

EXPERIENCES OF SUCCESSFUL RETURNER NURSING STUDENTS

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## ABSTRACT

The retention of college students in America has become important in light of a steady trend of attrition over the past several decades. With changes to the healthcare system and the currently aging population, the retention of postsecondary nursing students is one specific area that is very important for the health of the nation. This study utilized a qualitative phenomenological approach to explore the lived experiences of success in nursing school within one specific population of nursing students that were at risk for attrition. Findings indicate that the experience of failure, return and subsequent success in nursing school is a very complex journey. Through analysis of participants' descriptions of this period in their lives nine themes emerged that describe this transformative experience.

*Keywords:* nursing student, retention, attrition, persistence, success, phenomenology, experiences

## LIST OF ABBREVIATIONS AND SYMBOLS

ACEN	Accreditation Commission for Education in Nursing
AACN	American Association of Colleges of Nursing
A & P	Anatomy and Physiology Course
ATI	Assessment Technologies Institute
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CNS	Clinical Nurse Specialist
CCNE	The Commission on Collegiate Nursing Education
EAB	Educational Advisory Board
ESL	English as Second Language
ERIC	Education Resource Information Center
GED	General Educational Development Tests
GPA	Grade Point Average
IOM	Institute of Medicine
IRB	Institutional Review Board
LOT	Life Orientation Test
MED-SURG	Medical Surgical Nursing Course
NCES	National Center for Educational Statistics
NLN	The National League for Nursing
NLNAC	The National League for Nursing Accrediting Commission, Inc.
NCLEX	National Council Licensure Examination

NURS      The Model of Nursing Undergraduate Retention and Success  
OB         Obstetrics Nursing Course  
RN         Registered Nurse

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## CHAPTER I

### INTRODUCTION

The retention of all college students, to include nursing students, is of high importance to our nation and warrants investigation. Successful completion of a nursing program is an extremely challenging journey for many students. Nurse educators striving to assist their nursing students to success are also challenged by the struggles of this population. Student experiences with these struggles offer precious insight and can be invaluable to understanding the journey through nursing school. One smaller population of nursing students who face a specific challenge includes those who have failed one nursing course within an associate degree nursing program, returned, and completed the program successfully. An exploration of the lived experiences of these successful “returner” nursing students offers both nurse educators and other nursing students some perspective about the journey to completion following an academic failure in nursing school.

#### **Problem**

With postsecondary student attrition occurring and retention a national focus that influences policy and funding decisions, further research to give insight into the retention of nursing students is warranted. Previous qualitative inquiry studies have explored nursing student experiences related to retention and attrition with the purpose of identifying contributing factors leading to student attrition or retention. This research has covered varied student populations including both those at-risk for failure and those not at risk. Also, many variables have been explored in relation to the success or failure of all nursing students. The majority of research

conducted explores student variables correlated with student success or failure and is quantitative. Resulting publications have helped to profile both the typical successful student, and the at-risk student. Schools of nursing utilize this type of research to inform admission selection. Researchers have noted interventions such as coaching or tutoring and increased support as useful when student selection based on criteria fails to provide students capable of success. Attrition, however, still occurs, especially in the at-risk student population, posing a problem in nursing education (Jeffreys, 2012).

Retention of nursing students who are at risk for failure is especially vital in light of the nursing shortage. Further research on specific at-risk student populations could give more insight into their experiences. One at-risk population includes successful associate degree nursing students who endured an academic failure in nursing school. The lack of literature on nursing student success after an academic failure is a problem in light of the national push for retention of all postsecondary students. To date, no qualitative exploration specifically on associate degree nursing students who have endured an academic failure in nursing school and then persisted to success has been published. For this reason focus on the population of returner students was undertaken in this study.

### **Purpose**

The purpose of this phenomenological study was to explore the lived experiences of nursing students who were successful upon return to an associate degree nursing program at an institution located in the Southeastern United States after an academic failure of one nursing course. Learning how these returner students experienced the phenomenon of successfully completing a nursing program after an academic failure provides meaning and understanding of this phenomenon. During this study, lived experiences related to challenges, assistive factors,

and differences in experience prior to and after return were explored. Data on what these students attribute to their success after a failure and how they overcame obstacles were collected.

Through verbalization of their lived experiences of return to nursing school and successful completion, insight was gained that adds to the literature on nursing student retention. Nurse educators, as well as current and future nursing students, can benefit. By understanding the phenomenon of success after an academic failure in nursing school, nurse educators can become more aware of student experiences and can possibly improve counseling strategies to assist other nursing students facing the challenge of an academic failure. Nursing students can be encouraged by the stories of those who succeeded in the face of challenge.

### **Research Questions**

The following central question and three focused questions were used to guide this qualitative inquiry:

Central Question:

1. How do successful returner nursing students describe their experiences of success after returning to nursing school following one academic failure in the nursing program?

Focused Questions:

1. How do successful returner nursing students describe challenges to their success in nursing school?

2. How do successful returner nursing students describe factors assisting in their success in nursing school?

3. How do successful returner nursing students describe differences in nursing school experiences before academic failure and after return to the nursing program?

## Significance

Students with a previous academic failure are categorized in current literature as at high risk for attrition (Abele, Penprase, & Ternes, 2011; Higgins, 2005; Jeffreys, 2007, 2012; Pitt, Powis, Levett-Jones, & Hunter, 2012; Porter, 2008; Shelton, 2012; Walker, , Klotz, Martin, Miller, Missildine, Bishop, Hermanns, Amerson, Buffalo, Cordell, Davidson, Hodgson, Reid, Seeton, Putnam, & Glymph, 2011). Also students within the community college or associate degree program setting are considered at higher risk for attrition when compared with four-year students (Tinto, 2012). The specific population of successful returner nursing student from an associate degree program adds to nursing student retention literature. This particular group of students will be referred to in this study as “returner” students.

Successful returner nursing students provided valuable personal insight into their unique experiences. For this study an academic failure of a nursing course is defined as receiving a grade of less than C, thus causing the student to fail a course and repeat the failed course before progressing and graduating. Success is defined as repeating the failed course and achieving a grade of C or better, progressing through the remainder of the program, and graduating from the associate degree nursing program.

Because no research on successful returner nursing students had been done, this was a place to build upon. One way to start research exploration is through qualitative inquiry. This inquiry is born when interest is sparked about a problem or topic. This topic embedded within at-risk student retention literature is very interesting. Challenges and factors that assisted in retention were explored. Data gained can be used by nurse educators to draw upon when assisting other at-risk nursing students to success. Examples of returners’ experiences could be cited to encourage other nursing students with an academic failure in nursing school. The

research findings presented in this study could provide a source of hope. Future nursing students could gain perspective and insight from these stories. A better understanding of successful returner students' experiences contributes significantly to the body of literature on nursing student retention. By more completely understanding retention experiences of returner students both nurse educators and current and future students can benefit.

### **Background and Related Research**

Recent educational reform identifies the success of American college students as vital to the United States. In addition to educational reform, healthcare reform has also brought the goal of increasing the success rate of nursing students to the national agenda. Successful completion of a postsecondary educational program is, of course, a goal for students entering colleges across America, but is also important to faculty, taxpayers, policymakers, and political leaders. Students who complete college have higher earnings, are more involved civically, are less likely to commit a crime, and have lower unemployment rates (Singell & Waddell, 2010). Also students who complete college use fewer federal, state, and personal resources (Ascend Learning, 2012). Increasing the number of college graduates within the United States is important to help strengthen the nation both in economic and health status. In order to remain competitive in the global economy, increasing the number of postsecondary graduates is essential (Adelman, 2006). College graduates often earn higher wages thus increasing tax revenue for the nation. Also health disparities are inversely correlated with educational achievement (World Health Organization, 2014). One can easily see the importance of boosting student success when noting the many benefits to postsecondary degree completion.

## **Student Persistence**

In order to successfully complete a postsecondary educational program and obtain a degree or certificate, students must persist (Adelman, 2006; Tinto, 2012). Review of literature related to student success requires understanding of institutional and national measurements of student persistence. Institutions most often describe student persistence and completion by using terms including retention, attrition, and graduation. Nationally these terms are studied as measureable rates that indicate educational outcomes.

According to the National Center for Educational Statistics (NCES, 2014), retention rate is defined as the number of students persisting in their educational program at an institution. This rate is measured from one fall semester to the next. Retention of students as simply defined for this study is the continued enrollment of a student within their program of study. Attrition is more complex and can be defined varying ways. Two examples from literature on dropout define attrition as a student leaving a college in which he or she is registered, or those who do not receive a degree from any college (Spady, 1970). For this study, attrition will be defined as students who leave a program of study either voluntarily or involuntarily. The NCES (2014) defines graduation as a rate; the number of students completing a program of study is the graduation rate. For this study graduation is defined as students who complete a program of study and obtain a degree.

After noting the definitions related to student persistence, it is important to consider that most studies on retention, attrition, and graduation are done within individual programs, institutions or states. This makes comparison difficult. Differing institutional and student variables can influence rates. Variables such as students who postpone completion of college, part-time status of students, students who transfer between colleges, and the amount of time

taken to earn a degree or certificate are often different across the literature (Adelman, 2006; Spittle, 2013; Tinto, 2012). Other variables impacting success, such as students' unique backgrounds and characteristics, are often not included in the statistics. Institutional variables such as admission requirements, type of institution, and programs offered can also influence rates. Variations in research make the study of student attrition, retention, and graduation very complex at national, state, and institutional levels.

Although completion of college is vital, the recorded attrition rates in our nation do not reflect the importance of having a degree. The United States Secretary of Education expressed that our system of higher education faces the barriers of high priced programs, a college completion rate that is much too low, and a lack of accountability for improving achievement outcomes (Duncan, 2012). Young adult Americans who have attained some type of postsecondary certificate or degree make up 39.3% of the population. This places our nation in 16th place for number of postsecondary education graduates, a slide from our previous first place ranking (Duncan, 2012). Completion of college by our nations' citizens is therefore on the national agenda. Of the students entering a program of postsecondary education, fewer than half earn a certificate or degree within six years of initial enrollment, resulting in a national attrition rate of around 50% (United States Department of Education, 2011). The President, along with the United States Department of Education, has set a goal to increase the college degree attainment rate to 60% by the year 2020, thus leading the world in percentage again (Duncan, 2012; The White House, 2012). Attrition, retention, and graduation rates are all being scrutinized at the national, state, and local levels, with a push for efficiently increasing the number of graduates.

With this push for efficiency in our system of higher education, performance-based funding comes to the forefront. The government spends more than \$150 billion per year on postsecondary education; with this amount of money allotted, accountability is becoming central. In the past, institutions have been awarded funding based solely on the number of admitted students; now there is a national and state push to base funding on retention and completion rates of students (Duncan, 2012; United States Department of Education, 2011).

State governors are incorporating accountability into current educational policies (Duncan, 2012). Currently 12 states have performance-based funding in place and others are transitioning to this model of reimbursement (Educational Advisory Board [EAB], 2013). Georgia is part of this trend. The national Complete College America campaign and national educational climate have spurred state legislators to create the Complete College Georgia initiative. Complete College Georgia is on the agenda of all state-funded institutions (Complete College Georgia, 2012; University System of Georgia, 2012). The goal for the state of Georgia is to increase the amount of adults age 25-34 with college degrees from the 2010 number of 468,360 to a minimum of 785,000 by the year 2020. The state legislature has set a goal of increasing the percentage of postsecondary graduates to 60% of Georgia's young adults, a goal above the current 42% (Complete College Georgia, 2012). This goal encompasses all program and degree types offered in the state.

To increase retention and decrease attrition, institutions across the nation have tried a number of strategies with some success. Studies are scattered and most often represent the student population of a single institution. Some strategies that have been found helpful to increase retention include first-year seminars, early alert systems, strong support services, learning communities, advisement based in predictive analysis, and strong advisement (Chen,

2012; Clark & Cundiff, 2011; Reason, 2009; Tinto, 2012). Even with implemented strategies the national attrition rate is still around 50%.

When considering terms such as attrition, retention, and graduation judgments are often made as to which is positive or negative. Attrition is often viewed as negative, while retention and graduation are seen as positive. Students who leave an institution or program of study are considered as part of attrition. They may later choose to take another career or life path resulting in positive individual results. Obviously in cases with positive individual results, attrition would not be negative. This understanding of unique student journeys has influenced literature in education and student success to shift to positively framed concepts including pathways and persistence (Adelman, 2006; Spittle, 2013). As described, the study of attrition, retention, and graduation is complex. Aside from the realization of unique cases and student journeys, from the perspective of the nation and for the purposes of this study, attrition will be viewed as undesired, with retention and completion of a degree or certificate considered as a positive sign of student success.

### **Attrition and Retention in Nursing Programs**

Nursing education is no stranger to issues related to retention and attrition or the push to increase the number of graduates. In fact nursing is, and has been, on the national agenda as an area that needs extra attention. This initiative has become crucial in light of the nursing and nursing faculty shortage. Nursing is the largest profession in healthcare and by the year 2020, 1.2 million additional registered nurses will be needed in the labor force (American Association of Colleges of Nursing [AACN], 2012). By the year 2025, the shortage of registered nurses is projected to reach approximately 260,000 (AACN, 2014). Factors contributing to this shortage include changes in United States healthcare policy, the nation's aging population, and the

number of retiring nurses and nurse educators (Institute of Medicine [IOM], 2008; Rich & Nugent, 2010). Nurse educators are needed to instruct future nurses; however, a reported 79,659 qualified students were turned away in 2012 due to insufficient numbers of faculty, preceptors, and clinical sites (AACN, 2011; AACN, 2014; The National League for Nursing [NLN], 2010; NLN, 2012).

With insufficient numbers of nursing faculty and the nursing shortage, the push for retention of enrolled nursing students has become an important area of focus. When nursing students do not complete their programs, resources are wasted and seats are often left vacant (Ascend Learning, 2012). Students, their families, faculty, institutions, and taxpayers all pay the price for attrition (Cameron, Roxburgh, Taylor, & Lauder, 2010). Even with efforts to select nursing students with high potential for graduation, attrition still occurs significantly in nursing programs, although at a lower rate than the approximate 50% rate noted in overall American colleges.

How frequently attrition occurs in nursing programs, however, is difficult to measure due to a lack of definition and congruence of terms such as retention, attrition, and graduation. Inconsistent definitions of success across programs and states make it difficult to track an overall nursing school attrition rate (Robertson, Canary, Orr, Herberg, & Rutledge, 2010; Walker et al., 2011). Ranges noted in the literature span were from 25 to 44% attrition of nursing students (Jeffreys, 2007; Robertson et al., 2010; Urwin, Stanley, Jones, Gallagher, Wainwright, & Perkins, 2010; Walker et al., 2011). The NLN has reported rates between 13 and 25% in nursing education, depending on program type (NLN, 2006). A suggested rate of no more than 20% attrition has been a discussed goal for nursing programs (Shelton, 2003).

The most recently published data from the Accreditation Commission for Education in Nursing (ACEN, formerly the National League for Nursing Accrediting Commission, Inc. [NLNAC]) related to nursing student success reports graduation rates for all types of nursing students completing an accredited program between the years of 2009 and 2010 as between 73.2 and 87.6% nationally (NLNAC, 2011). By calculating attrition based from these graduation rates, the attrition rate would be between 12.4 and 26.8% for accredited schools. These numbers are not much altered from the 2006 report. Clearly the research on attrition and retention is not complete across nursing programs and data dissemination could be improved upon. The current evidence, however, suggests that improvement in the success of nursing students can still be strived for.

Data collected on nursing student retention and attrition rates can be further divided into program type. Baccalaureate programs are frequently found within four-year university settings and the literature reviewed suggests that retention rates within these programs are higher than for associate degree nursing programs. Attrition rates for baccalaureate programs accredited by ACEN were calculated at 20.5% between 2009 and 2010 (NLNAC, 2011). The Commission on Collegiate Nursing Education (CCNE) also accredits baccalaureate nursing programs and gathers data on student progress. A reported increase of 21.6% in graduation rates within generic baccalaureate programs was calculated for CCNE accredited schools between the years of 2008 to 2012; no specific attrition or retention rates were given within their annual publication (AACN, 2013).

Associate degree nursing programs are often found within the two-year or community college settings. Rates of retention and graduation are generally lower within these settings, making attrition higher (Tinto, 2012). Associate degree nursing programs accredited by the

ACEN have consistently reported lower graduation rates than ACEN accredited baccalaureate programs each year between 2004 and 2010. The graduation rate for associate degree nursing programs accredited for the years 2009 through 2010 was 73.6%. Based on this data, a calculated attrition of 26.4% within associate degree programs is noted (NLNAC, 2011). Because of the complete college push and the need for more nurses, graduation of registered nurses is important in every institutional setting. Due to the lower graduation and retention rates in associate degree programs, further exploration of contributing variables to nursing student success and failure can help give insight into the problem and possible solutions.

A scattered body of research has been conducted on attrition, retention, and graduation in varying types of nursing programs. A review of this relevant literature is pertinent to find direction for further exploration. Most published literature on nursing student attrition, retention and graduation is related to the topics of successful student characteristics, profile and retention of at-risk students, and student experiences related to success or failure.

**Successful student characteristics.** Significant research in nursing education has been done on variables that correlate with the successful nursing student. This research body defines the success of the nursing student as graduation from a nursing program and passage of the licensure examination. To help increase graduation rates and decrease attrition in all types of nursing programs, much focus has been placed on selecting nursing students capable of success. After selection, educators then work to prepare nursing students for completion of the nursing program and licensure examination. Characteristics of the successful nursing student found in the literature have been scrutinized and are frequently used to set certain admission requirements for nursing programs.

Many studies have shown that successful nursing students have higher high school, college prerequisite course and nursing school grade point averages (GPAs) (Abele et al., 2011; Higgins, 2005; Jeffreys, 2007; Pitt et al., 2012; Porter, 2008; Shelton, 2012; Walker et al., 2011). Much literature also supports the use of preadmission testing, measurement of critical thinking skills, and exit examinations prior to graduation from a nursing program (Higgins, 2005; Pitt et al., 2012; Porter, 2008; Walker et al., 2011). Higher scores on these assessments correlate with success of the nursing student. Other variables correlated with the successful nursing student, yet not all utilized in the selection process, include high levels of self-efficacy, fewer transfer credits, fewer or no previous withdrawals or failures, fewer outside work hours, and more financial resources (Abele et al., 2011; Jeffreys, 2007; Pitt et al., 2012; Shelton, 2012). Other studies show that students who perceive higher levels of faculty support, seek support more frequently and utilize either peer or faculty tutoring, coaching, or mentoring are more successful (Higgins, 2004; Pitt et al., 2012; Shelton, 2003; Shelton, 2012; Walker et al., 2011; Williams, 2010).

Although some conflicting data exists, the majority of literature on nursing students supports that age, gender, ethnicity, and race are not accurate predictors of success when other factors are controlled for (Higgins, 2005; Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008; Pitt et al., 2012). Some aspects of the successful student profile are used by nursing programs to select students, hopefully lowering attrition rates. The majority of research in nursing education related to attrition, retention and graduation is quantitative with a goal of profiling students capable of success.

**At-risk profile and success strategies.** To help decrease attrition and increase graduation rates, another area of focus is on the retention of students at higher risk for attrition. Often referred to in the literature as “at-risk” students, the characteristics of this population have

been described and researched as well. Many characteristics of the at-risk student are opposite to those of the profile described for the successful nursing student. At-risk students are more likely to have lower GPAs, lower prerequisite and pre-graduation assessment scores, more withdrawals and failures in the past, fewer financial resources, less perceived and actual support, lower levels of self-efficacy, and higher numbers of outside work hours (Abele et al., 2011; Higgins, 2005; Jeffreys, 2007, 2012; Pitt et al., 2012; Porter, 2008; Shelton, 2012; Walker et al., 2011). Non-traditional and English as second language (ESL) students are also at higher risk for failure (Jeffreys, 2012).

Identifying the at-risk population of nursing students is however just a beginning step. How can they be retained? Some nursing literature has been published on strategies to assist nursing students to success. Jeffreys' (2012) text describes nursing students as having different pathways of retention. Some at-risk students do not follow the ideal trajectory but are still successful; understanding that the ideal program trajectory is not followed by every nursing student is important. Knowledge and utilization of strategies and variables to assist students and increase retention is also important.

A variety of success strategies and variables are noted in the literature. Flexible scheduling of programs and the utilization of various support systems are described (Jeffreys, 2007; Knight, Corbett, Smith, Watkins, Hardy, & Jones, 2012; Robertson et al., 2010). Family, peer, and nursing faculty support have been described in various literature as helping nursing students succeed (Higgins, 2004; Knight et al., 2012; McEnroe-Petitte, 2011; McGregor, 2007; McLaughlin, 2008; Shelton, 2012; Walker et al., 2011; Williams, 2010). Mentoring and coaching from both nursing faculty and peers have been attributed to success rates. Early intervention and counseling after a test failure are also described as useful strategies. Positive relationships are

linked with success. One study identified that students who felt part of a caring relationship with nursing faculty were successful (Williams, 2010), while qualitative literature on unsuccessful students described a lack of pastoral care and support from nursing faculty (Knight et al., 2012; McGregor, 2007).

Most of the described studies on nursing student success and retention strategies are small scale involving only a single institution. For example Jeffreys' work on retention was supported by several studies conducted within one associate degree nursing program in New York (Jeffreys, 2012). There is some empirical evidence in the literature on nursing student success strategies, however more is needed.

**Student experiences.** Currently some studies have been done that specifically explore experiences of nursing students in relation to retention and attrition. These included students who were at-risk and others who were not. Much of this literature is qualitative in nature. The literature published on student experiences has focused mainly on their persistence or their reasons for non-completion.

Review of data reveals reasons given for non-completion include academic difficulties, inaccurate perceptions of nursing, unpreparedness, and life or financial issues (Andrew, Salamonson, Weaver, Smith, O'Reilly, & Taylor, 2008; Glossop, 2002; Trotter & Cove, 2005). Expectation versus experience of nursing school is a cited cause of attrition (O'Donnell, 2011; Wilson, Chur-Hansen, Marshall, & Air, 2010). Some students also described that nursing was chosen as a career path due to the accessibility of employment in the future, while not realizing the true nature of the profession or rigor of the program. Students who did not complete their program of study most often cite more than just a single reason for non-completion (Glossop, 2002; Steele, Lauder, Caperchione, & Anastasi, 2005).

In contrast, studies of successful students who persisted have been done (Williams, 2010; Knight et al., 2012). Factors that assisted and challenged students during their journey were explored. Major factors identified as helping the students to persist included varying types of support and positive attitudes (Hinsliff-Smith, Gates, & Leducq, 2012; Steele et al., 2005). Support from family, friends, and faculty was described in one qualitative study as a coping strategy. Students were confident that they could call upon these supportive others in order to cope with the stresses of nursing school (Hinsliff-Smith et al., 2012). Career advisement and planned interventions from the nursing programs were also described by students as helping them to persist. Additionally students have described the importance of prioritization and organization as being imperative to persistence (Steele et al., 2005). Exploration of nursing student experiences thus far paints a very complex picture of retention and attrition. More qualitative data on specific successful nursing student populations could add to the literature.

### **Theoretical Frameworks**

To guide this research study, a qualitative phenomenological framework was selected. Use of a phenomenological framework allowed the researcher to explore the lived experiences of nursing students who faced the challenge of a failure in nursing school and were successful. As the researcher, I was intrigued by experiences of this population of students and wanted to explore involved meanings. Phenomenology is the study of the essences of lived experience through the exploration of human voices and therefore was well suited to explore returner students' stories of success. The work of contemporary scholar and phenomenologist Max van Manen (1990) was useful to help guide inquiry. van Manen's (1990) theorization of phenomenology is further discussed with methods of this study.

Other helpful theoretical perspectives were also explored in relation to student success and were considered within this research study. From higher education, the Longitudinal Model of Institutional Departure (Tinto, 1993) was found useful when exploring both student and institutional variables related to attrition and retention. Educational psychology constructs including self-efficacy, hope, goal orientation, optimism, and resilience were also explored in relation to academic success of students (Ames, 1992; Bandura, 1997; Masten, 2001; Scheier & Carver, 1985; Snyder, 2002). The Model of Nursing Undergraduate Retention and Success (Jeffreys, 1998) was also reviewed for organizational purposes. Each of these constructs or frameworks was utilized during data analysis. Further description of each can be found within the review of literature.

### **Organization of the Study**

This qualitative inquiry will be presented in a five chapter format. As noted during Chapter I of this document, the topic was introduced. Also included in Chapter I were the problem and purpose of the study, research questions developed to guide this inquiry, the significance of the study, presentation of background information, a synopsis of relevant literature, and theoretical frameworks that were utilized. Chapter II includes a detailed review of literature on topics pertinent to the study. The review is divided into sections on both higher education and nursing education. Frameworks are also reviewed. Chapter III describes the methodology utilized and details of the approach used to explore experiences of successful returner nursing students. Chapter IV describes resulting themes found during the study. Chapter V includes discussion of major themes and their relation to previous research and frameworks, limitation of this study, implications for practice, and future suggestions for research on related topics.

## CHAPTER II

### REVIEW OF THE LITERATURE

Student success in postsecondary education is important for college students, faculty, and the United States as a whole. Nursing student persistence and success is one notable area of focus in institutions of higher education. To help guide this research investigation and better understand the experiences of successful returner nursing students, a review of literature was conducted. By reviewing pertinent literature the ideas and findings related to the topic of investigation were pondered. Gaps in the literature were also identified.

To gain a broad perspective on retention and attrition, literature in overall postsecondary education was reviewed. Literature from higher education explored included rates, affecting variables, success strategies, and related theoretical frames. Next literature on retention and attrition specifically from nursing education was reviewed. This included rates, student variables, success strategies, and nursing student experiences in relation to retention, attrition, and persistence. To gain a broad foundation for this study, theoretical frameworks from higher education, educational psychology, and nursing education were also reviewed in relation to retention and attrition. Conceptual frameworks explored included qualitative inquiry and phenomenology. Conceptual frameworks used to guide this study are described in the methodology chapter. Databases including CINAHL, Pro-Quest, and ERIC were utilized to locate pertinent literature. The following keywords helped to guide the initial search: attrition, retention, persistence, success, nursing, student, experiences, hope, optimism, achievement goal theory, self-efficacy, and resilience.

## **Attrition and Retention in Higher Education**

For decades, faculty, administrators, policymakers, and United States citizens have investigated and discussed measures of student progress, such as retention and attrition. Recently these institutional measurements have been in the national spotlight due to our nation's decreasing rank in the number of college graduates (Complete College America, 2013b; United States Department of Education, 2011). America now ranks in 16th place for number of postsecondary education graduates. When compared with young adults in other countries, this gives impetus for improvement. For example, both Japan and Canada are leading with 56% of young adults graduating from college. Only 42% of the state of Georgia's young adult population holds a degree (Complete College America, 2013a; Complete College Georgia, 2012). Ironically, national enrollment of students into programs of postsecondary education has increased dramatically since the 1980s due to federal funds. College completion rates, however, have not climbed substantially since the 1990s (Chen, 2012; Tinto, 2012; Reason, 2009). In 1980 around 9 million United States high school students matriculated to college. In contrast, for the year of 2011, 20 million high school students entered college. More than 70% of America's youth start a program of postsecondary education, but far fewer complete (Complete College America, 2013b). Although high college enrollment rates are noted, improvement to completion rates of those entering college in America can be made.

The access to college is a positive trend but retention rates have only slightly increased and completion rates are around half (Tinto, 2012). Of college students entering four-year programs, slightly over half earn a bachelor's degree within six years (Clark & Cundiff, 2011; Tinto, 2012). A cumulative drop-out rate of 56% within six years is noted for American students entering college for the first time (Chen, 2012). Community college completion rates are lower

than four-year program rates, with only 1/3 of students earning an associate degree within three years (Tinto, 2012); this equates to about 3 out of 10 students who enter community college actually earning an associate degree (Complete College America, 2013b). When measuring completion rates over a longer timeframe, research shows that approximately 63% of students seeking bachelor degrees will eventually complete school and graduate, while 40% of associate degree students will complete and graduate (Tinto, 2012). The increase in numbers of students enrolling into programs of study is just the first step in helping increase the percentage of Americans who complete a program of postsecondary education. Other variables should be considered.

### **Institutional and Student Variables**

When considering attrition and retention rates, many variables are involved. This makes the issue very complex. Overall, accurate and generalizable rates on attrition, retention, and graduation are not easily calculated across the nation and the data are very complex and fragmented (Ascend Learning, 2012; Johnson & Muse, 2012; Reason, 2009; Singell & Waddell, 2010; Tinto, 2012). In higher education literature the factors that affect attrition, retention, and completion are often described in terms of institution related or student related.

Institution specific factors to consider include type of institution and measurement standards for attrition, retention, and completion. Attrition, retention, and graduation rates differ dramatically at varying types of institutions and can range from 30-90% graduation of students (Tinto, 2012). Private institutions and institutions that are more selective have higher retention rates (Chen, 2012; Reason, 2009). Access institutions typically have lower retention rates. Measurement of data also varies. The United States Department of Education assesses graduation rates based on 150% of time that is normally required to complete a given degree

with full time enrollment (United States Department of Education, 2011). Not every program or school uses this method of calculation. Many institutions looking at attrition set measurement at nine years after departure from the institution. Some institutions calculate rates based on fall enrollment only. There are many other enrollment factors to consider as well. For example, stop out, transient student populations, and non-degree pursuing students are a few groups that can skew data. Students who have stopped out take time off from their course of study with plans to return; non-degree pursuing and transient students enter an institution with no intention of graduation (Johnson & Muse, 2012). It is very common for students to switch institutions or to be enrolled in more than one. In academic year 1999-2000, 59% of college graduates had attended more than one institution (Johnson & Muse, 2012). The more clearly each institution sets its policies, defines rates, and gathers data, the easier to assess rates and progress over time.

Another area of data that is often considered in literature on higher education concerning attrition and retention rates is the student profile, which is categorized into student related factors. Research has shown that an achievement gap still exists between different student populations. Graduation rates are higher for non-minority and higher income students (Chen, 2012; Clark & Cundiff, 2011; Reason, 2009; Tinto, 2012; United States Department of Education, 2011). Increased access has not increased retention of students with lower socioeconomic status. For example, Pell grant recipients are much less likely to graduate than non-recipients (Tinto, 2012). Success profile characteristics in higher education include being female, Caucasian or Asian, having parents with a college education, and having a higher high school GPA. All of these factors are correlated with higher graduation rates (Chen, 2012; Clark & Cundiff, 2011; Tinto, 2012; Reason, 2009). The grade level of student is also important to consider, with first-year college students having the highest attrition rates of all (Clark &

Cundiff, 2011; Tinto, 2012). Student affective characteristics such as personality and beliefs are also reported in some literature on attrition and retention, but less data exists when compared to publications on demographic data such as age, race, and socioeconomic status. Students with higher self-efficacy, more self-discipline, clearly articulated goals and higher educational aspirations are more likely to graduate (Reason, 2009). Much research in higher education reflects the profiles of the successful and unsuccessful student; more work is needed on programs and strategies to raise success rates and lower the achievement gap (Tinto, 2012). Some research on success strategies used in higher education has been done.

### **Strategies for Success**

Strategies for decreasing attrition and increasing retention and graduation in postsecondary education are noted in the literature. The national Complete College America initiative has heightened awareness. Federal and state legislation for funding attached to performance indicators is in the works (Complete College Georgia, 2012; United States Department of Education, 2011). Research in higher education has shown that the relationship between student and institution is highly important and influences attrition (Johannsen, Rump, & Linder, 2013). With interaction at the forefront, postsecondary institutions have developed strategies for success to include targeting first-year students, increasing support services and staff and faculty involvement, and supporting peer interaction.

First-year students are more likely to drop when compared to students in subsequent years. In fact, only 73% of first-time college freshmen enroll for a second year (Clark & Cundiff, 2011). This high risk is possibly due to a lack of integration. Many institutions target first-year students with programs to increase involvement and retention such as first-year seminars, early alert systems, and freshman experiences created especially to enhance socialization (Tinto,

2012). One strategy, first-year seminars for example, can be defined as follows: “small discussion courses that focus on teaching basic study skills, academic planning, and time management” (Clark & Cundiff, 2011, p. 618). These have been shown to increase retention into the sophomore year. Students can learn the basics of navigating the college environment and get to know some of their peers.

Positive faculty and support staff involvement and strong support services have been correlated with increased retention. Strong advising and student support in varying departments such as financial aid have been linked to positive experiences and retention (Clark & Cundiff, 2011; Reason, 2009; Tinto, 2012). Institutional expenditure on services was found to be negatively correlated to college drop out with “colleges placing a higher priority on student services” having lower dropout rates (Chen, 2012, p. 499). Advisement using predictive analysis is a new trend being utilized within some institutions. Students are advised based on their strengths; they are shown academic career paths in which they are likely to graduate and be successful (EAB, 2013). Also, active teaching pedagogies and positive teacher behaviors as perceived by students have been linked to retention (Reason, 2009). Positive student experiences with faculty, staff, and departments within the institution help students to integrate into campus life and thus influence retention.

Positive peer interactions between students have also been noted to increase retention and influence strategies of institutions. Learning communities where students are involved in multiple settings with the same peer group have been utilized. Learning communities can be defined as “a series of courses that groups of students take concurrently in the hope of fostering academic and social networks” (Clark & Cundiff, 2011, p. 618). Research has shown increased first-year student satisfaction and increased retention to a second year among students with more

peer connections on campus (Clark & Cundiff, 2011). Time spent networking on campus with other students is correlated with increased retention (Eckles & Stradley, 2012). Another strategy used to increase student interaction and academic success is the use of supplemental instruction leaders. These leaders are often seasoned students with proven skills and knowledge in a given area. They assist other students by leading study sessions (Lockie & Van Lanen, 2008). Attendance to peer led supplemental instruction study sessions has shown positive results in the form of increased academic success for those participating (Moore & LeDee, 2006). For example, in one study (n = 430) college students who participated in study sessions had significantly higher GPA's following the intervention ( $p < 0.001$ ) (Ning & Downing, 2010). Institutional support of positive peer interactions on campus is an important factor to increase retention.

Campus committees created to focus on strategic planning for retention and graduation related goals are common. Use of novel strategies such as these and the current focus on increasing retention and graduation rates are positive steps. With attrition still occurring and statistics showing only minor decreases in dropout over the last decade, more implementation and more research is needed. To guide thought and research in higher education a number of theories and constructs are available and utilized in research.

### **Attrition and Retention in Nursing Education**

Similar to research done within general higher education, nurse educators have conducted and published research on attrition and retention in relation to nursing education. Due to the nursing and nursing faculty shortage (IOM, 2008; AACN, 2014), increasing the number of nursing graduates has been a priority at both the state and national level for a number of years. With the percentage of successful nursing graduates being vital to our nation's healthcare

system, it is no surprise that government entities, accrediting bodies, and individual institutions are all concerned with attrition and retention rates in nursing programs. Although these rates and the success of students are extremely important, an accurate picture of attrition and retention from nursing programs across the country is not readily available (O'Donnell, 2009; Robertson et al., 2010).

Available data on attrition from nursing programs include reports from nursing organizations and studies published by individual institutions. In 2006 the NLN reported overall attrition in nursing programs divided by type as follows: 13% in baccalaureate programs, 20% in associate degree programs, and 25% in practical nursing programs (NLN, 2006). The latest data from ACEN cited the baccalaureate attrition rate at 20.5% and the associate program attrition rate at 26.4% (NLNAC, 2011). A variety of rates are found within the literature. For example, after implementing specific admission guidelines, nine schools in East Texas reported an average attrition rate of 31% (Walker et al., 2011). A study by Jeffreys (2007) reported an attrition rate of 25% in a New York associate degree program. Overall retention rates in associate degree programs appear lower than in baccalaureate programs. The AACN publishes data on baccalaureate programs to include graduation rates, but not attrition and retention rates (AACN, 2013).

As within higher education, nursing programs measure retention and attrition rates differently making it difficult to compare (Robertson et al., 2010). Additionally, different programs have varying progression policies which further complicate measurements. Student populations are also different across institutions and nursing programs, which can also affect retention rates (Porter, 2008). From published data it can be noted that reduction of attrition in nursing programs can be made. When looking at the literature related to retention and attrition in

nursing education, categories including student variables, strategies for success, and student experiences can be identified.

### **Student Variables**

The selection of students capable of success in nursing programs and on the licensure examination seems to be directly related to retention and attrition in nursing education. In fact, the vast majority of literature on retention and attrition in nursing education is focused on defining the profile of the successful and unsuccessful nursing student (Abele et al., 2011; Campbell & Dickson, 1996; Higgins, 2005; Hopkins, 2008; Jeffreys, 2007; Johnson, Johnson, Kim, & Mckee, 2009; McLaughlin, Moutray, & Muldoon, 2008; Pitt et al., 2012; Porter, 2008; Prymachuk, Easton, & Littlewood, 2008; Sadler, 2003; Sayles, Shelton, & Powell, 2003; Shelton, 2012; Walker et al., 2011; Wharrad, Chapple, & Price, 2003). This profile is then used in the admission process for selection of candidates. Success by a high percentage of students passing the licensure examination is especially important to nursing programs due to accreditation standards. Without this success nursing programs can lose accreditation and even be forced to close.

Accreditation from the ACEN requires that the percentage of graduates that pass the licensure exam on the first attempt must meet or exceed the national mean (NLNAC, 2008). State boards of nursing also have specific percentages of passage that must be upheld. In Georgia, for example, 80% of graduates must pass on the first attempt (Georgia Board of Nursing, 2007). With these standards in mind, one can see why focus is placed on licensure examination passage rates and the successful student profile, instead of specifically on attrition and retention rates. This may be a reason for the incomplete and scattered data published on attrition and retention rates. The accrediting bodies and the boards of nursing do look at attrition,

retention, and graduation; however, these rates are not the primary focus. Attrition and retention rates are not typically used to withhold accreditation. Graduates' first-time passage of the licensure exam has direct consequences on nursing programs and has therefore influenced research conducted.

Success in nursing school and on the licensure exam has been linked to a number of variables through research. Academic variables correlated with success include the following: higher reading comprehension, higher entrance exam scores, higher science GPAs, higher GPAs in prerequisite college courses, higher high school GPAs, higher level of previous education, higher nursing course grades, less transfer credits, no failures or withdrawals in a nursing course, and higher standardized test scores (Abele et al., 2011; Campbell & Dickson, 1996; Higgins, 2005; Hopkins, 2008; Jeffreys, 2007; Johnson et al., 2009; McLaughlin et al., 2008; Pitt et al., 2012; Porter, 2008; Prymachuk et al., 2008; Sadler, 2003; Sayles et al., 2003; Shelton, 2012; Walker et al., 2011; Wharrad et al., 2003). Studies on these variables are largely quantitative in nature and generally included a single institution or group of institutions in a region or state. Samples sizes varied across the literature. For example, one study done within a baccalaureate program ( $n = 181$ ) found that higher prerequisite grades in chemistry, math, and English corresponded with grades of an A in nursing courses ( $p < 0.05$ ) (Wharrad et al., 2003). A frequently cited meta-analysis done on nursing student success showed that most studies ( $n = 47$ ) were small scale with convenience samples ranging from 16 to 565. This analysis supported the correlation of GPA and standardized test scores to successful completion of the program and licensure exam (Campbell & Dickson, 1996).

Other variables studied that can affect nursing student attrition and retention include perceived level of faculty support, amount of outside work, level of self-efficacy, and financial

resources. Research has shown that successful students perceive higher levels of faculty support, have more financial resources, have greater self-efficacy, and work outside of school less (McLaughlin et al., 2008; Pitt et al., 2012, Shelton, 2003, 2012; Walker et al., 2011). Many of these studies have been quantitative in nature. One quantitative study (n = 458) measuring data from nine associate degree programs in New York found that students with higher levels of perceived faculty support were more likely to persist in the program and graduate ( $p < 0.05$ ) (Shelton, 2003). Also students with a goal to continue their education past the undergraduate phase were more likely to complete their undergraduate education (Shelton, 2003).

