,". She also felt limited, though, "Like I wanted to move to Hawaii or Arizona for college, and my parents were like, "Absolutely not. You are staying in California." Other participants also felt pressured to adjust their college

application lists due to their parents or family's opinions. Alexa, for example, was pushed to apply to colleges that would be close enough to home for her to continue caregiving for her younger siblings. While Natalie applied to a mix of two- and four-year universities, she was aware of her parents' preferences, "they wanted me and my sister to start off at a community college first. Because they heard that because we're LAUSD, you have a two year like college promise where you get to go to college for free," and she limited her search to those she could attend while living at home. AJ applied to schools out-of-state but still on the West Coast, but her mom and sister really wanted her to stay nearby. As she was still undecided between nursing and pre-med, said her parents sent mixed signals:

It was a little tough at first because I was still indecisive, mainly because I knew what my parents wanted. And I knew what I wanted, but I also knew that there wasn't really a way for me to pick what I want without them being upset. And for me, picking what they want without me being slightly unhappy with it. So when I was applying for schools, at first I applied for the majority of them being biology. And then when it came to turning in the application and paying for it, like for the UCs, I remember going through the list. And then they would ask, "Oh, what is your major?" And I said, "Oh, it's biology." And then my mom would be like, "Do you want to do nursing instead?" And then I would change it to nursing and go through my application again. And then when I was about to turn it in again, I asked them, "Is this list okay? Like, can you look at this?" And they're like, "Oh, you don't want to do bio anymore?" And so I kind of just went back and forth. The majority that I did turn in ended up being a biology major and then the rest of them were just nursing majors.

Both Rachel and Jasmine, who were at private universities, admitted to only applying to the institutions they ended up attending as a safety or last-minute addition to their college application list. In Rachel's case, her mom urged her to apply to the private university that was less than an hour away from their home, as her mom had heard of that university from coworkers and their children. Even though Rachel had applied to over 15 schools, covering her bases with nursing and non-nursing programs, both in-state and out-of-state, she followed her mom's wishes, not even thinking she would ever go there. In Jasmine's case, she had anticipated the private university tuition to be too expensive but knew that both her mom and one of her half-sisters had always considered that institution their "dream school" many years ago in their paths to pursuing nursing degrees. So, Jasmine also ended up adding the school to her list, citing the Common App as making the process extremely easy and without any extra thought. All of these experiences highlight some of the contradictions that come up during this process. Even though many of the participants felt that their parents were supportive, participants wanted to please their parents—either by selecting options that fit their parents' preferences for location, institutional type, finances, type of program, or major.

Most participants had considered nursing or healthcare from an early age well before the college application process, but there were several educational pathways that participants took to work toward their career goals. Most of the participants (Rachel, Danielle, Briana, Natalie, JC, Jasmine, and AJ) had three types of institutions for college: 1) institutions with "direct entry" nursing majors in which you would be directly admitted to the BSN or ADN program (e.g., West Coast University, UCLA, UCI, SDSU, Chabot College, Harbor College), 2) institutions with a "pre-nursing" major in which you need to apply into the nursing major after completing major pre-requisite courses, with no guarantee of being accepted into the major (e.g., Mount St. Mary's

University, CSU Long Beach, SJSU), and 3) institutions that typically didn't have a nursing major so participants would choose to apply with a different STEM major like biology or public health. Kaitlyn, who was burned out from the Medical Science Academy work, did not apply to any private schools or use the Common App. She acknowledged "it was really ballsy for me only applying to two UCs and Cal States," and applied directly to nursing programs or as a pre-nursing major (categories #1 and #2 in the list above) at all the schools she applied to. Kelsey was the only participant that applied as an undeclared major when she first attended undergrad, and this time around is applying to direct entry BSN programs. As evidenced by how participants dealt with college acceptances (discussed in a later section), participants view direct entry programs as the most desirable but also the most competitive.

Impact of COVID

About half of the participants were in high school during the pandemic, and others were in college or working. For the participants who were still in high school during the pandemic, they tended to bring up lockdown as affecting their mental health, being unable to see friends or socialize in person. Jasmine said that COVID prevented her from visiting colleges that she applied to. Natalie, who was in her junior year of high school during the onset of the pandemic, brought up how the pandemic impacted her decision between dermatology and nursing:

Just knowing as a nurse, you could be one of the last people to be there for a dying person. I say, it's very impactful. Nurses do a lot of things. [...] I know that dermatology, I would have to finish a four year and then go to med school and residency. But I guess I thought to myself, after college, I want to go ahead and start working right away. Like I want to do something healthcare related, and I felt like nursing fit everything I was

looking for. I can help people. Like nursing programs, they aren't that long compared to medical school. So it just felt right for me.

Carmella and Alexa, two of the participants who graduated high school in spring 2020, changed their original college plans due to lockdown and pandemic. Carmella, who first started college at a private university as a pre-nursing major, found online classes to be extremely difficult for her and was not accepted into the university's nursing major. She also anticipated that she would not want to deal with the long commute once classes returned to in-person, and so she applied and was accepted to a different private university with a direct entry major closer to home. Alexa, who had done dual enrollment through much of high school, had also initially planned to go to a private university with the goal of being considered a transfer student who only needed to complete two years before graduating; however, that university would not accept her community college credits to grant her advanced standing. Instead of enrolling in the private university, Alexa took courses and continued tutoring at her home community college. During the next college application cycle, she applied only to institutions that had a specific transfer pathway directly into a nursing program, still having the goal to finish her bachelor's degree in two years. Several factors affected how participants approached their application processes, which also had a dynamic effect on participants, as the results of these applications also impacted their career choices.

For other participants, remote learning opened other pathways that augmented their education. Rachel, who also graduated high school in spring 2020, used remote learning as an opportunity, "So what I did during COVID, during online school, I took so many college classes. I took like 30 units every semester. I took so many classes, and then all those classes transferred from community college." Because Rachel had so many credits, she ended up declaring a second

major in psychology, which she finished in two years, saying, “I learned a lot from that major and that definitely helped in my nursing field and complemented my nursing degree.” JC had already graduated from undergrad, and she was furloughed and later laid off from her government public health job position. She also took advantage of remote learning by taking community college courses in Asian American studies and Filipina/x/o history. The pandemic also included JC’s caregiving of her Lola, reinspiring JC to consider nursing again.

The Decisive Crossroads of College Acceptances

Several participants shared that their decision to pursue nursing was solidified by being accepted to at least one nursing major. This was particularly true for those admitted to California’s more competitive direct entry nursing programs—which some participants said had admission rates that were lower than 5%—any of the participants in this sample that were accepted into at least one direct entry nursing program enrolled in that program. When admitted to both nursing and non-nursing majors, participants went through a pretty streamlined process to make their final choice. For each of these participants, they reported that it was more appealing to enroll in the nursing major over a different STEM major due to greater certainty related to career prospects. Table 5.3 shows the type of major (direct entry or pre-nursing) that each participant enrolled in.

Table 5.3

Characteristics of Participants' Nursing Program Trajectories

Pseudonym	Age	Status	Degree Programs		
			Degree	Institution Type	Program Type
Carmella	21	Enrolled	BSN	Private	Direct entry
Rachel	20	Enrolled	BSN	Private	Direct entry
Danielle	18	Enrolled	BSN	Public	Direct entry
Briana	21	Enrolled	BSN	Public	Direct entry
Alexa	21	Enrolled	BSN	Public	Direct entry (transfer)
Kaitlyn	21	Enrolled	BSN	Public	Direct entry
Natalie	20	Enrolled	ADN	Public	Direct entry
Kelsey ^a	23	Graduated 2022	BS	Public	Undecided → Public Health
		Applying	BSN	N/A	N/A
JC ^a	26	Graduated 2020	BS	Public	Pre-nursing → Public Health
		Enrolled	MSN	Private	Direct entry
Jasmine ^b	19	Enrolled	BSN	Private	Pre-nursing → ?
AJ ^b	18	Enrolled	BSN	Private	Pre-nursing → ?

^a Information about Kelsey and JC's bachelor's degrees are also included in this table.

^b Jasmine and AJ are currently pre-nursing majors completing pre-requisite courses and other requirements. They will find out if they are accepted to their institutions' nursing majors at the end of their 2nd year.

Participants mentioned several considerations when deciding which college or program to enroll in—distance from home, financial aid, and type of program. JC had applied to direct entry programs at private schools, saying they “were the way to go. Because if you got into the nursing program as a freshman, you're basically set. Versus a CSU you have to take the prereqs and apply again your junior year.” When she accepted to same private university where her brother had received his nursing degree, however, she was admitted for the biology major, not the nursing major. She shared her mom's reaction, “My mom's like, ain't no way we're gonna do this private school education for a bio degree. It's either nursing or you could go to a CSU,” since JC

had not gotten into a direct entry nursing program, her mom made it clear that she would only pay the lower tuition of a CSU. Similarly, Rachel had gotten into both her top choice public university and a high-ranking private university, but also not for their nursing majors. She said she ended up picking her safety school that her mom had asked her to apply to. Notably, this decision-making process took place during the lockdown in spring 2020, and it is possible that her choice to stay closer to home was partially informed by that context.

AJ had also gotten accepted as a biology major at a UC and some CSUs, but because she had also gotten into three nursing programs, most of her decision-making was deciding among those three choices. Though she had applied across the west coast, she chose to stay in-state within driving distance, with her rationale being, “I’m kind of trying to get what we both wanted. I picked a school that was kind of far by not really. Just so I could try to gain my own independence but at the same time, be close enough to be there for my sister and my mom.” AJ also mentioned a cousin who was attending the university for their nursing program as speaking to the program’s positive qualities. Jasmine had initially applied to the private university she ultimately selected because it was her mom and sister’s private university “dream school”. She said that because the institution offered her \$21,000 scholarship, their cost of attendance was cheaper than going to a public institution.

