Abstract

PAGE, JULIANNE. Factors that Influence the Persistence of Underrepresented Ethnic Minority Students in a Baccalaureate Nursing Program. (Under the direction of Dr. Chad Hoggan and Dr. Tuere Bowles, Committee Co-Chairs).

This study examined the experiences of students from underrepresented ethnic minorities as they matriculate in a nursing program. Students’ perceptions of the factors that have contributed to their decision to persist in a bachelor’s program in nursing were explored, in order to identify the factors that are most relevant to this unique population. The participants were college students from underrepresented ethnic minorities who are currently enrolled in a bachelor’s program in nursing at a predominantly white, tier one research institution. The study used a convenience sample of nursing students at different points in the program and from different backgrounds. The researcher interviewed students using semi-structured interviews. Students were also asked to write a reflective exercise about a critical incident in nursing school. The interviews and reflective writing were analyzed using a basic interpretive analytic process. The study described the interactions of multiple factors influencing underrepresented ethnic minority students’ experience of nursing education.

Students’ overall perceptions of the program and the nursing profession were positive. Factors that enhanced persistence were: 1) the financial and emotional support of loved ones, 2) peer support, 3) connecting with faculty, 4) experiential learning in clinical 5) keeping sight of the end goal, and 6) embracing their differences. Factors that hindered persistence were: 1) having to change your mindset, 2) dealing with multiple stressors, and 3) feeling different.

From these findings the following conclusions were reached. 1) Affective factors of self-efficacy, motivation, and cultural values and beliefs were important factors enhancing
persistence. 2) Professional Integration factors, including the contribution of clinical instructors and staff nurses and positive clinical experiences, also enhanced persistence. 3) The interaction of environmental and academic stressors hindered persistence. 4) Cultural biases and microaggressions were subtle, but real, hindrances to persistence. 5) The psychological outcomes of stress and satisfaction were balanced, so that the participants were able to persist. Implications for nursing education practice, student retention theory, and further research were discussed.
Factors that Influence the Persistence of Underrepresented Ethnic Minority Students in a Baccalaureate Nursing Program

by
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Dedication

This work is dedicated to my students, who taught me the meaning of persistence and passion in nursing. You are the ones who will change the face of nursing.
Biography

Julianne Page grew up in Springfield, Illinois, the oldest of four children. She always wanted to be a nurse. She was fortunate to obtain her bachelors degree in nursing at Illinois Wesleyan University and her master’s degree in gerontological nursing at Rush University. In a career that has spanned 35 years, she has focused on the nursing care of older adults in a variety of clinical settings. For the past 15 years, she has taught at UNC-Chapel Hill School of Nursing in clinical and in the classroom. She currently teaches undergraduate students the fundamentals of nursing and coordinates the first clinical course. At the encouragement of her colleagues, she began her doctoral study in adult and higher education. That journey has taken seven years, and will continue as she expands her nursing education practice.
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Chapter One: Introduction

Nursing education is facing the challenge of increasing the number of registered nurses and increasing the diversity of the nursing workforce. This dual challenge requires that nurse educators consider the best means of recruiting and retaining nursing students. Attrition rates for underrepresented ethnic minority (UREM) students in nursing programs vary greatly depending upon the program and the method used to calculate attrition. Estimates have varied from 15% to 85% of UREM students (Loftin, 2013), but it is clear that the attrition rate in nursing programs continues to be high, and UREM students are less likely to complete a nursing program than white students (Gardner, 2005; Pitt, Powis, Levett-Jones, & Hunter, 2012). Nurse educators must address the problem of poor retention of UREM nursing students. Increasing enrollment and diversity will meet the public’s need for more nurses, address health care disparities, and enhance cultural competence among healthcare professionals.

First, expanding the number of nursing students is necessary to meet the country’s need for nurses. The American Association of Colleges of Nursing (AACN, 2014) projects a need for more than one million new and replacement registered nurses by 2016. In order to produce this number of new nurses, schools of nursing will need to attract more students, including individuals from underrepresented ethnic minorities who have not traditionally chosen nursing as a profession.

The demand for nurses is steadily increasing. Projections indicate that the number of employed nurses will grow by 26% in the next decade. Most of this growth involves jobs in acute care hospitals, where the nursing turnover rate is highest (AACN, 2014). In addition to increased demand, the increasing average age of current nurses is contributing to the
shortage. According to the most recent survey conducted by the Health Resources and Services Administration (HRSA, 2010), the median age of registered nurses is 46 years old. So, there is a need to increase the number of graduating nurses in order to replace retiring nurses.

Second, increasing the diversity of the nursing workforce will address healthcare disparities. The proportion of ethnic minority registered nurses in the U.S. increased from 20% to 25% in the past decade, but the registered nurse population still does not reflect the diversity of the United States population. Commissions examining the state of healthcare and health professions education began to connect diversity with healthcare disparities in the 2000s. In 2003 the Institute on Medicine issued a report that directly tied lack of cultural competence among health professionals with growing healthcare disparities. This report called for a more diverse workforce (Smedley, Stith, & Nelson, 2003). In addition, the Sullivan Commission cited studies that found a direct link between poorer health outcomes for minorities and the shortage of minority health care professionals. One of their recommendations was that increasing the diversity of the nursing workforce would strengthen cultural competence and decrease healthcare disparities (Sullivan Commission, 2004).

Third, the cultural competence of healthcare professionals is enhanced when the workforce is more diverse. Professional associations within nursing have emphasized diversity as a goal for nursing education. The American Nurses Association wrote a position statement on cultural diversity in nursing in 1991. The American Academy of Nursing
(nursing’s “think tank”) convened an expert panel on nursing and cultural competence (Giger et al, 2007), which made twelve recommendations to the Academy for improving healthcare disparities through increasing diversity in the nursing workforce and also strengthening teaching of cultural competence in nursing programs. The expert panel encouraged continued work to improve cultural sensitivity in education, practice, and research. The American Association of Colleges of Nursing first issued a position paper recognizing the need for diversity and equality of opportunity in 1997. The paper recommends that nursing programs incorporate diverse perspectives and a variety of teaching styles to enhance learning and to encourage collaboration among a more diverse student body. However, the addition of a standard about cultural competency in the education standards of baccalaureate programs was not published until 2008 (AACN, 1997, 2008).

**Impact of Societal Factors**

Despite federal initiatives to recruit underrepresented ethnic minority students into higher education since the 1960s, there has not been a significant increase in the graduation rate of UREM students from colleges and universities. US. Department of Education statistics show that most students who complete a bachelors’ degree are white or Asian, with smaller percentages of African American and Hispanic students completing their degree within six years (US Dept of Ed., 2011). Factors identified as barriers for UREM students include feeling uncomfortable with the different culture found on predominantly white campuses, feelings of isolation and frustration, limited social contacts, being first generation college students, being less prepared academically, financial constraints, and the limited number of minority faculty available to be role models and mentors (Childs, Jones, Nugent &
Cook, 2004). Most attrition of college students occurs during the first year (38%) and second year (29%) (Tinto, 1993).

Underrepresented ethnic minority students have not fared better in nursing programs. Recent graduates from nursing schools continue to be predominantly white and female (HRSA, 2014). There is clearly still much work to be done in nursing education in order to encourage and retain minority students in nursing programs.

Historically, the development of nursing as a profession and the realities of segregation contributed to the lack of diversity in nursing. In the United States, segregation of schools and hospitals resulted in limited educational opportunities for women of color. Most ethnic minority women in predominantly white schools did not graduate due to the extent of prejudice and bias against them. Schools in the South excluded minorities altogether, and generally black women were considered to be incompetent with limited intellectual capacity. Black hospitals did not have the resources they needed, so many people, including white nurses, considered the education in black nursing schools inadequate. Black women were viewed as nurturing caregivers who would work hard and be obedient, important qualities for nurses at the time, but they usually cared for only black people (Hine, 1989).

White nurses were focused on the process of professionalizing nursing, and felt that including UREM women would lower the status of their profession. The American Nurses Association did not allow ethnic minority nurses to join their organization, and when black leaders met with white leaders in nursing, making them aware of the lower pay and poor
working conditions of black nurses, white nurses were concerned about establishing their profession and did not provide much support to their black counterparts (Hine, 1989).

With the civil rights movement came desegregation of hospitals and schools. Integration resulted in more underrepresented ethnic minority students being recruited into schools of nursing. The number of nursing schools who admitted UREM students increased substantially through this time period. Opportunities in the military, management, and education expanded (Kalisch & Kalisch, 1995).

Nurse educators still report challenges in diversifying the nursing workforce. Barbee (1993) wrote that racist images are still prevalent in nursing. Black nurses reject the image of “mammy,” the faithful household servant, in favor of the stronger “matriarch” image. White nurses also reject the “mammy” image because of their desire to distance nursing from domestic help in developing a professional status. However, white nurses see the “matriarch” as a Black woman who cannot be controlled or is hostile. Nurses often deny racist attitudes because it does not fit with the professional image of nurses who transcend prejudice and provide good care to everyone, regardless of race or creed. Nurses also express the view that they should not notice what group a person belongs to, and that interpersonal relationships are not affected by race. Barbee (2001) notes that racism is still endemic in many nursing programs where UREM students are assumed to be intellectually inferior and there is no institutional support for recruiting minority students.

This study proposes to examine the experiences of underrepresented ethnic minority students as they matriculate in a baccalaureate nursing program. Students’ perceptions of the
factors that have contributed to their decision to persist in a bachelor’s program in nursing will be explored, in order to identify the factors that are most relevant to this unique population.

**Problem Statement**

This study examined the factors contributing to persistence among underrepresented ethnic minority students in an undergraduate nursing program at a large, research-intensive university. In North Carolina, people of ethnic minority backgrounds account for 28% of the population, but only 11.7% of nurses. In this school of nursing, the percentage of the undergraduate student population from ethnic minority backgrounds has increased substantially in recent years. However, UREM students are disproportionately found in the group that does not persist. Therefore, it is significant to explore the experience of underrepresented ethnic minority students in the program in order to identify the multiple factors that contribute to their persistence.

**Purpose of the Study and Research Questions**

The purpose of this study was to explore the experiences of underrepresented ethnic minority students as they matriculate in a baccalaureate nursing program. Students’ perceptions of the factors that have contributed to their decision to persist in a bachelor’s program in nursing were explored, in order to identify the factors that are most relevant to this unique population.

Research questions included:
What are the perceptions of underrepresented ethnic minority students about persistence in a baccalaureate nursing program?

What are personal, academic, social, environmental, and affective factors that enhance the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?

What are personal, academic, social, environmental, and affective factors that hinder the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?

Research Approach

This study used purposeful sampling to identify underrepresented ethnic minority (UREM) nursing students who were at different points in the program. The researcher interviewed students using semi-structured interviews. The interview guide included appropriate questions and probes, but allowed some flexibility to allow the student to direct the conversation. The interview protocol included questions about the factors identified in the conceptual framework, the Nursing Undergraduate Retention and Success (NURS) model (Jeffreys, 2012), and how these factors contributed to their persistence in the nursing program. Follow up questions were more specific about affective factors such as self-efficacy and cultural values and beliefs. The underlying theoretical perspective of social cognitive learning provided support for the concept of self-efficacy. Thirteen students were interviewed individually. The interviews were recorded and then were transcribed professionally. Students were also asked to write a reflective exercise about an experience in nursing school, and eleven students chose to do so. This use of multiple methods allowed
for triangulation of the data. The interviews and reflective writing were analyzed using a
basic interpretive analytic process.

A basic qualitative interpretive design is appropriate for this study because the
purpose is to examine the experiences of underrepresented ethnic minority nursing students
and to understand their perspective about the meaning of their nursing education. The study
described the interactions of multiple factors influencing UREM students’ experience of
nursing education. It focused especially on the factors of self-efficacy and cultural values
and beliefs and how these factors influence the persistence of underrepresented ethnic
minority nursing students.

**Rationale and Significance**

The rationale for this study is that underrepresented ethnic minority nursing students
have a unique life experience and therefore a unique nursing education experience.
Expanding knowledge of the factors that encourage their persistence can contribute to a more
individualized approach to this student group in nursing education.

This study has theoretical significance for student retention theory and practical
significance for nursing education. The results helped to clarify some of the many variables
that contribute to student persistence in nursing programs. It shed light on the unique
experiences of underrepresented ethnic minority nursing students, as well as illuminating the
factors of self-efficacy and cultural values and beliefs as they contribute to persistence. This
information will assist nursing educators and advisors in enhancing persistence of UREM
students in nursing programs.
**Definition of Terms**

- **Program retention**: The organizational phenomenon of retaining students in a program until graduation. (Reason, 2009)

- **Student persistence**: The continuation of individual students in a program until attainment of their individual goals (Reason, 2009). For this study, this includes continuous enrollment in a nursing program (part-or full-time) by taking the required courses sequentially until meeting the program’s graduation requirements, possibly including courses repeated for previous withdrawal and/or failure (Jeffreys, 2007).

- **Student departure or attrition**: Students choose to withdraw from the program without graduating. This study focuses on voluntary withdrawal for personal reasons, not academic failure (Jeffreys, 2012).

- **Underrepresented ethnic minorities**: Those groups that are underrepresented in nursing relative to their numbers in the U.S. population. Historically in American nursing, this would include people from African American, Native American, Asian, and Hispanic backgrounds.

- **Academic integration**: This refers to a student’s membership in the academic system of the university. This can include understanding academic expectations, participating in formal education in the classroom, and achieving acceptable academic performance (Tinto, 1993).

- **Academic factors**: in the NURS model, these include personal study skills, study hours, attendance, class schedule, and general academic services (Jeffreys, 2012).
• Social integration: Refers to a student’s membership in the social system of the university. This can include faculty and peer interactions, involvement in campus organizations, and successful informal, daily interactions (Tinto, 1993).

• Professional integration factors: These are factors that enhance students’ interaction with the social system of the college environment within the context of professional socialization and career development. In the NURS model, these include nursing faculty advisement and helpfulness, memberships in professional organizations, professional events, encouragement by friends in class, and peer mentoring and tutoring (Jeffreys, 2012).

• Student affective factors: Students’ attitudes, values, and beliefs about learning and their ability to learn and perform the necessary tasks required for course and program success, including cultural values and beliefs, self-efficacy, and motivation (Jeffreys, 2012).

• Self-efficacy: The perceived confidence of the student in their ability to learn new skills and knowledge (Bandura, 1986).

• Motivation: A feature of personal agency that describes the student’s ability to generate actions that will result in his or her success (Stage & Hossler, 2004).
Chapter Two: Literature Review

This study examined the experiences of underrepresented ethnic minority students as they matriculate in a baccalaureate nursing program. Students’ perceptions of the factors that have contributed to their decision to persist in a bachelor’s program in nursing were explored in order to identify the factors that are most relevant to this unique population.

This literature review will provide an overview of college student persistence theory, beginning with Tinto’s Student Integration Model and Bean and Metzner’s Student Attrition Model. The conceptual framework for the study is Jeffreys’ Nursing Undergraduate Retention and Success (NURS) Model, which was derived from these theories but is focused on nursing students. Based on this model, each of the factors contributing to student persistence will be described and the current research will be summarized. Since the affective factors have been less studied, they will be explored in more depth. These factors include the concepts of self-efficacy, motivation, and cultural values and beliefs, which will be discussed in light of related theory and research.

The terms used in the study of students’ progress through college have varied. For the purpose of this study, the term persistence will be used throughout. Persistence refers to an individual’s decision to continue in a program of study until their individual goal is reached, as opposed to the organization’s goal of student retention (Reason, 2009). Since this study focuses on the experiences of nursing students, individual persistence is the appropriate perspective.
The theme of the student persistence literature is that multiple factors interact to influence students’ decisions to persist in college. While student persistence research initially focused on the academic preparation of students and the need for academic support, researchers soon recognized the importance of noncognitive factors in college student persistence as well.

**Student Integration Model**

Tinto’s Student Integration Model (1987) is based on “interactionalist” theory from sociology, and is intended to explain voluntary departure rather than academic failure. The interaction between the student and the college environment is considered to be essential to determine whether the student will persist to graduation. Tinto identified student entry characteristics (e.g., family background, skills and abilities, goals/intentions and commitments), academic integration (actual performance and academic self-concept), social integration (contact with faculty and peers), and external factors (demands of school, work and family) that contribute to students’ decisions to persist or depart. A meta-analysis of more than 30 studies using Tinto’s theory supported the conclusion that social integration is a more significant influence on student retention than academic integration. Braxton, Sullivan and Johnson (1997) found strong support for the proposition that entry characteristics and social integration resulted in persistence. There was modest support for the influence of academic integration in residential universities. Additional studies have refined the factors that are part of social integration (Braxton, Hirschy and McClendon 2004). While Tinto included relationships with peers and faculty as part of social integration, Nora (2001) added the importance of family and especially parental support to social integration and thus to
persistence. Student involvement inside and outside of the classroom has also been added as a significant factor in student retention (Morrison & Silverman, 2012; Tinto 1993).

**Student Attrition Model**

Bean and Metzner’s Student Attrition Model (1985; Metzner & Bean, 1987) focused on nontraditional students, for whom social integration was not as likely to occur. Their assumption was that the motivation for behavior is psychological, and their model describes the psychological processes that occur as students interact with the college environment. They found that students’ beliefs shape their attitudes, which influence behavioral intentions such as the decision to persist in college (Bean & Metzner, 1985). While other student retention models such as Tinto’s (1987) recognize the importance of academic performance and institutional fit, Bean and Metzner (1985) added psychological and environmental variables that influenced the persistence of nontraditional students. Psychological outcomes that they examined included utility, satisfaction, goal commitment, and stress level. These outcomes were more significant to persistence than the academic outcomes (Metzner & Bean, 1987). Environmental variables included finances, hours of employment, outside encouragement, family responsibilities, and opportunity to transfer. Further studies showed that when environmental variables were negative and academic variables were positive, students would not stay enrolled (Morrison & Silverman, 2012) but that good environmental variables could compensate for poor academic support. A factor analysis (Cabrera, Nora, & Castaneda, 1993) found that these factors had the greatest effect on persistence: intent to persist, attitudes, institutional fit and external factors. Bean and Metzner’s model accounted for 60% of the variance in intent to persist, and 44% of the variance in persistence. Cabrera’s
study (1993) also demonstrated that the effect of environmental, organizational and personal variables on persistence was indirect because it was mediated through behavioral intentions to stay, as Bean and Metzner hypothesized.

**Nursing Undergraduate Retention and Success Model**

Jeffreys (2004) adapted Bean’s model of college student retention to develop a model specific to nursing students. The Nursing Undergraduate Retention and Success (NURS) model (Figure 1) includes the four sets of variables in Bean’s model, referring to them as student profile characteristics, academic factors, environmental factors and professional integration factors. She adds the category of student affective factors, which include cultural values and beliefs, self-efficacy, and motivation. In addition the model considers surrounding factors such as political and economic events and changes in the health care system and the nursing profession. All of these factors influence both academic and psychological outcomes. Metzner and Bean’s (1987) psychological outcomes of satisfaction and stress are included, but not utility and goal commitment. Jeffreys (2001) found that the combination of good academic performance and positive psychological outcomes leads to retention. The decision to remain in a nursing program is based upon the interaction of all the factors, and that decision to persist may occur during or at the end of each nursing course. The NURS model is intended to address at risk students and to develop strategies to facilitate success. Jeffries focused at first on nontraditional students (2001, 2002) but then expanded her model to include traditional students as well (2004).

Academic factors such as personal study skills are included in the model. Note taking, time management and organizational skills can positively influence academic and
Figure 1  Jeffrey's (2004) Model of Nursing Undergraduate Retention and Success (NURS).
psychological outcomes. The use of positive behaviors during study hours also contributes to academic performance. The convenience of the class schedule and general academic services available are also included under academic factors.

Environmental factors are those factors external to the academic process that may influence academic performance and retention. These include financial status, family financial and emotional support, family responsibilities, and employment hours and responsibilities. These factors compete with academic responsibilities for the student’s time and can affect the student’s perception of their integration into the school environment. Jeffreys (1998) found that many nursing students perceived environmental variables as more influential for academic achievement and retention than academic variables. Other factors in the outside environment that can affect retention decisions are living arrangements (distance from home/campus, noise, safety), and transportation. Jeffreys found that many students reported these factors as ones that severely restricted their ability to persist in a nursing program (2001, 2002).

Professional integration factors reflect the social integration described in Tinto’s model (1987) placed within the context of nursing education. Professional integration factors are unique to this model, and are especially important to nursing students, as the difference between students’ expectations and the reality of nursing was a significant reason for students to leave a nursing program (Harvey & McMurray, 1997). Professional integration includes informal and formal interactions with faculty and peers, as well as extracurricular activities. Difficulty in this area could lead to social isolation, stress and anxiety. The
multiple factors in this category are seen as complementary, so it is the combination of several of these items that can be a positive influence on persistence. Caring and encouraging faculty who offer assistance and presence are a positive influence on professional development. It is most helpful to students when faculty advisors encourage their self-direction and decision-making. Membership in professional associations such as the National Student Nurse Association and specialty nursing organizations that have student memberships can also be helpful. Attendance at professional events such as conferences, volunteer service and social events can lead to personal and professional validation. Encouragement by friends in class results in positive psychological outcomes and a greater sense of self-efficacy. Classmates have common goals and expectations and their encouragement is valued. Peer mentoring and tutoring in a structured collaborative partnership with a more experienced student is also a part of professional socialization. Tutoring is more focused on learning knowledge and skills, whereas mentoring includes professional values and beliefs. Jeffreys also recommended the development of enrichment programs that maximize students’ strengths and remedy their weaknesses. She saw these programs as providing academic and social support rather than remedial education. Participants in an enrichment program that included peer mentor tutoring reported being more satisfied with all aspects of their nursing program and with nursing as a career (2001) and reported that faculty and peer support contributed to their persistence (2002).

Student affective factors include cultural values and beliefs, self-efficacy, and motivation. The factors fit well with Bean’s description of the psychological processes involved in retention. When the student’s culture and the university’s culture agree, there is
a positive effect on psychological and academic outcomes. When cultural incongruence occurs, it leads to poor psychological outcomes and poor academic performance. This incongruence could reflect differences among the culture of the university, the profession of nursing, and the student. Racial/ethnic bias and discrimination on the part of faculty, staff and classmates is an additional source of stress for the student (Jeffreys, 2004). Self-efficacy is the perceived confidence of the student in their ability to learn new skills and knowledge. An ineffectacious student is less likely to persist and is less motivated. A supremely efficacious student is overly confident and unaware of their weaknesses. The student with a strong sense of self-efficacy is resilient and views new experiences as a challenge.

Outcomes included in the NURS model (Jeffreys, 2004) are academic and psychological. The academic outcomes include nursing grade point average and overall grade point average, but also individual course grades, since each nursing course presents its own unique challenges such as a different client population. Psychological outcomes include satisfaction and reduced stress. Unrealistic goals or unmet expectations can lead to dissatisfaction. Students who reported an active approach to their learning were more satisfied with their nursing education. Satisfaction with faculty and with the program’s response to student needs is also an important psychological outcome. Perceived level of stress and ability to cope also affects persistence, and self-efficacy is a mediator of stress. Nursing education is especially prone to stress as students are expected to comprehend new knowledge and theory, demonstrate new psychomotor skills for evaluation in the lab, and provide competent patient care in the clinical area. Clinical situations can be dynamic and unpredictable, and students must learn to deal with pain and suffering.
Outside surrounding factors include natural disasters, war, national policies that effect nursing, reimbursement for healthcare. Professional issues such as safety and quality, patient acuity, the aging patient population, and the nursing shortage can also effect students’ perceptions of the profession and their satisfaction with nursing as a career.

By 2007, Jeffreys expanded her model to further define student persistence. She includes three pathways: ideal, continuous, and interim. The ideal pathway is to be a full-time student and complete the program in the expected timeframe. Continuous persistence may include some part-time study and a failure or withdrawal but the student’s study is continuous. Interim persistence involves one or more stop-outs. The three types of attrition she identified are voluntary (for nonacademic reasons), first semester failure, or involuntary (dismissal). This study will consider persistence from one semester to the next and will examine each student’s unique pathway.