With specific variables linked to nursing student success, nursing programs create admission criteria with a focus on selecting nursing students most capable of success in both the program and on the licensure examination. But what about students who are accepted to the program and still face difficulty? Students who have been readmitted after a failure in nursing and were successful have not been specifically addressed in the literature. Rates of success for students who have withdrawn and/or failed and repeated a course have been cited as lower. For example, Jeffreys' 2007 study of 112 associate degree graduates revealed that withdrawal and failure were negatively correlated with first-time passage on the licensure examination ( $p = 0.004$ ). Clearly returner students are considered at risk for failure. Some research has been conducted on strategies to implement that can assist students to success.

### **Strategies for Success**

Aside from selecting students with high chances for success, strategies to help nursing students succeed are found in the literature, just in much less abundance when compared with research on student variables. Most research on these strategies has been at single institutions utilizing convenience samples. The majority of success strategies for nursing students are related

to support. Counseling programs, other student support programs, mentoring, and faculty conveyance of a caring attitude have all been credited with the success of nursing students (Gardner, 2005b; Higgins, 2005; McEnroe-Petitte, 2011; Peyrovi, Parvizy, & Haghani, 2009; Porter, 2008; Robertson et al., 2010; Shelton, 2012; Walker et al., 2011). All of these strategies are directly related to support of students.

A faculty led counseling program is one example of a support strategy for success. Shelton's (2003) study on the use of a supportive counseling program for 42 baccalaureate students found that students who attended counseling had grade improvement when compared with the control group ( $p < 0.009$ ). Students who feel that faculty care about them have a greater connection with the program and strive hard to succeed. Shelton (2003) studied the effects of faculty support on student success, defining support in two categories to include functional (study assistance) and psychological (caring). Students who perceived higher levels of support in both areas were more likely to persist in nursing school. Clearly, caring and supportive faculty are needed to help increase retention.

Other strategies noted in the literature to help with nursing student success include promotional events, advisement, tutoring, and flexibility. These strategies are all influenced by the institutional climate and provide support to nursing students. Career advisors and events where information gathering and integration could occur have been viewed as positive by nursing students (Hinsliff-Smith et al., 2012). Peer tutoring has been correlated with nursing student retention. Higgins (2004) researched the retention of at-risk students who utilized a peer tutoring program versus those who did not ( $n = 26$ ). Although the sample was small, retention was increased for the peer tutoring participants ( $p = 0.0278$ ). Other assistance to include the

offerings of flexible scheduling such as part time or time off before return can be implemented to increase retention as well (Robertson et al., 2010).

Mentoring programs have been noted in the literature as helping nursing students to succeed and also provide support. A number of studies have been conducted on mentoring. These included both quantitative and qualitative methodologies and were generally small scale. Most publications reported positive feedback from mentees. A few studies have been supported with quantitative findings such as grade improvement and increased retention (Dorsey & Baker, 2004; Higgins, 2004; Penman & White, 2006; Ramsey, Blowers, Merriman, Glenn, & Terry, 2000). For example, one study (n = 97) found that test scores for at-risk students who completed a peer mentoring program were significantly higher than for at-risk students who did not ( $p = 0.001$ ) (Robinson & Niemer, 2010). Successful students met with an assigned peer mentor weekly for the entirety of the semester. Study skills, material for examinations, and time management were all discussed during these meetings.

All of the implemented strategies for success seem to provide ways of helping students to integrate into the nursing program. Integration is a common thread for retaining students found in both higher education literature and nursing education literature. Through integration students can find needed support, engage with peers and faculty, and hopefully be retained and experience success. Because nursing students are a population experiencing either retention and success or attrition, review of published literature on their experiences was warranted prior to further exploration.

### **Nursing Student Experiences Related to Retention and Attrition**

The unique experiences and input of nursing students are of great value when researching attrition and retention in relation to nursing education. The majority of studies on student

experiences in this area utilize qualitative methods so that in-depth meanings can be explored more fully. Qualitative research on student experiences related to retention and attrition has proved especially beneficial in revealing both reasons for non-completion and variables accredited with persistence. Experiences relating to both non-completion and persistence are very complex with many influencing factors.

Literature on nursing students who did not complete their studies includes both students who voluntarily withdrew and those who left involuntarily. Most often involuntary withdrawal involves failure (Jeffreys, 2012). Reasons for non-completion, however, are wide in variety and include academic or clinical failure, conflicting understandings of nursing and nursing school, personal and life factors, and lack of support. Many of these reasons for non-completion overlap and influence each other.

A main reason for non-completion of a nursing program is failure. Failure can either be academic or clinical (Jeffreys, 2012). Academic failure involves students who are unable to progress due to course grades below a set requirement. Upon entry into the nursing program, many students in qualitative studies noted that they experienced stress due to the academic rigor and realization of the theoretical and scientific components of nursing school (Cameron et al., 2010). Students reported not expecting the academic rigor or intensity inherent with their program of study. Nursing programs typically have heavy course loads in which students have to prepare for exams and perform satisfactorily in clinical during each semester (Robinson & Niemer, 2010). Many non-completers report academic difficulty and the wrong career choice as reasons for withdrawal (Glossop, 2002).

Clinical failure can also occur when students do not perform satisfactorily in authentic practice settings. A case study on the clinical failure of a nursing student described the

perceptions of the student and clinical instructor as differing concerning the student's clinical behavior, leading to a lack of connection (McGregor, 2007). Another study that utilized case study methodology found that students reported a lack of fit into a clinical site was a primary reason for leaving (Crombie, Brindley, Harris, Marks-Maran, & Thompson, 2013). This "lack of fit" was attributed to instructors and staff members at the clinical site being unkind or having unrealistic performance expectations from the beginning of the clinical rotation. Nursing school was described as being different from students' expectations and presented a hard adjustment to the academic and professional demands. Students reported that integration experiences for the nursing program should be stronger and should introduce both mature and young students to the profession and rigor of the nursing program (Crombie et al., 2013; Trotter & Cove, 2005).

Another major factor noted by nursing students as a reason for lack of success was inadequate and conflicting understandings concerning both the academic and professional nature of nursing. Students' differing perceptions involved both ideas about the profession and the academics inherent with nursing school. Nursing students in multiple studies have cited viewing nursing as more of a vocational or "hands on" profession prior to entry into a program (Andrew et al., 2008; Bowden, 2008; Cameron et al., 2010; O'Donnell, 2009, 2011). Many studies that cited this were qualitative in various formats, some having reliability built in through the use of multiple interviews, member checking, and data triangulation. Participants included both students who completed nursing school and those who did not. Prior to entry to nursing school, some students thought of it as strictly career training (Trotter & Cove, 2005). Students with no knowledge about nursing have reported emotional issues and stress arising after entrance into nursing school. "A primary factor in attrition is a lack of realistic expectations regarding nursing as a profession" (Wilson et al., 2010, p. 456).

Students further described multiple sources that contribute to faulty perceptions of nursing school (O'Donnell, 2011). Common themes included life experiences, family members' opinions, and information published by the school of nursing. All three factors contributed to disillusionment and unrealistic expectations. Life experiences with other nurses and ill family members caused students to conclude that nursing was more vocational and social. Family supporters often encouraged students based on their personalities. Students also highlighted that published information did not provide guidance on the academic rigor involved with the program.

Other barriers to completion were also discussed by nursing students across a range of qualitative studies with one set including personal and life factors. These included lack of financial resources, crises outside of school, life pressures, and lack of school/life balance (Andrew et al., 2008; Bowden, 2008; Gardner, 2005a; Knight et al., 2012; McGregor, 2007; O'Donnell, 2011; Rouse & Rooda, 2010). Many students must work part time to meet financial responsibilities, and some students have children to care for. Financial and family responsibilities more frequently occur within the associate degree student population due to the higher number of non-traditional students when compared with the baccalaureate student population (Jeffreys, 2012). These both create the need to balance and students report that "juggling" responsibilities is quite challenging (Mckendry, Wright, & Stevenson, 2013). Travel concerns and inflexibility of scheduling have also been credited with creating barriers to success (Trotter & Cove, 2005). Health problems are also reported as influencing attrition (Wilson et al., 2010). Students expressed that these factors, either singularly or jointly, were part of decisions to withdraw from nursing school voluntarily. They also affected students' academic performance and were credited in other instances with academic dismissal. These factors were viewed as challenges to students

who persisted in their program of study. Any of these factors can put extra stress on the nursing student, and in one study students discussed how they felt that the decision to withdraw would result in happiness and less stress (O'Donnell, 2011). Others, however, found the decision to withdraw very distressing and prolonged making the decision. Specific perception differences between successful and unsuccessful students were not explored in depth within these studies.

Lack of support is also discussed throughout the literature as another reason for unsuccessful completion of nursing school. Support from faculty, staff, family, peers, friends, and clinical preceptors have all been noted as important to the success of nursing students, therefore a lack of support in any of these areas is often attributed as a reason for non-completion (Cameron, Roxburgh, Taylor, & Lauder, 2011; Cameron et al., 2010). One study utilizing focus groups composed of nursing students in a two-year program (n = 50) reported that students who felt a lack of support in clinical from preceptors and faculty contemplated withdrawal. Some of these students reported that it “was not worth it” to deal with facing the challenges of clinical with no support (Crombie et al., 2013). A lack of faculty support and mentoring has also been shown to negatively influence students’ persistence and academic progress (Colalillo, 2007; McLaughlin, 2008; Shelton, 2003). Support from outside the nursing program is also important to students. Rudel (2006) found that non-traditional students attributed their success to family and peer support and without this would have been more likely to withdraw. Supportive environments are conducive to learning and help students integrate into the profession successfully.

Apart from data on non-completion and barriers to success, reasons for persisting and factors contributing to success can also be found in the literature. These noted factors are important to consider when developing student success strategies. Successful nursing students

attribute positive affective characteristics, support systems, and prioritization and organization skills as helping them to persist.

A main trend noted in the literature on experiences of successful nursing students is specific to each student's affective characteristics. Students who were successful and persisted described their determination and positive mind sets as a significant factor in completing their nursing programs. These students set clear, worthwhile goals and were committed to accomplishing set goals (Knight et al., 2012). They described the importance of personal resilience in the face of challenge. If challenges did occur, persistent students viewed them as areas to place more effort into or "fix" (Williams, 2010). Positive thoughts, such as "I must keep up" and "I'm not quitting," were said to trump negative feelings and help students persist. Students thought of school as a positive experience and strived to enjoy the journey. Nursing students reported that thinking about making trade-offs now for the future pay-off or outcome was helpful (Steele et al., 2005). They also reported keeping their minds set on the end career goal (Crombie et al., 2013). Student characteristics of high self-efficacy beliefs and conscientiousness have also been linked to success in nursing school (Cameron et al., 2011). Each of these student characteristics are related to research in educational psychology and could possibly be explained within the constructs of goal orientation, optimism, hope, and resilience.

Another major assistive factor noted in the literature on experiences of persistent nursing students is support. Support from the institution, faculty, staff, family, peers, friends, and clinical preceptors was discussed by nursing students as helping them to face the challenges of nursing school and persist to graduation (Bowden, 2008; Knight et al., 2012; Williams, 2010). Advice and guidance in the form of advisement and assistance with forms and financial aid were helpful. Also student centered tutors and instructors were cited as helpful to success (Steele et al., 2005).

Family and peer support was also a major assistive factor. Supportive strategies included childcare solutions and depending on family. Persisting students relied heavily on coping strategies or solutions that they had developed in agreement with their supporters (Hinsliff-Smith et al., 2012). Family members, such as spouses of students, offered encouragement and took on responsibilities so that students could continue. One non-traditional student stated that her husband “is my rock” and that she was completing the program for the both of them (Rudel, 2006, p. 50). Peer support within the nursing cohort is also important. Peer supported activities that have been noted to help with success include preparation for exams, tutoring, and assistance with other course work (Rudel, 2006). Students engaged with others in nursing school make bonds and depend on each other (Cameron et al., 2011).

Aside from affective characteristics and supportive others, organizational and prioritization skills were also found to be important in helping nursing students succeed. Students used skills of prioritization and organization to help balance school and their lives (Steele et al., 2005). Managing time and planning ahead are cited by students as essential when balancing nursing school with other life responsibilities (Mckendry et al., 2013). These coping skills are especially important when students have to divide time between family and nursing school. For example, students in one qualitative study viewed their time spent on nursing studies as a sacrifice and learned to organize their priorities and cope (Knight et al., 2012). In another qualitative study by Williams (2010), one identified theme was “keeping up.” Students reported the importance of keeping up with studies, and not falling behind. This caused them to rely heavily on time management skills and organizing their days.

Most all of the literature published on nursing student experiences in relation to attrition and retention has been qualitative in nature and offered insights into reasons for persistence or

barriers to completion. Samples sizes were generally small and inclusive of a single institution. Samples within these studies included both students who had completed and those who had withdrawn for varied reasons. Some data were gathered from traditional students, while other data were reported by non-traditional and at-risk students. Further studies into the experiences of nursing students related to attrition and retention could add to the literature.

### **Theoretical Frameworks**

To gain a broad perspective on attrition, retention and persistence frameworks from higher education were explored. Review of one pertinent theoretical framework on nursing student attrition, retention and persistence, was also completed. By exploring the literature it was noted that multiple theories, models, and constructs are helpful when studying student persistence in nursing school.

### **Related Frameworks from Higher Education**

A review of frameworks that explore the topics of attrition, retention, and graduation was helpful for this specific study, which focused on experiences of returner nursing students. One well-researched model on attrition of students will be discussed. Also, due to its reference within much higher education literature, the psychological construct of self-efficacy was reviewed. Then by exploring additional constructs from educational psychology, insight was gained on variables influencing students' achievements of success in educational endeavors. The constructs of goal orientation, hope, resilience, and optimism were explored. These constructs go beyond self-efficacy, giving further insight into each student's individual characteristics. As the researcher, I utilized information gained from exploration of all described constructs in both developing the interview guide and analyzing qualitative data from returner nursing students.

Analysis of data through the lens of higher education, including concepts from educational psychology, gave further insight into each student's perspective and journey.

**Tinto's model.** One theory specifically on student attrition from higher education settings was developed by educator Vincent Tinto. It was originally proposed in 1975 and updated in 1993 (Tinto 1975, 1993). Tinto's "Longitudinal Model of Institutional Departure" lays out a framework for studying attrition decisions of college students and has been used in numerous educational studies (Porter, 2008; Shelton, 2012; Tinto, 2012; Urwin et al., 2010). The major focus of this framework is on integration into the systems of the institution.

Upon entering postsecondary education, students must transition into new and different communities. Tinto's model identifies both academic and social systems within the institution as areas for integration to occur. Integration includes both formal and informal interactions within both the academic and social systems. Each student's academic performance and interactions with faculty and staff occur within the academic or intellectual system. Extracurricular activities and peer group interactions are found within the social system. Experiences of integration within each of these systems influence each student's decision to depart or continue with their college career. Positive experiences foster increased retention, while negative experiences promote attrition (Tinto, 1975, 1993, 2012).

Tinto's model also takes into account the individual student to include their family background, skills, abilities, prior schooling, intentions, goals, and commitments. Although the student's attributes do influence their individual attrition decisions, Tinto holds that students are not solely responsible for attrition rates. The theory of institutional departure is based on the belief that both students and institutions have a role in departure decisions (Tinto, 1975, 1993, 2012). Educators and administrators in postsecondary institutions should take attrition seriously

and assume responsibility in striving to facilitate integration of students (Tinto, 2006, 2012). For a student to persist they must feel connected with at least one community. According to Tinto, the classroom is the central community. Educators should realize this and seek ways to encourage integration and build this specific community.

Overall, Tinto's Longitudinal Model of Institutional Departure is a sociological framework that takes into account both the unique individual and the specific institution as influencing departure decisions. Interactions of the individual within systems of the institution greatly influence these decisions (Tinto, 1975, 1993, 2012). This model is useful when considering variables related to retention and attrition of college students.

**Bandura's construct of self-efficacy.** A second way of looking at student attrition, decisions and persistence is through a psychological lens. One concept that can be utilized when studying student attrition and retention is that of self-efficacy. Self-efficacy is a specific piece of Albert Bandura's Social Cognitive Theory (1997). According to Social Cognitive Theory, the individual with all inherent and learned characteristics to include their beliefs, agency, and behaviors, cannot be separated from environmental influence. Both individual characteristics and surrounding environmental influence affect actions taken (Bandura, 1997; Polit & Beck, 2008). One specific set of beliefs, part of the individual's characteristics, has specific influence on actions taken in achievement situations.

Self-efficacy is defined as being a set of beliefs one has that he or she is capable of achieving his or her goals. In Bandura's theorization, self-efficacy beliefs are part of each individual and affect the goals, actions, and behaviors of the individual. Beliefs about abilities to accomplish goals are part of each individual's frame of mind. This mind set, unique to each person, is one factor that influences what he or she strives to achieve and his or her persistence in

doing so. Factors that influence an individual's self-efficacy include mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective cues (Bandura, 1997).

Bandura described both the efficacious and inefficacious individual. The efficacious person, having high self-efficacy beliefs, will pursue goals positively and views set-backs as challenges to conquer. If one set of actions and behaviors does not help the efficacious individual to the desired outcome, this person will modify his or her actions and behaviors to reach the goal. The individual with high self-efficacy is resilient and does not give up, believing that he or she can achieve what he or she sets out to accomplish. Due to this, efficacious individuals will often pursue lofty goals with great rewards (Bandura, 1997).

In contrast, the inefficacious individual does not hold the same strong belief that set goals can be accomplished. Upon facing obstacles the person with lower self-efficacy will give up easily. In fact the inefficacious individual does not see the obstacles as challenges, but rather as barriers that defeat completion of set goals. This individual is less likely to pursue goals with high rewards due to foreseen barriers and lack of belief that he or she can achieve the desired outcome. When comparing an efficacious and inefficacious individual, both with the same skill set, the efficacious individual will most often perform a given task better (Bandura, 1997).

Bandura's concept of self-efficacy is often utilized within educational studies and literature relating to student characteristics and persistence (Bandura, 1997; Pitt et al., 2012; Shelton, 2012; Walker et al., 2011). This connects with retention because the more efficacious student theoretically would persist and strive to complete the goal of graduation. Literature done on self-efficacy and student retention supports this.

Both Tinto's Longitudinal Model of Institutional Departure and Bandura's concept of self-efficacy were utilized when exploring student retention. Both frameworks take into account

the student as an individual with unique characteristics and beliefs (Bandura, 1997; Tinto, 1993). Both frameworks also consider the surrounding environment and the inherent influence on student persistence and decisions. Tinto specifically looks at the institutional environment within the educational setting while Bandura's theory focuses on the broader environment surrounding the individual. Other related frameworks from educational psychology further explore student success, attrition, and retention through a unique lens and offer more recent research into the field.

**Goal orientation and achievement goal theory.** One construct to consider from the field of educational psychology is goal orientation. This construct is important because varying types of goals are part of all aspects of human life, to include college completion. Goal orientation originated from Achievement Goal Theory; theorists who study goal orientation are interested in gaining understanding of student motivation and responses in the face of educational challenges (Senko, Durik, Patel, Lovejoy, & Valentiner, 2013; Senko, Hulleman, & Harackiewicz, 2011). Why is it that some students succeed in the face of challenge such as failure and others do not? This has long fascinated educators. To get to the root of this question researchers have explored motivation for achievement, and goals linked to motivation. Research has shown that goals, beliefs, motivation, and behaviors to facilitate goal attainment are all correlated with learning and performance (Payne, Youngcourt, & Beaubien, 2007).

Goal orientation helps to explain students' motivation for learning and involves beliefs about learning in given situations (Ames, 1992). By definition, goal orientation is "one's dispositional or situational goal preference in achievement situations" (Payne et al., 2007, p. 128). An individual's achievement goal orientation encompasses beliefs and motivation, which influence behaviors taken to attain a set goal. Depending on an individual student's achievement

goal orientation, the student will approach, participate, and respond to tasks and challenges within the learning environment (Ames, 1992). Factors noted in the literature that can influence a student's goal orientation can be both intrinsic and extrinsic. Some intrinsic antecedents noted include cognitive ability, beliefs on intelligence, interests, personality traits, self-efficacy, self-esteem, and need for achievement (Muis & Edwards, 2009; Patrick, Ryan, & Pintrich, 1999; Payne et al., 2007). Extrinsic factors such as teaching methods and type of goals encouraged in the institutional setting have also been noted (Deemer, 2004; Senko & Hulleman, 2013; Spinath & Stiensmeier-Pelster, 2003).

A key component and basis for Achievement Goal Theory includes the defining and division of types of goal orientation. A dichotomous model of types of student goals developed first and includes the categories of mastery goal orientation and performance goal orientation (Ames, 1992; Burnette, VanEpps, Finkel, O'Boyle, & Pollack, 2013; Dweck, 1986, Senko & Hulleman, 2013; Senko et al., 2011; Spinath & Stiensmeier-Pelster, 2003). Since the dichotomous model, achievement goal framework has been further conceptualized into a trichotomous model, and more recently a 2 X 2 model inclusive of four different types of goal orientation. More literature in support of the trichotomous model abounds (Dickhauser, Buch, & Dickhauser, 2011; Payne et al., 2007; Senko et al., 2013; Senko et al., 2011; Spinath & Steinsmeier-Pelster, 2003). For this purpose, conceptualization on goal orientation from the trichotomous model will be explored. A closer look into literature on categories of goal orientation will be taken, including mastery and performance, with division of performance into approach and avoidance orientations.

Mastery goal orientation can also be referred to as "learning goal orientation." For the purposes of this study, the term mastery goal orientation will be utilized. Individuals who possess

a mastery goal orientation are theorized to have a desire to achieve in educational settings for the development and enhancement of competence, and to have a deep interest in the material of study. Motivation for learning with mastery orientation is intrinsic and students have self-referent criteria upon which to base their learning (Ames, 1992; Deemer, 2004; Dweck, 1986). Having self-referent criteria influences individuals with mastery orientation to compare their learning to previous personal experiences of learning, this way they can note personal growth.

Across a number of studies, researchers have positively correlated mastery goal orientation to benefits including the development of deeper learning and cognitive abilities, more interest in the material, increased abilities to collaborate on projects, satisfaction gained from learning, adaptive and help-seeking behaviors in response to challenges, high self-efficacy, and positive attitudes (Payne et al., 2007; Senko & Hulleman, 2013; Senko et al., 2011). For example, in a study of 127 undergraduate math students, mastery goal orientation was positively correlated with higher interest in the subject ( $p < 0.001$ ) (Senko & Hulleman, 2013). In spite of all noted benefits, three decades of research have shown limited positive correlations between mastery goal orientation and academic achievement such as high grades, when compared to performance goal orientation (Senko et al., 2013; Senko et al., 2011).

Apart from mastery, performance goal orientation is the other major category conceptualized in Achievement Goal Theory. With a performance goal orientation individuals desire achievement in educational settings to demonstrate or prove their competence, and in some cases to out-perform others. Motivation for learning related to performance goal orientation is theorized as extrinsic and linked to external rewards such as high grades (Ames, 1992; Dweck, 1986). Avoidance of punishment or low grades is also a motivator considered in performance orientation. Individuals with performance goal orientation are thought to have

normative based criteria which involve comparing their achievement to others. Anxiety, less interest in material of study, fear, surface learning, and decreased self-efficacy are considered by some as negative consequences and have been linked to performance goal orientation across a number of studies (Senko & Hulleman, 2013; Spinath & Steinsmeier-Pelster, 2003; Dickhauser et al., 2011). These factors are especially pronounced in students who have a low perceived self-ability and are approaching the task with fear of failure.

The divergence of performance orientation to include both performance-approach and performance-avoidance goals has served to further clarify links to these negative outcomes. Students with performance-avoidance orientation have more negative consequences such as decreased task focus, high state of anxiety, low self-efficacy, and lower academic achievement. The associated mindset is on avoidance of failure. Performance-approach goal orientation, however, has been linked to the positive outcomes of high levels of working memory and academic achievement (Senko et al., 2013; Senko et al., 2011).

Diverging theoretical beliefs on why students gravitate toward one type of goal orientation versus the other have been noted in achievement goal framework. One assumption is that students' beliefs on intelligence influence their goal orientation. Dweck (1986) postulated that individuals who believe that intelligence is fixed, or hold an entity theory of intelligence, will likely gravitate toward performance goal orientation. In contrast, an incremental theory of intelligence, or belief that intelligence is malleable, will result in a mastery orientation. Literature has linked these implicit theories with goal orientation (Burnette et al., 2013). A second assumption described by Nicholls (1984) involves exploring individuals' references of success. The individual who holds an ego involvement perspective links the outward presentation of competence to success and uses normative referents. They compare their ability to others and

gravitate toward performance orientation. A task involvement perspective, in contrast, involves seeking to develop self, and utilizes self-referent criteria. Individuals who hold task involvement perspectives are more likely to assume a mastery goal orientation. They link success with personal competence improvement. Both intelligence and ego involvement assumptions are often explored in the literature and should be considered when analyzing Achievement Goal Theory (Senko et al., 2011).

As noted in the literature, a multiple goal perspective considers the positive aspects of both performance and mastery goal orientations. Individuals can have different goal orientations for different tasks, and may switch goal orientation (Muis & Edwards, 2009). Theorists and researchers in favor of a multiple goal perspective advocate for the use of both mastery goals and performance-approach, because both have been linked to positive outcomes and have educational benefits (Richardson, Abraham, & Bond, 2012; Senko et al., 2013; Senko & Hulleman, 2013; Senko et al., 2011; Spinath & Steinsmeir-Pelster, 2003). A risk of supporting the multiple goal perspective is that students with a low perceived self-ability, who benefit more from mastery approach, could have negative outcomes. By exploring the motivations, beliefs, and goal orientations of returner students, insight was gained from their personal perspectives and how this impacted their experiences of success.

**Hope and hope theory.** A second construct of educational psychology to explore in relation to student experiences of success is hope. Hope, part of the psychological experience of being human, is a broad construct that can be explored in many different venues. Hope can be viewed as a “socially mediated human capacity with varying affective, cognitive, and behavioral dimensions” (Webb, 2013, p. 398). Simply put, hope is human desire for a future occurrence along with belief in its possibility (Birmingham, 2009). It is grounded in thought processes on a

desire, and a way to achieve that desire (Shade, 2006). This connects hope to a practical perspective, through the linkage of thought to action, and separates hoping from wishing. Conditions surrounding the individual can affect their hope. For example social, economic, and cultural conditions would all influence what an individual hoped for; this would be dependent on what was valued and available in that environment.

In order for something to be hoped for, there must be an object of hope (the thing hoped for), and there must also be some possibility that the desire can come to fruition. This aspect of hope links to both goals and future-oriented thought processes. Hope is, therefore, an integral part of goals, motivation, thinking, and beliefs (Snyder, 2002). Hope can be viewed as a motivation or reason to take actions along a certain path to obtain an object (Birmingham, 2009; Shade, 2006). Hope is also described as a relatively stable quality within a person, such as a disposition or virtue. Hope can also be divided into state or trait hope, with state hope being a temporary feeling, attitude or emotional state, and trait hope being a consistent way of thinking involving habits of hoping and disposition of the individual. State hope is more easily influenced by surrounding conditions, whereas trait hope is the more stable of the two (Webb, 2013).

To further understand this construct, different modes of hoping can be explored. Patient hope is defined as an attribute of an individual involving belief that life is a journey and trust that events will work out (Webb, 2013). Critical hope, another mode of hoping, involves a restless longing for things to come. Both sound and resolute hope are goal directed modes of hoping. Sound hope is linked to a goal with a good probability of occurrence and resolute hope involves a goal, but with the experience of challenges in route to the goal. Resolute hope involves hoping against the evidence, and developing a belief that one can achieve a goal if certain actions are taken. An individual within the resolute hope mindset believes that the world and outcomes

within the world are malleable (Webb, 2013). This mode of hoping is further conceptualized in Hope Theory.

Hope Theory developed by Snyder (1989) is the most fully developed conceptualization of hope. Snyder (2002) views hope primarily as a way of thinking. Hope Theory includes three components: goals, pathways, and agency. As defined by Snyder, Irving, and Anderson (1991), “hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)” (p. 287). Goals, the first component, are the reason for human action and involve a desired outcome. Humans act in a goal directed fashion, and goals provide targets for accomplishment. There are different types of goals. Most pertinent to education are enhancement goals, which involve building on satisfactory aspects of life and reaching beyond to achieve something more, such as the completion of a degree (Snyder, 2002). Agency and pathways can be considered thought processes involving perceptions about abilities and ways to accomplish desired goals. Agency thinking is an individual’s perception of his or her capability to reach a goal. If agency thinking is high, the individual believes that he or she can accomplish a set goal and therefore derives motivation and energy from this thought process. This provides motivation to move along a route, or pathway to the goal. Pathways thinking involves visualizing usable routes to move toward a goal. Both aspects of hopeful thinking are interrelated, each influencing the other positively.

Snyder’s theorization of hope leads to the development of tools to measure both agency and pathways thinking. Two available tools include the Hope Scale and the Children’s Hope Scale. Both tools have demonstrated reliability, validity, and internal consistency when measuring trait hope (Snyder, Shorey, Cheavens, Pulvers, Adams, & Wiklund, 2002; Snyder,

Lopez, Shorey, Rand, & Feldman, 2003). Trait hope measurement is broader than state hope measurement and looks at the person's general mode of thinking (Snyder, 2002). Measurement of the hopeful thought processes of agency and pathways has led to the delineation between the "high hoper" and the "low hoper." Conceptualization of high versus low hope individuals can be useful when exploring student success.

The high hope individual has well developed agency and pathways thinking. Agency thinking of the high hoper involves the perception of self-ability to use available routes to achieve set goals. This type of thinking involves a positive self-dialog with thoughts such as "I can do this." Individuals with high hope are able to generate multiple pathways leading to a goal and are flexible when barriers occur. They see barriers as challenges, and are able to cope with the inherent stress from barriers. If one pathway to a certain goal does not work, they move to another pathway. They are also able to "re-goal," creating another goal if they see that something is unattainable. Hopeful individuals are also highly engaged on tasks (Lopez, 2013; Shorey, Snyder, Rand, Hockemeyer, & Feldman, 2002; Snyder, 2002; Snyder et al., 2003).

In contrast to the description of high hope individuals, low hope individuals often do not display high levels of agency and pathways thinking. They are less able to produce useable pathways toward achieving a goal; therefore, they doubt their abilities of success. Often low hope individuals have a negative self-dialog, self-doubt, apprehension, and are critical of themselves. When facing a barrier, these individuals experience increased stress and are likely to veer off task (Lopez, 2013; Shorey et al., 2002; Snyder, 2002; Snyder et al., 2003).

Several decades of research using Snyder's hope scales has shown reliability and validity for their use and linked high hope individuals to many positive outcomes. In relation to academic success, higher levels of hope have correlated with higher grades and GPAs in grade school, high

school, and college (Marques, Pais-Ribeiro, & Lopez, 2011; Shorey et al., 2002; Snyder, 2002). Higher levels of hope in students have also been linked to higher graduation rates and less attrition (Feldman, Rand, & Kahle-Wroblewski, 2009; Sheehan & Rall, 2011; Shorey et al., 2002; Snyder, 2002). For example, one study by Snyder and colleagues (2002) sampled two thirds of students at one American university. Hope levels during college were measured in relation to academic performance over a six-year period. The results showed that hope was positively correlated with GPA ( $p < 0.01$ ). Hope and graduation status were also positively correlated ( $p < 0.02$ ). Post-graduation high agency thinking has been correlated with higher levels of career development (Sung, Turner, & Kaewchinda, 2013). From a psychological perspective high hope has also correlated with positive thought processes, positive affect, increased levels of confidence, persistence, higher perception of support from others, and greater satisfaction with life overall (Shorey et al., 2002).

With positive academic and personal outcomes being linked to hope, researchers have discussed use of Hope Theory in education. Shade (2006) defines habits of hoping as including persistence, resourcefulness, and courage. “Hope can encourage, sustain, and bring comfort in hardship” (Birmingham, 2009, p. 27). Educators can encourage habits of hope, such as hopeful thinking, through the encouragement of positive personal narratives, and by exploring means to the desired outcome (Shade, 2006). Educators and student supporters also encourage habits of hoping by making complex pathways possible through resource use and by encouragement that occurs within relationships. Educational programs and institutions can be communities of hope (Shade, 2006; Sheehan & Rall, 2011). Relationships within a community can help to foster trust of others. Teachers can set examples when problem solving. Educators can also use stories of hope with protagonists who have to overcome obstacles.

Specific to Hope Theory, students can be encouraged and assisted with setting goals, identifying pathways, and monitoring and improving self-talk (Lopez, 2013; Snyder et al., 2003). Goal setting should include specificity and clarity; this way the student can measure success. Markers to indicate progress should also be defined. Assistance with pathways thinking involves identifying different ways to achieve a goal, and then breaking the goal into sub-goals. To boost agency thinking, students can be encouraged to first assess their own internal dialog. This can be done by keeping a diary of thoughts. If thoughts are negative, students can be encouraged to then dispute these thoughts with productive self-talk.

Although Hope Theory is well developed and has been researched, some critiques are noted in the discourse. Critics have cited that Snyder's conceptualization of hope is too specific to goals of individuals and does not take into account the broader picture of society to include socioeconomic status and cultural differences (Webb, 2013). Critics would advocate for a more transformational conceptualization of hope that involves social change, and a collective shared human experience. This view of hope would involve state hope, which is dependent on cultural, economic, and socially mediated circumstances, which can evolve. Snyder's (2002) theorization is more focused on building trait hope, which is a consistent way of thinking. Another concern is that Hope Theory labels individuals, and this could be problematic for marginalized youth (te Riele, 2010). Some would describe research into goal directed hope, such as studies on math problem solving abilities, as petty in light of the larger context (te Riele, 2010). Also cited by critics is the idea that the notion of hope to the general public does not necessarily involve both agency and pathways thinking, and rather than being a cognitive process, hope is more affective. This discrepancy between Hope Theory and "the nature of hope as experienced by people" needs to be explored (Tong, Fredrickson, Chang, & Lim, 2010, p. 1208). In spite of critiques of Hope

Theory, this framework was very useful for studying the experiences of returner students. By exploring hope and Hope Theory in relation to the success of students who have experienced an academic failure, insight was gained about their agency, pathways, and goals.

**Optimism.** Another construct from educational psychology that enhanced the exploration of returner nursing students' experiences is optimism. The concept of optimism can be discussed as a cognitive, affective, and motivational construct (Forgeard & Seligman, 2012). Optimism is generally defined from a psychological perspective as a positive and stable personality trait or disposition (Fernandez-Castro, Rovira, Doval, & Edo, 2009; Harpaz-Itay & Kaniel, 2012; Scheier & Carver, 1985). The individual who possesses optimism has expectation and belief that good outcomes generally happen.

The most fully developed conceptualization of optimism is described in the work of Scheier and Carver (1985). In their conceptualization, optimism is related to self-regulation. Individuals with the trait of dispositional optimism believe that good outcomes will occur, and therefore are motivated and engaged. They persist and regulate their behavior to help reach the expected positive outcome. To measure optimism of individuals, Scheier and Carver (1985) developed the Life Orientation Test (LOT), a tool that scores the general disposition for positive expectations. The LOT has proved psychometrically sound having both reliability and validity. Other conceptualizations of optimism can be found in the literature; Academic Optimism is an example. Academic Optimism includes perceptions of both teachers and students, along with institutional characteristics and norms (Gurol & Kerimgil, 2010; Tschannen-Moran, Bankole, Mitchell, & Moore, 2013). For this study on returner nursing students, the focus was on experiences of individuals. For this reason dispositional optimism, which describes the trait of an individual as first conceptualized by Scheier and Carver, was utilized.

Through the study of optimism a dichotomy developed that classifies individuals as either optimists or pessimists. Optimists are individuals with positive expectations for future outcomes. The optimistic individual is described as one who does not give up easily, and expects to achieve set goals. Optimistic individuals are able to prioritize goals and, in the face of challenge, utilize active coping strategies (Carver, Scheier, & Weintraub, 1989; Krypel & Henderson-King, 2010). Optimists believe they can overcome obstacles, and find them less disruptive (Geers, Wellman, & Lassiter, 2009). Engagement and persistence are also traits of the optimist (Nes, Evans, & Segerstrom, 2009; Ruthig, Perry, Hall, & Hladky, 2004).

Unlike the optimist, the individual who does not generally expect positive outcomes in the future is labeled pessimistic. The pessimist does not have high expectations for achieving set goals, and therefore engages less (Thompson & Gaudreau, 2008). The pessimistic individual is also theorized to use avoidance coping such as denial and disengagement and to display learned helplessness in the face of challenges (Forgeard & Seligman, 2012; Geers et al., 2009; Lai & Wan, 1996; Scheier & Carver, 1985; Scheier, Carver, & Bridges, 1994).

Studies on optimism have shown many benefits to this individual disposition. Most studies in the literature have utilized the LOT to measure optimism, while comparing scores with other variables. Optimism has been correlated with decreased symptoms of stress, lower levels of depression and negative emotions, and decreased levels of overall anxiety and worry (Siddique, LaSalle-Ricci, Glass, Arnkoff, & Diaz, 2006). In a study by Scheier and Carver (1985), undergraduate students ( $n = 141$ ) with higher optimism had fewer physical symptoms of stress throughout the academic semester ( $p < 0.001$ ). Optimism has also been correlated with increased life satisfaction, increased perceived support and support seeking behaviors, more problem focused and active coping, better responses to failure, and better adjustment to life transitions

and stress. Optimism was negatively correlated with the thought of school as a stressor ( $p < 0.008$ ), in a study of 309 undergraduates at a public university (Krypel & Henderson-King, 2010). Higher levels of personal competence, persistence, and motivation have also been correlated with optimism. One study of 237 undergraduate students showed optimism as a stable trait over three years, and correlated with higher levels of personal competence ( $p < 0.001$ ) (Fernandez-Castro et al., 2009).

When studying optimism specifically in relation to academic outcomes, this positive trait has been linked to decreased test anxiety, higher GPAs, lower attrition, and increased first-year retention (Forgeard & Seligman, 2012; Richardson et al., 2012). Ruthig et al. (2004) found among 236 freshmen at a Midwestern university that decreased test anxiety correlated with optimism ( $p < 0.01$ ), and that students with higher test anxiety had lower cumulative GPAs. Another study of 2,189 freshman undergraduates at the University of Kentucky found that optimism correlated positively with first year retention ( $p < 0.01$ ) (Nes et al., 2009). Geers et al. (2009) correlated optimism to GPA goal attainment ( $p < 0.05$ ) in a group of 87 undergraduates, and Ayyash-Abdo and Sanchez-Ruiz (2012) found optimism to predict higher GPA ( $p < 0.01$ ), in a study of 1,401 undergraduates at multiple institutions.

Although most of the literature on optimism has been positive, researchers warn of the possible negatives of high optimism. Unrealistic expectations, risk-taking behavior, and self-deception are possible negative occurrences (Forgeard & Seligman, 2012; Ruthig et al., 2004). Also, the individual with too much optimism may tend to overrate capabilities and lack a back-up plan (Bressler, Bressler, & Bressler, 2010). Optimism was explored within relation to successful returner students so that insight on beliefs about the future could be gained.

**Resilience.** Resilience is another construct from positive psychology to explore in relation to student success. As described by Masten (2001), resilience is “phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (p. 228). Resilience can be defined as the ability of an individual to adapt to challenges or stress and achieve positive outcomes (Hartley, 2011). Adaptation is a central component of resilience; for an individual to adapt there must be a threat to their success or development (Irvin, 2012). Both the threat and the good or desired outcome should be defined when exploring resilience. Risk factors for negative outcomes can be considered threats or challenges. Resilient individuals respond positively to life’s challenges in spite of risks and overcome in the face of adversity resulting in positive outcomes (Yeager & Dweck, 2012).