Briana, Danielle, Alexa were all accepted to multiple BSN direct entry programs, and all felt extremely lucky with having multiple options for this highly coveted type of program. For Briana, both institutions would require that she move away from her family. When she got off the waitlist for her first-choice school, making the choice to select that institution was instantaneous. For Danielle, she was accepted to a CSU that was close enough to home where she would not have to move, and a UC that was a few hours away. While her grandparents

seemed to prefer that Danielle enroll in the CSU closer to home, Danielle knew from her campus visit to the UC that she wanted to go there:

But I knew even since I applied. I got my acceptance to UC before the CSU one. I already knew that I wanted to go to UC more once I got accepted. I was like, I'm gonna go already, even before considering it. And I talked with my parents a lot about finances and stuff, they were willing to support me and help me. So yeah, knowing that they were also supportive of where I want to go also helped in making that decision.

Alexa, on the other hand, did not receive warm support from her parents once she told them that all three the nursing programs she was accepted to were far away from home:

And that's when I opened up to my mom and I told her I didn't apply to the private schools. Because in NorCal there's basically no bachelor's program unless you do the private schools. So I remember my mom also being so upset with me, because she was like, "why didn't you apply? I wanted you to be closer to home."

Although Alexa had gotten into her top-choice school, she learned from a current transfer student that the transfer experience was frustrating, "since it was a newer program, a lot of his teachers would leave within a year or too. So it really frustrated them that they were being taught by new professors, and for the most part, it was their first time teaching." She decided to enroll in one of the other programs she had been accepted to, which was helped by the fact that her husband was completing his degree at the same institution.

Responding to Preliminary Quantitative Findings Related to College Choice Motivations

Several participants commented that growing up, their parents kept strict rules, particularly around dating, and some had difficulty convincing their parents to let them move out of the house for college. When sharing findings from the quantitative phase that determined that

Filipina/x/o-identifying college students who were pursuing nursing placed higher importance on wanting to live near home when selecting which college to attend compared to all other groups, many participants did not find this surprising. Although not every participant related to this finding, as some applied to out-of-state institutions and some moved hundreds of miles from home, they all ultimately chose to enroll at a college/university in California. Many acknowledged that living near or at home during college was cheaper and helped save money. Carmella said, “Filipino households are very, like family-oriented family based. So I think staying at home is pretty normal to us, too.” A few participants observed that living near home as a nursing student could be beneficial, particularly if they had a parent with nursing experience who could help them during their program with nursing concepts or networking at hospitals. Very often, participants would bring up that living near or at home for college would please one’s parents—even though the language of this finding did not specifically mention parents/relatives.

In general, many participants considered their parents’ wishes when making their college choice, and several also said that their parents were happy with their eventual choice. When responding to the finding that those in the NURSE group placed higher importance on pleasing their parents/relatives when selecting which college to attend compared to their peers pursuing other careers, many participants similarly found this unsurprising. They mentioned reasons that were related to the observations offered for the previous finding about living near home. Several felt that pleasing one’s parents was important for college as likely they would be paying for tuition and other college expenses. Others pointed out that it felt good to please one’s parents and several participants expressed personal goals of making their parents proud. Kaitlyn said this applied to her sister in one way, as her sister wanted to commit to a CSU nursing program, but

their mom pushed her to go to the more prestigious and competitive UC nursing program instead. For Kaitlyn herself, she noticed that generally “as a Filipino and also having a lot of friends who are Filipino American is just like being a very big people pleaser, like wanting to make sure we are doing things for other people first.” Though the phenomenon did not apply to her college choice, she also said, “I can understand why some people choose a college that pleases their family over a college they actually want because we do give back to our family a lot.”

Why Nursing? Participants’ Mindsets for Choosing Nursing

Consistently, participants emphasized that their parents did not force them to choose nursing when asked about the influences on their career choice. Briana brought up this point multiple times, saying “I wasn't taking into consideration what my parents wanted for me. And a lot of people are actually surprised by that.” She expressed frustration at people automatically attributing her choice of nursing to her parents, saying, “I’m always like, no, like they wanted me to do whatever makes me happy.” It is noteworthy, though, that neither of Briana’s parents were nurses. She still acknowledged growing up in the residential care home as exposing her to environments where nursing was involved. AJ brought up that her parents often referenced her of her early aspiration to become a doctor, “I feel like it was also just my parents’ expectations of me, like especially since when I was younger, I said I wanted to be a doctor. They kind of just like kind of held on to that,” and acknowledged that their reminders over her schooling set up the expectation that she should choose a career in healthcare.

Natalie attributed the pandemic as the primary influence on her career choice, “But I feel like me wanting to become a nurse was my choice. Maybe slightly influenced by my parents wanting me to go into the healthcare field, but I don't know. Like I realized during the pandemic that maybe a nurse is like my calling.” Even within this statement, the fact that her parents

showed approval of healthcare was the context of her decision. Similarly, Alexa knew that she had previously conceptualized the decision as her own but admitted that her parents' influence may have affected her in ways she didn't realize, "Of course, as a kid, I always assumed it was me making my decision for nursing. But at the same time, even to this day, I wonder how much influence they [her parents] specifically had on it."

Considering Filipina/x/o Identity as Influencing Career Choice

When asked more broadly whether Filipina/x/o culture and upbringing influenced their career choices, their answers were more mixed. Some attributed their interest in nursing more to their family context and upbringing rather than Filipina/x/o culture specifically. Alexa focused on her role in her family as the eldest sibling, "I think it definitely influenced it greatly. Because I think growing up, I was always in this mode of taking care of people. So I think even now, looking back, I feel like because I was always in a mode of taking care of people, that was the only thing I could ever imagine doing." Alexa was able to connect her career choice, nursing, to what she had always done, taking care of people. Her perspective, however, failed to question important assumptions, particularly whether her "mode" needed to be the basis of her career, or considering possible alternatives besides nursing that could allow her to utilize these skills in a different way. Danielle agreed that "we do tend to take after what we see growing up and being influenced by our environment." She also brought up that parents were not the only adults that would push nursing as a career:

I think also it might also be pushed on to the kids by the by other relatives or family members as well. Like using the parent as an example of someone who has a stable career and showing the kids that this is a good career path. And that nursing could like be a good potential career choice for the kids.

Kaitlyn, though, did conceptualize this idea of a long-term cultivating of nursing aspirations as a culturally related, “I think one reason this [overrepresentation in nursing] may be phenomenon for Filipino Americans is I think it's very common for your parents to push nursing on you. Even like from a kid.” While this statement somewhat overgeneralizes, it is noteworthy that Kaitlyn echoes AJ’s feeling that the ongoing reminders of nursing undoubtedly affects children who are the recipients of such messages.

Responding to stereotypes about Filipina/x/os and nursing. Several participants were familiar with stereotypes related to the overrepresentation of Filipina/x/os and Filipina/x/o Americans in the nursing profession. Those who brought up these stereotypes mentioned a range of feelings in response. As mentioned in the previous section, participants recalled Filipina/x/o family members in addition to their parents would utilize the overrepresentation of Filipina/x/os to highlight the positive aspects of the career. Two participants named comedians and media as perpetuating these stereotypes in a negative light, however, several more participants said that their peers, both Filipina/x/o American or not, would question participants’ motives for choosing nursing. Rachel admitted that these types of comments were on her mind when considering nursing, “the stereotype, that’s one thing that hindered me. It's like, I don't want to fall into the Filipino stereotype. But obviously it took me being Filipino and me falling into a stereotype to find out nursing is a great career.” Rachel had wanted to avoid being connected to a stereotype but focused on the benefits of nursing once she put the stereotype out of her mind. AJ, on the other hand, seemed resigned as inevitably fulfilling a stereotype, even if she did not choose nursing, “there would be another like kind of stereotype job to go into. But I feel like it was mainly healthcare that was chosen for me because a lot of my family's in it.” In AJ’s case, she

still primarily attributed her family already being in healthcare as predisposing her career choice, not naming Filipina/x/o identity or culture specifically.

Kelsey distinguished the nuance between the reality of Filipina/x/o overrepresentation in nursing and the stereotype that she chose that career path because of being Filipina/x/o, “Like I know that a lot of nurses who are Filipino, like, that's always the assumption, Oh, you're Filipino maybe you're a nurse. Like that's very common, but I don't think that was something that played into me wanting to become like a nurse or pursue this healthcare career pathway.” Briana said the stereotype is what brought Filipina/x/o American identity into her career choice process:

I think the biggest way that my Filipino American identity came into play was just the stereotype of “Filipinos become nurses.” But I didn't necessarily feel like I was doing it just because I was Filipino American. I personally didn't have that as a heavy influence as to why I wanted to become a nurse. Like I had always known healthcare is something that I'm interested in.

In Briana's experience, the stereotype or being associated with it came up through the media, extended family members, and both Filipina/x/o and non-Filipina/x/o peers, “They're like, “oh, of course, you're gonna do nursing.” But like, I didn't really let that discourage me. I never really saw it in a negative way. It's just kind of like, okay, like you see it that way, but I know for myself, I don't see it that way.”

Alignment Between Nursing Career and Personal Values

Academic benefits. As mentioned previously, participants found it to be a huge benefit that the requirements to be a nurse were either an associate's or bachelor's degree. The shorter educational pathway for nursing compared to medicine and law was mentioned frequently. While several participants mentioned early interests in science, quite a few participants named

other subjects that were weaknesses, such as math for some and English/writing for others.

Rachel felt that nursing allowed her to pursue a healthcare career with less math.

Many participants liked how the courses in nursing seemed directly transferable to what they would be doing in their careers. This was especially obvious when participants discussed some of the other career paths they had considered. Briana, who enjoyed taking computer science electives at her high schools, phrased it this way:

Do I want to do computer science because I took a few engineering classes? Like just a lot of considerations, but ultimately it boils down to, I know that I personally didn't like the uncertainty of getting an undergraduate degree and then not knowing what I was gonna do with it after. And so that was such a huge confirming thing for me.

