

THE EXPERIENCE OF NURSING STUDENT FAILURE AND SUCCESS:

A PHENOMENOLOGICAL INQUIRY

BY

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Abstract

Associate degree nursing programs are the primary avenues for basic nursing education in the nation. Nursing schools throughout the United States are concerned about retaining students and have implemented various strategies to increase retention. Because of the current and projected nursing shortage, it is imperative that nursing schools graduate as many of the students that are admitted as possible. However, there is no current research exploring the experiences of associate degree nursing students who have faced and lived through nursing student failure and success. The purpose of this study was to explore the experience of nursing students who had failed a clinical nursing course in an associate degree nursing program and returned to graduate, and become RN's. A qualitative design using methods of Heideggerian hermeneutical phenomenology was used to discover and identify four themes: 1. Suffering the Loss; 2. Creating a Purposeful Plan for Renewal; 3. Searching for Support and Human Understanding; and 4. Transforming and Integrating the Experience. Conclusions and recommendations will help guide faculty in working with returning students in ways that are supportive and caring. Recommendations also highlight ways that nursing programs can support students to enhance chances for success.

Table of Contents

Acceptance Page.....	ii
Abstract.....	iii
Table of Contents.....	iv
Chapter One: Background	1
Problem and Significance.....	1
Purpose	3
Aims and Research Question.....	3
Definitions	4
Summary.....	5
Chapter Two: Review of the Literature	7
State of the Science.....	8
Admission Criteria as Success Predictor	8
Critical Thinking to Understand Success	9
Social and Professional Support to Promote Success.....	10
Personal/Environmental Factors that Contribute to Non-Success.....	12
Retention Models.....	15
Gaps in the Literature	17
Need for This Study.....	17
Summary.....	18
Chapter Three: Methods	19
Justification for Use of Phenomenology.....	19

Sample	20
Recruitment.....	20
Assistance from a MADGNP	21
Letters to RNs in a Midwestern State	21
Snowball Sampling	22
Facebook	22
Description of Sample	23
Setting and Context of Sample	23
Justification for Sample and Setting	24
Sample Size	25
Data Collection Procedures	25
Interviewer Training	27
Data Analysis.....	28
Trustworthiness and Methodological Rigor	30
Ethical Considerations.....	32
Protection of Human Subjects	33
Chapter Four: Findings	35
Participants	35
Alexa.....	35
Janice	35
Lucy	36
Maria.....	36

Meg	37
Michelle	37
Molly.....	38
Nancy.....	38
Susan.....	39
Wilber	39
Yoko	39
Suffering the Loss.....	40
Creating a Purposeful Plan for Renewal.....	45
Searching for Support and Human Understanding.....	49
Transforming and Integrating the Experience	51
Outliers.....	54
Chapter Five: Discussion and Conclusions	55
Discussion.....	55
Narrative Pedagogy	59
Nursing Undergraduate Retention and Success.....	60
Limitations.....	61
Implications for Nurse Educators	62
Implications for Programs of Nursing	66
Broader Implications	67
Implications for Nursing Research	68
Conclusion and Recommendations.....	68

References.....	70
Appendices	81
Appendix A: Introductory Letter	81
Appendix B: Original Consent Form.....	83
Appendix C: Mailing Label List Request	87
Appendix D: Letter to Registered Nurses in a Midwestern State.....	89
Appendix E: Consent Form (New)	91
Appendix F: <i>Facebook</i> Advertisement	95
Appendix G: Demographic Questionnaire	96
Appendix H: Interview Guide	97
Appendix I: Responses from Participants Following Analysis	98
Appendix J: Data Analysis Process	100
Appendix K: First Story Themes	101
Appendix L: Second Story Themes	104
Appendix M: Things to Consider After Failing	107
Table 1: Factors Related to Failure and Success	108
Figures	109
Figure 1: MADGNP Overall Program Retention	109
Figure 2: First Semester Retention	110
Figure 3: Second Semester Retention.....	111

Chapter One: Background

Problem and Significance

Because of the current and projected nursing shortage, coupled with decreasing nursing school enrollment it is imperative that nursing schools graduate the students that are admitted. Schools have implemented different strategies over the years to help students be successful, with varying results. Since associate degree nursing (A.D.N.) programs provide the largest number of nursing graduates in the nation (NLN, 2008), they need to be particularly aware of retaining students until graduation.

In 1996, a National League for Nursing (NLN) survey revealed that nursing school enrollments had decreased; concerns were projected for future enrollment in programs that prepare for Registered Nurse (R.N.) licensure (Louden, 1997). The NLN reported that approximately 25% of the surveyed nursing schools planned to reduce enrollment in their programs (Louden) because of an anticipated decrease in the number of nurses applying to programs in the foreseeable future. The report of the 2000 National Sample Survey of Registered Nurses revealed that the average age of the Registered Nurse (RN) continued to increase while the rate of students choosing nursing as a career was decreasing (Press Release, 2002). According to U.S. Bureau of Labor statistics, new nursing positions were expected to increase between 2008 and 2018, resulting in a need for 581,500 additional nurses by 2018 (Bureau of Labor Statistics, 2010-2011 edition).

Nursing school attrition rates have been rising for some schools in the country, and coupled with projected nursing shortages, it is crucial that nursing schools admit students who will be successful in and graduate from rigorous nursing curricula and pass the National Council Licensure Examination-Registered Nurse (NCLEX-RN). The NCLEX-RN evaluates entry-level nursing competence; passing the exam is required to be licensed as a RN in the United States.

Associate degree nursing programs outnumber other basic nursing programs. In 2006, 58% of nursing programs offered associate degrees, 38% offered bachelor degrees in nursing, and 4% offered diplomas (NLN, 2008). In 2006, 52% of basic program enrollments in nursing were in A.D.N. programs. A.D.N. programs graduated 59% of the total basic nursing program graduates nation-wide (NLN, 2008). Associate degree nursing programs are crucial to supplying the nursing workforce.

The most recent NLN Nursing Data Review (2008) reported that the one-year retention for full-time nursing students in 2005-2006 ranged from 81% (diploma) to 90% for baccalaureate (BSN) programs; Associate degree nursing programs averaged 83% (NLN, 2008). One-year retention is defined by the NLN as the “percentage of students who are still enrolled or have graduated one year after initial enrollment” (NLN, 2008, p. 28). Presumably, this rate included first-attempt students, as well as those repeating nursing courses.

Schools used strategies such as increasing admission requirements, focusing on critical thinking, and providing increased student support to increase retention.

However, these strategies, although helpful, have not yielded the improvement needed. Questions remained regarding the experiences of failing and successful nursing students, and of nursing students who failed, then returned to succeed. Specifically, what were the experiences of A.D.N. students who failed then succeeded? What were the lived meanings involved with failing and then succeeding? What is the educational environment like for the student while failing; the educational experience when the student experiences success? In what ways do nursing educators create difficulties for the new generation of nursing students? What interceding components during the nursing school experience play a role in student failure or success?

Purpose

The purpose of the study was to explore the lived experiences of nursing students who failed a clinical nursing course in an associate degree nursing program and who returned to be successful. Aspects surrounding both failure and success were explored. A qualitative design using methods of Heideggerian hermeneutical phenomenology was used to discover concepts and meanings associated with the lived experience. A purposive sample of nurses who failed a clinical nursing course and returned to complete the nursing program were recruited.

Aims and Research Question

The specific aim of the study was to explore those experiences that contributed to student failure and success during nursing school in an A.D.N. program. The research question was, "What were the lived experiences of nursing

students who failed a clinical nursing course in a generic A.D.N. program, and returned to nursing school to be successful?” The overall goal of the study was to understand meanings of the experiences. Results of the study may inform educators about characteristics of students who experienced both failure and success in an A.D.N. nursing program, and guide development of interventions for student success. These understandings may contribute to the science of nursing education.

Definitions

For the purpose of the study, *success* was defined as graduating from the A.D.N. nursing program and passing the NCLEX-RN. *Failure* in a clinical nursing course was defined as the student earning a D or F in the course. *Clinical nursing courses* were defined as core nursing courses that contained a clinical component: that is, students took part in caring for clients in clinical settings, and their performances were evaluated. Examples of clinical settings included nursing homes, various hospital units, and ambulatory care facilities.

Generic nursing students were students who entered nursing programs that prepared graduates for initial licensure as Registered Nurses (in contrast to Licensed Practical Nurses obtaining educational preparation to sit the NCLEX- RN). *Retention* was defined as the rate in which nursing students successfully completed a course or program. *Course Specific Retention*: the rate at which students successfully completed a specific clinical nursing course during one specific semester. *One-year retention*: the “percentage of students who are still enrolled or have graduated one year after initial enrollment” (NLN, 2008, pg. 28). *Program*

specific Retention, called a Completion Rate: the rate in which students who began a nursing program eventually graduated from that program within 4 years (Oklahoma Board of Nursing, 2008). Retention included students who completed the nursing program without failure, and also nursing students who failed a clinical nursing course, returned to the nursing program, repeated the course and graduated with an A.D.N.

Attrition was defined as the rate at which students did not successfully complete a course/program. Attrition may have been course specific: the rate in which generic students failed or withdrew from a specific clinical nursing course during a specific semester. *Attrition* may have been program specific: the rate in which generic students that began the nursing program did not eventually graduate from the nursing program. Attrition included both students who failed and students who withdrew from the nursing program. *Withdrawal* from the nursing program was defined as a student who voluntarily left a course before completing it, and who received a grade of “Withdraw” (W). Students may have withdrawn from a course to avoid a failing grade, or for other reasons, such as personal issues.

Summary

Associate degree nursing programs provide the largest number of basic nursing graduates in the nation. Because of the current and projected nursing shortage, it is imperative that nursing schools graduate all the students that are admitted. Associate degree nursing programs have implemented various strategies to increase retention. Understanding the experiences of A.D.N. nursing students who

failed, then returned to school and successfully completed the program could provide significant insight into retention strategies.

Chapter Two: Review of the Literature

Nursing workforce trends estimated shortages up to as many as 500,000 registered nurses (RNs) by 2025 (Buerhaus, Staiger, & Aerbach, 2008). Nursing schools are unable to keep up with the current demands in communities to graduate more nurses, and are forced to turn away thousands of applicants each year due to faculty constraints (Rivers, Tsai, & Munchus, 2005). Additionally, some communities have saturated their clinical sites, thus decreasing the opportunity for clinical practice. In 2006, 33% of A.D.N. applicants nationwide were qualified for admission, yet were not accepted (NLN, 2008). With the difficulties surrounding increasing the numbers of nursing students (lack of clinical space and faculty), nursing schools must admit students who can be successful in the rigorous coursework of nursing school, and who will graduate and pass the NCLEX-RN. Retention of students is imperative. The NLN challenges nursing schools to provide student centered nursing education (NLN, 2008). The NLN supports nursing education research that builds and informs the development of new nursing education pedagogies (attending to the ways the students learn and are successful). Research supporting student retention and success in academia is needed to advance the science of nursing education.

Studies have supported the use of admissions criteria, faculty support, and critical thinking development to increase student retention. However, none have explored the experiences and meanings of A.D.N. students who have faced and lived through course failure and success. This study proposed to uncover meanings of

previously unidentified supportive factors experienced by a group of nurses who failed a nursing course and persevered through nursing school to pass the NCLEX-RN.

State of the Science

The science of nursing education includes multiple concepts related to successful completion. The literature related to successful completion reviewed for this study included admission criteria, critical thinking, and social and professional support. Factors that contributed to failure also were reviewed.

Admission Criteria as Success Predictor

Schools of nursing have addressed the issue of student retention in a variety of ways. Creating appropriate admission criteria is one way, based on the belief that by beginning with the students who are most likely to succeed academically, retention will increase. Admission of students based on grade point average (GPA) may not be the best predictor of successful completion. Students may enter nursing school with excellent grades in pre-requisite courses, only to have difficulty in nursing core courses. This may occur for a variety of reasons. For example, some students take nursing pre-requisite courses at a leisurely pace, taking only one course (or one science) a semester. Students may not be prepared for the stringent time management issues required in a nursing curriculum.

Higgins (2005) found that admission criteria could be used to support passing NCLEX-RN. Significant correlation was found between Anatomy & Physiology II and Microbiology grades and graduation; and significant correlation between grades

in Anatomy & Physiology I and passing the NCLEX-RN. Additionally, the program used an external testing company, Health Education Systems, Inc. (HESI), and found significant correlation between HESI Exit exam scores and passing the NCLEX-RN. Murray, Merriman, and Adamson (2008) also used the HESI preadmission test and found that it was a valid predictor of student success in associate as well as baccalaureate nursing programs.

Other studies supported the identification of more stringent and specific admission criteria. Sayles, Shelton, and Powel (2003) used the external testing company, Education Resources, Inc. (ERI); some sub-scores of the Nurse Entrance Test (NET), along with grade point average of required nursing prerequisite courses could predict student success. Hopkins (2008) also found that the reasoning and analytic factor sub scores of the NET were correlated with success in nursing school.

Critical Thinking to Understand Success

Much has been said about the importance of critical thinking in nursing. Students entered nursing courses after taking pre-requisite courses in which critical thinking may not have been necessary. Nursing core courses were designed to require and develop critical thinking. An answer to an exam question would not be found on one page in a text. Rather, students must integrate multiple concepts, and use critical thinking skills in choosing an answer. Faculty teaching prerequisite courses may have evaluated students at the knowledge or comprehension level, whereas nursing courses generally evaluate student ability at or above the application level.

The NLN identified critical thinking as a required program outcome in 1991 (Walsh & Seldomridge, 2006). Measurement of critical thinking has proven to be a difficult task. Pre and post comparisons of critical thinking scores were often used to measure increase in critical thinking, with mixed results. Hopkins (2008) was able to link student abilities for reasoning and analysis to student success. Students who think critically probably have an advantage over those students who have not developed this cognitive skill.

Social and Professional Support to Promote Success

Some programs, either in addition to increasing admission criteria, or alone, have implemented various forms of social support in an effort to retain students. Students enter school with a variety of life experiences within diverse subjective contexts. Many times, the nursing program experience lacks a supportive ingredient. Mentoring has been implemented in several schools in different ways.