As Masten (2001) describes, resilience arises from basic adaptation systems that are inherently human. Exploring adaptation is essential to the study of resilience. Assessing the ability to adapt can be researched in terms of outcome criteria including external criteria such as academic achievement and other outward signs of success in the world, or in terms of internal criteria such as psychological well-being, life satisfaction, and degree of distress (Masten, Herbers, Cutuli, & Lafavor, 2008; McDonald, Jackson, Wilkes, & Vickers, 2012). Criteria assessed are defined as either positive or negative outcomes. Within the college setting students must adapt to a number of complex systems, and outcomes during this phase of life can be measured. This period of transition in life provides opportunity to study resilience.

Aside from assessing the outcomes of adaptation, when researching resilience a number of other factors can be explored. Both intrapersonal and interpersonal factors contribute to an individual’s resilience making the construct complex. Intrapersonal factors include tenacity, stress tolerance, active coping, acceptance of change, locus of control, and spirituality (Hartley,

2012; Hartley, 2011). These characteristics are specific to the individual. Interpersonal factors include social support, integration into social systems, and engagement with others (Reynolds & Weigand, 2010). As described in Tinto's (1993) theory, both academic and social integration are important for college students to persist in school. Integration into these systems could be viewed through the lens of interpersonal factors affecting resilience. Students who become integrated and engaged are more resilient. Some researchers further categorize factors affecting resilience and label certain ones as protective. Protective factors are variables that can predict positive outcomes in high-risk conditions. These factors increase resilience and are considered assets (Masten, 2001). Active coping, emotional stability, perceived efficacy, hope, supportive relationships, engagement, and mentorship are protective factors (Hartley, 2012; Irvin, 2012; Masten et al., 2008; McAllister & McKinnon, 2009).

A number of different tools have been developed to measure resilience by defining, quantifying, and correlating related factors. Examples include the Connor-Davidson Resilience Scale, the College Resilience Questionnaire, and the Wagnild and Young Resilience Scale (Beauvis, Stewart, DeNisco, & Beauvis, 2013; Hartley, 2011; Reynolds & Weigand, 2010). Studies on resilience have linked it to academic success as well as to other positive outcomes including higher life satisfaction, good mental health, active coping abilities, and overall sense of well-being.

Resilience in students has been linked specifically to higher academic achievement and greater completion rates (Yeager & Dweck, 2012). One study done on 335 middle school students found that both disengaged boys and girls had lower academic achievement ( $p = 0.036$ ;  $p < 0.001$ ) (Irvin, 2012). Another study of 605 undergraduate students at two Midwestern universities correlated tenacity, an aspect of intrapersonal resilience, with cumulative GPA ( $p =$

0.001) (Hartley, 2011). A qualitative study of nursing students using focus groups to discuss completion of a program, supported continuing students as being resilient and engaged (Williamson, Health, & Proctor-Childs, 2013). The completers reported that both peer and academic support was influential to their staying. Another study of 164 first-year undergraduates at a Northeastern university linked the engagement characteristic of resilience to higher GPAs. Both social engagement ( $p < 0.05$ ) and academic engagement ( $p = 0.001$ ) were significant predictors of GPA (Reynolds & Weigand, 2010). In a study of both undergraduate and graduate nursing students ( $n = 121$ ), academic success was also positively correlated with resilience ( $p = 0.007$ ) (Beauvais, Stewart, DeNisco, & Beauvais, 2013).

Some suggestions to assist students in developing resilience include stress management programs, promotion of active coping, school policy that promotes involvement, interactive teaching, mental health reform on college campuses, active advisement, seminars, helping students to foster positive goals, and increased contact with students (Beauvis et al., 2013; Hartley, 2012; Irvin, 2012; Masten et al., 2008; Reynolds & Weigan, 2010). By developing resilience, students are more likely to succeed. Exploration into how successful returner nursing students adapted in the face of failure gave insight into resilience within this population.

### **Related Frameworks from Nursing Education: The NURS Model**

As shown in the literature, attrition of nursing students is often due to a number of factors making it complex to address (Ascend Learning, 2012; Glossop, 2002). One organizing framework that specifically addresses undergraduate nursing student retention is The Model of Nursing Undergraduate Retention and Success (NURS Model) (Jeffreys, 2012). After several studies on associate degree students, Jeffreys developed the NURS Model as a framework to help guide educators in the study of factors affecting nursing student retention and success

(Jeffreys, 1998, 2001, 2002, 2007). Her three earliest publications utilized survey data and descriptive statistics, while Jeffreys' 2007 work included a retrospective correlational analysis of factors affecting retention, attrition, and licensure of associate degree nursing students. Although not extensive, data collected by Jeffreys supported that both academic and psychological outcomes determine retention decisions, and that multiple factors affect these outcomes. This supports other literature on student retention and attrition.

When publishing her retention model in a text, Jeffreys (2012) included comprehensive coverage of data on nursing student retention found in the literature to help support her conceptualization. Although testing and validation of this model has not been produced, it is the most comprehensive representation of the many factors affecting undergraduate nursing student retention at this time. This specific focus of the NURS Model made it useful to the study of returner nursing students. The organization of factors affecting retention was useful when clustering and analyzing subjective data.

As presented by the NURS model, specific factor clusters influence each nursing student's academic and psychological outcomes. Both types of outcomes then determine the students' retention status and decisions. Factors that affect nursing student retention are grouped into clusters that interact with each other during each individual student's journey through nursing school. The factor clusters include student profile characteristics, student affective factors, outside surrounding factors, academic factors, environmental factors, and professional integration factors (Jeffreys, 2012). Within each cluster are specific variables that could be part of the student's experience and affect retention.

Student profile characteristics include the standard demographic data of age, ethnicity, race, gender, and language. This cluster also includes prior educational experience, family's

educational background, any prior work experience, and enrollment status (such as part time or full time). The student affective factor cluster is divided into cultural values and beliefs, self-efficacy, and motivation. Outside surrounding factors include specific and broad conditions in the community that affect nursing students. These include world, national, and local events; politics and economics; the health care system; nursing professional issues; and job certainty. Academic factors include study skills, study hours, attendance, class schedule, and general academic services. Professional integration factors are specific to the nursing profession and student population and include faculty advisement and helpfulness, professional events, memberships, encouragement by classmates, peer mentoring-tutoring, and enrichment programs. Environmental factors are more specific to the student's immediate and daily environment when compared with outside surrounding factors. These include finances, family financial and emotional support, responsibilities to family, childcare, crisis in the family, employment hours and responsibilities, encouragement by friends outside of school, living arrangements, and transportation (Jeffreys, 2012).

The described factors affecting retention within the NURS Model also link to previously discussed frameworks and constructs from higher education and educational psychology. For example, psychological constructs such as hope and self-efficacy would be identified in Jeffreys' (2012) model as student affective characteristics. Tinto's (1993) theory, which describes integration into both academic and social systems of an institution, would link directly to Jeffreys' (2012) description of professional integration factors.

In the NURS Model, Jeffreys (2012) holds that all of these unique factors have an effect on academic and psychological outcomes. The interplay of academic and psychological outcomes then determines each student's retention status and decision. Jeffreys further defines

academic outcomes to include course grades, cumulative nursing GPA, and overall GPA.

Psychological outcomes are defined as satisfaction and stress. Students who are more successful in their academic outcomes and have more satisfaction within their nursing education journey are more likely to be retained.

### **Summary and Gaps in the Literature**

As noted through review of relevant literature on attrition and retention of postsecondary education students, a large amount of quantitative data has been published on rates. Although information on these rates is helpful, differences in measurement between institutions and states complicate the data. Literature is also noted on strategies to improve retention, but rates of retention have not climbed substantially in almost two decades. An overall attrition rate for postsecondary education students in America is around 50% (Tinto, 2012). Discussion and improvement is still needed.

A fair amount of relevant nursing education literature on attrition and retention of nursing students is also noted, but also with some complexity. Quantitative data on rates of attrition and retention are scattered. With review of attrition and retention rates it is noted that more students have a higher rate of success in nursing programs than students in overall postsecondary education. This is most likely due to the selection process for nursing students, which is also supported in the literature. Selection criteria for admission of students are well-researched in the nursing literature. Improvement in retention however can still be made. Changes to healthcare policy and the number of retiring nurse educators make retention of accepted students an important issue (IOM, 2008).

A wide array of small scale studies are noted in nursing education literature on success strategies and student experiences in relation to attrition and retention. Research shows that many

different factors contribute to student success or failure. Experiences of nursing students in relation to attrition and retention have been documented in qualitative studies that explored both barriers to success and assistive factors. Participants researched included all types of nursing students: those students who succeeded in nursing school, and those who did not.

More research could be done on different populations of nursing students and their success in nursing school. One specific population of nursing students who are at high risk for failure and have not been researched in relation to retention includes successful returner nursing students. Considering that nursing students sometimes fail a nursing course but are still successful in the program, this population is important to research. In this study successful returner students provided valuable insight. Rates on the number of nursing students who fail a nursing course and are successful have not been published. The lack of literature on this population is a notable gap. Gathering data about the experiences of successful returner nursing students gave perspective into their unique stories of retention. For this reason this population was the focus of this study.

Qualitative phenomenological data collected on the experiences of returner students was a place to start exploration. This type of research helps to make the audience aware of factors not previously considered. Frameworks and constructs reviewed including Tinto's Longitudinal Model of Institutional Departure, Jeffreys' NURS Model, Achievement Goal Theory, optimism, resilience, hope, and self-efficacy helped the researcher to group and analyze data in relation to these experiences.

## CHAPTER III

### METHODOLOGY

A qualitative phenomenological methodology was utilized to collect data on the lived experiences of successful returner nursing students. Phenomenology was selected because it gave participants an opportunity to describe their individual perceptions and experiences. The lived experience of returning to nursing school after receiving one failing grade for a nursing course is of great importance because retention of students is a significant topic in nursing education. Nurse educators and students alike can gain insight into the experience of returning and succeeding after a failure. Phenomenology is a powerful tool when studying lived experiences and therefore was appropriate for this study.

#### **Conceptual Frameworks**

Frameworks can be utilized in research in a number of ways, such as to guide the study, to assist with the organization of thought and inquiry, and to help with data analysis. Qualitative research often uses frameworks to provide guidance for a starting point in the field, as a lens or perspective from which to view the world, and at times to assist with organization of data in a broad sense (Creswell, 2009). Qualitative inquiry serves a dual purpose as both a philosophy and a methodology. The same is true for phenomenology, a specific type of qualitative inquiry.

#### **Qualitative Inquiry**

Qualitative inquiry, in a definitive sense, is research done with the purpose of learning about some facet of the social world (Rossman & Rallis, 2012). The qualitative researcher seeks to explore the human experience and related meanings while embracing complexity (Creswell,

2009). This complexity includes “messiness” of the real-world that humans live in each and every day. Through exploration of the human experience, understanding and insight can be gained. Qualitative research provides an excellent way to learn about meanings within the social world through the process of studying others in context. In searching for meanings, the research produced is descriptive and specific (Kvale & Brinkmann, 2009). “The findings from in-depth qualitative research are typically grounded in the real-life experiences of people with first-hand knowledge of a phenomenon” (Polit & Beck, 2008, p. 17).

Qualitative inquiry can be discussed within a number of paradigms or lenses to include constructivist, naturalist, and interpretivist (Creswell, 2009; Glesne, 2011; Polit & Beck, 2008). Although with different names, each of these paradigms are familiar in the belief and placement of humans’ unique experiences and interactions as central to understanding meanings within the world. From the philosophical stance of the constructivist, “meanings are constructed by human beings” (Creswell, 2009, p. 8). In qualitative research reality is not fixed but rather constructed by individuals with multiple interpretations. Perceptions make reality for each individual (Rossman & Rallis, 2012). Set in the naturalistic paradigm, qualitative research is focused on gaining insight from contextualized life experiences of humans and is holistic in nature. Both naturalist and interpretivist foundations support the assumption that reality is not fixed but rather situated within the context of human lives, in a natural setting (Polit & Beck, 2008). To the naturalist learning about phenomenon, it occurs when the researcher is close to the study participants. The goal of the interpretivist is to understand and describe the social world in context (Glesne, 2011).

Qualitative research does not reduce the human experience to selected variables but rather looks to describe life in a subjective sense as it is lived (Polit & Beck, 2008). Humans,

therefore, are the instruments through which qualitative research is collected. Data are gathered through in-depth methods of collection such as interviews with participants. A strength of qualitative research is that subjective data are specific to those living in the world. To the qualitative researcher, the notion of truth is not a set group of facts that can be researched, defined, and deduced from universal laws (Rossman & Rallis, 2012). Truth is different for each human living in his or her own world with individual perceptions of reality. This truth, to the qualitative inquirer, is fluid and evolving throughout research explorations and over the lifespan.

A qualitative research design was utilized to explore the experiences of successful returner nursing students. Qualitative data were useful to gain better understanding of the experiences of nursing students who had endured a failure in one nursing course, returned to the nursing program, and then completed their course of study successfully. This type of inquiry was best suited for building knowledge about the experiences of returner nursing students because the students themselves have lived these experiences. A qualitative design was an excellent way to gain understanding and insight from returners' unique success stories. To assist the qualitative researcher in investigating the lived world, different qualitative philosophies and methodologies are available. One available framework serving as both a philosophy and methodology is phenomenology.

### **Phenomenology**

The essence of phenomenology is the description of lived experience. Realizing that experimental research was not useful to studying all human phenomena, Edmund Husserl wanted to develop a rigorous human science that assisted researchers in learning about meanings of everyday experiences (Roberts, 2013; Sokolowski, 2000). Originally developed as a philosophy

by Husserl, and later expanded upon by Martin Heidegger and others, phenomenology offers a way to study the life experiences of humans in a vivid and contextual way.

From a philosophical perspective, phenomenology is concerned with consciousness and how humans perceive and experience the world. “The mind and the world are correlated with one another” (Sokolowski, 2000, p. 12). Consciousness is in fact the sole access that all humans have to the world (Sokolowski, 2000; van Manen, 1990). The truth of the experience of a phenomenon is dependent upon how it appears to humans. It is impossible to understand the truth of specific parts or pieces of an experience without an understanding of the whole background, perceptions about and context in which the experience occurred.

Hermeneutics, a branch of phenomenology that expands upon Husserl’s version, involves interpretation of described lived experiences via text or other symbolic means. Husserl’s original method of phenomenological inquiry included bracketing. Bracketing can be described as an attempt to separate one’s own thoughts, understandings, and biases from the research in order to simply describe the phenomenon as participants experienced it (Roberts, 2013; Sokolowski, 2000). In hermeneutical phenomenology, the researcher still describes the experiences of the participants, but also brings their own understanding into the study when striving to interpret meanings of the phenomenon of interest. Understanding, description, and interpretation of experiences are the goals of phenomenological inquiry (Rossman & Rallis, 2012; van Manen, 1990).

As positioned within qualitative inquiry, phenomenology seeks to “describe the world as experienced by subjects” (Kvale & Brinkmann, 2009, p. 26). The researcher asks, what is the essence or meaning of a phenomenon as it occurs to humans (Polit & Beck, 2008)?

Phenomenological inquiry is rooted in the lived experiences of humans. As described by van

Manen (1990) it is a “study of the life world” (p. 9). Humans living each day experience phenomena within the world and have multiple understandings. The phenomenological researcher is intrigued by humans and wants to understand more fully who they are and what life experiences mean to them. Taking on a phenomenological attitude involves focusing and reflecting on “the natural attitude and all the intentionalities that occur within it” (Sokolowski, 2000, p. 42). This involves becoming an onlooker and studying others’ perceptions of meaning.

Humans express life experiences through language such as in speaking or writing. This is why interviewing participants is essential for the phenomenological researcher to gather data. The science of phenomenology is, therefore, retrospective, because to study experience it must have already occurred. Phenomenology depends upon first-person accounts of experiences (Roberts, 2013; Rossman & Rallis, 2012; Sokolowski, 2000). Participants revisit the experience in their minds in order to dialog about what it meant to them (Randles, 2012). Phenomenology guides the researcher to edify the personal insights of humans who are study participants (van Manen, 1990).

Phenomenology, both a philosophy and type of qualitative methodology, was utilized for this study of successful returner nursing students as well. Specifically through the use of phenomenology, the researcher gained insight into the essence of what it is to return to nursing school after a failure and complete with success. Meanings of the experiences of returner nursing students were analyzed and interpreted. Inquiry using phenomenology as a framework seeks to find meaning in a phenomenon of interest. This meaning is gleaned from lived experiences of those closest to the phenomenon (Polit & Beck, 2008; Rossman & Rallis, 2012). Phenomenology was appropriate for this inquiry because the researcher sought to understand the central phenomenon of return to and successful completion of nursing school after a failure through the

perspectives of students who lived this experience. A phenomenological methodology was chosen because it gives voice to human experience and therefore was appropriate to give voice to successful returner nursing students. What is it to succeed in nursing school after a failure? What did this experience mean to these students?

van Manen's work on phenomenology provided further direction for this research. Max van Manen is a contemporary scholar who offers suggestions for methodology in the field of hermeneutical phenomenology. Six essential activities to conduct phenomenological research as described by van Manen (1990) were completed and include the following: (a) study of phenomenon that is of serious interest, (b) investigating the lived experience, (c) reflection on identified themes in relation to the phenomenon under investigation, (d) description of the phenomenon by use of intense writing, (e) maintaining a strong orientation to the phenomenon, and (f) bringing balance by consideration of the parts and the whole.

Study of a phenomenon that is of serious interest is the first methodological suggestion described by van Manen (1990). Turning to the phenomenon of interest includes orientation, formulation of a question, and explicating assumptions. Orienting oneself to a phenomenon involves desire to really understand and internalize the "nature and significance" of an experience (van Manen, 1990, p. 39). This involves a deep interest. Nurse educators, including myself, often develop deep interest in the struggles and triumphs of students. This study focused specifically on the lived experiences of successful returner nursing students. The researcher made a commitment to explore, understand, and interpret these experiences because of interest in this phenomenon and in the students who live it. To guide this inquiry I formulated a central research question: How do successful returner nursing students describe their experiences of success after returning to nursing school following one academic failure in the nursing program?

The question expresses the desire to understand the nature of the lived experiences of successful returner nursing students. Prior to studying the lived experiences of these students, I reflected on and discussed prior and present beliefs and understanding related to the topic. This is suggested to help the researcher in avoidance of quickly drawing conclusions based on previous knowledge and perception. It also helps to make known the researcher's subjectivity. By studying these experiences of return and success, I turned to the very nature of students' lived experiences.

The next methodological suggestion that was followed involved investigation of the lived experience (van Manen, 1990). When investigating in a phenomenological study, the researcher is on a mission to gather and analyze lived experience data in order to find and describe meaning. This allows the researcher and others to become informed, enriched, and shaped by understanding the essence of a phenomenon. Sources of data for phenomenological studies include protocol writing, interviewing, observation, literature, art work, and personal writings such as journals, logs, or diaries. Interviewing was the primary means of data collection for this study because it allowed the researcher to explore and gather narrative data. Also it is often easier for people to talk about their lived experiences as compared to writing (van Manen, 1990). To explore the nature of returner students' journeys to success, firsthand accounts were collected. Because these students experienced this phenomenon, their accounts and perceptions were vital to exploration and understanding. During the interview process van Manen (1990) suggests that much focus is placed on the original question guiding the study. By doing this, one can avoid becoming lost in tangential material. I also questioned participants about any written artifacts related to the lived experience such as diaries or notes discussing the journey.

Reflection on data gathered during the study of lived experiences is also an essential component of phenomenological methodology. van Manen (1990) describes reflection to include

clarification of and making explicit the meaning of lived experience. The researcher strives to grasp the meaning of a phenomenon, although a single definition is never sufficient. The meaning is expressed through crafting a text. To grasp the meaning, reflection on themes within the data is essential. A theme, according to van Manen (1990), is an element that occurs frequently throughout the data. Themes are “structures of experience” (van Manen, 1990, p. 79). They give a sense of order to this form of qualitative research and are meant to capture the phenomenon and give shape to the experience. Themes are, however, always a reduction and can never do justice to the complexity of lived experience. When reading data for thematic analysis, three approaches are suggested. The whole meaning approach involves reading the entire data set for meaning or significance. The selective approach involves reading the data for statements or phrases that are particularly essential in describing the lived experience. Finally, the detailed approach includes reading the data set sentence by sentence and determining what each sentence or sentence cluster is revealing. Once themes are established the researcher must then determine if they are essential or incidental. Essential themes are those that make the phenomenon. Without essential themes the phenomenon would lose its fundamental meaning. Incidental themes do not give meaning to the phenomenon yet happen to occur in the data. I employed all three approaches to reading the data within this study on the lived experiences of successful returner nursing students. Themes were determined and then reflected upon for their importance in describing the phenomenon. Major themes were then used to describe what it is that makes returning to school after failure and completing successfully distinct?

Writing and rewriting are also part of phenomenology as a methodology. In fact van Manen (1990) describes human science research as a form of writing in and of itself. He holds that writing is methodology. Through application of both thought and language to a

phenomenon, the essence can be described by putting experience into a symbolic form. Unlike scholarly writing to report findings, the strength of phenomenology lies in the externalization of the sometimes internal experiences of life. The phenomenological researcher must pay attention to quality of writing and unwritten components during the production of text. Anecdotes are a common occurrence in phenomenological writing and can be used to add a link to life. While writing, editing, and revising the researcher is able to reflect on the meaning of a phenomenon. By putting thoughts onto paper, the writer is distanced from the topic or experience and at the same time is drawn closer by rereading for understanding. In this study I strived to capture in writing the essence of what it is to successfully complete nursing school after a failure.

While conducting exploration of a phenomenon, the researcher must maintain a strong orientation to the phenomenon of interest (van Manen, 1990). To do this I frequently reflected on the central and focused research questions throughout the study. During the interview process, I strived to stay focused on the phenomenon under investigation. When writing, the phenomenological researcher should orient the textual production to the research question. The strongest interpretation of the phenomenon should be expressed in order to produce understanding and interpretation of the meaning of life experience as related to the phenomenon under investigation. As van Manen (1990) describes, “rich” description involves full exploration of a phenomenon and goes beyond what is immediately experienced. In order to describe the phenomenon richly, I stayed oriented to the phenomenon and the question behind it.

The last methodological suggestion to consider involves reflecting on both the parts and the whole of the phenomenon as described by the data. This suggestion is made to help prevent frustration when organizing writing on the phenomenon of interest. When writing about lived experiences it is sometimes difficult to organize data and reflective thoughts. Before data

collection begins it is suggested that the researcher have a tentative interview guide and themes. This will help with organization of the final product. van Manen (1990) describes that there is no set organizational protocol for writing about findings but several possible ways include thematic, life story, or essential nature organization. I utilized thematic organization when writing about the lived experiences of successful returner nursing students. In doing this reflection on how each theme contributes to the overall picture that the data created helped me to better understand the phenomenon of interest. As described by van Manen (1990) this is consideration of parts to the whole. I also compared pieces of data to current literature, constructs, and frameworks to explore how the phenomenon of success after a failure in nursing school fits.

In qualitative inquiry, models and theories can be utilized as a broad basis for beginning a study and viewing data (Creswell, 2009). Helpful constructs and theories were used to better understand the phenomenon under investigation and are found in literature from higher education, educational psychology, and nursing education. From higher education, Tinto's Longitudinal Model of Institutional Departure was helpful. The educational psychology constructs of optimism, hope, Achievement Goal Theory, resilience, and self-efficacy were explored in relation to students' experiences. Jeffreys' (2012) conceptual Model of Nursing Undergraduate Retention and Success (NURS Model) was also considered in relation to the data.

## **Research Design**

### **Setting**

The institutional setting from which participants for this study successfully graduated included one state college within the southeastern United States. The approximate number of students enrolled within this access institution is around 4,000, with fall 2012 total enrollment being 4,171 students (Fall 2012 Quick Facts, 2012). Updated enrollment for spring 2015

included a total of 3,671 students (Spring 2015 Quick Facts, 2015). The institution lies within a rural area that is within commuting distance of several major urban areas in surrounding counties, to include the state capital. Students attending this institution are from both the local rural community and nearby metropolitan areas of the state capital providing a diverse population. During spring 2015, a total of 20 state counties were represented by the students attending. As stated, the student population is diverse and includes high school graduates, non-degree students, transfer students, transient students, GED recipients, and home-school graduates, to name a few populations. Both residential and commuter status is available to students. The vast majority of students, however, are commuters with the spring 2015 commuter total at 2,750 and the residential total at 867.

History of this school is long, beginning during the 19th century as a local school for children and evolving several times to include a period of serving as a military school. After a series of changes, in 1972 the institution transitioned into a junior college due to the need for postsecondary education closer to the center of the state. The institution was also accepted into the state university system. As a junior college, part of the beginning mission of this institution was to provide access for a variety of students. Growth of the college has occurred over the last several decades and approximately 40 associate degree offerings of which are fully transferable among other state universities are currently available. In 2006, the title of “state college” was granted and during the last decade, nine bachelor programs have been added to the offerings. Although bachelor degree programs were added, this college still retains the mission of access. Part of the mission statement includes reference to affordability and support of students. In fact, students who score less than 430 on either the math or verbal sections of their SAT are given a college placement examination and an opportunity to take remedial courses if needed. This

learning support program ensures that students have a chance to enter college if they desire (Gordon State College, 2015).

One of the associate degree programs offered within this institution is the associate degree in nursing. Graduates who receive their associate degree in nursing are eligible to sit for the licensure examination to become a registered nurse. Participants for this study were selected from graduates of the school of nursing associate degree program, which admits approximately 80 associate degree nursing students biannually (Gordon State College, 2015).

The associate degree nursing program, like its parent institution, also demonstrates longevity. The program has been in operation and approved by the state board of nursing since 1972. The program is also fully accredited by the ACEN on a continual basis since 1976. Like the population of students at the college, the nursing student population is diverse and includes mostly commuters. Although admission to the associate degree nursing program is very competitive, the school of nursing is able to attract and admit a variety of students due to the large admission numbers, the core requirements, and the admission requirements. Unlike programs that offer a bachelor's degree path to becoming a registered nurse, the associate program at this state school requires a total of nine core courses prior to graduation. Requirements for bachelor programs require many more core credits prior to entry. The lesser number of credits required allows students to enter the degree program, obtain their nursing licensure, and begin working sooner. The admission requirements are selective but obtainable. The minimum GPA for acceptance into the nursing program is a 2.5; however, the average GPA of students admitted is higher (Gordon State College, 2015).

Once admitted to the associate degree nursing program, students learn in a cohort model. Within the cohort model students who progress as expected take a prescribed schedule of nursing

courses with the same peers for a total of four semesters. Clinical within varying healthcare settings is also part of many of the nursing courses and students are required to complete set numbers of clinical hours each semester. First semester course curriculum for participants of this study included fundamentals of nursing and basic pharmacology. Second semester course curriculum included maternal-newborn nursing, psychiatric nursing, and advanced pharmacology. Third semester included adult and pediatric medical surgical nursing and gerontology. Fourth semester included medical surgical and critical care nursing and current issues in nursing. To progress as expected, students must receive the letter grade of a C or higher in each of their nursing courses (Gordon State College, 2015). The grading scale for the associate degree nursing program is listed below:

Grade of A = 91 to 100

Grade of B = 82 to 90

Grade of C = 75 to 81

Grade of D = 66 to 74

Grade of F = 65 and below

For students such as the returners who did not successfully complete one of their nursing courses with a 75 or higher average, a return policy is in place. Students who enter into the associate degree nursing program within this institution are allowed to return and repeat one nursing course following a withdrawal or the receiving of a failing letter grade of D. Students who fail more than one course, or who receive a letter grade of an F in any nursing course are not allowed to return. Prior to returning, students must complete a readmission process. Readmission and return is not guaranteed. For students attempting to return to a first semester course, readmission to the nursing program within the applicant pool is required. For students attempting

to repeat in any other semester, a readmission form, letter, and contract must be completed. Space and the admission pool are factors that can affect students' ability to, and time of, return (Gordon State College, 2015).

Upon return to the nursing program, students are required to meet with a faculty success coordinator. The role of this faculty within the nursing program is to help struggling students with study and testing strategies. This role was created in hopes of increasing retention, progression and graduation of nursing students. This role supports the access mission of the college (Gordon State College, 2015).

### **Access**

Access to the student population was gained through nursing faculty of the institution. The researcher had a faculty contact within the institution that served as a gatekeeper. This faculty member was familiar with attrition, retention, and graduation at the institution. Initial contact with students was an email sent to previously graduated students who met selection criteria in September of 2014. The gatekeeper at the institution has access to email addresses for graduated students and sent the initial email to previous students within four cohorts of graduates. Thirteen graduates responded to this initial email. After response from the first email, and identification of possible participants who met the criteria, a clarification email was sent by the researcher to ensure inclusion criteria were met. Eleven of the respondents met inclusion criteria and agreed to participate in this study. Next the researcher set up dates and times for meeting with the participants to collect data.

### **Sample**

The number of participants selected for this study was 11. Ten is a typical number of participants selected in phenomenological studies (Polit & Beck, 2008). For phenomenological

research, the sample size should be small and purposively selected from a population who has had a homogenous experience (Roberts, 2013). Fewer participants allows the qualitative researcher to collect more in-depth data and to become more deeply involved (Connelly, 2012). Purposive sampling is not based on statistical measures but on who would convey an experience fully and on feasibility (Curtis, Gesler, Smith, & Washburn, 2000). One attempt to validate the number of individuals needed for a qualitative phenomenological study found that themes were repeated multiple times in a sample of 12 participants (Guest, Bunce, & Johnson, 2006). Another source describing best practices in sampling for qualitative inquiry suggested 20 to 30 interview sessions (Marshall, Cardon, Poddar, & Fontenot, 2013). For this study, a range of 10 to 15 participants was given with at least two interviews per participant being completed. This followed methodological best practices as suggested. All participants had the homogenous experience of failure and then success in a nursing program. The researcher carefully selected students from diverse backgrounds to more completely represent this particular nursing student population. By including students with varied gender, age, nationality, and race a more complete picture of the experiences of this population was obtained. The sample of participants is thoroughly described in Chapter IV.

### **Recruitment and Selection**

To obtain data on the experiences of returner nursing students, purposive sampling was utilized. As described, purposive sampling is essential in qualitative research to select participants who can provide first-hand data on the phenomenon of interest. According to Polit and Beck (2008), in phenomenological studies “all participants must have experienced the phenomenon and must be able to articulate what it is like to have lived that experience” (p. 358). In phenomenological studies, participants are linked through a common experience or

“criterion.” A special type of purposive sampling known as criterion-based sampling was utilized with the criterion being the phenomenon that is experienced by all participants. All participants selected for this study experienced a failure and then subsequent success in nursing school. In this study, inclusion criteria for participants were as follows: (a) failure of one nursing course with a grade less than C, (b) return to the nursing program in which the failure of a nursing course occurred, (c) successful completion of the nursing program in which the failure occurred, (d) graduation from the nursing program within the last five years (May 2009 through May 2014) with ability to sit for the registered nurse licensure examination, and (e) willingness to participate in the study.

These selection criteria were chosen to help the researcher gain descriptive data on the experience of success after a failure and return to nursing school. Since the experience of failure of a nursing course can occur within any semester of the program, no specific criteria were set to specify the nursing course failed. The researcher considered the entire population available for sampling. The sample of participants included students that graduated in four different cohorts; times of graduation included December 2012, May 2013, December 2013, and May 2014. Diversity in the sample of students was considered and included age, race, gender, English as second language, nursing course failed, and other noted factors. In this way, voices from multiple backgrounds were heard and included. To verify this information a brief demographic survey was given to participants at the beginning of the interview process (Appendix A).

To recruit participants for the study the researcher utilized email addresses of graduated nursing students. Nursing students who had successfully graduated were emailed a brief letter (Appendix B) explaining the study on returner nursing students and providing the researcher’s contact information (including email and telephone number). In September of 2014, the faculty

gatekeeper forwarded this email to graduates from four nursing cohorts. Upon receiving 13 responses, a second clarification email (Appendix C) was sent to potential participants from the researcher with the following questions: (a) Have you successfully completed an associate degree nursing program after the failure of one nursing course within that program with a grade of less than a C? (b) Did you graduate from an associate degree nursing program with the ability to sit for the licensure examination within the last five years (between May of 2009 and May of 2014)? (c) Would you be willing to participate in a research study on successful returner nursing students in which you will be interviewed about your experience? After clarification of inclusion criteria was achieved and contact information collected the researcher again contacted participants to establish a time for the first interview. Eleven participants met inclusion criteria and agreed to be in the study.

### **Data Collection**

As with most qualitative research studies, data collection involved interviewing participants. Interviewing is a powerful and intimate way to collect subjective, narrative data on experiences of others related to the phenomenon of interest. “The qualitative research interview attempts to understand the world from the subjects’ point of view, to unfold meaning of their experiences, to uncover their lived world prior to scientific explanations” (Kvale & Brinkmann, 2009, p. 1). In qualitative inquiry, the researcher is the instrument for data collection (Creswell, 2009).

For this study on returner nursing students, a semi-structured interview format was used to collect data on the experience of returning to and succeeding in nursing school after a failure. Semi-structured interviews offer a means of expounding upon emerging themes while ensuring that specific topics are covered for the research study (Polit & Beck, 2008). Semi-structured

interviews also allow the researcher a look into participants' worlds through their unique perspectives and are suggested for phenomenology because the researcher can "obtain descriptions of the interviewees' lived world with respect to interpretation of the meaning of the described phenomenon" (Kvale & Brinkmann, 2009, p. 27).

Open-ended questions were used to guide the interviews based upon the central and focused research questions and relevant literature. An interview protocol was developed for guidance (Appendix D); flexibility during the process was exercised. Interview protocols are suggested to help focus on the phenomenon of interest. Both briefing and debriefing occurred with each interview. Briefing involved introducing the subject and purpose of the interview and asking if each participant has any questions. This helped to introduce the topic and set the participants at ease (Kvale & Brinkmann, 2009). After completion of each interview, debriefing was completed. Participants were asked if there was any additional information they wanted to add and how the interview experience was. This process was followed during every interview.

Before the interview process, participants were asked to select a setting that was most comfortable and convenient for them. The researcher commuted to locations selected by each participant to ensure ease. Locations selected by participants included participants' homes, quiet restaurants, and coffee shops. Qualitative research is most commonly conducted in a naturalistic setting (Polit & Beck, 2008).

Each participant was interviewed twice. The first interview was completed face to face and lasted approximately 45 to 90 minutes. The developed interview protocol was utilized to guide the first interview with each participant. At the conclusion of the first interview each participant was given a note pad and pen and asked to write down any thoughts about their experience between this interview and the next. Participants were also asked if they had any

relevant artifacts from during the time of their experience. This could include a diary, journal, calendar, planner, notes, photos, cards, or any other items they consider significant. During the interview process, three participants described artifacts that were written. One was a note, another statements painted on a wall, and the third letters from the college. Each participant was able to describe the text on each artifact in detail. Relevant data is discussed within Chapter IV.

The second interview took place within 8 to 12 weeks after the first interview, based on availability of participants. This time period between interviews also allowed for analysis of data and initial development of emergent themes. During the second interview, emergent themes identified by the researcher from all collected first interviews were clarified with participants. This interview served as a member check. Further exploration into themes was also conducted. Each participant was asked about any thoughts about their experience since the last interview, and any recorded notes. The second interview lasted approximately 30 to 45 minutes and was conducted via telephone at a convenient time for each participant.

The interview process began in late September 2014 and ended in January of 2015. A total of 22 individual interviews were conducted. During all interviews, participants were audiotaped so that transcription could occur. Descriptive field notes were taken during each initial interview and the researcher also wrote an analytic memo after all interviews. Verbatim transcription of each interview was done by a single person so that consistency was maintained. After each interview, data were reviewed and pondered thoroughly so that emergent themes could be identified. After the conclusion of both interviews with all participants, each participant was emailed a list of themes and all transcriptions. Participants were given the opportunity to add any additional thoughts about identified themes.

## **Data Analysis**

During the data analysis phase, interview transcriptions were read and reread. This process was ongoing throughout data collection and after. The first reading of each transcription utilized the whole meaning approach. A memo was written after each reading to include overall impressions and thoughts about meaning. As described by Creswell (2009), qualitative data analysis is an inductive process that builds from the bottom up. Coding of each transcription according to selected categories occurred. "Coding involves attaching one or more keywords to a text segment" (Kvale & Brinkmann, 2009, p. 201). Reflection upon the data is central to understanding any phenomenon. For this reason the process of hand coding was utilized. By doing this meticulously, the researcher was able to carefully consider all pieces of data. van Manen (1990) describes how computer programs are helpful for sorting data but the researcher must think deeply about this organization. In phenomenology deep involvement with the data is needed to help produce insightful and full interpretive descriptions. Hand coding was helpful for the researcher to find this deep connection with the collected data.

Data were separated into groups of similar codes or categories. Frameworks and research questions assisted the researcher in development of initial codes (Rossman & Rallis, 2012; Roulston, 2010). For this study, the first coding involved applying initial deductive codes from the research questions including challenges, assistive factors, and differences upon return. This coding produced large categories of data. The second coding used a detailed approach and inductive codes were assigned to data on a line-by-line basis. Also, codes were developed from theoretical frameworks from higher education, educational psychology, and nursing education. Data were then coded again utilizing deductive codes from these frameworks. This coding was done with a selective approach. Codes helped the researcher to reflect upon the collected data in

an organized way. Through multiple coding processes, emergent themes developed that described the experience of returning to nursing school after a failure of one course. Codes utilized, along with their descriptions, are available for review (Appendix F).

Themes are identified by clustering together groups of narrative data gleaned through the process of coding about the experience of returning to nursing school after a failure. The researcher considered the literature on student experiences and selected frameworks when developing themes. As discussed by van Manen (1990), reflection on identified themes took place. When following van Manen's process for analysis, "themes become the objects of reflection" (Polit & Beck, 2008, p. 521). Detailed description of the themes and their fit within the phenomenon occurred through intense writing. Student experiences of success after a failure were described in relation to each identified theme. According to van Manen (1990), the process of intense writing is critical for data analysis. Through the writing process understanding can be gained. Interpretation in qualitative research is often done simultaneously during analysis of data (Polit & Beck, 2008). During this process, meaning was expressed through the themes. Themes were useful to describe the essence of the experience of returning to nursing school after a failure. Nine themes identified from this data are described in Chapter IV. These themes, described in the writing, can hopefully convey meaning of the experience of returning to nursing school after a failure and then successfully completing the program.

### **Reliability and Validity**

Measures to establish reliability and validity were taken in this research study. To ensure that reliability was present, each interview transcription was rechecked for accuracy by the researcher. This confirmed that no mistakes were present, and the verbatim accounts from each participant were transcribed. To further ensure reliability the researcher constantly compared

codes so that no shift of codes occurred throughout the process. As discussed above, each code utilized along with description is presented with this study (Appendix F).

Validity, also known as trustworthiness in qualitative inquiry (Creswell, 2009), was also established within this study by multiple processes. After data analysis began, theme development member checking occurred within the second interview and then via email. Each participant's completed personal interview transcripts along with the list of identified themes was emailed to them. Themes sent were inclusive of all data collected. On the email, participants were asked to validate the identified themes. By member checking, assurance was gained that all participants agreed with the direction of the study and confirmed accuracy.

To further ensure validity and build quality other measures were completed. The researcher discussed previous background, interest, and any bias or experiences that could cloud understanding in this write up. This reflection on my personal subjectivity demonstrates reflexivity and is suggested to build quality (Roulston, 2010). Detailed descriptions of the experiences of returner students were included through intense writing. These descriptions located in Chapter IV include multiple data extracts to ensure that sufficient evidence is presented. The researcher also utilized the expertise of three doctoral prepared, experienced qualitative researchers to create an audit trail. These researchers were each randomly assigned an interview transcript and were asked to complete one coding. After completion their inductive codes were discussed in relation to codes and themes previously developed by the research for this study. Similarities and alignment was evident between the primary researcher's codes and the other researchers' codes. A list of codes identified in the audit trail is provided (Appendix G). By taking these quality measures, reliability and validity were built.