**Factors Influencing Student Persistence**

The NURS model developed by Jeffreys (2004) is unique in applying persistence theory to nursing students. The model incorporates multiple factors that have been shown in previous studies to influence retention decisions among college students, and adds the affective factors of self-efficacy and cultural values and beliefs as well as professional socialization for nursing students. While one of her larger studies (2007) involved students in a bachelor’s degree program, other studies have examined associate degree students, often in a commuter setting (Jeffreys, 1998, 2001, 2002). This study will examine whether the same factors are influential among nursing students in a large, research university. Research
regarding each of the factors in the model provides more information about their influence on student persistence.

**Student Profile Characteristics**

Jeffreys (2007) found in a group of nursing students who commuted to a large public college that 75% were retained and 25% left. Voluntary attrition accounted for 14% of those who left, with only 2% dismissed. African American students were most likely to decide to leave voluntarily and Hispanic students were most likely to experience first semester failure. Those who graduated were younger, had higher grades in their first medical surgical nursing course, and had less transfer credits. African American students were least likely to graduate, followed by Hispanic students. Her interviews found that students tended to underestimate the demands of nursing programs and overestimate their support system.

In a literature review covering the years 1982 to 2002, Flowers (2004) identified the characteristics that were most significant for retention of African American students. He found that high school rank and grades, perception of social adjustment, and participation in precollege programs were significant pre-entry attributes that contributed to success. Rowser (1997) concluded that African American students needed more accurate information about the college experience and also recommended precollege programs.

Hernandez and Lopez (2004) note that the Latina/o population is heterogeneous, as the group includes people from many countries and ethnic backgrounds. However, some common demographic characteristics found among many Latina/o college students are that they frequently are first-generation college students, from low-income households in which Spanish is the primary language spoken, and they may be academically underprepared.
Almost half of Latina/o students in higher education are enrolled in community colleges, and many undergraduates are in Hispanic Serving Institutions (HSIs). Contrary to the findings with African American students, neither SAT scores nor high school grades predicted college success for Latina/o students. Academic self-confidence, however, was related to grade point average and to persistence (Hernandez & Lopez, 2004).

**Academic Factors**

Academic factors such as study skills, study hours, attendance and class schedule have been shown to influence student persistence. Programs that teach study skills to first year students have been shown to enhance persistence (Reason, 2009, Jeffreys, 2001).

Nora (1987) found that for Chicano students, achieving good grades and receiving encouragement led to a stronger commitment to the institution and to their educational goals. That commitment led to greater academic integration, in terms of their perceptions of their educational experience. He studied Chicano students in Texas community colleges and concluded that the students’ attitudes led to positive behaviors that resulted in persistence. Structural equation modeling was used to examine the variables of academic integration, social integration, and institutional/goal commitment on retention of Chicano students. Nora found that neither academic nor social integration affected retention as much as did the students’ commitment to the institution and to their educational goals. A follow-up study by Nora and Cabrera (1996) did find a positive effect on persistence when students were satisfied with their academic and intellectual development. On the other hand, Zurita (2005) found that the Latino students she interviewed felt academically unprepared despite receiving a scholarship, and academic issues were a source of additional stress.
For nursing students, performance in science prerequisite courses has been shown to correlate with performance in the first semester of nursing courses (Alden, 2008) and in nursing program completion (Gilmore, 2008). One factor that prompted students to think about leaving a nursing program was the stress of exams and writing assignments in nursing courses (Bowden, 2008). However, personal tutors and counseling enabled them to stay.

**Professional Integration Factors**

Social integration factors such as the students’ perceptions of social support from the college, and congruence of their goals and interests with those of the university were significant for African American students in Flowers’ review (2004). Other factors that were significant for persistence were a concentrated effort by the university to enhance mentoring, academic advising, counseling and student-faculty programs and the presence of more African American faculty and staff. Hernandez and Lopez’s (2004) review of the literature regarding Latino/a students added that a positive mental outlook was a factor in retention, and encouragement and constructive feedback from faculty was needed to build students’ self-confidence. Flowers also cited several studies that found involvement and connections on campus are a strong predictor of academic success and retention.

For nursing students, Benda (1991) identified contact with faculty and students outside of class, as well as perceived value of education, and certainty of choice of college and career as significant factors in retention. Rudel (2006) also noted the importance of support from family and peers. Shelton (2003) found that students with a higher perception of support were less likely to withdraw from their nursing program. Bowden (2008) found that among students in the UK who had considered leaving their nursing program, the
majority (6/8) reported support from their tutor was very influential in their decision to persist.

**Environmental Factors**

Environmental factors can include emotional support from the family, as well as responsibilities for family members. Hernandez and Lopez (2004) cite the Latino family literature, which has shown that the Latino family is considered a source of emotional support for college students. Pressure from the family can be a positive influence, emphasizing the student’s responsibility to succeed and the expectation that they will graduate.

In studying the effect of multiple factors on the persistence of first year students, Nora and colleagues (1996) found that for UREM students, having responsibility for children reduced the likelihood of persistence by 87.23%, and being employed off campus reduced the likelihood of persistence by 36.36%. Their logistic regression analysis found a positive effect of academic achievement, as each increase of one grade point increased the likelihood of persistence by 9.46%. Precollege characteristics, institutional factors and other indicators of academic and personal gains were not found to have a significant effect on the persistence of minority students.

For nursing students, Jeffreys (1998) found that the availability of academic support did not compensate for weak environmental support. Other environmental variables such as finances, work hours, and outside encouragement also influenced the decision to persist or depart from a nursing program (Jeffreys, 2004). Wells (2007) identified a core variable of “pile up of multiple stressors in the academic, social, and/or external environment” (p. 445)
of the participants. While the social environment on campus was a factor, stressors from sources external to the campus were also significant, such as family and personal issues. Wells concluded that the significance of organizational and psychological factors such as external stressors and perceived lack of support was as significant as the academic environment. Studies of Latino/a nursing students most often identified the financial and emotional support of their family as helpful to their pursuit of higher education (Villaruel, 2011; Alicea-Planas, 2009; Taxis, 2006).

**Student Affective Factors**

Various terms have been used in studies that considered affective factors. Williams (2010) identified the four major themes of keeping up (time management and using resources), not giving up (determination and commitment), doing it (motivation), and connecting (with family, friends, and faculty). These may reflect the importance of goal commitment, self-efficacy, and social support. Studies of Latino/a nursing students have identified affective factors such as resolve or a strong commitment as factors that helped them to achieve their educational goals (Villaruel, 2011; Alicea-Planas, 2009). While discrimination on the part of faculty was described in one study (Alicea-Planas, 2009), the congruence of cultural values and beliefs was not addressed in these studies. The terms for affective factors used in the NURS model are self-efficacy, motivation, and cultural values and beliefs.

**Self-efficacy.** The concept of self-efficacy describes a learner’s confidence in his/her ability to learn something new. Self-efficacy is a part of social cognitive learning theory (Bandura, 1986). Learning is influenced by self-efficacy perceptions, which are domain-
specific and task-specific (Jeffreys, 2004). Zimmerman (1995) makes the distinction between self-efficacy and self-esteem, stating that self-efficacy measures the ability to perform tasks, not the character of the person. Efficacy belief is linked to the function, so it may be at different levels for varying tasks. It is also context dependent, therefore the learner may believe s/he can learn in one environment but not another. Self-efficacy rates one’s own ability, not that of others, and is measured before a task is performed (Zimmerman, 1995).

The relationship of efficacy and emotions is complex. Beliefs about self-efficacy to manage academic tasks influence one’s emotions (Bandura, 1986). In academically threatening situations, performance appears to depend more upon efficacy than on anxiety arousal. For example, lower self-efficacy results in math anxiety that leads to lower math performance. Even when two students have the same ability level, their self-regulation of emotional reactions can affect performance. It seems that people’s beliefs about what they can do influence what they expect (Zimmerman, 1995). So, it is feasible that strengthening students’ self-efficacy could offset strong emotional reactions to new and challenging situations, such as those encountered in nursing.

A learner’s sense of self-efficacy affects their choice of behavior; i.e., they will avoid behaviors they do not think they are capable of doing, but will attempt realistically challenging tasks. Strong self-efficacy includes seeing new or difficult tasks as challenges requiring great preparatory efforts. Learners with strong self-efficacy perceptions also have strong goal commitment and persistence behaviors. They tend to use more effective cognitive strategies, manage their time better, and are better at regulating their own effort. They also tend to attribute failures or setbacks to insufficient effort, and expend more energy
to overcome the setbacks and succeed (Bandura, 1986, Jeffreys, 2004). Self-doubt is seen as the stimulus for more preparation for learning. Bandura found that self-efficacy is a more accurate predictor of future behavior than past behavior or expected outcomes. Self-efficacy influences the student’s perception of the situation, especially areas that are difficult and/or aversive, such as those encountered in nursing (Harvey & McMurray, 1994). While it has been difficult to measure nursing self-efficacy quantitatively with an instrument, this study will examine students’ perceptions of their self-efficacy and its effect on their persistence in nursing.

In a study of first year college students, Chemers, Hu and Garcia (2001) found that students who scored higher on measures of self-efficacy and optimism saw the academic work as a challenge, had greater academic expectations and better academic performance. Their structural equation modeling showed a significant direct relationship between self-efficacy and academic performance, even when the effect of high school grades was accounted for. The more efficacious students also reported less stress and more positive adjustment. Self-efficacy has been shown to be an influence on academic performance for science and math skills. A tool to measure self-efficacy in technical and scientific fields was developed and tested by Brown, Lent and Larkin (1989). They found a direct effect of self-efficacy on academic performance and persistence for students planning majors in science and engineering. Self-efficacy also was found to predict students’ math-related choice of courses and careers, and academic performance (Lent, Brown, & Gore, 1997). Andrews (1998) developed a tool to measure science self-efficacy in nursing students, since science courses are required for nursing majors and often pose a challenge to them. The tool was
designed to determine the degree of students’ confidence in their ability to perform specific science-related tasks. She found that science self-efficacy scores were correlated with grades in science classes. Andrews did not attempt to relate science self-efficacy to subsequent performance in nursing courses. A group of British nurse educators examined the influence of math anxiety, self-efficacy, and numerical ability on drug calculation tests (McMullan, Jones, & Lea, 2012). They found that numerical ability and drug calculation ability were related to anxiety and self-efficacy.

Supremely efficacious students are over confident. They tend to be unaware of their weaknesses or overestimate the task. They do not see the need for more effort or preparation, which leads to failure and lower self-efficacy. Unsuccessful performance can lead to avoidance behaviors, lack of motivation, dissatisfaction and anxiety (Jeffreys, 2012). Jeffreys (1998) found that students at risk of dropping out of a nursing program tended to overestimate their academic supports and underestimate their need for preparation. A learner with a strong sense of self-efficacy would request additional practice and assistance to master a task, but an overly efficacious student would avoid the task (Bandura, 1986; Jeffreys, 2004).

Only a few nurse educators have examined self-efficacy in nursing students. Harvey and McMurray (1994) developed two scales, to measure academic and clinical self-efficacy in first year nursing students. The scales were specific to nursing knowledge and skills. They found that students who withdrew from the nursing program had significantly lower self-efficacy than those who completed the courses. Students who left also demonstrated less involvement in their nursing education and scored lower on internal locus of control. They
concluded that personal mastery experiences led to increased efficacy, which resulted in persistence. This is one of the few studies that related self-efficacy to persistence in nursing students. McLaughlin, Moutray, and Muldoon (2008) found that academic performance was related to self-efficacy, as students with a higher occupational self-efficacy also achieved higher grades.

Development of a tool to measure nursing self-efficacy is challenging, as the domain of nursing is so broad and the number and variety of skills is great. Jeffreys initially measured self-efficacy regarding nursing skills and educational requirements (1998). The Nursing Skills Subscale (NSS) included 60 items measuring the students’ perception of their ability to complete specific nursing tasks. This included a variety of technical, communication and assessment skills. The scores on this subscale did not correlate with the students’ academic performance, indicating that they were overly efficacious, perhaps influenced by their prenursing college performance. The educational requirements subscale included ten items that rated their confidence on academic tasks such as attendance, assignments, and grade performance. It also indicated that students appeared to be overconfident about their abilities entering their first nursing course (Jeffreys, 1998). Despite continuing to include self-efficacy in her framework, subsequent studies by Jeffreys (2001, 2002, 2007) do not specifically include this factor. Self-efficacy will be examined qualitatively in this study to refine the concept for nursing students.

**Grit.** An additional characteristic that has shown some promise in predicting persistence is that of grit. Grit is defined as perseverance and passion for long-term goals (Duckworth, Peterson, Matthews & Kelly, 2007). Grit includes maintaining both effort and
interest over time and in spite of challenges, so two components have been identified. Consistency of effort refers to the ability to remain focused on a project over time, and perseverance of effort describes the ability to achieve a goal that requires long-term stamina. Studies have shown that grit is related to intelligence, as Duckworth, Peterson, Matthews and Kelly (2007) found grit was associated with higher grade point average and SAT scores. In Strayhorn’s study of African American males attending predominantly white institutions (2013), grit was a positive predictor of college grades, controlling for other factors. Grit has also proven to be associated with achievement of long-term goals requiring effort. It was the best predictor of West Point cadets’ completion of their rigorous summer training, and grit predicted advancement to the final round for participants in the National Spelling Bee (Duckworth, Peterson, Matthews & Kelly, 2007).

Individual differences in grit are at least partly related to differences in motivation. People’s primary motivation to pursue happiness can be for engagement, (mastery requiring intense concentration), or for meaning, (service and being a benefit to others), or for pleasure. VonCulin, Tsukayama and Duckworth (2014) found that participants for whom motivation is primarily engagement or meaning demonstrated more grit. Those for whom pleasure was a motivator demonstrated less grit. They concluded that those who sought engagement or meaning were more willing to put forth the effort required to attain it. This was also the case in a study about deliberate practice (Duckworth, Kirby, Tsukayama, Berstein, & Ericsson, 2010). For participants in the National Spelling Bee, deliberate practice involved the solitary study of word lists. This focused activity was seen as less enjoyable and requiring more effort, but was more relevant to success in the spelling bee. Participants in the final round
were found to have spent more time in deliberate practice than being quizzed or leisure reading, and deliberate practice mediated the effect of grit on their spelling performance. These results indicate that grit is a characteristic to be studied further in regard to college student persistence. Strayhorn (2013) concluded that grit predicts achievement in challenging situations, beyond talent. No studies have been done regarding nursing students and grit, but further research may show that grit is an important characteristic for all UREM college students, not just African American males.

**Cultural values and beliefs.** Cultural background has been shown to influence the self-appraisal of efficacy. For example, Oettingen (1995) describes how learners from a more individualized culture would focus on their own personal goals in appraising their self-efficacy, while someone from a collectivist culture would focus on the goals of the community and feedback from other members of the group. When there is a large power disparity in a culture, parents and teachers are seen as authority figures. Teacher evaluations would be given a lot of weight in evaluating one’s abilities. In a culture with a small power disparity, learning is more self-directed and so is efficacy appraisal. The third feature of cultures that she describes is uncertainty avoidance. In a culture with strong uncertainty avoidance, familiarity is calming and people prefer a highly structured environment. With weak uncertainty avoidance, the learner would be more willing to accept ambiguity and to perceive that they could function well in a less structured environment. Nursing students from different cultural backgrounds may not be assessing their self-efficacy for nursing tasks in the same way that their nursing faculty do.
Underrepresented ethnic minority students find social support from a variety of sources. Zurita (2005) reported that the dominant culture on campus was very different from Latino students’ home culture. Students did not feel integrated into the larger campus community but they were integrated into the Latino community on campus. Taxis (2006) found that many Mexican American students reported that caring, fairness, and appropriate help from faculty and staff were important to their persistence. They reported the significance of support from Mexican American peers, but the students were not comfortable with their white peers. Their academic success was related to their positive caring relationships. Duerksen (2013) also found that caring faculty and peer support were significant for diverse nursing students. Weaver (2001) reported that Native American nursing students found support for their cultural identity from informal peer groups. Support from family members is also significant, although some students reported that their parents supported their decision to go to college, but not their decision to leave home, and did not visit the campus (Zurita, 2005).

Rendon, Jalomo and Nora (2004) critiqued Tinto’s assumption (1987) that minority students must separate from their culture of origin in order to assimilate into the dominant culture of the college. They have found support for biculturalism, in which students are committed to their culture of origin and the mainstream college culture simultaneously. Functioning in their own culture and that of the majority in the university was described as exhausting by the students in Taxis’ study (2006). However, maintaining their bicultural identity contributed to their sense of belonging and well-being and reduced stress. Hernandez and Lopez (2004) also found many Latina/o students who were successfully
living in both worlds. Dual socialization has been demonstrated to involve the convergence of the two worlds, which results in better social integration for students of minority backgrounds. This can be accomplished through membership in appropriate subgroups. They also emphasize the importance of minority students being validated by university staff or faculty who reach out to them, rather than the student taking the initiative to make contact. Kuh and Love (2004) emphasized subgroups based on varying combinations of values, attitudes and norms. They proposed a cultural perspective that considers the distance between the culture of origin and the culture of immersion in college. The closer the two cultures, the easier it is for the student to adjust to college. And, it helps if students belong to one or more subgroups in the culture of immersion, which bridge the gap between the two cultures. Tierney (2004) recommends a model that identifies ways to affirm and honor the individual’s identity and incorporate that identity into the organization’s culture. Connections across home, community and school are encouraged and local definitions of identity are developed. This recognition of the need to consider individual differences has led to refinement of the existing models, especially Tinto’s (2007).

UREM students entering a nursing program encounter the culture of the nursing profession, and that of a predominantly white university, which may be very different from their culture of origin (Childs, Jones, Nugent, & Cook, 2004; Gardner, 2005; Burnard, 2005). American nursing education is focused on the superiority of Western medicine, often to the exclusion of other approaches (Weaver, 2001). Higher education and nursing education focus on the individual, rather than the community focus found in collectivist cultures (Jeffreys, 2012). Families may worry that the student will disregard their native culture or
learn values that conflict with the family’s values (Duerksen, 2013). Faculty may not
understand customs related to the death of the family member, for example, and not allow the
student sufficient time off (Weaver, 2001). Faculty may also perceive the lack of eye
contact, quiet demeanor and lack of assertiveness of some students as lazy or dumb, not
recognizing that in some cultures these are ways of deferring to an authority figure such as a
teacher (Duerksen, 2013; Amaro, Abriam-Yago & Yoder, 2006). Research universities
expect high quality, scholarly work and competition and assertiveness are valued. While the
student’s native culture may value work, it may be secondary to family life. Students from a
collectivist culture may value collaboration over competition. Perception of time and help-
seeking behaviors may also vary by culture (Jeffreys, 2012). Such cultural incongruence
may lead to stress, which can negatively affect retention.

Hernandez and Lopez (2004) found that the racial climate of the campus could also
be a positive influence if Latina/o students feel a sense of belonging, but a negative influence
if there is a high degree of discrimination. The presence of a critical mass of Latino/a
students helps to overcome feelings of marginality. The successful Latina/o students were
actively involved in a variety of organizations that met their interests. Latina/o students also
see themselves as part of an extended community due to the collectivist nature of their
culture, and these ties to the community are a source of support (Hernandez & Lopez, 2004).

The intersection of race and gender in the power structure of nursing and of education
are in the background of this study of nursing students who are predominantly women of
ethnic minority backgrounds (Merriam & Brockett, 2007). Hall and Fields (2012) described
subtle insults and slights related to color or race as microaggressions. They point out that
such stressors add up and can result in physical and/or mental health problems. In education, many assume that minority students enter school without the needed knowledge and skills, and that minority students’ families do not value or support their education (Yosso, 2005). Critical race theory challenges deficit thinking by identifying cultural wealth, such as familial, social, and resistant capital (Yosso, 2005). Awareness of the effects of subtle racism and the strengths of participants’ cultural wealth will be necessary to this study. The assumption is made that UREM students will have different experiences in their nursing education than white students, and that different factors are likely to contribute to their persistence in a nursing program.

In this study critical race theory should be kept in mind because institutional racism can be expressed in many ways, and the intersection of multiple identities may affect students’ experience. While racism may be manifested in stress or dissatisfaction as hypothesized by Jeffreys (2004), it will be necessary to be alert for many varied forms of oppression and its effects in minority students in nursing. It is possible that microaggressions on the part of faculty could reduce students’ sense of self-efficacy or cause them to question their cultural values and beliefs. The intersection of multiple identities also makes it challenging to determine students’ experiences and priorities. For example, it is possible that the response to a student being lesbian, gay, bisexual, or queer may be more significant than their racial identity, or their social class may seem to influence their feelings of being different more than their race.
Academic and Psychological Outcomes

Brathwaite, Elzobeir, & Stark (1994) found that many of the students who dropped out expressed dissatisfaction with their nursing program, feeling that there was too much theoretical content and not enough clinical experience. Discrepancy between their expectations of a nursing education and the reality also contributed to decisions to withdraw in Harvey and McMurray’s study (1997). Wells (2007) agreed that the academic environment was more significant than academic performance, especially the students’ disillusionment with the nursing program or the profession of nursing. High academic achievement did not result in continued attendance unless psychological outcomes such as satisfaction were also positive.

Pitt, Powis, Levett-Jones and Hunter (2012) conducted an integrative literature review covering the years 1999 to 2011 and found 44 studies of factors influencing nursing students’ academic performance and attrition. Jeffreys’ (2004) model was used to categorize the factors as demographic, academic, cognitive, and personality/behavior. Demographic, academic and cognitive factors were included in most of the studies. There was a small group of studies (11/44 studies) that considered personality/behavior factors such as self-efficacy, support seeking behavior, and academic engagement. These were found to correlate with academic performance but there was limited correlation with attrition. Attrition was related to students’ academic factors such as admission qualifications, science course performance and critical thinking skills. Support seeking behavior and academic engagement were related to attrition, but personality characteristics and self-efficacy were only explored in relation to academic performance and not to attrition. While factors
influencing academic outcomes are included in this literature review (Pitt, Powis, Levett-Jones & Hunter, 2012), no studies examining psychological outcomes of satisfaction and reduced stress were identified.

Cameron, Roxburgh, Taylor and Lauder (2011) integrative literature review focused on the retention of nursing students and analyzed 15 articles qualitatively. While their themes are organized differently, they found similar factors. Their programme theme includes professional socialization factors such as academic support, peer support, and faculty mentoring. Their personal theme includes self-efficacy, family support and encouragement.

In summary, academic, social and environmental factors are related to the persistence of UREM college students in general and nursing students in particular. Affective factors such as self-efficacy and cultural values and beliefs have not been explored as extensively regarding their relationship to student persistence. These variables are addressed more specifically to determine their relevance to UREM nursing student persistence.
Chapter Three: Methodology

This study examined the experiences of underrepresented ethnic minority students as they matriculate in a nursing program. Students’ perceptions of the factors that have contributed to their decision to persist in a bachelor’s program in nursing were explored, in order to identify the factors that are most relevant to this unique population. UREM students currently enrolled in an undergraduate nursing program were interviewed regarding their perceptions of their experiences in the program, the academic, social, environmental, and affective factors that affected their persistence in the program, and what factors enhanced or detracted from their persistence in the program. Data obtained through the interviews was analyzed using the basic qualitative interpretive approach.

The basic qualitative interpretive approach was appropriate for me as a researcher and for this study. As a researcher, I accept the constructivist approach that people construct their own reality from their experiences and their interactions with the world, and that an interpretive approach is helpful in understanding their perspective (Hesse-Biber & Leavy, 2011). I recognize that there can be multiple interpretations of the same experience by different individuals in their unique context. This was certainly true about students’ experiences in their nursing education. A qualitative approach was helpful in describing such a unique, complex experience. Since I have been a nurse longer than I have been an educator, I also brought my perspective as a nurse to this research. Nurse researchers tend to examine complex interactions and look for common patterns that can be applied but individualized to each case. Nursing is described as “a holistic, interpretive, relational practice discipline (Thorne, Kirkham & MacDonald-Emes, 1997, p. 170).” Within this
discipline, nurse researchers describe a phenomenon such as illness shared by the aggregate without losing the individual. I looked at the complex interactions of multiple factors that can influence minority students in the process of their nursing education, identifying common patterns that can be applied on an individual basis.