The Growth and Access Increase for Nursing Students (GAINS) project was the first federally funded success initiative for baccalaureate nursing (Valencia-Go, 2005). At the time of implementation, minority enrollment was 68%, and retention (all students) was 50%. Support was introduced through peer tutoring, mentoring, faculty development, and advisement. The results demonstrated marginal success, and the plan was time-consuming for faculty. Gardner (2005) successfully implemented a retention project aimed at minority students by including remediation, mentoring and support. The “Success in Nursing” program (Stewart, 2005) focused on retention of minority nursing students and included student-to-student mentoring, family

orientation, and a pre-entry program to help students with critical thinking, comprehension, math skills, and test-taking skills, among others. The strategies were considered successful. Wilson, Andrews, and Leners (2006) described the use of mentors (professional, faculty, and peer) to increase retention of racially and ethnically diverse students, and highlighted the need for racially and ethnically diverse faculty.

Tracey (2003) studied support programs in 57 baccalaureate and associate degree nursing programs and found that there was no correlation between retention/assistance and retention rate or NCLEX-RN pass rate. The study included input from program administrators using a developed questionnaire. The administrators' perceptions were that certain types of support programs were helpful in increasing retention. Those perceptions found to be statistically significant within the study included help with childcare, academic advising, early notification of failure status to students, and faculty office hours. Scott (2005) saw success with electronically implemented peer tutoring programs. The PLUS Retention Program (Partnership in Learning for Utmost Success) used a successful program to address at-risk students that included mentoring and also implemented courses concurrent with nursing core courses that complemented the core courses (Lockie & Burke, 1999). The "Nursing Success Program" used mentoring as part of the social support plan (Symes, Tart, & Travis, 2005). Robinson and Niemer (2010) found success with a peer mentor tutor program and noted the program allowed students to connect with other students, which may have been more important than the actual tutoring.

Retention was promoted by creating a sense of community and faculty concern and caring (Ramsburg 2007). Faculty mentored students by meeting with them at least twice a semester. Remediation packets were provided when students were unsuccessful on any exam. Students were encouraged to become socially integrated by belonging to groups such as the Nursing Christian Fellowship and Student Nurses Association, and by being involved in social activities including being encouraged to “hang out” in the popular student lounge.

The cited programs were successful, yet were time consuming for faculty. For example, while faculty supported mentoring, their assignment of multiple tasks ultimately took time away from students learning and teaching activities (Higgins, 2005).

Personal / Environmental Factors that Contribute to Non-Success

Community colleges were noted for having diverse student populations who may experience challenges in their personal lives. Dzurec, Allchin, and Engler (2007) found that first-year nursing students’ primary experience was a sense of overload or feeling overwhelmed. Students were overwhelmed by the amount of reading and rigor of nursing school (Oermann & Christman, 2008). Galbraith’s and Brown’s (2011) analysis found that overwhelmed students could relieve stress by combining cognitive reappraisal and relaxation, although they could not establish that this would improve academic performance. Waters (2006) explored the 24.4% attrition rate of nursing students in the United Kingdom; most of the students cited personal problems and financial difficulties as reasons for leaving nursing school. Personal problems

included child care and personal health. Students attempted the difficult balance between the need to work and care for family, and academic requirements.

Additionally, another study indicated that students who worked more than 20 hours a week tended to take fewer credits and were more often second degree students (Schoofs, Bosold, Slot, and Flentje, 2008). Another finding, which coincided with professional and social integration and may have been a negative factor, was that students who worked more hours were less connected to faculty and peers (Schoofs et. al., 2008).

Evans (2007) instituted a successful plan to retain students who were Hispanic or Native American as a part of a nursing workforce diversity grant. The plan included a social aspect, along with peer mentorship. Students felt less isolated and more integrated socially, and related to students who had similar backgrounds. Student stipends helped retention, as more time was spent with family (a cultural need for Hispanic students). In addition to the financial and workload reduction of stipends, Evans (2007) found that they reduced stress. Metz, Cech, Babcock, and Smith (2011) found that Native American students who felt supported by family and friends, as well as those who felt supported by their co-op reported higher identification with nursing, which motivated them to continue in the nursing program. The co-op was developed as a formal academic support program: Caring for Our Own: Native Nurses in included tutoring, enrichment, and a small stipend amount.

Male students had greater challenges in nursing school. Stott (2007) found that males felt isolated and excluded from the academic and clinical settings. Bell-Scriber

(2008) compared traditional-age male nursing students with traditional-age female nursing students; men experienced a “cooler”, less supportive educational environment, mostly due to unsupportive behaviors of nursing faculty (Bell-Scriber, 2008). Mulholland, Anionwu, Atkins, Tappern, and Franks (2008) found that male students had less success in completing the nursing program than females, and older students were more likely to complete than the younger.

Faculty support was identified as a significant factor in student retention in other studies. McGregor (2005) found that lack of faculty support was related to the voluntary or involuntary withdrawal (failure) from the nursing program. Shelton (2003) found that students who persisted in nursing school perceived significantly greater faculty support, compared with students who withdrew or failed nursing courses. Baker (2010) also examined faculty who were working with minority students and found that faculty availability and timely feedback on both test and clinical performance were common strategies used to help with success.

Nation-wide, students were coming from high school ill- prepared for college. Schmidt (2008) reported that there was no relationship between high school exit exams and achievement in college. Some schools have focused less on GPA as a success predictor and more on factors such as motivation and experience (Parish, 2003) as criteria for admission. McLaughlin, Moutray, and Muldoon (2008) found that students who scored higher for psychotocism (traits such as aggressiveness, recklessness, and non-acceptance of cultural norms (Eysenck, 1993)) on a personality

scale were more likely to withdraw from the nursing program. Students with higher self-efficacy beliefs were likely to achieve better grades (McLaughlin et al., 2008).

Students for whom English was not their primary language were at risk for attrition in some studies. Jackson (2002) found that English proficiency and pre-nursing-school-admission GPA predicted course outcomes. Amaro, Abriam-Yago, and Yoder (2006) found that the primary barrier for ethnic nursing students was language. In contrast, Mulholland et al (2008) found no correlation between students for whom English was not their primary language and completion of the nursing program.

Retention Models

Tinto (1975, 1987, 1993) provided a model to explain students' college departure. Although not developed specifically for nursing students, the model has been used by nursing educators striving for improved retention (Gardner, 2005; Ramsburg, 2007; McLaughlin, 2008). Bean and Metzner (1985) presented a model of nontraditional undergraduate student attrition that may have fit better for community college nursing students. Jeffreys (2004) modified Bean and Metzner's model for nursing education. The model of Nursing Undergraduate Retention and Success (NURS) was developed by Jeffreys (2004) to guide nursing faculty in retaining nursing students in nursing programs, and is the first retention model designed specifically for nursing students. The NURS model specifies that retention will be based on interactions between student profile characteristics, student affective factors, academic factors, environmental factors, and professional integration factors. Outside

surrounding factors (such as politics or happenings in the world) also influence retention. The influences of these factors contribute to both academic outcomes and psychological outcomes. The model is especially well matched for community college, or nontraditional nursing students.

According to Jeffreys (2004), *profile characteristics* are present before the student begins the nursing program, and consist of the student's age, ethnicity and race, gender, language, prior education and work experience, and enrollment status. These variables may interact with each other to increase risk of attrition. *Affective factors* include student cultural values, beliefs and attitudes. Self-efficacy and motivation are also affective factors. *Academic factors* include personal study skills, study hours, class attendance and active participation, class schedule (availability and flexibility), and general academic services, such as a library or resource center. These academic factors may interact with each other and with other variables in the NURS model. *Environmental factors*, which are outside of the academic world, include financial status, family financial support, family emotional support, family responsibilities, employment issues (hours and responsibilities), encouragement by outside friends, living arrangements, and transportation. Child care arrangements and family crisis are also considered environmental factors.

Both Tinto (1994) and Bean and Metzner (as cited in Jeffreys, 2004) include an aspect of social integration in their models. Jeffreys' (2004) model adds a component of *professional integration*. In the NURS model, this integration is placed in the center of the model and is the crux of the model. According to Jeffreys (2004),

professional and social integration is impacted by faculty advisement and helpfulness, memberships in professional associations, attendance at professional events, encouragement by friends in class, peer mentoring and tutoring, and participation in enrichment programs that provide academic and emotional support.

Gaps in the Literature

Nursing student retention studies have identified successful strategies. Retention models were comprehensive, and considered student issues both internally and environmentally. However, no research has studied student success and failure, from a student perspective. Student experiences of failure and subsequent success have not been documented. Perhaps there are factors and concepts yet to be identified that are crucial to student retention. By exploring the personal experiences of student failure and success, along with the meanings associated with failure and success in a nursing program, the researcher hopes to better understand ways to promote retention.

Need for this Study

Empirically, nursing schools have been able to link factors that are predictive of student success. Some schools have also successfully used mentoring and other strategies to increase the rate of student success, at the cost of intensive time investment by faculty.

Schools of nursing must admit students who will be successful in their programs. The numbers of seats for nursing students are limited, and the nationwide need for increased numbers of nurses, requires that nursing schools maximize student

potential for success. However, students may be at risk even though they are academically prepared. Not uncommon is the student who meets admission criteria, yet for some reason fails.

Unidentified factors may contribute to student achievement. This study investigated previously unidentified factors that contributed to student failure and subsequent success. The factors may contribute to the science of nursing education. And, although faculty support was found to be linked to student success in the literature, what type of faculty support is needed? Qualitative methods addressed this question. This study may increase the body of education science pertaining to retention of nursing students, may aid in the discovery of knowledge to develop strategies for increase in retention of nursing students, and may provide insight contributing to the development of a new model for student retention.

Summary

Studies have supported admissions criteria, faculty support, and incorporating critical thinking skills to increase student retention. Programs have addressed gender, cultural and language issues that have been barriers to students. Faculty have been encouraged to make critical thinking a part of the curriculum with thoughts that it may lead to success. Retention models help guide faculty in retention strategies. However, none have explored the experiences and meanings of A.D.N. students who have faced and lived through course failure and success. A qualitative approach, using phenomenology is needed to understand this lived experience.

Chapter Three: Methods

The study was guided by a qualitative phenomenological design using Heideggerian hermeneutical methods. Phenomenological research has been described as the “quest for what it means to be human” (Munhall, 2007, pg. 163). Heideggerian phenomenology seeks to uncover and interpret how participants understand specific events or experiences in ways that might not have been understood before. The transaction between an individual and a situation is the source of meaning from the phenomenological perspective (Munhall, 2007). Hermeneutics means understanding through interpretation (Hamlyn, 1987). Hermeneutics seeks to enhance understanding, meaning, and significance of a specific concept through interpretation of the written text. Interpretation is done both contextually (Allen, 1995), and methodologically as the narrative is examined through reading and rereading and writing and rewriting to understand multiple layers of meanings. By using Heideggerian hermeneutical phenomenology, the researcher looks for things that are so close to the person that they are not seen; rather, they are hidden. The study initially uncovered that which was hidden, and then interpreted meanings related to A.D.N. nursing students’ failure and success.

Justification for Use of Phenomenology

Phenomenology is the study of the individual’s life world as experienced by the individual; phenomenological research examines the essence of the lived experience (Munhall, 1994). The study investigated transactions between nursing students and the experiences of failure from a clinical nursing course and later being

successful. By gaining deeper understanding of the phenomenon, students' responses to nursing school failure and subsequent successes were better understood and study findings may generate innovative retention strategies by nurse educators.

The research question aligned with the Heideggerian phenomenological method: to produce an understanding of the meaning and structure of a phenomenon (Priest, 2002) in a new way. The study was designed to provide the interpretive meanings of failure and subsequent success. The focus was achieved through interview, assisting the participant to transcend what was thought of as expected or normal, to reach deeply felt meanings. Once uncovered and extracted, the meanings were interpreted.

Sample

The study sample consisted of 11 graduates of a Midwestern associate degree generic nursing program. Inclusion criteria identified nurses who failed a core clinical nursing course, returned to graduate from a generic associate's degree nursing program, and passed the NCLEX-RN. Purposive sampling was used. Because of difficulty obtaining an adequate sample size in a two-year period, several methods of recruitment were used.

Recruitment

The purposive sample was obtained in several different ways: assistance from one Midwestern associate degree generic program; letters to Registered Nurses living in a particular Midwestern state; snowball sampling; and *Facebook*. Each sampling

strategy was submitted to the Human Subjects Committee and Institutional Review Board for approval.

Assistance from one Midwestern associate degree generic nursing program (MADGNP).

The MADGNP had the second largest enrollment of associate degree nursing students in its state (Oklahoma Board of Nursing, 2008). The school was positioned in an urban area of a large city, and served nearby rural areas as well. It was the only public institution in the city that offered an A.D.N. The average age of the nursing students was 32.98 (Oklahoma Board of Nursing, 2008). The researcher was a nursing faculty member at the institution.

After appropriate approvals were obtained, the MADGNP mailed introductory letters (Appendix A). The letters and consent forms (Appendix B) were sent to all students who failed a clinical nursing course and subsequently passed the NCLEX-RN. Letters were limited to graduates from May 2007 through May 2009. Recipients contacted the researcher if they were interested in participation. Fifty-seven letters were mailed, and three made contact within 2 weeks.

Letters to Registered Nurses in a Midwestern state.

When no more letter recipients self-identified after a 5-month period, the protocol was amended by sending letters to nurses who lived in the two largest counties in the Midwestern state; payment for participation in the study was introduced. A list of names and addresses of the RNs with active licenses was obtained from the state's Board of Nursing (Appendix C). The list contained the

names and addresses of 4,806 RNs living in the two counties. Letters (Appendix D) and revised consent forms (Appendix E) were sent in hand-addressed envelopes in batches, with approximately 500 letters sent. No responses were received. Due to the labor and expense of this process with no results, a new protocol for participant recruitment was obtained about 4 months later.

Snowball sampling.

Snowballing sampling was used to recruit participants. With snowball sampling those who had already been interviewed were asked to solicit other participants. It was believed that the snowball would increase the number of participants. Also, snowball techniques provided a more personal touch, as participants were recruited by friends with whom they had established relationships. Two participants were recruited. Payment for participation was included for snowballing and subsequent sampling strategies.

Facebook.

Facebook (www.facebook.com) was a social networking site where people interacted electronically. *Facebook* was used for recruitment for the study

The Oklahoma Nurses Association and the MADGNP alumni association shared the announcement (Appendix F) on their *Facebook* pages. In addition, the Oklahoma Nurses Association sent a “tweet” of the announcement. Six participants were recruited. A total of 11 participants were obtained. All eligible volunteers were included in the study.