## **Ethical Considerations**

Prior to the start of this study ethical considerations were carefully accounted; preparations were made to ensure that the study was ethically sound. Before sampling or data collection occurred, approval was obtained from the Institutional Review Board (IRB) at The University of Alabama (Appendix I), the institution from which the participants graduated, and the institution in which the researcher is employed. An informed consent was obtained from participants both in writing and verbally prior to the interview process. The written informed consent was collected on a document that included the risks, benefits, and purpose of the research study along with measures taken to protect each participant's confidentiality (Appendix E). Participants were informed that they may withdraw from the study at any time.

During each interview every effort to make participants feel as comfortable as possible was made, and the participants could refrain from discussing any topic. Confidentiality was maintained throughout interviewing by the use of private settings. Risks were considered very minimal with this study because data collection involved interviewing. A certified psychiatric mental health clinical nurse specialist (CNS), however, was available upon request of participants in case emotional unrest arose as a result of the interviewing process. The CNS is licensed to provide counseling and agreed to if needed. The researcher had the name and contact information of the counselor available at all times, although this resource was never needed.

During and after the data collection and analysis phases, all written and recorded data were kept in a locked cabinet within the researcher's office. Data saved electronically were password encrypted on the researcher's hard drive. Five years after data collection occurred, data will be destroyed. To further protect participants of the study, confidentiality was maintained through the use of pseudonyms for dissemination of findings.

## **Researcher Positionality Statement**

As a nurse first and then an educator, I have built my career on knowing and helping people. Both nurses and educators are tasked with helping others reach their full potential-- whether in a quest for better health or more understanding. The best professionals in both fields are caring and take interest in the journeys of patients or students. I strive to be the best in both nursing and education and have a deep interest in the stories and lives of both my patients and students. This interest, however, did not develop at the start of my career. Since I was a child, I have always found the stories and life experiences of others fascinating. While growing up I felt I learned the most from adults who took the time to talk with me, sharing personal stories from their lives, and thus teaching me valuable life lessons.

Relationships with others are what shape who we are as people from childhood and beyond. In fact one of my children is named after an adult friend and mentor with no formal college education who without even knowing was the most influential teacher I ever had. He would share both silly and serious stories from his past and then relate them to invaluable life lessons. Lessons such as these have molded me, and I realize the relationships developed through dialog and interest are precious. For humans, language is integral to the formation and growth of relationships. According to Vygotsky, the “primary function of speech is communication, social intercourse” (1934/1986, p. 6). Cherishing and learning from human relationships is so important. I believe this is why I enjoy qualitative inquiry and feel best situated in the interpretivist paradigm. Listening, understanding, and retelling the accounts of others have shaped my life in the past and can contribute to research findings in my given area of interest.

Since becoming a nurse educator my primary career focus has been upon helping my students succeed in nursing school. As discussed in the literature, there are many factors that

contribute to the success or failure of nursing students. Although much of the quantitative literature identifies predictors of success such as GPA and exam scores, there are some students with lower incoming predictors who sail through school easily and others who have a higher probability of completing who struggle. I find this vastly interesting and believe that quantitative data only tells part of the story.

By interviewing students who have struggled with nursing school and then completed successfully following a failure, I believe that understanding of this unique experience was obtained. I feel that each individual student has a story; the specific experience of failure and then success is very important and has been overlooked thus far in the research. By listening and striving to understand the experiences of these students, new understanding was gained. Nurse educators such as myself can develop a fresh perspective on the struggles of nursing students, specifically that of the returner student. This perspective can help to guide educators in assisting returning nursing students. As van Manen (1990) describes, a value of phenomenological research is to make the reader aware of aspects of experience that are sometimes taken for granted. By becoming aware of returner students' experiences, educators can commit to understand the stories of struggling students in the future and form a basis for practical actions to assist. van Manen (1990) notes that although phenomenology is not action research, it does have the power to inspire reflection and change.

Although I have an interest in the stories of returner students, and an overall desire to help nursing students, my personal background, beliefs, values, and past experiences must not be overlooked. As a nurse educator, current student, friend, daughter, and mother, I have developed certain beliefs about topics pertaining to student success through living in these roles. My beliefs on both success and failure were considered when approaching this study.

As a grade school, high school, and undergraduate student I never had any trouble with achieving success. In fact, I never really thought very much about success or failure when growing up. The only two tests that I remember failing included one science test in third grade, and one pre-calculus test in college. Both times I achieved an A in the course after a little more effort. I remember crying about the science test; my mother told me that it was alright: “Just do the best that you can and don’t worry about it,” she said. I guess I took her advice and my usual success to heart, because I approached my core college courses with a laissez faire attitude. I made mostly A’s and a few B’s, but the B’s did not upset me. I was also working a job at the time and my financial independence was the most important thing to me.

I remember my college advisor telling me that the nursing program was competitive to get into. I just shrugged my shoulders and said “OK.” When I entered the nursing program I could not understand all the commotion from my peers about exam scores and exam items. I did well, but if I had not I would have worked harder or chosen something else to do I guess. There was nothing “do or die” to me at that time in my life. I think my view of success then was do the work, if it doesn’t work out, do something else. I would say I had more of an entity theory of intelligence at the time; either you got it or you did not. I never really considered what it was like to fail.

As a nurse educator my views have changed. Although it is hard for me to understand, I realize that success in nursing school is the ultimate goal for many students. Excitement and anxiety before acceptance letters are mailed can be noted among students. This observation shows me the importance of the program to them. Other experiences such as telling a fourth semester student that she was not going to graduate have shaped my views as well. Through many discussions with students failing courses I am able to see how many factors influence both

success and failure. I still believe that success comes from doing the work, but I now realize that other variables also play a big role. This has helped me develop empathy for my students. I have also developed a desire to help them sort through factors and create a life environment conducive to success if possible. Frustration with and empathy for nursing students are not uncommon experiences for me as a nurse educator.

Admittedly, failure I still do not understand well. Working on my doctorate degree has helped me understand why students want to give up, however. It has also helped me to understand how life factors can get in the way of school and cause failure. I still see failure as more of an opportunity to do something else though. If I were not successful as a nurse educator for example, I might like to try something more vocational like painting or carpentry. I love to learn new things and truly see life as a journey. My identity is not wrapped up in being a nurse or a nurse educator, although I love both careers. I think this is why I see both failure and success as opportunities for individuals.

By considering my own background, experiences, values, and beliefs hopefully I was able to gain better understanding of the experiences of returner students and note how they differ from my own. I think their experiences of success are intriguing because I did not know that struggle within the nursing program. As a qualitative researcher I realize that some bias is present in each and every inquiry. By exploring my own feelings and selecting study participants who had previously graduated from an institution other than the one in which I am currently employed, I was able to approach this study with fresh, clear thought processes.

## CHAPTER IV

### FINDINGS

This chapter presents the findings from this phenomenological study conducted for the purpose of exploring what it means to experience a failure in nursing school and subsequently return and experience success. Study participants are introduced followed by details of the study findings. Thematic analysis was utilized to describe findings. Major themes that emerged describe the lived experiences of persons who completed nursing school successfully after the academic failure of one nursing course. Themes are described in full detail to build validity and present the many complexities and nuances of the participants' experiences. The description and interpretation of this experience aligns with the central research question for this study: How do successful returner nursing students describe their experiences of success after returning to nursing school following one academic failure in the nursing program? Findings are discussed in context with focused research questions in Chapter V.

#### **Meet the Returners**

A diverse group of 11 participants met the inclusion criteria and was selected as the sample. Sampling procedures are described in the Methodology section. The participants included nine females (81.8%) and two males (18.2%). Seven of the participants were Caucasian (63.6%) and four were African American (36.4%). Two of the African American participants were from other countries of origin and relocated to the United States during their teenage years. All reported English as their primary language. Ages ranged from 23 to 52 years, with six participants in their 20s (54.5%), three in their 30s (27.3%) and two in their 50s (18.2%).

During the time of their experience in nursing school, five of the participants were married (45.6%), five were single (45.6%), and one was widowed (8.8%). Four of the returners cared for dependents while they were enrolled in the nursing program (36.4%). Seven of the 11 returners were first generation college students (63.6%). See Table 1 below for demographic information for each participant. Pseudonyms are used for identification purposes. Each participant is also described briefly to build context. Interaction with the returners at the beginning of their nursing school journey facilitates a better understanding of their experiences.

Table 1

*Sample Demographics*

Participants	Gender/Race	Current Age	Marital Status in Program	First Generation College Student	Semester of Nursing Course Failure
Ben	M/Caucasian	23	Single	Yes	2 <sup>nd</sup>
Mia	F/African American	39	Married	Yes	1 <sup>st</sup>
Cindy	F/Caucasian	52	Widowed	No	2 <sup>nd</sup>
Melissa	F/Caucasian	50	Married	Yes	4 <sup>th</sup>
Morgan	F/Caucasian	23	Single	Yes	1 <sup>st</sup>
Brittany	F/African American	30	Married	No	4 <sup>th</sup>
Brandy	F/Caucasian	24	Married	Yes	3 <sup>rd</sup>
Jonah	M/African American	25	Single	No	2 <sup>nd</sup>
Laura	F/Caucasian	23	Single	Yes	2 <sup>nd</sup>
Betty	F/African American	28	Single	Yes	3 <sup>rd</sup>
Lynn	F/Caucasian	30	Married	No	2 <sup>nd</sup>

**Ben**

Ben was a traditional college student that matriculated directly from high school. He realized that he wanted to do something in the medical field during high school because of his fascination with anatomy and physiology of the human body. During his core courses Ben was

very successful, making A's. He decided on nursing so that he could build a life for himself and his then fiancé. He knew that nursing offered job stability; his dream of building a house and supporting a wife could be realized. During college he lived at home with his mother and worked a part-time job in his hometown. He was also very active in his church. Having success in his core courses gave him confidence that he could do well in the nursing program.

### **Mia**

Being a "registered nurse" was always a dream of Mia's. Prior to entering nursing school she remembered an aunt of hers from childhood that was a nurse. Her aunt was well respected in their community, dignified, and always wore a crisp white uniform. At the time of entry to the nursing program Mia was a mother of three, a wife, and a nontraditional student. She had children prior to attending college, had previously earned a medical assistant certificate, and worked as a unit secretary part time within a healthcare facility. She always wanted to be a nurse, and with the support of her husband and children decided to go to college, excited to realize this dream.

### **Cindy**

After being widowed unexpectedly, Cindy decided to go to nursing school because she needed a career to support herself and her teenage son. She had also thought about becoming a nurse in years past but was not serious about academics during her first experience in college as a pre-nursing major. Helping others was always a desire of hers, and she wanted a change from her current job, which was not challenging. She entered the nursing program as a nontraditional student after completing her core courses and planning out her finances to last through her educational journey. Having a previous associate degree in computer science Cindy thought a degree in nursing was obtainable.

## **Melissa**

Melissa also entered nursing school on a nontraditional path. In her adult life she gained a GED, styled hair for over 20 years, and then obtained a medical assistant certification. After working in the healthcare setting for five years, she decided that she wanted to further her education. With the financial support of her husband, she entered the college setting for the first time and was focused. She completed core courses slowly in order to ensure a competitive GPA and then entered the program somewhat nervous for what was to come.

## **Morgan**

Morgan entered college as a traditional student following high school graduation. During her college experience she lived at home with both her parents. She considered both nursing and pre-med, prior to choosing a major. Nursing was selected because Morgan wanted to work more directly with her patients in a caring manner. During her core courses Morgan excelled and was able to juggle a full-time job at a restaurant with classes. She did not feel much anxiety upon entry into the nursing program because she did well in all courses before. She was ready to get her degree and move forward.

## **Brittany**

Brittany wanted to enter the nursing program because she had a strong desire to help others. Also, several of her close family members were nurses. She entered as a nontraditional student. Marriage, having one son, and a previous bachelor's in psychology all gave her life experience prior to entering nursing school. She was both excited and nervous because she expected it to be somewhat difficult; however, she realized the reward of a stable career that could result.

## **Brandy**

Brandy entered college as a traditional student after high school and did well in core courses. During that time she lived at home with her mother and sister, assisting with care of the home while her mother worked several jobs. She was unsure of what to expect when entering the nursing program but was aware that this was a needed step to reach her long-term goal of becoming a nurse midwife. She expected her nursing degree to be an obtainable step in progression toward her goal.

## **Jonah**

Nursing seemed the best choice for Jonah when he considered the time taken to obtain various healthcare degrees. His goals included a stable job and not having to depend on his parents. A deep interest in health and the human body led him to the healthcare field, and the requirements and possible salary steered him to choose nursing. After completing his core courses on honor roll Jonah entered nursing school expecting to do well. He had always been a great student, in grade school, high school, and college--even when others said it would be hard. He adjusted well to a move to the United States as a child and was accustomed to achieving his goals. Jonah was historically dedicated to studying and mastering his course material.

## **Laura**

Laura became interested in nursing during a high school health occupations course. She always wanted to help people and developed a life plan of becoming an associate degree prepared nurse, obtaining her bachelor's, and becoming a flight nurse. She had no doubts about her ability to do well in the program based on her previous success in high school and core college courses. When she received her acceptance letter to the nursing program her parents and

boyfriend were there to share in the excitement as she opened it. She entered the program as a traditional student ready to achieve her set goals with an eagerness to learn.

### **Betty**

After growing up in a country with limited access to healthcare and witnessing the death of a parent at 10 years old, Betty knew that she wanted to help people by entering the healthcare field. She moved to the United States after high school for better opportunities and entered nursing school after making high grades in her core courses. To support herself she worked during breaks and was dependent upon financial aid. She was fairly confident in her ability to become a nurse after achieving success in previous courses. She entered the program not knowing exactly what to expect.

### **Lynn**

Lynn entered the nursing program as both a nontraditional and seasoned student. She had obtained a Bachelor's degree in biochemistry from a private college known in the state for rigor. She was also in a sometimes challenging marriage and worked a part-time job (nine hours per week). She decided to return to school for a nursing degree when she realized the relatively few career options available with her Bachelor's degree. When starting the nursing program Lynn believed that her strong foundation in science would help her progress smoothly.

## **Results**

The results from this study describe failure in pursuit of a goal, a second attempt, and success in the face of great challenge. The stories presented here are true accounts of success. Participants were asked to describe their experiences in nursing school, which included receiving a D in a nursing course followed by a return to complete the program. Exploration of this difficult and rewarding lived experience allows others to share in the victory of these now

successful registered nurses. Expanding the understanding of returner students' experiences of success is important to nursing education. Insights can be gained regarding what this experience means to students and methods that may help current and future students succeed after failure of a nursing course.

Study findings are described in the form of major themes. Themes emerged inductively from the interview data. Description of each theme is detailed and includes data from all participants. Throughout each thematic description interpretation of the returners' lived experience is presented. Exploration and interpretation of these themes gives one a better understanding of the experience of returning and succeeding in a nursing program after the failure of one nursing course.

### **Major Themes**

Analysis of the data revealed nine emergent themes that describe the participants' journeys through nursing school to success. Themes that describe their experiences of failure and success in nursing school include (1) dealing with uncertainty, shock, and sadness; (2) taking responsibility for personal failure and success; (3) returning after a failure; (4) major shift in thinking; (5) reaching beyond to find what works; (6) fueling the journey with positive dialog and focus; (7) connecting with others to gain strength and strengthen; (8) making meaning of a set-back; and (9) intrapersonal growth. A general description of each theme is presented within this chapter in a series of embedded tables. Each theme has a narrative description. Each narrative description includes a separation into components, and each component is organized further into subcomponents. This organization was utilized to ensure that the experience of being a successful returner nursing student was thoroughly described.

## **Organization of Themes Presented**

Each participant's description of their experience with failure, return, and success in nursing school included components of each of the nine emergent themes. Participants discussed their experiences with varying order during the data collection process. Thematic analysis did not reveal a solely linear order for occurrence of themes; however, it is noted that dealing with uncertainty, shock and sadness, and taking responsibility for personal failure and success began occurring earlier in the journey through nursing school, while making meaning of a set-back and intrapersonal growth were often described as occurring toward the end of the nursing school experience or even after. The theme of returning after a failure was described as occurring after shock, uncertainty and sadness, and taking responsibility. This is logical because before returning, one would have to experience a failure or set-back and then take the responsibility to complete. The other four themes, including major shift in thinking, reaching beyond to find what works, fueling the journey with positive dialog and focus, and connecting with others to gain strength and strengthen, were all described by participants as occurring following a return to nursing school after a course failure and were ongoing until completion of the program.

Consideration of the participants' descriptions of experience and logical ordering of events was used when organizing the themes to present findings. This was done to help describe the lived experiences of participants in the most clear and understandable way. Thematic description of the returners' journeys is organized into time periods that describe the experience in relation to when events occurred. Tables representing the timing of certain themes are included throughout the results section. Themes are grouped into the following timespans: entry through failure, process of returning, journey to completion after return, and near completion and beyond. Thorough analysis of the experiences of successful returner nursing students reveals the

essence of what it means to fail a nursing course, return to the same program, and complete successfully.

**Thematic Description of the Returners’ Lived Experience: Entry - Failure**

The first grouping of themes presented includes elements of experience occurring near the beginning of the participants’ journeys through nursing school. Description of this time period is labeled entry through failure. Themes within this grouping include dealing with uncertainty, shock and sadness, and taking responsibility for personal failure and success. Table 2 depicts thematic descriptions as well as components and subcomponents that describe experience of these themes.

Table 2

*Thematic Descriptions: Entry--Failure*

<b>Timespan</b>	<b>Themes</b>	<b>Description</b>	<b>Components</b>	<b>Sub Components</b>
<b>Entry - Failure</b>	Dealing with uncertainty, shock and sadness	School related factors, stressors and failure of a course cause participants to experience negative emotions during nursing school	Nursing school is different  Other stressors  Realization of failure	Expectations not met Difficulty and rigor Past school experience not helpful  Peer struggles Lack of self-confidence Feeling of unfair treatment  Time of discovering failure Feelings experienced Uncertainty about return
	Taking responsibility for personal failure and success	Participants assessing the factors contributing to failure and identifying individual actions to be made to achieve success	Identifying causes  Individual responsibility and planning change	Deeper learning required Negative attitude Time management Inadequate study habits External stressors  Noting the role “I” had in failure What “I” can change to achieve success

**Dealing with uncertainty, shock, and sadness.** Imagine the start of a new period or transition in life. Everyone lives through transition, whether it is having a child, moving across country, starting a career, experiencing a divorce, shifting into retirement, or enrolling in school.

Consider also the emotions at the beginning of a transition or new experience. This is the starting point for the participants as they begin a new experience. Each anticipated success at the end of a two-year endeavor and the majority of these students felt ready to face the experience of nursing school with excitement and a little nervousness.

The journey began for participants with the goal of becoming registered nurses; however, as with most journeys, unexpected set-backs that must be dealt with can occur. During the experience of a set-back, the threat of not realizing a goal is often considered. The failure of a nursing course was a major hurdle in the lives of these students. For the returners, the thing that was most wanted seemed farther away. When dealing with transitions and set-backs in life, negative emotions can be experienced. Exploration into the emotions faced by the returners during their experience of nursing school gives insight into their journey.

Three commonly described emotions experienced by participants were used to name the first major theme, dealing with uncertainty, shock, and sadness. Uncertainty, shock, and sadness were difficult feelings that occurred and were lived by each participant during the journey through nursing school. Experiencing and dealing with these emotions was a hard, yet essential, component of their journey. These emotions were felt at different times, in varying amounts, and at different intervals; however, all participants described having these feelings. Description of the experience of uncertainty, shock, and sadness is enhanced by further breakdown into categories that participants identified as causative including nursing school is different, other stressors, and the realization of failure. By describing these categories, the meaning of uncertainty, shock, and sadness as felt by the returners can be understood within the context of their story.

*Nursing school is different.* All returners described their experience of nursing school as being very different from previous academic endeavors. This difference made the journey to

becoming a nurse challenging and was cited as causing some of the uncertainty, shock, and, at times, sadness experienced by the participants. Exploration into the differences of nursing school revealed that students felt nursing school did not meet their expectations, the amount of difficulty and rigor was not anticipated, and that past successes and strategies used in previous schooling were not always helpful.

*Expectations not met.* Entry into the program for each of the returners began with a lengthy two-day orientation. The majority of participants first reported experiencing uncertainty and some degree of shock during orientation. The orientation process started with students gathering in an auditorium style lecture hall and being introduced to multiple nursing faculty members. The number of students admitted to the nursing program each semester within this setting ranged from 80 to 100. As described by Brandy, “it was really nerve racking because it was just a bunch of people thrown together all at the same time” (Brandy, October 5, 2014).

Participants began to realize that nursing school was different at this point. During orientation students were introduced to each course of the first semester, the nursing grading scale, requirements for each course, and clinical and behavioral expectations. Brittany’s recollection of her first day included the following: “I remember them telling us about all the chapters and stuff that we had to read, you know, before the first day of school. And I was . . . I went home and cried” (Brittany, October 3, 2015). Another participant, Cindy, described her first week as confusing and overwhelming stating, “I was just, you know, right out of the gate it was pretty overwhelming. I remember that being a, just a huge, huge task . . . just to get organized to get started” (Cindy, September 25, 2014). From the first day forward, returners began to note that things were different and not what they had expected.

Expectations, or in some cases, lack of expectations caused uncertainty and shock to occur during the nursing school journey. Students had differing expectations in many areas including difficulty level, information covered in the program, testing, the profession of nursing, and time and commitment required. Mia, a mother of three who had successfully been able to juggle working and taking core courses, described an early shock in first semester:

So I think I kind of went in with some kind of false expectations, uh, whereas I just knew I could do it. I was working, but I didn't, it was the first test that kind of like 'Oh yes...' Cause I didn't know what I expected . . . but it was not that. I expected something that you would get like, you know, like your A & P test. . . . It was totally different. It was totally different. It was hard. And I, I was working way too many hours. (Mia, September 25, 2014)

All participants described not expecting the program to be as difficult or to require so much effort. Ben stated,

I really didn't expect a lot from the nursing program. I thought it would be really the same as far as difficulty. . . . The amount of time that I was actually going to have to put into it, um, let's see some things that surprised me. . . . Um, nothing was easy, like, I wasn't used to that. (Ben, September 21, 2014)

Jonah, Betty, and Cindy all described entering the program expecting to make A's and feeling let down realizing that lower grades were not uncommon. In fact Cindy stated,

My expectations were to do extremely well . . . and I do remember being very surprised at the beginning of the nursing orientation where it was kind of promoted that C's were okay, you know? C's still meant that you were going to be a registered nurse, and that was okay. And that I guess they were trying to help us understand that you know, maybe

you can't expect straight A's out of yourself in this program, and that to me was a little bit of a letdown because I thought . . . to get there and hear C equals RN. (Cindy, September 25, 2014)

Participants also described that they did not exactly know what to expect from the program or profession related to information covered and job duties. Brandy, who had the goal of becoming a mid-wife, did not expect nursing school to be so broad. She had assumed that you would focus more on a specific area related to your interest. Jonah described having a lack of correct information related to nursing prior to entering the program. He was told by a friend that nurses do mostly charting. He wanted a career that allowed him to be independent; he liked health related information, and knew that a nursing program could be completed more quickly than medical school. Upon entering the program he was shocked and stated,

I kind of got stuck into it. I found out that wasn't what it was, you know? But I was in too deep, so I couldn't back out. I didn't know what to expect because nobody could give me any kind of real information. (Jonah, October 8, 2014).

In addition to the overall differences in expectation noted by the students, the difficulty and rigor of the nursing program was also a significant stressor that was somewhat unanticipated and caused uncertainty, shock and sadness.

***Difficulty and rigor.*** Negative emotions described by participants were greatly influenced by stress stemming from the difficulty and rigor of the nursing program. Aspects of the program attributing to the difficulty and rigor included amount and type of information covered, numerous components of courses, and testing. These aspects of the nursing program were different from core courses thus creating the need to adapt study and organizational habits.

Some difficulty and rigor was anticipated by the participants upon entering nursing school; however, the reality was different from what was expected. As stated by Melissa,

I knew it was going to be hard cause I've heard that . . . I knew it was going to take a lot of my time. . . . Um, I think nobody knows what to expect. How much time it took me to study . . . how long I had to study every day. (Melissa, September 28, 2014)

Another participant, Cindy, stated,

I expected for it to be hard, and I expected for it to be a lot of work, but I still didn't realize that there was going to be that much extra stress put on us. So I thought it would be a little easier to manage. (Cindy, September 25, 2014)

All participants entered the nursing program ready to work and anticipated making good grades but were faced with the challenge of rigorous courses that were different from anything they had ever experienced.

Participants described the amount of information covered as massive in relation to the time allotted for learning. The structure of the nursing program required adjustments in daily time management. During each semester, students were required to complete different components within courses including didactic class with testing, laboratory with check offs, and clinical where skills are demonstrated in authentic settings. Multiple course requirements led to a busy weekly schedule. The mixture of different pieces in the nursing courses made organization and preparation for assessments very strenuous and added to the rigor of the program. Students felt to manage the difficulty of the program they first had to get a grasp on the schedule and content, then organize, then expend most all of their time and effort to learn. As Lynn, an experienced student with a bachelor's in biochemistry stated, "It was very, very hard how much

material we had to go through. But with nursing, you start from scratch, and have to build up. So you have to learn everything like the basics to even get started” (Lynn, October 23, 2014).

Students described the difficulty and schedule as being overwhelming and nerve-racking. No matter how hard they studied, it often seemed their grades did not reflect their efforts. Betty stated, “So it was like no matter how hard I studied, I still made a low grade. Crappy!” (Betty, October 13, 2014). As Laura described, despite studying “it just didn’t stick” (Laura, October 10, 2014). The difficulty level and efforts without reward took a toll on both the students’ minds and bodies. Participants described the difficulty and rigor as being different from any other experience and taking all that they had mentally and at times physically. This caused feelings of uncertainty and sadness to occur.

***Past school experience not helpful.*** The realization that nursing school was different and difficult was a sharp contrast with the returners’ past experiences in the academic setting. All study participants felt that they could do well and earn high grades when they entered the program. All participants attributed this confidence to their previous success in school. Also, several participants were second degree or second career students and believed that life experience would give them an advantage. In fact, some of the participants described an over confident attitude upon entry into the nursing program. Mia stated, “I’ve always been able to cram. . . . I just assumed, . . . even with everything on my plate, I was always able to pull through. So, I just got this cocky, you know, like ‘I can do it’ attitude” (Mia, September 25, 2014).

Traditional students Morgan, Ben, and Laura all attributed a lack of study to overconfidence following straight A’s in high school with no effort. Morgan stated “I had a 4.0 in high school and all that, so yeah I expected it to be hard but I didn’t really expect to have to

study too much I guess” (Morgan, October 2, 2014). As Laura described it was a little shocking when she realized, “Oh well my whole life, I’ve been an A student, never had to really study, but now I’m having to really study” (Laura, October 10, 2014). Through participants’ descriptions it was evident that previous success had given them a false sense of security with their abilities to study. Study habits and tactics used in high school and other courses did not work for these students in the nursing program, which was different from the other academic settings.

Past success and strategies used during high school, college core courses, and for completion of other certifications and college majors did not help to prepare these students for nursing school. Ben stated, “I thought I’d be really prepared for college. Even when I did the core . . . I felt really smart cause I was making A’s and B’s and I really wasn’t even trying” (Ben, September 21, 2014). Betty stated, “The most surprising thing in nursing school was making C’s. I had never made a C in my regular academic classes” (Betty, October 13, 2014). When participants received grades that were lower than expected, shock, uncertainty, and sadness followed. The nursing program was more challenging than expected and students’ previous successes and strategies for completion did not help. This added to the shock when they realized the rigor involved. This caused the students stress. Cindy stated, “I felt like I would just be a great student . . . and be very successful . . . and, um, I had to rethink that pretty quick” (Cindy, September 25, 2014). With the realization that past successes and strategies were not helpful in preparing for the very different nursing program students experienced negative emotions.

**Other stressors.** Other stressors described by participants contributed to the feelings of uncertainty, shock, and sadness during the nursing school journey. Students had to work through these emotions in order to move forward in their academic endeavors. Other stressors

specifically described by returners included seeing others struggling and failing, a lack of confidence, and feeling that unfair treatment was given.

*Peer struggles.* Participants described the awareness of others' struggles in the nursing program as a noted stress that caused both uncertainty and sadness. In the nursing program, as with many undergraduate nursing programs, students enter and progress through courses in a cohort model. Within the participants' program, normal progression involved completing four semesters of courses with the same group of students. This allows time for students to become familiar and close to each other. The awareness of another's trials first began for Jonah on the first day of orientation. He stated "That was nerve-wracking . . . cause the first day this lady was crying. She was like, she didn't know if she could handle it but she made it though" (Jonah, October 8, 2014). He recognized both her struggle and her success.

The failures of other nursing students added to their distress. Participants noticed when members of their cohort did not progress to the next semester. Betty stated,

First semester was hard . . . we started with a big class . . . a hundred plus, how many students went to next semester? About half the class . . . of the original . . . I believe only 60 or 50 of us moved on to the next semester . . . so first semester was tough . . . and I felt bad for those that didn't make it. (Betty, October 13, 2014)

Brandy also described this experience between first and second semester by stating,

The most surprising thing is how we're as a whole completely cut in half by the first semester like, I think it was like we started out with a 130 something and only . . . well it wasn't half but we . . . and we only had like right at 90 . . . when we started second semester. (Brandy, October 5, 2014)

Recollections of participants show how they viewed their cohort as a collective unit. Seeing others struggling in the nursing program contributed to feelings of sadness. Participants were worried and sad for their peers. This also caused worry about their progression through the program.

Participants also noted when peers did not progress and were unable to return to the program. Mia described how she was sad because one of her friends was inconsolable after failing twice and realizing that she did not have the option to return. She described how her friend would not stop crying. Mia stated, “I was really, really, really sad” (Mia, September 25, 2014). This keen awareness of the struggles and failures of peers impacted participants throughout the program. During the returners’ progression seeing others struggle added stress and caused sadness and uncertainty.

***Lack of self-confidence.*** A lack of confidence was noted as another stressor, though not cited by all participants. Two of the participants specifically described lacking self-confidence during their journey. This caused negative emotions of uncertainty and sadness. Melissa described asking a lot of questions in class, making her doubt her own abilities to learn. She stated, “I know some people got irritated with me, but if I didn’t get it, I could not go any further . . . and my self-confidence isn’t really the best” (Melissa, September 28, 2014). She would become frustrated at times when others seemed to grasp the information more quickly. Lynn, a second degree student, stated, “I felt like at the age I was starting over, maybe I wasn’t good enough for it and maybe I wouldn’t be able to study hard enough and get it figured out” (Lynn, October 23, 2014). Other participants did not describe themselves as lacking self-confidence; however, they explained that when they did not pass exams they became sad and frustrated. Betty stated, “nursing school breaks you down, it makes you feel like you’re nothing” (Betty,

October 13, 2014). Participants questioned their own academic abilities at different times. This made them feel uncertain about their future in the nursing program.

***Feeling of unfair treatment.*** A noted stressor that caused negative emotions for one returner was the feeling that she had been treated unfairly by a nursing faculty. Although this was just one participant's experience, it was very significant to her and, therefore, is included. Toward the middle of her third semester in nursing school, Brandy's grade in one course was less than the needed 75 to pass. She still had several more tests and it was possible to pull it up. She went to her course faculty member to discuss this and seek help. She expressed her belief that she could pass. The faculty member told her, "you might as well quit now, you're going to fail" (Brandy, October 5, 2014). When asked what the faculty member meant by this statement Brandy expressed that she internalized it as quitting nursing school all together. She felt that this nursing faculty was telling her to "just be done" (Brandy, October 5, 2014). When she did, in fact, make a D in this course, she felt this was largely due to the negative attitude that this nursing faculty member directed toward her. Upon returning to the nursing program, Brandy felt that she and a friend were taunted by this faculty member when it was pointed out they were back in class. This experience caused a great amount of stress for Brandy resulting in not only sadness and shock but also anger. In order to deal with her emotions, Brandy described how she became more determined to finish, and to prove this faculty member wrong.

As described, the experience of nursing school was stressful for participants and caused negative emotions to occur including uncertainty, shock, and sadness. The difference between nursing school and previous academic experiences was at times unnerving to these students. Also, other stressors added to their emotions. As Jonah stated, nursing school "could be an emotional rollercoaster" (Jonah, October 8, 2014). Although the above described factors were

stressful, the most emotionally provoking experience that participants described was the realization of failure. This was when uncertainty about their future, shock related to the situation, and sadness about their circumstances were all noted and felt to the greatest degree. This was evident through their vivid descriptions of failure.

**Realization of failure.** Realization of a nursing course failure caused the participants to have uncertainty, shock, and sadness. This realization experience involved the actual knowing that they had failed and would not be able to progress and then transitioned into stress about their return status. The common theme of experiencing and dealing with negative emotions related to the realization of failure was clearly a structure of each participant's journey.

**Time of discovering failure.** Participants generally discussed realizing that they had failed a nursing course at the end of the semester. In contrast one participant, Mia, actually knew around mid-term, due to failing grades on her first two tests. She described being very sad all semester and having to pretend that everything was alright in class. The other participants held out hope until the end of the semester. The majority of participants described their overall grade as on the borderline up until the semester's end. Most discussed making almost passing grades or having an almost passing average, tittering on the edge of a C. Although this did give them uncertainty and stress, students described going into the final with some hope that they could pull it out and pass with a 75 average (the minimum required to pass). Morgan stated, "I guess I kept thinking that I would finally pull it out in the end" (Morgan, October 2, 2014).

Calculation of the grade for a test was a frequent occurrence. Lynn stated, "I knew what grade I had to shoot for, and it was obtainable. It's just that I needed like one more point on the final to pass, and naturally I made . . . like if I needed a 72, I made a 71" (Lynn, October 23, 2014). Most participants were able to state approximately what they needed to pass. Melissa

stated, “all I had to have was like a 74 . . . but I really thought I had it” (Melissa, September 28, 2014).

Hope ended abruptly for some immediately after the final exam, and for others hope ended when they checked their final grade in the computer. Both Morgan and Brittany discussed knowing that they did not do well on the final exam right after taking it. The others described hoping for a C, with some even believing that they had passed prior to checking their grades. The realization of failure came when each of the returners knew for certain that they had made a D in a nursing course. This awareness caused stress and great sadness.

Melissa described the moment that she opened her end of semester grades:

That was like one of the worst days of my life, as you can imagine, I cried, and I, you know, I just . . . when I opened that grade on my computer . . . I just had this coldness go over my whole body and I couldn't feel anything, and I ended up in fetal position on the floor, and for two days I was not consolable . . . and it's hard because I had to go back and do that test . . . I had to go the next day and do that test for Geriatrics with all my peers, you know? They're like I'm so sorry, and I didn't want to hear that. (Melissa, September 28, 2014)

Melissa further discussed how hard it was to see her peers getting jobs after graduation while she was about to repeat a course. She described the sadness as overwhelming causing shock and depression that had to be worked through.

Another student, Laura, described how she found out that she had failed a course. After the final exam she believed that she had passed the course with a 75. She even told her peers that she had passed. Laura stated,

I looked on my computer and I noticed that our grades weren't posted yet . . . and I looked and my schedule for the next semester had been dropped, and I'm like "I remember signing up for it and I was so sure I had passed. . . . I'm looking, looking and I couldn't, and then it hit me I was like "the only way they drop your classes is if you failed a class" so I started boo-hoo crying. (Laura, October 10, 2014)

Her grade was posted shortly after and she knew that she had failed.

Two of the participants who had borderline passing grades described that they were not sure if the final average would be rounded. This caused great frustration. When finding out that they had failed so close to a 75, both were very upset. Lynn stated, "My grade was a 74.6 something, something and they didn't round it to 75 . . . I was short by a single point . . . I was more distraught because they wouldn't round the grade up" (Lynn, October 23, 2014). Brandy stated, "I ended up failing with a 74.82. So the whole 'can't round up' and stuff . . . I was pretty devastated" (Brandy, October 5, 2014).

***Feelings experienced.*** After the realization of failure, participants discussed a great deal of disappointment with themselves. Not being able to succeed at something resulted in both shock and sadness. Cindy stated, "I had a lot of anger and of course disappointment, devastation in myself . . . I mean the fact of failing the class and missing out on the deadlines I'd set for myself" (Cindy, September 25, 2014). Mia, Ben, and Morgan described how this was the first time that they had not succeeded at something during their lives. This made it difficult to accept and shocking. As described by Jonah, "It was nerve-wracking . . . cause I said I don't like to fail" (Jonah, October 8, 2014).

***Uncertainty about return.*** After the participants were aware of their failure, all had thoughts of uncertainty about their futures. What if they could not get back in? What if they

could not pass a second time? What about their plans? Although all were aware that there was a process to return, most were unsure of the requirements and details. This uncertainty accompanied their emotions of shock and sadness. One student, Brittany, thought about not returning at all. She stated, “I was in my emotions. I was in my feelings” (Brandy, October 3, 2014). For a day she told herself that she was done. Another student, Laura, discussed that her family distracted her over the weekend until she could talk with someone at the school about the return policy and process. Jonah described how uncertainty made him very uneasy: “Shoot, I saw my future crashing when I failed that Pharmacology class. I’m like ‘Oh my God’ . . . I mean there were still doubts in your mind like ‘dang what if I . . . it happens again?’” (Jonah, October 8, 2014). Ben described calling his girlfriend and crying because a failure would delay their future plans.

The uncertainty about the future was even more difficult to deal with when the return process did not go smoothly. Mia, Cindy, and Betty all described experiencing difficulty during the process to be reaccepted. Cindy described this by stating,

So, and they never made it simple and easy to say “Oh you . . . you know, you’ll get a second chance if you . . . if you happen to mess up,” you know it was always “well you may not even get back in” and once you failed a class, you know, you have to go through this and that and the other to get back in, and we make it difficult, and there again was some of that stress that I was talking about that I just felt was unnecessary. (Cindy, September 25, 2014)

Mia was told to reapply and that she would get an acceptance letter. She described opening the letter stating,

I just knew it was gonna be a letter that I'm in so you know I was like "Okay I got the letter" you know, so my husband and my girls were there and then, so they saw me when I opened the letter and they saw the after cause I was crushed. I think I fell to the ground.

(Mia, September 25, 2014)

The letter stated that she had been denied for readmission. Since she received it on Friday, she had to wait until the following Monday to go talk with someone at the school. When she did, she learned that it was a mistake.

Betty discussed how she was denied at first due to space availability:

I didn't know you had to go through the whole process of applying again . . . and I mean I took all my classes here and all I wanted to do was nursing . . . and another girl that didn't pass the semester with me, she applied and she got back in. I went and spoke to . . . it wasn't that . . . no they, they didn't allow me to talk to the director the next day, so I think I had to make an appointment and come back, and I spoke to the director on the phone. I said "You made a decision on Betty? I don't know what the problem was but I really need to get back in this program because that is all I've got. I don't have nothing going on for me." I wasn't working . . . living, was living off financial aid. Um . . . what did she tell me? A whole bunch of crap man. What did she tell me? I wasn't the only one, and they had to make a decision on how . . . oh, something about the number of students coming from second semester. They only had this many seats left, and they couldn't take me because of that, and if she was going to take me back, it had to be a condition. I have to sign a sheet saying that I wasn't going to make anything less than a B and all . . . I said yes, yes, yes just get me in there and see if I'm not going to make that grade. (Betty, October 13, 2014)

The initial denial of reacceptance caused Betty much stress and sadness because her future depended upon this degree.

Although Betty was able to come back to the program the semester after failure, several of the students had to wait out a semester or more prior to returning. This caused uncertainty and sadness as well. Participants considered this time of waiting as a set-back that had to be endured. Mia stated, "I waited a whole year. I had to wait a whole year after. It was awful. It was awful . . . while I was waiting . . . it was torture" (P. T. Two, September 25, 2014).