A basic qualitative interpretive design was appropriate for this study because I was interested in examining the experiences of nursing students and understanding their perspective about the meaning of their nursing education. Qualitative approaches are intended to examine individuals’ experiences and understand their perspective through researcher interaction with those individuals (Merriam, 2009; Hesse-Biber & Leavy, 2011). A qualitative approach aids in understanding a complex, multifaceted problem like student retention (Green, 2007). A quantitative approach would provide data about the quantifiable elements of student persistence, but would not provide as complete a picture of all of the factors that influence nursing students’ decision to persist. I used my theoretical frameworks as a foundation for the study (Merriam, 2009). The conceptual framework is Jeffreys’ Nursing Undergraduate Retention and Success (NURS) model (2012), which is specific to nursing students and identifies the factors to be examined. Social cognitive learning theory (Bandura, 1987) provided the concept of self-efficacy, which was especially relevant to the affective factors in the model. These theories and concepts helped to formulate the questions to ask in the semi-structured interviews. I hoped to describe the interactions of multiple factors influencing minority students’ experiences of nursing education. This qualitative study was designed to provide a rich description of a specific population, nursing students from underrepresented minority/ethnic backgrounds, and their decisions to persist.
Research Sample

I used purposeful sampling to identify UREM nursing students who were at different points in their nursing program and who were from different backgrounds. A purposeful sample allowed me to select participants from whom the most can be learned (Merriam, 2009; Creswell, 2007). The sample included students who were enrolled in a nursing program and who self-identified as being from any underrepresented ethnic minority group. All UREM students were invited to participate by the researcher, using personal invitations in class as well as emails and flyers (Appendix E). Classes were chosen to provide students from different cohorts so that students at different points in the program were included. Emails were sent to classes and to the BSN listserv, with approval of the Associate Dean of Academic Affairs. With IRB and SON approval, flyers were posted on the School of Nursing bulletin boards describing the study and asking for participants. Participants volunteered as a result of the flyer, email, and personal invitations in class.

Thirteen students participated in the interviews, and eleven of those students wrote the reflective writing exercise as well. The sample included ten females and three males who were African American, Hispanic, Asian and international students. Seven of thirteen were first generation college students. Ten of thirteen reported a nursing GPA of 3.0 or above. Ten of thirteen were in their next to last semester in the nursing program, and three were in their second of six semesters (see Table 1 for complete description of the sample).

The interviews were conducted in the fall semester. In that time frame, three cohorts of students were available. Cohort A and C were enrolled in the traditional six semester program. Cohort B was enrolled in the four semester accelerated program. Cohort A was in
their second semester while Cohort C was in their fifth semester of six. Cohort B was in their third semester of four. Students in the program may be seeking their first or second degree, and the age range is from 20 to 40. Students who volunteered to participate were sent the demographic screening questionnaire to verify that they met the study criteria and to assure that a representative sample was obtained. The questionnaire was sent and returned via Qualtrics survey, in order to maintain the anonymity of the subjects. The sample included students from each cohort in the program at the time, with more from cohorts B (4) and C (6), who were closer to graduation, and less from Cohort A (3).

Since the researcher is a white woman, there was a concern that minority students may not feel comfortable talking with her. Confidentiality of all information was emphasized, and all data was reported without identifiers. With the permission of the Director of Multicultural Affairs, the cultural coach of a support group for UREM students was asked to encourage students in the group to participate. She also allowed the researcher to speak to the group, and several students volunteered to participate.

**Research Site**

The program is a bachelor’s of science in nursing program at a large, research-intensive university in the South. The researcher chose this university for convenience, as she had access to this facility as a faculty member. She was not teaching any students because she was on leave at the time of the study. It is highly selective in its admission process and has a high rate of success in graduating students who pass the RN licensing exam. While the attrition rate is not high, it is disproportionately students from underrepresented minorities who do not complete the program. The mission statement of the
School of Nursing includes a goal of “ensuring equal and fair access to its programs to guarantee that a gender-, racially/ethnically-, and culturally diverse professional group will be ready to serve a similarly diverse population” (SON Mission statement). The nondiscrimination policy found in the faculty and student handbooks indicates a commitment to providing a welcoming environment for a variety of people (student handbook). The self-study completed in 2011 for accreditation by the Commission on Collegiate Nursing Education also provides a similar statement, and provided the data regarding the low attrition rate among students in the undergraduate program.

In addition, the Office of Multicultural Affairs (OMA) promotes diversity within the School and has a goal “to create an environment in which cultural pluralism is commonplace, and differences are appreciated” (diversity facts, 2012-13). The activities of this office include leading Courageous Dialogues, which increase awareness of inequities. These structured conversations among faculty and staff have provided the opportunity to share experiences and improve communication and support for a diverse workforce. The quick facts sheet about the school describes the undergraduate student population of 2012-13 as 24.1% nonwhite, including students of multi-racial, Black, Asian, Hispanic, and American Indian backgrounds (Quick Facts, 2012). The school also supports nursing research about health disparities and an annual ethnic minority visiting scholar. In addition, the Dean recently appointed an African American faculty member to be Coordinator of Student Diversity and Recruitment (SON website).
Overview of Information Needed

In order to explore students’ experiences in nursing education, demographic, perceptual, and theoretical information was needed.

Demographic information about the students that was needed included age, gender, race/ethnicity, semesters completed and semesters to be completed in the nursing program, and previous educational experience in high school and college. Being older and an underrepresented ethnic minority are often identified characteristics of at-risk students (Jeffreys, 2012). In addition, males remain a gender minority in nursing, although it is not clear whether this influences their persistence. Knowing the semesters completed and remaining indicated the retention pathway of the student; whether they have been continuously enrolled full-time, dropped out for a semester or more, or dropped down to part-time studies at some point (Jeffreys, 2012). Previous educational experience indicated whether the student is a first-generation college student, or from an under-resourced high school. Both of these factors have been demonstrated risk factors for dropping out of college (Jeffreys, 2012). Achievement of a college degree in another field can be helpful if the degree involved science, but may not be helpful if the area of study was very different from nursing.

Perceptual information needed included the participants’ description of their experience in the program and what factors contributed to their persistence. Their perceptions of what experiences or people enhanced or hindered their persistence provided a rich description of their experience in the nursing program. These perceptions also provided support for the NURS model of student retention. In addition, their appraisal of their self-
efficacy helped to clarify how social cognitive learning applies to this situation. Their description of their cultural values and beliefs compared to those of the university and the profession of nursing further clarified their experience.

**Research Design**

A basic interpretive qualitative design was employed for this study. Merriam refers to this as basic qualitative study, and nurse researchers call it interpretive description (Sandelowski, 2000). Merriam (2009) describes a basic interpretive qualitative study as one that demonstrates the four characteristics common to qualitative research. The four characteristics are: 1) the researcher strives to understand how people construct meaning in their lives. 2) The researcher is the means of collecting and analyzing data. 3) The process is inductive, so the data collected may result in hypotheses, themes or concepts. 4) The results are richly descriptive. The description is in words and pictures rather than numbers, and uses quotes and excerpts from documents as part of the description. This approach allows more flexibility, as it is a generic rather than specific approach (Lichtman, 2006; 2004).

Basic interpretive qualitative study is based on social constructivism, phenomenology, and symbolic interactionism (Merriam, 2009). Social constructivism is a philosophy that examines how people construct their own reality. Constructivism (also called interpretivism) says that the individual determines the meaning of events through their interaction with others, so there can be many interpretations of an event based upon the person and the combination of interactions. Phenomenology is also an underlying framework, which says that people interpret an experience based on the meaning it has for them. This emphasis on interpretation results in understanding of the meaning of an
experience for the individual. Symbolic interactionism interprets a person’s perspective as well, but also considers their interactions with society in an ongoing, dynamic process. An interpretive or constructivist perspective seeks to describe, understand and interpret an experience by examining the multiple realities possible within a context. So, Merriam (2009) says that “a basic interpretive study would be interested in 1) how people interpret their experiences, 2) how they construct their worlds, and 3) what meaning they attribute to their experiences” (p. 23). “The primary goal of a basic qualitative study is to uncover and interpret these meanings,” according to Merriam (2009, p. 24).

Basic interpretative qualitative study is the most common form found in education research. It draws on other disciplines to frame the study, so the type of questions to ask, observations to be made, or documents to be analyzed would be framed in discipline-based concepts (Merriam, 2009). For example, in this study Jeffreys’ framework of student retention is based upon sociological and psychological principles, and the concept of self-efficacy comes from social cognitive learning theory. Merriam (2002) refers to one of the examples in her book, which contains aspects of several theories and some elements of ethnography but which she still considers to be primarily a basic interpretive study.

The strengths of a basic interpretive qualitative approach are the flexibility, the researcher’s role, and the rich description of an experience and its meaning. The basic approach is not guided by one of the more specific methodologies, so the interpretation can emerge from the data during the data collection and analysis process. The flexibility of a basic qualitative interpretive design is important because it allows the researcher to be responsive to the data as it emerges. While one begins with a design that considers the
participants and the social setting, as well as the purpose of the study, it is also necessary to adjust the schedule or the questions in order to focus on the participants’ interpretation of their experience (Janesick, 2000). The researcher is the primary instrument of data collection and analysis, so the researcher is closer to the subjects and the data; i.e. there is no instrument like a survey between the researcher and the participants. The interaction of the researcher with the participants provides a deeper understanding of the participants’ perspective. The rich description that results is a valuable means of communicating an experience and its meaning.

**Data Collection Methods**

Initially, the demographic information sheet (Appendix B) was sent to students who volunteered to participate via Qualtrics survey. Qualtrics is the preferred format for managing confidential information at the school of nursing. The information provided ensured that the student met the study criteria. Then, an interview time and place were selected based on each participant’s preference. All students chose to be interviewed at the School of Nursing. The informed consent (Appendix A) was obtained and students were asked to choose a pseudonym. Then, each student was interviewed using semi-structured interviews. The interview protocol included a mix of more and less structured questions. This allowed the researcher to have an interview guide with appropriate questions and probes, but was not so structured that every interview was exactly the same (Merriam, 2002). The flexibility allowed the researcher to listen to the student and follow their lead in the direction of the conversation. At the same time, having a guide helped to elicit the same type of information from each subject. In this way, the interview was open-ended but directive.
The interview protocol (Appendix C) began with an open-ended question about how they chose nursing as a career and this particular program, and what their experience in nursing school has been like, then followed up with more specific questions to explore their academic and social experiences, the challenges they have faced, and the people and experiences that have encouraged them to continue their nursing education (Charmaz, 2006). Asking students to recall specific events in detail resulted in a fuller narrative, situated in the context of their lived experience (deMarrais, 2004). Using the NURS model (Jeffreys, 2012), questions were asked about academic, professional integration, and environmental factors. In addition, the researcher asked about affective factors such as how their sense of self-efficacy and their cultural values and beliefs may have influenced this persistence.

The first interview served as a pilot study, in order to refine the questions and adapt the research procedures (Creswell, 2007). No changes in the interview protocol were made. Since the interviews asked about their experiences in the school of nursing, it was thought that some students might prefer to be interviewed elsewhere. Other locations that were suggested included a library conference room, the Student Union or an off-campus coffee shop with convenient parking. All of the participants preferred to be interviewed at the school, in a private conference room. The interviews were recorded and an experienced transcriptionist transcribed them so that accurate transcriptions were available to analyze.

After the interview, each participant was asked to write a reflective critical incident exercise (Appendix D). Brookfield (1987) recommends such exercises to help participants identify and describe an experience that was especially significant to them. The description of a specific incident served as a validity check when compared to participants’ more general
comments during the interview (Brookfield, 1987). Benner (1984) used the critical incident technique with nurses to describe significant clinical experiences of beginning and expert nurses. Kain (2004) notes that critical incidents provide a connection to real-world examples of participants’ experience. While the strategy does rely on self-report, it also provides a fuller narrative and descriptive detail about the participants’ perspective (deMarrais, 2004).

In this case the critical incident asked the participants to describe an experience that required a decision to persist in their nursing program. Since these incidents could involve sensitive information, students submitted them anonymously via Qualtrics survey and were asked not to name anyone involved in the incident. Eleven participants completed the critical incident.

As the primary instrument of research, the researcher was able to collect and interpret the students’ verbal and nonverbal communication during the interviews, and ask questions to clarify their understanding of their unique experience in the nursing program (Merriam, 2002). Open-ended questions were used to elicit each student’s story of their experiences through interviews and reflective writing. This allowed the collection of in-depth information from each student. The qualitative analysis allowed refinement and expansion upon some of the concepts that contribute to nursing student persistence, such as motivation and grit, self-efficacy, biculturalism, and professional socialization. The in-depth focus and multiple sources of information facilitated an analysis of the complexity of persistence for this group of students. The outcome is a rich description of the students and their unique experiences (Creswell, 2007).
Data Analysis and Synthesis

Analysis of the data was based on the existing student persistence theory. Using the categories identified in the NURS model, a codebook of operational definitions was developed. Pattern coding was used to organize the data into themes and subcodes, following the conceptual matrix already developed in the NURS model (Miles & Huberman, 1994).

A priori coding is appropriate when categories already exist and the study can confirm the existing theory. Prefigured categories can help to focus the analysis (Marshall & Rossman, 2006). While Crabtree and Miller (1992) point out that such a template strategy is more time efficient, it is less likely to discover new information. To take advantage of the flexibility of qualitative analysis, it is recommended that the researcher be open to adding new categories to the model or adding more detailed subcodes in order to revise the categories based on new data (Crabtree & Miller, 1992; Marshall & Rossman, 2006). Miles and Huberman (1994) even recommend that the researcher be willing to throw out a prefigured category if it does not fit or is not applicable to the data. Thus, the analysis is still interpretive.

In the interpretive phase, the researcher reviewed the transcripts of interviews as well as participants’ critical incident exercises in Word documents to identify relevant words and phrases. Using the prefigured categories and adding additional categories as indicated, the data was organized into predeveloped data recording charts in Excel spreadsheet format based on the codebook. With immersion in the data, patterns in the categories and themes
were clarified and subcodes employed when the category was too broad (Marshall & Rossman, 2006). The themes were refined as the data analysis continued.

When the co-chairs reviewed the analysis, they found it to be too focused on the theoretical framework, so a new analysis was conducted focusing on the research questions. This resulted in a clearer relationship between the themes and the research questions. The second analysis identified more themes, which provided clarity and detail about the students’ experience. With the perspective of the research questions, I could see that being different and family support was included as an enhancer and a barrier to persistence. The positive and negative aspects of being different and of the ways in which their family supported them became clear. It also became clear that stress was not actually variable over time; it improved over time as the participants became more comfortable with the nursing program. This also clarified the variety and amount of stressors the students identified. The second analysis also clarified the ways in which the participants were feeling different, by identifying more detail. Overall, it is a clearer analysis of what enhanced and hindered the participants’ persistence.

Since the qualitative approach encourages analysis done simultaneously with data collection, there was ample opportunity to adjust the data collection to clarify emerging themes (Merriam, 2009), such as the students’ description of drive. Writing analytic memos provided the researcher the opportunity to reflect on the data and lead to insights about the meaning of the data such as the importance of clinical faculty to student persistence, and the emergence of grit as a characteristic of the participants. Interpretation of the data then linked the themes and helped to make sense of the data (Marshall & Rossman, 2006). As needed,
the researcher returned to the participants for further questions about their background or previous experience. Quotations from the interview transcriptions or critical incidents were identified to illustrate these themes and codes. Once connections among the categories were determined, eleven themes were developed which clarified the elements in the student persistence model that are most relevant to UREM nursing students. These themes led to five conclusions. Two conclusions were regarding the factors that enhance persistence; two conclusions were regarding the factors that hinder persistence, and one regarding the overall perceptions of the students about persistence.

**Ethical Considerations**

The purpose of the study was explained to each participant and informed consent was obtained. Since I teach in the program, it was important to assure the participants that I would not be in a position to evaluate them in the remainder of their program, and their participation would not affect their progression in the program. I have planned my workload to avoid teaching the participants after the conclusion of the study. When concerns were identified about the nursing program, faculty, or staff, they were shared as themes or trends without identification of individuals. Quotations were deliberately not connected to any demographic data, to avoid identification of the participants. A collective participant profile was provided to show the characteristics of the group. Students’ privacy was also protected through the use of pseudonyms on all recordings, transcripts of the interviews, and demographic information sheets. All printed documents and the recordings were stored in a locked file drawer. Digital recordings were deleted once they were transcribed. All electronic documents were stored on a password-protected computer. No names were
attached to the critical incident exercises, and participants were asked not to identify anyone described in the incident. Approval from the Institutional Review Boards of both universities was obtained.

**Researcher Perspectives**

As the instrument of research, my assumptions and biases must also be addressed. My honesty in describing my position related to the students and to this subject is an important factor in establishing the reliability and validity of this study (Merriam, 2002). Prior to this study, I was employed as a nurse educator. I brought fourteen years of experience teaching undergraduate nursing students. My teaching experience could have been a liability as well as an asset, however, since some of the participants had been my students. No participants were current students of mine, since I was not teaching at the time of the study. All subjects were assured that their participation would have neither a positive nor negative effect on their progress in the program. I taught some of them before this study occurred, so I emphasized the importance of their honesty despite my position as a faculty member, and they did sometimes address issues that occurred in one of my courses. One of my colleagues has told me that she does not believe they told me about their most difficult experiences of racism, however. Students are willing to tell her, an African American woman, more about such experiences than they were willing to tell me, a white woman. I was willing to conduct the interviews away from the school of nursing, since I thought this might encourage them to be more forthcoming, but all of the participants were comfortable being interviewed in a private conference room in the school. All of the participants’ anonymity was protected, as described previously.
My own previous experience may have affected my assumptions about these students. As a first generation college student from a working class family, I expected that some of their challenges would be similar to my own, and they were. We shared experiences of loving nursing and enjoying clinical, and those of worrying about money and dealing with new academic challenges. However, I am sure that I am not always aware of the extent to which white privilege influenced my educational experience. I believe that I felt much more accepted by my classmates, and I did not feel different from my classmates in most ways. I found that engaging in self-reflection through journaling and dialogue with colleagues helped me to make distinctions between my experience and theirs.

As a nurse educator I have struggled with the complex problem of student persistence. This study comes from my frustration in seeing underrepresented ethnic minority students who do not complete their nursing education. These students have a variety of reasons why they do or do not persist. Through this study I have gained a better understanding of these students’ experiences and ways to encourage them.

**Researcher Assumptions**

This researcher assumed that, given the highly selective admission process of the university, all students who are admitted to the program are capable of graduation. The attrition rate for underrepresented ethnic minority students was assumed to be due to multiple factors in the student, the program, and the external environment. It was also assumed that students and faculty could modify at least some of these factors in order to enhance persistence to graduation.
Trustworthiness

Merriam (2009) states that, from a qualitative perspective, validity is present when the conclusions make sense based on the data collected. This is not as straightforward as it is in quantitative research, since people and their experiences are dynamic rather than static. The criteria will also vary depending upon the context and the method; e.g., it would be more important for a narrative to tell the story well and for an ethnographic study to describe the cultural group accurately. Credibility is the preferred term for internal validity. The goal is to present research findings that are credible given the data collected. According to Sandelowski (2000), a study has descriptive validity when it presents an accurate account of the facts of an experience and interpretive validity when it provides an accurate account of the meaning of the experience to the participant. Credibility can be enhanced through the use of strategies such as triangulation, member check, engagement, and reflexivity. Triangulation may involve the use of multiple methods, multiple sources of data, or multiple theories to confirm the study findings. In this study, the interview results were combined with the reflective writing to provide another perspective on the participants’ experience. Engagement of the researcher with the participants allows time to gain an accurate understanding of their perceptions, and also to look for alternative explanations. Reflexivity addresses the researcher’s subjectivity. This involves reflecting on one’s role as a researcher, to clarify one’s assumptions and biases, past experiences, and theoretical orientation. This helps to make clear how the researcher’s biases and expectations could have influenced the results (Creswell, 2007).
In qualitative descriptive research, Merriam (2009) notes that reliability is not about replicating the findings, but rather about consistency of the results with the data. Janesick (2000) defines validity as whether the description fits the explanation. Validity then asks the question of whether the results are credible. In addition to triangulation and reflexivity, peer examination and the audit trail can help to ensure dependability. Peers who are familiar with the participants or the experience being studied can provide feedback about whether a researcher’s results appear to be consistent. The audit trail describes in detail how the study was conducted and what decisions were made throughout the process. While this is not intended to allow for replication of the study, it can show how the researcher arrived at the conclusions. The audit trail can be recorded in a researcher’s journal.

External validity is addressed through transferability; that is, whether lessons learned from one situation might be transferred to similar situations (Merriam, 2009). It would be up to the readers of the study to determine whether the findings might apply to their situation as well. Here again, the rich thick description is useful. Providing sufficient description and quotes from participants can assist readers in determining whether the study might apply to their situation (Lincoln & Guba, 1985).

I addressed validity and reliability by using multiple strategies. For this study, I used interviews to get to know my subjects well and to provide rich, thick description of the students’ experiences in the nursing program. I also used triangulation by analyzing the students’ critical incident exercises as well as the interviews. Since I was the only coder, I consulted my advisor. We reviewed two transcripts independently and then compared our coding (Creswell, 2007). On the second attempt, my coding and that done by my advisor
matched closely. This supported the credibility of my findings. In addition, I consulted a colleague who often works with UREM students in the program. I also wrote memos to document the data collection and analysis process and to document emerging ideas. Theoretical triangulation was used after the data analysis by comparing my findings with existing theories about student retention to see how well they agree and what they add to current theories (Hesse-Biber & Leavy, 2011).

In summary, qualitative researchers have done a good job of developing strategies that use the strengths of qualitative interpretive research and minimize the weaknesses. Embracing description to make the data collection and analysis clearer and to confirm its authenticity and consistency has led to more rigorous research with results that are transferable to related situations. The use of multiple strategies in this study will strengthen the trustworthiness.

**Limitations and Delimitations**

The delimitations of the study include that it was conducted in one university nursing program in which 23% of students are part of an underrepresented ethnic minority. Also, the time in which the interviews were conducted did not include students in their last semester, as they all graduate in the spring semester.

The participants and the design limited the study. The participants in my study were volunteers who seemed to feel comfortable sharing their experiences. Personal invitations to participate were sent by the researcher; however, little is known about students who chose not to participate. It is possible that their experiences were different and were not taken into consideration. However, it was clear that the last two interviews did not produce new themes
and the data were saturated. The study was limited to one institution so it will be up to the
reader to determine whether the results will apply to other baccalaureate nursing programs,
based on the description provided. Also, while interviews and written reflections produced a
more complete understanding of the students’ experiences, it was limited by the students’
time. They are college students in a very demanding program. Their reflections were rather
short, usually one or two paragraphs, and the interviews lasted 45 minutes to an hour.
Students did respond to follow-up questions by email.

Some of the participants were students whom I have taught. It was difficult to take
on the role of researcher rather than teacher with these students, and the students’ reaction
could have been that they tried hard to say what they believed would please me, or they may
have felt restricted from being completely honest. The interview protocol assumed that
students will have both negative and positive experiences in their nursing program, and asked
questions about both what enhanced their persistence and what hindered it. I hoped that
beginning with this assumption encouraged students to be honest about the range of their
experience. This seemed to be the case, to some extent, as the participants all described both
positive and negative experiences and impressions. However, they may not have fully
disclosed their negative experiences to me. The potential limitations of researcher bias and
participant reactivity were addressed with a reflective journal to increase awareness of my
biases and how I might influence participants, and peer review by my advisor and a colleague
in the School of Nursing.

In addition, intersectionality and antiessentialism were a limitation. Participants were
selected based on their racial/ethnic background, but they were part of more than one
marginalized group; e.g., African American, from a low-income family and an under
resourced high school. This intersectionality was found to be significant in the findings,
resulting in multiple stressors and instances of discrimination.