Description of Sample

At the time of course failure, the participants ranged in age from 24 to 50, with a mean age of 35. All but one of the participants was female. Eight of the 11 participants identified themselves as Caucasian, while 2 identified themselves as Asian and 1 as Latina. The three non-Caucasians indicated that English was not their first language. The participants were out of the nursing program for a period ranging from a few weeks to one year before returning. Interviews occurred from 1 to 4 years after failure. Seven participants failed the level 2 medical-surgical course, 1 failed the pediatric nursing course, 2 failed the psychiatric nursing course, and 1 failed the advanced medical-surgical course. See Table 1 for *Factors Related to Failure and Success*.

Setting and Context of the Sample

All 11 participants were graduates of the MADGNP. The program consisted of 72 hours of academic credit, which included general education courses (e.g., English Composition and Chemistry), non-clinical nursing courses (e.g., Pharmacology), and clinical nursing courses. Clinical courses were organized by semester in the program, with 4 levels total. A foundations of nursing practice course was the first level clinical course, 6 credit hours. A basic medical-surgical course was offered at level two, 7 credit hours. Level 3 clinical nursing courses were pediatric nursing, obstetrical nursing, and a course dealing with chronic illnesses and death and dying. All of the level 3 courses were 3 credit hours each (each course was offered twice a semester). Level 4 clinical courses were a psychiatric mental health nursing

course (2 credit hours), a leadership course (3 credit hours), and an advanced medical-surgical nursing course (4 credit hours) (offered concurrently).

The program accepted approximately 90 students each semester and admitted twice a year. Students in the generic program moved in cohorts and were all full-time students. If a student failed a nursing course, the student could repeat the course with approval.

Justification for sample and setting

The A.D.N. curriculum was chosen because A.D.N. programs have maintained the highest enrollment in basic nursing programs nationwide. Also, the researcher resides in the Midwest, was a faculty of the MADGNP, and the MADGNP had experienced a lower program completion rate (59.3%) than the state average (70.07%) (Oklahoma Board of Nursing, 2008) and the program completion rates had fallen (Figure 1). Interestingly, NCLEX pass rates (95.53%) were higher than the state average (85.23%) (Oklahoma Board of Nursing, 2009).

Attrition rates for the first two semesters were the most significant. The average retention rate at the MADGNP (using 12 years of data, spring 1998- spring 2011) for the first semester (first level) was 69.25%, including students who repeated the course (Figure 2). The average retention rate for the second level (again, using 12years of data, spring 1998-spring 2011) was 76.41%, including students who repeated the course Figure 3).

Sample Size

Using a phenomenological approach a sample size of 11 nurses meeting inclusion criteria was adequate as data saturation was not the goal of phenomenological research (Sandelowski, 1995). Phenomenology seeks to understand individual human experiences (Munhall, 2007), which may or may not be transferable to others. The sample size of 11 was congruent with other phenomenological studies (Bernstein, 2000; Brewer, 2006; Ironside et al., 2003; Rashotte, Fotherfill-Bourbonnais, & Chamberlain, 1997), and was adequate to accomplish the purpose of the study.

Data Collection Procedures

Verification of current RN licensure was accomplished by accessing the Oklahoma Board of Nursing on-line license verification site, <https://www.ok.gov/nursing/verify/index.php>. Meeting sites and times were established with each of the 11 participants. The settings of the interviews were in various locations as phenomenology encourages the researcher to go to where the participant is most comfortable (Munhall, 2007). The locations of the interviews occurred in restaurants, a coffee shop, a bookstore, a local community college office, and the dining room of the researcher's home. One interview took place over Skype, as the participant had moved to a different state.

At the time of the meeting, a description of the study was shared with participants prior to obtaining written, informed consent (Appendices B and E). The participant who had moved to a different state received the consent in advance via

email and returned it signed through the postal system. The purposes of the interviews were to elicit the participants' perceptions and meanings of failure of a nursing course, and subsequent success.

After informed consent was obtained, participants completed a demographic questionnaire (Appendix G) and participated in semi-structured interviews. The purpose of demographic data collection was to describe the sample. Data were collected from participants through observation and in-depth, semi-structured, audio taped interviews.

An interview guide (Appendix H) was used to structure the interviews and focus the data collection. The interview guide was developed with attention to the 4 life-worlds of spaciality, corporeality, temporality, and relationality. Van Manen's existential approach defines phenomenology as "the study of the individual's life-world, as experienced rather than as conceptualized, categorized, or theorized" (Munhall, 2007, p. 163.) Spaciality referred to the space or environment during, and as a part of the failure and success in nursing school. Corporeality referred to the physical body and the experience of the body within the phenomenon (grief response, for example). Attention to corporality would elicit thoughts and feelings. Temporality referred to the time of the experience, which was unique to each person. Temporality includes history, attitudes and beliefs. Relationality referred to people involved in the experience. Interview questions were developed with these life-worlds in mind. However, with phenomenological study, the interview is not to be too structured, as the experience is to be unfolded by the participant (Munhall). The focus

of the interviews was the participants' perceptions, experiences, feelings, and actions involved in failing a nursing course and returning to be successful. I maintained a personal journal to record field notes during and after interviews and to document personal insights, observations, and meanings, as well as contextual issues surrounding the interview process. Bracketing was not necessary in Heideggerian hermeneutical phenomenology, as personal knowledge and experience as a faculty member were used in building the hermeneutic circle (the interpretation as a whole, based on van Manen's process of reflection, reading, writing, re-writing). However, the personal journal was essential as it provided a place for me to express my feelings and thoughts throughout the process. Discussion with a peer mentor also helped me to recognize personal biases and was a means of support for my emotional well-being. Congruent with the phenomenology philosophy, three participants were interviewed twice. The second interviews were telephonic, 30 to 45 minutes in length. The focus of the second interviews was to validate and better understand the meanings. Three participants were provided the final written analysis to elicit feedback. All 3 expressed that the analysis portrayed their experiences (Appendix I). Their comments also helped me to understand the incredible growth that had taken place for them through the process.

Interviewer Training

The researcher must possess communication skills that effectively probe and question in a non-threatening manner (Marshall and Rossman, 2006). I have taken two courses in qualitative research and participated in a published qualitative research

study with a qualitative professor at the University of Kansas, School of Nursing (KUSoN). I sought mentorship from a senior faculty and dissertation chair at the KUSoN, who has extensive experience in qualitative research, and participated in challenge sessions with a peer doctorally prepared colleague. Additionally, I am a psychiatric nurse with 25 years of experience with interviewing and therapeutic communication skills. I attended the *Institute for Heideggerian Hermeneutical Methodologies* June 19 through 23, 2008, which provided further experience with conducting phenomenological research.

Data Analysis

Qualitative methods (Heideggerian hermeneutical phenomenology) were used for analysis of the experiences of nursing students who failed a nursing course and then returned to become successful. The data analysis process (Appendix J) began as soon as the first semi-structured interview was completed; following van Manen's (1990) progression of descriptive and interpretive phenomenological research activities. I was able to investigate the experiences as lived, then I reflected on the essential themes, finally describing the phenomenon through the process of writing and rewriting (hermeneutical circle). Following each interview, the audio-taped interview was personally transcribed verbatim. The audiotape was reviewed a second time alongside the transcription to check for accuracy and to intuit meanings. All possible identifiers were removed from the transcription to maintain anonymity. A copy was made of the clean transcription, which was read again to obtain a sense of the participant's entire story. Van Manen defined phenomenology as "the study of

the individual's life-world, as experienced rather than as conceptualized, categorized, or theorized" (Munhall, 2007, p. 163). I attempted to understand the participant's situated context in terms of the life-worlds of spatiality, corporeality, temporality, and relationality (Munhall, 2007). Data collection and analysis with attention to the life-worlds contributed to understanding each participant's whole experience.

Notations were made on the copies of the transcriptions. The notations documented parts of the text that were significant or needed further understanding. The notations also helped with the formation and understanding of themes.

An interpretive narrative of the interview was then written by me, and themes of the notated passages were analyzed. This was called a "First Story" for the purpose of analysis. The purpose of the interpretive narrative was to describe the experience of the participant, including the meaning of the experience on a deeper and possibly non-verbal level. The "First Story" was reviewed, and themes identified (Appendix K), which generated a "Second Story" noting new meanings, understandings, and themes (Appendix L). The process was completed for each of the 11 interviews. The second stories were contrasted and considered for similarities, differences, and further understanding. Themes were identified across "second stories" (Appendices K & L).

Consultation with my mentor and a peer occurred for debriefing, challenge of interpretations, and further theme development. Three participants were then interviewed telephonically to clarify questions and provide new information. The interviews clarified themes and addressed challenges made by the mentor and peer.

Final analysis reflected themes across all texts / experiences. I was then able to share the final analysis with three participants to further support trustworthiness and meaning. The emerging themes reflected the lived experiences of 11 nurses who failed nursing courses as students, then returned to complete the program.

Trustworthiness and Methodological Rigor

The trustworthiness of the data analysis was evaluated according to Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability. Credibility was supported in several ways. First, I have prolonged engagement with the topic studied. I have searched the literature related to student retention and have immersed myself in the interview process. I was a nursing student, currently am a faculty member with 20 years' experience, and I understand the culture of the associate degree nursing program. Credibility was also accomplished through member-checking, a process where the researcher verified interpretation with the participants and requested additional data. At the end of each interview, I summarized the interview with the participant to check for accuracy. Further insights and thoughts were requested at that time. At the end of each interview, permission was sought to contact the participant by phone to explore further questions or clarify data if necessary. I obtained feedback and quality control by member-checking (conducted 2 interviews with 3 of the participants). Additional member-checking occurred with 3 participants who were provided with the text of the analysis. Credibility was increased with peer debriefing. Peer debriefing was described by Lincoln and Guba (1985) as "a

process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (Lincoln and Guba (1985) p. 308). The debriefer's role was four-fold (Lincoln and Guba). First, the debriefer acted as a protagonist; I was forced to explore ways of thinking other than my own. Second, the debriefer questioned my thoughts, analysis, and interpretations. The peer debriefer was supportive, but she highlighted and strengthened interpretations (e.g., the attack on self-concept). Third, the debriefer anticipated the next steps in the analysis process with me and helped me to crystallize some important implications for retention strategies. Finally, the debriefer listened to my thoughts and feelings, which provided a sense of catharsis.

Dependability, the second aspect of trustworthiness, was accomplished by maintaining an audit trail. The audit trail tracked decisions about potential themes and patterns culminating in the interpretation of the participants' experiences. The audit trail consisted of the recorded interviews, the transcriptions, the narratives, process notes, and the personal journal. Confirmability, which supports trustworthiness, was accomplished through the audit trail and the journal. The purpose of a reflective journal was to examine my feelings, and how I know what I know, as this may shape the experience. The journal was a place where I could write and examine personal issues or biases revolving around student failure and success. I examined the relationships between the participants and me. I explored my feelings and thoughts about the analysis. The research process was emotional as I felt a

connection with the participants. Confirmability was supported by a narrative write-up that was authentic and congruent with the participant's experiences. Three participants received the analysis of the study and provided feedback, confirming support for the study results (Appendix I).

Transferability, the final characteristic of trustworthiness, was accomplished when writing the interpretations. Every effort was made to write the interpretations in a clear, concise and meaningful way, using thick, rich description. According to Lincoln and Guba (1985), "The naturalist cannot specify the external validity of an inquiry, he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility...to provide the data base that makes transferability judgments possible on the part of potential appliers" (pg 316). Although the findings were not generalizable, other educators may be able to transfer the results to other situations if appropriate.

Ethical Considerations

Because I may have taught the participants at some point, the interviews took place after the student graduated and passed the NCLEX-RN. Motivation to please the faculty was less an ethical consideration, as no evaluative processes were present. The timing addressed the issues of power and intimidation in the researcher-participant relationship.

Several participants stated that they chose not to participate upon initial recruitment because the experience was still too fresh. The importance of the participants' choices of timing was highlighted by this statement.

Participants may have been reluctant to tell their stories honestly and emotionally. Sensitivity to this concern led to intentional creation of a calm, non-judgmental atmosphere and by open welcoming and valuing of the participants' stories.

Protection of Human Subjects

Approval from the University of Kansas Medical Center Human Subjects Committee was obtained for all three recruitment methodologies. Approval from the MADGNP IRB was also obtained. Written, informed consent was obtained from each participant prior to initiation of the interviews. Participants were encouraged to read the consent, discuss the contents, and ask questions before signing the document. All participants were informed that they could withdraw their stories from the study any time before dissertation submission without ramification.

Each participant was assigned a pseudonym to ensure anonymity, and pseudonyms were used when interpreting the text. Participants were given the opportunity to choose their own pseudonym; 3 chose that option. Audiotapes were transcribed by me and stored in a secure location. Transcribed field notes and interview transcripts were stored on a dedicated thumb drive and maintained in a locked file cabinet separate from the list of pseudonyms. Copies of transcriptions were identified by pseudonyms and were stored in a locked cabinet. After the

research was completed, audiotapes were destroyed/erased from the thumb drive, and digital copies of the transcripts, along with documents supporting the analysis process will be maintained according to KU research protocols. Research findings were shared with three participants in a manner that protected the anonymity of the participants.

Chapter Four: Findings

Participants

Eleven nurses shared their experiences for this study. Following, is an introduction to each of the participants.

Alexa

Alexa was a married mother of two young daughters who was in her mid to late twenties while in nursing school. In fact, one of her children was born while she was in nursing school. Her husband was a great support to her while she was in school and was her greatest support during the time after her failure. After she failed, he bought her a dozen roses and addressed the card “to my future nurse”. Years later, now as an RN, she still carries that card to remind her that in her darkest time, he still believed in her.

Janice

Janice was a married mother of 2 children and in her mid to late 30’s during nursing school. Her husband was very supportive during the time she failed and returned to school, but seeing the smiles on her children’s faces was what kept her going. She wanted to be able to give them a better life. In fact, during the first level of nursing school, the students were asked to fill out a little note card indicating the purpose or reason they were there. The students were then to take the card home and post it in a visible spot. Even now, Janice’s card is still posted for her to see – it is about giving a better life for her family and about patient care.

Lucy

Lucy was a married mother of 2 children. When she failed, though, she was 24, newly married, and had not yet had children. She did not always want to be a nurse. Instead, she thought that it would be a good career for her and she would always have the ability to keep a job. After she failed, she got pregnant and stayed out for a year. When she returned, others assumed that she had just stepped out of the program to have a baby. Upon her return, she had a new focus on her studies and had a purpose in her new daughter. As soon as she finished nursing school and had a minute to pause, she got pregnant again – this time with a baby boy.