Dealing with uncertainty, shock, and sadness was described as a major event in the experience of nursing school that resulted from multiple factors. The realization that nursing school is different from other academic settings was a major factor causing these negative emotions. Participants found that nursing school involves a high degree of difficulty and rigor, did not meet expectations, and that previous academic success caused some hindrance to their progress by giving them a false sense of confidence. Other stressors also contributed to their emotions. As described by participants, the realization of failure was the roughest part of the journey to becoming a nurse. Each experienced uncertainty about the future, shock about their failure, and sadness related to their situation. Participants described moving forward after the realization by checking on their return status. There was uncertainty during this process but this was necessary to finish the program.

**Taking responsibility for personal success and failure.** After realization of failure occurred, participants began to consider the causes of their failure. This process included performing an honest assessment of all factors involved, including the role that they themselves had played in the failure. In doing this, participants described the experience of taking responsibility for both their failure and planning for their success in the future. Both identifying

causes of failure and noting what they as individuals could do differently to achieve success were described by all participants. These descriptions resulted in the theme of taking responsibility for personal success and failure.

*Identifying causes.* Students carefully considered the many factors that contributed to their failure. Many things complicated the journey through nursing school and students identified these factors as contributing to their unsuccessful semester. Causes that were identified included deeper learning for understanding was required, negative attitudes toward some material, time management, inadequate study habits, and external stresses. Exploration of each of these causes as described by participants is helpful to understanding their journey.

*Deeper learning required.* Participants identified that deeper learning was required in order to build understanding. This deeper learning was unlike learning done for core college courses. A lack of deep learning with understanding was a reason identified as causing failure in nursing school. All students described how they had previously been able to depend on memorization, and how in nursing school this did not help them pass the tests. It was not enough to just know the material. Understanding and applying were key to success. Lynn described this by stating,

You can't just memorize something, first of all, in nursing, at all. You have to actually learn it and I was memorizing it and then taking the test and then . . . you have to build on that. . . . I wasn't really taking the information in and understanding it . . . it was like learning a new language. It was like somebody had taken me to . . . I don't know, to Italy, or France, or somewhere and dropped me off and said "okay you survive on your own."

(Lynn, October 23, 2014)

Laura also described how she did not truly learn material during the first semester; she just memorized and passed tests. She stated,

I didn't know that I had to actually, you know, change my way of studying to get it to sink in and remember it . . . and not really learning the material in first semester . . . I was passing the tests, I felt like I didn't have to truly learn it 'cause I didn't realize that second semester was going to . . . go over everything we had already learned. (Laura, October 10, 2014)

Morgan described her study technique during the semester that she failed, explaining how she studied without understanding the why behind the material. She stated,

When I did study for the first time around it was more like I was just memorizing things, not really learning it, just more like "okay well these are signs and symptoms, I need to know them so it's this, this and this." I don't know why that's the signs and symptoms but that's it. That's what the paper says. (Morgan, October 2, 2014)

When analyzing their failure, participants realized that in nursing school you not only had to know the information, but you had to know it well enough to apply it to scenario-based questions.

The types of questions given on tests in nursing school required students to know, understand, and apply the material by critically thinking about a situation. Brandy discussed her experience with the material: "It was surprisingly difficult for me because the, I guess critical thinking part . . . so I struggled a little bit with that . . . I think it was just more of not really understanding the curriculum and everything whenever we were going through it" (Brandy, October 5, 2014). Jonah described his experience of studying as he did for core courses and then

getting to a nursing exam and realizing that he should have learned things on a deeper level. He stated,

I was trying to study for it like how I used to study for Anatomy. I used to just read the whole book, make summaries, and just read it over and over and over. For nursing school you can't do that 'cause the information is too much . . . I have a problem with it, if I can't read the whole book and not understand everything that I'm reading, then I don't feel like I'm learning . . . so I'm still there trying to swat all the information . . . swat, you know . . . trying to read over and over and over and try to get it in your brain . . . but, you know, the questions are never that . . . you know, they're never straightforward. I think I'm understanding it then when I go in the exam I'm like "what is this? This is not what I read over?" . . . At one point it was like "man what is it like I can't critically think or something?" 'cause it's like you have to critically think on all the questions, you know?  
(Jonah, October 8, 2014)

The need for a deep understanding of the material was something that all participants voiced related to nursing school.

*Negative attitude.* Another factor that three participants identified as contributing to their difficulty in a nursing course was a negative attitude toward some material. These students discussed that certain coursework was not interesting to them or seemed too much; so instead of spending extra time trying to learn the information they chose to study for other courses. Mia stated, "I think it was my attitude that made me struggle" (Mia, September 25, 2014). Lynn described in detail her dislike of the course that she failed by stating,

OB, I guess since I never had a kid, and nobody in my family had recently had a child, it was almost like a different world to me . . . like I didn't understand a lot of the lingo or it

was the information is what I had problems with . . . since psychology or psych nursing came easier to me, I would study it, and I studied pharm, because pharm was very important too . . . it made more sense to me, and I would put OB to the side and hope that I would just get it and I never did, you know? I will never be an OB nurse, I think that was my mentality at the moment. (Lynn, October 23, 2014)

She believed that she could get by in one course with a borderline grade though it did not happen.

*Time management.* A third factor that some participants identified as contributing to their failure was time management. Balancing their time between life at home, work, and study was difficult. Also, balancing time between different assignments in courses and learning to study in a time efficient manner were cited as time management issues. Mia stated, “It was a hard adjustment . . . I didn’t apply and I worked too much . . . I know I didn’t study the way I should” (Mia, September 25, 2014). Ben described that if he would have studied just a little more, he might have passed. He stated, “I know for me personally, I could have at least done ATI, a lot more ATI from the beginning of the semester. . . . I could have managed my time, and I could have focused” (Ben, September 21, 2014). Betty described procrastinating on studying some due to fatigue: “I would wait several days later, and it kept piling up so you’re trying to rush through studying one material so you can get to the next one” (Betty, October 13, 2014). Jonah described difficulty balancing his study between three courses, and that too much time was spent studying certain material. He discussed that his time management was not good.

*Inadequate study habits.* Inadequate study habits, a factor often related to time management, was also identified by participants as a reason for failing a nursing course. Cramming soon before exams, studying utilizing habits that worked in the past, not knowing

how to study, and just not studying enough were described by participants as being inadequate for passing in nursing school. Morgan discussed her study at the last minute approach:

Of course it would come the day before the test and I still hadn't studied at all, so I would cram it all in and of course not retain anything more than likely . . . I mean, I'd wait to the last minute. (Morgan, October 2, 2014).

Mia described studying "on the fly" and not allotting enough time for study (Mia, September 25, 2014). After his semester of failure, Ben stated he thought to himself, "I didn't put 100 percent in, so maybe if I do it from now on, I can move forward and make it" (Ben, September 21, 2014).

*External stressors.* External stressors were also factors that participants identified as contributing to their failure of a nursing course. These external stressors included anything that was not directly related to the nursing program that was occurring in the lives of participants while they were in school. Stressors identified included family changes and issues and outside employment. Each of these factors influenced the participants' time management, study habits, and academic performance. Returners noted that the combination of factors were all influential in the failure of a nursing course.

External stressors related to family were cited by many participants as contributing to the difficulty that was experienced in nursing school. Family factors included adjustment of roles, illness and death, home environment, and relationship changes. Often when adult learners enter school their families must make and accept role adjustments. Several of the returners described their spouses, parents, children, and grandchildren having difficulty adjusting when they entered the nursing program. Mia described her relationship with her three daughters stating, "My girls, you know, there were some rough patches too, and they didn't understand that when I had to

study, I had to study and I can't be bothered, . . . so it was a big adjustment" (Mia, September 25, 2014). Melissa described how her grandchildren and daughter were living with her during nursing school. She stated, "they seemed so needy, and one time I saw my grandkids had taken my recorder and they were saying stuff on there . . . and I got mad, "leave it alone, this is my grade"" (Melissa, September 28, 2014). Jonah described that his parents still expected him to help care for his brother at home. He stated, "You're at the house and they want you to help with stuff, help taking my brother to soccer practice, cause you know, they didn't understand how time consuming the whole thing was" (Jonah, October 8, 2014). Clearly role adjustments were hard and this difficulty contributed to the stress felt by participants.

Two of the participants experienced the death of a grandparent during the semester of failure. Ben described this part of the semester by stating,

My grandmother . . . we found out she had kidney, liver and pancreatic cancer . . . and she was in the hospital where I was doing my clinicals, and I remember doing clinicals and walking over to the floor where she was . . . it was a wreck . . . I mean the whole semester was just a wreck. (Ben, September 21, 2014)

During this time, Ben's mother was also hospitalized for heart problems, possibly brought on by the stress over losing her mother. Both participants grieving a loss felt that this caused extra stress during the semester of their course failure.

One student, Brittany, described moving during the semester of her failure. This move was to help her mother-in-law after the death of her father-in-law. She described the new living environment as distracting due to multiple family members residing under one roof. With two toddlers in the home, Brittany described having a hard time concentrating:

I was upset . . . so I would tell my husband that I wished we would've stayed, like I felt like us moving was bad . . . but it was a big adjustment, something different . . . compared to the other three semesters where I was more stable. (Brittany, October 3, 2014)

Home environment was clearly an identified factor in contributing to difficulty in the nursing program.

Relationship changes that were experienced during the participants' semester of failure were also identified as stressors. Betty was depressed due to relationship problems with her fiancé. Cindy stated, "Things happened, in my own life, and changes, and it just took my focus down a notch or two" in regard to her relationship changes (Cindy, September 25, 2014).

Another returner, Brandy, got married during the semester that she failed. Participants all identified that nursing school was all consuming and that much time and focus was required.

Any external changes or stressors could impact academic progress by shifting the focus of the students.

Aside from direct family, home, and relationship concerns, the external factor of outside employment contributed to difficulties for participants in nursing school. Of the 11 participants, 6 were employed during their semester of failure. Of these 6 participants, 4 cited financial concern as the main reason for continuing to work while in school. When working, time was taken away from study and the participants described studying right before each exam. Two of the students even attempted working 40 hours per week while in nursing school. Morgan stated, "I worked 40 hours a week . . . which they told you not to do, but of course I was stubborn and I thought I could . . . but I learned quickly I couldn't" (Morgan, October 2, 2014). All participants that worked while in nursing school agreed that this caused them to study less and was a contributor in their failure.

***Individual responsibility and planning change.*** After doing a careful and honest assessment of the many factors that contributed to an unsuccessful semester in nursing school, participants noted their personal role in failure. All participants described how they had contributed to their own failure, and 10 of the 11 cited themselves as the sole cause. When discussing their role in failure, each of the participants noted what they could do differently when repeating the course. This self-assessment and planning showed great individual responsibility being taken to ensure success.

*Noting the role “I” had in failure.* When describing their role in personal failure, participants used the pronoun “I” repeatedly. The use of “I” in their descriptions of failure showed how personal this was to each of them. Almost all participants placed the blame solely on themselves. Mia described setting herself up to fail from the beginning:

I remember the director, when we were at bootcamp . . . she came by, out of all those--it was over 100 of us in there . . . and she had us draw the hands . . . for our time . . . and she came by my table, and she looked at my hand, and she said “baby you are not gonna be successful with all that on your plate. You are going to have to make some changes in order for you to be successful.” And I’m like “ah, I’ve always had a lot going on and I still managed” and ooh, I should have listened ‘cause she was absolutely right” (Mia, September 25, 2014)

Mia further discussing her experience stated,

You couldn’t blame anybody else. It was your fault; because you didn’t do . . . ultimately I didn’t do what I was supposed to do. I didn’t study enough and I didn’t devote the time that needed to be devoted to being successful. That was a kicker, you know ‘cause you can’t point the finger at nobody else. (Mia, September 25, 2014)

Ben, who lost a close grandparent during his semester of failure, also placed the blame for failing upon himself. He stated “I don’t by any means blame the fact that I had a traumatic semester for my failure. . . . I could’ve managed my time and I could’ve focused” (Ben, September 21, 2014). Other participants also took responsibility for their failing grade. Morgan stated, “So I blame it on myself. I mean, it was nothing teacher wise or anything. It was all on me . . . it was just more of a lack of trying on my end . . . a lack of everything on my end” (Morgan, October 2, 2014). Cindy stated, “I goofed. . . . It doesn’t really matter the reason, you know, I didn’t pass the class” (Cindy, September 25, 2014). By placing the blame for failure on themselves, participants took responsibility for their actions or inactions during the semester of their failure. Instead of using excuses for why they were unsuccessful the returners began to look for solutions to help ensure their passing when repeating.

One participant did discuss how she felt that a faculty member had been influential in her failure. She felt that this faculty member did not want her to succeed and by advising her to drop, she caused undue stress. Although she blamed the faculty member for being negative toward her, Brandy also identified that she did not completely grasp much of the content during that semester. This showed that she was taking personal responsibility in spite of her feelings about her failure. When she returned to nursing school, she decided to break the information down further so that she could better understand it. She stated, “I started making questions out of the stuff and started to really understand what the questions were asking” (Brandy, October 5, 2014). This is one example of a change for success.

*What “I” can change to achieve success.* By accepting responsibility for failure, students were compelled to identify things that they could change. Each of them planned what they would do differently to be successful when repeating a nursing course. Without taking responsibility for

failure, planning for changes may not have occurred. Changes that participants identified included increasing focus, commitment, and understanding of material as well as decreasing outside activities and stresses. Cindy described her acceptance of failure and planning for change:

So it took me some time to really accept the fact that you know “hey I did this, it was . . . it was all my fault’ it wasn’t anybody else’s and you know if I wanna get to the goal then I gotta get in there and do my . . . do it myself, dig my way through it and make the best of it. . . . I did try to be more interactive with the material to kind of see exactly where my knowledge was and the areas I was weaker in. I had to just kinda ramp it up. (Cindy, September 25, 2014)

Other students described increasing their focus, commitment, and understanding as well. Laura described her focus change by stating,

I guess I still had that mentality that I just had to look over the material for two or three days and be fine. I didn’t know that I had to actually change my way of studying to get it to sink in and remember it. I was able to actually focus on what I needed to do and changed the way I studied. (Laura, October 10, 2014)

Jonah described his fresh commitment to nursing school by stating,

It’s like how some people take their religion seriously, that’s how you have to take it. You know, people say this is what they believe and this is how they’re going to do it and be one hundred percent committed, I think that’s how you have to do nursing . . . a nursing program. (Jonah, October 8, 2014)

Ben also echoed this commitment by stating that he was “really going as much as I could, going the extra mile . . . just putting in a hundred percent effort” (Ben, September 21, 2014).

In addition to increasing efforts, participants also described decreasing other things in their lives that caused distraction. Mia, Morgan, Betty, Brittany, and Lynn either stopped working or worked less in order to devote more time to study. Morgan stated, “I didn’t work, I quit, I realized you know, I can’t do this. I am not going to do it. I don’t need to work” (Morgan, October 2, 2014). Other students described putting other aspects of their usual life on hold to focus. Betty stated,

I don’t know how I did it but I did it. So I did put a hold on a lot of unnecessary stuff that took time away from me and I didn’t go to work that whole semester, till the semester was over--totally over and done with. (Betty, October 13, 2014)

Melissa stated,

Then I realized that I needed to kind of shut some things down a little bit to get focused . . . so I had to kind of cross some things off my list as far as what I had to kick out of my life while I was doing school. (Melissa, September 28, 2014)

By accepting that they had failed, participants were able to identify areas that needed modification. Planning for changes occurred after acceptance of responsibility for failure. Descriptions revealed a personal process that involved taking a close look inward and determining what they personally could do differently. Though the failure and acceptance of it were difficult, participants identified this as necessary to make changes in order to become a successful student and nurse. Taking responsibility for personal learning and success was a key to completing the nursing program.

### **Thematic Description of the Returners’ Lived Experience: Process of Returning**

The next thematic grouping presented highlights the time period of experience related to the actual return to nursing school. Description of this period is labeled process of returning. One

theme, returning after a failure, is included in this section. Table 3 shows thematic description along with components and subcomponents that describe returning to nursing school.

Table 3

*Thematic Description: Process of Returning*

<b>Timespan</b>	<b>Themes</b>	<b>Description</b>	<b>Components</b>	<b>Sub Components</b>
<b><i>Process of Returning</i></b>	Returning after a failure	Participants experiencing the process of return to repeat a failed nursing course and the involved emotions	Ensuring the chance to return	Contacting school Simple or stressful process
			Joining a different cohort	Stepping into a new class Fitting in
			Feelings upon return	Shame Increased pressure
			Familiarity with course structure	Course material and layout Testing and format

**Returning after a failure.** The next step of the returners' journey to success in nursing school was the actual return to the program following a course failure. After their previous struggles in nursing, school returning was another obstacle on the road to completion. This piece of their nursing school experience developed into a theme. Participants described, in detail, the experience of returning to nursing school after a failure. Components that emerged from their descriptions included ensuring the chance to return, joining a different cohort, dealing with feelings about returning, and familiarity with course structure.

**Ensuring the chance to return.** After experiencing a course failure, participants were faced with a decision to make. They had to choose the direction of their path. Were they going to attempt to return to the program, or take a different path? Participants each decided to face their failure and take the first step to return by contacting the nursing school. After contact was made they had to complete a return process to be reaccepted.

*Contacting the school.* Soon after the realization of failure, participants all described how they contacted the program director to ensure that they could be readmitted. Some participants contacted the director the very next day and others after several days. They each described considering their options and all chose to try again. All participants completed the readmission process and were thankful for a second opportunity. Participants demonstrated determination and initiative by taking the first step of contact to ensure their return. The process of applying to return was described as more difficult for some than others. Some students had to wait one semester or more before returning, while others returned the next semester. This was due to space availability within the nursing program and the students' course of failure.

*Simple or stressful process.* Laura, Jonah, Melissa, Brittany, Lynn, and Brandy all described the process of applying to return as relatively simple. Brittany discussed meeting with the program director and stated,

I went to her office the next day, and I talked to her, she went on and registered me for the next semester and, you know, she talked to me. She let me back in the program right then, so I felt good because I had the second opportunity. . . . She let me back in, which was literally the next day. I was like "Okay I got a second opportunity, this is what I got to do." (Brittany, October 3, 2014)

Jonah was reassured in knowing that he could reapply and told himself "Okay, at least there's a plan B. I could try to apply again" (Jonah, October 8, 2014). Participants described the process as completing paperwork and turning it in to the program director along with registering for the course again. The paperwork involved a plan for success that was agreed upon by the student and program director.

Mia, Cindy, Morgan, Ben, and Betty also described the process of applying to return. They were all grateful for another chance; however, they did not discuss the process as being as smooth as the others. Mia, Morgan, and Ben discussed having to wait out for at least one semester due to space and the process. Ben described how this put his life plan on hold and Mia discussed how the waiting was very hard. As discussed in a previous theme, Mia dealt with receiving a letter in error that stated she was denied readmission. This was very distressing until she visited the school and discovered it was a mistake. Betty described that she was told there was no space initially, and then after pleading her case was allowed to return. In describing the return process Cindy discussed her perception of the stress involved with reapplying.

Although some participants described the process of reapplying to return as difficult and others felt it was relatively simple, all participants ensured their future by contacting the school and completing the appropriate steps. Ensuring their return was the first step in overcoming their nursing course failure and completing nursing school successfully. Returners displayed the traits of courage and perseverance by moving toward completion after a failure.

*Joining a different cohort.* After participants reapplied and were accepted, the next step in their journey was joining a new class. In the nursing program, students enter and progress through four semesters of course work in cohorts. The returners' original cohorts had moved forward in course progression. To repeat they entered a different cohort. The majority of participants described joining a new cohort as awkward. Anticipation of the first day back was present and student did not know what to expect in their new class. Participants also missed classmates from their previous cohort. In order to repeat, participants had to face walking into a totally new class of around 80 other students. They also had to face the instructor under whom they had failed a course.

*Stepping into a new class.* Ben described returning by stating, “Just having to step into a new class, that was hard because we really did make some really good friends with our first semester class” (Ben, September 21, 2014). Mia stated, “I was nervous, um ‘cause you know it was like ‘okay we’re back here again’ I was a little bit nervous” (Mia, September 25, 2014). Brandy stated, “It was hard to come back ‘cause it was a different cohort and I really didn’t know a whole bunch of people” (Brandy, October 5, 2014). Laura described her first day back as intimidating at first, while Morgan expressed joy that someone she went to high school with was in her new cohort. Lynn discussed how she dreaded returning because of the course material. She stated, “When I first walked back in, I was like ‘I have to go through this torture again? I have to go through this hell again? . . . I didn’t want to walk down the same road again” (Lynn, October 23, 2014).

*Fitting in.* Return was at first difficult for most. After students joined a new cohort and began adjusting they described starting to fit in more. Laura stated, “So it just took a while for them to, I guess, accept us . . . once that wore off, it was fine. I ended up loving my class I graduated with” (Laura, October 10, 2014). Several of the returners described how other students asked them questions about the course. Mia stated, “Cause we were repeats . . . so then everybody had all these questions, I’m like ‘ah . . . I’m a repeat, I’m back here for a reason” (Mia, September 25, 2014). Melissa described her experience of bonding with the new cohort by stating, “I felt like . . . they sympathized with me because they’re in the nursing program, they know how it is. They know how close they’ve come at times” (Melissa, September 28, 2014). Brandy described the process of adjustment by stating, “It kinda sucked in the beginning . . . because you are going to a different class you don’t really know. . . . I mean, it worked out, I made new friends, talked to more people, was more successful” (Brandy, October 5, 2014).

A few of the students did not feel a connection with their new cohort. Betty discussed how they knew she was not in their original group. She stated, “Most of them were unapproachable, I didn’t care about that” (Betty, October 13, 2014). Brittany did not describe her new class as unapproachable, but she still kept to herself. She stated,

When you go through a nursing program, you form a bond with your classmates because you go through it together, so going into this semester it was like ‘I don’t know these people’ I’m just coming here to class every day, listening, taking notes and going home. I wasn’t real interactive” (Brittany, October 3, 2014).

Both of these returners were very focused on finishing and did not stress over making connections in their new cohort.

Overall, joining a new cohort was tolerable and participants felt glad to move forward. Once getting past the awkwardness and uncertainty the majority of the participants described fitting in well. This return to a different cohort, however, did not come without the experience of many feelings.

***Feelings about return.*** Two feelings that the majority of participants described experiencing at the time of and after their return to nursing school were shame and increased pressure. These emotions were both directly related to having to repeat a nursing course. Students realized that when they joined a new cohort the others would know that they were repeating a course. This caused some shame. Students also felt increased pressure to succeed because this was their last chance in the nursing program. Students described each of these feelings as hard to deal with.

*Shame.* Shame was described by students in different ways. Some used the term embarrassed while others discussed being ashamed or not wanting their new classmates to think they were dumb. Ben stated,

I did feel a little embarrassed because like I said, and it sounds cocky, but I was all A's in high school . . . and even core was a breeze to me . . . so I was a little embarrassed and humbled because I was like "oops, this was not easy." It was hard you know, now we felt like the dumb ones coming into second semester . . . and these people are probably thinking "God these people, gosh" you know the ones that were passing exams and stuff like, "how'd they fail?" (Ben, September 21, 2014)

Cindy described her feelings by stating, "Cause you kinda have some shame, too, you know, and going back in, you know I really had to kinda work on that, not feeling like I'm the second class citizen with this new group of people" (Cindy, September 25, 2014). Jonah described his experience by stating,

I mean, you feel a little bit like . . . man you feel down like . . . you're like "damn I failed this class" you know, you see all these people, they're asking you "oh what you doing in here?" . . . so I mean, it's . . . if you don't have good self-esteem it will kill your self-esteem, then you got to be looking at the teacher again, the same teacher that failed you. (Jonah, October 8, 2014)

Although Morgan did not use the words shame or embarrassment when describing her return to school, she did discuss only telling a handful of people in her new cohort. Her feelings were more evident when she described her interactions at home:

Oh goodness . . . my family helped a lot. . . . I never told, I still haven't told my dad I failed . . . I know it was terrible, he travels for a living . . . so he never knew, he still

doesn't know . . . like even in school growing up I was really harder on myself than my parent were. . . . Like if I made a B in high school I would cry, I was so mad at myself . . . and they're like "it's okay, it's a B, you're allowed a B" . . . so I don't know I just figured he would be upset with me. . . . I don't even know . . . I was expecting my mom to tell him, but she never did, she kept it secret. (Morgan, October 2, 2014)

She was the only participant that described not telling a close family member.

*Increased pressure.* Another feeling that participants described upon returning to nursing school was increased pressure to succeed. Within their program the return policy allowed for one course failure. If these students were unsuccessful in another nursing course after returning, they could never reenter this nursing program. It would also make it difficult to enter another nursing program due to strict admission policies within nursing. Students described awareness that this was their last chance.

Cindy described this intense pressure clearly by stating, "And then of course once you failed a class, you've got more pressure on you for the entire rest of school because you can't slip up in any other way . . . or you're completely done" (Cindy, September 25, 2014). Lynn described the pressure like a heavy weight. She stated, "I didn't want to be a failure, too. I kind of had that weighing on my shoulders" (Lynn, October 23, 2014). Mia talked about how she knew others that had failed out and entered another nursing program in a neighboring state. She stated,

I've had friends that failed here . . . and went to Alabama. . . . I'm not going to Alabama . . . I have a family. So failure wasn't an option for me. Like they went and took a nursing program in Alabama . . . like it was always the mark that second time around, you know

“okay I remember you did this the first time, so you don’t wanna do that.” (Mia, September 25, 2014)

The intense pressure felt was different from the pressure felt the first time they entered nursing school.

***Familiarity with course structure.*** Participants described their familiarity with course structure as one benefit of returning to nursing school. This awareness included knowledge of the material covered, order of the course material, and type of testing that was done. Having taken the course previously helped students to feel somewhat comfortable with one aspect of the academic environment upon return.

***Course material and layout.*** Knowledge of the course material and layout were discussed as helpful. Melissa described taking comfort in having her notes from the previous semester. She stated, “I had, you know, some of my old notes and all that other stuff . . . so I felt like now I have an advantage here” (Melissa, January 2, 2015). Laura described her semester of return by stating, “I passed it the second time with flying colors because I’d already known the material and since I studied so hard for the final, I remembered a lot of it” (Melissa, October 10, 2014). Morgan stated, “I knew ahead of time how things were going to go which made it a lot easier, I think the anticipation and stuff was a lot less” (Morgan, October 2, 2014).

***Testing and format.*** Knowledge of testing structure and format was also described as helpful. Brittany stated, “I understood her strategy for testing. So I knew kind of like how to focus for her tests, so that’s what I did for the first test . . . well for all of them, and I passed the first test” (Brittany, October 3, 2014). Lynn also described being less anxious on the first test in her semester of return. She described knowing what to expect. Morgan stated,

I knew how the tests were formatted and everything. I was kinda used to that because that is a big thing with nursing school too, the tests are totally different from whatever you have done . . . so I knew like the wording . . . how to figure out which one is the best answer. It was a lot easier that way” (Morgan, October 2, 2014)

Awareness of course structure and testing format were described by all participants as helpful.

The experience of returning to nursing school after a failure was new for participants. These students each took the first step in the process of return, and were reaccepted after applying. Upon return they faced awkwardness, shame, and pressure. After time, the returners began to feel more at ease in their new cohort. The experience of nursing school was forever different when compared with their first attempt. They described returning after a failure as stressful but necessary on their journey to success.

### **Thematic Description of the Returners’ Lived Experience: Journey to Completion after Return**

The time after return to nursing school up until completion involved many new and different experiences in the lives of returners. Description of the remainder of their journey included the themes of major shift in thinking, reaching beyond to find what works, fueling the journey with positive dialog and focus, and connecting with others to gain strength and strengthen. These themes are grouped in the table below and labeled as the time period journey to completion after return. Table 4 also depicts the components and subcomponents found within each theme.

Table 4

*Thematic Descriptions: Journey to Completion after Return*

<b>Timespan</b>	<b>Themes</b>	<b>Description</b>	<b>Components</b>	<b>Sub Components</b>		
<b><i>Journey to Completion After Return</i></b>	Major shift in thinking	Participants describe a shift in thinking that involved being determined to succeed with motivations and a new mindset used to fuel their determination	Motivations for completion	Finances Family Independence Passion for nursing Not wanting to fail		
	Reaching beyond to find what works	Participants diligently adapted lifestyle, time and study beyond their previous patterns to achieve success	New mindset	Strong focus No second chance Commitment to completion		
			Various study methods	Different types of study materials Changing study settings Increasing repetition		
			Learning styles	Learning styles		
			Gaining understanding	Understanding the why behind Building on previous material Coming together		
			Prioritizing time	Mapping out the schedule Studying daily		
			Lifestyle alterations	Employment changes Family changes Routine changes		
			Remaining calm	Remaining calm		
			Beliefs	I can succeed Comparisons with others		
			Staying positive	Positive thoughts Fight to stay positive Positive energy from others		
			Connecting with others to gain strength and strengthen	Connections with others for support gave participants strength to cope with nursing school and the opportunity to return this support along the way	Faculty support	Encouragement from all faculty Encouragement from success coordinator
					Family support	Encouragement from family Family holding accountable Support with responsibilities Financial support Assistance with study
					Peer support	Encouragement from peers Peer group study Identity with other returners
					Spirituality	Prayer and faith

**Major shift in thinking.** One noted difference that participants described when asked about returning to nursing school was a major shift in their personal thinking. Vivid descriptions of their thought processes were given and the theme major shift in thinking emerged. This shift in thinking involved becoming determined to succeed in the nursing program. Each of the students described setting their mind on completion and not allowing anything to stand in the way. This shift in thinking helped them to cope with both the failure of a nursing course and returning. Motivations for completion and a new mindset were both discussed by returners as fueling their determination to complete, and are major elements of this theme.

***Motivations for completion.*** When assessing their failure and return to nursing school, participants described considering the reasons why they wanted to obtain a degree. Returners discussed being able to push through and stay focused because of these motivations. They kept thoughts of personal motivators alive in their minds. Motivating factors that were included in the returners' descriptions included finances, family, independence, passion for nursing, and not wanting to fail at something. Each of these was used to fuel the determination to persist in nursing school and was a significant piece of their thinking shift.

***Finances.*** Finances were discussed by several participants as a main reason for obtaining a nursing degree. Cindy, a widow, mother, and grandmother described her need to have a stable career after the loss of her husband:

I was kinda on a timetable--again because of the time in life that I went back, and I was drawing my husband's Social Security, and I had a, a certain time limit . . . that I could draw that money, and I had just a little cushion, and you know I had blown that cushion . . . instead of graduating in May, it was gonna be December, and that's when my money

. . . his Social Security stopped, was in December, and so instead of having that six-month cushion, now I knew I didn't have that cushion. (Cindy, September 25, 2014)

She explained that financial stability was a powerful motivator for her to complete the nursing program successfully. She also described being the sole provider after the death of her husband: "I'm the one that has to make the money for us to survive . . . for me to be able to provide for the family. I always had my husband. I always could lean on him. He was always the breadwinner. Now it was all on me" (Cindy, September 25, 2014).

Other returners also described finances as being a powerful motivator that was in their thoughts. Ben described considering how he would be able to provide for himself and his future wife with a nursing degree. When thinking about completion, he stated,

If you don't pass, you know, you may have to live with the in-laws, or your mom, until you can afford to do this . . . just the idea of being independent and supporting my one-day family, that was a big, big thought. (Ben, September 21, 2014)

Brittany, Betty, Lynn, and Jonah all discussed the financial stability that comes with a nursing career. Betty described having money problems before and during nursing school. This made her push even harder to finish. Lynn stated,

I had a bachelor's degree and couldn't find a job with it, so I decided that I wanted to do nursing school. . . . I did expect to have a good paying job afterwards . . . I would have a career and not have to worry. . . . I would definitely always have job security to a certain extent. (Lynn, October 23, 2014)

*Family.* Family was also discussed as a big motivator for finishing nursing school.

Financial support of the family was a main motivator, but participants also described wanting to make their families proud. Mia described the support from her husband and her daughters and

felt that she was getting this degree for all of them. She stated, “It was for my girls, it was for my husband because you know, they’ve all made sacrifices so I can do this also” (Mia, September 25, 2014). Ben discussed how proud his mother was because he was the first one in their family to complete college. Morgan and Laura also discussed wanting to complete for their parents. Brittany discussed having a son and husband, and doing nursing for them. She stated, “I was determined . . . I was going to make it happen. . . . I was doing it not just for me, but for my child, for my husband, like for us. I had to do it. I was motivated from that point” (Brittany, October 3, 2014).

*Independence.* Independence was another factor that returners described as a motivator for their completion. Although closely linked with the motivation of making money, discussion of independence was deeper and involved being self-sufficient. Jonah wanted to complete so that he could be successful individually. When describing his plan for independence, he stated,

I’ll have a house and you know live a decent life, that’s what it really was ‘cause I didn’t want to go to school for something that took forever and then I’m asking my mom for money when I’m 28 and all, you know? (Jonah, October 8, 2014)

Ben wanted to be successful so that he could provide for his future wife. He described his plans by stating,

If I get married, you know one day, I’m gonna have a house, and I’m gonna be able to support both of us, you know, I know that’s setting the goal high, and setting a very high standard that maybe for some isn’t realistic, but for me I just, I always felt like that. I always wanted to be married and be able to support my own, and have our own place, and so that was real driving. (Ben, September 21, 2014)

Lynn also described the importance of independence to her. During nursing school she was in a rough relationship. By earning a degree she would be able to support herself with or without a husband. She stated, “He gave me grief . . . I had a lot of pressure on me” (Lynn, October 23, 2014).

*Passion for nursing.* In addition to the external motivators of finances, family, and independence, students also described internal motivation related to a passion for nursing. Some participants expressed a deep interest in things related to the human body and healthcare field, while others expressed a life-long dream of caring for others by becoming a nurse. Mia described her determination to complete by stating “I knew that nursing was my calling. It was my passion. I attribute a lot of it to myself, just my own determination, my own self-determination, knowing what I wanted to do, what I wanted to be” (Mia, September 25, 2014). Morgan, Laura, Melissa, and Cindy all described wanting to help others since an early age in life. This made each of them more determined to finish nursing school. Brittany described her thoughts and stated, “I’ve always wanted to be a nurse. I’m determined. I will become a successful nurse” (Brittany, October 3, 2014). Ben discussed the sense that nursing was a calling on his life. He stated, “I love the medical field and I know God put that passion and calling on my life, and you know, I made up my mind . . . I just really love nursing” (Ben, September 21, 2014).

Betty also described her lifelong dream of being a nurse. This desire was born from a traumatic event in childhood. She stated,

I had always wanted to be a nurse, because my mom passed away when I was 10, and nobody knew . . . I mean she was fine, we went on vacation, she was fine when we got there and in less than a week she passed away. She had something on her thyroid, that’s what it looked like, but boom one weekend, that was the end of it, and that made me . . . I

mean I just wanted to go into the nursing field or any type of medical field to see what I can do to help people. Where I grew up, we really didn't have a lot of healthcare stuff, and you know you had to drive miles to find a hospital and even back home you have to have money to get treated. If you don't have the money, they are not going to admit you to the hospital. You're not getting admitted if you don't have the money . . . yeah and that's, that was my main reason . . . my mom was my main reason why I wanted to go into the healthcare field. (Betty, October 13, 2014)

This desire to care for others helped keep her motivated to finish.

*Not wanting to fail.* Another internal motivator described by returners was their self-identified trait of not wanting to fail at something. Both Brandy and Laura described this trait vividly. Brandy stated,

I'm not really a person to lie down after something. . . . I was like "oh well you know I was told I couldn't do it in the first place. I'm gonna do it and finish it" . . . I failed and I don't like to fail anything. (Brandy, October 5, 2014)

Laura discussed that her father had instilled her with the value of conquering things in life. She did not want to fail and stated, "Well it's already beat me once, I'm not going to let it defeat me again. I will conquer it this time 'cause this is something I want to do" (Laura, October 10, 2014).

All participants described a combination of motivators as being part of their thoughts frequently after returning to the nursing program. These motivators were a piece of their new way of thinking upon reentering the program and helped fuel their energy to complete. This new mindset was further described by returners.

*New mindset.* When participants returned to the nursing program, they described having a renewed focus and new mindset or mentality. This new mentality was to complete nursing school and let nothing stand in the way of success. Descriptions of the new mindset included having a strong focus, realizing that there was no second chance, and being 100% committed to completion.

*Strong focus.* When questioned about their thought processes during the experience of returning to nursing school, participants described a new mindset that involved staying focused on success. This strong focus was discussed as helping them to complete. Students described taking school very seriously. Brittany stated, “If you stay on top of things and stay focused . . . you’ll make it” (Brittany, October 3, 2014). Ben described renewing his focus: “Take time I need to take a deep breath, and get away from nursing, but then come back into it, focused, and committed, and you know really try hard” (Ben, September 21, 2014).

Both Morgan and Laura, two traditional students, described a switch from a high school mentality to a new mature mentality that included taking things more seriously. Morgan stated, “It was more a mental kind of thing that I had to do it and I knew I had to do it. I knew, I guess my whole mentality changed once I failed and you know, things had to change in order to get it done . . . I grew up more . . . I just knew I had to do better, I knew, like what my goal was I’m gonna come out with an A in both classes, as much as I have to study I really don’t care. (Morgan, October 2, 2014)

Laura also described this new focused mentality by stating,

For me . . . I guess I left that high school mindset and started thinking more like an adult and that is . . . I’m going into adult life, and I need to start thinking like an adult, and not

relying on stuff I did in high school, and not thinking the way I did. (Laura, October 10, 2014).

Mia described her new found focus by stating, “Okay, no playing, you got to get . . . be focused. Stay focused . . . you know, just my, you know my mindset . . . so I knew the second time, all bets are off, gloves are off. I had to come out fighting” (Mia, September 25, 2014).

Brandy’s description of focus and determination involved self-motivation every day:

Basically I just told myself “you know, you gotta get up and do it since this is what you have to do.” I was like “even though you don’t like it you need to go through it,” and so I just kinda had to each day, and I made myself go to class . . . every single time we had class, and do whatever it is we had to do . . . just keep going. (Brandy, October 5, 2014)

Lynn stated,

So I had to basically change my mindset . . . that helped me . . . I figured if I put my mind to it I could . . . I’m usually that way in life . . . if I want to do something I’ll put my mind to it . . . it changed my thinking of how to pass the nursing program. I need to start now and study everything. I did put my head all in it. (Lynn, October 23, 2014)

Strong focus helped each of the returners to succeed.

*No second chance.* Students also identified the knowledge that this was their last chance at the nursing program as a big part of their new mentality. As described above, when discussing new found focus participants described how they became very serious after realizing this was their last opportunity. Lynn stated, “I knew that it was make or break at this point because you could only fail one time” (Lynn, October 23, 2014). Morgan stated, “I had one shot and if I didn’t make it you know I didn’t know what to do with my life because this is what I wanted to

do” (Morgan, October 2, 2014). Mia stated, “Really failure was not . . . it was never an option . . . I told myself that all the time. It’s not an option” (Mia, September 25, 2014).