**Summary**

In summary, the focus of my study was the students’ experience of their nursing
education and the meaning they constructed from this experience. The importance of
meaning and interpretation in basic qualitative interpretive research made it the appropriate
approach for this study. The flexibility of the method allowed for emerging data as the study
progressed. The researcher’s role as the instrument of research appealed to me, and I
enjoyed interviewing students as a nurse and an educator. The rich description of qualitative
interpretive research was beneficial in examining the experiences of minority students. I
chose to focus on the patterns of factors influencing individual student persistence in a
nursing program. I identified several strategies for addressing the rigor of the study, given the
flexibility found in basic qualitative interpretive research. And, I believe the use of student
persistence and social cognitive learning theory to frame the study enhanced my
understanding of the students’ perspective about their nursing experience.
Chapter Four: Findings

This study examined the experiences of underrepresented ethnic minority students as they matriculate in a baccalaureate nursing program. Students’ perceptions of the factors that contributed to their decision to persist in a bachelor’s program in nursing were explored, in order to identify the factors that are most relevant to this unique population.

Research questions included:

- What are the perceptions of underrepresented ethnic minority students about persistence in a baccalaureate nursing program?
- What are personal, academic, social, environmental, and affective factors that enhance the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?
- What are personal, academic, social, environmental, and affective factors that hinder the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?

This study included interviews of thirteen UREM nursing students and eleven critical incidents written by the participants. Qualitative analysis of the interview transcripts and written critical incidents provided the data to answer the research questions. For research question one, regarding the students’ overall perceptions about persistence in the program, the themes of 1) valuing the program and 2) liking the profession of nursing were identified. For research question two, regarding factors that enhanced the nursing students’ persistence, six themes were identified: 1) leaning on loved ones, 2) supporting each other, 3) connecting
with faculty, 4) doing it, 5) keeping sight of the end goal, and 6) embracing their differences. Research question three regarding factors that hindered their persistence, identified themes of 1) having to change your mindset, 2) dealing with multiple stressors, and 3) feeling different. These findings are summarized in Table 1. When quotations are used, the student is referred to by a pseudonym to protect her or his privacy. No name is given when the student could be identified by the content of the quotation. The critical incidents were submitted anonymously via Qualtrics, so the author of each incident is not known.

**Collective Participant Profile**

Ten female students and three males participated, which represents a greater proportion of males than are currently enrolled in the program. Most of the group was age 21 to 29, which reflects the student population. Students were African American, Asian, and Hispanic. While the student population is currently approximately 8% African American,

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valuing the Program</td>
<td>Being highly ranked</td>
</tr>
<tr>
<td></td>
<td>Enjoying the challenging curriculum</td>
</tr>
<tr>
<td></td>
<td>Struggling sometimes</td>
</tr>
<tr>
<td>Liking Nursing</td>
<td>Receiving/observing good nursing care</td>
</tr>
<tr>
<td></td>
<td>Choosing from a variety of specialties</td>
</tr>
<tr>
<td></td>
<td>Interacting with patients/hands on care</td>
</tr>
</tbody>
</table>
Table 1 (continued)

**Summary of Findings**

Research Question Two: Factors that Enhance Persistence

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaning on Loved Ones</td>
<td>Appreciating financial support</td>
</tr>
<tr>
<td></td>
<td>Valuing emotional support</td>
</tr>
<tr>
<td>Supporting each other</td>
<td>Working together</td>
</tr>
<tr>
<td></td>
<td>Identifying support groups</td>
</tr>
<tr>
<td></td>
<td>Identifying with what you’re going through</td>
</tr>
<tr>
<td>Connecting with faculty</td>
<td>Sharing experiences with clinical instructors</td>
</tr>
<tr>
<td></td>
<td>Helping and encouraging, making it manageable</td>
</tr>
<tr>
<td></td>
<td>Mentoring by African American faculty</td>
</tr>
<tr>
<td>Doing it</td>
<td>Learning by experience: clinical</td>
</tr>
<tr>
<td></td>
<td>Learning from staff nurses</td>
</tr>
<tr>
<td></td>
<td>Applying previous experience</td>
</tr>
<tr>
<td>Keeping sight of the end goal</td>
<td>Wanting to become a good nurse</td>
</tr>
<tr>
<td></td>
<td>Being a role model</td>
</tr>
<tr>
<td></td>
<td>Wanting more</td>
</tr>
<tr>
<td></td>
<td>Seeing a challenge</td>
</tr>
<tr>
<td></td>
<td>Seeing progress</td>
</tr>
<tr>
<td></td>
<td>Completing my mission</td>
</tr>
<tr>
<td>Embracing their Differences</td>
<td>Blending two cultures</td>
</tr>
<tr>
<td></td>
<td>Identifying with patient’s differences</td>
</tr>
<tr>
<td></td>
<td>Choosing not to see racism</td>
</tr>
</tbody>
</table>
### Table 1 (concluded)

**Summary of Findings**

**Research Question Three: Factors that Hinder Persistence**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having to Change your Mindset</td>
<td>Transitioning from community college</td>
</tr>
<tr>
<td></td>
<td>Applying, not memorizing</td>
</tr>
<tr>
<td></td>
<td>Taking multiple choice exams</td>
</tr>
<tr>
<td></td>
<td>Relating experience to family</td>
</tr>
<tr>
<td>Dealing with Multiple Stressors</td>
<td>Juggling many demands</td>
</tr>
<tr>
<td></td>
<td>Figuring out what’s important</td>
</tr>
<tr>
<td></td>
<td>Managing time</td>
</tr>
<tr>
<td></td>
<td>Caring for self</td>
</tr>
<tr>
<td>Feeling Different</td>
<td>Not seeing people like me</td>
</tr>
<tr>
<td></td>
<td>Worrying about money</td>
</tr>
<tr>
<td></td>
<td>Differing from patients’ expectations</td>
</tr>
<tr>
<td></td>
<td>Needing help to connect</td>
</tr>
<tr>
<td></td>
<td>Comparing self to classmates</td>
</tr>
</tbody>
</table>

3% Asian, 3.5% Hispanic, and 7.4% multi-racial, more Asian students volunteered for this study (4), with equal numbers of African American (3) and Hispanic (3) students. In addition, one student was from a Middle Eastern country, one was from an African country, and one was orthodox Jewish (see Table 2). With one exception, all of the students had characteristics in addition to their racial/ethnic minority that have been shown in the research literature to affect persistence. The participants reported having between one and four of these additional characteristics. These personal characteristics included being male (a gender minority in nursing), being older than 24, and learning English as a second language.
### Table 2

**Demographic Characteristics of the Sample**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Percent</th>
<th>Characteristic</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>Parent they lived with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>3</td>
<td>23%</td>
<td>mother</td>
<td>3</td>
<td>23%</td>
</tr>
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Graduation from an educationally disadvantaged high school was included, if known. Some participants reported graduating from high schools in other states or countries from which data was not available. Being a first generation college student and qualifying for a Pell grant were also included. All of the participants were older than the average college student, over half were first generation college students, and almost half qualified for Pell grants.

This collective profile helps to define a new definition for ‘nontraditional’ students in nursing and in this university. Nontraditional students are not simply those from an ethnic/racial minority. They may also be older with more responsibilities, educationally disadvantaged and economically disadvantaged.

The demographic data also showed some advantages these students possessed. All of them expected to graduate on time, based on the date they started the program and the date they expected to graduate, so none were on alternate study plans. Ten of thirteen reported a nursing GPA of 3.1 or higher on a 4.0 scale. The three who had a nursing GPA of 2.5-3.0 reported having difficulty in an earlier semester and improving academically since then.

Eight of the participants had a previous college degree, including two of the first generation college students. Nine students grew up living with both of their parents, and in six cases both of the parents had at least some college education.

Since the population of UREM students in the program is small and easily identifiable, demographic data will not be associated with individuals. A list of the individuals by pseudonym only is presented in Table 3, to protect their privacy.
Table 3

*Individual Participants*

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<table>
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**Students’ Perceptions of Persistence**

The participants’ overall perceptions of persistence in the nursing program were that 1) they valued the high quality of the program and 2) they liked nursing as a profession. These positive perceptions were affective factors that encouraged their persistence.

**Valuing the Program**

All students reported being satisfied with the program, usually because it is known to have a good reputation. They considered it a tough, but good, program that prepares them well for the profession of nursing. Subthemes included a) being highly ranked, and b) enjoying the challenging curriculum. A minor finding was that some students acknowledged c) struggling sometimes.

**Being highly ranked.** Most of the participants reported investigating a number of nursing programs and appreciating the good reputation of this program. It was usually their first choice, and they were pleased to have been accepted. Joe described hearing about the reputation of the program from friends and coworkers, saying:
I knew if I got in there was no question if I wanted to go here or not. So once I got accepted I didn’t have a lot of debate. I just knew I wanted to go. The people in the area know the status, the prestige of [the university] nursing.

Kaely reported that her high school counselors encouraged her to apply to this program because of its good reputation, and she really did not consider other programs. Coming to [the university] looking back on it I feel like that was probably the only school I was aware of that I could apply to and everybody like my counselors urged me to go to a big school that has a good reputation. I didn’t really hear anything else; I was just born to be a [student at this university].

KC also expressed satisfaction with the program because of its reputation and location, saying:

I chose [this program] because it’s in the area [near where his family lives], and it’s highly ranked. I am satisfied; I enjoyed the courses this summer and did well in them. I think I am off to a good start.

Jessie reported that the recommendation of nurses she worked with was also an important part of her decision to choose this nursing program.

It’s one of the best programs in the country; it’s close by and I knew a lot of nurses on the floor that I work that did this program. Some did the accelerated and some did the traditional and they all spoke very highly about it.

**Enjoying the challenging curriculum.** Participants’ satisfaction with the high quality of the program seemed to offset their concerns about its difficulty. Two students compared this program to a nursing program in which they had previously been enrolled
before they moved: Kate stated, “The knowledge and everything is so different so I’m very satisfied. Much deeper and the purpose is just more application and thinking everything.”

And Ashley concurred: “The program I was in was good but this program is exceptional. I’m really learning at a deep level and I’m feeling more confident in my ability to care. So I lucked out.”

Kay also noted the expertise of the faculty. She reported feeling that the faculty and the curriculum provided good preparation for becoming a nurse.

I definitely think that the professors here are really great and they really know their specialties, their expertise and I really think that the curriculum helps me connect with the professional world. It really prepares me well to actually become a nurse. A lot of resources here at the School of Nursing that I think are really advantageous for us students to use.

**Struggling sometimes.** Some students did acknowledge that the expectations of the program are very high, and sometimes they struggled with meeting those expectations and adapting to a different environment.

Maria stated that while she expected the high standards of the program, she sometimes thought that those standards might be too high for her to reach:

I do feel satisfied with the program. It’s as hard as I expected but I kind of thought sometimes things feel unobtainable. Sometimes you feel like “I can do this” before you even start and then there’s other times you think, “am I even going to be able to survive this?”
Jessica commented that while faculty have been helpful, it has been an adjustment to attend college in a country so different from her country of origin.

The people are very nice. They listen. There are some things that might be a little bit of a struggle for those people who are not American but I just feel like it’s just what I have to do being from another country.

Rocky described his difficulty in adjusting from the more nurturing environment of his first college to the environment of the nursing program, where it seems more difficult to interact with faculty.

It was very like the “ball’s in your court” versus when I was at [another school] it was so easy for me to go to my professor and talk to him about my grades; it was so easy to talk to him about assignments. It was not like that; [when he tried to talk with a nursing professor] it was almost like “why are you here?”

**Liking Nursing**

All thirteen participants expressed positive perceptions of nursing as a profession. Their previous experience had led them to choose nursing to begin with, and their experiences in the program encouraged them to continue. The participants’ positive perceptions of the nursing program and their genuine love and respect for nursing as a profession influenced their decision to persist in the nursing program, despite its challenges.

Subthemes about the profession of nursing included their experiences a) receiving and observing good nursing care, b) choosing from a variety of specialties, and c) interacting with patients, i.e., hands on care.
Receiving and observing good nursing care. Some of the participants described becoming interested in nursing when they received good nursing care, or when they observed the care their family members received. Others, like Jessica, observed her mother’s work as a nurse and described her mother as her role model.

What really sparked my interest in nursing was going to my mother’s workplace and seeing what she did and seeing her patients and seeing that people loved that they had her and what she was doing was a career and she was doing it every day.

Lila described the care her family members received, and how her interest in nursing developed from their experiences.

My father just turned 78 the day before yesterday so I’ve seen and I’ve been there for them when they had their health issues. When my nieces and nephews were born I got to see three of them; I was there at the birth. The first time was a little scary but after that the way these nurses and overall staff treated them and they were in synch in what they were doing and I asked questions and I was scared that I might be annoying them but it was all interesting just to see and to be there.

Maria described being able to help in the care of her grandfather and finding it rewarding and interesting to her.

I lived at home while I was in college and my grandpa got sick while I was living at home. They lived next door my whole life and I helped take care of him. He was very sick for one whole year until he died and I was just amazed that it just felt really natural to me. Nothing really bothered me about it and combined with working in the hospital it just felt like maybe nursing is the way to go.
Jennifer chose nursing after the care she received from nurses sparked her interest in nursing as a profession.

I was really interested in the human body growing up, interested in medicine and how the body works and all that. I figured maybe nursing would be a good career for me and the big driver was when I was hospitalized for a ruptured appendix. The service that I got and the care I got from the nurses there threw me into the nursing career and I knew it was what I really wanted to do. So I started taking prerequisites.

Choosing from a variety of specialties. Some of the participants had entered the nursing program unaware of the variety of opportunities available in nursing. The range of opportunities they discovered in nursing encouraged them to continue to pursue their nursing degree. Rocky described how much he enjoyed his public health nursing experience, a specialty that he had not considered before.

I just thought it was bedside only; I didn’t know there’s public health nursing; there’s so much stuff, the different careers a nurse can follow and I just did not know that and I really love that it’s versatile, it’s really flexible and that’s something I actually love about the profession, there’s so much stuff you can do once you get your skills down. This is really just, there are so many avenues of it you can follow and you can impact the community. You can really make a difference in someone’s life when you go to his or her house.

KC had considered going to medical school first, but decided to pursue nursing instead to become a Certified Registered Nurse Anesthetist.
When I was writing my essays to apply for med school, I really didn’t have a good reason why I wanted to go to med school. My girl friend talked to me about nursing and convinced me to give it a try. If I had gone to medical school, I would have wanted to become an anesthesiologist. So now, that career has shifted into a CRNA.

Kay had considered teaching as well as nursing, and was happy to discover how much teaching nurses do.

Definitely my clinical instructors have encouraged me to stay in the program and showed me that I can really do anything with nursing, especially the teaching aspect of it. I was choosing between education and nursing and in the end I decided nursing but I still have a heart for education so maybe in the future I can do something in that path.

Kate described her developing interest in research as another avenue to pursue within nursing. She was already considering returning to a graduate program.

Also, especially in the schools there are high expectations for the nursing students, like to be a researcher. There are more channels to learn more. There is so much more possibility they can go for the future.

**Interacting with patients/hands-on care.** Several of the participants had considered other careers in healthcare but chose nursing because of the opportunity for more interaction with patients. Rocky described observing physicians and realizing that he preferred what nurses were doing.

I was getting ready to take my MCAT and everything but that’s when I started participating in that program and I was shadowing doctors and everything and I was
like you know what, I didn’t want to be in school for another 20 years and I had to be honest with myself. I had to say I don’t like that and also what I was really looking for nurses provided that. I felt like hands on care and everything [was what he wanted to do] so that’s when I said let me become a CNA and see if I really want to do this.

Danielle was also encouraged to become a physician, but described her reasons for choosing nursing as her profession instead.

Just having that main human interaction that nursing has because a lot of people were like “why don’t you want to be a doctor” but number one, I didn’t want to go to school that long and second, doctors don’t really spend that much time with patients. They mostly just drop in when they need to and leave and let the nurse do it.

Jessie described the importance of interpersonal relationships to her, and the positive influence that patient interactions have had on her persistence.

I realized that nursing was more what I wanted to do. I really liked the bedside nursing. I liked the special relationship and interactions you have with a patient and one on one care. I really fell in love with it and that’s when I decided I should do nursing instead [of physician assistant].

Kaely acknowledged that the caring role of nurses is one of the aspects of nursing that she values most. She described a passion for nursing that is based on this caring.

I realized that I care for people wholeheartedly; so after researching stuff decided that nursing could be a good career for me. I guess realizing my passion for nursing, the reason why I’m here is probably one of the biggest values that keep me going;
realizing that I’m here to take care of people or learn to take care of people in the future. This is something I’m truly passionate about so I need to continue to learn and stuff like that.

**Factors that Enhance Persistence in the Program**

Research question two addresses the identification of factors that influence students’ persistence, and asks which of these factors enhance persistence. There are six themes identified as enhancing persistence. Themes that enhanced persistence for these participants included 1) leaning on loved ones, 2) supporting each other, 3) connecting with faculty, 4) doing it, 5) keeping sight of the end goal, and 6) embracing their differences. These represent affective, social, and environmental factors that enhance persistence.

**Leaning on Loved Ones**

Twelve of thirteen participants described the a) financial and b) emotional support of their loved ones as very important to them. This support came from parents, siblings, husbands, boyfriends and a fiancé.

**Appreciating financial support.** Most students specifically identified financial assistance from his/her family as enhancing persistence. Joe did not consider financial concerns a major stressor because of his family: “Overall I think that I have a supportive family that can help me when I really need the help. I know that money was not a major part of my stress load.” KC also described financial support from family that decreased his worry, “My parents paid for my first degree, so the loan for this second degree is my first loan. My fiancé is helping me so we’ve been able to pay the interest on the loan.” Danielle described assistance from her parents, “My parents are helping me pay for things so that’s
helpful. So I don’t have to worry about trying to juggle a full time job and school.” She is in the accelerated option, in which the pace does not allow students to be employed.

Some students are not as financially secure, and they call upon family for financial emergencies, like Jennifer.

Usually it hit a month before the semester ends and I really got broke and when I’d need to eat I’d call my sister for that. And she’d say, “you should get a job” and I said, “I wish I could get a job but I don’t have time for a job. I won’t be able to study enough and still work.” But not much problem; I have a sister who really supports my school.

Maria described how she and her husband had planned their family finances to allow for her return to school:

We make a good living. My husband is doing very well and we prepared for this for a while with us both working. I left a pretty good salary and made sure to be set up for this. I don’t pay cash but actually my husband goes to school as well at [another university] so we have to use some financial aids to juggle both tuitions but we just have the idea that it will be worth it in the long run. We really are doing OK.

Valuing emotional support. Most students also described the emotional support they received from family, who allowed them to vent their feelings, encouraged them, and expressed pride in their accomplishments. Jessie valued the support from her mother, who taught her persistence, saying:

It’s just nice to know there’s someone there that you can just kind of vent to. My mother’s taught me to be very independent and to work for what you want and you
can do it. She’s kind of pushed me to believe in myself and that’s helped me through it.

Danielle reported calling her parents and boyfriend regularly as well, and valuing the time spent talking with them.

And I talk to my parents a lot. I call them about once a week and we talk about what’s going on. I talk to my boyfriend a lot. He’s in Boston now. He was travelling around but he’s very supportive of me. He helps me out when I’m feeling stressed. He’s like “you know it’s going to be OK, right?” That’s truly helpful; he’s like “it will be OK.”

Kay described the wholehearted support of her family as helpful in dealing with the stress of the program:

Family has been really supportive of whatever I throw at them and the stresses that I come home with. They always just say you’re at home so relax when you’re here and try not to worry too much because I definitely put stress on myself. They don’t ever stress me out; I definitely have good support there.

Another student also wrote about the support and encouragement she receives from her mother and significant other,

I felt frustrated and worried that I would not be able to make it through this very intense program. I always talked about my feelings and frustrations with my significant other and mother. They were always very supportive and encouraged me that I would make it through.
Even when their parents did not understand the demands of the program, participants identified a sibling or outside friend who provided emotional support. Lila described support from her boyfriend: “It’s great because he’ll call me and I’ll talk to him and I’ll say I can’t really talk right now I have to study and he understands. He doesn’t get mad. It’s never like girls whose partners say they’re getting neglected.” Kaely reported that her older brothers were encouraging, since they had attended college and understood the demands on her. “My siblings are like the closest thing I have to understanding. And my sister of course… We talk all the time.”

In addition to emotional support, both mothers received practical help from spouses, parents and in-laws. Kate described her family’s support,

My husband and my in-laws. They have very great expectations of me. They really expect a lot; [but] they always [help] whenever I need help especially babysitting.

My husband whenever I have trouble writing papers he volunteers to look through my grammar and stuff.

Maria also described helpful family members whose support helps to ease the childcare burden for her.

I have a close family. I have my husband; his mom is very helpful. She lives nearby, and my mom and dad. We have help. We do have to just pay one kid’s daycare and the other one goes to grandma. He’s still little.
Supporting Each Other

Most of the participants described the support of their classmates as a strong influence on their persistence. They described a) working together, b) identifying support groups, and c) identifying with what you’re going through.

**Working together.** Some participants identified emotional support and study assistance from their entire class. Ashley described the positive influence of her classmates, saying, “And everyone is really supportive; it’s not a cliquey group. I can walk up to anyone and say I’m having a hard day and I know I will be supported. That kind of sounds cheesy but I really feel that way.” Jennifer described her class as supportive, and especially her roommates, “And my cohort is very supportive of each other. All my roommates are all in nursing school as well so we support each other as well. They definitely kept me in check.” Joe added that his classmates had contributed to his persistence, saying, “I don’t think at any point in the program I thought I wanted to leave. I think that here students are a great resource, kind of supporting each other.”

Maria described herself as usually a loner, but found that the support of her nursing classmates had been helpful in this challenging program.

But now when I’m here at first I was not anticipating that, making friends and having connections but I really feel like that’s helped, especially this semester. I feel like friendships have really been established and I have support systems within the program.

Kay described how her classmates had set aside the usual competitiveness of college students to work and study together. “Everyone helps each other find resources and study
strategies for each other and it’s really like we’re all doing this together. I’m not the only one stressing out or getting frustrated.”

While Lila reported having one close friend in the program, who is also her age, she also recognized encouragement from other classmates who work or have family responsibilities, stating:

We do encourage each other so we have that. And then there are some other classmates that work and we tell each other that we can do it. And there are classmates that have families or are mothers and we tell each other we can do it.

Jessica described living without much support from or contact with her family, but expressed the feeling that her friends in the program were like her family, saying:

I’ve lived a very independent life and most of the things I’ve learned have been by myself. I had friends who were there for me; I look at my friends as being like my family because they’re the ones who have been there for me all of my life.

**Identifying support groups.** Other participants acknowledged that not all of their classmates were supportive, but they found subgroups within their class, or elsewhere in the school, of students who were in a similar situation and supported one another. Maria described the importance to her of finding other mothers in her class, saying,

I found other moms. I really feel like the biggest challenge is being a mom in the program. We support each other. I’ve always been kind of a loner; I feel like being in nursing school that I’ve heard about these things; you have to form friendships because you’re with the same people all the time. I’ve never had that before.
Joe described minority support groups that helped him to gain perspective and feel empowered, saying,

Also the extracurricular programs like [a grant program] I attended were helpful to discerning my place here. I know that last year I did the LGBT program with the graduating seniors or ones that had just graduated and that was an empowering position for me.

KC described support from his peer mentor, and also from friendships made early in the program, saying, “I signed up for a mentor through the student nurse association, and that’s been very helpful. Finding good friends from the very beginning has helped the transition.”

Kay had been concerned about the lack of Asian American students in the program, but had recently been invited to join a group of graduate students who were supportive, saying, “I just recently learned about the doctoral students or graduate students who are Asian American and [I am] learning about their field of work or how they got to the program and things like that.”

Rocky expressed concern about being one of the small group of males in the program, as well as being from a racial/ethnic minority. He had found support through a group of male nursing students who were not part of a racial/ethnic minority. “There’s a bunch of Caucasian guys last semester who were really a blessing to me. But they all graduated and I miss that this semester. But I’m one of the few males.”