Maria

Maria was a single mother to a young boy. When she was in nursing school she was in her late twenties. English was not her first language, but you would not know that by talking with her. She was raised in the United States by Latino parents. Maria was social and fun to be around. She had never had any problems in school until her second semester of nursing school when her live-in boyfriend broke up with her and moved out. Until that point, he had been supporting Maria and her son while she was in school so that she did not need to work, only to focus on her studies. She suddenly found herself a single mom who was unemployed and in school. She found a job working weekends. She went to school during the week, cared for her son and lived on the money from the part-time job, along with grants, loans, and donating plasma. She just could not keep up with school and failed.

Meg

Meg was a single mother of 3 children. She was in her late twenties while in nursing school. Meg attended school full-time and worked full-time night shift in order to support her children. She was making a solid B before the final exam of the level 2 course. She had studied for the final and was prepared. Then, an ice storm hit and the whole city was shut down. She couldn't take the exam. Instead, she and her children stayed at home, with no electricity, but with a stove to keep them warm. A week later, she heard that the exam had been rescheduled for 2 days from then. On such short notice, Meg could not change her night shift work schedule. She went straight to take the test, with little sleep and preparation, and failed the test soundly resulting in a failure for the course. She heard later that the school was allowing those who still were without electricity to postpone their final exams. If she had known that was an option, she would have done that. But she did not know.

Michelle

Michelle was a married mother of 2 children and in her mid to late twenties while in nursing school. Michelle started college right out of high school, and then her world changed when her parents got a divorce. She dropped out of college, married, and eventually had a child. Suddenly, she became aware that she wanted to do something with her life for the sake of her family. She had previously balked at the idea of nursing, but when she ended up helping with the care of her dying grandmother, she was transformed and realized nursing was her calling. All of her pre-nursing courses came easy. It was once she began nursing courses that she soon

found difficulty with the different way of thinking about things. She and her husband worked together to help her be successful after her nursing school failure.

Molly

Molly was a mother of young adult children in her mid to late forties while in nursing school. Molly had recently gone through a divorce, which allowed her to go to school as a part of a displaced homemaker arrangement. She also was having some problems with her youngest son who was going through life difficulties, but she feels that those life situations did not contribute to her failure in nursing school. A wise Molly stated, “The folks standing in front of the day care teaching our children, you know, they can have the ability to crush, or to raise up a young mind as well, and a nursing student is a young mind, no matter how aged we are, it’s still a young mind, waiting to be developed and nurtured.”

Nancy

Nancy was in her late 40s while in nursing school and was a married mother of 3 children. She did not take the “traditional route” to get where she is in life. She ended up pregnant at age 16. She got married and earned her Graduate Equivalency Degree (GED). She had 2 more children years later with the same man with whom she is still married. She discovered that if she earned a certain amount of college credit, she could get her high school diploma, which was much better than the GED, so she did. She just kept going to school. As her kids got older, she really wanted to impart on them the importance of going to college and progressing through life in a

more traditional manner. After she failed, she knew that quitting was not an option...her children were watching her.

Susan

Susan was in her mid 40's while in nursing school. She was married and the mother of 2 young adult children. For Susan, English was not her primary language. She has lived in the United States for 30 years, though, and feels that she understands it well, even with its slang. Susan was actually a nurse in an Asian country, but couldn't be licensed here. She worked at a repair business that she and her husband owned for many years and finally decided that she wanted to return to nursing. Her husband was supportive of her during nursing school.

Wilber

Wilber was in his mid to late forties while in nursing school. He was married with a young adult son. Nursing was Wilber's second career, and he had worked many years as a mechanic at a large airline manufacturer. Wilber has been through basic training in the military and has taken high level math classes. Nursing school, he says, was the most stressing thing that he has ever done.

Yoko

Yoko was in her late forties and early fifties while in nursing school. She was married with three young adult children. Yoko was originally from a country in Asia, but has lived in the United States for many years. She had all of her children here in the United States. Yoko started out as a pharmacy major and did well – most of her classes dealt with science, numbers, and math. She ended up taking a Patient Care

Tech (PCT) class and fell in love with nursing. So, she changed her major and started the nursing program right away – she already had all the pre-requisite courses because she was planning to major in pharmacy. Nursing was different, though. She had to adjust her brain to understand the critical thinking involved with nursing. Even though her parents lived so far away in Asia, Yoko knew that they loved her and were so proud of her for going to nursing school.

The study identified 4 themes related to the process of failing and succeeding in nursing school. The 4 themes were 1. Suffering the Loss; 2. Creating a Purposeful Plan for Renewal; 3. Searching for Support and Human Understanding; and 4. Transforming and Integrating the Experience.

Suffering the Loss

When students failed a nursing course, they described shattering events. Failure crushed their self-esteems and they felt humiliated. They often felt that they had nothing left and that everything they held as important to them had been lost. They were depressed, they were angry, and they were withdrawn. All they had built, and everything that defined their lives (becoming and being a nurse) was gone. Their beliefs in themselves were tested. They blamed others and struggled with moving forward. They knew they had to recreate themselves and return to nursing school because that is where they had invested their lives up to this point, and others were counting on them. They had made the promise to themselves and to their loved ones that they would be nurses.

The experience of failure was not the only experience that was traumatizing. Transitioning back and returning to nursing school was devastating as well. Loss was perceived when the failure occurred, as a loss of self and loss of self-esteem. But that was only a small piece of the puzzle of loss and devastation. Students lost their lives as they knew them up to that point. They became fragile and their lives were different from then on.

Students experienced different emotions when failing, some likening the experience to a deep grief or deep depression. These deep emotional or corporeal experiences ranged from crying and isolation, to yelling and rage. Wilber described the experience as: "I was literally devastated. It rocked me straight to the core. I couldn't sleep, I couldn't eat, uh, it essentially just wiped me out, took all my reserves and I had no more at that point." Maria stated, "I mean, there were days I would take my son to school and I would not get out of bed all day until it was time to go pick him up again." Susan imagined that she heard the phone ringing, believing that the school was calling her to tell her that a mistake had been made, and that indeed, she did not fail. Physically and emotionally, the students suffered an overwhelming ordeal that would be woven into the fabric of their lives henceforward.

Anger in general seemed to help the students justify their experience. Moving forward from sadness and "feeling like a failure" to such a strong emotion as anger helped the students protect their egos. By being angry, the students could protect themselves by attaching blame to something external. In that way, they were able to preserve their own sense of self. Alexa tearfully explained,

It was the hardest experience I have ever faced in my life, it was humiliating, it was... any bit of self esteem I had was shattered. It went from crying for hours a day, to eating just junk food...to not really wanting to go hang out with people, to not really wanting to be involved at church cause I was just embarrassed at what people would think, that I told everyone that I was graduating in May...a lot of crying. A lot of anger. A whole lot of anger.

The failure, itself, was a significant life event for the students. Students' lives were altered as were the lives of family and friends. The failure was significant for the students, but families and friends also were impacted. Family systems were changed and had to be adjusted. The failure was not only personally emotional for the student, it affected families, finances, and entire life plans. As Meg, expressed, ...that I had to tell my children...that it would be one more year of their life (crying). Not just my life, it was their life. It was my parent's life. It was everybody's life that was supporting me. One more year of their life that I had to take up. It was the worst thing. Cause it wasn't just me. If it was just me, you know, I'd have given up and done something else. But it wasn't just me. It was everyone around me supporting me.

In fact, the students had devoted so much of their lives to their educational experience they felt that they had lost some of their lives to nursing school. Families had been put on hold. Relationships with children had suffered. The nursing students, being totally fixated with nursing school were trapped in time; all the while the families kept moving and going forward. Because of the pressures, the students

were not able to break out of that time-trap, as that was the only way they were surviving. If only the families could be trapped as well. But children grow and relationships adjust. As Alexa said,

I'm gonna sell my life, and almost my soul to this school for 2 years...or 3. And to not get through it? Seriously? I've worked so hard for this and our family members have lost us for that long. Our kids have lost us for that long. We didn't go to family holidays sometimes. I missed Easter, I missed...several holidays.

The failing experience rocked the students' beliefs in themselves. The failure was so devastating that their egos were challenged in such a way that they had difficulty rationally putting the experience into perspective. They all questioned their abilities, even questioning their decision to become a nurse. They questioned whether or not to return to nursing school. As Nancy shared,

Gosh, I've spent a ton of this money, I've got all these student loans, and I can't even pass this class. Am I gonna make it? Once I get out of school will I pass the NCLEX? So it was a lot of second guessing and reanalyzing my decision to become a nurse.

Most identified the purpose behind the decision to return to nursing school as founded in the desire to provide a better life for their families and/or children. They went outside of themselves and based their decision to return on the well-being of their families, who had been suffering while they were in nursing school. If the decision to return was based solely on their own personal feelings or desires, several

would not have returned. The purpose was larger than themselves. Perhaps other students who failed, and did not return to nursing school lacked this larger purpose? Regardless, the participants were called, in a way, to sacrifice themselves to return to the program for the betterment of their families and future.

When the students made the decision to return, it did not mean the suffering was over. The process of returning, in itself, was traumatizing. When the students returned, many were treated in ways they deemed hurtful. Some felt ostracized by peers and targeted by faculty. All had lost their large cohort, or group of fellow students with whom they had been in class. The shared experience of nursing school created a bond and a sort of trust for students in a cohort. As Susan stated,

Number one, I kind of regret that I lost my classmates. Even though I really didn't have any best friend, but still we were like together for almost a year and a half. They know me. If I make a mistake in front, people told me they will not laugh, so I feel more comfortable.

The classmates felt a connection with one another and a deeper understanding of the whole nursing school experience. They had been thrown together as an unlikely group with the only bond being fellow humans entering this new world of nursing school together. That single bond connected them with a strength that was difficult for one outside of that connection to understand. Trust was felt and understood. Loss of time was evident, but even more devastating was loss of the support and understanding from those choosing the same journey.

Creating a Purposeful Plan for Renewal

After the students experienced the failure, they made conscious and purposeful plans for how things would be different and how they would need to operate differently in the world. The students made thorough and specific plans to protect themselves from future devastation. This was a time for deep growth and change. Students were careful and thoughtful in their plans for the future. These plans were made not only to help ensure success by implementing simple surface changes, such as being more organized. Plans were also made to help the students re-frame their experience so that they could endure the experience to return to nursing school. Questions that they had to come to terms with included, how could they get through nursing school as a repeating student in the best way possible to protect their self-concepts? How could they frame their experience in such a way as to live to tell the tale of nursing school? The process involved a deep personal analysis and a purposeful shift in their perception of self. They changed and renewed. Students questioned, “What kind of person am I going to be?” Many made specific decisions to be a positive person and to let go of the anger if only to renew who they were as a person. They made specific plans to blend in, not stand out, and do what they needed to do to be successful.

The process of failing and re-entering nursing school made them question their beliefs about who they were as humans. They knew they had the ability to be whoever they wanted to be, to be someone who would be successful, and to be a person who would get by with the least amount of problems. The students changed

who they were as humans, changing behaviors and changing the way that they understood the world to be, at least in this situation. Michelle described, “I may have cried at home a lot but.....I think I came back new and that worked for me.”

In addition to planning how they wanted to be as new returning students, they also planned how they did not want to be. They carefully looked around the environment and noted others who were successful. They wanted to renew themselves as positive, successful students. In this way, they not only were protecting their egos, they were soothing and renewing themselves as well. Alexa remembers thinking about returning, “We cannot turn in to these people that treated us like crap, and just ignored us, and every time we tried to talk with them about anything, they were like just looking down on us.” Instead, they renewed themselves in a positive way. They made plans to change family dynamics, as Michelle shared,

We, as in myself and my husband, we had to figure out what worked for us as far as studying and doing housework and, I mean, he worked full-time and I didn't. I ended up taking a job where I could study...so that was a big help because I felt like I was contributing something as far as financial.

The returning students' lives changed and school became even more of a total focus. Families were drawn in to the renewal both by default and by intention.

As a part of the process, they made plans to survive that first day back to school. Nancy talked about how she and two other students who also were repeating started the first day back.

We met down in the parking lot or outside of the building and went up together. We sat side by side, all three of us, at the back of the room, closest to the door, so we could get out of there as fast as possible.

The students were prepared, even planning small details, such as where they would sit when they returned, which door they would enter and exit, and who they would or would not talk to. They planned and they protected themselves. They made plans to blend in and not stand out. They did not want to be noticed for fear that they would be perceived in a negative way. They did not want to be noticed for fear of embarrassment. Some even protected themselves by believing that the new student group did not realize they were new, but rather, they had been an unnoticed part of the group all along.

They did not want to give too much information or get too close. They had experienced a loss and wanted to protect themselves as much as possible from setting themselves up for yet another devastation. Even though some knew that they had the ability to step forward and be a leader in certain situations, they avoided doing so. They chose to remain under the radar. This was a shift in the way that they interacted in the world before they failed. Molly shared,

I had decided I wouldn't... when they ask, you know, how many people of you work, and how many this, that and the other. They would get no information personal. And it was like I had a totally different game plan.

They weren't friends and I wasn't concerned. The instructors were who they were and that's all that they would be. And, you know, give them as much

information as was required, but that's enough. And then they couldn't classify me.

By purposefully planning, the students were renewing themselves and preparing for this new and different path in their journey. Things would be different and they would be prepared. They held the power to make these changes and renew themselves. Michelle articulated this as she thought about the kind of person she wanted to be,

I probably thought about it for almost a month, I would say at the least.

Really, just what kind of person am I gonna be, who do I not want to be, you know? I really thought about who I was going to be.

Not only were task oriented events altered, but whole world views were shifted when students re-framed their thoughts and beliefs so that they could continue and endure. Many felt a bit of humanity missing from their experience and they longed for that missing piece. Faculty were seen as powerful people who had great authority and also had the opportunity to abuse that authority. By coming to understand faculty as equal human beings, students were able to better endure the experience. Students were able to understand human equality, although many did not believe that nursing faculty embraced that same concept.

Students began the renewal process by protecting themselves and making plans to protect themselves in the future. They began to reestablish their lives. They recreated their perceptions and views of the world.