Betty also realized when she returned that this was her last shot. She compared both of her attempts at a nursing course:

I think . . . the first time, I wouldn’t say I was playing around . . . I wouldn’t use that word. Everything shifted. Everything shifted in the sense that I don’t think I ever sat down and thought, “Okay Betty even if you don’t pass this first time of third semester, you can come back.” I never sat down and thought that way. But when it didn’t work out and I came back, I said, “Betty you have to go in a second time with a game plan. You cannot play around.” I didn’t have an option . . . I didn’t . . . I’m telling you, I didn’t have an option, because once you failed it . . . once you flunked . . . if you’re a repeating class and you flunk it, that’s it. You have to go to another school. The fact is I didn’t have a backup plan. (Betty, October 13, 2014)

She further went on to discuss how she continues to dream about the need to study even now:

And I have the same dream a couple of weeks ago, and I told my sister “listen nursing school traumatized me man.” I’ll be lying down and something . . . I’ll just wake up out of my sleep “Betty get up and study.” Then I’ll tell myself “duh, you’re a nurse now. You don’t need to get up and study.” But that’s . . . I guess that’s how badly I wanted it. (Betty, October 13, 2014)

*Commitment to completion.* To ensure that their last shot was not blown, participants also described putting in their full effort. This included a 100% commitment. This strong commitment was part of the students’ new mentality and was also credited with helping them to complete. Ben stated, “Really going as, you know, as much as I could, going the extra mile as I

could to make it happen. Um, just putting in a hundred percent effort...those were my big thoughts during nursing school” (Ben, September 21, 2014). He also described the belief that “if you don’t pass, you better know you gave a hundred percent” (Ben, September 21, 2014). Jonah described working very hard as well and stated, “You have to be committed, you can’t . . . I mean some people might do it, but I can’t . . . I couldn’t do that then be going out every night” (Jonah, October 8, 2014). He took nursing school as serious as religion.

As described by participants, considering motivations for completion and having a new mindset were both credited with helping them achieve success in nursing school. Each of the returners described their thought processes which fueled their determination. This determination and altered mindset were different from their time before failure and were noted as a definite shift in thinking.

**Reaching beyond to find what works.** Another theme that emerged from the returners’ descriptions of their journey through nursing school was titled reaching beyond to find what works. After failing, accepting responsibility, and returning determined to succeed participants described living out their planned changes. They utilized various techniques to ensure that they were academically successful. Students adapted their study and lifestyle until success was achieved. The story of success after a failed attempt involved change; it involved reaching beyond and putting in extra effort to make it happen. These students strived to go beyond in their lifestyle habits and study techniques to ensure that they succeeded academically. Participants identified multiple areas of change that involved going beyond what had been done in the past and aided in success. These included utilizing various study methods, enhancing study based upon their learning style, gaining understanding of material, prioritizing time, making alterations to their lifestyle, and striving to remain calm.

*Various study methods.* Each of the participants discussed utilizing various study methods until they grasped the information and successfully passed their course exams. When one technique of study was not helpful, students described changing their study until they became productive at learning. Ben clearly described this adaptation:

I changed my study habits. I didn't do study group as much . . . I had to pass . . . so um I changed my study habits if I needed to . . . like second semester doing the book, I never really looked at the PowerPoint . . . third it was like it wasn't working and I was doing the same thing, you know, I then did books, PowerPoints, and ATI, and so forth I tried it again and it wasn't working. . . . I failed my first test and I said "alright I gotta you know come up with a new plan" so I did. I recorded and I did all the other stuff, and it helped.

So I just kind of adjusted my studying habits. I stepped it up. (Ben, September 21, 2014)

Utilizing various study methods included incorporating different types of materials, changing study settings, and increasing repetition.

*Different types of study material.* Various materials used for study included text books, PowerPoints from lecture, preparatory websites including ATI and Prep U, books with NCLEX questions, and free online resources such as Quizlet and YouTube. These materials allowed students to view information in different formats, which was helpful. Cindy described being more interactive with the material. She stated "I did more sample test type things that really made me, um, not just reading and studying that way, it was more interactive and made me actually spit out answers to kind of see exactly where my knowledge was" (Cindy, September 25, 2014). Morgan also described her use of resources:

ATI and Prep U we had . . . that we had to use . . . that helped a lot because I could go over the different subjects. If I was . . . like burns or something I wasn't too sure of I could go over that, so they helped a lot. (Morgan, October 2, 2014)

The majority of participants also described that recording classroom lectures and listening to them again was a very helpful strategy for study. One returner, Melissa, described her experience with recording:

This is very important. The whole time, every semester of school . . . I recorded with my recorder. I'd listen to those recordings . . . on my way home from school. I listened to them when I got home . . . and I took notes off what I was listening to. I listened to them on the way to school. I listened to them all day long. . . . I went through like four recorders. (Melissa, September 28, 2014)

Ben described his use of recording that began late in his journey by stating, "I remember going back and listening to lectures and like she would say something that I didn't catch in class . . . and I would . . . I didn't even know, what if I would have recorded the whole program?" (Ben, September 21, 2014). Betty described the importance of recording as well:

Tell them not to do away with recording . . . it is helpful because sometimes you'll be sitting in class and you think you got everything that professor said, half the time you didn't even hear anything. After you come home and listen to it, you're like "wow did she really say that? I didn't hear her?" you know, so I hope they don't do away with that because it is very helpful. (Betty, October 13, 2014)

Lynn discussed using the recording to complete her notes after class each day.

*Changing study settings.* Some students described benefits of a group study setting while others learned that they did better individually. Cindy, Lynn, and Mia all discussed how group study with their peers helped to hold them accountable. Cindy stated,

Then study group, saying it, talking it, you know, telling somebody else . . . we were more conscious I think . . . everybody having turns, or taking a section . . . because we kind of learned along the way if you could teach it . . . you learned more from it than being just the recipient. (Cindy, September 25, 2014)

Mia described going through countless NCLEX style questions in group study and Lynn discussed finding support and encouragement. In contrast, Ben, Jonah, Melissa, and Betty all described learning better individually, as group study could be distracting for them.

*Increasing repetition.* Participants also discussed how repetition in study was very helpful for them to grasp and understand the material. Repetition involved being exposed to the same material multiple times and in different formats. Students described listening to recorded lectures over and over, reading their notes from class soon after class, and creating summaries, flashcards, and questions from their notes. Each of these strategies helped returners to reach beyond and really learn what they were studying.

In discussing repetition and her study techniques, Morgan stated,

I paid attention in class . . . 'cause I'd go home after that and I'd read . . . and kinda reiterate what they talked about so . . . that kinda helped me put it in my brain. . . . I just sat down and read it and I read over my notes to reiterate everything . . . and I learned you know just flash cards I would carry them with me to eat and all. (Morgan, October 2, 2014)

Both Jonah and Brandy described breaking the material down after reading their notes and making up possible test questions. Jonah stated,

I would write down my notes . . . and I would read . . . and I actually rewrote every chapter . . . just a summary, shorthand . . . just write it in my own way so I could remember . . . then I put my notes on notecards and for everything that I thought was important I would write like a question like how I think you guys would write it on the exam . . . and it made sense . . . and to tell you truth like the way I worded some questions, that's . . . it kind of came back similar to that on the exam. (Jonah, October 8, 2014)

Lynn also described her intense interaction with course material. Her study habits also involved repeated exposure to what she was learning. She stated,

I would record, and I would type . . . every day I would go home from school and I'd type whatever I recorded that same day, and then I would build on to it every day. Eventually I . . . like at the end of the week I'd have five different pieces of paper that I would have to study from . . . I would go through every single bit of information at least five or six times each day. That way it would stick with me, and I understood. (Lynn, October 23, 2014)

Strong dedication to learning was evident by the returners' use of varied study methods and repetitive interaction with course material.

***Learning styles.*** Participants also described enhancing their study based upon how they learned best. Some of the participants completed a learning style inventory with a faculty member and utilized results from this, while others were already familiar with helpful strategies

for their personal learning. Mia described her experience after taking the learning style inventory:

I found out that I'm a visual person . . . I like to see it done, so YouTube was amazing, they have all these visual things out there . . . so that was kind of an eye opener for me. So I did um, I used more visual . . . like I did charts . . . I did charts, and different colors . . . I watched animations, different stuff. I switched it up. Whereas before it was just like, you know, just read. (Mia, September 25, 2014)

Melissa described her learning style as well. She stated, "I'm an auditory learner and reading something doesn't do near as much for me as hearing it over and over again . . . that's how I was studying and I did more of that" (Melissa, September 28, 2014). This explains her use of four different recorders in the program.

Laura described taking the learning style inventory and then receiving tips from a faculty member. She did not believe that the suggested type of study would help, but was pleasantly surprised. She stated, "I did the earplugs and reading out loud in my room by myself . . . you know I didn't think it would work but I guess it did" (Laura, October 23, 2014). Lynn also described using visual techniques by highlighting different information with different colors. Although not all participants described tapping into their learning style, some believed it was very helpful. Melissa even suggested that new students should all take an inventory. She stated,

I think people need to . . . before they start the nursing program . . . find out what kind of learner you are . . . you really have to get to the heart of what kind of learner you are and be confident in that before you ever start something. (Melissa, September 28, 2014)

***Gaining understanding.*** By adapting their study and utilizing different methods, participants described gaining understanding of the material. This understanding was deeper than

just memorization as done before. Returners discussed understanding as a key to passing their nursing courses because they were able to think through application questions. Detailed descriptions of gaining understanding were given.

*Understanding the why behind.* Morgan discussed her second time taking a nursing course and described understanding things better:

I understood stuff a lot more, like, um, doing the diagnosis and stuff. Um, it was just amazing how things clicked. I'm like "oh my gosh, that makes sense now. I didn't get it in the first semester." Like the whole, the different hyperkalemia, hypokalemia--all those made sense, it was so much easier the second time around to remember them. I'm like "okay well 'cause you learn how the cells work, and all that," it's like "okay well that's why this happens." And I was able to actually read and say, "okay well this is why this happens, it causes these symptoms" . . . I learned that it helped to understand how the body systems work, and how they function, and how things affect each other. (Morgan, October 2, 2014)

Melissa also described understanding better. She stated, "it gave me more time to understand the functions of the heart and why this is this, and that is that . . . I was able to give it a little more thought than I did before" (Melissa, September 28, 2014).

*Building on previous material.* Lynn and Betty also described understanding things much better throughout the remainder of their journey because they built on previous knowledge. Betty stated, "This isn't new information, you are just building up on what you studied previously, so don't throw that semester away . . . keep it and build on what you learned . . . everything came together for me" (Betty, October 13, 2014). Lynn also discussed building a foundation and then

being able to understand material based upon this. She incorporated a metaphor in her discussion:

It was like a foundation. Like you knew it but you didn't understand it, I just couldn't put two and two together . . . but it's almost like when you learn your sight words or something when you were young, when you start reading a book, the sight words start making sense, like you start understanding the vocabulary, you can understand that's an article, that's a verb, you know . . . whenever I went back my second time I understood . . . everything came around. (Lynn, October 23, 2014)

*Coming together.* Other returners also discussed gaining understanding and the information coming together for them. Brandy described how having the extra semester gave her time to concentrate and really understand the meaning of information. Jonah described critically thinking about types of diseases and symptoms to understand things:

It was like . . . a patient comes in with such and such, their lab is elevated, white, red blood cells are this and this . . . um . . . what would the nurse expect, or what would you expect the nurse to do, or what disease do you think this person has? I would look at it and I would try to figure it out in my mind . . . that kind of helped me to understand how everything ran together . . . it's like a different way you have to frame your mind to study all that information and have it all come together. (Jonah, October 8, 2014)

Brittany described this by stating, "I did questions just to make sure that I knew the material instead of just learning it for the test, like I understood . . . I knew and understood why. I just saw the bigger picture" (Brittany, October 3, 2014).

*Prioritizing time.* Another significant factor that participants described as instrumental to their success in nursing school was prioritization of their time. Returners were able to study more

when they mapped out their schedules effectively and allotted time for learning. The organizational skill of time management was integral to their success. As Jonah stated, “With nursing school you have to have good time management, I would tell somebody to develop good time management skills” (Jonah, October 8, 2014). This was another area that participants reached beyond their previous efforts to be successful.

*Mapping out the schedule.* Participants further described their time management process. Mia discussed her planning in detail:

I blocked it out on the calendar. I had my week done. Every week, every Sunday, I would make my schedule for the week. I sat down, looked at my schedule, looked at the school schedule, looked at what I had going on with the kids, and I made the time. I was studying every day. Every day I was studying, except Sunday. Sunday was family time. But every other day I was studying. I was studying something. Um, because it didn’t work the first time. So I had to change and then it was all about not waiting ‘til the end, like literally just making the time. Not procrastinating. (Mia, September 25, 2014)

*Studying daily.* Daily study and scheduling in advance were also described by Ben, Brittany, Brandy, Lynn, and Laura. Ben stated,

Monday, Tuesday, Wednesday, Thursday, Friday are school days; Friday, Saturday are my work evenings where I work at the restaurant . . . going and plan ahead. I would start to print out calendars . . . which I always thought was girly . . . so you know, I organized things and planned things and was more tight on my schedule. (Ben, September 21, 2014)

Brittany described how studying each day was more beneficial to passing tests. She stated, “like say we had a test coming up, I start studying for my test two weeks in advance. Every day I would do something” (Brittany, October 3, 2014). Lynn stated, “you basically live, eat, breathe

nursing . . . I had to budget that time with everything” (Lynn, October 23, 2014). By managing their time and making study a priority, returners felt more prepared and were able to succeed.

*Lifestyle alterations.* Participants also discussed how altering their lifestyle was helpful to achieving success. Alterations made were related to time management because they allowed the students more time to study and focus. Lifestyle alterations discussed by participants included working less, decreased participation in social activities, and changing daily routines to facilitate study. Returners described these alterations as difficult to make at times. Some viewed them as sacrifices. All described the alterations as well worth it, however.

*Employment changes.* Morgan, Betty, Mia, Lynn, and Brittany all described either quitting their current job or working much less. Lynn stated, “I had my motivation, like I quit my job” (Lynn, October 23, 2014). Mia also described this by stating, “Everything changed. I adjusted very well because I stopped working” (Mia, September 25, 2014). With reducing the time spent on outside work, returners were able to focus solely on the completion of the nursing program.

*Family changes.* Participants also described changes to both their family routines and social lives. Changes made involved saying no to other activities. Family members and friends had to adjust to changes in the lives of the returners. Ben described his altered social life by stating,

I had to like get really strict about when I could do certain things . . . and not really because I wanted to lose friends or anything, but just knowing that I really gotta make it this time, I gotta try everything I can to make it happen. You know there were times where I wouldn’t wanna say no to going bowling or going to the movies or whatever and

I had to get to a point where I was just telling people ‘sorry I can’t. I’ve gotta study. I can’t, don’t even tempt me.’” (Ben, September 21, 2014)

Betty also discussed turning down friends in order to concentrate on studies. She stated,

I had a lot of family and well . . . well not immediate family, but family friends talking about “oh Betty you don’t call anybody, and you don’t socialize, and you don’t do this.” I don’t need to be doing all that. I have to focus right now, that’s all I’m focused on. All that extra stuff can wait. So I did put a hold on a lot of unnecessary stuff that took time away. (Betty, October 13, 2014)

Family life alterations were also discussed. Mia described that her husband and girls had to adjust: “It kinda changed our . . . the way we did things in the family . . . it was pretty intense . . . so they understood the seriousness of it” (Mia, September 25, 2014). Melissa discussed her family’s understanding of how important nursing was to her:

I took it seriously. My family knew that and my kids distanced themselves and we didn’t suffer for it. I babysat a little bit less which was good for me. My husband gave me space. I had notes all over the walls and everybody just got out of my way . . . and they knew how important this was to me, and I wasn’t going to let any family functions or anything get in the way . . . I missed out on a lot. They understood. (Melissa, September 28, 2014)

Brandy described how her family helped as well:

If I needed anything done, they would always just help me out, so I could have more time studying. My mom had two jobs so I would have to cook and stuff. Sometimes my sister would take the role of trying to cook and stuff like that if I had a test or something.

(Brandy, October 5, 2014)

*Routine changes.* Returners also described changes to daily routines. To keep himself mentally and physically sound Ben described waking up at the same time each day and going to bed at the same time. He also discussed adding in a little time to relax. Mia, Brittany, and Jonah all described needing a quiet place to study as part of their routine. Mia stated,

I can't study at home. Cause I always think about what I could be doing. Like there's laundry to be done . . . getting out of the house was a big change for me. So I would . . . the library where you have to be quiet . . . was the best place for me. (Mia, September 25, 2014)

Brittany did not have a library close to home so her family helped with this part of her routine. She stated,

If I had to study at home . . . I had my earplugs. Like my parents would get our son for the weekend if I needed, you know . . . they would get him as much as they could . . . so I could study. Or my husband and him would go somewhere so I could study. So that helped a lot. If you can't change your environment you got to do something. (Brittany, October 3, 2014)

*Remaining calm.* Participants also described striving to remain calm during their journey through nursing school. Remaining calm was especially important before exams. Morgan described her routine. She stated, "The day of the test I never studied . . . I didn't wanna stress out about it" (Morgan, October 2, 2014). Laura also described her methods for remaining calm. She described important aspects of relaxation as "taking an hour before bed not to study, not talking to anybody the day of the test, and not talking to anybody when walking out of the room" (Laura, October 10, 2014). Both Mia and Betty described sitting in the back of the classroom

with earplugs so that other students who completed their tests sooner would not be distracting. Students explained how remaining calm helped to decrease their test anxiety.

By analyzing participants' data it was clear that returners were determined and reached beyond to succeed. Through their descriptions of utilizing various study methods, discovering how they learned best, altering their schedules and lifestyles, and remaining calm returners described their increased efforts to finish the nursing program. It was evident that these strategies assisted them to completion.

**Fueling the journey with positive dialog and focus.** Throughout the journey to success, returners described maintaining positive thoughts and focus. As described previously, a shift in thinking to a determined mentality occurred upon return to the program. To maintain determination, participants described relying on personal beliefs and constantly exercising positive thoughts. Description of these thought processes emerged into the theme of fueling the journey with positive dialog and focus. Students described positive internal dialog and knowing that completion would come as sustaining them in difficult times. Instead of focusing on the negative of one course failure students focused on beliefs and positive thoughts.

**Beliefs.** Participants described both belief in self and comparison with others as helping them to complete their nursing school journey--the belief in self-involved internally knowing that they could finish the program. Comparisons with other students was also cited to help boost their confidence and give them energy to finish the long journey.

*I can succeed.* Throughout data collection, all returners described a belief that they could complete the nursing program. Belief that they would become a nurse was part of their positive thoughts and helped returners to remain focused. Even Lynn and Melissa who described feeling a lack of self-confidence knew that they could finish nursing school. Melissa stated, "deep down

I knew I could do it” (Melissa, September 28, 2014). Students all described the belief that they could finish as helping them through. Jonah stated,

At the end of the day, when I fail I believe in myself. ‘Cause I know, I’ve seen what I’ve done prior to the nursing program, so I know that I can do it. I just listen to myself, but I knew I could. I had potential. (Jonah, October 8, 2014)

When asked if she ever thought that she might fail again, Mia stated “not once” (Mia, September 25, 2014). Morgan described her belief as well: “I knew the second time around I was going to do it” (Morgan, October 2, 2014). Believing that they would finish gave the returners energy and helped them to focus.

*Comparisons with others.* To fuel belief in themselves, two returners described making comparisons. To increase his belief in the ability to complete, Ben described comparing himself to other students. He stated “This sounds mean, but I remember telling myself ‘if she could do this, I can do this . . . if they can make it, I can make it.’” (Ben, September 21, 2014). Lynn described comparing getting an associate’s degree in nursing to her previous bachelors to energize her beliefs. She stated, “I kept telling myself ‘how’d you get a bachelor’s degree? This is just an associate’s’” (Lynn, October 23, 2014). Comparison was helpful to Ben and Lynn.

Laura described two quotes that she lived by and believed in:

I’ve always lived by no fear, and that helped me a lot. I even have that quote painted on the wall at my parents’ house—“No fear.” That’s just one major quote that I live from. And there was a quote, one of my high school teachers wrote in my yearbook. It says, “The quiet will inherit the earth” and I was always the shy one. I still am shy. And I painted that on my wall too. It means that I can take over the world if I wanted to. I can

do whatever I set my mind to. So those are probably my two favorite quotes that keep me going. (Laura, October 10, 2014)

Being able to view her beliefs in a tangible way was encouraging to Laura and kept her focused. Internal belief that completion would come was definitely identified as helping the returners to complete.

*Staying positive.* Maintaining positive thoughts was also described by participants as an imperative part of their journey. This positive mindset allowed helped them to stay focused and complete necessary tasks to finish. Returners specifically described their internal dialogs of positive thoughts, effort to control keep their thoughts positive, and depending on others for positive energy.

*Positive thoughts.* Positive thoughts were described by returners as a staple during their journey to completion. Thought processes gave them both positive energy and helped them to focus. When describing her internal dialog, Cindy stated,

I had to think positive. I got through it, but the biggest part of it was you just have to psych yourself up, you know, and talk to yourself, and believe in yourself, and have positive thoughts instead of getting hung in the negative. (Cindy, September 25, 2014)

Ben stated that he told himself “you started it, you gone finish it” and “it’s okay, you may fail at a lot of things in life, just move forward and learn from it, and do your best” (Ben, September 21, 2014). He described how staying positive was very important to his completion of the program.

Lynn described her thoughts also: “I told myself ‘I can do this. I can do this.’ I had to be positive with myself and keep a positive attitude about it” (Lynn, October 23, 2014).

Brittany described refocusing her attention in a positive manner by reading inspirational scripture verses that were given to her by another student. She stated,

I still to this day have that paper, and that's what I went back to everyday. I had some scriptures that were given to me . . . that I kept. I would read that every time before I would take a test, I would read that and I was like, anytime I felt discouraged, anytime I felt like "oh I don't feel like doing it right now" I would go back and I would read that and that helped. (Brittany, October 3, 2014)

One verse that Brittany had saved was Isaiah 46:9: "Indeed I have spoken it; I will also bring it to pass; I have purposed it; I will also do it."

*Fight to stay positive.* Jonah described gaining control of his thoughts to stay positive. He stated,

I think it was just me being positive . . . it wasn't super easy. I still had to work. But then you know, you just still have to push through. I just try to stop thinking negative. Well . . . I don't think you can control what your mind thinks all the time, but you just try to think positive you know? You just try to . . . I guess you can say--rebuke that thought. (Jonah, October 8, 2014)

He further described his positive focus by stating, "It's in the past and if you focus on that then it'll affect you in the present so you just . . . so you just have to throw it through the window and just go on ahead" (Jonah, October 8, 2014).

Cindy described the fight to stay positive at times by stating,

It kinda becomes a battle within yourself, you know. I can do this, and so that's, to me, for me it became a battle, and I had to just keep telling myself "you know I can do this. I wanna make . . . I wanna be proud of what I do." (Cindy, September 25, 2014).

Melissa described building herself back up by telling herself, "Look Melissa, you already know 60 percent of this" (Melissa, September 28, 2014).

*Positive energy from others.* To keep positive energy Mia described telling others to be positive as well. She stated, “So anybody that was around me . . . you can’t talk like that. Failure is not an option. You can’t be around me talking negative. We’re not even gone talk about failure” (Mia, September 25, 2014). Ben described asking others for positive thoughts and boosting his own thoughts. He stated,

I really did have to like ask people like ‘help me, help me stay positive’ cause I’d come home so frustrated sometimes. I started just telling myself ‘it’s never gonna be easy.

Nothing I do, whether nursing, or changing careers, or marriage, or you know building a house, whatever it is, nothing will ever be easy . . . just stay positive. (Ben, September 21, 2014)

Laura described her constant thoughts of what her dad had taught her: “You’re not going to take no for an answer, you always have to go, go, go, do what you want to do, don’t let anything hold you back” (Laura, October 10, 2014). All participants described how staying positive was very important to their completion of the program.

The repeated exercise of positive thoughts and focus became a habit that gave returners energy to finish nursing school. Their use of positive internal dialog and reliance on belief in self were strengthening during the journey. Positive thinking helped them to maintain their determined mindset in times of doubt.

**Connecting with others to gain strength and strengthen.** Participants described connecting with others as helping them on their journey of completing nursing school. Connections were a large part of the experience of nursing school and were discussed by all participants, resulting in a well-developed theme. Students described both relying on existing connections and reaching out for new connections with others. Connections gave returners

support, encouragement and assistance that were needed during their failure, return to, and completion of nursing school. Participants also described how they were able to lend support to others by encouraging and assisting their peers in nursing school. Participants discussed strong connections with faculty, family, and peers. They also described spirituality as a connection that gave them strength.

***Faculty support.*** The majority of participants described receiving support from nursing faculty. The support that they received from faculty helped them to feel confident and learn new strategies for study. Students also felt that they were able to talk with their nursing faculty about their questions and concerns. Participants expressed that faculty were very knowledgeable and wanted success for them. Many students also discussed the help of one particular faculty member that was a success coordinator for the returners. Her role was to meet with struggling and returning students on a regular basis and discuss tests, study habits and strategies for success. Support from both the success coordinator and other faculty was described by students as beneficial.

***Encouragement from all faculty.*** Examples provided by returners described faculty members as being very encouraging. Laura discussed returning to retake her failed course and receiving a positive attitude from her professor. She stated, “My teacher, when we came back, she was a real good motivator. She goes ‘yeah ya’ll are going to do fine you know this go around, don’t worry about it’” (Laura, October 10, 2014). Brittany described the instructors as being very open and helpful:

If you had a question or you didn’t understand anything, you always felt that you could ask for help . . . it didn’t make you feel intimidated or anything. I felt real comfortable . . . everybody was just so happy and rooting for me. (Brittany, October 3, 2014)

Morgan also described nursing faculty in a positive light stating, “The teachers were really good” (Morgan, October 2, 2014).

*Encouragement from success coordinator.* Many participants specifically described one individual faculty, the success coordinator, as being especially encouraging and supportive. Mia discussed the success coordinator stating, “When we had a test, you know, she would always send me encouraging words . . . she helped me a lot throughout the time” (Mia, September 25, 2014). Ben thought of the success coordinator as a coach. He stated, “She was so encouraging, and she would really make you feel like you could do it . . . so she was a big help . . . the whole coaching thing” (Ben, September 21, 2014). Cindy discussed how the success coordinator helped her to cope with her feelings: “I went to her office and poured my heart out, or you know, released stress, just in talking to her, or crying with her, or whatever, you know. Just trying to figure out how I am gonna make it” (Cindy, September 25, 2014). Encouragement from both the success coordinator and other nursing faculty was helpful to students. It gave them positive reinforcement and strength for their journey.

Faculty support also provided strategies for study and test taking. The success coordinator was described as being very helpful in this area as well. Betty specifically described her relationship with this faculty member:

She was a life saver. She sat down with me and told me “this is what you should be doing.” After each test I went to sit with her and she would tell me “okay Betty why do you think you made this grade on this test? Or why do you think you got this question wrong?” and I’ll tell her what my thought processes were when I was taking the test. She would say “no Betty you have to look for key words when you’re doing these questions.” So she was a big help. (Betty, October 13, 2014)

Other returners discussed how the success coordinator gave them study tips, different resources, and strategies for learning. Most importantly, she spent time and effort trying to help them succeed and this connection was not forgotten.

***Family support.*** Participants described receiving much support from their families. Family support was described in detail by many of the returners. They felt that this support was integral for their success in the nursing program. Returners described this support as giving them the strength and motivation to return to nursing school and complete successfully. Sacrifices made by family members were noticed and greatly appreciated by participants. Family support involved encouragement, accountability, assistance with home responsibilities, financial support, and even help with studying.

*Encouragement from family.* Encouragement from family members, including positive reinforcement and faith in completion, occurred. This helped the returners deal with their journey through nursing school. Laura described how all of the significant people in her life came to her aid after she found out that she had failed. She stated,

My boyfriend, my sister, mom and dad are big motivators too, telling me ‘it’s fine, you can do it’ you know ‘you have the heart of being a nurse, you’re meant to be a nurse. It’ll be fine.’ You know, my family helped me the most to cope with it. (Laura, October 10, 2014)

Brandy also discussed how encouragement and support from her family helped her to cope:

My mom, and my sister, and my grandma . . . they were just . . . like “you know you can do it” and “we know you can do it, you have done well so far.” My fiancé, he encouraged me very much, and speaking to my family about stuff . . . that’s how I got through any kind of problems with everything. (Brandy, October 5, 2014)

Brittany also described how encouragement from her parents kept her motivated. She stated,

They would tell me to stay focused “you can do it.” They were very encouraging. Um “you know you don’t have long, you’re almost there, you know it may feel like forever but don’t give up.” So they always kept me motivated. My family got me through it.

(Brittany, October 3, 2014)

Cindy further discussed how internalization of encouragement from family and friends was very helpful:

I had lots of family and friends that were very supportive . . . and people told me all the time, you know, they’d be like “you know I am just so proud of you for doing this at your age, to, you know, take on a whole new career.” It did give you a little spark. You know, and like I said, you didn’t even realize you were getting it from other people, but, you know, for somebody else to say “I could never do what you’re doing.” You know other people would see it that way and of course you hear it from more than one person, so you know, it kinda starts stacking up and you think “well maybe that’s true.” So I think that helped me a lot too. (Cindy, September 25, 2014)

Jonah discussed how his girlfriend of many years would remind him of his strengths. This helped to pick him up in his time of need.

*Family holding accountable.* Participants also discussed how family members helped them to stay accountable for study time. This went past the act of encouragement to actually pushing the returners further toward their goal of completion. Mia described her family holding her accountable:

I love to read romance novels, right? “Ma did you study?” You know? So they were like, they were the parents. “Did you study?” Or they would call my husband, “Dad, mom is reading a book.” That’s it, so throughout the week they, if they saw me like reading they would literally tell. They would call their dad and tell. And, um, so he was like “Babe you know, you know you’re not supposed to be doing that. You got one . . . your free day is Sunday.” You know, so they kinda rallied around me and . . . my daughters, they really held me accountable, like really. (Mia, September 25, 2014)

Betty also described a family member holding her accountable:

Family helped me cope. . . . My cousin, my cousin would just wake me up. I’ll . . . he’ll call me right after class. “Betty how is your schedule today?” and I’ll tell him, “I have two classes but I get done at three.” “Okay so that means after you go home, you’re going to take a nap, wake up, and go to the library.” I’ll be like “yep.” If I tell him I’m going to take a nap for an hour, he’ll call me exactly at that time. “Are you up?” I . . . I mean it got to a point where I wanted to tell him “Listen buddy, back off, okay! I will get up because I want to, not because you are telling me to.” He was there to pick me up each time, each time. (Betty, October 13, 2014)

*Support with responsibilities.* In addition to encouragement and accountability, participants also discussed how family support was given to decrease their everyday responsibilities. Melissa babysat her grandchildren much less; Brittany’s husband and parents would take her son on outings more often. Both Brandy and Mia described how their families took on more responsibility by cooking. Mia stated, “My husband. My husband was the bomb . . . . Even, even with me not working, I think my husband still did the majority of the cooking while I was in nursing school--even with me not working” (Mia, September 25, 2014). Several

returners also described how their family members gave them more space to study. Lynn stated, “they understood ‘oh Lynn is studying this weekend’ . . . they would kind of let me be so I could do what I had to do” (Lynn, October 23, 2014).

*Financial support.* Financial support was also described by some of the participants as another form of family support. Morgan, Laura, Ben, and Jonah lived at home and received support from their parents. Brittany, Mia, and Melissa described how their husbands provided support so that they did not have to work during the nursing program. Melissa discussed the security that financial support, along with other support, brought by stating,

My husband is very understanding and is very supportive. If you don’t have somebody supportive when you are going through it . . . I just . . . ’cause I heard some of the girls saying “my husband don’t understand, and he’s mad at me because I had to stay after school today and do this.” I was like “oh my gosh, I don’t know what I would do.” So you have to have good family. . . . I don’t know how people do it with small children. I mean there were people that I went to school with that had small children at home . . . and were working, and going to school, and I was like “what kind of freak are you?” To be . . . I was just like “how do you do it?” And my husband was working overseas . . . at like six figures, at that time, so I could afford to go to school. And I was still getting the Hope Scholarship. I had the Hope Scholarship every semester except for the last semester ‘cause they said I had reached my limit. I went out of pocket to pay for it and everything. (Melissa, September 28, 2014)

*Assistance with study.* Another type of support that family members provided was assistance with studying. Two returners described how their family members would help them learn material by reading aloud, questioning them, and even learning the course work with them.

Morgan described how her mother, who was not a nurse, was her greatest study partner. She stated,

She would come home from work and sit with me like for hours studying . . . flashcards and stuff . . . she was awesome. Like she knew all . . . in pharmacology she knew all the drugs. She um, she works for the department of Veterans services, but she knew all the drugs and like we correlated with family members or something that might need the drug, or it was just . . . she'd help me remember them or come up with ways to remember them. But, yeah I could go to her. . . . I can still go to her now and be like, "You remember this drug?" and she's like "Oh yeah it causes this, this, and this. (Morgan, October 2, 2014)

***Peer support.*** The majority of returners described peers in the nursing cohort as being an invaluable support system throughout their experience of nursing school. Although family and outside friends were very understanding, only a peer could completely understand the struggle. Participants described connecting with peers in their original cohort, within their new cohort, and with other returners. When discussing peer connections, returners gave many examples of how they leaned upon peers to help them in multiple ways. Peer support included encouragement, assistance with study to include group study, and building an identity with other returners.

***Encouragement from peers.*** Encouragement was drawn from peers and helped participants throughout the experience of nursing school. Returners described encouragement as helping them to stay motivated. Making and depending upon friends was an essential part of the experience of nursing school for these students. Morgan discussed meeting a new friend when she returned to nursing school. She confided in this peer about her return and described her as integral during her journey. She stated,

Luckily enough I was in it with a friend that I went to school with, which I didn't really know her, but she's my best friend now . . . she understood, you know, what had happened, and she didn't like hold it against me. She helped a lot. (Morgan, October 2, 2014)

Brittany described how a peer from her original cohort convinced her to return to nursing school. She credits this friend with helping her succeed:

It was actually me talking to Ansley, and she was like "This is what you do, you contact the director, see what you . . . what's your next step. What can you do to get back in the program?" She was like, "you don't mean that. You're just saying that out of anger, um, you're saying that you don't want to do it anymore because you're hurt." . . . I was happy that Ansley talked to me about that. . . . I don't know what I would have done. (Brittany, October 3, 2014)

*Peer group study.* Returners also described how encouragement along with assistance in study occurred in the peer group. Participants explained how they benefitted and learned from the strengths of others. They also described boosting each other up, and holding set routines for study. Mia described her relationship with several peers in detail:

Margaret had a way of studying . . . so I took a piece of hers. Deanna had another way . . . I took a piece of hers. And so, kinda incorporated. . . . Deanna used flashcards . . . you know, so I used that. And um, Margaret used NCLEX books, Margaret had like a library of NCLEX books, like more NCLEX books than you could ever want. She would focus on those, that section, and just answer questions. She would constantly like test herself . . . so I did that, I added a lot, um testing for knowledge . . . and Kayla would like, Kayla was good at graphs and stuff, like really good . . . you know, she repeated too. She was

good and I would meet with her like on Wednesday . . . we would meet at Barnes & Noble, and she would drill me. She was like a teacher, she would like grill me on um on certain things. She literally would meet with me every Wednesday and Barnes & Noble and she would drill me, you know, about the next topic. So I got so much love and respect for them. . . . Like Bea, Bea was the bomb, you know, she would, she's very meticulous with her notes. . . . Bea typed everything everybody say. I mean, she, she's typing . . . so she would send me her notes . . . like word for word, in class. Every time we got together somebody was ahead of . . . somebody was in the lead. Somebody was charging . . . keeping us on task. (Mia, September 25, 2014)

It is evident from her words that she had a deep connection with her peers.

Lynn also described how her study group helped her to complete nursing school:

It helped tremendously 'cause we would get together and throw ideas together, but um, I had a whole lot more motivation. But I'll be honest with you, having the study group, and being close to everybody completely helped. I mean that . . . that was like my support . . . my study group. We would . . . like I would type up . . . actually all of us . . . would type up the lessons every week and then would come together and we would devise one big study packet for everybody. So like I would type up what I thought was important and what was recorded and then Cindy would do her own thing, and then Melanie would do her own thing. We would come together and make a final study packet. But I think they're the ones who helped me get through it because we all worked together like that. (Lynn, October 23, 2014)

*Identity with other returners.* Participants also described identifying with and gaining support from other students who were repeating a course. Other returners understood exactly the

situation and the stresses inherent with repeating. Participants formed strong bonds with these peers. Brandy discussed her relationship with peers that were also repeating:

There were a couple of other people who also failed the course and had to retake it. So we kinda came together. We sat together, and tried to do everything together so we could just be together and be support while we were at school . . . 'cause you know we had other support at home . . . but we all kinda took it in stride and got over the fact that we had to retake the class, by the end of it, we were just like “we’re done.” (Brandy, October 5, 2014)

Ben described how they encouraged each other by stating, “We were all friends . . . having each other to say ‘no we are not dumb, we just had a bad semester’” (Ben, September 21, 2014).

Encouragement and identity among returners was further evident in Jonah’s description of his peers. He stated,

I mean it wasn’t me by myself, you know, I had the rest of the people that failed . . . you have to talk to people that actually understand what you’re going through, you know. So we all failed, so we would all go through it together, you know? Motivate each other when we feel like we can’t do it. Or if someone doesn’t understand something and I understand, I tell them. If I don’t understand, they tell me, you know? (Jonah, October 8, 2014)

Lynn also described this assurance and identity; her group even had name for themselves. She stated,

We all did a part to try to help each other to make it, because we all knew that we had been at that point where we all failed, and we couldn’t do it again because you do it again, that’s it. Your nursing career is over with. . . . We built each other up. That way we

could all make good grades 'cause we knew how it felt, you know. The Redo's that what we were, the Redo's. (Lynn, October 23, 2014)

It was apparent that this special bond among repeating students provided strength.

*Spirituality.* Eight of the participants also described connecting with a higher being during their journey through nursing school. Through their faith they gained strength that was needed to cope with a failure and return. Church family, reading scriptures, and praying were all described as giving the returners strength and motivation. Brittany discussed her spirituality by stating

Prayer . . . I would do that, and um . . . like three days before the test, I would fast . . . you know . . . so I think it helped me spiritually, getting closer to God and I think it helped me with school and staying focused and determined. I feel like God got me through it.

(Brittany, October 3, 2014)

*Prayer and faith.* Each of the participants that discussed spirituality described praying during their journey. Betty described her prayer in detail:

Praying was my main thing. That was . . . that was the only . . . praying was my main thing because I knew . . . I knew then that nobody else could help me other than God. If god didn't help me pass this test, than it wasn't for me. So that was how I coped, praying, family support and myself. Prayers, praying through it. So I learned to depend on myself, and I also knew then that nobody could help me but God at that point . . . it's a prayer . . . it's a Muslim . . . I'm a Muslim . . . and it's a Muslim prayer. My dad told me that um, some particular prayers you have to recite when you are fearful of something. And God helps you deal with that fear. So whenever I would sit down to take a test, I'll recite that prayer and leave everything to God. I already knew it, but I didn't know it applied then. I

mean you can use it . . . to help you get over your fears, and it helped. I just think it's a belief thing. (Betty, October 13, 2014)

Through her narrative it is evident how her faith helped her stand strong while in nursing school. Other students' descriptions also echoed connection with a higher being as providing strength.

It was very evident in each participant's story that connecting with others was integral to their success. Some connected more with peers, others with faculty, family, or a higher being. No matter the type of connection, it was apparent that returners were strengthened along the journey by these relationships. All returners also described bonding with other students that repeated a course. This special bond gave them identity and support to face the remainder of the journey.