The nature of nursing being an applied major and leading directly to a single career path after undergrad was very appealing for participants. Once again, this quality being prized by participants makes sense, as many of their parents with non-nursing majors were typically forced to return to school or pivot their careers once immigrating to the U.S. There was a lack of clarity when considering other majors with many career options—instead of seeing those options as possibilities, participants preferred to pursue a degree with a stable and well-defined pathway. Within the nursing program itself, several participants found it appealing that the course of study was clearly laid out and the academic expectations were clear.

Stability/job security. Besides the straightforward career path, many participants appreciated the fact that there were always jobs for nurses. During the pandemic, several participants said their nurse parents continued to work, even doing overtime and making more money during a time that entire industries were shutting down. The fear of job instability, though abstract, was enough to make participants feel unconformable with other career paths. Kelsey's

entire outlook toward public health changed when her cousins planted the seed of doubt saying the job search would be difficult. In Jasmine's case, her parents even pointed out that technology could someday take over sectors of healthcare like pharmacy, but that bedside nursing was less likely to be replaced. Even though it is unknown whether technology could make those strides within our lifetimes, participants chose nursing as a less risky option with more certainty of post-degree success, measured by a stable job market. Besides availability of job positions, many participants mentioned generous compensation for nurses and opportunities to work multiple jobs or overtime to earn more.

Flexibility. While job security was certainly appealing, almost all of the participants also brought up that a nursing degree was versatile for one's long-term career. Participants mentioned the flexibility to be able to work daytime or nighttime shifts or work multiple jobs at different locations. AJ pointed out, "there's a lot of different kinds of nursing that you can get into. And a lot of the nurses I know, they work at two different places because one job is three days and then that's it." Alexa mentioned parents' tactic of saying that a nursing career could be tailored to one's preferences and interests try to convince their children to pursue nursing, "They always say it has good pay, you could do whatever you want. If you want to do teaching, you want to go admin, you want to be at the bedside, or if you don't want to be at the bedside...like they always tell you with that flexibility of it." Besides having opportunities to work in specific types of hospital units like ICU or pediatrics, participants talked about being able to develop specialties, or work outside of traditional hospital settings (e.g., clinics, travelling, telehealth, military).

Personality traits. Related to valuing the flexibility of a career path in nursing, all of the participants could relate nursing careers to their personal goals, values, and self-perceptions, and all could easily make connections between those personal traits and being a nurse. The most

common characteristics that participants discussed as their personality connecting to nursing was having the desire to help people, as well as being organized. Overall, though, participants offered a wide range of traits to describe themselves. For some, like Natalie, it was knowing that she had a gift for listening and being present for others. Even though she had just started her nursing program, she brought up an experience where a patient who had not been communicating with their clinicians confided in her because she made the patient feel comfortable. On the other hand, Jasmine felt that her outgoing personality was what was helpful for getting to know patients, saying, “Like there’s no way you can give a diagnosis or figure out what medicine you need to give to a patient just by looking at them and not talking to them.” Several participants said that they saw themselves as being driven, which they had already seen as having a positive impact on their clinical settings.

Clearly, participants in this study were affected by stereotypes, not wanting to be labelled as choosing nursing only because of their Filipina/x/o identity. Instead, participants emphasized the alignment between nursing and their personal values and priorities. Still, the development of these priorities can be informed by participants’ upbringing context and messages from their Filipina/x/o networks. And while participants were unlikely to attribute Filipina/x/o culture and identity as sole motivator of their own career choice, it was obvious when asking them to relate to the findings in the quantitative phase that they could see the connection between Filipina/x/o American identity and a career path in nursing. The last finding from the quantitative phase that I would share with my participants was that compared to their peers pursuing other careers, those who were intending to become nurses were much less likely to anticipate changing either their major or their career during college. For all of the participants, this finding was similarly unsurprising as all of the other findings, and I greatly appreciated their insight to further explain

this finding. Many observed that completing a nursing degree leads directly to a career in nursing, and this is not the case for other healthcare careers. For example, pre-med and pre-dental students could indicate biology as their major at first but anticipate possibly changing to chemistry or another STEM major and still pursue the same overall career goal.

Several participants, like Rachel, also shared that it would be difficult to change out of a nursing major because many of the nursing-specific courses do not fulfill requirements for other majors, even in STEM:

I guess because nursing classes are so specific, they don't count for a lot of other courses. They're basically not transferable compared to other majors. They could only transfer to like...I'm not calling them lesser majors, but majors that are easier to get into. So you would either become a kinesiology major, psych, or public health. And you work so hard to get into nursing school, why would you go to a major that's easier to get into? Then you would have been able to go to a better school with an easier time.

Rachel focuses on the competitive process to even be admitted into a nursing major, and switching out to a major that had a less competitive admissions process would be seen as a waste. During her first year of college, Rachel did public health internships, and even got to go to Washington D.C. to work with the CDC. She described her experience as, "It was like a lot of waiting for funding and wanting to make things happen, but things were not moving. And I was like, this is not for me." The experience ultimately led her to feel more confident in nursing, saying, "I just realized I could make a greater change in the world one patient at a time than trying to do like a whole community and waiting for funding for that." Being able to relate one's personality to aspects of a chosen career can help confirm a career choice or can encourage someone to change direction. The contradiction exists, however, in that students typically have

more access to opportunities to test out different fields and industries in college, but those pursuing nursing, particularly direct entry nursing majors, feel pressure to stick with their choice due to the immense effort to get in.

For the most part, all of my participants felt very confident in their career choice by the time I interviewed them. Their responses to this finding offered insight into the process of that choice becoming solidified. JC jokingly said she and other Filipina/x/o pre-nursing majors followed the mantra “Nursing or Die.” Natalie described the mindset as being fixed once one was accepted into a program:

It was already hard enough to get accepted. Like applying, doing all the pre-reqs, I feel like a lot of people that are also Filipino who are also doing nursing, they understand that it was already hard enough to be accepted. So why waste opportunity when you could just go through with it. Then like, if you really want to change your career, you can do so after you’ve finished nursing school.

As mentioned in a previous section, being accepted into a nursing program, particularly a direct entry program, functioned as the clear moment for most participants to choose nursing. Kaitlyn, one of the only participants who had previously considered completely changing her major from nursing to education, knew that money—both the money that has already been invested in her education as well as the potential future money she would earn if she became a nurse—played a big role in her decision to stick with nursing. Committing to finishing the program even before starting it sets up the mindset that there is no room for someone to change their mind, while many typically characterize college as the opportunity for exploration. In a sense, the work to be admitted to a nursing program becomes a sunken cost fallacy in which it makes more sense for the individual to complete the program, become a nurse, and then do something else later.

Participants tended to characterize this pressure as being related to the competitive process to be admitted, or perhaps the time and money resources to fund their education. Some components of their outlook, however, can be clearly connected to upbringing and mindsets cultivated by family messages and context. JC characterized the impact of Filipina/x/o culture on her life more broadly, including college and career options, as how she felt navigating Filipina/x/o and American cultures growing up:

I always had this sense—and I don't know if it's because of the values that Filipinos typically have and [the values] Americans typically have—but I just always felt I wanted more for myself or I wanted to do certain things. But I couldn't because my immigrant parents would not want me to do it. [...] I always felt it's kind of suffocating from what is expected of me from my family, and I don't necessarily think it's a bad thing. But sometimes I feel like I didn't necessarily have a choice either. You know, to really explore different things, or different possibilities. [...] So there's this idea of just wanting more for myself, but not feeling like I can attain it, I guess.

Even though, like JC, many appreciated their parents' and family's influence, there was undoubtedly the hint of feeling limited or constrained by how they lived their lives.

Limitations

Before summarizing the findings, it is important to disclose a few findings that emerged during this phase of the study. The first, which has already been mentioned, was the unexpected difficulty in recruiting men for the study. As history and perception of nursing has gendered the profession as being more for women, more research with a special focus on Filipina/x/o Americans of other gender identities and their perspectives on choosing nursing is needed. Second, several people who were interested in participating in the study were Filipina/x/o

Americans who had been born in the Philippines but completed varying amounts of their schooling in the U.S. (also known as 1.25-, 1.5-, or 1.75-generation). I decided to limit my sample to the original criteria of those who had been born in the U.S. and had at least one parent from the Philippines to clearly examine how the vestiges of colonialism and colonial mentality can influence the descendants of immigrants. This research compliments existing scholarship on 1.25-, 1.5-, and 1.75-generation Filipina/x/o Americans, though more research understanding their similarities and differences to second-generation Filipina/x/o Americans regarding their career development processes is needed.

Third, more than half of the participants in the study were in direct entry BSN programs, with several participants attending some of the most competitive and sought-after nursing programs in California. Still, it's important to highlight the fact that participants like Kelsey and JC (who returned to nursing after completing a different undergraduate program) often provided similar narratives as those who had been admitted into a nursing program directly from high school, particularly regarding the early exposure and consistent parent support for nursing. Finally, I had intended to conduct this study with Filipina/x/o Americans within the process of considering nursing as a possible career choice, but it became clear early in the data collection that this process happened before college, particularly during the college application process. Almost all the participants felt certain in their choice, particularly if they were in a direct entry program; however, I made it a point to focus participants' interviews on their discernment process, allowing for their reflections on their priorities at the time.

Summary

This chapter investigated participants' career choices in three parts: the context informing participants' perspectives on education and careers, the types of exposure participants had to

different careers before college, and the college choice process as the moment culminating many of their career choices. In both building up to and in making their career choices, the vestiges of colonialism, including colonial mentality, can explain many influences affecting participants' thoughts, feelings, and actions related to their career journeys.