Searching for Support and Human Understanding

After the failure, students searched for support and understanding. Many of the students found it difficult to connect with “outside” people and somehow knew that only those who had gone through the same experience could really understand. They searched for others who would believe in them. This search for support went in various directions. Family certainly was the most important support system. Families were experiencing the emotional upheaval alongside the student. Just understanding that the families were along for the ride, in the passenger seat, was supportive to the student. Students searched for families to provide unconditional love along with basic physical support in daily activities. Knowing that the families were behind them, students were rejuvenated and strengthened enough to keep going forward.

Family seemed to be the most important support; however, perhaps the most impactful support came in the form of other students who were in the same shoes – who had failed a nursing course and were also returning. Because of the chance experience of failing and returning, an unusually close bond occurred between students who were in similar situations. The bond went far beyond the connection that occurred merely by being a part of a cohort within nursing school. The failing experience allowed students to bare their emotions with another person. Students who were in the same shoes knew that their peers could only understand the experience as they had. This bond with others in the same shoes was sacred and protected. As Nancy described,

Yeah, that gave us our common ground. So after that it was no man left behind. We would do whatever we had to make sure all five of us graduated. And when they finally made it, it was like everyone could breathe then. Cause we had all made it.

Students also searched for support from faculty. They had a deep desire to feel connected to faculty who were “real.” Faculty who were “real” were vulnerable and human. Students searching for support were vulnerable and needed the faculty to see them as who they really were and not as just a repeat student, or as a student failure. The students needed the faculty to see the totality of their lives: the struggling student, the family member, the employee, the deep and caring person, and much more. Students were able to trust that faculty would see their true self if they experienced faculty as being human and vulnerable themselves. Not all faculty were trusted in this way. When faculty were able to break down barriers and express their own humanity, students were drawn to those faculty for support. The students weren’t afraid, and they felt a connection merely by sharing in the humanity of the relationship. As Wilber stated,

You can’t just say, poor study habits, or poor this, or they did great on this, I don’t understand why they didn’t pass. Find out why. And it’s the highest compliment that I could ever pay to anyone, to say that they’re a true human being because they respect, they care for, they don’t judge.

Students needed faculty to see them – see them as whole, unique persons. They needed faculty to believe in them and to be present, warm, and caring. Even though

students did not find this in all faculty, most were able to search out faculty who met their needs; those relationships helped carry them through until they graduated.

Several students also searched for support in the form of formal counseling. They talked with professionals about the experience and gained understanding and support. Others found different types of support outside of school. Meg talked about purposefully seeking support outside of the nursing field by participating in a writing club, "People to just get together with who had absolutely nothing to do with nursing. Had no idea, if I were to talk to them about stuff, they would have no idea what I'm talking about." Many others used religion or spiritual beliefs to help temper the experience and gain support. Regardless, students needed support and actively searched for it. They searched for human understanding and acceptance. They searched for validation that they were valuable, precious, and honored for who they were.

Students were able to search for support and search for understanding from those who they believed would truly understand. Unusually close bonds were created between those who rightly understood by having had the same experienced. Faculty who displayed a sense of humanity were sought out for support.

Transforming and Integrating the Experience

The failure experience eventually proved to be transformative. Students came to realize that failure was almost necessary for them to attain the resulting degree of professional and self -perspective. This process took time, and was not realized until after they had been practicing as RNs. They were then able to find understanding and

meaning in the experience and move on. All of the participants came to appreciate that the nursing school experience was much different from other educational experiences in which they had partaken. The amount of critical thinking involved was something that many were not prepared for based on previous general education courses. Added to this critical thinking was the weighty responsibility of taking care of another human being. As Janice articulated, “We are not building cars. We are dealing with human beings”. This was both a cognitive and emotional shift in thinking for many students! Nursing is complex. They realized the complexities of nursing. As Wilber described,

It’s not point A to point B. Point A is sitting there in the center and you’ve got the entire alphabet all the way around it and each one of those points has to be touched before you can fill in the circle.

Students entered nursing school with the basic knowledge that they gained from the different education paths that they taken up to this point. Yoko described her love for physics, calculus and chemistry, all difficult classes, yes, but all having one correct answer. Nursing school was different because you were indeed working with multiple people with differing needs and situations. Wilber likened the type of thinking needed in nursing school to “holistic thinking” as opposed to critical thinking. Holistic thinking, to him, was the ability to carefully look at all of the different pieces and put them together as a whole person. This was a drastic shift in thinking from traditional teaching and learning methods that compartmentalized data and information.

In the end, all of the participants understood that the experience was a valuable part of their journeys. There was much pain involved, but all of the participants believed that the experience was not without some merit. Most believed that the repeated semester was needed to better understand the content, and in turn to be a better nurse. Most believed that “everything happens for a reason” and that the experience was a part of a larger life plan. Most were able to re-frame the experience as positive and growth producing. As Yoko recalled, “Maybe because of this, actually I can grow. It’s not gonna be just a plus, minus, zero. We can grow. So it’s gonna be a plus.” Most were able to look at the “big picture” and see that the time taken during the experience was a small blip in a lifetime of nursing. As Lucy shared, “Things could be so much worse, you know, think of everything that could be...or...what’s another year?” Participants were transformed by the experience as a whole. They learned to be more humble and accepting of others. They learned to love and accept themselves more. They learned to take better care of themselves. They were able to confirm things that they knew about themselves at one point but had been lost somewhere along the way, such as their strength. They had protected themselves and endured throughout the process of failing and returning, and eventually graduating. They protected the precious persons they were in the process of becoming.

The students’ lives were rebuilt and were now different from before. They were forever changed. They were able to find meaning in the experience. Some were

more wounded in the process than others, but they all were ultimately successful in achieving their goal of becoming a nurse.

Outliers

Although themes were clearly present in this study, please note that each story was unique and individual, as is supported in phenomenological study. One participant was vaguer than others in participation. This same participant sought support from her husband only, which was different from the other participants. Several participants had experienced big life changes or environmental changes that contributed to their failure (break-up of a relationship or living without electricity, for example). Others were struggling with routine life events (being a spouse or parent, for example). Many were tearful. Several were bitter and angry at their nursing school. But, they each contributed important meanings and understandings to this study.

Chapter 5

Discussion and Conclusions

Discussion

Nursing students who failed a clinical nursing course faced a significant emotional challenge and a major decision as to whether or not to return to nursing school. The failing experience was devastating in many different ways, but most impactful was the trauma to the student's self-concept. Students had to move past the trauma and reorient themselves knowing that returning to nursing school was fulfilling a life goal. Becoming a nurse would benefit both their lives as well as their families. When planning to return to nursing school, students made specific and purposeful plans as to how they would and would not be. These plans went beyond basic cognitive changes (studying more, making note cards, etc.) to changes in the way the student understood and responded to life situations and challenges they would face. Students searched for support and the validation that they were OK and were valued for who they were as people. In this way, the students could justify their place and choice in nursing school. This validation and support also helped to soothe their fragile egos or self-concepts. The final protective measure was the realization that repeating the nursing course was a necessary part of the big plan, and that "everything happens for a reason".

Students in the study *suffered the loss* related to the failure and felt shattered emotionally in response to the failure. Results of the study were in line with O'Donnell's (2009) research that looked at the emotional impact of voluntary

withdrawal from a nursing program. Like the participants in this study, students who voluntarily withdrew from a nursing program felt a sense of personal failure and embarrassment. O'Donnell found that the students who voluntarily withdrew also felt a sense of relief following the withdrawal. Students in this study did not withdraw, rather, they failed and there was not a report of feeling relieved; only anguished. The difference was perhaps due to the students' voluntary choice to withdraw as opposed to failing.

Results of the study identified students *creating a purposeful plan* in order to be successful after the failure; to become renewed and be able to continue on in nursing school. Although no other nursing studies specifically support this finding, perhaps it is because no studies have examined the experience of failing and then continuing on. The Family Adjustment and Adaptation Response model (FAAR) (McCubbin & Patterson, 1983) outlines family responses and explains both the adjustment phase (in response to stress), and the adaptation phase (in response to crisis). The adaptation phase includes the process of defining the situation and looking for ways to restructure and adapt to a new reality following a crisis. The participants in this study also looked for ways to restructure their lives in order to exist in a new reality after experiencing the crisis of failing.

In the study, relationships were an important aspect of moving forward from suffering the failure to return and be successful. Participants *searched for support and understanding* from others, and family support was critical. Other studies also showed that relationships or connections influenced academic success (Arthurs, 2009;

Lockie & Burke, 2009; Sayles & Shelton, 2005; Stolder, Rosemeyer & Zorn, 2008). Williams (2010) found that students who persisted in nursing school had valuable connections with family, peers, and faculty. Robinson & Niemer (2010) implemented a peer mentor tutor program and in doing so, found that a key result was simply that students were able to connect with other students. Metz, Cech, Babcock, & Smith (2011) found that Native American Students who felt support by family and friends had continued motivation to pursue nursing as a career as opposed to students who did not have that support.

Two interesting and connected qualitative studies (Poorman, Mastorovich & Webb, 2008 & Poorman, Webb & Mastorovich, 2002) examined the experiences of nursing teachers and of nursing students. Both studies indicated that the presence and relationship between the student and the teacher was important for student success. This current study also highlighted the importance of a caring relationship by faculty, along with the ability of the faculty to see the “whole” student. Likewise, Poorman et al. (2008) found that when faculty practiced “attending” by aiming to truly understand the needs of the student as opposed to making quick judgments, struggling students were better served.

Lewis (2005) described the 11 best practices for student nurse retention. Several of the interventions revolved around providing easy access to information about the nursing program in general. Four of the interventions directly related to interactions between the faculty and the student: being available for face-to-face office hours; helping students identify stressors and develop a plan for success;

tutoring students; and identifying students who were struggling and helping them. All 4 of these interventions were aimed at academic success, and all also involved some connection between the student and the faculty. Similarly, Pullen, Mueller, & Ashcraft (2009) described the successful use of 4 retention strategies: requiring a nursing success boot camp, implementing pharmacology care groups; providing supplemental instruction (like tutoring); and providing a web-based student support community. Although not identified as such, all four of these interventions were steeped in creating connections, support, and relationships.

We all need social and emotional support in order to cope with daily life. During transition times (for example, after a failure and movement to return to school) this support need may be increased. Pinkerton and Dolan (2007) described a nested model of family support, which is applicable to the findings of this study. The model begins with immediate family, then moves to extended family, friends/neighborhood, formal organizations, and finally ends with support from national policy or legislation (Pinkerton & Dolan, 2007). In this study, students sought out support from family, peers, and faculty. This model would also point to students receiving support from the school (a formal organization) as well as support from our nation or government. This could be in the form of governmental scholarship assistance or general support and understanding of critical need for nurses.

Finally, findings from the study outline students' process and ability to *integrate the experience and emerge transformed* as a different person. No other

nursing studies support this finding, likely because no other studies examined the experience of failure and return. However, theories about crisis and resilience support the ability to integrate the crisis experience and leave transformed (Walsh, 2006). Crisis' can be events that bring to attention the essence of what truly matters in our lives. People who are resilient and able to adapt are able to find meaning out of a painful or disparaging event.

Results of the study also supported 2 nursing related frameworks: Narrative Pedagogy, and the model of Nursing Undergraduate Retention and Success.

Narrative Pedagogy

Diekelmann (2001) described a narrative pedagogy that used phenomenology to discover the shared lived experiences of students, teachers, and clinicians within nursing education. Within this pedagogy, students, teachers, and clinicians shared narratives, or stories and reflected upon meanings. Narrative pedagogy was contrasted with conventional pedagogy in its manner of being inclusive, non-competitive, non-isolative, and not teacher centered (Andrews et al., 2001). In narrative pedagogy, there was a shift from the teacher being the expert to the teacher as a learner also, and as an equal, or colleague. This type of teaching-learning fit well with the study's students' needs to find support in faculty who were real. In this study, faculty who were willing to be vulnerable and who were viewed (and viewed themselves) as equals provided much needed caring and support to the students. In this study, the participants' experiences with many faculty involved a definite separation of power and control, with faculty holding both. Although likely not

intentional, this minimized and devalued the students which may have contributed to their feelings of victimization.

Nursing Undergraduate Retention and Success (NURS)

Findings from the study also support concepts from Jeffries (2004) model of Nursing Undergraduate Retention and Success (NURS), which was developed to guide nursing faculty in retaining students in nursing programs. The NURS model was the first and only retention model designed specifically for nursing students, and addressed the need to retain nontraditional students, such as those enrolled in A.D.N. programs. The NURS model specified that retention was based on interactions between student profile characteristics, student affective factors, academic factors, environmental factors, professional integration factors, academic outcomes, psychological outcomes, and outside factors.

Nontraditional students were defined by Jeffreys (2004) as any nursing student in any type of nursing program who met one of more of the following criteria:

1. Age 25 years or older, 2. Commuter, 3. Enrolled part-time, 4. Male, 5. Member of an ethnic and/or racial minority group, 6. Spoke English as a second (other) language, 7. Had dependent children, 8. Had a general equivalency diploma (GED), and 9. Required remedial classes. (pg. 7).

Jeffreys (2007) noted that A.D.N. nursing programs were more diverse with more non-traditional students: males, older students, parents of young children, first generation college students, and students for whom English was not their first language.

The findings of this study supported the NURS model. All participants in the study were non-traditional and had life experiences, families, and other responsibilities to balance along with nursing school; the characteristics that identified a non-traditional student were also factors that contributed to failure. Support for academic factors perhaps would have helped the participants as they were struggling with learning in a new way.

The NURS also highlighted the importance of the relationships between students and faculty, and students with their peers. The importance of the relationship between student peers was also clearly seen in this study. Peers, especially peers who had experienced a failure as well, provided support and protection for the students in the study. Again, the study found support missing from some faculty. Perhaps if faculty support was more strongly present or more strongly felt, the participants in this study may not have failed.

Limitations

Several limitations should be noted for the study. First, all of the participants graduated from one Midwestern Associate Degree generic nursing program. Each nursing program has a unique culture, thus all of these participants experienced a similar culture within their nursing school experience. Second, the data relied on the self-report of the participants. The nurse participants recalled events that happened up to 4 years previously, which could bring to question the accuracy of their memories. Many of the participants experienced deep emotions with crying and bitterness. Their perceptions of events or perceptions of other's motives or actions

might have been skewed or not rationally based in some cases. The participants that were recruited were from a large pool from which there were relatively few opting to participate. A question remains as to the possible motivation to participate in the study; did some of these particular participants feel a need to vent, thus prompting their joining the study? This could comprise a subset of students who were willing to talk about their experience and could possibly constitute a different understanding than those not willing to express their events. After difficulty obtaining participants, 8 were subsequently paid for their involvement. Perhaps this helps to express the risk that participants felt. However, these were the stories of eleven participants. They were their stories, and their perceptions were their realities. While the results provide a basis for further study with other populations, they may not be generalized.