#### **Thematic Description of the Returners' Lived Experience: Near Completion and Beyond**

The last grouping of themes presented includes data describing returners' experiences near the end of their nursing school journey. Description of this time period is labeled near completion and beyond. Themes included in this grouping included making meaning of a setback and intrapersonal growth. Table 5 presents thematic descriptions along with included components and subcomponents for each

Table 5

*Thematic Descriptions: Near Completion and Beyond*

Timespan	Themes	Description	Components	Sub Components
<i>Near Completion and Beyond</i>	Making meaning of a set-back	Participants sought to understand the reason for failure and accepted it by finding positive benefits of their situation	Searching for a reason why  Reasons identified	Why did I fail?  Not my time Needed to understand Struggle encourages others
	Intrapersonal growth	Participants experienced an increase in self-reflection and in other self-described positive traits	Increased self-reflection  Increased positive character traits	Life-long learning Hard work to get there Alright to fail  Humility Gratitude Confidence Pride

**Making meaning of a set-back.** Participants described another piece of their experience of returning as questioning and understanding why they had failed. Understanding was gained through consideration of the positive aspects of repeating a nursing course. Although all of the returners did describe benefits of repeating, many struggled with their situation at first. Understanding the reason why they had to repeat was an individual process of thinking through the situation. Students described being sad and sometimes angry when they first became aware of their failure. They then began to sort through the various reasons for their failure. Instead of focusing on the negative fact that they had to repeat a nursing course, they chose to look at the positive that came from repeating. By making meaning out of their set-back students were able to accept their failure and move forward in a positive manner.

**Searching for a reason why.** Several of the returners described questioning why they had failed. As described in a previous theme, they felt sadness and shock after failure. Some of them also described feeling angry. Cindy described her initial reaction by stating, “I was devastated, heartbroken, mad. . . . I remember thinking ‘well I just won’t go back there, I’ll go to a different school’” (Cindy, September 25, 2014). She described not understanding why this had happened

to her at first. Brittany, Lynn, Melissa, and Brandy all described asking themselves why also. All participants discussed considering the factors they credited with causing them to fail. With time passing and by looking at the factors contributing to their failure, the returners began to develop reasons why they felt they had to repeat a course. This process of analyzing and rationalizing a reason why took varying amounts of time depending on the individual. It was an internal search that led participants to accept their failure and even see positive aspects of their situation.

*Why did I fail?* Melissa described her internal questioning of why she had failed. She even questioned how others in her class had passed and she did not. She discussed how she rationalized this failure and worked through her feelings:

There was like, as far as I know, about a handful of 10 people . . . that didn't have enough points to graduate, but she graduated them. And so something deep that's inside me wanted to say, "Huh, how didn't that work for me when I needed that one and a half or two points?" . . . but that's just assumptions. That's what I heard. "There's no way I didn't make it you know? I didn't pass" . . . and then next thing you know "guess what I graduated." I needed this extra semester, "Okay don't be like that Melissa, because you got from it what you needed to get from it" and "Melissa why would you berate them, when you got what you needed out of this . . . doing this semester over again?" That's how I resolved it, like I needed it. (Melissa, September 28, 2014)

**Reasons why.** After careful consideration and much soul searching, returners clearly identified several reasons for why they had to repeat. By considering these reasons, participants all described being able to accept their failure and come back. They felt like it had meaning. Reasons included timing, needing to understand things more, and being able to encourage others.

*Not my time.* Some participants described the feeling that it was not their time to graduate as planned. For whatever reason, they described feeling that a higher being, or destiny did not plan for things to go according to the original plan. Laura, Ben, Melissa, and Brittany all described the feeling that it was not time yet. Brittany described internalizing this reason for failure in detail. She stated,

It's just crazy because you think . . . you know you plan something for yourself . . . but then God can have something totally different for you, and you may not understand it until it happens . . . cause I couldn't, for the life of me, I couldn't understand like, "God why me? Why didn't I pass? Why didn't I . . . why can't I graduate in December?" And for whatever reason, it was, it wasn't my time. May was my time. That's what he wanted for me. . . . So I was like "This is what he had set for me." It was going to happen but on his terms and not mine. That's how I felt. (Brittany, October 3, 2014)

Another student, Laura, stated "Some days I'm like, 'Well maybe I wasn't meant to be a nurse, at that point in time, maybe there's a reason why I wasn't supposed to be a nurse in December of 2012'" (Laura, October 10, 2014).

*Needed to understand.* Another reason for the necessity of repeating that participants identified was the need to understand. All participants described the benefit of understanding the material better because they repeated a nursing course. Brandy stated,

I felt that, I guess it helped for the next semester 'cause it was more in depth that semester and that was my only class. But you kind of came to accept some good out of all that . . . out of all, the whole situation. We would concentrate on the content and really what it was meaning, and understanding more. (Brandy, October 5, 2014)

Melissa stated, “I sure didn’t look at it as a disadvantage. I looked at it as an advantage of having . . . reprocessing . . . there’s a word for it . . . having double, reinforcement” (Melissa, January 2, 2015).

Cindy also described understanding things better. This helped her to cope with having to return. She stated,

You know maybe I needed, I definitely realize that I needed to repeat this ‘cause there were things that I missed, or things that didn’t click the first time . . . but did click the second time, you know. So then it became like, even though I’m having to do it, I realize that I needed it . . . and so I’ve tried to just, you know, make the best of it and appreciate the fact that, you know, it happened for a reason, ‘cause I do believe everything happens for a reason. And uh, so at that point, you know, when I started thinking like that it became at least that part of it, became a little bit easier. I guess the acceptance of it. And I remember thinking in class, you know, I don’t know if it was a particular topic, but I remember thinking “you know I did need to redo this.” And it’s not all really about the grade so much, but I needed this knowledge, you know, I needed this information that I didn’t pick up on the first time. (Cindy, September 25, 2014)

Participants described how this newfound understanding helped to prepare them for subsequent semesters, the NCLEX examination, and their career. Morgan stated,

I guess a blessing, I guess, is what you would call it that I didn’t pass, because I know . . . I knew so much more that second time around and learned so much more, that I don’t know if I had passed if I could’ve gone through second semester. . . . That foundation was so much better that second time around. Like it was better, as much as I hate to say

that, but I knew so much more that second time around and paid so much more attention and understood things so much more. (Morgan, October 2, 2014).

Lynn mirrored this thought process by stating,

I understood the material better . . . when I would make a good grade, I would say “well there’s a reason why I needed to do this.” I guess that I needed to understand it, that’s kind of what I have concluded but . . . also it taught me how to study differently so that I could finish third and fourth semester. (Lynn, October 23, 2014)

Betty described that understanding deeper helped her to pass the NCLEX with no worries. She stated,

“I’m telling you it wasn’t a blessing when it happened, but sitting through it . . . and I went through NCLEX like it . . . like it was nothing. Now and during my finals, in fourth semester, I said “Uh huh, it all comes together.” When I sat down to take NCLEX, NCLEX was like taking um, a first grade class. Very easy, compared to our tests in nursing school. It was a blessing in disguise, if you ask me. When it happened I’m like “this is the crappiest stuff that can ever happen to anybody.” But after it was all said and done, I’m like “This wasn’t bad after all.” But you have to go through stuff to, you know, catch yourself and do better. So, yes, I caught myself and I’m glad I was able to go through it. (Betty, October 13, 2014)

Another participant, Laura, discussed how repeating her course helps her at work currently:

Now, being a nurse now, I am very grateful having . . . having to do Pharm over again . . . having to know all the meds I have to know, especially in ICU, that helped a lot. So I’m,

I . . . at first I was hating it, you know, back then. Now I'm like "oh thank goodness."

(Laura, December 30, 2014)

Betty also described the advantage of repeating as helping her to remember things better as a nurse:

Repeating that third semester made me have a lot of "Aha" moments because I remembered a lot of stuff and I'm like, "I never heard her say this that way." You see what I'm saying? And I'm thinking it made sense because I had sat through the same class the semester prior. And because of that, a lot of stuff made sense to me, then. I know it wouldn't make sense, but yes it did. And now, I still remember a lot of stuff now that I'm working as a nurse. I remember stuff from Med-Surg, Dr. Brown telling you "potassium affects the heart and sodium affects the brain." So when I see a patient when they tell me "Oh this patient came in with AMS," I know "Okay Betty, look at your sodium levels" . . . do you see what I'm saying? (Betty, October 13, 2014)

*Struggle encourages others.* Another reason for repeating that several participants identified, was that they were now able to help others who were struggling. Mia described this use of her failure to help encourage others:

It had to happen for me to grow . . . as a student . . . as a person. And um, and that's why I'm always sharing my . . . what I went through with other people that's like struggling. 'Cause you know in the hospital you always have somebody that's going through nursing school . . . and that's struggling, and I'm like, you know, I always share my story 'cause then I know it had to happen and that this just didn't happen for me to keep it to myself, but to help somebody else, to encourage somebody else. (Mia, September 25, 2014)

Melissa, Cindy, Jonah, and Morgan all described similar feelings related to helping others. They felt that their failure had not been in vain, but that they can now share their experience and encourage.

Cindy stated,

Any time we have students, on my job now we have students come through every now and then, I just seem to take ‘em under my wing, and you know, I wanna show ‘em and tell ‘em anything that I know, or anything I can do to make their life easier because I haven’t forgotten how hard and stressful . . . the stress of school was just unreal to me.

(Cindy, September 25, 2014)

Jonah described giving his self-made shorthand book of notes to someone else who was struggling with the course that he failed. Morgan also described helping others by stating, “It’s nice, especially knowing a lot of people that are going to nursing school, I can tell them ‘look, you know, from my experience this is what you need to do’” (Morgan, October 2, 2014). Melissa commented,

There was this guy that I was training, um, not too long ago, and he had to take his boards three times . . . until he passed them . . . and I was like “Look Don, I gotta tell you . . . worse than that, I had to take my semester over again.” (Melissa, September 28, 2014)

She then proceeded in telling him several reasons that she was meant to do it over again.

By finding meaning in their course failure, returners were able to accept set-back and transform it into positive results. The process of understanding, rationalizing, and accepting reasons for their failure helped them to cope with the situation. It was largely an internal process that was a piece of the nursing school experience.

**Intrapersonal growth.** Another theme that emerged from the returners' lived experiences of nursing school was intrapersonal growth. Each of the returners described growing as a person through learning things about themselves and more fully developing positive character traits. Learning about themselves involved self-reflection after their failure and throughout the remainder of nursing school. While self-reflecting, students identified things that they needed to change in order to be successful both in the nursing program and in life. During this process of growth, students also described enhancement of character traits. Positive self-described character traits that were identified as increasing during their journeys included humility, gratitude, confidence, and pride in accomplishment.

***Increased self-reflection.*** Self-reflection as described by participants involved exploring their failure and learning about themselves. Although they did not use the term self-reflection, their narratives were proof that inward examination was done. Participants' descriptions of how they changed as a result of self-reflection included realizing that in order to succeed lifelong learning and hard work were necessary. One student also described realizing that it was alright to fail, as long as you return and try again.

***Life-long learning.*** Participants described becoming more committed after learning that sometimes in life you have to take things more seriously in order to achieve your goals. These discoveries were part of reflecting on their personal failure. Morgan described what she learned through reflection about life after her failure:

Honestly I think I became a better person. I guess you'd say. I've learned more that life isn't necessarily a joke, and that you actually have to study to get places. Um I, I've learned . . . I'm trying to think like how to put it, um I learned that I definitely did take things a little less serious than I needed to . . . and I feel like now, when I know I have to

do something, I have to do it, you know. I don't care how much you don't wanna do it, you've gotta do it. It's life, suck it up and get over it, kinda thing. I've learned that with work, too, like, you know, there's some things in nursing you don't really wanna do...but you know you have to do it and it's gonna be okay. That's what you signed up for.

(Morgan, October 2, 2014)

Lynn described changing her outlook on things to focus more on learning. This outlook is still part of her life currently. She stated,

I mean you learn stuff everyday just in life, in general, not just nursing life, but you know . . . and even in the profession, working as a nurse, there's a lot of things like, a doctor will try to teach me something . . . and I try to pay attention because I know it's going to benefit me later. . . . I have a different outlook on life . . . like it changed me as a person, for real, because . . . more and more you learn the better you get. (Lynn, October 23, 2014)

*Hard work to get there.* Participants' descriptions of their growth also highlighted their understanding that to succeed in life you have to put in hard work. Mia described her failure as beneficial and stated,

I don't know if I would've necessarily changed anything if it didn't happen . . . I guess my view wasn't realistic . . . anyway it had to happen for me to grow. I learned a lot, especially about myself . . . being truthful with yourself. (Mia, September 25, 2014)

Through self-reflection she was able to learn that she needed to commit more time to her studies in order to be successful. Ben also relayed this same message by stating, "I used to think, you know, do this, do this, and then you'll have it easy . . . and I started realizing nothing's easy" (Ben, September 21, 2014).

*Alright to fail.* Brandy described learning that it was alright to fail as long as you come back and try harder:

Then you actually realize whenever you fail, it's like "oh okay" so it was kinda like reality like, even though you fail you can still come back though, so that was the good part out of that. That I can fail . . . especially whenever I was brought up, like you can never fail . . . retrospective of everything . . . I can fail and still be successful. (Brandy, October 5, 2014)

It was evident that reflection on her failure and success helped her grow personally.

Self-reflection caused participants to become more focused and view life differently. After failing they became more self-aware and developed skills to help them complete nursing school and conquer challenges in life beyond. This increase in self-awareness, improvement, and focus came from looking back on their failure and journey to success.

***Increased positive character traits.*** When discussing their journey, returners also described increases in specific positive character traits. These character traits became more defined and were results of a personal growth process. Students described these traits as positive benefits gained from their journey of failure and success. Traits described include humility, gratitude, confidence, and pride.

*Humility.* The majority of participants entered the nursing program with expectations of making high grades. Most had done well in both high school and core college courses. When they failed, several described being humbled. Ben described part of his experience as "being humbled, and realizing 'oh my gosh, I failed . . . I failed something' you know it was really the first time I ever failed" (Ben, September 21, 2014). This humility was viewed as positive by the returners. Brittany's descriptions reflected this view also. She stated, "I felt it made me better. It

makes you more humble . . . and it makes you appreciate the struggle . . . you know for the profession . . . I wouldn't change it" (Brittany, October 3, 2014).

Betty further described being humbled through learning not to judge others:

I came to a better um . . . you don't have to judge people. I think I did that at some point, when we moved on and left some other people, I'm like, "Really? If she had done this and that" so when that happened I'm like "Oh shoot! No Betty! Uhn uhn, they probably did everything right like how I thought I did everything right. It just didn't go well." Do you know what I'm saying? Not to be judgmental of people. (Betty, October 13, 2014)

*Gratitude.* In addition to learning humility, participants also described having more gratitude after going through the nursing program. They explained that being grateful for the opportunity, career, and profession were all feelings that were experienced. Mia described being both a nursing student and a nurse as a privilege:

I got a better appreciation for, um, you know, not everybody gets into the nursing program. A lot of people you know, so it was a privilege to get it . . . when I put on my uniform, I don't take it for granted. I don't take it for granted, um it's a privilege to put on that badge and uniform . . . I love coming to work. Even though I'm tired sometimes, I still love coming to work. The fact that my name has RN, that's a privilege, it's such an honor . . . it's an awesome feeling. (Mia, September 25, 2014)

Cindy also echoed the feeling of gratitude. She described being thankful for having the chance to complete nursing school, and for gaining the opportunity to care for others: "It makes you appreciate what you do have" (Cindy, September 25, 2014). Jonah also described being appreciative by stating, "I was more grateful. I was grateful . . . that I passed. You know I was grateful for that so you know, thank God, and whoever was there for you during the whole

course, but I don't get excited, I'm just grateful" (Jonah, October 8, 2014). The feeling of gratitude was a positive emotion for participants.

*Confidence.* Another positive trait that was described as increasing as a result of failure and return was confidence. Students described learning that they were strong and capable of completing difficult tasks in life as a result of their experience. Laura stated, "It made me a stronger person. It made me feel like I can, you know, dominate whatever I do. And succeed at whatever I do" (Laura, October 10, 2014). Jonah also felt more ready to handle the challenges of life; he stated, "So it just showed me that there's more to me than I think" (Jonah, October 8, 2014). Melissa viewed her failure and repeat as positive because it gave her more time to build confidence. When discussing this she stated, "You know I was just gonna even be more confident when I got done. But um, I have a lot more confidence now" (Melissa, September 28, 2014). Confidence as described by the returners grew through trials.

The majority of participants described nursing school as the hardest thing that they had ever completed. Ben stated, "After I graduated I told myself 'I can do anything' that was the hardest thing I ever had to do" (Ben, September 21, 2014). Mia also described school as her hardest challenge, but she appreciated it when taking her state board exam: "It was the hardest thing I've ever done. It literally was the hardest thing I ever done but I tell you when I took NCLEX . . . it was the easiest test I ever took" (Mia, September 25, 2014). Being able to finish the program gave them confidence in their abilities due to the difficulty they experienced. Cindy described her confidence boost by stating,

I've always thought I was kind of a strong person . . . but, now I know that I can do anything I want. I mean, this was a tough enough test . . . that I truly believe in myself enough that I know I can do anything I want to. (Cindy, September 25, 2014)

Lynn also described her journey including her increase in confidence:

I achieved something I didn't think I could ever do, I mean nobody can ever take education away from you . . . I had to find a new person in myself . . . it gave a new light on myself, new expectations for myself, new confidence for myself . . . I'm glad I did it . . . like I was so proud of myself because I did continue on. I did finish. I'll be honest with you, I cried, I couldn't believe it. I was so . . . I couldn't believe it. I was almost to a certain extent shocked, but I knew I could do it, but I was very emotional. I gained a whole lot more confidence for sure. (Lynn, October 23, 2014)

*Pride.* At the completion of their journey through nursing school, participants also described feeling great pride. This was described as a very positive feeling stemming from their accomplishment of a very challenging period of their lives. Ben described his pride and the pride of his family. He stated,

It feels really good. I feel very . . . I feel like I really accomplished something huge . . . and you know, my mom and dad of course told me all the time . . . it's my parents, but they never went to school so . . . you know they were like "Ben you don't realize you know even though it's an Associate's it's a huge accomplishment" . . . it's rewarding to see your hard work pay-off . . . I think about when I go to sleep at night, the fact that I like have a house to sleep in, is because I have a job, and because I have a job, you know, it all banks on the fact that I passed my boards and went through nursing school. (Ben, September 21, 2014)

Other students also described their great pride and happiness. Cindy stated,  
I feel proud that I made it . . . there's a lot of pride there and a lot of personal fulfillment . . . just the feeling of, you know, "I really did this." And it took all the way up until that

very, the pinning ceremony really, to realize, “I did this,” you know, “I actually was able to complete this program and I’m gonna be able to obtain the goal that I set out to do.”

It’s almost surreal. (Cindy, September 25, 2014)

Both Melissa and Brittany described feeling like a million bucks. Melissa stated, “I felt like a million bucks. I just felt great. I felt like there was a reason why I had to do it over again and I’m not done . . . you know, the sky is the limit” (Melissa, September 28, 2014). Brittany stated “I feel like a million bucks . . . I feel like I have something nobody can take from me . . . I feel achieved, like I feel accomplished. So I’m just happy” (Brittany, October 3, 2014).

Participants also reflected on how failing and returning made the ending so much sweeter. Brandy described this sentiment in detail:

It does make you feel pretty proud of yourself for . . . especially retrospective of having to take another class, and then having to have certain parameters made for that class, and like overcoming them . . . and I ended up passing on the first try. It was so exciting. I don’t even know how to put it into words. Because coming from failing a class, and then you passing and immediately taking boards, like probably not even a month after you graduated . . . and passing your first time . . . like “oh I’m a nurse now.” (Brandy, October 5, 2014)

Through participants’ descriptions of self-reflection and increased positive character traits it was apparent that intrapersonal growth occurred throughout their journey of failure and success. The set-back of a nursing course failure seemed to prompt students to take a deep look inward. By doing this they identified areas to change, discovered personal strengths, and further developed positive traits.

As a whole, the participants' data described a phase of their lives that included both negative and positive emotions resulting from failure, hard work, and success. Their lived experiences of completing nursing school after a course failure were overwhelmingly positive and inspiring. Although they dealt with the set-back of a course failure, they were able to return, make alterations, and utilize resources and support systems to find success. Their coping during the journey helped them to grow as individuals.

## CHAPTER V

### DISCUSSION

Retention of college students, including nursing students, is vital to our nation's economy and health as identified in the literature. Approximately 50% of American students who enter college complete and earn a degree (Chen, 2012; Tinto, 2012). Fewer students who enter associate degree programs complete the program as compared with students entering bachelor degree programs (Complete College America, 2013b; Tinto, 2012). Nursing has entry levels which include associate and bachelor preparation. Attrition occurs more frequently in associate degree nursing programs (NLN, 2006; NLNAC, 2011). The exploration of one specific group of associate degree students who completed nursing school following a course failure created a deeper understanding of both their struggle and success. The purpose of this study was to explore the lived experiences of associate degree nursing students who were successful in a nursing program after the failure of one nursing course. The understanding of the experience of success following a course failure in nursing school adds to the existing literature on student retention.

The review of results and participants' stories of success in nursing school after the failure of one nursing course reveals both positive and powerful findings. Results presented in this study described emergent themes, and the synthesis tells a story of success and answers the primary research question: How do successful returner nursing students describe their experiences of success after returning to nursing school following one academic failure in the nursing program? Nine themes that emerged from this study of returner nursing students included (1) dealing with uncertainty, shock and sadness, (2) taking responsibility for personal

failure and success, (3) returning after a failure, (4) major shift in thinking, (5) reaching beyond to find what works, (6) fueling the journey with positive dialog and focus, (7) connecting with others to gain strength and strengthen, (8) making meaning of a set-back, and (9) intrapersonal growth. These themes were described in detail in the results chapter of this study. The analysis and interpretation of participants' data gives the reader an understanding of the experiences of this population.

Interpretation of data collected from the stories of successful returner nursing students revealed emergent themes that were considered in relation to focused research questions. Insight into challenges, assistive factors, and differences in experience was gained through further analysis of participants' lived experiences of success. Consideration of previous literature and theoretical frameworks from both nursing and education was also helpful when analyzing the study data. The discussion below includes responses to the three focused research questions presented in this study. Previous literature from both nursing and education is considered within each response. Implications for practice, recommendations for future research, and study limitations are included.

### **Discussion of Challenges to Success: How do successful returner nursing students describe challenges to their success in nursing school?**

When describing their nursing school experience, all participants discussed the barriers they faced. These challenges made nursing school difficult; however, the returners overcame these barriers. The first focused research question of this study was "How do successful returner nursing students describe challenges to their success in nursing school?" Through vivid descriptions provided by participants, identification of and insight into these barriers was gained. Clearly failure of one nursing course was a main challenge that returners faced on their journey. Academic failure is identified in previous literature as the main cause for attrition in nursing

programs (Jeffreys, 2007). However when examining the data deeply, the failure of participants was a result of multiple other barriers along the way. It was necessary to overcome the challenges to achieve success. Specific challenges evident in the returners' descriptions included differences of the nursing program, incoming mentality, study habits, organizational skills, external stressors, feelings, and miscommunication. Thematic understanding of these challenges provided insight into this focused research question.

### **Unanticipated Differences**

A challenge returners experienced was the nursing program differences as compared with previous experience. Although differences are not always considered a challenge, for these students the differences of nursing school sometimes made the journey to becoming a nurse more difficult. This was noted through analysis of participants' descriptions.

When discussing the differences of nursing school, participants described how the program did not meet their expectations. Students expected less stress, difficulty, and rigor. They also expected to make the high grades achieved in past academic endeavors. When they entered the nursing program they were faced with multiple courses that involved numerous components. Each semester of nursing school included classroom learning with testing, laboratory hours, and clinical hours in authentic settings. To complete the multiple parts of their courses satisfactorily, students had to manage a very busy schedule. Also a passing grade on nursing school required learning to apply information, rather than just memorize content. Both the busy curriculum and the type of testing were different and harder compared with material and tests completed in previous core courses.

Participants' descriptions of the differences of nursing school and the resulting feeling of being overwhelmed support previously reported nursing education literature. The differences in

nursing school were unanticipated by students and caused great stress. Participants in one previous study discussed how they thought that less rigor would be involved in nursing school (Cameron et al., 2010). Numerous studies have found that nursing students were surprised by the academic nature of the nursing program, expecting it would be more vocational upon entry (Andrew et al., 2008; Bowden, 2008; Cameron et al., 2010; O'Donnell, 2009, 2011). Findings from this study and previous research suggest that strengthening integration experiences for students could be beneficial. This also supports previous findings from two other research studies in which nursing students cited the need for introducing students to both the profession and rigor of the program immediately upon entry (Crombie et al., 2013; Trotter & Cove, 2005).

### **Entry Mentality**

Mentality upon entering the nursing program was another challenge that participants faced during their journey. Participants discussed their personal mentality upon entry to include beliefs that they would be able to make high grades relatively easily and that they could rely on past strategies for study and success. Cramming before a test, for example, was a cited strategy for passing and doing well in both high school and core courses. Some participants described their entry mentality specifically as being overconfident in their academic abilities. A few also described having negative attitudes toward some of the material given in nursing school as part of the mentality that contributed to their failure.

Attrition and retention literature reviewed from both general and nursing education does not discuss an overconfident mentality due to past success as a challenge. In fact, characteristics that are noted to predict success of nursing students include having both an above average high school and core college GPA (Abele et al., 2011; Campbell & Dickson, 1996; Jeffrey, 2007; Pitt et al., 2012; Shelton, 2012). A difference between this study and published studies was noted.

Participants in this study all described being “A” students in the past. Even with this predictor of success they experienced a failure and were considered at risk for not completing. Returners attributed part of their failure to an overconfident mentality. The overconfident mentality upon entry could be explained in relation to the psychological construct of optimism. One cited disadvantage to being optimistic is that individuals with this trait may overrate their capabilities (Bressler et al., 2010; Foregard & Seligman, 2012). Retention literature does describe students having a determined mentality as assisting in academic endeavors (Knight et al., 2012; Reason, 2009; Williams, 2010). Participants in this study described a shift from their previous mentality to that of one with determination to pass. This is supportive of the existing literature.

### **Study Habits**

Participants identified study habits as another barrier to passing a nursing course. Study habits were an individual factor that participants possessed at the time of entry to the nursing program. Lack of adequate study time, use of memorization techniques, cramming before a test, and not learning deeply were all habits described by students as contributors to academic failure. Some participants described not knowing how to study effectively, while others just described a lack of effort on their part. Participants had to push harder to overcome this challenge by devoting more time to studying and learning new ways of studying that helped develop their understanding.

When considering previous literature in nursing and education related to study habits and retention, Clark and Cundiff (2011) describe freshman seminar courses that teach study skills as being helpful to increasing retention. Jeffrey's (2012) data regarding nursing student retention suggests developing programs for success labeled as enrichment programs that include assistance with study for struggling nursing students. After participants of this study returned to the nursing

program they were assisted by a success coordinator who coached them in study tactics. They cited coaching as being very helpful. None of the participants in this study discussed being taught to study early on in the program, or prior to their failure. Perhaps nursing programs could ensure that students are encouraged to seek out assistance with study prior to failure, or even offer a short course in study tactics prior to program entry.

### **Inadequate Organizational Skills**

Inadequate organizational skills were identified by participants as a barrier to success in nursing school as well. Returners discussed their entry into nursing school and a main challenge of time management regarding adequate study time for multiple courses. Balancing time for study and time for life outside of school was difficult and resulted in some participants not spending enough time studying. They described this as a causative factor in their failure. Also, some participants described that having multiple highly rigorous courses made studying for nursing school a challenge. Sometimes a great amount of time would be spent working in one subject area while neglect of other subjects occurred. The need for organization of study time started upon entry to nursing school.

Literature previously conducted on nursing student retention and attrition highlights the need for good organizational skills. The skills are nonnegotiable assets and the basis for success in nursing school. Findings from this study support this conclusion. Multiple studies of successful nursing students have identified balancing time, prioritization of time, and planning ahead as integral to completion of nursing school (Knight et al., 2012; Mckendry et al., 2013; Steele et al., 2005; Williams, 2010). In order to pass upon returning to nursing school, participants in this study described better organization and prioritization of time, which helped them to conquer the challenge of inadequate organizational skills.

## **External Stressors**

External stressors were also identified as very challenging to completion of the nursing program when analyzing participants' data. Family stresses, finances, and outside work were all cited by participants as barriers to deal with while on the nursing school journey. Family role changes and developmental processes caused students to lose some focus while in nursing school. Of the participants in this study, four had children to care for and five were married during their nursing school journey. All were in a serious relationship at some point during the nursing school journey as well. Family members were described as sometimes having difficulty adjusting to the time commitment of their loved one in school. This made it harder to concentrate and commit time to study. Finances were also a major stressor for some, causing them to feel increased pressure to finish and making outside work a necessity at times.

Numerous studies in both education and nursing education have cited external stressors such as these as causes for academic difficulty and attrition of students (Andrew et al., 2008; Bowden, 2008; Gardner, 2005a; Jeffreys, 2007, 2012; Knight et al., 2012; McGregor, 2007; McLaughlin et al., 2008; O'Donnell, 2011; Pitt et al., 2012; Reason, 2009; Rouse & Rooda, 2010; Shelton 2003, 2012; Tinto, 2012; Walker et al., 2011). Responsibilities outside of school can pull focus away from academics and result in the student receiving a failing grade. In both Tinto's Longitudinal Model of Institutional Departure and Jeffreys's NURS Model, external stressors are included as contributors to attrition. In Tinto's (1975, 1993) work they fall under external commitments and in Jeffreys' (2007, 2012) model they are included under environmental factors. In order to be successful, participants in this study described prioritizing their commitment to school when dealing with the challenge of external stressors.

## Negative Feelings

Feelings experienced by participants during their journey through nursing school were also at times a challenge to manage. Through review of participants' data it is noted that numerous feelings were experienced. Feelings are an inherent part of being human, but when they are negative or stressful they can pose a challenge to functioning. As discussed in detail in the results chapter, students experienced shock, uncertainty, and sadness during their experience. Other feelings identified by participants that posed a challenge to success included confusion, pressure, doubt, awkwardness, an overwhelmed sensation, shame, and the perception of being treated unfairly. Emotion invoking nursing school experiences included beginning the program, watching others struggle, struggling with academics, realization of failure, and returning to the program to join a different cohort. By facing these difficult situations and moving forward, returners were able to overcome both their feelings and their failure of a course.

The experience of difficult feelings during nursing school is noted in previous literature on nursing student retention and attrition. In previous qualitative studies, emotions are discussed in relation to other challenges faced by students. Wilson et al. (2010) described how students reported feeling stress and emotional issues arise as a result of entering nursing school and facing the rigor. Similarly, returners of this study frequently described the stressful nature of the nursing program as putting high pressure on them. Participants in one study by O'Donnell (2011) described feeling relief from stress and increased happiness after withdrawing from nursing school. Successful students in other studies described having to deal with negative feelings by positive coping methods including looking toward the future and positive self-talk (Crombie et al., 2013; Steele et al., 2005; Williams, 2010). Clearly, negative feelings experienced in nursing school are a challenge to students that must be dealt with to move forward.

## **Miscommunication**

Miscommunication with faculty and staff of the nursing program was another challenge noted that was faced by some of the participants. Whether the miscommunication was actual or perceived, it resulted in frustration and at times distress for the students. Situations of miscommunication included meeting with faculty concerning progress, dealing with the return process, and misunderstanding related to rounding of grades. Specific instances of miscommunication such as being told that they were not being reaccepted to the program or being told that they would not be successful were described. Although not all students described miscommunications occurring during their experience, the participants who did discussed very distressing moments of the past. Their experiences with miscommunication were still very real to them, and especially for one participant very raw.

Previous literature on nursing student retention and attrition also indicates miscommunication as being a very negative experience for nursing students. Two studies on reasons for attrition related to a clinical setting identified differing perceptions and a lack of connection with faculty and staff as a reason for students leaving the nursing program (Crombie et al., 2013; McGregor, 2007). Also a perceived lack of support from nursing faculty as reported by students in the past has been correlated with attrition from nursing school (Colalillo, 2007; McLaughlin, 2008; Shelton, 2003). Because support during nursing school is expressed through communication with students, miscommunication was very likely a barrier occurring due to lack of expression. Clear, consistent, caring, and timely communication between nursing faculty and students is certainly warranted as shown in this study and in past literature.

## **Summary of Challenges: Individual and Institution**

By identifying challenges experienced in nursing school, participants were able to understand and reflect on what they needed to change in order to complete the program successfully. An in-depth understanding of challenges faced by nursing students is helpful to really grasp their lived experience in nursing school. As described, challenges faced by nursing students included both factors related to each individual student and factors related to the institution.

### **Individual Student**

Challenges related to the individual student included entry mentality, study habits, organizational skills, feelings, and external stressors. Participants described learning to adapt in these multiple areas in order to succeed in nursing school. Changes to study habits, mentality, organization, and life outside of school were all described. Also, participants described keeping their negative feelings at bay by utilizing positive coping techniques. In both Tinto's Longitudinal Model of Institutional Departure (1975, 1993) and Jeffrey's NURS Model (2007; 2012) individual variables that students enter college with are noted to affect retention and attrition outcomes. This concept is demonstrated by the results of this study. In Tinto's Model (1993) skills, abilities, prior schooling, intentions, goals, and external commitments are all presented as affecting integration and retention. These are individual factors that could present challenges as noted within the experience of the returners. In Jeffrey's Model (2012), individual characteristics are divided into the areas of affective factors, academic factors, and environmental factors which all influence both academic and psychological outcomes. One noted difference between these frameworks and the results from this study is that participants identified feelings specifically as a factor that could present a challenge. Feelings of students are not

specifically identified as a factor in either model although they could fall under a broader area such as affective factors.

### **Institution**

Challenges faced by returners that were related to the institution included differences of the nursing program and miscommunication. These were described by participants as stress inducing and at times difficult to overcome. Some noted differences of the nursing program included high levels of rigor, multiple time consuming courses, and the need to truly understand the content in order to succeed. These challenges were described by all participants.

Miscommunication with nursing faculty and staff was also a noted challenge that caused distress for some participants. When relating institutional factors to theoretical frameworks, it is noted that they most closely align with the work of Tinto (1975, 1993, 2012). Tinto's Model (1975, 1993) specifically includes the importance of integration into the institution and academic program. His model includes components that can affect retention. Two noted components include academic performance and faculty/staff interactions. Integration into the academic system of the institution is integral to the success of the student. Tinto (2012) describes how faculty should take responsibility for student integration. This responsibility could include planning experiences that help students connect and better understand their program and the material in each course. He also suggests that good communication and advisement is a must for student integration. When describing institutionally related challenges, participants in this study noted how they felt lost and overwhelmed at times. This supports Tinto's work because better integration may have helped participants avoid these barriers.

### **Discussion of Assistive Factors: How do successful returner nursing students describe factors assisting in their success in nursing school?**

Also described in the returners' stories of success were assistive factors. These factors were identified as helping them to succeed in nursing school. The second focused research question of this study was, "How do successful returner nursing students describe factors assisting in their success in nursing school?" By analyzing emergent themes from the data, assistive factors as discussed by participants were noted. Participants held that these factors were integral to their success. Assistive factors included in discussion of the experience of success in nursing school were placing responsibility on self and initiating changes, alterations to lifestyle, determined and positive internal dialog, support systems, resources, and familiarity upon return. Through further discussion of these assistive factors understanding of what students attributed to their success can be gained.

#### **Responsibility for Self**

Through analysis of data it was evident that participants took responsibility for their success into their own hands. This was very assistive to achievement of their goal. Self-responsibility motivated them to make changes that ensured their success in the nursing program. Discussion describing taking responsibility included ensuring that return was possible, making alterations to study habits to gain understanding, and managing time. Each participant described the process of looking inwardly at what they could change after their failure. They also used the pronoun "I" frequently when describing how their failure occurred. This showed maturity and that responsibility was taken.

Changes initiated as a result of taking responsibility were all credited by returners as helping them to succeed. When they realized that they failed a course, each of the participants contacted the nursing school to secure their return status. To ensure that they gained

understanding of material students utilized various study techniques and increased their study time. They also strived to study each day rather than packing study into marathon days. Repetition was cited as helping them gain knowledge and understanding; recording lectures and listening again was one noted strategy that was very helpful to returners. Participants took initiative to discover what type of learning helped them the most and then utilized methods that were helpful. If one study method did not work, they would try a different method. They took responsibility for actually understanding the material. All of these changes helped them to really absorb concepts and they described how content finally made sense.

Taking responsibility and initiating changes relates with much literature in nursing education as well as educational psychology. Williams (2010) described successful nursing students who placed effort into “fixing” problems that they encountered in school and strived to keep up with studies. Other literature described students working to manage time and planning ahead for studying (Knight et al., 2012; Mckendry et al., 2013; Steele, 2005). Research done on the psychological constructs of resilience and goal orientation is also supported by data collected in this study. A threat causes resilient people to adapt by accepting the negative occurrence and utilizing positive coping strategies to solve the problem and move forward (Masten, 2001; Masten et al., 2008). This is exactly the process that participants described when facing their failure. When they returned to the program participants also described how they really wanted to understand the material and become highly competent professionals. Their desire to learn and gain competence provides an example of a mastery goal and relates to Achievement Goal Theory (Ames, 1992).

## **Alterations to Lifestyle**

Another assistive factor that was noted when analyzing participants' data was alterations made to lifestyle. Alterations made went past just changes to study habits as described above, and included changes to life outside of school. In order to spend time daily in study, returners had to decrease time spent with family, in social settings, and at outside jobs. Time was prioritized so that the students could focus solely on their commitment to nursing school. Although alteration to lifestyle was hard at times, participants described it as necessary to their success.

Past research in nursing education also supports that alterations in lifestyle are necessary to achieve success in nursing school. Cameron et al. (2011) discussed nursing students making sacrifices in their lives in order to succeed in nursing school. They focused on the future pay off of success and spent less time with family and friends. Other studies indicated that changes made by students included spending less time completing family responsibilities (Hinsliff-Smith et al., 2012; Knight et al., 2012; Mckendry, 2013; Rudel, 2006). This was necessary to pass courses in nursing school. Decreasing outside work is also a necessary lifestyle alteration that is supported by the literature. Numerous studies have shown increased outside work correlates negatively with academic success (Jeffreys, 2007; Pitt et al., 2012, Shelton, 2003, 2012; Walker et al., 2011). As resilient individuals, participants in this study adapted their lifestyle to accommodate a 100% commitment to nursing school. This further aligns with research done on resilience (Masten, 2001; Masten et al., 2008).

## **Internal Dialog**

Having a determined and positive internal dialog was another assistive factor that was noted in the stories of returner nursing students. To remain positive, participants discussed

considering their motivations, goals, and beliefs and then focusing their minds on positive thoughts. Participants all decided to return and not give up after a failure. They were serious and believed that they could complete nursing school. They chose to go back determined to conquer the program. In times of sadness, stress, and fatigue returners described thinking, “I can do this” and that RN would be added behind their name in the future. Participants also described internal thoughts of commitment such as trying as hard as they could and not letting anything stand between them and success.

Determined and positive internal dialog links to research done in educational psychology in a very strong way. Research conducted on the constructs of self-efficacy, hope, and optimism is supported by the stories of successful returner nursing students. As described by Bandura (1997), efficacious individuals believe that they can conquer challenges to achieve goals. In the face of challenge they are resilient and modify actions and behaviors to reach their goals. Participants of this study described specifically how they returned to “conquer” nursing school and achieve their dream of becoming a nurse. They also described in detail modifications made to their life and habits that helped them achieve success. Snyder’s Hope Theory (1989, 2002) also relates to participants’ stories. In this conceptualization of hope, the high hope individual has well developed agency and pathways thinking. This includes positive internal dialog that is channeled into goal directed energy and use of various “routes” to get to a desired goal. High hoppers engage in the task at hand and believe that they can succeed. Internal dialog of participants as described in the results section is very clearly an example of agency thinking, including positive self-talk. Goal directed energy was also utilized as they adapted their study methods and lives to achieve the goal of completion of nursing school. Also the concept of dispositional optimism relates to participants' stories. Optimistic individuals persist toward their

goals due to their belief that positive outcomes will occur. They are highly engaged (Scheier & Carver, 1985). When participants described returning to nursing school they strived to stay positive, believed they would complete and have a career, and were highly engaged in their studies.