Growing up, participants shared deep understandings of the struggles that their immigrant parents endured. Their parents' motivations to create a better life and more opportunities for their descendants were well-established for participants, instilling the importance of making good on their sacrifices. Participants were also cautioned about the difficulties their parents had in finding work outside of a few defined careers, fostering the desire to do everything possible to avoid that difficulty themselves. These narratives clearly hint at two manifestations of colonial mentality: colonial debt, as participants grew up with a sense of gratefulness to be in the U.S. and that their parents were able to immigrate; and cultural shame, as participants desired to avoid shaming their families if they were to be unsuccessful in their careers.

In building participants' interest in nursing, many grew up surrounded by nurses. Because of this, many participants had early aspirations to work in healthcare, although the specific choice of nursing did not occur until later. Several participants volunteered at hospitals, took part in medical academies at their high schools, or had caregiving responsibilities, and these experiences fostered their interest in nursing. Part of developing participants' inclinations toward the healthcare field included not only building up the positive aspects of nursing and healthcare, but also squelching other career interests that parents and family deemed as unsuitable. Whether participants cut out potential options due to feelings like their goal was unattainable or that they did not possess the skills or capabilities to be successful outside of nursing, these mindsets convey a sense of internalized inferiority, as participants believed their success would be more

certain through nursing, given that they had many examples to look to. Additionally, these messages also fostered a sense of within-group discrimination, as parents also referenced examples of other Filipina/x/o Americans going into careers that they found to be less lucrative or less appealing.

When making their career choice, many participants knew that acceptance into a nursing program would solidify their decision. Because participants named their parents during the college application process as generally supportive but unable to really help in specific ways, participants may have felt support due to their parents understanding their career choice or applying to colleges that fit their parents' preferences. Once again, this phenomenon could fit into a type of colonial debt, in which participants accept their internalized feelings of being limited in their career options because they are grateful to have the opportunity to pursue nursing and make their parents proud. Even JC and Kelsey, who were not admitted to a nursing major at their undergraduate institution, reconsidered and pursued degree programs to go back to nursing due to continued encouragement and perhaps the ongoing internalized inferiority of believing they could not be successful in a field outside of nursing.

In dealing directly with stereotypes, some participants outright rejected the association between Filipina/x/os and nursing as being a source of their career interest, others believed the stereotype to be a hindering force rather than encouragement into nursing. Still, the presence of stereotypes claiming participants "only" chose nursing because of their identity was an undeniable presence in participants' decision-making processes, introducing the possibility of internalizing those stereotypes unconsciously even if participants did not believe them. From participants' narratives and reflections on their education journeys, all were able to align nursing with qualities—shorter educational requirements, stability, flexibility, straightforwardness, and

fitting their personalities—which they valued in a career path. Many acknowledged their context shaped their career interests and values, but they did not consciously relate these attributes to consequences of colonialism, though many mentioned their upbringing as being informed by immigration.

The next chapter synthesizes the themes from both the quantitative and qualitative phases of the study, connecting both phases to social conditions due to colonialism and the manifestations of colonial mentality and utilizing these concepts to explain the phenomenon of continuing overrepresentation of Filipina/x/o Americans in nursing. While participants' narratives clearly demonstrate how the vestiges of colonialism affected their upbringing context and colonial mentality shaped their career values, there is also evidence that colonial mentality did not seem completely appropriate in explaining participants' mindsets. The next chapter explores these concepts and their implications for research and practice.

CHAPTER SIX: DISCUSSION AND IMPLICATIONS

Filipina/x/os are the third largest Asian ethnic subgroup in the United States, and they have been a considerable presence in the healthcare workforce since the 1950s. Nationwide, Filipina/x/o Americans make up about 1% of the U.S. populations, but about 25% of Filipina/x/o American adults are frontline healthcare workers (Oronce et al., 2021). The COVID-19 pandemic highlighted the greater occupational risk taken on by Filipina/x/o American healthcare workers, with early reports from the National Nurses United union finding that Filipina/x/o Americans were 1 of every 3 COVID-related deaths among nurses (2020). As the pandemic continued, 21% of nurses who died of COVID-19 were of Filipina/x/o descent, despite comprising of only about 4% of nurses nationwide (National Nurses United, 2023).

The overrepresentation of Filipina/x/os in the U.S. healthcare workforce can be traced back to not only favorable immigration policies in the 1960s selecting for professionals, but even further back to the nearly 50 years of U.S. occupation in the Philippines at the end of the 19th and early 20th centuries. Scholars have already connected colonial era initiatives to Filipina/x/os choosing careers for immigration purposes, with the exchange of labor and education between the U.S. and the Philippines being augmented by American-developed educational, economical, and societal institutions (Anderson, 2006). More recent data, however, has shown that Filipina/x/o Americans continue to make up a sizeable portion of registered nurses, meaning that younger Filipina/x/os Americans are still joining the nursing workforce (Spetz et al., 2017).

On its own, there is nothing wrong with a particular ethnic group being overrepresented in a certain industry or career. But what we've learned from the pandemic is that these are careers that come with greater occupational risks. And even without immigration as a

motivation, Filipina/x/o Americans who were born in and completed their education in the United States are still entering nursing at higher rates. What can explain these repeating patterns?

The purpose of this study, therefore, was to examine whether the vestiges of colonialism, particularly colonial mentality, can explain the pattern of U.S.-born Filipina/x/o Americans' career choices, particularly this overrepresentation in nursing. This study was guided by the following research questions:

1. What, if any, are the differences between Filipina/x/o undergraduates who choose to pursue a career in nursing and their counterparts who choose other careers? To focus this inquiry, research question one has two sub-questions focusing on types of characteristics (e.g., demographic and academic, cognitive and affective) and a sub-question focusing on differences by gender identity within the NURSE group.

2a. To what extent are the vestiges of colonialism, particularly colonial mentality, related to these differences?

2b. To what extent do the vestiges of colonialism, particularly colonial mentality, shape and influence the pursuit of a career in nursing among second-generation Filipina/x/o Americans?

To answer these research questions, I conducted an explanatory sequential mixed-methods study, drawing on the strengths of both quantitative and qualitative methodology, but also uncovering connections and contradictions between different types of data. The quantitative phase of the study utilized a merged dataset of the 2016-2019 TFS containing 12,991 respondents who identified as Filipina/o/x or Filipina/o/x American. I conducted descriptive analyses, which determined significant differences and overlaps among three aspiring career groups: nurses, non-nursing healthcare workers, and all other careers. The qualitative phase of

the study encompassed two 60- to 90-minute semi-structured individual interviews with twelve participants, which I conducted between October 2023 and January 2024. Prior to being recruited to the study, participants completed an intake demographic questionnaire, and during the interviews, participants answered questions about their life histories, experiences with Filipina/x/o and American cultures and completed education journey maps which I used to probe deeper on their perspectives on their educational and career trajectories. Participants were also asked to comment on certain findings from the quantitative phase. The data analysis for this phase of the study was drawn from narrative inquiry, utilizing *in vivo*, causation, and affective coding strategies to focus on participants' narratives (Saldaña, 2013). Guided by a conceptual framework incorporating colonial mentality, the central finding that emerged from the study is that vestiges of colonialism (including colonial mentality) can clearly explain the context cultivating early exposure and predispositions toward healthcare for Filipina/x/o Americans, while the influences on participants' decision-making processes to select nursing show both consistencies and contradictions with colonial mentality.

Specifically, the quantitative phase of the study differentiated aspiring nurses' pre-college characteristics and mindsets from their peers pursuing other careers, even healthcare. From the qualitative phase, the contemporary conditions as the result of both Spanish and American colonialism in the Philippines clearly shaped family's religious backgrounds and motivations to immigrate to the U.S. Participants grew up with reminders of their parents' difficulties navigating American educational, legal, occupational, and social processes. Filipina/x/o Americans in healthcare, particularly nursing, often surrounded participants throughout their childhoods, and parents made their approval for nursing quite clear, and potentially their disapproval for other fields. Some participants expressed having lifelong aspirations for nursing,

whereas others shared interests in other fields before turning to nursing. The college application process represented the tipping point for many to make choices that solidified their career choice in nursing before even enrolling in higher education. Participants often claimed their parents or stereotypes did not force them into nursing, but instead that several qualities of the career path aligned with their personal priorities and values.

When considering both phases of the study together, several parallels throughout the datasets offer additional assurances that Filipina/x/o American college students pursuing nursing differ from their counterparts pursuing other careers. Particular background characteristics—such as increased likelihood of being Christian/Catholic and already having a nurse parent—showed up for both samples in the study. In their interviews, participants would relate being able to carry out values (e.g., compassion, understanding others, acts of service) from their religious upbringings to careers in nursing. Academic characteristics indicating aspiring nurses in the survey had both lower high school GPAs and attended colleges of lower selectivity than their healthcare peers, though, were not as consistent among interview participants due to the sample containing several Filipinas from the most selective direct entry nursing programs in California. Additionally, aspiring nurses tended to live closer to home, and while that was the case for the participants interviewed, the sample was limited to those who were born and attended college in California. From the survey, career-related motivations set the foundation for participants attending college in the first place, which held true for the participants I interviewed. Survey participants considering nursing placed greater importance on their family's wishes and living near home when deciding which college to attend, and interview participants offered financial and emotional support reasons that these perspectives applied especially to those pursuing nursing. Finally, the low likelihood of changing major field or career choice for aspiring nurses

was overwhelmingly shared among the participants I interviewed due to concerns of transferability and the fear of wasting the efforts required to be admitted in the first place.