Kaely described the support they found in a multicultural support group led by an African American faculty member. “The minorities that are here are awesome and we’re
able to talk about some of the issues of how it feels to be a minority in this program. I think that’s good.”

Jessica expressed her appreciation for this group as well, stating that in this group she is able to talk about anything that might be bothering her.

We do have a multicultural organization with meetings and discussions and any time anyone has a problem with maybe a professor or clinical experiences; if somebody has said something that maybe sounds racist or offensive, they’re always quick to be like “we’re going to help you fix it.”

**Identifying with what you’re going through.** Most participants also expressed a bond formed by their shared experience that made the support of classmates especially valuable. Joe identified the importance of having supportive classmates who understand what he is experiencing, saying, “I think that overall my peers and all my friends, people who can identify with what you’re going through, are really helpful.” Maria added that even though she has supportive family, her classmates are going through the same experience and can fully understand what it is like: “I have my home support system; my husband is great and my mom is excellent. But no one really knows what you’re going through at two in the morning or whatever time except for the people here. So I feel like having that is really helpful.”

Lila described the reciprocal nature of her friendship, as she described supporting her friend through an anxious moment.

I do have classmates and there were a couple from last semester that I met. She’s three years older than I am so we have tended to be each other’s support. Today she
was freaking out because she forgot her gloves for the evaluation so I gave her mine
and talked her through what she thought she was going to have trouble with and I’m
sure she’ll do well.

Danielle described having friends in her class who encourage her persistence, and
help her to recognize that she is not the only one struggling, saying, “I have some friends in
the program and we push each other. It sucks right now but we’ll be done before we know it.
I feel like everyone is suffering just as much.”

When asked what factor most encouraged her persistence, Jessica pointed to her
classmates as well.

I would say my classmates. They’ve been very helpful; we work together very well.

I have supportive classmates. I like to ask my classmates what I’m not understanding
or what they’re focusing on. It’s always nice to have people going through the same
things you are.

Jessie also described the mutual support as a factor in enhancing her persistence,
saying:

Having support within the program with other students. We’re all kind of going
through it together so just knowing that other people are going through the same
things. Other people in the program have children or they’re married. They have
households and they need to keep working and they have things going on. You’re not
alone. Everyone is here and they all have their struggles but we’re all kind of making
it through and helping each other out really helps.
Connecting with Faculty

Most participants described ways in which faculty had encouraged them to persist. Clinical and classroom faculty were reported to be supportive and mentoring by most of the participants. The positive perceptions of social support from the school of nursing enhanced their professional integration, as well as enhancing their persistence. Subthemes included a) sharing experiences with clinical instructors, b) helping and encouraging, making it manageable. There was also an important finding of three students who strongly emphasized c) mentoring by African American faculty.

**Sharing experiences with clinical instructors.** Participants reported the important role that clinical faculty played in their development as nurses. Classes can include from sixty to one hundred students, so most students did not feel that they had connected with their classroom teachers. With clinical groups of eight to twelve students, their clinical instructors provided the most direct support. Danielle described the closer connection she felt with her clinical faculty, saying,

> I feel it’s been a little bit hard to connect with the faculty here just because you see them like once a week. And they’re always busy too because a lot of them are doing research or working as nurses so I haven’t been able to get that good of a connection with a lot of the faculty. I feel like I talk to more of my clinical faculty just because I see them more but the teaching ones I don’t have a connection with.

Most of the participants described positive interactions with clinical instructors as an influential factor in their persistence. Joe described how his first clinical instructor helped him recognize the expectations of the program:
She was really helpful; it was again this change of mindset. I was not already in the game per se and she didn’t give up on me and she gave me a second chance. There was a paper I had to do and I didn’t put a lot of time into it and she told me I could do it again and that I wouldn’t get credit for it but if I did it I would pass the class so she gave me an extra opportunity. She really thought I would pass the class, and I did.

Jennifer also expressed her appreciation for clinical instructors who approach their students with understanding: “the clinical instructors advise us that ‘we’ll understand that this is your first time getting into this but you’ll get the hang of it.’” Clinical instructors who share their own experience also inspire their students, as Jessie described:

Just having clinical instructors that are by your side and helping you along and letting you know “we all were where you are at one point and you’ll be where we are at some point; it’s just part of the transition.” So just people sharing their stories and that it’s normal the way that we’re feeling.

Kate described a clinical instructor from a previous semester who has become her mentor: “So she’s kind of giving me advice about how to communicate with patients and she helps make me accomplished and confident. She has given me a lot of positive feedback. If she gave me harsh criticism it would be hard.”

Kate also favorably compared clinical instructors in this program with the clinical instruction in her previous program, saying, “Many people were kicked out from the clinical for a day for tiny things. But not here, they just guide you right. That experience was kind of horrible. But I think the support here is much better.”
Helping and encouraging, making it manageable. Students were generally positive about the helpfulness of faculty in the classroom as well as the clinical areas. Ashley compared this faculty to those in her previous program saying:

I think the faculty is really supportive. I think there is a lot of encouragement; a lot of “you can do it.” That program I was in [somewhere else] there was a lot of “if you make it to next semester, blah, blah.” Here it’s “when you make it; you will make it and we're going to help you get there.”

KC had already identified a male faculty member who serves as mentor to male nursing students, and felt confident that he could connect with this person as a mentor.

Professors tell you how it is in real life, but they’re there to help when needed. We had a meeting already with [a male faculty member] and he is available to help us sort out any problems, related to ethnicity or gender. I feel comfortable that I could go to him if anything comes up.

Kate described professors who were willing to talk with her, and to help her figure out how to manage the challenging work, saying, “I also think the professors they offer to discuss anytime. Those are a really big help. Also the program is really tough but the professors make it kind of manageable I think.” Jennifer confirmed that she felt comfortable talking with her teachers, saying, “The teachers and faculty are great support. You can go and talk to anybody. Nobody really will shut their door in your face. They’ll take the time to talk to you.”

Two students did express some concern about connecting with faculty. Joe recognized that it was easier to connect with some faculty than others.
In terms of faculty I think that a lot of times it really depends on your connections with the faculty member. I know that with some faculty I connected more than with others and that is always the case. I know there have been several instances where I’ve used faculty for problem solving and support.

Rocky expressed concern about the impression he might make on faculty, and whether it was safe to be himself, saying:

But here I have to watch myself; I feel like I have to impress [the faculty] and not make a bad impression. It makes a difference when you can be real with someone versus when you think you have to put a mask on.

**Mentoring by African American faculty.** Two of the African American students and the African student identified an African American woman on the faculty who serves as mentor to them. The group she coaches includes Hispanic as well as African American nursing students, but the participants in this study who are Hispanic did not happen to be a part of the group. Dr. Goodwin (pseudonym) is seen as a resource that students can turn to when difficult situations arise. Jessica described the support she has received through this woman, who is designated as the multicultural support group coach.

There is this lady they paired us with who is in charge of minorities in nursing school. I don’t know if I should mention her name or anything but she’s the one we always go meet if we have problems. On exams she’ll help us out with the questions, or test taking strategies or ways of preparing for an exam or motivational strategies. She was definitely one who helped me when I was down and felt like I couldn’t do it anymore.
Kaely described how this woman’s encouragement and honesty has enhanced her persistence.

Dr. Goodwin holds these events for the undergraduate minority; I don’t know if it’s actually a club; it’s just something she does where she brings all the minorities together and just kind of talk about issues. That has definitely been helpful. She’s real about everything. I think that’s what I like, being honest about everything that’s happening.

One participant wrote in the critical incident about the support of this woman and another faculty leader who is also an African American woman.

Also, having African American mentors such as Dr. Goodwin and Dr. Richards (pseudonym) really helped, in terms of having someone to go to talk about certain issues of feeling isolated or stressed out.

**Doing It**

Most of the participants emphasized the value of experiential learning in clinical experiences. They described how their confidence was improved most by clinical experience that allows them to apply what they have learned in class. This included a) learning by experience: clinical, b) learning from staff nurses, and c) applying previous experience.

**Learning by experience: clinical.** When participants were asked what enhanced their self-efficacy in their nursing skills, they often said that clinical experience was the most encouraging. Joe described how he felt after a positive clinical experience:

I think clinicals; when you do something right that’s really boosting when you truly learn by experience and when you do something you get it done you then if it’s not
necessarily acknowledged the fact that you made it through and you completed the task makes you understand that you are somebody who is capable of doing it.

Jennifer described her confidence after she tackled a new clinical experience in another country as part of a global health experience, saying:

I was really unsure of things to do and then we just kept encouraging each other and saying that if we wanted to get all of this experience we just had to throw ourselves into stuff and do it and ask them. At the end you build up that confidence after you get into doing stuff.

They received positive feedback from clinical faculty, staff nurses, and patients during their clinical experiences that enhanced their self-efficacy and convinced them to persist. Ashley expressed the importance to her of being able to apply what she was learning in clinical, saying:

Doing it, being in clinical and getting to apply what we’ve learned. And having some of the positive feedback from the preceptors or the clinical instructors; being able to ask questions and not feel silly. I think the application part helps me feel more proficient and confident. You’re doing it; you’re not just learning in a classroom and it helps to connect the dots.

Kay described how clinical experiences helped her confidence in both her clinical skills and her learning:

I would say my clinical have helped me the most in that sense just by validating my nursing skills directly and encouraging me to keep practicing. Actually getting to put
my hands on a patient and have contact with them is the number one way for me to learn and to apply what we learn in class.

Jessie found that her clinical instructors’ willingness to share their own experiences as a student provided role models that helped her to believe that she could succeed in nursing school as well. This positive modeling enhanced their learning in new situations.

I think the clinical instructors are really good at helping us, usually. I ask how did you get to where you are; I can’t see myself taking care of four patients and knowing what’s going on with them at any time and they’re like “you’ll get there.” They share their stories of when they were in nursing school; “this is what I did” and “this is what happened to me.”

Maria described how her learning in clinical each week helped to build her confidence in her nursing abilities, saying, “I think every week at clinical that helps. I keep getting a little bit better. But each week getting better at the skills and combining skills lab with clinical, just really helps me know that I can do well.”

Students also felt that doing well in clinical offset a poor exam score. Being able to apply their knowledge reinforced the practical nature of what they were learning. Rocky said,

When I saw that it was working it was like, “wow, therapeutic communication. I’m actually utilizing and applying what I’m learning.” Maybe on the test I’m not always able to recognize it was b and not a, but it seems like when I get out there it comes out as far as the practical skills.
**Learning from staff nurses.** Staff nurses in the clinical area serve as role models for students when they verbalize their decision making process. Ashley described the atmosphere in her current clinical experience: “I’ve heard some interesting discussions which again is like being in an environment of thinkers. I find that exciting and inspiring. It’s a little intimidating but I think it’s cool to be stimulated intellectually.” Staff nurses also help to teach students even when teaching is not part of their assignment. Maria described being open to learn new things from staff nurses, saying:

So far I’ve been very lucky that nurses when they see that, they want to show me things in addition to my clinical instructor. They see I’m there and ready to work and just want to learn things. And I’m willing to try anything. I don’t let anything bother me, smells, attitudes, nothing. I can deal with that and I think that just helps.

Students also find reinforcement for their choice of nursing as a profession in their clinical experiences, as Danielle expressed:

Talking with patients and other nurses they’re like “good for you doing nursing, you’re going to be so good at this. I can tell you really care about people.” Yes, it’s like they think you’re going to do a good job and they’re the people you’re going to be working with so that has a big impact.

When students work at the hospital as nursing assistants, they also receive positive feedback from staff nurses, such as Jessie described, “Other nurses that work there are always asking me how everything is going; if I need anything; if I have questions; if I’m stressed out to come talk to them so it’s a very supportive place to work.”
Staff nurses also serve as preceptors for students in a senior level clinical course, and can be a positive influence on the student during this one-to-one instruction. Danielle described one such teaching moment with her preceptor, saying:

Last week my preceptor helped me out a lot because there was some guy on the floor who needed an IV put in and she was like “do you want to do it” and I was like “I want to but I’ve only ever done it with a fake arm and my classmate, and that was not successful.” She said “I’ll be there and I can help you and make sure you’re doing it right.”

**Applying previous experience.** The ability to build on their previous experiences was a strength that helped many of the students to persist in the program. Joe described his resilience as a product of moving from another country to the United States as a young man:

I think the fact that I moved to another country so young by myself made me resilient. I think I’m outgoing and that actually helped me in a lot of ways because I will speak my mind if I need help and not stop until I find it. That’s something that I know has helped me because I look back and see how people helped me to get to where I’m at.

Lila described how, with age, she has learned to be more focused, saying, “I know that in the past when I went to college there were times when I didn’t pay attention but definitely with my age and the fact that I have to pay for this myself is also encouraging.”

Kate also expressed that experiences when she was younger helped to prepare her for the experience of nursing school.

I think I’m kind of mature for a student. I’m kind of trying to relax and then try to let go at some point and not keep just going on. I had an experience when I was young
of just going too much and then I crashed. Sometimes when I feel I need to let go I just let go.

Maria described how much better prepared she is for becoming a nurse now, because of her previous work experience.

Sometimes I feel bad about why am I doing this now instead of ages ago. I’d already be a nurse by now. I just don’t think in those terms sometimes. I do, and then I say but what about all these life experiences? I wouldn’t have had all of these great experiences. I would not be as comfortable on the nursing floor. I was a shy person and working these nine years has really gotten rid of all that. Knowing how to talk to people of different levels with my job the past nine years I’ve had to do a lot of things and interact with boardrooms of people, with employees and just know how to find a common ground with people you’re going to talk to so that you can talk to them. You have to approach everybody differently. So I feel like that helps my people skills.

Jessie explained that she is clearer about what she wants now, and this encourages her to devote more time to her studies than she did with her first degree.

Yes, I definitely feel that coming into this program just older has made me just dedicate more time to it and I’m more motivated to do it this time. My first degree I didn’t do badly but I probably would have done better if I’d dedicated more time to it. I just feel like I was too young.

Remembering previous accomplishments, in clinical or the classroom, also helped them to face new challenges. Kaely described her pride in her accomplishments in completing her prerequisites for the program, saying:
To realize that I’m here at one of the most competitive universities. I got through two years of hard sciences and pre reqs for the nursing program and just to look back and see where I’ve come and I’m like here. That kind of builds my self esteem in terms of I can do this. I can keep going on.

Another student expressed in her critical incident how her success in the first semester of the nursing program contributed to her strong sense of self-efficacy, writing,

Though the thought of leaving the program because it was too stressful has briefly crossed my mind, it is not at all an option. I started my first semester working two jobs, thirty hours a week, and I managed to make an A on my first test. The fact that I was able to do that shows me that I can in fact not only continue, but [also] be successful in the program.

**Keeping Sight of the End Goal**

Most participants described themselves as strongly motivated to succeed in the program. The affective factor of motivation was clearly beneficial to their persistence. Subthemes included a) wanting to become a good nurse, b) being a role model, c) wanting more, d) seeing a challenge, e) completing my mission, and f) seeing progress.

**Wanting to become a good nurse.** Participants’ desire to be a good nurse was identified as a motivation for ten of the participants. Ashley described her motivation to be a good nurse, saying, “I know that everything I’m learning and doing is going to help patients. I’ve got to keep looking at it because this could save my patient’s life.”

Joe identified his goal of being a good male nurse, to show others that men can be good nurses, saying,
In a lot of instances I know the fact that I’m a male in nursing, I am different. I’m not what people think when they think of a nurse. That’s changing and I’m glad to be a part of the change. I feel like it’s almost a purpose for me.

Danielle recognized her frustration with grades at times, but the ultimate goal of being a good nurse remained her focus:

Realizing that I don’t need to get an A in everything even though I have that kind of personality and want to do my best sometimes it’s not worth it. I just need to understand what I’m doing and make sure I can provide the best care for people as possible. I just want to do the best I can and I feel like that’s very helpful because that encourages me to study and try to learn more about things.

Jessie expressed her willingness to spend a lot of time and work hard, in order to be a successful nurse. “It’s my passion and so I don’t want to do poorly so I take the time to study and do my work and get good grades because I want to succeed.

Participants expressed genuine caring and a strong desire to do good deeds for others, and to contribute to their community. Ashley expressed a strong commitment to helping others, saying:

When I’m having a hard day and patients are really tough and the medical stuff is really complicated I just try to remind myself that I’m doing good. I’m doing something that’s benefiting other people and that’s what I feel like my role is on this planet. It sounds cheesy but I really think doing good deeds and contributing to the
world and making it a better place is part of why we’re here, or why I’m here at least. It’s fulfilling to me.

**Being a role model.** Responsibility to their family was a motivation for many of the participants. As a mother, Maria described ways that she hoped to be a good role model for her children: “hopefully resilience is something they can see through me and they can have it too. Just be persistent and be dedicated; you need good examples in life.” Jennifer described her family this way: “they’re like my force to continue in nursing school so I can be able to support them and also just to make them proud because I’m the first one in our family to graduate college.” Kate described great support from her husband and in-laws, although she also reported “They have very great expectations of me. Even my baby really expects mommy to be a great nurse.” Jessie described her mother as her role model, and saw her mother’s support and sacrifice as her motivator:

I see her work so much and it’s I think that kind of pushes me to continue because I don’t want her to feel like all her hard work and everything she’s gone through has been for nothing. I feel like she’s probably the biggest motivator for me to keep going.

**Wanting more.** The difficulty of their lives thus far was also the inspiration to pursue a profession for many of the participants, as Rocky described needing more meaningful work than his mother had experienced:

You work hard and work all these hours and then you die. That happens with everybody, they have to die, but when she gets to where she can’t work what is she
going to do? There’s got to be something else behind it because people use you. I don’t want a job. I want a career. I want to learn.

One student wrote about her passion for nursing and certainty about nursing as her profession, as well as her desire for a better life:

And also realizing that nursing was where I belong. I was meant to be a nurse, to help others through their emotional and physical battles, and thus I needed to stay in order to learn the knowledge to take care of them. Despite my challenges, I knew that I couldn't give up if I wanted to have a better life than my parents, and the past life I had lived growing up in the working class.

In writing about an incident when she considered leaving the nursing program, another student outlined several motivations for persisting:

I reflected on the reasons for persistence in this program - my desire to be a nurse, my pride in future profession, my ego, the people in my community rooting for me, and my future family I wish to have with a more sustainable, stable career.

Joe expressed his desire for more of a connection with patients than he was able to experience as an EMT:

When I moved to Raleigh I got my EMT license locally and I worked as an EMT. Then I realized I kind of wanted to establish more connections with my patients. I always wondered in the ambulance what was going on with them after I dropped them off.

In thinking about her choice of career, Jessica expressed her desire to avoid being selfish and to think of others, saying,
I feel like if I had gone into art or fashion I might have ended up being a little selfish and just for my own gain in this world but with science and nursing it would make me at least move in the right direction as far as what I was doing with my life as a whole. And I felt like nursing would help me with that.

**Seeing a challenge.** In addition to their goals, all of the participants described characteristics that they learned from their family and found important to their success. They used different terms for these characteristics, describing themselves as resilient, self-reliant, determined, hardworking, persevering, and optimistic that they would do well. Most identified these characteristics as ones they learned from their parents, and they considered these goal-directed behaviors to be their driving force. They demonstrated a strong sense of self-efficacy by seeing new and difficult tasks as a challenge requiring greater effort. Maria described her hard work and drive as the factor that contributed most to her success in the program, saying, “I feel like my hard work has really been the factor. I must be someone who works. I’d just have to say my own drive. I just want to do well. I feel like I was just born with a drive.” KC also expressed this drive, saying, “I have a strong desire to succeed, I’m trying harder than I did with my first degree, challenging myself.”

Lila expressed her feeling of being overwhelmed, but also seeing it as a challenge to keep working, saying, “honestly the first time that I thought about leaving was last week when I felt overwhelmed but then that was also my push. I’m not going to give up; why would I give up so easily. At the same time that is my encouragement to get through it.”

Jennifer identified her resilience, learned from her family, as the characteristic that encouraged her to persist.
Basically the first one is my family, just the fact that they are all counting on me kept me going. And just the resilience in me. I always tell myself if somebody else can do this I can do it too. It’s part of what keeps me going; I know I’m not in the situation my mom was in but she taught me to be strong and to pursue whatever I want to pursue; mainly through watching her do what she did.

Kay described herself as hardworking and persevering, stating that when she is frustrated by a low grade, she works harder for the next grade.

I definitely think I’m hard working. I don’t really like to quit so I persevere. And I think I’m pretty resilient in terms of not letting one bad grade hinder me from studying more for the next one; working harder to get a better grade next time or something. It helps to make me improve my ability to get back up on my feet and just keep going. I think those are the top things.

Danielle described her mother’s expectations as motivating, saying, “They encourage me to [work hard]. My mom pushes me to think holistically about people instead of just about the diagnosis and stuff. She’s like “remember they’re real people with real lives.”

**Completing my mission.** While some participants described specific goals, others described a strong commitment to complete what they had started, despite the challenges they faced. Jessica clearly articulated this strong sense of determination.

I’m very determined. If someone says that’s very hard to do I always want to prove them wrong and do it no matter what. If it’s not sleeping or not eating that will make me get to that goal I usually just do it until I complete my mission.
Ashley also described herself in this way: “I’m driven; I’ve got my eyes on the prize. I know that I’m going to be a nurse and there’s that sense of pride. I want to finish what I’m doing.” Jennifer described being her own best cheerleader: “And just the resilience in me. I always tell myself if somebody else can do this, I can do it, too. I’m self-encouraging and being strong”. Rocky described doing whatever it takes to succeed:

You just do what you have to; it’s how bad you want it. I always want to help people but the thing that helps me continue in the program is I’m determined to make it to the end. I guess I’m just determined to make it to the end.

Another student wrote about her commitment and hard work, and how guilty she would feel if she did not succeed in the program, saying,

I would also feel guilty for not finishing what I had started. I know my family would be understanding. My husband would not judge me, nor my parents, because they know the hard work I put into everything I do. They understand that if I do not succeed at something, it is because the task was extremely difficult. Still, it would not ease my guilt.

Kay described persevering because of her desire to work as a nurse. She saw reaching her goal as the accomplishment that would make all of her hard work worth the effort:

I just have two more semesters to go and someone hopefully will hire me to work as a nurse and it will all be worth it. Keeping sight of the end goal really helps me to keep going. It can be tough sometimes.
Lila acknowledged moments of self-doubt but indicated her firm intent to complete the program.  

There were these moments with the final from last semester and last week there were moments of am I really going to make it here? I think I will; I will make it. That’s my encouragement is having to make it. There’s no question I have to.  

Students had clear, strong motivations for studying nursing. They described a passion for nursing and a drive that helped them to face the challenges. While they could describe times when they had considered dropping out, they often referred to their motivations and drive as the main reason they had persisted. Their perception is that the combination of their strong goals and their drive has helped them to persist in the program.

Seeing progress. Despite some moments of self-doubt, the students all described how their experience thus far in the program had increased their self-efficacy. One student described going into her clinical experience:

It’s totally intimidating and I think I start every shift being terrified and wanting to go home. I’m like “what am I doing here; I’m a social worker?” So I have this role confusion but as the day goes on I realize I have learned a lot and there are things I can do and I am helping people.

Kate described feeling overwhelmed with her first clinical experience, but more confident as she gained clinical experience, saying, “In the Med Surgery unit I feel very overwhelmed and sometimes I’m not confident but this semester I feel much better for the Med Surgery 2.”
Kaely described a higher stress level in her first year in the program, but expressed her feeling that the second year has been easier.

I’ve gotten used to how to study and stay on top of things so the stress level is a lot lower and I’m working now so the financial stuff is decreased and the stress with that. First year was hard but it’s easier.

Even when describing critical incidents that shook their confidence, students expressed optimism and resilience, reflecting the strength of their self-efficacy. One student wrote,

What helped me to stay and not drop out was I felt that I could get through this experience and the rest of the nursing program if I kept going and not be impulsive and do or say something that would hurt me professionally. I felt that was a springboard to push through this last year of nursing school and learn from this experience.

Jessie reported progress in her test-taking skills that helped to bolster her confidence; A little more time management, confidence in myself, I’ve learned how to study for these exams because they have a particular way of testing us. You kind of learn how to study for these exams which makes it a lot easier. I didn’t have another student to really talk to at the beginning but as the program went on I made a few more friends so that kind of helped.