Implications for Nurse Educators

Nursing faculty interact with nursing students. Nursing students interact with nursing faculty. The student is human, thus is exploring meanings for self, as well as exploring meanings in education. The nursing student is becoming a nurse at the same time that he/she is becoming a human (Idczak, 2007). This means that the student is growing and learning in different ways. Some of the ways may coincide with both becoming a nurse and becoming human, but some may be very different. It is important for nursing education to understand this concept. Nursing education does not simply teach students specific book information about nursing, but also contributes to the student's becoming human, and becoming a nurse.

It makes sense that in education, the concept of “becoming” would be foundational. However, conventional pedagogies have not necessarily included this particular foundation. Instead, they have relied on teacher-centered approaches in response to objectives and outcomes. New pedagogies in nursing education use phenomenology as a basis for whole learning. It is not that conventional pedagogies are necessarily defunct or needing total revision; it is possible that new pedagogies may compliment conventional pedagogies, or they may transform conventional ones (Andrews et al., 2001). Nursing faculty have relied on traditional or conventional teaching and learning approaches because that is what they have been taught or exposed to. Nurse educators need better preparation, which must include experiences in both conventional pedagogies as well as new pedagogies, one of which is the narrative, phenomenologically-based pedagogy (Young & Diekelmann, 2002). Phenomenology is the study of experience. Thus, when people learn from a phenomenological perspective, course content is viewed as an experience to be revealed (Shattell, 2007).

Results of this study call not only for a better way to teach students to think and understand in a holistic way, but to also ensure that students feel cared for and supported. Narrative pedagogy addresses both of these concerns. Narrative pedagogy is a way of thinking (Diekelmann, Ironside, & Gunn, 2005) that can guide nursing education. This new way of thinking about education is included in new ways of thinking about things in general. In narrative pedagogy, which is phenomenologically based, there is a shift from the teacher being the expert to the

teacher as a learner and as an equal, or colleague. All learners, including the teacher as learner are valued for their experiences. This is an important difference, as in a phenomenologically based pedagogy, the teachers and the students work together to understand meanings.

The participants in the study had difficulty learning and understanding the nursing content. They were used to learning in a more rigid, compartmentalized, black and white manner before nursing school. They lacked the know-how to think in a new way – and had to discover it later. If faculty want students to think like a nurse, they need to teach and interact with students in ways that enhance and promote that way of thinking. Using phenomenologically-based pedagogy, faculty include affective learning (Brown, Kirkpatrick, Magnunt & Avery, 2008; Ewing & Hayden-Miles, 2001; Gazarian, 2010) not just comprehension, application, and analysis, which opens the student to learning holistically and critically. Perhaps this could be a key to grasping the critical thinking challenge that the nursing students in this study were so abruptly faced with in nursing school. It seems that holistic learning would go hand in hand with holistic thinking. Affective learning would support the idea of educating students to “think like a nurse”. In the study, when students returned and were successful, they had somehow discovered this process for themselves. Perhaps if they were exposed to affective learning from the beginning, their stories would be different.

Ironside (2003) found that classes that experienced Narrative Pedagogy “reflected a recurring shift from thinking as problem solving or an activity (to

produce a certain product) to thinking as a practice” (pg. 512). This differed from conventional pedagogy, which focused on the outcome of the thinking as an activity, for example a test result.

The teacher-student relationship is also enhanced using phenomenology. Ironside (2005) found that there was an “important difference between teachers working with students and teachers talking to or at students” (pg. 80). In the phenomenologically based Narrative Pedagogy, students and teachers work together to learn and grow- to become. Using narrative pedagogy, as faculty and students engaged in public storytelling, they interpreted the stories for their own meaning and began to understand not only what they knew, but what they didn’t know (Diekelmann & Scheckel, 2004). It seems that this way of learning helped to provide a holistic view of patients and in itself was a holistic way of learning.

Within this new pedagogy, one teaching model that was based on phenomenological philosophy was the Humanistic Teaching Model (Kleiman, 2007). The tenants of this model included a relationship between the student and the teacher that evolved through the exchanges between the two. The students wrote of their clinical experiences and discovered, through phenomenological reflection, the meanings of their caring for patients, and of being a nurse. Another model, described by Shattell (2007) used phenomenology to examine patients’ dialectic experiences with students, so that students could come to understand the meaning of being a patient. Students were provided patient narratives (obtained from faculty research) and met within a casual group setting facilitated by the faculty. The group would

carefully examine the narrative piece by piece for meanings. Shattell described the community of learners as being valued for what each brought and contributed to the community, and that the community was neither student centered nor faculty centered.

Reading, writing, thinking and dialogue are viewed as essential components of education. In narrative pedagogy, these aspects occur together as the lived experience, contrasted with traditional pedagogy where these are viewed as separate skills (Diekelmann & Ironside, 1998). Part of understanding meanings includes writing and thinking – and speaking out loud to oneself and others – details of an experience. These all fold together to make the story real. Narrative pedagogy implies great respect for the learner, as well as the teacher, and values the diversity that each person brings. Gray (2008) found that there is often a dichotomy between students and faculty. A phenomenologically-based pedagogy would provide a unifying force between all participants – teachers and learners alike.

Implications for Programs of Nursing

Nursing programs also need to carefully plan for other resources that may impact student success and support the student not only through failure, but through success as well. Mentoring has proven to be successful in many cases (Evans, 2007; Gardner, 2005; Higgins, 2005; Lockie & Burke, 1999; Ramsburg, 2007; Robinson & Niemer, 2010; Scott, 2005; Steward, 2005; Symes et al., 2005; Valencia-Go, 2005; Wilson, Andrews, and Leners, 2006) and should be considered a valuable tool for retention. Perhaps the tutoring aspect may be useful, or perhaps the positive results

may be more about creating connections between students. Nursing programs need to strengthen and support both the formal and informal social networks that students use. This could be in the way of more formal on-line or technologically based support systems, as well as informal support by using *Facebook*, for example. Nursing programs need to view students holistically and promote social inclusion within nursing school cohorts and within nursing programs as a whole. When students are able to identify with the profession of nursing, retention increases (Jeffreys, 2004).

Programs of nursing need to create other links to student success. College support systems (for example, counseling) should be visible and known to all new nursing students. Nursing student orientations can be planned to help students and their families understand the rigor of nursing school. College support systems can help guide students during life situations. Finally, students who do fail can be supported by knowledge of the experiences outlined in this study. An example would be a prepared information sheet expressing some things that they may expect to occur (appendix M).

Broader Implications

Finally, government can help with retention of nursing students by providing scholarship support so that students may devote more time to their education. Government support could also come in the form of assistance with other roles that are inherent for the non-traditional nursing student, for example, assistance with child-care, elder-care, or other family responsibilities.

Implications for Nursing Research

This study examined the lived experience of nursing students who failed a nursing course and returned to be successful. No studies have examined this phenomenon, and results of this study will help nursing faculty and nursing programs better understand the experience so they may develop and use strategies to support students. Further studies should examine the lived experience of nursing students who fail and do not return, along with the factors that contribute to a failing student's decision to not return. Additionally, the experience of nursing faculty in relationship with students who are failing should be studied. It would also be important to examine the experience of nursing faculty when affiliated with nursing students who are returning after a failure.

Conclusion and Recommendations

As nurse educators act as nurse leaders, they may move beyond to use phenomenology in education research. Using phenomenology, the nurse researcher is able to interpret reflection upon everyday experiences, in order to understand the meanings of the experience (Kleiman, 2007). It is the method that is the most appropriate when one desires to explore the subjective experience of a human (Gray, 2008). Faculty may incorporate the values of Narrative Pedagogy by embracing students as equals and valuing the inclusive learning process. This alone could increase student retention. Students who fail a nursing course and re-enter the nursing program have suffered and are searching for support and understanding. There is a need for faculty to be aware of the change in the student as he/she returns after a

failure. The student is different than before, and faculty should acknowledge that change and see the whole person. There is a need for awareness and a need for faculty to work with returning students on planning and transitioning their return in a way that is supportive and caring.

Planned student support is also needed, be it focused on nursing or college-wide. Students are experiencing additional stressors as a part of living their normal lives as non-traditional students. Nursing programs should look at creative ways to help students connect with each other and identify with each other and the profession of nursing as a whole.

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Appendix A

Dear Former Nursing Student,

You are invited to participate in a study that we believe will provide valuable information to our nursing program and to nursing education in general. Principal investigator, Dr. Leonie Pallikkathayil, and co-investigator Lisa Gerow, a doctoral candidate at the University of Kansas School of Nursing are conducting research on the lived experience of nursing students who have failed a nursing course and who returned to be successful. Participants in the study will be current nurses who have experienced such an event.

The purpose of the research is to understand how nursing students experience and cope with academic failure and what circumstances surrounded the failure. In turn, the purpose is also to understand how students move forward to be successful, and what circumstances surrounded the success.

If you are interested in participating, or would like more information, please contact Lisa Gerow at (918)645-4492. This is her cell phone. You will then be interviewed by Lisa at your convenience in the next few weeks. The tape-recorded interview will last approximately one hour and will consist of open-ended questions about your experience. A follow up interview may be arranged, again at your convenience, to give you the opportunity to make further comments. This should take no more than an hour of your time.

It is possible that discussing your feelings of the experience might cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, you may end it at any time. No other risks have been identified at this time, but should any arise that might affect your decision to participate, you will be informed immediately.

Participation is completely voluntary and no specific benefits from participation have been identified. However, you may benefit through improved understanding of how you experienced the failure and in turn, the success. It is

hoped that information gained in this research study may be useful to help nursing educators provide the kinds of support needed to improve the retention of nursing students.

Your personal information will be kept confidential and your name will not be directly linked with any of the information from your interviews. You may withdraw from this study at any time with no penalties. If the results of the study are published or presented in public, information that identifies you will be removed.

If you choose to participate, you will bring the enclosed consent form to the interview, sign the form, and receive a photocopy of your signed form to take with you. Should you have further questions about the study, please contact Lisa at 918-645-4492.

Developing a clearer understanding of the factors that demote and promote chances for student success is important for creating educational environments that are supportive of students and for enhancing the quality of nursing education. You may be able to contribute to such understanding. Thank you for considering participation in this research study.

Sincerely,

(Name)

Acting Associate Dean

(MADGNP)

Appendix B

CONSENT FORM

TITLE: The Experience of Nursing Student Failure and Success: A Phenomenological Inquiry

INTRODUCTION

As a registered nurse who has failed a clinical nursing course yet returned to be successful, you are being invited to participate in a doctoral research study about nursing student failure and success. The principal investigator of the study is Dr. Leonie Pallikkathayil of the University of Kansas Medical Center, with Lisa Gerow as co-investigator. This research study is a doctoral research project that will culminate in Lisa Gerow's dissertation. Approximately 10-12 participants will be enrolled.

You do not have to participate in this research study. Before you make a decision to participate, you should read the rest of this form. The main purpose of research is to benefit the science of nursing education. The purpose of research is to create new knowledge and understandings.

BACKGROUND

As nurses are in high demand, with nursing shortages present and even greater shortages looming ahead, it is critical that nursing schools graduate the students that they accept into their nursing programs. Many nursing students fail a clinical nursing course, then return to be successful, graduate, and become an RN. It is important that nursing faculty begin to understand the complex factors that influence student failure, and then return to success in nursing school. Learning about these meanings could help nursing education address factors to increase retention in nursing schools.

PURPOSE

The purpose of this study is to explore the experience of nurses who have failed a clinical nursing course as a student in nursing school and who have returned to be successful. Aspects surrounding both failure and success will be explored.

PROCEDURES

If you choose to participate in this study, your participation will last approximately 1 hour. Your participation will involve:

- Meeting at a time and place that is convenient for you.
- Describing your experiences of failure and success related to nursing education.
- The interview being tape recorded.

Also, you may be asked for a second interview to clarify the information you initially provided, which would last no more than 1 additional hour, at your convenience.

RISKS

It is possible that discussing your feelings of success and failure in nursing school may cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, inform the researcher and the interview will end immediately. There may be other risks that have not yet been identified, and unexpected effects that have not been previously observed may occur.

NEW FINDINGS STATEMENT

You will be informed if any significant new findings develop during the course of the study that may affect your willingness to participate in this study.

BENEFITS

You are unlikely to benefit from participating in this study. You may benefit through improved understanding of how you experience failure and success in nursing school. It is hoped that information gained in this research study may be useful in understanding how students experience failure and success, and in turn may inform nursing education.

ALTERNATIVES

Participation in this study is voluntary. You have the right to refuse to participate in the study. If you agree to be in the study and change your mind, you may drop out at anytime.

COSTS

There are no costs associated with participation in this study.

PAYMENT TO SUBJECTS

You will not be compensated for participating in the study.

IN THE EVENT OF INJURY

It is not expected that you will have an injury as the result of participating in this study. If you believe you do, you should immediately contact Lisa Gerow at 918-645-4492.

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. You will be assigned a unique name rather than using your real name on field notes and transcribed interviews. The researcher cannot guarantee absolute confidentiality. If the results of this study are published or presented in public, information that identifies you will be removed. Findings will be shared with you and the other participants using your pseudonym.

QUESTIONS

If you have questions, please contact the researcher at any time at (918) 645-4492. If you have any concerns or complaints after signing this consent that are not addressed to your satisfaction by Lisa Gerow, you may contact Dr. Leonie Pallikkathayil at (913) 588- 3351. If you have any questions about your rights as a research subject, you may call (913) 588-1240 or write the Human Subjects Committee, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

Your participation in this study is voluntary and that the choice not to participate or to quit at any time can be made without penalty or loss of benefits. Not participating or quitting will have no effect upon the medical care, treatment, or employment you receive now or in the future at the University of Kansas Medical Center. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

CONSENT

Lisa Gerow, doctoral candidate at the University of Kansas School of Nursing has given you information about this research study. She has explained what will be done and how long it will take. She has explained any inconvenience, discomfort or risks that may be experienced during this study.