### **Support Systems**

Dependence upon support systems was another very frequently discussed assistive factor. Support systems included faculty, family, spirituality, and peers. Participants described how they depended upon others for strength and assistance. Help from the success coordinator, a nursing faculty that was in place to assist struggling students, was described by many participants as being very valuable. This faculty encouraged students, reviewed testing strategies, and suggested study methods. Family support was also discussed frequently as a major help. Family members took on additional responsibilities at home, provided financial relief, and even assisted with study. They provided emotional support as well. Most participants also described praying to a higher being frequently to gain strength. Also, peers were cited very frequently as a main source of support during the journey through nursing school. Returners depended on their peers for both study assistance and emotional support. They bonded and were determined to complete the program together. Peer support was discussed as being integral to success of the nursing program.

Literature in higher education, nursing education, and educational psychology all describe the importance of various support systems as helpful to student success in college. As represented in both Tinto's attrition model (1975, 1993) and Jeffrey's retention model (2007, 2012), family, peers, and faculty are all identified as variables that influence student success. Also, research on protective factors that assist individuals to be resilient includes support systems

as assistive for overcoming in the face of adversity (Masten, 2001; Reynolds & Weigand, 2010). Positive interactions with faculty have been linked to retention (Clark & Cundiff, 2011; Reason, 2009; Shelton, 2003; Tinto, 2012). Peer interaction is also positively correlated with retention (Clark & Cundiff, 2011; Higgins, 2004; Robinson & Niemer, 2010). Family support is also highlighted in the literature. Participants in nursing programs described how helpful their families were in taking on extra responsibilities and being strong for them (Rudel, 2006). Spirituality was one noted addition in this study on returner nursing students. Many described that prayer and dependence on a higher being gave them strength. This is not noted in previous literature on nursing student retention.

## **Resources**

Resources were also noted to be an assistive factor when analyzing participants' data. Both financial and academic resources were described by returners as helping them to succeed. Participants that could depend on family for financial resources had one less stress than participants who struggled with a lack of funds. Several of the participants described quitting their jobs in order to succeed in nursing school. They were grateful for the financial aid given by their families. Various academic resources were also identified as being helpful and assistive to participants while in nursing school. These included different books with NCLEX style questions and online resources such as Quizlet, ATI, Prep-U, and YouTube. These resources allowed students to become more interactive with their course material. This helped them to test their knowledge and deepen their understanding of content. Many of the participants described that self-testing was helpful to gauge their strengths and weaknesses. They could then study areas that they lacked understanding in.

Literature in both higher education and nursing education describes that financial resources are very assistive to student success in college. Students who have more financial resources are more likely to be retained in college and graduate school (Chen, 2012; Clark & Cundiff, 2011; Tinto, 2012; Reason, 2009; Shelton, 2012; Walker et al., 2011). Descriptions of financial assistance within the data support this frequently identified variable. Specific academic resources that help students to become interactive with material are not specifically discussed in other qualitative nursing student retention and attrition studies. Nursing students in one study by Robinson and Niemer (2010) who worked with peers utilizing interactive academic resources were more successful. Studies completed on interactive online resources including ATI and Prep-U support their use as helpful to student success (Cox-Davenport & Phelan, 2015; Horton, Polek, & Hardie, 2012).

### **Familiarity**

Upon return to the nursing program, participants described that being aware of the type of testing and general structure of the nursing program was helpful to them. Awareness was assistive to returners because there was less anticipation of what was to come. Some also described that knowing how they were assessed helped them to alter their methods of study and find success. Having notes from previous semesters was also discussed as helpful. Participants were able to depend upon strategies that they knew were useful and modify others that were not. Being aware of aspects of the nursing program was a comfort upon return.

Previous literature on attrition and retention has not highlighted the specific assistive factor of program or course awareness as helpful to returning students. Tinto's Longitudinal Model of Institutional Departure (1975, 1993), which describes the importance of integration, could explain returners' described awareness as assistive. Tinto's model expressed that

integration into both the social and academic systems of the institution is necessary to retain students. By having been exposed to testing, course structure, and the program prior to failure, students were more aware and therefore integrated into the course prior to having to repeat.

### **Summary of Assistive Factors: Internal and External**

Data analysis of the participants' stories of success revealed that many factors were helpful in their journey through nursing school. Returners dealt with a failure in the program and then reentered determined to succeed. They were dependent upon both internal and external factors for assistance. Assistive factors identified in the data included placing responsibility on self and initiating changes, alterations to lifestyle, determined and positive internal dialog, support systems, resources, and awareness upon return. By utilizing these assistive factors they were able to overcome their failure and graduate with a degree in nursing.

#### **Internal**

In order to succeed, participants described several internal factors that were assistive. These included placing responsibility on self and initiating changes, having a determined and positive internal dialog, and being aware of many aspects of the program upon return. After each of the participants realized that they had failed a course, they all described reviewing the causes to determine what they could change. An internal inventory was taken and returners described what they could do differently to succeed. They took on the responsibility for their success internally and then made a commitment to themselves to change things and achieve success. They also described shifting their mindset into a positive state and continually repeating positive thoughts internally. It was evident through their descriptions that these participants were determined. Being aware of the program and course structure was also an internal comfort. The constructs of hope and optimism are demonstrated in the returners' descriptions of internal

assistive factors. Both hope and optimism involve positive beliefs and mindset (Scheier & Carver, 1985; Snyder, 1989, 2002). Hopeful and optimistic individuals believe that they can achieve their goals and engage to ensure success. Internal dialog that is positive is integral to both of these human traits. Individuals with high hope and optimism see barriers as challenges and are capable of staying positive to overcome. Participants in this study failed a nursing course, and instead of seeing the situation as hopeless, they became determined to succeed. They noted their part in the failure and found change was needed. This demonstrated their belief that they could fix the problem. They all described believing that they could achieve their goal of completing nursing school.

### **External**

External assistive factors described by participants included alterations to lifestyle, support systems, and resources. After internally taking responsibility and determining that adaptations were needed, returners made changes to their lifestyles that included spending less time with family, friends, and at work. This allowed for more time to study. They also depended upon support systems including family, peers, faculty, and personal spirituality for strength. Additional resources, including financial support and various academic study aids, were also described as helpful. By reaching out for external support and altering their lives participants were able to succeed. Tinto's (1975, 1993) model on attrition includes integration into both the academic and social systems of an institution as being integral to student success. By connecting with their peers and faculty students of this study were helped. Also the construct of resilience includes support systems and adaptation to life as both being integral for achieving success after a serious threat (Masten, 2001). Participants in this study were faced with a serious threat to success, a course failure. They were at high risk for subsequent failure (Jeffreys, 2007), and yet

they succeeded. As demonstrated in their stories, returners depended greatly on support systems and made many modifications.

### **Discussion of Differences in Return Experience: How do successful returner nursing students describe differences upon returning to nursing school after a failure?**

Analysis of participants' vivid descriptions provided evidence that they faced many differences upon returning to nursing school after a failure. Discussion of these differences in experience gives insight into the third focused research question: "How do successful returner nursing students describe differences in nursing school experiences before academic failure and after return to the nursing program?" Noted areas of difference in experience included change in focus, different feelings, major adaptations, identifying with others, and personal transformation. Although some of the differences faced were difficult, it was necessary for participants to experience these in order to achieve success in the nursing program. The entire journey through nursing school spanned over two to three years for participants and involved much change.

#### **Change in Focus**

One noted difference described by participants was a change in focus. After failing a course and realizing that something must be done differently, returners described becoming more focused on completion. This included a different and more determined mentality and a 100% commitment to accomplishing their goal. They aligned their internal thought processes and focused on completion by constantly repeated positive thoughts and beliefs. Participants described knowing that they did not have a second chance so they had to fight and conquer the challenge of nursing school. Each described the belief that they could complete if they adapted.

Previous literature in nursing education highlights that positive beliefs, focus, clear goals, and commitment to the program are all helpful to completion (Knight et al., 2012; Steele et al., 2005; Williams, 2010). Literature published does not, however, discuss these factors in relation

to nursing students who returned to nursing school after a failure. Data from participants in this study supports previous literature by adding that these factors were especially important to returner students. By having a more positive and determined focus on their end goal, students were able to stay motivated to continue. Focus of the returners does relate with research and constructs from educational psychology as well. Individuals who are considered efficacious, high hoppers, and optimists hold the belief that they can accomplish a goal in the face of obstacles (Bandura, 1997; Scheier & Carver, 1985; Snyder, 198, 2002). Instead of complaining and decreasing efforts, these individuals move forward in a positive and determined manner by utilizing resources and various routes to obtain their goal. They are focused on the end result and believe that they can get there. Descriptions of the efficacious, high hoping, and optimistic individual align with data from participants of this study.

### **Different Feelings**

Another difference in experience described by returners involved feelings. After return to nursing school following a failure, participants discussed increased amounts of feelings including pressure, nervousness, and awkwardness; at times they described the feeling of shame or embarrassment. Upon return to the nursing program, participants felt that they had one chance to complete and accomplish their dream, this increased pressure experienced. They also had to join a different cohort, which was awkward, nerve racking, and for some embarrassing. The feeling that others would think they were dumb was described. They missed members of their original cohort and felt out of place. These feelings were dealt with by returners through positive self-talk and getting acquainted with their new classmates.

The feelings experienced by participants in this study are not discussed in previous publications on nursing student experiences with retention and attrition. Previous studies have

noted feelings and emotions experienced by all nursing students, but not specifically students returning to repeat a course with a different cohort. Integration into the social system of an institution is described in Tinto's (1975, 1993) model as important for student retention. Participants in this study may have had increased negative feelings about return due to lack of integration into their new cohort. After return and time most participants described fitting into their new cohort and forming new bonds. This demonstrates integration, which is positive for retention of students.

### **Major Adaptations**

Major adaptations made by returners were another difference in experience noted when analyzing data. Participants described how they altered their study, life styles, schedules, and life plans when they returned to nursing school. Adaptation involves change that allows the individual to endure or be successful in a difficult situation. Participants described making changes in order to be successful in nursing school. Using various study methods until success was achieved on tests; spending less time with family, friends, and at work; and accepting that things do not go as planned are all examples of how returners adapted after a failure. Some participants described a continual process of adaptation through the remainder of the program. If one schedule or study method did not work, they would change. They would change until they gained understanding of the material to ensure success.

Adaptations made by returners after their failure of a course support literature done on the construct of resilience. Resilience is a trait of individuals who adapt in threatening or difficult situations and achieve a positive outcome (Hartley, 2012; Masten, 2001). Participants of this study exhibited intrapersonal characteristics that are identified in literature on resilience as positive. These included active coping, hope, accepting change, engagement, and stress

tolerance. By reviewing returners' data it was evident that returners possessed these traits.

Participants also described utilizing interpersonal connections to help them through school. This is also included in literature on resilience and is labeled social support. Returners described how they relied on faculty, family, and peers during the journey through nursing school.

### **Identifying with Others**

One special support system described by participants was a noted difference in their experience prior to and after failure. Returners described in detail identifying and bonding with other students who were repeating a course. This special identity helped participants to persist and face the challenge of returning to the program after a failure. Participants described how repeating students encouraged each other, studied together, and strived to ensure that they all made it through the program. Three of the returners even discussed how they lightheartedly called themselves "the redos," further giving an identity to their group. This special bond helped participants to face the negative feelings that were inherent from their failure and return.

When reviewing previous literature from nursing education, it is evident that peer support is important to nursing students (Cameron et al., 2011; Rudel, 2006). Qualitative data from nursing students has shown that they attributed peer support as helping them to succeed. Also, peer tutoring and mentoring have been shown as positively correlated with retention and grades (Higgins, 2004; Robinson & Niemer, 2010). Although this literature does relate to the returners' descriptions of peer support, there was no published data on identifying with other students who had failed. This was a unique factor in this study. Both frameworks by Tinto (1975, 1993) and Jeffrey (2007, 2012) include integration as important to student retention. Tinto's (1975, 1993) model looks specifically at integration or belonging to both the academic and social systems of an institution. Participants identifying with other repeating students could be viewed as a strong

social bond that helped them integrate upon return. Jeffreys' (2007, 2012) model places encouragement from peers under professional integration factors and also describes its importance in retention.

### **Personal Transformation**

Another factor that was noted in the stories of successful returner nursing students was personal transformation. Although transformation could occur in nursing students progressing traditionally, it was specifically brought to light in relation to participants' failure and return. Participants noted that after their failure they went through a process of trying to understand a reason for why it happened. They did soul searching and really tried to find a meaning for the occurrence. Through this experience participants described becoming stronger, more confident, and more aware of important things in life. Changes were made to ensure success and some returners described growing up and becoming more mature through this process. They also discussed how they grew in understanding. This was a deep personal process of transformation in each of their lives that involved much personal reflection. When success was achieved, returners felt that it meant even more having come after a course failure. They described how they felt they could now accomplish anything. All had come to accept their journey through nursing school as an opportunity for growth. The difference of personal reflection after a failure is novel to this study on successful returner nursing students. This is possibly due to the fact that no previous studies have been completed specifically on nursing students who were successful after a course failure.

### **Summary of Differences in Return Experience: Inward and Outward**

Differences in experience between pre- and post-failure of a course in nursing school were a significant piece of the returners' stories. These differences were inherent with the return

to nursing school. Participants faced repeating a previously taken course and joining a new cohort of students. The failure of a course altered both the plans and paths of these participants. In order to succeed in the nursing program, returners had to face and embrace the differences experienced. These participants described making substantive changes in thoughts and attitude as well as behavior. Descriptions of these inward and outward modifications were noted across themes during analysis. Changes made during their journey were transformational for the returners. They committed to their goal of becoming a nurse and made sure that nothing held them back. This involved much motivation, sacrifice and drawing upon deep inner strength and resources available. Noted differences included change in focus, different feelings, major adaptations, identifying with others and personal transformation.

### **Inward Differences**

The experience of differences upon return was deeply personal for participants. They had new feelings, a renewed focus, and, in the end, felt that personal transformation had occurred. Each of these differences was experienced internally by returners. Upon return, participants discussed having numerous feelings related to their failure and comeback. When walking into a new cohort, returners described being uncomfortable, uneasy, and sometimes embarrassed. Determined to finish they focused their minds on the primary goal and each task at hand. Positive thoughts and beliefs were part of their newfound focus and mentality. Their positive mentality reflects that returners had high hope, self-efficacy, and optimism (Bandura, 1997; Scheier & Carver, 1985; Snyder, 2002). After time with their new cohort, most participants described becoming more comfortable. Building an identity with students who had repeated a nursing course was also a major difference that helped returners to cope. This is an example of integration into the social system of the institution, specifically a unique peer group (Tinto, 1975;

1993). Inward thoughts, attitudes, and focus were modified throughout the journey and assisted the returners to success.

### **Outward Modifications**

Aside from their internal experience of differences and adaptation, participants also described outward modifications made upon return to nursing school. These major adaptations to study and lifestyle were at times difficult but were necessary for success. Participants described how understanding the material and concepts was a key to successful testing in the program. Adaptations that involved full commitment to study were necessary to achieve this understanding. Less time was spent with family, friends, and at work. Models on student retention include outside factors as affecting student success (Jeffreys, 2012; Tinto, 1993). Prioritizing school over outside factors assisted returners to success in this study. Also, various study methods were used to ensure that material was retained. Rather than just memorizing, returners strived to really learn the content and become competent professionals. This shift to a desire to understand deeply demonstrates that participants set mastery goals (Ames, 1992). By adapting to the barriers of failure and return, students demonstrated resilience (Masten, 2001).

### **Implications**

Through exploration of the experiences of successful returner nursing students, implications for both nurse educators and nursing students surfaced. By reviewing participants' descriptions of struggles, adaptations, and achievement of success in nursing school, insight was gained. Implications could assist nurse educators in understanding the struggles of nursing students. Implications for nurse educators relate to the areas of communication, expectations, and caring. Nursing students could be encouraged by the success of this special population of returners.

## **Communication: Policies and Procedures**

In this study, many of the returners described being unsure of their course grade prior to failure. Some also described unclear understanding of the grade rounding policy within their course of failure. When going through the process of return, several participants discussed how miscommunication that occurred, whether perceived or actual, was distressing. Clear and consistent communication from nursing faculty could help to resolve misunderstanding for students. Both verbal and written communication such as policies, handbooks, and syllabi should be homogenous and frequently reviewed with nursing students. Communication regarding the procedure for repeating and status of return should also be clear, correct, and consistent. Although students are responsible for their performance, as Tinto (2012) describes, institutions should take responsibility for retention of students as well. This includes nursing faculty and administration communicating clearly and consistently.

## **Expectations**

Clearly defining expectations for pre-nursing students is another implication that can be made when reviewing results from this study. Past literature has suggested that better integration and introduction into the nursing program is needed for students (Andrew et al., 2008; Bowden, 2008; O'Donnell, 2011; Wilson et al., 2010). Participants in this study described being somewhat baffled by the differences between the nursing program and core college courses. They felt unprepared for the amount of content covered and the application style testing. Although many programs do include orientation and some even seminar courses prior to program entry, clearly more introduction could be beneficial. Clearly defined expectations given to pre-nursing students prior to entry into the nursing program could help to prepare them for the differences.

## **Caring**

Faculty conveyance of a caring attitude is also an implication derived from this study. This supports previous literature that suggests faculty care and support are assistive in retaining students (McLaughlin, 2008; Shelton, 2003). Participants in this study all described receiving encouragement and assistance from a student success coordinator. They identified this as being very assistive to their success. The success coordinator reviews exams with returners, discusses study strategies and gave frequent encouragement. It was evident through participants' descriptions that this faculty member cared about their success. Imagine if all nursing faculty conveyed this caring and supportive attitude toward students. This could further assist them to succeed.

## **Encouragement for Students**

Aside from faculty, nursing students can also benefit from implications found in participants' data. Implications for nursing students include fully committing to the nursing program, learning to adapt, and striving to understand. Participants in this study described how a full commitment was needed to ensure success. They also discussed that if hardships occur during the nursing school experience, adaptation of mindset, study habits, and lifestyle is needed to succeed. Adaptation is a trait of successful resilient individuals (Masten, 2001). Upon entering a nursing program students should consider their plans for study and time management. They should also begin to focus on a commitment to their goal of becoming a nurse and realize that life alterations will be inherent with their journey. Striving to understand material, rather than just memorizing it is important for students to practice as well.

## **Recommendations for Future Research**

In reviewing results from this study and previous literature on nursing student retention, it is noted that more research could add to knowledge of this topic. Further exploration into at-risk nursing student perceptions and help seeking behaviors is one suggestion. This study highlighted that students did not fully grasp the rounding or return policy and this was frustrating to them. Data collected on how well students understand nursing school grading and return policies could shed light on this topic. Also returners of this study described struggling before their failure, but adaptations to study were largely made after return. Further exploration into why and when nursing students choose to seek help could be beneficial to nurse educators as well. A second recommendation for future research would be analysis of nursing school policies for return after the failure of a course. When collecting data for the literature review it was noted that very little is published on nursing school return policies and institutional best practices for management of students after the failure of a nursing course. This type of policy analysis research could be beneficial to nursing school administrators when determining return rules and procedures to help at-risk students. Another research area that is suggested is exploration into the stories of returner students who repeated a course and yet were not successful in the nursing program. Although sampling this population could be difficult, their explanations as to why they were not successful could add to the at-risk student literature.

## **Limitations**

Limitations for this research study on successful returner nursing students relate to the factors of generalizability, triangulation, and background of the researcher. As with most qualitative phenomenological studies, a small and specific population of participants is sampled. For this study, 11 successful returner nursing students were interviewed individually twice.

These students were graduates from an associate degree program in the southeastern United States. Findings would be considered non-generalizable to other populations of nursing students to include those in differing entry levels and those who were successful with no course failures.

No triangulation of data is a second limitation for this small study of nursing students. As described, the method of data collection used was individual interviews. Triangulation methods that may have been helpful include interviewing nursing faculty of the institution from which returners graduated, and reviewing reentry documents submitted by returners in preparation for their return. If studies on returning students are conducted in the future, data triangulation could make the research results stronger.

Another possible limitation to this study is my personal background in nursing education. Graduates who repeated a course could find being interviewed by a nursing faculty intimidating and choose to not fully disclose their true feelings about the experience of nursing school. This limitation was considered when determining the sampling strategy, which included selecting students who previously graduated from an institution other than the one the researcher is employed at. Nonetheless nondisclosure is still a possibility to consider when reviewing the results from this study.

### **Conclusions**

This research study was conducted to explore the journeys of successful returner nursing students. A qualitative phenomenological methodology was utilized to try and understand the very personal lived experiences of this specific population of nursing students. After failing one nursing course, the sample population of this study returned to nursing school and completed successfully. The 11 returners interviewed are now providing much needed healthcare to our nation by functioning as practicing registered nurses.

Through this exploration it was found that returners overcame the huge hurdle of a nursing course failure by deep internal searching, personal adaptation, and reaching out for assistance. During their nursing school journey they experienced many negative emotions and great amounts of stress. They chose to return and coped by adapting to the situation and utilizing the power of positive thoughts. Both internal adaption of thoughts and external changes to behavior were made. During this experience, students struggled to understand the why behind their failure. In the end, participants described growing as individuals and experiencing great pride in their accomplishments. These results can be viewed as positive and empowering to both nurse educators and nursing students alike. Although a course failure puts nursing students at risk for non-completion, the results from this research show that a positive successful experience can be gained through commitment.

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APPENDIX A  
DEMOGRAPHIC DATA COLLECTION FORM

## Demographic Data Collection Form

1. Age:
2. Sex:
3. Race/Ethnicity:
4. Primary Language:
5. Marital Status:
6. Number of dependents (such as children or grandchildren) at home, for which you were responsible for during your enrollment in nursing school:
7. What year did you graduate from an associate degree nursing program?
8. Which nursing course did you have to repeat?
9. Which semester of the program was that nursing course in?
10. Are you currently practicing as a registered nurse?
11. If you are practicing as a registered nurse, where are you currently employed?
12. Do either of your parents have a postsecondary education degree?

APPENDIX B

INITIAL EMAIL CONTACT TO POTENTIAL STUDY PARTICIPANTS

## Initial Email Contact to Potential Study Participants

Dear Graduate,

My name is Sarah Handwerker. I am currently a doctoral student in an Instructional Leadership Program for nurse educators at the University of Alabama in Tuscaloosa. I am completing my dissertation under the direction of chair, Dr. Becky Atkinson. Dr. Atkinson is an Associate Professor in the Department of Educational Leadership and Foundations of Education at the University of Alabama.

To finish my dissertation, I must complete a research study within the area of nursing education. Since the retention of nursing students is vitally important to me as an educator, I am very interested in exploring students' experiences of success. The focus of my study is on student experiences in relation to success in an associate degree nursing program after the failure of one nursing course. I believe that much insight can be gained from the study of success in spite of challenge. I am requesting your participation in my research study. I would very much appreciate learning from your experience.

Your participation in this study would involve two interviews, with a total time expenditure of approximately 1 ½ to 2 hours. Both interviews will be audiotaped for review and transcription to occur afterwards. I will also ask participants to discuss any relevant artifacts related to the experience of success in nursing school. This could include journals, notes or any other pertinent material from that time period in your life that relates to your journey through the nursing program. Data collected will be kept confidential, and literature published for dissemination of this study will not include participants' names.

Although risks involved with participation in this study are very minimal, you will be given an informed consent explaining the study and specific actions taken to ensure confidentiality. The consent will also explain that participation for this study is voluntary, and that you may choose to withdraw from the study at any time. Informed consent will be discussed and obtained at the beginning of the first interview.

Please contact me if you are interesting in participating in this research study or if you have any questions about participation. Your input is very valuable. My email address is [sarah.handwerker@gcsu.edu](mailto:sarah.handwerker@gcsu.edu) and my telephone number is 478-414-8914. You may also contact my committee chair Dr. Atkinson with questions concerning the study. Her email is [atkin014@bamaed.ua.edu](mailto:atkin014@bamaed.ua.edu) and her telephone number is 205-348-0357.

Thank you so much for you time, consideration and possible assistance.

Sincerely,

Sarah Handwerker RN, MSN  
Doctoral Student, Instructional Leadership, Nurse Educator Program, University of Alabama

APPENDIX C

INCLUSION VERIFICATION EMAIL TO STUDY PARTICIPANTS

## Inclusion Verification Email to Study Participants

Dear [Name of Participant],

Thank you so much for your response to the previous email!

I am emailing this message to confirm your response to the initial request for participation in my study on student experiences in relation to success in an associate degree nursing program after the failure of one nursing course. Below are a few questions that will help me to ensure inclusion criteria are met. Please reply to this email by answering the below questions and providing your contact information. I look forward to interviewing you and exploring your experience of success. I greatly appreciate your response.

- Have you successfully completed an associate degree nursing program after the failure of one nursing course within that program with a grade of less than a C?
- Did you graduate from an associate degree nursing program with the ability to sit for the licensure examination within the last five years (between May of 2009 and May of 2014)?
- Would you be willing to participate in a research study on successful returner nursing students in which you will be interviewed about your experience?

**If you answered yes to the above questions please provide your preferred contact method and information.**

Name:

Phone Number(s):

Email Address(es):

Preferred Method of Communication and Preferred Time(s)/Day(s):

I will contact you within one to two weeks of receiving this response. We can then set up a time, date and location for the interview process to begin. Your convenience will be a priority.

Sincerely,

Sarah Handwerker RN, MSN

Doctoral Student, Instructional Leadership, Nurse Educator Program, University of Alabama

APPENDIX D  
INTERVIEW PROTOCOL

## Interview Protocol

### **1. Describe to me when you started nursing school.**

- a. What lead you to choose nursing?
- b. What were your expectations of the program?
- c. What were your expectations of yourself?
- d. What did you want to accomplish?
- e. How did you see your future at that time?
- f. Tell me about your first semester in the program.

### **2. Can you tell me about when you realized that you were not going to pass a course in the program?**

- a. Describe that semester for me.
- b. What do you attribute to your making a D in a nursing course?
- c. Did you ever consider giving up or choosing another major?

### **3. Tell me the story of your return to nursing school.**

- a. What was your motivation to return?
- b. What did you feel at that time?
- c. What were your expectations during that time period?
- d. How did you adjust to the return?
- e. What was different?
- f. What did you do differently?

### **4. How did you cope with your experiences in nursing school?**

- a. Were there any person, persons or resources that you depended upon for support?

### **5. What does it feel like now that you were successful in nursing school?**

- a. What would you attribute your success to?
- b. How would you explain your journey, which resulted in success?

APPENDIX E

INFORMED CONSENT FOR PARTICIPATION IN:  
EXPERIENCES OF SUCCESSFUL RETURNER NURSING STUDENTS

Informed Consent for Participation in:  
Experiences of Successful Returner Nursing Students

**You are being asked to be in a research study.**

The title of the study in which you are being asked to participate in is “Experiences of Successful Returner Nursing Students.” The main researcher completing this study is Sarah Handwerker. Sarah is working to complete her doctoral degree in Instructional Leadership at the University of Alabama. A research study is required for her to obtain a doctoral degree. She is being supervised by Dr. Becky Atkinson who is an associate professor at the University of Alabama.

**What is the study trying to learn?**

This study is trying to learn about the experiences of success of associate degree nursing students who returned to nursing school after receiving a grade of less than a C in one nursing course. Students who returned after failing one nursing course and then completed and graduated from the nursing program could offer unique views about the journey to success. This study will seek to learn about the challenges, assistive factors and differences in experience prior to and after return to nursing school.

**What will be done with the information from the study?**

The information collected (findings) will be used to gain understanding about the experience of success in an associate degree nursing program after the failure of one nursing course. Findings will be written about and discussed within the researcher’s dissertation, which is a long paper that will be submitted to the University of Alabama. Findings may also be published in a journal or presented at a conference. Any writing on or presentation of findings will not include any identifying information that could link participants to the findings. The information gathered from this study could be important to nurse educators who are trying to help students face challenges in nursing school. The information may also be important to future nursing students who could be encouraged by these true stories of success.

**Why am I being asked to be in this study?**

You are being asked to participate in this study because of your success in an associate degree nursing program after receiving a grade of less than a C in one of your nursing courses within the program. Your experience of success in nursing school makes you an expert on the topic of this study.

**How many people will be in this study?**

There will be ten to fifteen graduates that will participate in this study.

**What do I have to do if I am in this study?**

If you agree to participate, there will be a total of two interviews that you will be asked to complete with the researcher. Prior to interviewing, you will also be asked to fill out a brief demographic survey. This survey requests information such as your age, gender, ethnicity, and year of graduation. You will then be interviewed about your experience of success upon return to nursing school after receiving a grade of less than a C in one nursing course. This first interview will be completed in person. This interview will occur in a private place that is convenient and comfortable to you and at an agreed upon time. At the end of the first interview, you will be given a note pad and pen to write down any additional thoughts that you have after the first interview. Several weeks after the first interview at an agreed upon time the researcher will interview you again to follow up on information collected in the first interview. This second interview can either be completed at a convenient place for you or via telephone, depending on your preference. At this time you may add any additional thoughts on your experience. Both interviews will be audiotaped (recorded) so that later transcription can occur. The first interview will last approximately 45 to 90 minutes and the second interview approximately 30 to 45 minutes.

**Are there risks (dangers) to me from being in this study?**

There are no foreseeable physical, legal or social risks associated with this study. There is a small psychological risk associated with this study. When participating, you will be asked to discuss your experiences in nursing school. This may cause various emotions to be felt and could lead to the feeling of stress. If at any time you would like to withdraw from the study, you may choose to. Also you may choose not to discuss certain topics or answer certain questions if you are feeling stressed. As a precaution, the researcher has the name and number of a certified counselor that is available to talk with you if needed due to stress from this study.

**Are there any benefits to me from being in this study?**

There are no tangible benefits to participating in this study however you may feel good about participating by knowing that your input could possibly help nurse educators and future nursing students. This could be considered a benefit. Also you may enjoy talking to someone that is striving to understand your unique story.

**Will I be compensated (paid) for participating in this study?**

There is no payment for participating in this study.

**Will being in the study cost me anything?**

There are no costs involved with participating in this study. Your time will be required however and could be considered a non-monetary cost. Total time required for this study will be approximately 75 to 135 minutes.

**What are my other choices to being in this study?**

You always have another choice when asked to be a study participant. You may at any time choose not to participate in this study if you wish.

### **How will my privacy (confidentiality) be protected?**

The researcher will do several things to protect your privacy. First, each of the interviews will be completed in a private place of your choosing. Examples include your home, the researcher's office, or a location on the campus from which you graduated that is private. Recorded and written information that is collected will be kept within the researcher's office throughout the study in a locked cabinet. Any digital information will be password encrypted on the researcher's hard drive. All information collected will be destroyed five years after collection. Also to ensure that findings from this study are not linked with you in the future, the researcher will use pseudonyms (fake names) when writing about this study. The researcher will not name the school from which you graduated, and will only indicate that graduates completed an associate degree nursing program in the Southeastern United States.

### **What are my rights as a participant in this study?**

As written above, you have the right to refuse to participate in this study at any time. This is entirely your choice. Once you begin to participate in the study, you may withdraw at any time. You also have the right to refrain from discussing any topic or answering any question. Refusal to participate in this study will not affect your relations with the University of Alabama, the institution from which you graduated, or the institution where the researcher is employed.

### **Questions, Concerns, and Additional Information**

Please contact me, the researcher (Sarah Handwerker) with any questions, concerns or complaints at any time. My direct number is (478) 414-8914. You may also contact Dr. Becky Atkinson, my faculty chair who is supervising my dissertation. Her number is (205) 348-0357. Any questions that you may have about your rights as a researcher participant can also be directed to the University of Alabama Office for Research Compliance at (205) 348-8461 or 1-877-820-3066. Questions, concerns or complaints may also be made through the IRB Outreach website at [http://osp.ua.edu/site/PRCO\\_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html), or via email to [participantoutreach@ua.edu](mailto:participantoutreach@ua.edu). At the completion of this study, you are encouraged to submit a survey about your experience as a research participant. This survey can be found on the above IRB Outreach website.

**Informed Consent/Consent for Audio Taping**

**By signing below, I am agreeing that I have read this consent form and had the opportunity to ask questions. I agree to participate in this study of successful returner nursing students. I will receive a copy of my informed consent to keep.**

---

Signature of Research Participant

Date

---

Signature of Researcher

Date

As discussed in the form above, the interviews that I participate in will be audiotaped for later transcription. All gathered information/recordings will be kept within a locked cabinet in the researcher's office; digital information will be password encrypted on the researcher's hard drive. The recordings and other collected data will be destroyed five years after collection.

**By signing below, I give permission for the researcher to audiotape my interviews.**

---

Signature of Research Participant

Date

---

Signature of Researcher

Date

APPENDIX F  
CODES WITH DESCRIPTIONS

## Codes with Descriptions

### Deductive Codes Related to Research Questions:

Challenges/Barriers	Factors identified and described by participants as making the journey through nursing school more difficult
Assistive factors	Factors identified and described by participants as helping them on the journey through nursing school
Differences in experience	Experiences and factors identified and described by participants as different between their time in nursing school prior to a failure and after their failure

### Inductive Codes from Data:

Teacher issues	Experiences and factors described by participants that were related to a nursing faculty member and were considered a challenge or stressor
Stress and emotions	Descriptions of negative feelings and stress felt during the experience of nursing school
Lack of confidence	Descriptions of self-doubt about their abilities in nursing school including the ability to complete and become a nurse
Outside stresses	Factors that were not related to nursing school but caused stress to participants during their journey through nursing school
Working	Descriptions of outside work/employment that was done by participants during their nursing school journey and the impact of this on their experience
False expectations	Descriptions of what they expected of the nursing program prior to entering and upon entering realizing the difference between expectation and reality
Difficulty – Didn't realize how hard	Descriptions of the nursing program as being hard (and harder than previous school) to include specific details such as testing, material covered and schedule
Past success with cramming/Attitude	Discussion of studying a large amount of material near to the time of testing with the mindset that this would produce a passing grade
Time management	Descriptions of organizing time to include study for the nursing program, nursing courses and clinical and life activities
Different type of learning - deeper	Descriptions of the learning that was required to pass nursing school as being deeper and involving gaining understanding; This type of learning was beyond learning done for other academic courses

	in the past
Inadequate study habits	Descriptions of study habits that did not help participants to pass their nursing courses
Communication stress with school	Discussion of perceived and actual communication breakdown between the nursing program representatives and participants to include miscommunication, errors in communication or unclear communication all of which caused stress
Feelings about return	Descriptions of their feelings, thoughts and emotions prior to and upon return to nursing school to repeat a course that they had failed
Knowing others did not return	Descriptions of realizing that peers within their nursing cohort would not be able to return to the nursing program
Negative attitude toward some material	Descriptions of dislike or less interest in some nursing school course material when compared with other nursing school course material
Realization of failure	Descriptions of realizing that they had failed a nursing course with the grade of a D including the time before and right after this realization
Anxiety	Feeling of uncertainty, fear and nervousness related to nursing school outcomes and factors related to nursing school such as taking tests
Faculty support	Any interactions and assistance from faculty that was described as assisting participants on their journey through nursing school
Family support	Any interactions and assistance from family that was described as assisting participants on their journey through nursing school
Peer support	Any interactions and assistance from peers that was described as assisting participants on their journey through nursing school
Spirituality	Descriptions of connecting with a higher being through prayer and other means which participants identified as assisting on their journey through nursing school
Ensuring chance to return	Discussion of the process of finding out how to return and then taking the necessary steps to return to nursing school
Enjoying learning	Descriptions of enjoyment of learning medical, health related and nursing school material
No consideration of giving up	Descriptions of not considering giving up on nursing school
Positive beliefs on long term goal	Discussion of belief that goal of becoming a nurse and having a career in nursing would be completed
Alteration in lifestyle/Changes made	Changes described that were made by participants

	to ensure that they passed the remainder of their nursing courses after return
Remaining calm	Participants described striving to remain calm before tests in nursing school
New focus and mindset	Discussion of a changed and more determined mindset upon return to nursing school
Varying techniques	All study techniques utilized by participants throughout their nursing school journey
Gaining understanding	Descriptions of how understanding of nursing course material was gained including techniques to help them gain understanding and feelings when it was gained
No second chance	Descriptions of the realization that if another nursing course was failed no second chance in the program would be given; this placed extra pressure on participants
Realizing things about self	Anything that participants described as learned or realized related to themselves
Past experience helped prepare/More aware	Discussion of how their past experience in nursing school assisted them upon returning by helping them be more aware of what to expect
Changes to plan	Descriptions of changes to original plan due to failure of one nursing course
More pressure	Descriptions of increased pressure felt by participants after return to the nursing program
Different class of students	Discussion of entering a new cohort of nursing students when returning to the nursing program and the associated feelings and events surrounding that experience
Must do it	Descriptions of the mind set and thought that nursing school must be completed, there was no other choice
Kept secret	Not disclosing failure and return to nursing school
Reorganize time	Time for study and life activities was changed and rearranged after return to nursing school
Type of learner	Participants described discovering what helped them to learn best related to visual, auditory or kinesthetic study methods
Growth and reflection	Descriptions of personal reflection on their journey and experiences as well as intrapersonal growth that occurred during their journey

**Deductive Codes Related to Theoretical Frameworks:**

Beliefs	Any personal beliefs of participants
Integration	Participants' descriptions of beginning and continuing in nursing school that included fitting into and adjusting to various aspects of the nursing

	program
Institutional Variables	Any factors described that relate directly to being in the nursing program (such as faculty, peers in class, tests, policies, grades, grading scale etc...)
Student Variables	Any factors described that were specific to each individual participant (such as age, previous academic history, outside employment, family structure etc...)
Adaptation	All changes described that were made by participants to ensure that they passed the remainder of their nursing courses after return
Goals	Participants' identification and description of their plans for the future including their progress in school, career and life in general

APPENDIX G  
AUDIT TRAIL CODES

## Audit Trail Codes

### **Reader one codes:**

Decision making  
Strategies to stay positive  
Motivation  
Core values  
Support systems  
Reconciling with reality  
Intrapersonal growth

### **Reader two codes:**

Excitement  
Plans for future  
Too much material  
Help from others  
Support from family  
Support from peers  
Almost passed  
Disappointed  
Getting help  
Getting back on the horse  
Reflecting on why I fail  
Plan B  
Fear of losing dream  
Success  
New cohort/Fit in  
Different from high school  
Determination  
Gain strength  
Inspiration

### **Reader three codes:**

Didn't realize how hard  
Caring nurse  
Future  
Poor grades  
Study habits  
Acknowledgement of poor study habits  
Hope  
Sadness  
Disappointment  
Anger

Determination  
Peer support  
Feeling prepared  
Feeling awkward  
Shame  
Acceptance in the new class  
Rejoice in success  
Hope for the future  
Confidence  
Independence  
Repetition helped understanding  
Responsibilities for self-success  
Resources  
Family support  
Improved study habits  
Organized  
More time  
Understanding what didn't work

APPENDIX H  
TIMELINE FOR DISSERTATION

### Timeline for Dissertation

	Summer 2013	Summer 2014	Late Summer 2014	Fall 2014	Spring 2015	Summer 2015	Fall 2015
Prospectus Approval							
Proposal Approval							
Finalization Recruitment & Interview Material							
IRB Approval							
Recruitment Begins							
Data Collection							
Data Analysis							
Final Chapters Written							
Defense							
Publication Preparation							

APPENDIX I

APPROVAL FROM UNIVERSITY OF ALABAMA IRB

Office for Research  
Institutional Review Board for the  
Protection of Human Subjects

THE UNIVERSITY OF  
**ALABAMA**  
R E S E A R C H

September 3, 2014

Sarah Handwerker  
Capstone College of Nursing  
Box 870358

Re: IRB#: 14-OR-312 "Experiences of Successful Returner Nursing Students"

Dear Ms. Handwerker:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Your application will expire on September 1, 2015. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent forms to obtain consent from your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

  
Carpanta, T. Myles, MSM, CIM, CIP  
Director of Research Compliance Officer  
Office of Research Compliance  
The University of Alabama



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