Embracing their Differences

Most participants described ways in which they embraced their differences. This affective factor of valuing different cultural values and beliefs also contributed to their
persistence. Subthemes included enjoying a) blending two cultures, b) identifying with patients’ differences, and a smaller group of students identified a strategy of c) choosing not to see racism.

**Blending two cultures.** Some participants gave examples of how they were blending two cultures. For example, Kay described ways in which she can blend Eastern and Western medicine:

> I think just learning more about bio medical models is what I’m used to but at the same time my parents believe more in holistic and herbal approaches because that’s what they’re used to and that’s how culture is in Asia so just balancing the two and seeing the benefits of both shapes my ideas on how to treat patients or how the best way to heal patients is. It’s definitely been a blending of two cultures. You can’t compare them; they’re two different things I have to accept.

Kate described differences in the approach to end of life care between her country and the US, and how she might combine these interests.

> So those kinds of differences give me lots of curiosity and I want to know more about those things. I had a very strong desire for the religious way but there is really a combined area here I’ve found. There is hospice care and the mindfulness approach. Those really encourage me to go further with my education.

Ashley described the challenge of being part of a religious minority, and how she had developed alternatives that still allowed her to celebrate her faith.
It’s a juggling act; I don’t want to miss course work and I still want to fulfill my religious obligations but you’ve got to be flexible. I felt if I didn’t come to class I would jeopardize my learning. So I had to weigh those pros and cons. I felt it was more important for me to come and then come up with an alternative way to celebrate the holiday. Now I’m creating new traditions and have this new experience that just looks totally different than what I’m used to.

**Identifying with patients’ differences.** Several students recognized that they could empathize with patients and help patients more because they understood what it is like to be different. This recognition improved their confidence in their nursing abilities. Joe noted that this empathy had improved his interactions with patients, saying:

> I get to see something of that or I get to live with some things that always separates me from the majority and so I get to identify with a lot of my patients or if I don’t identify directly with what they’re going through I have the empathy to understand it very well. I think that has really helped me with my patient interactions.

Kay described her unique perspective, since she has a place in both worlds, saying:

> I feel that I can sympathize with them a little more and guide them a little more and just knowing that they might not be used to the way hospitals do things here. It’s given me a little more understanding of their situation and of their beliefs and things. I can see two sides of the coin.
Jessie recognized that her different cultural perspective would help her to understand patients and their families, and explain their viewpoint to her coworkers. She identified how this perspective helped her confidence about her nursing abilities:

Maybe I can understand a little bit because in Hispanic cultures men are a little more dominant and make more decisions. I have a different viewpoint when it comes to people’s health care decisions, beliefs and their family dynamics. I think that’s helped me a lot with being understanding.

Participants also recognized that diversity is a value in the nursing profession, and that their differences could help them contribute to nursing in unique ways. Joe saw his differences as a professional advantage, saying:

I think that being different is almost beneficial. It gives you a professional jump-start almost. I think the fact nursing addresses everyone we have to historically understand the values of different people and nursing will eventually make the job a lot easier.

Jessica also had observed the value of diversity in nursing, as an essential component in a profession that strives to provide holistic care:

I have noticed that everybody here is interested in other cultures. They’re interested in diversity; they’re very big on diversity, which is understandable because this is nursing and we look at the whole and treating patients holistically so we have to combine everything possible to understand how to take care of a patient.

**Choosing not to see racism.** In response to a question about their experience of racism in the program, none of the participants acknowledged overt racism. However, five
of them indicated that there might be covert racism, and that they chose not to focus on it.

Joe acknowledged that he would rather not see racial bias.

I don’t think it was ever in my face. People have different views but with everything going on in [his country of origin] it’s existing but to my face I haven’t necessarily encountered a lot of racial biases. Maybe it’s something I don’t really see because I’d rather not.

Rocky described in a roundabout way how he sidesteps the issue of racism by not questioning people’s motives, saying:

I don’t let it stop me. I don’t ignite it. I know there’s a different opinion there but I’ll just be quiet. I don’t do things that will keep the pot stirred up. I try not to question people’s motives. I can’t say that different students have an advantage because of who they are and their skin color. I can say stuff is not fair but it’s how our world is.

Jessie was aware of the small number of minority students in her class, and wondered whether more UREM students had perhaps applied and not been admitted.

I will say for orientation I kind of felt that as I looked around I saw myself and maybe two other people. Now this is me kind of also judging but who didn’t look Caucasian, blond, and female and I kind of felt like “is that due to anything besides the ratio of people who apply to this program?” That’s the only time where I kind of second-guessed whether anybody had an upper hand in the program or getting into the program.
In response to a question about instances of feeling left out in the program, Jennifer responded that she is usually not aware of social slights and does not assume they are deliberate.

I’m a very private person so I don’t really take notice a lot so I pretty much most of the time will be oblivious of what’s going on around me which is not good. I do internalize stuff a lot so I wouldn’t think of somebody leaving me out; I wouldn’t think, “Oh, they’re leaving me out.”

Kaely did grow up with the experience of racism, but still did not indicate any overt racism experienced in the program.

I feel like there may be some racism or racist tension but I feel like sometimes that’s just my way of thinking because you know I came from a Southern small town so I guess it’s just been my way of looking at people that are not the same color as me. Especially because my mom and dad always have that perception that all white people are racist and it’s hard to get out of that mentality sometimes. But I don’t think I’ve experienced any direct racism.

The participants identified six factors that enhanced their persistence in the program. These included the environmental factor of their family’s support, as well as the social factors of their classmates’ support, and the encouragement of the faculty. They also benefitted from the affective factors of gaining confidence through practical learning in their clinical experiences, and their own drive toward their goals. In addition, they chose to focus on the advantages of being different.
Factors that Hinder Persistence in the Program

Research question three asked what factors hindered nursing students’ persistence in the program. Participants identified three themes that hindered their persistence: 1) having to change your mindset, 2) dealing with multiple stressors, and 3) feeling different.

Having to Change your Mindset

Most participants reported having to change their mindset in some way. This was usually described as a factor that affected their academic performance. These included a) transitioning from a community college to a four-year university, b) applying, not memorizing, c) taking multiple-choice exams, and d) relating their experience to their family.

Transitioning from community college. Several of the participants completed prerequisite courses at a community college and transferred into the nursing program. Joe was not certain whether the challenge of the transition was due to the change from a two-year program to a four-year program, or because it was from a general education program to a professional school.

I can’t say if it’s solely the quality of the transition I had to make from a community college to a professional school and that’s something I know took some time for me to kind of get in the mind set. Maybe it would have been different if I was a four-year student of the university and maybe the transition would have been a little easier.

Jennifer, however, reported that the university curriculum was more challenging for her than the community college. “When I started, it started out very shaky coming from a community college into the whole university scene. It was totally different than what I had
before so my first semester was terrible.” Jessica also recommended a program to help transfer students, saying:

I would suggest a program for the transfer student in particular, because it is like a culture shock when they come in. They’re not used to it and that messes up their GPA from the beginning. By the time they get it, it’s too late.

**Applying, not memorizing.** Joe described the change in thinking that he realized would be required in order to do well in nursing, saying that it was “really a transition of mind set; realizing I really need to spend a lot more time into what I was doing and less of the memorization of what I was studying and more of the application.”

The amount of reading assigned was a concern for most participants. They expressed concern about having enough time to understand new content, and then apply it in exam questions, since nursing exams tend to require application. Jennifer stated, “Stress level is high mainly because of worry about ‘am I going to be able to get this information?’ Too much material and just a lot to do and not enough time to do it all.” Kaely found the material challenging, and thought that it was difficult to be well-prepared for exams, saying, “Probably just the biggest factor would be the academic challenges of trying to understand the material and do as well as possible on the exams.”

Danielle also stated that the application of so much new knowledge was the most challenging task for her.

It’s definitely harder to learn things; you learn the concepts of it but then you don’t actually put it together until you see it in real life. Right now for my second rotation
I’m on cardiac unit and I’m like I understood these cardiac drugs when I studied it but I didn’t actually get it until I had to apply it.

**Taking multiple-choice exams.** For six of the participants, the multiple choice exam questions were especially difficult because in their previous education, they were used to answering essay exams or they had not been seen such complicated multiple-choice questions. Jennifer described her experience with her first nursing exam:

I looked up and I had ten minutes and I was at question forty something out of sixty questions so that messed me up big time. And also just English being my second language reading the questions and everything took me a while as well. And just understanding what exactly they were asking me was also hard to figure out and picking the best answer when all of the answers were correct but one was best.

Jessica expressed frustration with multiple-choice questions, compared to the essay exams she was used to.

It would definitely be the way tests are made here; multiple choice questions. It’s very discouraging when you study and then your grade doesn’t really show that you studied. The writing [graded written assignments] is good because I’m used to essays. Our exams were 40% multiple choice and 60% essay. They see that you know what you’re talking about in essays and that’s how we do well. You don’t have to try to decide if this might be the correct answer. It does take a long time to write the essays; by the end of the day, we get it done.
Five of the critical incidents described concern about a difficult exam, or fear that their grades would not be good enough to remain in the program. One participant wrote:

It was my last final for the summer, and while I felt prepared, the actual exam was very difficult. During the three hour long test period, I had moments of panic, thinking I would fail the exam and get kicked out of the program.

Students for whom English is a second language had difficulty with the reading of the textbook and understanding the exam questions. In reviewing an exam with a professor, Jessica stated: “she did notice that most of the problems that me and my friends, who are not all from here, had was really understanding the questions and what they meant. That sometimes is discouraging but we have established the fact that it’s just the way it is. As long as we do well in clinicals that’s all that matters.”

**Relating their experience to their family.** Some participants also saw the lack of emotional support from family members as a stressor. While most could identify a loved one who provided emotional support, first generation college students often reported that their parents did not understand the demands of the program and did not share the students’ concerns about their academic performance. Rocky reported: “I can’t go to them with problems. To them being kicked out of school is not a devastation like losing your job.” Kaely stated about her parents:

And they don’t really know too much about college atmosphere and about the stressors of schoolwork and being in a social environment that’s not like… So I can’t really as much as I want to try talk to them about certain stuff and educate them about different things it’s just hard.
Joe reported a conversation with his father while he was home, regarding his choice of nursing as a profession and the amount of time and effort the program required.

We had this hypothetical debate that I really realized he doesn’t really understand what I’m doing and the quality of my career and my choices that I made and I didn’t really have the appreciation or the understanding of how come they don’t understand what I’m doing and the effort that I’m making and where I’m at. It’s an interesting gap that both of us are at fault for.

Lila also reported difficulty communicating with family members, especially with her parents, with whom she was living during school.

My family does understand but I still get phone calls. Want to hang out, want to come over? My family is pretty close and that can be a ‘someone’s feelings will get hurt’ kind of a deal. My parents being older they listen to their TV in the living room very loudly and I know they get upset when I ask them to turn it down but I can still hear it in my room. Little things like that. I have earplugs but sometimes the way our house is designed with high ceilings; they say it’s not loud but it is.

Jessie reported difficulty in changing her interactions with her family to protect her study time.

She has stuff going on that she wants to tell me and I do want to listen but I just didn’t have the time; I couldn’t so that’s kind of what made me move out, to just have that alone time to get my work done. I know they didn’t mean anything; they weren’t trying to distract me but our family dynamics are really close; we tell each other everything. So definitely there was a little bit of stress at the beginning.
Dealing with Multiple Stressors

Participants described learning how to deal with the stress of a) juggling many demands and b) figuring out what’s important, primarily by c) managing their time and d) caring for self. These environmental factors were identified as hindering their persistence.

**Juggling many demands.** Most of the participants reported balancing their study time with work hours, childcare responsibilities, clinical time, and many exams. Jessica described it this way:

Stress level would be mainly the amount of content I have to study plus work. And when I work a lot I get tired and when I’m tired I can’t really put my full attention to what I’m doing so that’s a problem sometimes.

Jessie also described the challenge of balancing her clinical time with her work hours, saying: “I work twelve hours a week, just one shift a week. With clinicals right now it’s been a little overwhelming because sometimes I have to do three clinical shifts plus my work shift but I’ve managed to survive.”

Two students were also parents of young children and described the need to balance childcare and study time. This additional family responsibility contributed to their stress. Maria described the added burden this way,

So it’s kind of like I can manage the school stress; it’s my outside stuff. I do know that other students have time when they leave here. They might live right there and they go home and they eat their ramen and they can study whereas we moms know we have things to do outside of here. You have to make priorities because you want...
to learn to be a good nurse that should be your priority. That’s why we’re here. But you also have to worry about the little guys at home.

Kate expressed her concern about the time her young child needs, and the amount of study time the program requires, saying:

And then there is my baby. Every evening I have to spend time after picking her up around 5. Until nine or ten I really cannot study but this program really takes a lot of time so sometimes I feel like I don’t have enough time to follow this program. I’m getting used to it.

The timing of exams was also a challenge, as they sometimes had multiple exams to prepare for while still completing their clinical shifts. Danielle described this challenge, stating,

There may be like two back to back tests and sometimes multiple tests in a week and that’s kind of stressful and also with having clinical twelve hour shifts a couple of nights before you have those tests and you have to plan and then you’re cramming.

Lila reported a change in the timing of an exam, and an additional test she was not expecting, which was stressful for her.

I felt overwhelmed, the reason being one of my classes decided as a group to take the exam, which is online, on Sunday instead of next week. On top of that right after that happened we learned about the drug math test that we have to take which stressed me out even though now that I’ve looked at the material it’s not that bad at all.

Kaely reported outside influences such as her parents’ needs and her own financial struggles adding to the challenge.
I have parents with low income and they have problems and I have to take care of that while I’m here and sometimes I’m struggling financially so that on top of being in a competitive program can get overwhelming.

Two students also reported an added challenge was learning English as a second language. This was especially a concern in clinical, where communication is critical, but the pace can be fast. Joe expressed concern about communicating effectively in emergency situations, saying:

If there’s something that needs to be addressed in a timely manner and you’re very stressed and you’re thinking of the situation in a very critical mind and at the same time you’re trying to convey it in a way that it’s perceived in the same way you perceive it and sometimes it’s just impossible for me to do. But I think that with time and experience I know that I’ll be able to improve it.

Kate expressed her comfort in the classroom, but frustration with the fast pace in the clinical setting.

And then in the classroom I don’t feel very much trouble understanding and following those academic type words but in the real fast setting in the real world when people talk like real live talking and not the textbook talking sometimes I have trouble catching the words. When I assess them and I have to catch the information and if they are sick they are talking a little more tangled and I have trouble. That makes me frustrated and sometimes I even cannot catch the instructor because she talks very fast. I catch some instruction then she says, “I already mentioned this.”
Some participants acknowledged that juggling so many demands could be overwhelming. Lila described her need to take a break at times.

I do get overwhelmed to the point where I have to stop whatever I’m doing and either go watch TV or just get on the internet and read or get on Facebook or just go take a nap and that lasts maybe an hour or so just to kind of get my head straight.

Danielle also reported being overwhelmed and unable to deal with the stress level at times, saying:

I think sometimes stress kind of hinders me because sometimes I just get kind of overwhelmed and I just don’t want to deal with it right now. I just want to ignore it and pretend that it’s not there.

**Figuring out what’s important.** Participants reported having an overwhelming amount of material to study, and finding it difficult to determine what was most important to know. This characteristic of the nursing school environment contributed to stress. Kaely reported her desire to spend more time on detailed study of the content:

I always try to be a perfectionist which can sometimes get in the way because when I’m studying material I want to be able to delve into the material for hours but I can’t because I don’t have the time and there’s so much of it. I’m interested in it but I don’t have enough time to explore in detail.

Lila found the reading understandable but was still figuring out how she learned best, saying, “I feel like the material, it’s not that it’s hard; I understand it for the most part, it’s just a lot. I am still learning on how I best absorb everything.”
Some students considered guidelines provided by faculty helpful, but Lila did not find an exam blueprint very helpful for one challenging final exam,

We had a blueprint but it was definitely an overwhelming test and material. It was so much material and I know that we have to be able to at least understand everything that we’ve gone through but I really felt like the blueprint didn’t help either and I know that the blueprint is not there to tell you exactly what to look for but it was awful.

On the other hand, Kate found the guidelines helpful to focus her study and appreciated her teachers’ help in providing guidelines, saying:

I felt like actually like people give guidelines what we should read and where we should focus and what kind of questions will be on the exam and that makes a huge difference. I felt like I had to do it all by myself at the other schools but here professors guide everything and what we should do is just follow the guidelines.

**Managing time.** The combination of demands upon their time (academic, family, financial) especially required good time management skills on the student’s part to achieve balance. Participants described learning many lessons about time management since they have been in nursing school. Danielle commented: “I definitely find myself thinking about it at night. ‘What am I doing tomorrow; I have to do this and this so I have time for that.’

Lila quickly realized that she would need to adjust her work hours, saying, “I’m a little scared but I just have to maintain a schedule and I spoke to my employer and she’s going to
work with me.” KC described taking advice from his peer mentor regarding the need to keep up and not get behind, saying,

My mentor and friends who are ahead of me told me to be sure that I keep up, so I’ve really been working ahead to stay on top of it. I don’t usually read before class, but for pharmacology it’s really important to read first and I was advised to even go ahead and do the objectives, so I’ve started doing that as well.

Kate noted that she can pace herself for her individual study time, but for group activities in class, she is slow to understand and contribute.

My own personal work I can spend much time processing and understanding but the group activity is “here is the material and the scenario” and then the discussion starts. So sometimes I volunteer to make some PowerPoint [to summarize] but I’m not jumping into the initial parts very fast. Also I’m kind of slow.

Maria described usually being able to control her anxiety about having enough time, and being efficient in the use of the time she has.

It’s usually in the middle of the night when I’m all by myself that I really freak out. Then I just settle myself down and do what I have to do. But I try not to; I think if you worry you can get sick. I feel like my hard work has really been the factor. I must be someone who works. I don’t feel I have as much time to prepare and I do well. I’m just really good with my time.

Kay acknowledged that she could have managed her work hours and study time better.
Definitely could have managed my time better with some things; I work as a nursing assistant and also as a student assistant at a clinical protocol office and those definitely take up more of my free time than I wanted to.

Rocky also affirmed that his work hours prevented him from studying as much as he wanted, but that the income was needed.

I have to work when I need to be home studying my meds and it shows. But you have got to work. My roommate has to work too. And you make it work; we’re not the first ones to have to do that. You just do what you have to; it’s how bad you want it.

**Caring for self.** Some participants reported not having time for self-care, such as exercise, as Lila stated:

I used to go work out at the gym and I have not done that because there just is no time. I feel unhealthy. I know I’ve gained weight; I don’t know how much. I feel it in my clothes. I wish it would be just one of those things where I could close my eyes for five minutes and be good but it takes me a little bit.

Others reported being able to manage some self-care, such as getting enough sleep and exercising. Kate described planning her schedule to get enough sleep:

When I feel like I need to sleep then I just sleep. I feel comfortable sometimes just letting go and trusting my own preparation, and then sometimes if I got a lower grade then I just try to prepare next time better and not be too stressed out from that.

KC and Danielle reported planning exercise time as a stress management strategy. KC stated, “I’ve also started a good workout routine four times a week, and I believe it
reduces my stress even if I have to reallocate free time into doing so.” Danielle also reported that running helped her manage stress. “Yes and I’m also very into running so I go run and that helps me destress.”

Participants also noted that spiritual care helped them to manage. Kaely reported that reliance on her faith was a big factor in her persistence:

My religion. Being spiritual, being raised as a very religious person and trusting in God and my faith that everything will be OK. I will get through things and taking one day at a time has definitely helped me and is the reason why I’m here now.

That’s truly the biggest factor.

Kay noted that even with the many demands of the program, making time for yoga and social support was important for her.

I think a lot of it has to do with how demanding the program is in terms of clinical and write-ups and studying for exams every week. So it definitely has increased with clinical and exams but I’ve tried to find ways to cope with it like doing yoga and making time for my social life and family and things like that. Even though it’s still high I’m able to cope with it.

Rocky described how reliance on his faith helped him to maintain an optimistic attitude and avoid depression.

I think my faith is very important. I pray, and I try not to be bitter. I talk about my faith and I learned that you have to do right even when sometimes it’s easier to do wrong. You learn to make the best of situations that you’re in, to try to look on the
bright side and not get down and depressed about stuff, to not let it bog you down because you just learn to keep your head up.

**Feeling Different**

Most participants described situations in which they felt different or left out. They reported that this affective factor was somewhat of a hindrance to their persistence. Subthemes included a) not seeing people like me, b) worrying about money, c) differing from patients’ expectations, d) needing help to connect, and e) comparing self to classmates.

**Not seeing people like me.** Kaely described coming from a predominantly white high school but still not realizing just how the lack of faculty and classmates who were like her would affect her experience.

Now that I’m older I realize how much having somebody that’s kind of been through my situation or looks like me helps me being able to connect. But in high school I was just learning about different people. I didn’t realize coming to Carolina would be that same atmosphere. Does that make sense at all? It’s hard.

Jessie expressed concern about not finding many Hispanic nurses in her experience thus far, “Honestly, I can only think of two right now that I’ve worked with at the hospital and one that I’ve come in contact with through clinical.”

Jessie also expressed concern about professors who share their personal beliefs in class, especially about religion.

And so whenever sometimes professors have talked about their personal beliefs in class I just don’t find it appropriate because what if not everyone believes or agrees with what you’re saying? We don’t want to exclude anybody or make them feel
different. I feel like we should be very open and speak in a generalized broad sense when it comes to religion and those types of views.

Kay added that the focus on disease incidence in white people, rather than across ethnicities, is noticeable, saying, “Never any direct racism towards me that I’ve felt, just a focus on the majority [that] can be a little bit exclusive some times.”

Maria did not report being treated differently in the nursing program, but did feel different when she moved to a southern state.

I grew up here so when things do happen I have to stop and realize this is aimed towards me because I’m the one here that’s different because I don’t really feel like I’m different. I grew up here, I speak the language, I’ve worked here, so when these things happen or people treat me differently or call you something; in this state I feel like since I moved South there’s more resistance to keeping our borders safe and they see tan skin and think automatically you might be illegal or something. And that’s like thirty plus years [I have lived] in the US. So that’s the biggest thing at first, just the shock value.

Worrying about money. Kaely described feeling different from other students in her clinical group because of the difference in their socioeconomic status, saying,

It’s just been hard to kind of find ways to connect with other people that haven’t come from the same background as you have. It’s an experience and I like it but it’s also a challenge. Sometimes people are just very superficial and materialistic and worried about other things that are just not on my radar.
Participants who identified as having a lower income also reported worrying about money as an additional concern that added to their stress. Rocky reported having loans and also working in order to afford to be in the nursing program. This affected his available study time. He stated,

I did apply for a scholarship and I got it. I need loan money. Unless you have a scholarship you don’t get a lot of [financial aid like] Pell grants and stuff if you’re a second-degree student, but you are eligible for departmental scholarships but a lot of my stuff is loans or I work. That’s how I keep my head above, is I work.

Kaely acknowledged that financial concerns affected her academic performance when she was worrying about money instead of studying, or while taking an exam.

That was especially difficult during exams when I’m sitting here thinking about where can I get resources to eat or how am I going to get toilet paper and toothpaste when I should be studying but going to [Assistant Dean, Student Affairs] and her help that she provided us with [money from] the student fund definitely eased some of that stress. And then I guess another problem that we have is giving parents money; we should not be sending money home but sometimes when my mom calls and says she needs $20 or $40 because she needs something to eat or gas to get to work I can’t say no when I have it.

Jessie described initially being concerned about the amount of loan she needed, but decided that her future employment as a nurse will allow her to repay the loans.

Initially it was a big stress because I was piling more debt on top of myself but then I figured “this is what I need to do to survive and get through the program. I’ll reach
my goal and I’ll repay them [loans] back later; it’ll be OK.” I think it’s just coming to grips with you’re going to have debt but it’ll be alright.