In this ending chapter, I synthesize the major findings from both phases of the study to offer a perspective that considers the vestiges of colonialism and colonial mentality for Filipina/x/o Americans making choices about their careers. Although this study specifically focused on Filipina/x/o Americans pursuing nursing, I contend that applying a colonialism-aware outlook could apply to better understanding even the career choices of Filipina/x/o Americans who did not select nursing, and potentially the career decision-making processes of other descendants of colonized peoples. The findings from this study link to existing scholarship on Asian American career development and Filipina/x/o American colonial mentality, but also expands upon possible alternatives of Filipina/x/o Americans' perspectives to cope with the vestiges of colonialism. I present several implications for research and practice, hinting at the significance of this study in supporting efforts toward more equitable outcomes in higher education.

Contexts Shaped by Colonialism, with Messages Perpetuated by Colonial Mentality

Every participant shared complex multi-layered narratives about their immigrant relatives' journeys and how navigating multiple cultures as a child of immigrants contributed to their background, identities, and values. Even though the immigration narratives were not participants' own experiences, these family circumstances that emerged from the vestiges of colonialism shaped participants' upbringings. For example, the Philippines, whose legacy of exporting workers around the world stems from the Spanish galleon trade ships of the 1600s, is estimated to have around 10% of its gross domestic product dependent on foreign remittances (Seriño, 2012). Selective immigration policies favored Filipina/x/o immigrants with specific

professions, leading to an influx of nurses into the U.S. beginning in the 1950s and making the Philippines the biggest exporter of nurses worldwide (Lorenzo et al., 2007). Several participants came from families who financially assisted relatives back in the Philippines, and many even housed and supported relatives who recently immigrated.

In addition to frequent exposure to immigrants at different stages of transitioning their lives to the U.S., participants also grew up with the awareness that their parents navigated difficult governmental policies, changing employment processes, and complicated emotions about leaving the Philippines and/or their families. Parents also shared their regrets regarding decisions they made, such as completing a degree in the Philippines that was not transferable to the U.S, relating to previous scholarship that Pilipino immigrant parents have been found to often be underemployed and have difficulty finding comparable work to their education level (Buena Vista, 2010). While participants generally communicated with their immigrant parents in English, many participants described efforts of navigating multiple languages during their childhood, potentially contributing to communication complications and obstacles to understanding the full extent of their parents' nuanced feelings. Although none of the participants characterized their parents with terms such as internalizing inferiority or cultural shame, participants were extremely cognizant of their parents emphasizing caution to avoid making any similar mistakes in their own lives. Some parents were also described as often challenging participants on their decisions, double checking they were certain in their choices before proceeding.

As mentioned in the previous section, participants exhibited a range of Filipina/x/o language proficiency, due in part to their parents immigrating to the U.S. with some level of English proficiency, which can be attributed to American influence on the Philippine education

system (Ocampo, 2016). Once living in America though, parents were dissuaded from teaching their children their heritage languages in favor of English, as managing multiple languages was portrayed as making it more difficult for their children growing up in the U.S. These types of experiences set up manifestations of colonial mentality, specifically internalizing inferiority and cultural shame, as parents associated their children learning Filipina/x/o languages with having more difficulty being successful in the English-speaking U.S. (David and Okazaki, 2006). These notions, in turn, could have primed participants to also internalize inferiority for being Filipina/x/o and feel shame for not being American enough. While this dynamic could also be held unconsciously by Filipina/x/o Americans, the cultural shame more consciously expressed by participants regarding language often differed from their parents in that participants expressed regret of not being Filipina/x/o enough due to their inability to communicate fully with their Filipina/x/o family members.

Besides hearing relatives' immigration stories and their motivations to secure more opportunities in the U.S. for their families, many participants shared that these relatives would often make comparisons between life in the U.S. from life in the Philippines. A few participants mentioned their own observations of experiences in the Philippines contrasting like in the U.S., bringing up examples like the Philippines having more types of produce or needing to heat up water for showering. Participants were extremely familiar of these types of messages, and the language used by their immigrant relatives to describe their motivations for coming to the U.S.—more opportunities, better lives, avoiding suffering for the younger generation—hint at the fostering of colonial debt. Participants in this study shared similar messages as participants in other scholarship on second-generation Filipina/x/o Americans and colonial mentality, unconsciously assuming they should be grateful to the U.S. as allowing their relatives to

immigrate and have access to the opportunities that their relatives worked so hard to access (Ferrera, 2016). Additionally, participants showed very little awareness of American colonialism as contributing to the conditions promoting their family's immigration in the first place. Participants in this study, like in Din's study on Pinay college students, generally did not learn about Philippine history nor Filipina/x/o American history in their schooling until maybe college (2022). Thus, family narratives became the more present source of learning about Filipina/x/os. When considering the immigrant backgrounds of Filipina/x/o Americans' families, the vestiges of colonialism framed the conditions enabling emigration from the Philippines; however, certain manifestations of colonial mentality (e.g., internalizing inferiority, cultural shame, and colonial debt) can explain the perspectives that parents had and subsequently imparted on their U.S.-born children.

Additionally, interviews also found that participants experienced colonial messages conveying Filipina/x/o Americans' preferences for European white physical features. This manifestation of colonial mentality was frequently recognized and also rejected by participants, and these experiences were not tied directly related to making career choices.

Colonial Vestiges as Nurturing Interests in Nursing and Aligning with Colonial Mentality

Religion and being raised Catholic/Christian were the most cited examples of participants recognizing their own upbringings as being impacted by the vestiges of Spanish colonialism. Evangelization of Filipina/x/o peoples into Catholicism is considered one of the earliest forms of colonial education, assimilating Filipina/x/os to internalize the inferiority of their Indigenous culture and beliefs (Leonardo & Matias, 2013). Early hospitals in the Philippines were also run by Catholic friars, making nursing a profession legitimized by the Church (Flores-Coscolluela & Faustino, 2014). Although most participants no longer identified as practicing Catholics or

Christians, all of them acknowledged that their own mindsets were shaped by these types of values. Along with the quantitative data that highlighted the overrepresentation of Catholic/Christians among those pursuing nursing, it is clear that religion has a particularly influential role in shaping career aspirations of Filipina/x/o Americans considering nursing. Some families emphasized service to others with compassion as the most meaningful way to dedicate one's career, with some even differentiating between nursing and other healthcare careers due to the direct interactions and bedside care of patients. Others regarded nursing as aligning with Catholic/Christian obligations to care for all people and considering everyone as God's creation. While the remnants of colonialism clearly explain the enduring presence of Catholicism in the lives of Filipina/x/o Americans, colonial mentality also explains why participants found it important to seek careers that fulfilled their religiously informed values.

For both the quantitative and qualitative findings, having a nurse parent emerged as being associated with Filipina/x/o Americans also pursuing nursing, which aligned with other research on Asian American college students naming family as a major influence on career choice (Fouad et al., 2008; Okubo et al., 2007). For Filipina/x/o Americans though, nursing is noteworthy because the consequences of colonialism contributed to a context that not only parents, but other family and friends could also be nurses or be part of the efforts to encourage nursing as a viable career option. From the quantitative phase, Filipina/x/o Americans pursuing nursing desired to live closer to home for college, which some interview participants connected to saving more money, but also being able to utilize their family networks to help them throughout nursing school. Although many participants did not believe that their parents forced them into nursing, nearly all acknowledged that their immigrant parents characterized nursing as familiar and certain to lead to success. Colonial mentality surfaces more clearly when parents depicted the

careers they objected to as unfamiliar and uncertain in their viability, playing into fears of internalized inferiority and doubting their children's abilities to be successful in a career that was unknown to them.

Findings from the study determined that Filipina/x/o American college students pursuing nursing highly considered their family/relatives' wishes when choosing which college to attend. Some attributed this to needing parents' financial support, while others aspired to make their parents feel proud of them. Filipina/x/o Americans were often raised with colonial debt, taught to have gratitude for simply being in the U.S. and having access to a better life and more opportunities than their immigrant parents (Ferrera, 2016). Still, there also existed pressure to measure up to the expectations that Filipina/x/o Americans growing up in the U.S. should be more successful given the wealth of resources available to them. Nursing, therefore, could represent an option that was guaranteed to at least match parents' expectations, especially when participants clarified that meeting these expectations meant making at least as much money as their nurse parents.

The straightforward nature of the educational requirements to become a registered nurse appealed to both Filipina/x/o American college students and their immigrant parents. Having experience with immigrant parents who were unable to utilize their higher education degrees primed the Filipina American interview participants to worry about the post-college connections between their major degree and their career goal. These dynamics aligned with the colonial mentality manifestation of internalizing inferiority, as certain Philippine degrees were seen as less valuable because of the difficulty transferring their value to the U.S., though this overlooked the many U.S. influences on Philippine education. Additionally, the majority of participants in both phases of the study would not typically be considered first-generation college students.

However, the findings of this study related to previous findings that Filipina/x/o Americans having parents who had college degrees from the Philippines or some college experience in the U.S. had similar difficulties navigating U.S. higher education as other first-gen college students (Buenavista, 2009). Given the little assistance that participants received from their high schools during their college application processes, there seemed to be little opportunity to learn about the potential for college as an exploratory space. Instead, while many participants considered other potential career options before applying to college, being accepted into a nursing program typically solidified participants' decision. Participants shared that they and their families were extremely joyful in their reactions to being accepted into a nursing program, and I contend that this process perpetuated a type of colonial mentality, perhaps colonial debt. While Filipina/x/o Americans, who are of colonized descent, were not aspiring to become like the U.S. colonizers by choosing nursing, their goals aligned with what the U.S. had already deemed acceptable for Filipina/x/os through selective immigration policies.

Contingencies Regarding Parental Support

One of the qualities that differentiates nursing from other healthcare careers is the ability to become a nurse with an associate or bachelor's degree. While entry-level master's degrees are a graduate pathway that allows those with a non-nursing bachelor's degree to become nurses, other healthcare careers in medicine, dentistry, and therapy all require graduate education and longer courses of study. The survey data reported that Filipina/x/o-identifying first-year students considering non-nursing healthcare careers did come from families with significantly higher income than their peers pursuing nursing. Interview participants also revealed that nursing's shorter educational requirements appealed to their financial concerns, allowing them to minimize student debt and be able to join the workforce more quickly. The case can be made that

Filipina/x/o Americans pursuing non-nursing healthcare careers have access to greater financial support from their higher income parents, making graduate school a more likely possibility.