I freely and voluntarily consent to participate in this research study. I have read and understand the information in this form and have had an opportunity to ask questions and have them answered. **I will be given a signed copy of the consent form to keep for my records.**

Type/Print Participant's Name

Signature of Participant

Date

Type/Print Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Appendix C
Mailing Label/List Request

Mailing Label/List Request

Date of Request _____
 Company _____
 Address _____
 Person of Contact _____
 Phone Number _____ Fax Number _____
 E-Mail Address _____

Office Use Only:

Query cost determined by _____
 Date Invoice Sent: _____

Preferred Method to Receive Information

- _____ List by U.S. Mail
 _____ Labels by U.S. Mail
 _____ E-Mail –CSV (comma separated variables) format

All requests include the name and address on individuals with an active license, certification, and/or recognition indicated below. Please check the license, certificate, and/or recognition type for which you are requesting names and addresses:

License/Recognition Type:

_____ RN _____ LPN _____ AUA _____

Advanced Practice Nurses with Prescriptive Authority

_____ ARNP _____ CNM _____ CRNA _____ CNS _____

Advanced Practice Nurses without Prescriptive Authority

_____ ARNP _____ CNM _____ CRNA _____ CNS _____

Select from the following (if not selected, the request will include "All" in the Work Status and County)

<u>Work Status</u>	<u>County</u>
_____ Employed only	_____ All
All (Employed and not employed)	_____ Specified as indicated on attached list

For more information, call (405) 962-1800.

Charges

The charges for these requests are as follows: \$0.01 per name/record + postage with a minimum charge of \$40.00 (less than or equal to 4000 names/records.) An invoice will be sent and **payment is expected before shipment of information.** For labels, the above fees apply, plus \$4.50 per 1,000 labels + postage.

OFFICE USE ONLY:

Service:			
Minimum charge \$40.00 plus _____	\$0.01 per name/record = _____		= \$
	\$4.50/per 1,000 labels		= \$
	Postage:		= \$
	Total Amount Due:		= \$

Make Check Payable and Send to:

Billing Info

Attn: Labels

Oklahoma Board of Nursing

2915 North Classen Boulevard, Suite 524

Oklahoma City, OK 73106

Fax: 405-962-1821

PLEASE SEND COPY OF INVOICE WITH PAYMENT

Appendix D

Letter to Registered Nurses in a Midwestern State

Dear RN,

You are invited to participate in a study that will provide valuable information to Associate Degree Nursing Education. If you have graduated from an Associate Degree Nursing Program and at one point failed a clinical nursing course, you are asked to participate. If you are not a graduate of an Associate Degree Nursing Program and did not fail a clinical nursing course at some point, please disregard this letter.

Principal investigator, Dr. Leonie Pallikkathayil, and co-investigator Lisa Gerow, a doctoral candidate at the University of Kansas School of Nursing are conducting research on the lived experience of nursing students who have failed a nursing course and who returned to be successful. Participants in the study will be current nurses who graduated from an Associate Degree Nursing Program who have experienced such an event.

The purpose of the research is to understand how nursing students experience and cope with academic failure and what circumstances surrounded the failure. In turn, the purpose is also to understand how students move forward to be successful, and what circumstances surrounded the success.

If you are interested in participating, or would like more information, please contact Lisa Gerow at (918)645-4492. This is her cell phone. You will then be interviewed by Lisa at your convenience in the next few weeks. The tape-recorded interview will last approximately one hour and will consist of open-ended questions about your experience. You will be paid \$100 for your time during the interview. A follow up interview may be arranged, again at your convenience, to give you the opportunity to make further comments. This should take no more than an hour of your time.

Participation is completely voluntary and no specific benefits from participation have been identified. However, you may benefit through improved understanding of how you experienced the failure and in turn, the success. It is hoped that information gained in this research study may be useful to help nursing educators provide the kinds of support needed to improve the retention of nursing students.

Your personal information will be kept confidential and your name will not be directly linked with any of the information from your interviews. You may withdraw from this study at any time with no penalties. If the results of the study are published or presented in public, information that identifies you will be removed.

If you choose to participate, you will bring the enclosed consent form to the interview, sign the form, and receive a photocopy of your signed form to take with you. Should you have further questions about the study, please contact Lisa at 918-645-4492.

Developing a clearer understanding of the factors that demote and promote chances for student success is important for creating educational environments that are supportive of students and for enhancing the quality of nursing education. You may be able to contribute to such understanding. Thank you for considering participation in this research study.

Sincerely,

Lisa Gerow, RN, MSN

Doctoral Candidate, University of Kansas

Appendix E

CONSENT FORM

TITLE: The Experience of Nursing Student Failure and Success: A Phenomenological Inquiry

INTRODUCTION

As a registered nurse who has graduated from an Associate Degree Nursing Program, and who has failed a clinical nursing course yet returned to be successful, you are being invited to participate in a doctoral research study about nursing student failure and success. The principal investigator of the study is Dr. Leonie Pallikkathayil of the University of Kansas Medical Center, with Lisa Gerow as co-investigator. This research study is a doctoral research project that will culminate in Lisa Gerow's dissertation. Approximately 10-12 participants will be enrolled.

You do not have to participate in this research study. Before you make a decision to participate, you should read the rest of this form. The main purpose of research is to benefit the science of nursing education. The purpose of research is to create new knowledge and understandings.

BACKGROUND

As nurses are in high demand, with nursing shortages present and even greater shortages looming ahead, it is critical that nursing schools graduate the students that they accept into their nursing programs. Many nursing students fail a clinical nursing course, then return to be successful, graduate, and become an RN. It is important that nursing faculty begin to understand the complex factors that influence student failure, and then return to success in nursing school. Learning about these meanings could help nursing education address factors to increase retention in nursing schools.

PURPOSE

The purpose of this study is to explore the experience of nurses who have failed a clinical nursing course as a student in nursing school and who have returned to be successful. Aspects surrounding both failure and success will be explored.

PROCEDURES

If you choose to participate in this study, your participation will last approximately 1 hour. Your participation will involve:

- Meeting at a time and place that is convenient for you.
- Describing your experiences of failure and success related to nursing education.
- The interview being tape recorded.

Also, you may be asked for a second interview to clarify the information you initially provided, which would last no more than 1 additional hour, at your convenience.

RISKS

It is possible that discussing your feelings of success and failure in nursing school may cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, inform the researcher and the interview will end immediately. There may be other risks that have not yet been identified, and unexpected effects that have not been previously observed may occur.

NEW FINDINGS STATEMENT

You will be informed if any significant new findings develop during the course of the study that may affect your willingness to participate in this study.

BENEFITS

You are unlikely to benefit from participating in this study. You may benefit through improved understanding of how you experience failure and success in nursing school. It is hoped that information gained in this research study may be useful in understanding how students experience failure and success, and in turn may inform nursing education.

ALTERNATIVES

Participation in this study is voluntary. You have the right to refuse to participate in the study. If you agree to be in the study and change your mind, you may drop out at anytime.

COSTS

There are no costs associated with participation in this study.

PAYMENT TO SUBJECTS

You will be compensated \$100 for participating in the study. Your name, address, social security number, and the title of this study will be given to the KUMC Research Institute. This is done so that the Research Institute can write a check for study payments. Payments are taxable income.

IN THE EVENT OF INJURY

It is not expected that you will have an injury as the result of participating in this study. If you believe you do, you should immediately contact Lisa Gerow at 918-645-4492.

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. You will be assigned a unique name rather than using your real name on field notes and transcribed interviews. The researcher cannot guarantee absolute confidentiality. If the results of this study are published or presented in public, information that identifies you will be removed. Findings will be shared with you and the other participants using your pseudonym.

QUESTIONS

If you have questions, please contact the researcher at any time at (918) 645-4492. If you have any concerns or complaints after signing this consent that are not addressed to your satisfaction by Lisa Gerow, you may contact Dr. Leonie Pallikkathayil at (913) 588- 3351. If you have any questions about your rights as a research subject, you may call (913) 588-1240 or write the Human Subjects Committee, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

Your participation in this study is voluntary and that the choice not to participate or to quit at any time can be made without penalty or loss of benefits. Not participating or quitting will have no effect upon the medical care, treatment, or employment you receive now or in the future at the University of Kansas Medical Center. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

CONSENT

Lisa Gerow, doctoral candidate at the University of Kansas School of Nursing has given you information about this research study. She has explained what will be done and how long it will take. She has explained any inconvenience, discomfort or risks that may be experienced during this study.

I freely and voluntarily consent to participate in this research study. I have read and understand the information in this form and have had an opportunity to ask questions and have them answered. **I will be given a signed copy of the consent form to keep for my records.**

Type/Print Participant's Name

Signature of Participant

Date

Type/Print Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Appendix F
Facebook Advertisement

Attention ADN graduates

If you have graduated from an Associate Degree Nursing Program and at one point failed a clinical nursing course, you are invited to participate in a qualitative study. The purpose of the research is to understand how nursing students experience and cope with academic failure and what circumstances surrounded the failure. In turn, the purpose is also to understand how students move forward to be successful, and what circumstances surrounded the success. If you are interested in participating, or would like more information, please contact Lisa Gerow at (918)645-4492. If you decide to participate, you will be interviewed by Lisa for about an hour and will be paid \$100 for your time. Your personal information will be kept confidential and your name will not be directly linked with any of the information from your interviews.

Appendix H

Interview Guide

- A. Tell me about your nursing school experience.
- B. Recall your experience of failing a nursing course, then returning to complete nursing school and successfully become an RN.
 - 1. What was going on at that time of the failure and what was it like for you?
 - 2. What kinds of stressors were occurring at that time?
 - 3. What types of things seemed to be most helpful or supportive for you?
 - 4. What was the experience of returning to nursing school after a failure like for you?
 - 5. What kinds of stressors were occurring at that time?
 - 6. What types of things seemed to be most helpful or supportive for you?
 - 7. What does it feel like to be successful?
 - 8. What advice do you have for a student who fails in a nursing class and returns to school?
 - 9. What advice do you have for nursing faculty regarding a failing student and a student returning after failing?
 - 10. Do you have any other feelings, emotions, or reactions that would help me understand your experience better, that you would like to discuss with me about this situation?

Appendix I

Responses From Participants Following Analysis

Correspondence from Meg:

...I did read your analysis and I really enjoyed it. I feel it accurately conveyed the experiences of many of us as we went through a very difficult period. I want to thank you for writing it and also for the interview itself. When you interviewed me, I realized that there were things I never really dealt with about my failure. Having to overcome my fear of failing again was the only thing that I was concerned with when I was going to school. Then I finished and I moved on and never dealt with the other feelings that I had. I really appreciate the time we spent together because it gave me an opportunity to review that time and better cope with what had occurred...

Correspondence from Susan:

...Thank you for sending the part of your research. It seems like you cover all the corners in the process of failed student's physical, emotional struggling before they become a RN....You really hit the nail on how we, failed students felt throughout the whole process...

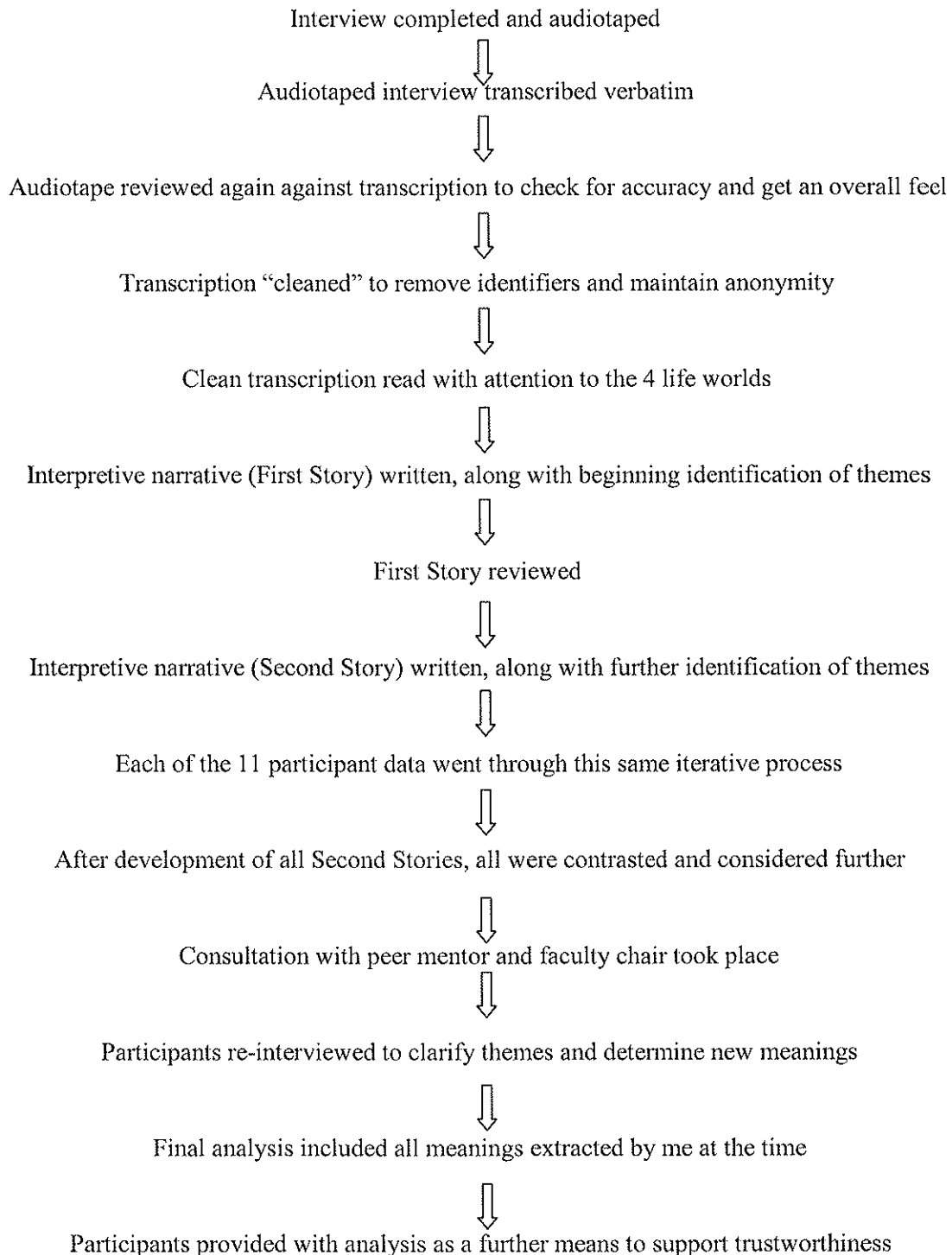
Correspondence from Wilber:

...I had to read this twice the first time I almost cried. Each of the other participant's comments mimicked much of my feelings as well, I again have gained another perspective of how to grow. I am still healing and will continue to do so as I grow as a nurse. Do not change a word, you did very

well in bringing out the feelings and journey reconstructing our lives as human beings and as nurses. Thank you so much for sharing this with me...