The extra costs of the program, such as the expense of nursing textbooks and equipment, were also a concern for participants. Kay stated, “Textbooks are expensive, and equipment like scrubs and shoes; it all adds up but it’s necessary.” Jessica added that nursing textbooks are an expense that some students cannot afford:

The books are expensive. There should be a program to help people who can’t get the books. Maybe pass them along from the old to the new [students] but that’s a problem because they’re always changing the editions. I know some people who don’t buy the books because they’re so expensive. They borrow it or get it from the old cohort.

Ashley acknowledged feeling guilty about being unable to work while in the program, relying instead on her husband to provide more income.

This is the first time in my life I’m not contributing to a household income and that’s not a good feeling. That creates a power shift in a relationship so my husband just picked up an extra, he does tutoring on the side and he picked up some extra shifts to assist financially. I have a lot of guilt about not being able to contribute financially but I also know there’s an end point. In May hopefully I will have a job or at least have something lined up and I’ll be able to contribute.

**Differing from patients’ expectations.** In addition to feeling different from their classmates, students also described times when they felt bias from a patient or a clinical instructor. One student described patients she had encountered in clinical: “It’s like kind of
they feel I’m annoying. When I try to assess them and ask them lots of questions on my checklist then they kind of don’t like it. I felt they really don’t trust some Asian woman with bad English.” She reported that during their diversity conference, a Hispanic student also reported similar reactions from older white male patients.

Participants reported instances when assumptions were made about the students’ background based on their appearance. For example, it was assumed that a student who looks Middle Eastern would know how to read Arabic, or that a student who appeared Asian could advise them about sushi on the hospital menu. Danielle also described patients’ awkward attempts to determine her background. “Not really they’re more just confused. They say, ‘What are you?’ I’ve gotten that a lot my whole life. I’m obviously mixed and you can’t really tell. I guess it is kind of a rude question but I guess I’m just used to it.”

Clinical instructors can also make assumptions about their students at times. One student found that being bilingual affected her patient assignment in clinical.

Maybe not different but singled out, yes. In clinical there was I think I want to say almost four weeks straight that every time I went into clinical I had a Spanish only speaking patient. I felt like “I’m glad to help, but I also want to learn about other cultures.” I just felt a little singled out and it felt like I could have learned a little more had I worked with other cultures or people who speak other languages.

Another student wrote about an incident when her clinical instructor changed the clinical schedule to a time that conflicted with a religious observance for the student.
She was completely inflexible and dismissive. I felt frustrated by this experience and isolated in my request to observe my holiday. I am paying out-of-state tuition for an education that is inconveniencing my instructor’s family vacation and therefore she is allowed to offend my personal values? It was shocking!

**Needing help to connect.** Two of the students moved from more diverse areas and described feeling like a minority for the first time. One described the impact of missing her ethnic/religious community:

>This is my first time in my life being an ethnic religious cultural minority so it’s a new experience for me. And then not having a community of people that I share values with from a religious standpoint is a little isolating. Maybe I would feel differently if I wasn’t in class but then I would still feel a little sad because I’m not with my community; I’m still with new people. I don’t think that anyone is being mean or intentionally isolative; it’s just what I’m celebrating is different than everyone else’s day.

Another described this move as her first experience with being very aware of her minority status:

>There’re definitely a couple of times when I felt different. That first day I come in here and look around at everyone and there were no Asian people except maybe one other person which was a big difference since I grew up in California which is very diverse. I think one day one of my teachers was talking about some Chinese thing and asked is anyone in here Chinese? I raised my hand and everyone looked at me and I’m like “am I the only one here?” That seemed so bizarre to me.
Ashley acknowledged that meeting her neighbors and people in her new faith community took a lot of effort and time away from her studies.

You have to put a lot of effort into introducing yourself and making connections.

Meanwhile all I can think about is the work I have to do and I need to come home and study. It’s hard making that a priority and I keep kind of putting it off.

Another student wrote in a critical incident about the challenge of moving to a new area for school, saying:

The first semester of nursing school was a very challenging time for me. Besides the heavy course load of the first semester, I did not have any close friends or relatives in North Carolina (or nearby for that matter). I felt that it was a very stressful time and yet I had no one immediately close by to turn to.

Jessie described classmates’ sometimes awkward questions about her background:

“There’s been maybe like some uncomfortable or interesting conversations with other students where I’ll say ‘I’m Mexican American’ and they say ‘but weren’t you born here?’ ‘Yeah.’ ‘Well then you’re an American.’ ‘No, I’m Mexican American.’”

Jessica described the reaction of staff nurses when she works at the hospital. She acknowledged that each time she works on a different unit, it takes time for the nurses to accept her:

They start out with a wall up and don’t accept you into their little community. So it can be hard if you’re not the kind of person to interact with other people. I’ve learned
how to be comfortable in a little bit of time once I move to a new place but I do know it’s a problem for other people. They’re not extroverts so it can be hard.

Lila described being left out of her lab group, as the other students paired off and did not offer to partner with her.

But I feel like they also tend to make other people feel a little out of place. Like with this lab there’re eight of us and there’s one male and all the girls automatically group with each other and then he’s left and I’m left. That’s OK, I’m fine but I don’t know how he feels about it.

Kaely described feeling left out in social situations, and being disappointed that socialization within her nursing class was still a challenge.

I guess I was expecting a little bit more in terms of being able to socialize with people in my own class. I probably didn’t realize at first that having fewer minorities in my class and not having; I don’t know how to explain it; not having, as much social support would kind of affect me in different ways.

**Comparing self to classmates.** One challenge occurred when students compared themselves with their classmates. Then they reported feeling less than adequate, less ambitious, not up to the standards of the program. Joe stated, “I think the competitiveness between students lowers my self-efficacy because you see different abilities and different people and sometimes you aspire to be something that is not your strength”. Kay described comparison with her classmates as decreasing her confidence about her nursing abilities, saying,
Some of my peers are definitely more gifted, I think, in the sense that they can be better test takers than I am or they can grab concepts better than I can so that kind of makes me want that as well and makes me a little bit jealous sometimes and I just think some people are a little bit more ambitious than I am.

Kaely described how she felt when her classmates’ exam grades were much better than hers, saying,

I often find that a lot of people do extra well on the exams and I’m like “how is that possible?” That kind of makes me feel a little bit like I’m inadequate. Even though I make good grades and I haven’t failed a course sometimes I feel like I’m just average and the people I’m surrounded by are way above me.

Rocky realized that other students brought academic skills to the nursing program that he had not had the opportunity to develop, but he still felt disappointed when he did not score as well on exams.

I feel like different students pick up different study skills or how to listen to what a professor is saying, things that don’t come natural to you. You have to be confident in what you can do like your intelligence and a lot of times I have questioned it, especially when it comes to tests. When you get a bad grade and everyone else gets a good one you’re like “why can’t I get this together?”

Lila reported also feeling disappointed when she compared her grades with her classmates, even though she knew that they did not have to work as much as she did.
When I have classmates that don’t work and make higher grades. My grades are pretty good considering, so far, and again it takes me back to that wishing I had that time to really look at the material and get enough sleep.

Jessie described a simulation experience in which a classmate was more assertive than she is, which made her wonder if her more introverted personality was not appropriate for a nurse:

The other girl was just spouting out things and they were like “what next.” After a while she got it right but it made me feel like “wait, does that mean I’m not going to be good in an emergency situation?” It kind of made me doubt myself. That’s been one instance when I honestly doubted if I would be a good nurse in an emergency situation because of my personality and just being a little shy and a little calm and quiet. That was one instance I think where I had some self-doubt.

Another participant described in a critical incident feeling less confident about communication skills because his/her classmates in health assessment lab already seemed to know how to go about taking a health history:

The only time when I've briefly considered dropping out was when I felt incompetent in my ability to be able to effectively communicate with a patient, as I was struggling to find the right questions to ask when conducting a patient history. It seemed that the others in my health assessment lab were more prepared than I am. Before then, I dreaded interviews and I had very little experience with them.

Participants identified three main factors that hindered their persistence in the nursing program. They reported that the transitions they had to make, the amount of stress they had
to manage, and clearly being in the minority were all challenges for them. Yet, none of them reported wanting to leave the program, and all of them expected to graduate on time and looked forward to being a nurse.

Summary

This chapter presented the findings revealed by this study. The findings were organized by research question. Data from individual interviews and critical incidents were included to describe the students’ perceptions of the nursing program and their ability to persist in the program. Sample quotations from the interviews and critical incidents were used to accurately portray the students’ perspective.

Research question one asked about the participants’ overall perceptions of their persistence in the program. The findings were that the participants a) valued the program and b) liked nursing as a profession. All of the students reported being satisfied with the program, and being happy with their choice of nursing as a profession. Even though the program was challenging, they loved what they were doing and learning. These positive perceptions encouraged their persistence.

Research question two explored factors that enhanced persistence in the program. The findings were that the participants could identify a broad base of support. They described the a) financial and emotional support of their loved ones, b) encouragement of their classmates, and c) helpfulness of faculty as enhancing their persistence and offsetting the challenges they faced in the program. While they identified some family members who could not understand the demands of a baccalaureate nursing program, they could also identify some family members who did understand those demands. The mutual support of
classmates who were experiencing those same demands was especially beneficial. Participants reported finding friends, in a subgroup if not in their entire cohort. Faculty were seen as helpful and encouraging, especially those who chose to mentor UREM students.

Additional factors that enhanced persistence were d) experiential learning in the clinical settings, e) their strong motivations, and f) embracing their differences. The experiential learning that occurs in clinical experiences was especially valuable. Nine of thirteen participants described ways in which their clinical experiences had bolstered their confidence in their nursing abilities, helped them to apply what they were learning in class, and reinforced their choice of nursing as a profession. Even when they were disappointed with their work in class or their exam scores, a positive interaction with a patient during their clinical shift could raise their spirits and enhance their persistence.

The participants’ strong motivation to reach their goals was identified by many as a contributor to their persistence. They expressed a strong desire to be a good nurse, and to be good role models for other family members. Their goals also included wanting a more meaningful career and a better means of support for their family. They demonstrated self-efficacy in seeing their course of study as a challenge, and in seeing their progress thus far as motivation to continue.

All of the participants recognized and embraced their differences. Even though they reported instances of bias and incorrect assumptions, they enjoyed the multiple perspectives they encountered. They recognized that they could identify with patients in a way that others could not, because of their differences. While they sometimes felt different or left out, they chose not to focus on the ugliness of racism but rather on the possibilities nursing offered.
They valued diversity in nursing, and were already identifying ways to blend their culture of origin with that of nursing.

Research question three explored the factors that hindered the participants’ persistence. Participants identified a) having to change their mindset, b) dealing with multiple stressors, and c) feeling different as factors that made their persistence more difficult. They acknowledged that the program presents many challenging demands. In addition to the nursing knowledge they had gained, all the participants described learning to adjust to a new mindset, as well as learning how to deal with multiple stressors. They were able to articulate the transitions they had to make in order to study nursing. The importance of the application of their new knowledge in written exams and in clinical practice was clear to them. The variety of demands presented by the program and their additional responsibilities were always present, but they were able to identify a variety of strategies for coping with these demands. Participants certainly recognized their differences, and could acknowledge their experience of microaggressions, from faculty, classmates, and patients. The struggle with being different from the majority of students was identified as an additional stressor. Even though the burden of the multiple stressors experienced by UREM students was tangible, the strength of their motivation and drive and their passion for nursing far outweighed the demands.
Chapter Five: Conclusions and Implications

This chapter will first describe the study, and then provide a summary of the findings. The conclusions drawn from these findings will then be presented, as well as implications for theory, practice, and further research.

Study Description

This study examined the experiences of underrepresented ethnic minority students as they matriculate in a baccalaureate nursing program. Students’ perceptions of the factors that contributed to their decision to persist in a bachelor’s program in nursing were explored, in order to identify the factors that are most relevant to this unique population.

Research questions included:

- What are the perceptions of underrepresented ethnic minority students about persistence in a baccalaureate nursing program?
- What are personal, academic, social, environmental, and affective factors that enhance the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?
- What are personal, academic, social, environmental, and affective factors that hinder the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?

Summary of Findings

The study included interviews of thirteen UREM nursing students and eleven critical incidents written by the participants. Ten were female and three were male. Most were age
twenty-one to twenty nine. The participants were African American, Asian, and Hispanic. In addition, one was from a Middle Eastern country, one was from an African country, and one was an orthodox Jew. Twelve participants reported characteristics, in addition to their racial/ethnic status, that would increase their risk of attrition. These included being male in a predominantly female profession, being over 24, being married, having children, learning English as a second language, being first generation college students, qualifying for a Pell grant, and graduating from a disadvantaged high school. This data demonstrates the intersection of multiple factors that contributed to the marginalization of these students. Their descriptions of feeling different and being treated differently were not entirely about their racial/ethnic background. Their gender, age, social class, economic status, religion, and educational background also marginalized them. As we see more diversity in our program, nurse educators will need to be aware of the broader definition of ‘nontraditional’ that applies to our student population. Despite having one to four of these characteristics, ten of thirteen reported a nursing GPA of 3.1 or higher, and all expected to graduate on time. Eight of the participants had a previous college degree, including two of the first generation college students.

The interview protocol was based on the research questions and the theoretical framework, the Nursing Undergraduate Retention and Success model (Jeffreys, 2012). Participants were asked about affective, academic, professional integration, and environmental factors that influenced their persistence in the nursing program. Academic and psychological outcomes were also explored to identify their interaction with the factors and with persistence.
Qualitative analysis of the interview transcripts and written critical incidents provided the data to answer the research questions. For research question one, regarding the students’ overall perceptions about persistence in the program, the themes of 1) valuing the program and 2) liking the profession of nursing were identified. For research question two, regarding factors that enhanced the nursing students’ persistence, six themes were identified: 1) leaning on loved ones, 2) supporting each other, 3) connecting with faculty, 4) doing it, 5) keeping sight of the end goal, and 6) embracing their differences. Research question three regarding factors that hindered their persistence, identified themes of 1) having to change your mindset, 2) dealing with multiple stressors, and 3) feeling different.

**Conclusions**

From these findings the following conclusions were reached. 1) Affective factors of self-efficacy, motivation, and cultural values and beliefs were important factors enhancing persistence. 2) Professional Integration factors, including the contribution of clinical instructors and staff nurses and positive clinical experiences, also enhanced persistence. 3) The interaction of environmental and academic stressors hindered persistence. 4) Cultural biases and microaggressions were subtle, but real, hindrances to persistence. 5) The psychological outcomes of stress and satisfaction were balanced, so that the participants were able to persist.

**Affective Factors**

Various terms have been used to describe noncognitive abilities and their relationship to academic performance and to persistence. In the NURS model, affective factors are self-
efficacy, motivation, and cultural values and beliefs. This study hoped to clarify the components of these factors, and how they affect student persistence.

**Self-efficacy.** The concept of self-efficacy describes a learner’s confidence in his/her ability to learn new knowledge and skills. It is task-specific and context-specific, so it has been difficult to measure nursing self-efficacy specifically. However, all of the participants were able to describe factors that enhanced their self-efficacy about their nursing abilities. They also described already possessing a strong sense of general self-efficacy. They saw new tasks as a challenge that they could meet with energy and effort. When they were disappointed in an exam result, they saw it as impetus to prepare more thoroughly for the next exam. They also saw progress in their past accomplishments which they recognized as contributing to their self-efficacy. These are characteristics of efficacious students with medium to high confidence. Jeffreys (2012) found that self-efficacy is related to motivation for learning, and that strong self-efficacy leads to enhanced goal commitment and persistence behaviors. The participants confirmed this model in their description of their strong motivation and their conviction that despite challenges, they were capable of completing the program. While previous research has correlated self-efficacy with academic performance, few studies explored the effect of self-efficacy on persistence. These students clearly connected their strong sense of general self-efficacy with their persistence.

Most participants identified experiences with faculty and their clinical experience as the most influential on their nursing self-efficacy. Nursing faculty members have multiple means of influencing their students’ self-efficacy. Clinical faculty and staff nurses can provide vicarious experience through role modeling (Bandura, 1986). Vicarious experience
is especially influential to self-efficacy when the role model is honest about the difficulty of the task and how hard they worked to learn it (Jeffreys, 2012). Students expressed their appreciation of clinical instructors who shared their experiences, especially how they learned to be competent nurses. They understood from their clinical instructors that the tasks they were learning take effort and repetition to perform well. Persuasion also influences self-efficacy, when positive feedback is given judiciously and is honest (Jeffreys, 2012). Receiving such feedback from their clinical instructors was also given as a reason to persist.

In addition to role modeling and positive feedback, personal mastery experiences increase self-efficacy and lead to persistence (Harvey & McMurray, 1994). The participants described loving their clinical experiences because of the experiential learning that leads to mastery. They enjoyed the opportunity to apply their new knowledge in a practical situation, and the opportunity to help patients. Participants also described new clinical experiences as particularly high anxiety situations. Zimmerman (1995) found that strengthening self-efficacy could offset strong emotional reactions. The hands-on experience of patient care in the clinical setting is an opportunity to strengthen self-efficacy as well as to reinforce learning.

**Motivation.** In addition to strong self-efficacy, the participants also described strong motivations. Previous studies such as that of Nora (1987) found that students’ commitment to the institution and to their educational goals has the most effect on retention. While they described a strong commitment to complete their mission, the participants’ motivations went beyond their educational goal of graduation with a bachelor’s degree in nursing. Their goals included wanting to become a good nurse, being a role model for their family, and wanting
more meaning in their work and a better life than their parents had. In addition, the students described a strong sense of drive that contributed to their persistence. They described goal-directed behaviors such as being resilient, determined, and hard working which were the driving forces behind their efforts. This combination of motivation and drive seems closest to the concept of grit, (Duckworth, Peterson, Matthews & Kelly, 2007) described as passion and persistence over time. These students demonstrated consistency of interest in their passion for nursing, which was a motivation for them to persist in the nursing program. Their sustained interest in nursing had begun when they began studying the prerequisite courses in order to apply to the program and continued throughout the challenge of their nursing program. Perseverance of effort was demonstrated in their commitment to great effort and energy expenditure over sixteen to twenty four months of classes, labs, and clinical experiences, in order to achieve their personal and professional goals. They also described engagement or meaning as a motivator, rather than pleasure, which is associated with higher levels of grit (vonCulin, Tsukayama, & Duckworth, 2014). Grit appears to be a distinct characteristic that these UREM students possessed and that influenced their persistence.

**Cultural Values and Beliefs.** The participants recognized their differences from the majority of their classmates, faculty and staff nurses. They described incongruence with their ethnic culture, such as lack of respect for a religious observance or differences in family dynamics, as well as generational and class differences. Assumptions that were made about their background also resulted in awkward and uncomfortable situations. However, they saw their differences as a professional advantage in allowing them to empathize with patients who were different, therefore providing better nursing care to these patients. They also
described a commitment to two cultures simultaneously, which Rendon, Jalomo and Nora (2004) referred to as biculturalism. Their ability to be a part of their culture of origin and that of the dominant culture of the university required energy on their part, but it was considered by most participants to be a positive component of their experience.

The NURS model describes the affective factor of cultural values and beliefs as the presence or absence of cultural incongruence. It appears from these participants’ perceptions that cultural values and beliefs also include the persons’ response to cultural incongruence. The students saw their cultural resilience and ability to demonstrate biculturalism as a factor that enhanced their persistence. The affective factors in the NURS model of self-efficacy, motivation and cultural values and beliefs all support persistence. These factors can be refined to include grit and cultural resilience.

**Professional Integration Factors**

Professional integration is a variation on the social integration factor used in other student retention theories. Jeffreys (2012) considers professional integration factors of particular importance to nursing students because they enhance the students’ interaction with the profession of nursing, resulting in enhanced professional commitment and persistence in their nursing program. Professional integration includes formal and informal interactions with faculty and peers, membership in professional organizations and attendance at professional events. The combination of a variety of these experiences is needed to enhance student persistence. In this study, peer and faculty interactions that supported professional integration and persistence were clarified and expanded.
Peer Support. Jeffreys (2012) placed the support of classmates as a professional integration factor, reasoning that nursing students are building a team of people who work together, encourage one another, and understand each other. This study reinforced classmates’ support as an important factor in students’ persistence. Their common goals and experiences encouraged integration and persistence. Participants valued sharing the unique experience of going through nursing school with their classmates. This validates the finding by Rudel (2006) that peer support was important to nursing student persistence. Shelton (2003) also found that nursing students’ perception of support positively influenced their persistence.

Previous studies have found that UREM students tend to find support in peer subgroups rather than from their white classmates (Zurita, 2005, Taxis, 2006, Weaver, 2001). While some students reported feeling support from their entire class, many found peer subgroups. Several African American participants identified the support of a minority student support group within the school. Others found their support among students with similar characteristics, such as other students of their age or social class, or other parents. This supports Kuh and Love’s finding (2004) that UREM students should find groups with varying combinations of values, attitudes and norms. No matter the size or composition of the group, the participants described the support of classmates as valuable.

Faculty Support. Another component of professional integration included in the NURS model (Jeffreys, 2012) is the helpfulness of faculty. This includes the active involvement of nursing faculty in their students’ academic endeavors and professional development. Participants described nursing faculty members as available and willing to
help them manage the challenging curriculum. The intellectual challenge of the program was a surprise to some, but they appreciated the deeper learning they achieved. They emphasized that they needed the support of teachers who expected them to do well. These teachers helped them to understand the high level of expectations and the focus on application of new knowledge. Several of the participants expressed their appreciation for their mentor, an African American woman, who shared insights from her many years of experience as a nursing professor. Teachers also provided guidance and instructions about how to manage their time. A previous study of students’ perceptions of nursing found that students who expected a more vocational program were surprised at the more academic focus of nursing programs (Brodie et.al. 2004) and this sometimes led to attrition. The ability of the faculty to articulate the high academic expectations and to support students in reaching those expectations was valued.

In addition to classroom teachers and advisors, clinical faculty also demonstrated professional and caring behaviors that enhanced students’ professional integration. Clinical faculty are in fixed-term positions rather than tenure track. The School of Nursing may employ them full-time, but some have full-time jobs in clinical practice and teach nursing on a part-time basis, some for only one semester a year. Due to their work schedules they may not be available for faculty meetings or faculty development opportunities. In addition to a master’s degree in nursing, they are required to have nine credit hours of education courses in order to teach prelicensure nursing students.

Students reported that clinical instructors explained to them the process of developing as a nurse over time. They served as role models of professional nursing behavior. Students
saw the role of the nurse as multifaceted through their clinical instructors’ example. Staff
nurses also were role models of professional nurse behavior when they demonstrated their
problem-solving skills in making clinical decisions. Staff nurses offered their support to
students and gave positive feedback of their assessment of students’ nursing abilities. The
participants described a more positive experience than those in a previous study, (Brodie et.
al, 2004) which reported that poor treatment of students by staff nurses during their clinical
experiences contributed to attrition.

Environmental and Academic Factors

Environmental factors such as family emotional and financial support, family
responsibilities, financial concerns and employment hours are included in the NURS model
as factors that can influence persistence. In this study, family emotional and financial
support enhanced student persistence. The interaction of environmental factors with
academic factors sometimes exceeded participants’ ability to cope, hindering student
persistence.

Positive family support. Research has shown that UREM students value the support
of their families. Nora (2001) found that family support was important to Latino/a students.
Yosso (2005) countered the assumption that UREM students lacked family support by
describing the social capital they possess. Metzner and Bean (1987) concluded that external
factors were more important than academic factors for nontraditional students, and Jeffreys
(1998) also found that many students considered environmental factors like family support
more important to their persistence than academic factors. This study confirms that many
UREM students have support from their families. Even those who did not find support from
their parents could identify someone in their family who was supportive. This might be a sibling, spouse, in-laws, cousins, fiancé, or boyfriend/girlfriend. The participants described financial, emotional, and practical support from their families. They valued this support, and considered it a significant factor in their persistence. This may reflect a change in family’s perceptions of higher education, or perhaps more positive perceptions of their children’s chances of success. It would be interesting to interview family members about their loved ones’ persistence. Clearly family support is valuable and should be encouraged.