However, some participants shared experiences where financial support from parents was contingent on certain conditions, and parents would offer or withhold financial support according to their preferences. JC's mom, for example, paid for JC's brother to attend a private university for a nursing degree, but would not pay for JC to go to the same school when she was admitted for biology and not nursing, only agreeing to pay for public university tuition that would allow her to be pre-nursing and live closer to home. Their biased approach to financing education was highlighted when JC was not admitted to her undergrad's nursing major, and her parents offered to fund the high expenses to obtain a nursing degree at a for-profit institution if she agreed to transfer. Alexa's parents demonstrated some gender bias, clearly saying they would not pay for her to attend medical school, but later that they would support her younger brother in becoming a doctor. These contradictions could relate to research on first-generation underrepresented college students that determined students reporting higher influence of their family's career values on their own career development was associated with lower intentions to pursue a graduate degree (Tate et al., 2014). The researchers cautioned care when interpreting their results, as it was uncertain what type of values constitute "family's career values". Within this study though, participants have defined their parents' career values as prioritizing degrees that clearly lead to stable jobs, and participants were influenced by those values. So, while family's financial status is related to considering careers with graduate education requirements, parents' preferences regarding major, degree type, and institutions also seem to shape Filipina/x/o Americans' career aspirations. However, these values themselves seem malleable and subject to change in ways that hint at colonial mentality as previous research has determined that Filipina/x/o American values

have been informed by sexist ideologies from colonization, also contributing to Filipina Americans' internalizing oppression (Felipe, 2016).

Contradictions to Colonial Mentality as Coping with Colonial Vestiges

A potentially perplexing finding was that the NURSE group was found to enroll at lower-selective institutions, but they reported being accepted to their first-choice colleges at higher rates than their peers pursuing other careers. Through the interviews, this phenomenon seemed to also occur for many participants selecting what might be considered their “safety” school even if gaining admission to other schools with a more prestigious reputation. Clearly, the criteria for what Filipina/x/o American students considered their first-choice institutions differed from simply looking at institutional ratings or SAT selectivity. The Filipina women shared in their interviews that for many, direct entry nursing programs were the most highly coveted, even if the institution's overall admission rates were less competitive (although in the case of this study's sample, several participants were in direct entry nursing programs at public institutions that were also more selective). For example, certain ADN programs at community colleges, which were not represented in the TFS datasets, had the reputation of requiring several rounds of applying before being admitted, contrasting how community colleges are typically known as more open access institutions. Additionally, some participants conveyed that while the institutions where they received their nursing degrees were helpful for networking, they understood that it did not matter where their degree was from as long as they completed RN licensure. While one might expect colonial mentality as related to college admissions would look like Filipina/x/o Americans desiring spots at colleges that were highly coveted by American society (e.g., the Ivy League or other highly-selective institutions); however, in this case colonial mentality does not

exactly fit as explaining Filipina/x/o Americans' decision-making criteria and processes, as they prioritized the ability to become a nurse over reputation of the institution overall.

Additionally, David defines a key component of colonial mentality for Filipina/x/o Americans is the distancing of oneself from Filipina/x/o identity (2013). Among participants though, it was clear that they navigated their development of both Filipina/x/o and American identities, oftentimes sharing feelings of not being Filipina/x/o enough (and also not being American enough). Although several participants wanted to distance themselves from stereotypes associating being Filipina/x/os and pursuing nursing, many showed a preference for the family-oriented values that were cultivated through their Filipina/x/o upbringings. In many ways, participants' relationships with language also demonstrated their desires to be connected to Filipina/x/o people and cultures. Most of them had never learned about Philippine or Filipina/x/o American history in schools, taking their own initiative to pick project topics to learn more. Participants also acknowledged the advantages of going into nursing, where they would likely have assistance from other Filipina/x/o nurses throughout the process for things like networking at desired hospitals or learning from their experiences. So, while the motivation to pursue nursing due to greater representation of Filipina/x/os does not quite align with colonial mentality manifestations, this choice could help Filipina/x/o Americans cope with contemporary conditions that are the result of colonialism by allowing them to enter a work environment with built-in social support and community.

Table 6.1 summarizes the major findings of this study, that include both the consistencies and contradictions to the three of the five manifestations of colonial mentality. As this study has found, colonial mentality has a clear influence on Filipina/x/o Americans pursuit of nursing; however, there was also evidence that indicated clear contradictions to colonial mentality that

were still essential to participants’ decision-making. This study, which was exploratory in nature, highlighted the need for further research on colonialism’s contemporary impacts on previously colonized people and their descendants. The next section discusses such research, other research and theory implications from this study as well as implications for practice for both pre-college/high school and college contexts.

Table 6.1

Consistencies with and Contradictions to Colonial Mentality (CM) as Influencing the Pursuit Nursing for Filipina/x/o Americans

CM Manifestation	Examples Consistent with CM	Examples Contradicting CM
Internalizing inferiority	<ul style="list-style-type: none"> • Nursing being portrayed as a certain, stable path • Pressure to exceed or do better than one’s parents • Non-nursing careers are viewed as not suitable 	<ul style="list-style-type: none"> • Did not aspire to “typical” higher education goals (selectivity or prestige)
Cultural shame	<ul style="list-style-type: none"> • Difficulties navigating the US college process • Little exposure to Philippine or FilAm history before college • Self-conscious about Filipina/x/o language proficiency 	<ul style="list-style-type: none"> • Opportunity to align career to cultural values • Viewing FilAm overrepresentation in nursing as an asset
Colonial debt	<ul style="list-style-type: none"> • US viewed as offering more opportunities than the Philippines • Acceptance to CA nursing programs as lucrative and lucky • Desire to avoid wasting parents’ money and resources 	<ul style="list-style-type: none"> • Nursing’s reputation as a flexible career as a possible way to cope with contemporary colonialism

Implications for Practice

The findings of this study highlighted the importance of paying attention to Filipina/x/o American students’ backgrounds and better understanding how they made their career choices. Even though participants were born in the U.S. and completed their education in the U.S., it was

clear that the vestiges of colonialism continued to shape their contexts and family environments. Additionally, participants grew up absorbing certain types of messages that aligned with colonial mentality, fostering mindsets that directed them towards nursing and away from other options. As a part of my interviews, I asked participants to suggest resources they wished they had back when considering their career choice as well as their advice for Filipina/x/o Americans who were in the process of choosing their careers. Their responses and my observations inform the implications for institutional practice and for future research that I offered here. Given my background in career services, I also outlined implications for career services departments and staff. While this study focused on the career decisions of Filipina/x/o Americans, the implications from this study could also help understand the college and career choice processes for students from colonized and previously colonized populations more generally.

Implications for College Advising

Given that participants underwent their processes for applying to college and deciding on their career choice at the same time, the first set of the implications for practice focuses more on high school institutions. For example, participants characterized the bulk of the college prep at their high schools as focusing on application requirements. Generally, participants did not find these particularly helpful, as they either found out this information on their own or got support from siblings or friends who had already been through the process more recently. Furthermore, parents emphasized college as directly pointing toward post-college careers, hindering Filipina/x/o American students from seeing college as a possible exploratory space.

Thus, educators working with students who do not require as much guidance on college applications could instead provide tools to help students explore career pathways and options. If possible, career advising should be integrated with college counseling. Additionally, college

counselors, or other educators and mentors in high school, could provide guidance to help all students (not just undecided ones) strategize how opportunities in college can help them explore and confirm their career interests. Finally, college prep educators could offer perspective to both students and parents about the potential transferability and applicability of college degrees to multiple careers, even for majors that seem rather prescriptive like nursing or engineering.

For higher education institutions, I propose similar implications to improve direct service practices for Filipina/x/o American students and other descendants of colonized peoples. Early on, undergraduate academic advisors and major-specific advisors need to point students to resources that relate their chosen majors to different careers and vice versa. Though this dissertation focused on career choice, which often happened before college, it was clear from my interviews with participants that higher education institutions were unaware of their role in perpetuating colonial mentality, particularly American superiority. While higher education more broadly needs to interrogate how they uphold colonialism throughout students' college experiences, I focused my discussion here on career services and how to rethink supporting students in making their career choices.

Implications for Career Services

Related more specifically to career services, first-year students should be encouraged to visit a career advisor as all students could benefit from better understanding the career exploration process, including how to pivot and redirect if needed. For many students, college represents one of the first opportunities to explore their interests more deeply, potentially leading to changing their minds or being exposed to something they had not considered previously. As Filipina/x/o American students pursuing nursing tend to anticipate little to no chance of changing

their major, those who do decide to switch out of nursing definitely need support when considering alternative options.

Career advisors could help and encourage students to develop a holistic perspective for considering different types of college experiences (e.g., academics, co-curricular activities, internships) as contributing to their post-college goals, whatever they may be. Understanding that Filipina/x/o Americans and other descendants of colonized peoples may have internalized inferiority, career coaching may require more encouragement that students have the capacity to succeed. Career services professionals need to be mindful of their assumptions or biases related the career motivations for students like Filipina/x/o Americans, who may highly regard their family's opinions. Instead of dismissing students' families as uninformed and unsupportive, career advisors should help students with communicating confidently about their career choice with their families, particularly if they decide to pursue a major that their families are hesitant of.

Career services could take a more active approach to addressing both students' and families' worries by illuminating diverse career pathways and options leading to success. Career centers should collaborate with academic departments and alumni relations to highlight alumni success stories, particularly those whose career paths seem unexpected given their majors. In general, career services can adopt more family-aware frameworks in guiding their program development, learning from other student affairs divisions like admissions and orientation. Family-aware career programming might look like orientation sessions educating parents about the career development processes in college, communication about ongoing workforce trends for the institution's graduating students or for specific majors/industries, opportunities to attend alumni talks about their career paths, and many more.