Appendix J

Data Analysis Process



Appendix K

First Story Themes*

Alexa's First Story

- 1 Devastating Experience – affecting all areas of life
- 3 Search for support – reach out and cling
- 1 Treated differently as “Repeaters”
- 2 Made a specific plan for change – how I am going to be
- 3 God provided
- 4 Worth it in the end
- 3 Desire to have a connection with faculty who are real

Janice's First Story

- 4 Foreign Language
Find your own way
- 4 Needed a second time
- 1 Wanted a better life for family
- 1 “Repeater”
- 2 Stay under the wire
- 3 Bonding with peers
- 3 Want faculty to believe in her
- 2 Focus on the goal

Lucy's First Story

- 1 Feeling like a failure
- 2 Plan – prepare husband and friends for outcome
- 2 Plan when returned – more organized, no work, more focus, read specifics,
etc.
A fortunate break – have a baby
Less stress when returned
- 3 Not reaching out to others – husband for support
- 1 Make the decision to return
What else could I do?
- 4 Maybe I should have failed

Maria's First Story

- Life stress
- 1 Felt like a failure
- 1 Deep depression
- 3 Support from peers in same shoes – bond
- 1 Reason: better life for son

Meg's First Story

- Tearful
- Life event
- 1 Return – treated differently
- 1 Devastating
- 1 Not just my life
- 3 Family support
- 3 Peer support
- 2 Plan upon return
- 2 Bonded with first class – not now – who will make it
- 4 Reframe

Michelle's First Story

- Wanted meaningful work for sake of family
- Cared for dying grandma
- 4 Nursing school different
- 2 Changes in family life
- 1 Felt like a failure
- 2 Renew self
- 2 Don't stand out
- 2 Made a plan
- 2 Be new – who am I going to be:
- 3 Peer and faculty support

Molly's First Story

- 1 No support from faculty – targeted
- 3 Focus on humanity
- 3 Pray
- 4 Purge and re-gurge vs. nursing school
- 2 Stay under the radar
- 3 Peers in same shoes – helpful
- 2 Planned – decided not to give personal information
- 2 Reframe as something can endure

Nancy's First Story

- 1 Example for her kids
- 1 Difficult – failed peds while other student cheated
- 1 Questioned herself
- 4 Children were watching
- 3 “Repeat Offenders” = bond
- 2 Plan for return
- 2 Stopped talking
- 3 Faculty support varied

Susan's First Story

- 1 Isolation, lack of socialization
- 1 Loss of classmates whom she trusts and is connected to
- 1 Feeling different
- 1 Need for fairness – who plays God?
- 1 Grief process
- 3 Need for someone to believe in me
- 1 Don't want to be humiliated
- 4 Role model for my kids
- 3 Faculty should embrace students
- 2 Do what you need to do to get through

Yoko's First Story

- 2 Her frame or viewpoint in life
- 4 For the better in the end.
- 3 Support from the outside

Wilber's First Story

- 1 Catastrophic event – not used to failure
- 1 Stressors – work, sleep, life
- 2 Purposeful change – choosing study group
- 1 Loss of cohort devastating
- 1 When returned, questioned, then driven to exclusion of all else.
- 3 Use of counselor to help human growth and understanding
- 3 Values faculty who don't judge and look at the whole person.
- 4 He is re-molded through the experience – look at this in a positive way – he has changed for the better

* Numbers correspond with support for themes:

- 1. Suffering the Loss
- 2. Creating a Purposeful Plan for Renewal
- 3. Searching for Support and Human Understanding
- 4. Transforming and Integrating the Experience

Appendix L

Second Story Themes*

Alexa's Second Story

- 1 Loss of her life – school takes that away and it is gone
- 3 Bonding with others in similar situation – clinging to each other
- 3 Search for support – family, friends
- 2 Made specific plan for return
- 3 Desire to have a connection with faculty who are real
- 2 Remain under the Radar

Janice's Second Story

- 4 Foreign Language
- 1 Wanted a better life for family
- 1 “Repeater” – treated poorly
- 3 Fellow repeaters were most important support – unusual bond
- 2 Stay under the wire, under the radar
- 3 Needs faculty to believe in her – see her
- 4 After all, repeating was needed

Lucy's Second Story

- 1 Felt like a failure
- 2 Made specific plan upon return
- A fortunate break – have a baby
- Did not reach out to others
- 1 Decision to return was most difficult

Maria's Second Story

- Significant life events
- 1 Traumatizing – deep depression
- 3 Support from others in her shoes – close bond
- 1 Questioning – reason: to provide a better life for son.
- 4 Overall – see the big picture – needed to repeat

Meg's Second Story

- Life event
- 1 Targeted by faculty
- 1 Devastating experience – not just my life
- 3 Support from family – not peers
- 2 Protect self – don't bond
- 2 Plan the return – how will I be?
- 4 Able to re-frame as good thing.

Michelle's Second Story

- 1 Purpose – for her family / son
- 1 Feeling like a failure and stupid, avoiding – devastating
- 2 Planned changes – family
- 2 Planned changes – who am I going to be?
- 2 Time to renew self – be new
- 2 Don't stand out!

Molly's Second Story

- 1 Vulnerable from the get-go
- 4 Nursing school hard and different
- 2 Stay under the radar – plan ahead of time
- 3 Support from peers in the same shoes
- 2 Reframe to endure
- 3 Focus on humanity and equality

Nancy's Second Story

- 1 Example for her children – did it for them
- 4 Nursing School is hard
- 1 Questioned self and nursing
- 3 “Repeat Offenders” bond – unusually tight
- 2 Made a plan for return
- 2 Just get by – blend in – don't notice me – don't contribute
- 3 Faculty warm and present

Susan's Second Story

- 1 Loss of cohort devastating
- 1 Grief process
- 1 Role model for children – but lost family to school
- 3 Isolation, need for someone to believe in me
- 3 Faculty should embrace students – don't play God

Wilber's Second Story

- 1 Catastrophic
- 2 Purposeful plan upon return
- 1 Loss of cohort – questioning
- 3 “See me” as a human (to faculty)
- 4 Transformed
- 4 Nursing school is different

Yoko's Second Story

- Life events
- 2 Time management
- 4 Nursing school is different
- 3 Coping – religion
- 3 Peer support
- 1 Failing devastating – shock, can't think, isolation
- 4 Can grow from this
- 3 Bond with others with like experience
- 2 Plan to use time wisely

* Numbers correspond with support for themes:

1. Suffering the Loss
2. Creating a Purposeful Plan for Renewal
3. Searching for Support and Human Understanding
4. Transforming and Integrating the Experience

Appendix M

Things to Consider After Failing

Failing a nursing course can be an emotional experience, and you are not alone.

Other students have shared some of their experiences and have provided some helpful information.

- You may feel sadness, depression and anger. Nursing school was important and this has upset your plan.
- Find your support systems. Family members usually can help you during this time.
- Look for other support – other students may be in your same position. They may understand what you are going through.
- You may have a decision to make – whether or not to return to school. Think about what is important to you.
- Think about what it will be like when you return. How will things be different? What will you do differently? How will you be different as a person?
- What kinds of support can you receive upon return – who can you talk with and get help? What faculty can help you? What college support systems are in place to help you?

Remember, as you return, seek out support. You will be a different person when you come back to school. Nursing school is difficult. You have already learned much from your experience thus far. Remember that.

Table 1

Factors Related to Failure and Success

"Name"	Course Failed	Semester Failed	Semester Re-Entered	Semester Graduated	Passed NCLEX
Alexa	Level 2 M/S	Spring 2008	Fall 2008	Spring 2010	Summer 2010
Janice	Level 4	Fall 2009	Spring 2009	Spring 2010	Summer 2010
Lucy	Level 2 M/S	Fall 2005	Fall 2007	Spring 2008	Summer 2008
Maria	Level 2 M/S	Spring 2009	Fall 2009	Fall 2010	Spring 2011
Meg	Level 2 M/S	Fall 2007	Fall 2008	Spring 2010	Summer 2010
Michelle	Level 2 M/S	Fall 2007	Fall 2008	Fall 2009	Spring 2010
Molly	Level 2 M/S	Spring 2006	Fall 2006	Fall 2007	Spring 2008
Nancy	Peds	Spring 2007	Fall 2007	Spring 2008	Summer 2008
Susan	Psychiatric Nsg	Spring 2006	Fall 2006	Fall 2006	Spring 2007
Wilber	Level 2 M/S	Spring 2005	Fall 2005	Fall 2006	Spring 2007
Yoko	Psychiatric Nsg	Fall 2008	Spring 2009	Spring 2009	Summer 2009

Figure 1

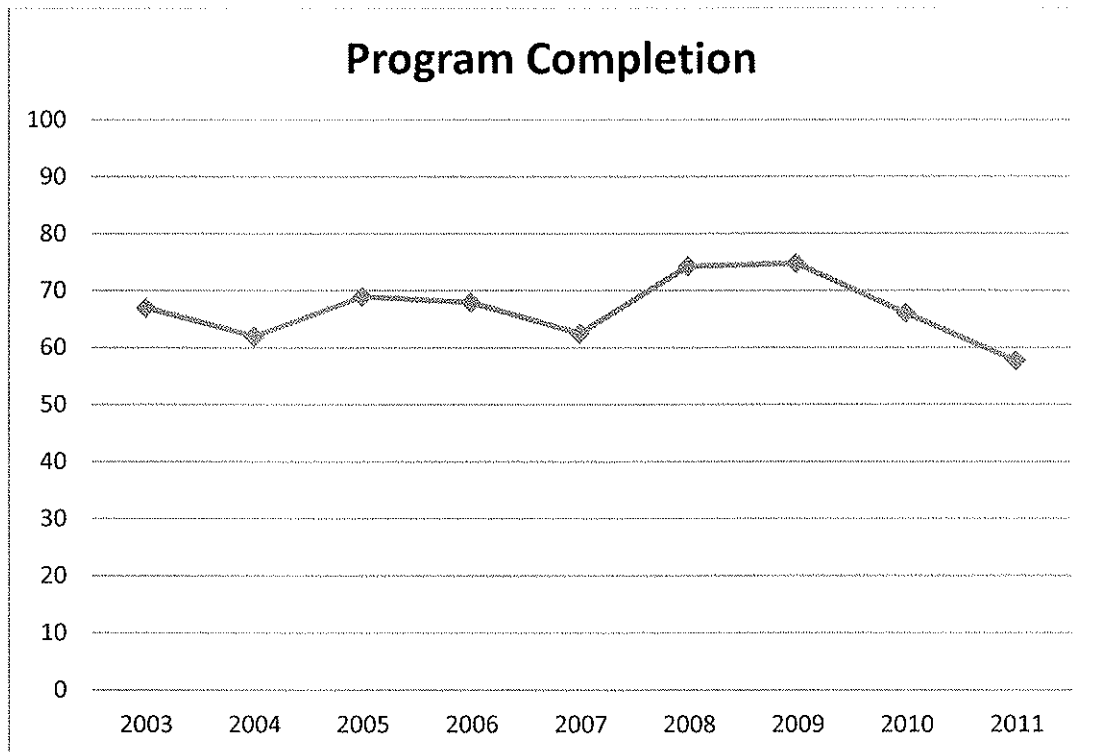
Figure 1. MADGNP Overall Program Completion

Figure 2

Figure 2. First Semester Retention

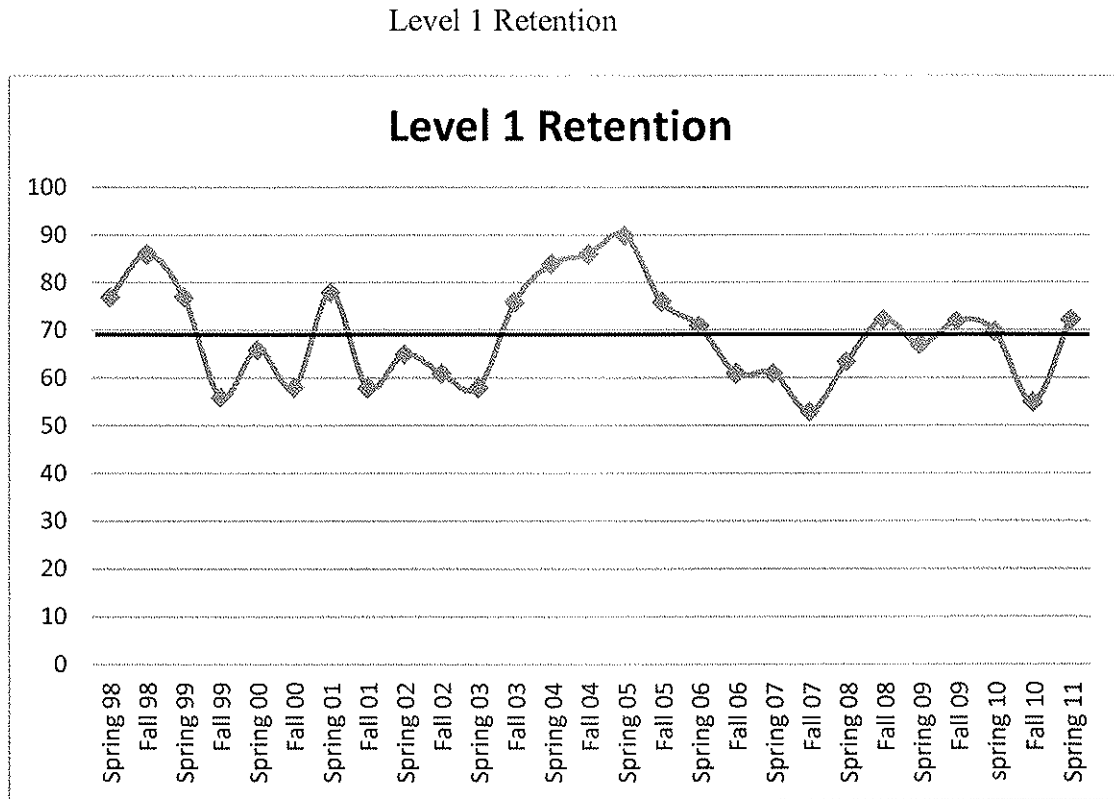


Figure 3

Figure 3. Second Semester Retention

Level 2 Retention