**Environmental and academic stressors.** The participants in this study were admitted to a highly selective university, indicating that they were already academically successful. They still reported academic challenges in the nursing program, which were exacerbated by their financial concerns and employment hours. One academic factor addressed by the participants as hindering their persistence was the transition to a more challenging professional program. Nursing courses present a great deal of new knowledge, require more application of knowledge, and present a different type of exam. Participants reported that the amount of material was overwhelming, and the requirement to understand and apply this new knowledge was difficult to meet. They found nursing exams more difficult because of the nature of the questions. This validates the results of a previous study (Bowden, 2008) that found the stress of nursing exams prompted students to consider leaving their nursing program. Students felt that the unique challenge of the nursing program should be articulated more clearly, starting early in the program. Some students did not fully understand the differences when they began the program, so they felt it was important for faculty teaching students who are new to the program to repeat these observations frequently.
and in different terms until students fully grasp the meaning. They expressed a need for help in learning new study skills and developing higher level thinking skills.

In addition to the transition, the academic rigor of the program results in the need for more study time and new study skills. Participants described managing the didactic, clinical, and lab components of nursing courses as a challenge. They also recognized that preparation for clinical was especially important because of the serious outcomes to patient safety if they were unprepared. The fast pace of clinical was also a challenge, especially for students who learned English as a second language. Students who had a financial need to work as well as family demands to be met reported particular difficulty in juggling many demands and managing their time. This is a relatively recent phenomenon for this nursing program. As the University has diversified the student population, there are more students with limited financial resources. It is only in recent years that the Director of Student Affairs has asked faculty and staff to donate gift cards at the end of fall semester, because we now have students who will not have enough money to live on until the financial aid for the next semester becomes available. This is also the first year we have had a significant number of seniors who were unable to afford to join the nursing honor society. Faculty are just becoming aware of the financial worries some of our students endure.

Many students were able to describe coping strategies they employed, such as better time management skills, getting exercise and sleep, and relying on their faith. Nevertheless, their comments about lack of self-care indicated a need for more coping strategies. The higher academic demands in combination with external demands of their family and financial status resulted in stress that hindered their persistence.
Cultural Biases and Microaggressions

While students did not report endemic racism, they did identify examples of microaggressions. Hall and Fields (2012) described subtle insults and slights related to color or race as microaggressions. They point out that such stressors add up and can result in physical and/or mental health problems. Microaggressions represent an additional stressor for UREM students, beyond the stresses experienced by all students in the program.

The participants described microaggressions in interactions with classmates, faculty, and patients. They reported being aware of the small number of classmates who had a similar background to theirs. They reported feeling isolated and were sometimes ignored by their classmates. They also reported difficulty relating to classmates who were younger or from a more affluent social class. In class, they found a focus on Caucasians and very few faculty role models from their background. Clinical instructors made inaccurate, stereotypical assumptions about them based on their appearance, and did not always understand their cultural norms. Patients assumed that a UREM nursing student was less capable of providing nursing care. Participants expressed their uncertainty about whether they were being treated differently because of their race or for some other reason. They usually assumed that such incidents were not racially motivated. They did not describe confronting the offender in such situations, but rather reported that they usually chose to ignore the incident. They expressed the intent to succeed in spite of cultural biases and assumptions, focusing on their motivations.

When asked specifically about experiences of racism in the program, all of the participants denied experiencing racism. In follow-up questions, they defined racism as
direct insults that involved a clear negative stereotype. They did not see direct racism. While they described incidents of feeling different and/or being treated differently, they did not know the term, “microaggressions” and considered subtle indirect racism to be unintentional. They felt that “people just don’t know any better.” The degree of difference between their culture of origin and the culture of the school was also a factor. The participants who had grown up in another country and came to the US as young adults saw a greater difference and seemed more aware that this was just a subtler form of racism. Students who grew up in the US saw subtle slights and insults, but did not consider these to be deliberate or direct racism.

This supports the Critical Race Theory concept of the ordinariness and subtlety of racism in American society. Ford and Arihihenbuwa (2010) describe the chronic exposure to diverse forms of everyday racism that people of color experience in this country, and that one response to this subtle everyday racism is to ignore it. In addition, Morales (2000) identified protective factors that served as buffers to offset the negative effects of being different. The students in Morales’ study identified protective factors such as independence, autonomy, hard work, and making good use of their resources. The students in this study also described such characteristics. While they did not identify them as protective factors against microaggressions, it is possible that such characteristics were developed as protective factors. Yosso (2005) described forms of social capital that come from nondominant cultures. Three of these seem especially relevant to study participants’ ability to counter their experience of subtle racism. The first is aspirational capital, seen in their strong motivations that enable them to maintain their dreams even in the face of barriers. The second is navigational
capital, which includes the skills needed to maneuver through social institutions, such as resilience and agency. The third is familial capital, as evidenced by the strong emotional and financial support from their families. In their study of perceived barriers for ethnically diverse nursing students, Amaro, Abriam-Yago, and Yoder (2006) also identified prejudice and discrimination from staff and clients as a barrier. They reported that students coped with this barrier through self-motivation and determination, with support from faculty and peers. While the prejudice and discrimination were subtle, it was a hindrance to persistence for the participants.

**Psychological Outcomes**

Research has shown that psychological outcomes are an important factor in student persistence. Jeffreys (2001) concluded that good academic outcomes plus positive psychological outcomes were necessary to result in retention. Bean and Metzner (1985) concluded that psychological outcomes were even more important than academic outcomes in regard to persistence. Therefore, the NURS model (Jeffreys, 2012) includes the psychological outcomes of satisfaction and stress. Satisfaction regarding the students’ expectations, the nursing faculty, and the program’s response to student needs is a psychological outcome necessary for persistence. Stress that is at a manageable level is also a positive psychological outcome. The combination of environmental and academic stressors can negatively influence student satisfaction and increase stress, which results in negative psychological outcomes. The combination of a higher satisfaction level and manageable stress will result in positive psychological outcomes.
Participants in this study reported that overall they were positive about the nursing program and about nursing as a profession. They valued the program’s strong reputation and challenging curriculum, and they liked the opportunity for personal interaction and caring and the variety of specialties available to them in nursing. While this should be monitored, as their satisfaction could change, for the most part satisfaction with nursing is a strength that keeps them going. Even when a participant expressed some disappointment or frustration, they still spent more time talking about how much they liked nursing and intended to persist. They described their level of stress as variable depending upon the number of exams and assignments due in a given week, but most participants reported that their ability to manage their stress had improved as they progressed through the program. Their stress level was highest when they were adjusting to their first clinical experience, and as they felt more comfortable in clinical, their stress level became more manageable.

It is possible that students expressed more satisfaction with the program because of its reputation as a challenging and highly selective program. In her study of nursing students who voluntarily left a nursing program, O’Donnell (2011) found that the participants had unrealistic or inaccurate expectations of their nursing courses that contributed to their dissatisfaction and subsequent attrition. O’Donnell also noted that the participants described previous experiences that limited their view of the nurse’s role. Participants in this study were already aware of the program’s strong reputation and had experienced the competitive admission process, so their expectations were more realistic. Cho (2009) found that nursing students were more likely to be satisfied with their choice of major and occupation than other majors, and this seemed to be the case for these students.
Implications for Nursing Education Practice

Several implications for nursing education practice can be identified as a result of this study. These include the need for additional support to UREM students, revision of the curriculum and teaching strategies, and faculty development.

All forms of support available to students in the program should be evaluated. Morrison and Silverman (2012) found that a good environment could compensate for poor academic support, but ideally the program would include both social and academic support. All students should be made aware of the supports available, such as the student support fund, counseling and advising services, and multicultural support groups. The school needs to explore financial assistance for students from low-income households, since we are seeing more students with limited resources. While the Office of Student Affairs does a great job with the funds that are available, we will need to find more funds to provide financial assistance and decrease stress for these students. Additional enrichment programs such as time management, resilience, stress management, and self-care strategies, should be offered. This is especially needed at the beginning of the program, when stress is at its highest for most students. Strategies to encourage family support include giving family members examples of how students describe family support, encouraging more interaction between family and school, and helping students explain the demands of the school to their loved ones.

Teaching and advising strategies that facilitate grit should be explored. These may include stressing the use of deliberate practice (Duckworth, Kirby, Tsukayama, Berstein, & Ericsson, 2010), using verbal persuasion, teaching students to regulate their effort over time,
manage their time, and set long-term and short-term goals (Strayhorn, 2013). While grit is a personality trait and we should not, probably could not, change a student’s personality, it is possible that other students can benefit from some of the strategies used by students with high levels of grit. Teaching strategies that promote self-efficacy should also be encouraged, such as providing opportunities for performance mastery, vicarious experience, and verbal persuasion (Jeffreys, 2012). For example, careful choice of patient assignments can provide students with performance mastery experiences. Vicarious experiences such as role-playing and simulation can be used to enhance self-efficacy about new skills. Classroom opportunities to apply nursing care models to a case study also provide vicarious experiences that prepare students for clinical experiences. Regular written and verbal feedback from instructors can provide positive verbal persuasion.

The undergraduate curriculum should be assessed to identify the type and level of cultural competence skills being taught, or not addressed. Faculty could then be deliberate about integrating cultural competence education throughout the curriculum. This should include faculty and student self-assessment, appropriate cultural assessment of people who are different from them, and strategies to implement culturally appropriate care. Jeffreys (2006) describes such a curriculum that results in faculty who are active promoters of cultural competence development. Knowledge of cultural factors’ influence on healthcare, practical communications skills needed to assess clients’ cultural values and beliefs, and increased self-awareness and appreciation of differences should be integrated into the curriculum. This would include consideration of textbooks’ depiction of diversity, and careful supplementation with journal articles and videos. Patient assignments in clinical should
consider students’ experiences with diverse patients, and cultural assessment should be a regular practice in clinical experiences. Cultural differences are included in some, but not all, simulations and this is an ideal place to provide opportunities to address healthcare beliefs that are different from the students’. Classroom discussion can include debates or role-plays about situations that demonstrate healthcare disparities. While faculty and staff participate in a courageous dialogue each year, we do not have difficult conversations with our students in the classroom. Such discussions could benefit faculty as well as students. Assignments should include reflection about the students’ cultural values and beliefs and how they may have affected patient care.

Faculty development should include clinical instructors as well as classroom teachers, even when clinical instructors are part-time employees. Workshops should include teaching strategies that promote cultural competence as well as those that enhance self-efficacy and grit. Clinical faculty in particular need the opportunity to explore their role in supporting the UREM nursing student, as well as staff nurses who work with students. Workshops could highlight the importance of self-efficacy and the use of performance mastery, vicarious experience, and verbal persuasion in promoting a sense of self-efficacy. Faculty could benefit from opportunities to increase their awareness of their own cultural values and beliefs, and to refine their assessment of their students. Clinical experiences provide many opportunities to recognize culturally competent care, and to advocate for patients whose healthcare beliefs differ from theirs. This would encourage clinical faculty to be more deliberate in teaching cultural competence and supporting their students’ self-efficacy.
**Implications for Student Retention Theory**

This study presented evidence for some additional subcategories within the existing categories of the theoretical framework. In the NURS model, student affective factors were found to be a strong positive influence on student persistence, but the model should include grit as a separate factor from motivation and self-efficacy. Also, the cultural values and beliefs category should be expanded to include evidence of biculturalism and cultural resilience as a subcategory. In professional integration factors, the importance of clinical faculty and staff nurses should be a separate subcategory within the factor of faculty advisement and helpfulness. These suggested additions to the NURS model are portrayed in Figure 2.

**Implications for Further Research**

Several questions for further research arise from this study. With the implementation of measures to facilitate grit, the use of Duckworth’s grit scale (Duckworth, Peterson, Matthews & Kelly, 2007) could be utilized to evaluate the effectiveness of such measures in enhancing grit. Or, grit could be measured upon entry, midway through the program, and at the end of the program to document growth. Jeffreys (2006) has also developed a Transcultural Self-Efficacy Tool (TSET), which could be used before, and after the implementation of cultural competence education, using varied teaching strategies. The TSET would evaluate whether the changes in curriculum and teaching strategies are effective in improving students’ and teachers’
Based on findings, suggested additions are:

* Biculturalism & cultural resilience (subsets of cultural values and beliefs)
** Grit (new)
** Clinical faculty & staff nurse support (new)

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cultural competence. This study could also be replicated with majority students, and with those who did not complete the program. Additional research questions include whether these findings are unique to UREM students or are also true for white students in the program, and whether those who drop out are different in measures of self-efficacy, grit, or motivation from those who complete the program.

In summary, this study described the perceptions and experience of UREM students in an undergraduate nursing program. Factors that enhance and hinder persistence were identified, and the overall positive perception of satisfaction with the program was seen as countering the negative effect of stress. No new category was added to the NURS model, but variables in the existing categories of affective and professional integration factors were clarified and expanded. Strategies for nurse educators to better support UREM students were identified. The use of teaching strategies that enhance self-efficacy and grit, and additional instruction about cultural competence are encouraged.

**Epilogue**

When I was a nursing student, there were 36 white females and one African American male in my class. So, Mark was the different one. I don’t remember feeling different. I just remember that I had to keep track of my money more carefully than my classmates, and I listened to and watched them to figure out how things worked in college. I remember thinking about changing my major from nursing to English at one point. But, my mother said I was meant to be a nurse, and I really wanted to be a nurse. My classmates said, “This is hard, but we’ll do it together.” And we did.
Now, I’ve been a nurse for 35 years and I’m teaching young people how to be nurses. I encourage my students to work together and to support one another. I really had no idea how many barriers they face, until I completed this study. As my journey toward cultural competence continues, I see that it isn’t just about their racial/ethnic background. So, I spend more time looking for the ones who are different. I also look for ways to help every student in the class feel comfortable, willing to talk and to share their experiences. I can interpret the university culture now. I do that individually and in class. When I facilitated the poverty simulation in class, one student was brave enough to say that she was using food stamps while she was in nursing school. I plan to have more courageous dialogues about the effect of poverty, educational disadvantage, family and cultural responsibilities on their education.

I also plan to talk with my colleagues about assignments that will help students to be more aware of their own stereotypes and biases, and how they affect patient care. Individualized patient care is a key value in nursing, but I’m not sure that all students realize that really means changing your approach for each individual. No two patients want to be treated the same way by their nurse. Adding reflective practice into a nursing curriculum is a novel idea, so I know that it will take time, but I think that we can all become more reflective as faculty and students. As a member of the faculty development steering committee, I can help to plan the programs. I can also share my own experiences with my students. I also want to help develop more enrichment programs for our students, and encourage more alumni to contribute to the student assistance fund. I want to make sure that all the faculty with whom I work are looking for students who need assistance, and that they know where to find that assistance.
I also have a goal to see myself and my colleagues use the most effective teaching strategies to enhance students’ self-efficacy, to help them see the value of their differences, and to integrate into the profession of nursing. I work with many creative people, and I know we can design experiences that support students as they learn their new profession. I am also sure that we can help them to manage the many stressors they must deal with. Creating a positive environment, where satisfaction can balance their stress, is important to help them persist. I am sure that we will share what works with other nurse educators, in conferences and journals, so that others can adapt our ideas to their student population as well.

So, I continue to work hard. I am happy to see the new, creative direction my teaching can take as I work with more diverse students. I truly believe this is part of my legacy to nursing, and that these students will change the face of nursing.
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Appendices
Appendix A: Informed Consent

North Carolina State University
College of Education

This consent form is valid from June 12, 2014 through June 12, 2015

Part 1: Research Description

   Principal Researcher: Julie Page

   Research Title: Factors that influence persistence of underrepresented ethnic minority students in a baccalaureate nursing program

   You are invited to participate in a research study that explores the experience of minority students in a nursing program. Your participation in the study requires an interview during which you will be asked questions about your progress in the program, what factors have encouraged you to stay and what made you think about leaving. The duration of the interview will be approximately 90 minutes. With your permission, the interview will be audiotaped and transcribed, in order to maintain an accurate record of the discussion. Your name will not be used at all. On all transcripts and data collected you will be referred to only by your pseudonym.

   In addition to the interview, you will be asked to write a reflective exercise regarding an experience in your nursing program that encouraged you to continue in nursing, or made you think about leaving. You will be able to submit this anonymously and no names will be used in the exercise. Trends or themes regarding concerns about the program or faculty may be shared, but no specifics of the incidents you describe will be shared with anyone.
This study will be conducted by the researcher, Julie Page, a doctoral candidate at North Carolina State University. The interview will be undertaken at a time and location that is mutually suitable. A follow-up interview may be requested by the researcher if needed.

**Risks and Benefits**

This research will hopefully contribute to understanding the experience of students from underrepresented minorities in this nursing program and so the potential benefit of this study is improvement of the support of minority students in the program. Participation in this study carries the same amount of risk that individuals will encounter during a usual classroom activity. There is no financial remuneration for your participation in the study.

**Data Storage to Protect Confidentiality**

You will not be identified by name in the course of this research study, or in any publication thereof. Every effort will be made that all information provided by you will be treated as strictly confidential. All data will be coded and securely stored, and will be used for professional purposes only.

**How the Results will be used**

This research study is to be submitted in partial fulfillment of requirements for the degree of Doctor of Education at North Carolina State University, Raleigh, North Carolina. The results of this study will be published as a dissertation. In addition, information may be used for educational purposes in professional presentation(s) and/or educational publication(s).
Part 2: Participant’s Rights

- I have read and discussed the research description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.

- My participation in this research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to my student status or progression in the program.

- The researcher may withdraw me from the research at her professional discretion.

- If, during the course of the study, significant new information that has been developed becomes available that may relate to my willingness to continue to participate, the investigator will provide this information to me.

- Any information derived from the research that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.

- If at any time I have any questions regarding the research or my participation, I can contact the researcher, Julie Page, who will answer my questions. The researcher’s phone number is (919) 843-3883.

- If at any time I have comments or concerns regarding the conduct of the research, or questions about my rights as a research subject I should contact North Carolina State University Institutional Review Board. The phone number for the IRB is 919-515-4514 or 919-515-7515. Alternatively I can write to the IRB: Deb Paxton, Regulatory Compliance Administrator, Box 7514, Raleigh, NC 27695.
• I should receive a copy of the Research Description and this Participant’s Rights document.

• Audiotaping is part of this research. Only the principal researcher will have access to written and taped materials. Please check one:
  a. ______ I consent to being audiotaped.
  
  b. ______ I do NOT consent to being audiotaped.

My signature means that I agree to participate in this study.

Participant’s signature: __________________________ Date: 

___/___/___

Name: (Please print)

__________________________________________

Investigator’s Verification of Explanation

I, Julie Page, certify that I have carefully explained the purpose and nature of this research

____________________________________________________________________________.

He/she has had the opportunity to discuss it with me in detail. I have answered all his/her questions and he/she provided the affirmative agreement to participate in this research.
Investigator's

signature:________________________________________________________

Date: ____/____/____
Appendix B: Demographic Information Sheet

Thank you for agreeing to participate in this study! Please provide the information below to help me know you a little better. Please note that the information collected in this questionnaire is completely confidential and will only be used for the purposed of this research study. Qualtrics survey is anonymous; I will know that you have responded, but I will not know which response is yours. If you want to put a name on this, please choose a pseudonym and only use that pseudonym throughout the study.

1. My gender is: ___Female ___Male

2. My age is: ___18-20 ___21-29 ___30-39 ___40-49

3. My race/ethnicity is:
   a. ___African American
   b. ___Asian
   c. ___Hispanic
   d. ___Native American
   e. ___Other, please
      specify______________________________________________

4. The high school I graduated from is
   ____________________________________________

5. My mother’s highest level of education
   is:__________________________________________ Did you grow up living with this parent?
6. My father’s highest level of education is:__________________________ Did you grow up living with this parent?

7. Do you have a previous college degree? If so, please specify the degree and major___________________________________________

8. What is your current nursing GPA?
   a. 2.5 to 3.0
   b. 3.1 to 3.5
   c. 3.6 to 4.0

9. When did you start the nursing program? ___________month/year

10. When do you expect to finish your nursing degree? _______month/year

11. Do you qualify for a Pell grant? ___yes ___no

Thank you!
Appendix C: Interview Schedule

What are the experiences of underrepresented ethnic minority students in a baccalaureate nursing program?

1. Tell me a little bit about yourself. How did you choose nursing as your career? How did you choose this program?

2. Please tell me about your experience so far in the nursing program. Since you have been in the nursing program, have you felt satisfied with the program and with your performance?

3. How would you describe your stress level since you’ve been in the nursing program here?

How do personal, academic, social, environmental, and affective factors influence persistence of underrepresented ethnic minority students in a baccalaureate nursing program?
4. How have people or experiences in the program helped you decide to continue in the program, or made you think about leaving?

   a. academic?
   
   b. Social?
   
   c. Financial?
   
   d. Family?
   
   e. Personal characteristics?

5. What has been most helpful for you in persisting in the program?

   a. Academic?
   
   b. Social?
   
   c. Financial?
   
   d. Family?
   
   e. Personal characteristics?

What enhances the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?
6. Overall, what people and/or experiences have most contributed to your success in the nursing program?

7. Self-efficacy often helps students continue in a difficult program of study like nursing. What people or experiences have helped you to feel more confident of your abilities as a nurse?

8. What people or experiences have made you feel less confident of your nursing abilities?

9. How do you feel that your unique cultural values and beliefs have helped you progress in nursing school?

10. Have there been times when your cultural values and beliefs have clashed with the school or with the profession of nursing?

**What hinders the persistence of underrepresented ethnic minority students in a baccalaureate nursing program?**

11. Overall, what people and/or experiences have made you consider leaving the program?

12. Has there been a time since you’ve been here when you felt different or left out? How did you respond?

13. Tell me about a time when you experienced racism in this program. How did it influence your decision to persist?
14. Is there someone in the program that you can talk to when you experience racism?

15. Does anyone have an unfair advantage in the program?

Research questions are in bold followed by relevant and numbered interview questions.
Appendix D: Critical Incident

In looking back on your nursing education thus far, please recall an occasion when you considered dropping out, but decided to continue in this nursing program.

In one or two paragraphs, please describe that experience in the free text box below. Please return this in Qualtrics, so that it will be anonymous.

• What were your concerns at the time?
• What were you feeling?
• What were your thoughts about staying or leaving?
• What helped you decide to stay?
• Were there experiences or people that influenced you to continue?

In order to maintain confidentiality, please do not put your name on this document. You may use your pseudonym if you wish. You are not required to identify any persons in your story if you would prefer not to do so.
Appendix E: E-mail and Flyer

Email request for participants: Subject line Nursing education study

Dear Students,

Please tell me about your experiences in nursing school!

You are invited to participate in a research study that explores the experience of underrepresented ethnic minority students in a nursing program. Your participation in the study requires an interview during which you will be asked questions about your progress in the program, what factors have encouraged you to stay and what made you think about leaving. The duration of the interview will be approximately 90 minutes. With your permission, the interview will be audiotaped and transcribed, in order to maintain an accurate record of the discussion. Your name will not be used at all. On all transcripts and data collected you will be referred to only by your pseudonym.

In addition to the interview, you will be asked to write a reflective exercise regarding an experience in your nursing program that encouraged you to continue in nursing, or made you think about leaving. You will be able to submit this anonymously and no names will be used in the exercise. Trends or themes regarding concerns about the program or faculty may be shared, but no specifics of the incidents you describe will be shared with anyone.

This study will be conducted by the researcher, Julie Page, a doctoral candidate at North Carolina State University.

If you are interested in being interviewed, please email me at pagej@email.unc.edu and we can arrange a time and place for the interview. I am looking for students at all points
in the program, so please consider this, whether you are just starting, in the middle or nearing the end of your nursing education!

Thanks very much for considering this request,

Julie Page
Interested in participating in a research study?

Tell me about your experiences in nursing school!

You will be asked to:

Participate in an interview of about 90 minutes
Write a brief reflection about a time when you may have considered dropping out, but decided to stay in this nursing program.

I am examining the experiences of underrepresented ethnic minority nursing students, and what factors help them to persist. The study is for my doctoral dissertation in Adult and Higher Education at NC State University.

If you are interested, please contact me, Julie Page, at pagej@email.unc.edu to arrange an interview time and place.