Career services can also create programming to attend to students' worries about pursuing careers where they feel underrepresented or alone. Career advisors can teach students how to leverage institutional networking resources (e.g., UCLAOne) or LinkedIn for connecting alumni with current students. Though career advisors tend to meet with students 1:1, students who come from more community-oriented backgrounds, like Filipina/x/o Americans, may benefit from career services offering peer support groups. Unlike a study group or reading group that requires students are taking the same course, a career-related peer support group could bring together students from all different majors sharing similar career concerns, such as pursuing a major that one's parents didn't understand or approve of. In addition to normalizing career-related concerns, students could possibly help one another, empowering their lived experiences as growing expertise. Overall, career services programming already has the potential to help students think more broadly about their options and connect to others who can support their career development. However, reconsidering the framework from which career advisors coach their students or the approach through which programming is offered could begin the process of decolonizing college career development spaces.

Implications for Research and Future Research

This study contributed to the literature on Filipina/x/o American college students and expanded the definition and role of contextual factors in theorizing career development. Instead of investigating Filipina/x/o American career development by comparing to a White/Caucasian reference group, this study explored differences within a group of Filipina/x/o Americans by intended career. By doing so, I contend that this approach allowed for uncovering greater nuance among the perspectives of a single racial/ethnic group. When dataset allows for it, future research investigating variance within a historically minoritized group can remove the potential

for regarding the majority group as the standard to align with. For this particular project, I also looked at differences by gender identity in addition to by career group, and this approach could have applied to a number of other characteristics (e.g., first-gen status, having more than one race/ethnicity, institutional control).

Additionally, this study moves forward in critiquing career match as being solely the product of person-environment fit. As this study investigates career choice from the perspectives of Filipina/x/o Americans making career choices, the institutional lens was largely left out, though colleges undoubtedly play a role in helping or hindering students in their career development. Besides the implications for career development practice that were outlined in the previous section, future research on college student career development, particularly for the descendants of colonized peoples, can consider contemporary conditions due to colonialism as contributing to individual's context and early perceptions of careers. Other future research can be situated on experiences during college, such as exploring how college students' colonial mentality mindsets change throughout college or could investigate institutions' attempts to decolonize career development programming.

The focus on the vestiges of colonialism and colonial mentality built upon past literature investigating colonial mentality for Filipina/x/o Americans with other psychological processes like mental health and identity development. This study illuminated how families passively and actively transmit messages ascribing to colonial mentality, depicting colonialism's impact on children of immigrants. The findings from this study found clear connections to vestiges of colonialism (e.g., religion, parents' educational trajectories) and the colonial mentality manifestations of internalized inferiority, cultural shame, and colonial debt as affecting participants' career choice. Certain influences on career choice; however, seemed to emerge

from perspectives contradicting the stated definitions of these manifestations—for example, participants felt cultural shame due to the embarrassment of not knowing their heritage Filipina/x/o languages, while their parents felt shame when others advised them to only teach their children English. Future research, however, could investigate how the manifestations of colonial mentality may differ between generations of Filipina/x/o Americans. Ultimately, building upon this study with further research could contribute to developing a theoretical framework relating the vestiges of colonialism to the career development and higher education experiences of Filipina/x/o Americans.

Conclusion

Stakeholders in higher education have long struggled to agree upon the purpose of higher education, both within individual institutions and overall (Abramowitz, Fischman, & Gardner, 2024). As I approach the end of this dissertation, I find myself reflecting on how student motivations for pursuing higher education have changed over time, with historians identifying different forces as encouraging students to engage with higher education (Geiger, 2005; Tamargo, 2021). This study focused on the context for Filipina/x/o American students pursuing their career goals through higher education, paying particular attention to how those pursuing nursing differ from their peers. Though not directly colonized, participants were influenced by the vestiges of Spanish and American colonialism showing up throughout their family contexts. Participants navigated Filipina/x/o and American cultures while being subject to intergenerational messages advancing colonial mentality mindsets.

Far too long, the promise of career success through nursing has made invisible the experiences and perspectives of Filipina/x/o American college students, all while the impact of a colonialized career pipeline has gone unnoticed by higher education institutions. Put simply, as

career-related messages and values have been passed down through the generations, it is imperative that the social conditions due to colonialism and the manifestations of colonial mentality have a clear position in career development research. As colonialism continues to persist in shaping career choices and opportunities, long after the colonial arrangement has ended, higher education must do more to combat the forces of stratification that contribute to these repeated patterns. Furthermore, as more immigrant-origin students continue to enter higher education, additional research needs to continue illuminating the various motivations, supports, and barriers of these populations to expand theory and practice toward more equitable educational and labor outcomes.

APPENDICES

Appendix A: Intake Questionnaire for Interested Study Participants

Thank you for your interest in this research study. The purpose of this study is to explore social and cultural influences on Filipina/x/o Americans' career choices. Please answer the questions below. Your responses will remain confidential. If selected for the study, you will be contacted to schedule a convenient date and time for the interview. If you have any questions, feel free to email Elaine Jessica Tamargo, PhD student at UCLA and the primary investigator of this study, at etamargo@g.ucla.edu.

Name:	Gender Identity:	Age:
Best Email:		
Place of Birth (city):	Place of birth (country):	
Religion/Spiritual Background:	Socioeconomic Status:	
Please list any colleges/universities you have attended. <i>Include each college/university name, location, and the years you attended.</i>		
Are you considering any of the following careers? (X in one or more spaces): <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Other healthcare career (please specify): <input type="checkbox"/> Other non-healthcare career (please specify):		
What is the likelihood that you will change your career choice in the future? <input type="checkbox"/> No chance <input type="checkbox"/> Very little chance <input type="checkbox"/> Some chance <input type="checkbox"/> Very good chance		
Please mark how you identify racially or ethnically (X in one or more spaces): <input type="checkbox"/> Filipina/x/o or Pilipina/x/o <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Hispanic, Chicana/x/o, or Latina/x/o <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other Asian (please specify):		

___ Other Race (please specify):	
Parent #1: Mother Father Grandparent Other:	Parent #2: Mother Father Grandparent Other:
Parent #1 Place of Birth (country):	Parent #2 Place of Birth (country):
If Parent #1 was born outside the U.S., when did Parent #1 come to the U.S.? (Choose one) Before 1960 1960-1969 1970-1979 1980-1989 1990-1999 2000-2009 After 2009 N/A	If Parent #2 was born outside the U.S., when did Parent #2 come to the U.S.? (Choose one) Before 1960 1960-1969 1970-1979 1980-1989 1990-1999 2000-2009 After 2009 N/A
Parent #1 Occupation:	Parent #2 Occupation:

Appendix B: Interview Protocol 1

Individual Interview Part 1 [20-30 minutes]

For this semi-structured interview, these are guiding questions. Not all questions may be asked, and follow up questions may also emerge during the conversation.

Focused life history:

1. To get started, could you tell me a little bit about yourself?
 - *Possible prompt: name, where you're from, school and/or job(s)*
2. What do you remember about growing up?
 - *Possible prompt - childhood: Where were you born? Where did you grow up?*
 - *Possible prompt - family: Do you have any siblings? Who lived with you while you were growing up?*
 - *Possible prompt - parental occupations: What does [parent 1/parent 2] do for a living now? What other jobs has [parent 1/parent 2] had, if any?*

Family's immigration histories:

3. What do you know about your [parent 1/parent 2/family]'s immigration story?
 - *Possible prompt: Where was [parent 1/parent 2] from before coming to the U.S.?*
 - *Possible prompt: Why did [parent 1/parent 2] come to the U.S.?*
4. What feelings or sentiments do your [parent 1/parent 2/family] have about immigrating to the U.S.? Do you share any of these sentiments?

Experiences with Filipina/x/o culture and values:

6. How do you identify? (Keep open ended to allow student to elaborate)
7. What does being "Filipino" (F) or "Filipino American" (FA) mean to you?
8. History: Was Filipino culture and/or traditions a part of your life growing up?
 - *Possible prompt: Could you tell me a little more about your experiences with Filipino [area of interest here]? (i.e. language, pop culture, politics, the Philippines, other family or friends, etc.)*
 - *Possible prompt: Has your family ever mentioned the colonial period when the Philippines was occupied by the US?*
9. Possible colonial mentality-related prompts:
 - What has been your experience navigating Filipino and American cultures? Has it changed over time? How do you feel about your ethnic/cultural background?
 - In general, how would you describe your experiences with other FAs? With Filipinos from the Philippines? From people of other ethnic or racial groups?
 - Have you experienced bias or prejudice from other FAs? From Filipinos from the Philippines? From people of other ethnic or racial groups?

- Have you ever heard comments about your physical features from other Filipinos/FAs? From whom?

Education Journey Mapping [15-30 minutes]

For the next part of this interview, we will each create our own education journey maps and discuss them with one another. Then I will ask more questions about the different influences on your career choices.

On a blank sheet of paper, please take a few minutes to construct a map of your education journey. Think about the places, people, and/or moments in your life that affected your education journey. The map does not need to be drawn in any particular visual way. During this time, I will also make my map and then share it with you. Once you're ready, I will ask you to explain your map in your own words. I might ask some questions for clarification or more information, and you are welcome to ask me questions about mine too.

Education Journey Map Overview:

10. Please tell me about your map, especially those places, people, and/or moments in your life that affected your education journey.
 - *Possible probe: How did you feel at that time? Has it changed since then? What were your priorities/motivations?*
 - *Possible probe: What do you think were [person]'s intentions or motivations?*

Closing

11. Is there anything else that you would like to add about your experiences growing up or your background?

Appendix C: Interview Protocol 2

For this semi-structured interview, these are guiding questions. Not all questions may be asked, and follow up questions may also emerge during the conversation.

Higher Education/Early Career Perceptions

1. What did you want to be when you grow up? Has it changed since then?
2. Was college/higher education discussed in your family?
 - *Possible probe: How did your family/friends feel about your education choices (e.g. institution, major)?*
3. (Repeat for each institution) Please tell me about how you came to be a student at [College/University Name].
 - *Possible probes: How did you first hear about [College/University Name]? What program or degree interested you? Walk me through your experience applying to [degree] programs. Once you were accepted, walk me through how you ultimately decided to attend [College/University Name].*

Self-esteem, mental health, and self-concept:

4. What are some characteristics or qualities that define you, or are particularly important to how you think of yourself?
 - *Possible probes: How would you describe yourself to someone else?*
5. How would you characterize your mental health? Has it changed during different parts of your life?
 - *Possible probes: In comparison to other individuals your age, how would you rate your self-esteem?*

Social and Cultural Influences on Career Choice:

6. When did you first consider nursing as a career? Describe an experience that you had that prompted you to seriously consider nursing as a career.
 - *Possible probes - perceptions: What did you imagine working in nursing would be like? Where did some of these ideas come from? How did these ideas impact your desire to pursue nursing?*
 - *Possible probes – outside influences: Please tell me about anyone that you already knew who was a nurse. How did this person/people impact your desire to pursue nursing? What are some examples of people or resources that helped you in making your decision? How did [example] help you personally?*
7. Please tell me more about your career goals.
 - *Possible probes: Are you considering other careers besides nursing? What has the decision-making process like for you?*
 - *Possible probes: Ask for examples: job title(s), job function(s), work environment(s). Multiple careers? Or career trajectory?*
 - *Possible probes: What are some steps that you've already taken to move toward your career goals?*

8. What has influenced your career-related decisions?
 - *Possible probes: To what extent do you think about your upbringing in relation to your career choices? What in particular?*
 - *Possible probes: To what extent do you think about your identity or culture in relation to your career choices? Which identities?*
 - *(Adjust protocol to include questions related to the quantitative findings)*

Responding to Quantitative Findings:

9. I recently analyzed some survey data from a national sample of first-year college students who identify as Filipina/o/x or Filipina/o/x American. One of the findings was: [...].

Closing

10. What advice would you give a current or incoming Filipino American college student regarding choosing a career path?
11. Is there anything else that you would like to add about your experience choosing your career or the resources you utilized in working towards your career goals?

Appendix D: Variable Codebook

Table D1

Coding Scheme for Re-coded Variables

Variable	Variable Scale
CHRISTIAN	1=Catholic or Christian; 2=Other
FIRSTGEN	1=First-generation (neither parent has a college degree); 2=At least 1 parent/guardian has a college degree
MULTIFIL	1=Filipina/x/o alone; 2=Marked 2 or more race/ethnicity options
INCOME_GROUPED	1=\$59k or less; 2=\$60-99.9k; 3=\$100k or more
NURSE	1=Other option; 2=Selected Registered Nurse
OTHERHEALTH	1=Other option; 2=Selected one of the following (Dietician/Nutritionist, Home Health Worker, Medical/Dental Assistant, Therapist, Clinical Psychologist, Dentist/Orthodontist, Medical Doctor/Surgeon, Optometrist, Pharmacist, Veterinarian)
NONHEALTH	
NURSE_PARENT	1=Selected NURSE or OTHERHEALTH options; 2=Other option
HEALTH_PARENT	1=Neither parent is a nurse; 2=At least 1 parent is a nurse
	1==Neither parent is a non-nurse healthcare worker; 2=At least 1 parent is a non-nurse healthcare worker

Appendix E: Supplemental Tables

Table E1

Adjusted Residuals for Significant Demographic and Academic Characteristics Among First-time, First-year Filipina/x/o-identifying College Students, by Intended Career^a

Variable	χ^2	Nurse (n=1,135)	Other Healthcare (n=3,648)	Non- Healthcare (n=8,208)
Gender	338.93			
Women		11.6	11.7	-17.7
Men		-11.6	-11.3	17.3
Genderqueer/Identity not listed		-0.4	-2.2	2.3
English is native language	58.54	-6.8	-2.2	6.0
Catholic or Christian	259.99	10.6	9.9	-15.4
Filipina/x/o alone	323.23	14.9	7.0	-15.3
First-gen college student	17.68	-0.1	-4.1	3.9
At least 1 parent is a nurse	479.48	18.0	8.8	-18.7
At least 1 parent is a healthcare professional, other than a nurse	182.95	1.1	13.0	-12.8
Parent(s)/Guardian(s)' Income	19.19			
Under \$60k		1.1	-3.3	2.5
\$60-\$99.9k		1.4	-1.1	0.2
Over \$100k		-2.2	3.9	-2.3
Accepted by your 1 st choice (Yes)	15.14	3.8	0.1	-2.3
Institutional Type	288.56			
4-year university		-14.2	11.9	-2.7
4-year college		14.1	-11.8	2.7
2-year college		0.6	-0.7	0.3

Note. Sample sizes for each group may be slightly smaller across the variables listed in this paper due to missing values.

^a Adjusted residuals in bold italics are significant given Bonferroni correction.

Table E2

Demographic and Academic Differences between Men and Women in the Entire Sample

Variable	Women		Men		$\chi^2(1-2)$	<i>p</i>
	<i>N</i>	%	<i>N</i>	%		
Catholic or Christian	5454	74.2	3649	72.7	3.08	.079
English is native language**	6575	93.3	4579	94.6	8.82	.003
Filipina/x/o alone	3837	50.5	2547	48.9	2.96	.091

Table E2

Demographic and Academic Differences between Men and Women in the Entire Sample

Variable	Women		Men		$\chi^2(1-2)$	<i>p</i>
	<i>N</i>	%	<i>N</i>	%		
First-gen college student***	2687	36.8	1531	30.8	46.42	<.001
At least 1 parent is a nurse	1510	20.2	1027	20.4	0.05	.833
At least 1 parent is a healthcare professional, other than a nurse*	1408	18.8	1041	20.6	6.18	.013
Parent(s)/Guardian(s)' Income***					49.84	<.001
Under \$60k	1894	26.8	1072	22.0		
\$60-\$99.9k	1832	25.9	1202	24.6		
Over \$100k	3352	47.4	2607	53.4		
Accepted to 1st choice?	3376	44.6	2356	45.5	.910	.340
Institutional Control: Public***	4683	61.6	3438	66.1	26.46	<.001
Institutional Type**					9.65	.008
4-year university (adjusted residuals not significant)	4383	57.6	3009	57.8		
4-year college (adjusted residuals not significant)	3191	42.0	2153	41.4		

p* < .05. *p* < .01. ****p* < .001

Table E3

Demographic and Academic Differences between Men and Women

Variable	Women		Men		<i>df</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
College distance from home**	232.07	470.80	154.25	369.80	577	2.81	.005	0.18
GPA***	3.59	0.39	3.48	0.44	419	3.58	>.001	0.26
Selectivity	1058.48	123.53	1054.09	127.13	956	0.46	.640	0.18

Variable	Women		Men		<i>df</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
College distance from home	373.46	562.38	358.71	550.23	12604	1.46	.144	0.03
GPA***	3.62	0.40	3.54	0.01	10406	10.90	>.001	0.28
Selectivity*	1144.66	148.16	1150.81	150.46	11271	-2.15	.031	0.28

p* < .05. *p* < .01. ****p* < .001

Table E4

Cognitive/Affective Differences between Men and Women in the Entire Sample

Variable	Women		Men		<i>df</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Financial concerns for funding college***	2.01	0.60	1.85	0.60	10918	14.54	>.001	0.27
Self-rating:								
Compassion***	4.07	0.80	3.91	0.86	9936	10.49	>.000	0.19
Emotional health***	3.17	0.97	3.49	0.99	10296	-17.64	>.001	0.33
Risk-taking***	3.24	0.93	3.45	0.94	10360	-12.02	>.001	0.22
Understanding of others***	4.11	0.75	4.01	0.80	11954	6.84	>.001	0.13
Pluralistic orientation score**	49.98	8.64	50.41	8.92	10502	-2.63	.009	0.05
Social self-concept score***	47.73	8.81	49.78	8.87	10340	-12.38	>.001	0.23
Social agency score***	53.51	8.87	50.86	9.16	9626	15.24	>.001	0.29
Reasons for College:								
To gain a general education***	2.80	0.48	2.71	0.50	9499	10.29	>.001	0.19
To be able to get a better job	2.85	0.40	2.84	0.42	10149	1.96	.050	0.02
To be able to make more money	2.70	0.53	2.73	0.51	10705	-3.55	>.001	0.06
To get training for a specific career	2.80	0.46	2.75	0.49	10013	5.59	>.001	0.11
To please my family	2.27	0.74	2.27	0.75	12035	-0.05	.962	0
Reasons for Specific College:								
I wanted to live near home	1.80	0.82	1.78	0.81	11641	1.57	.117	0.02
My parents/relatives wanted me to come here***	1.88	0.74	1.82	0.73	11710	4.57	>.001	0.09
College reputation score***	49.98	9.03	49.00	9.14	11699	5.71	>.001	0.11
Likelihood:								

Table E4

Cognitive/Affective Differences between Men and Women in the Entire Sample

Variable	Women		Men		<i>df</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Change career choice***	2.57	0.87	2.51	0.83	11030	3.66	>.001	0.07
Change major field	2.45	0.89	2.45	0.85	10036	-0.31	.976	0
Seek personal counseling***	2.74	0.91	2.58	0.88	11151	8.98	>.001	0.18
College involvement score***	50.07	8.31	47.21	8.48	11215	17.74	>.001	0.34

p* < .05. *p* < .01. ****p* < .001

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